



SUSTAINABLE HEALTH IS COMMUNITY HEALTH:

Technology Provides an Equitable Path Forward

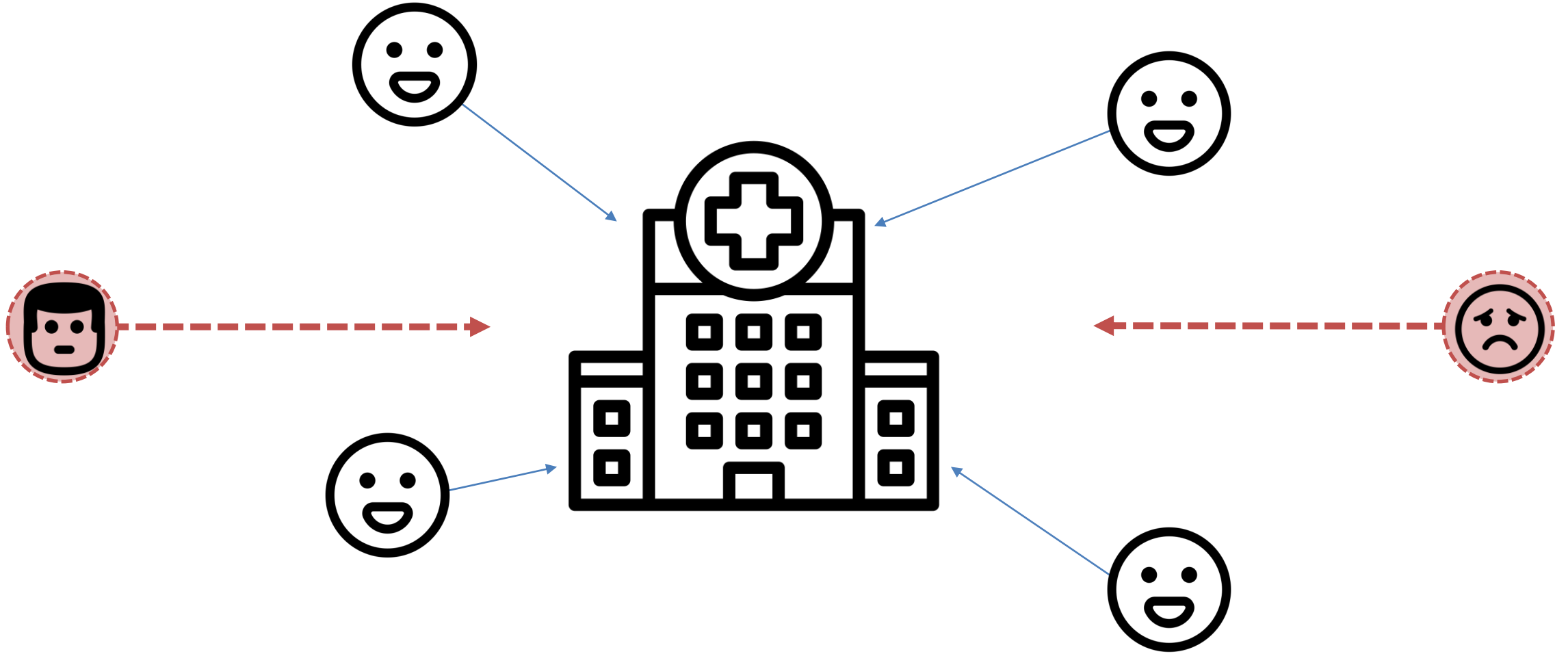
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OBJECTIVES

- Objective 1:
Establish a baseline for a modeling solution, understanding how models are constructed and what they can reveal
- Objective 2:
Identify current and future state of capabilities; introducing variables to be considered as part of the feedback loop for continual improvement
- Objective 3:
Define process for operationalizing your model
- Objective 4:
Redefine place, community, access to care, and brand expression through the lens of a reshaped telehealth/digital world of care

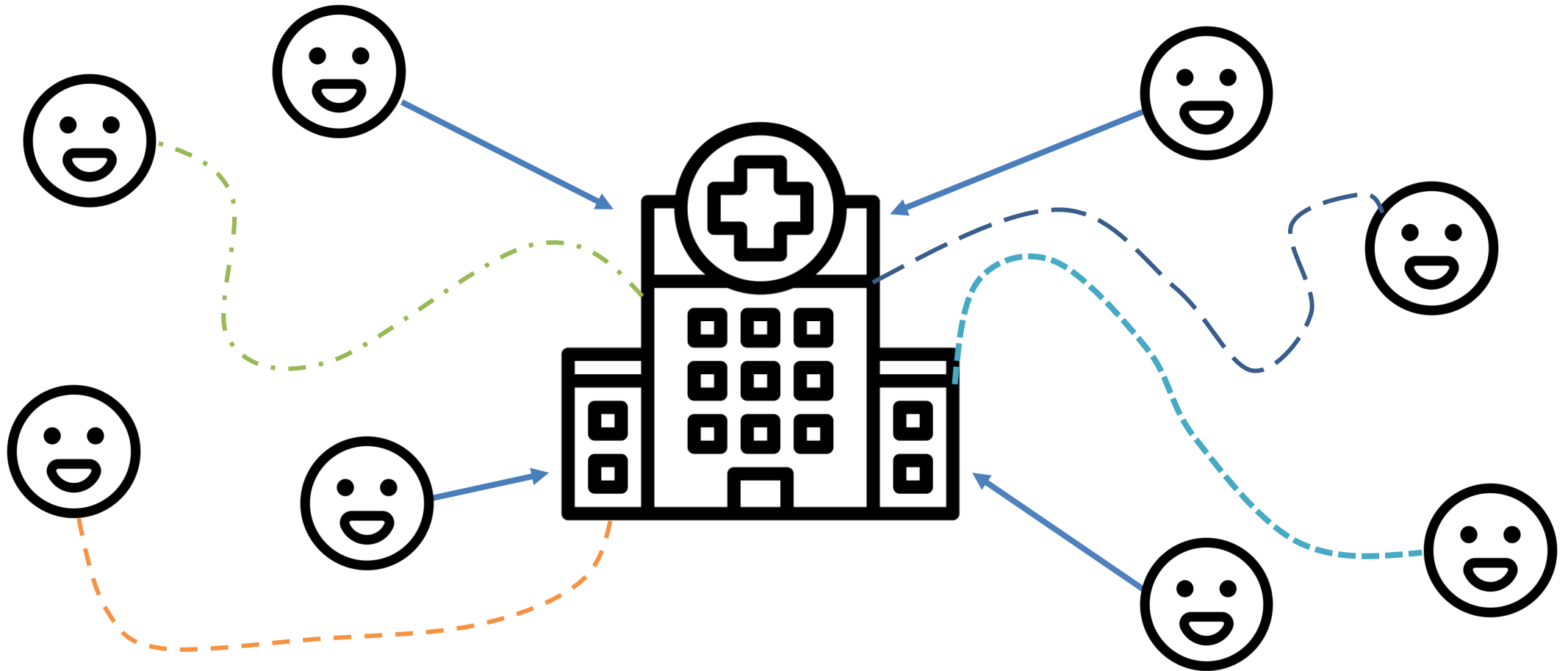
WE ALL

KNOW . . .



There is a gap in access to care

Though remote care has been around for decades, the COVID-19 pandemic prompted staggering growth. Its widespread adoption opens an opportunity to fundamentally rethink the physical organization of our healthcare system and how one accesses care



...and telehealth grew tremendously.

TELEHEALTH BY THE NUMBERS

Before COVID

2018

01%

At the height of
first wave of COVID

Jan-Mar 2020

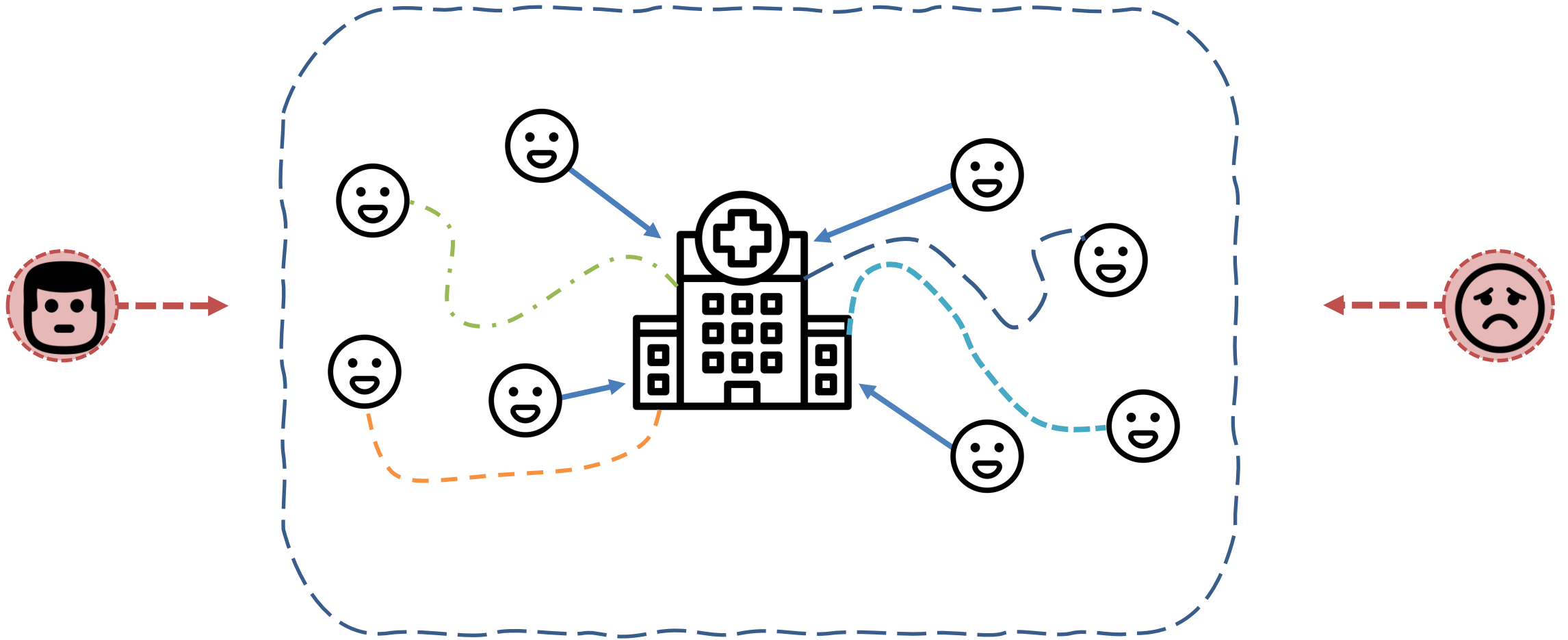
+50%

End of 2020

+20%

We've seen it grow and shrink, it's not going anywhere, so we need to understand it

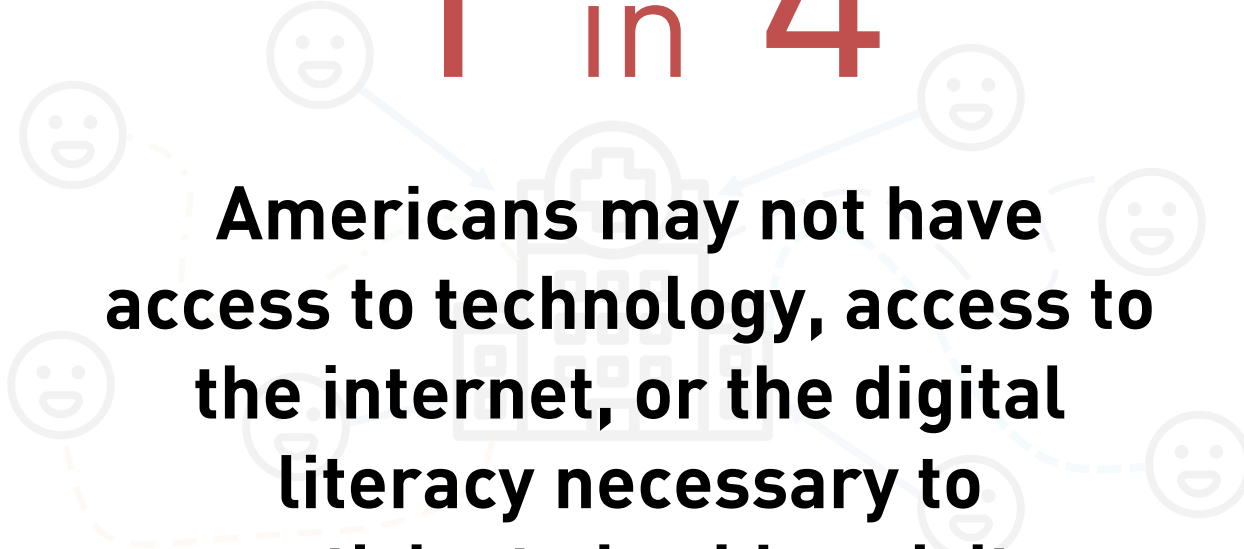
**SO, TELEHEALTH
CLOSED THE GAP?**



...we found out it only enhanced the inequity

1 in 4

Americans may not have access to technology, access to the internet, or the digital literacy necessary to participate in video visits



This may not include accessibility restricted by health conditions

The Paradox

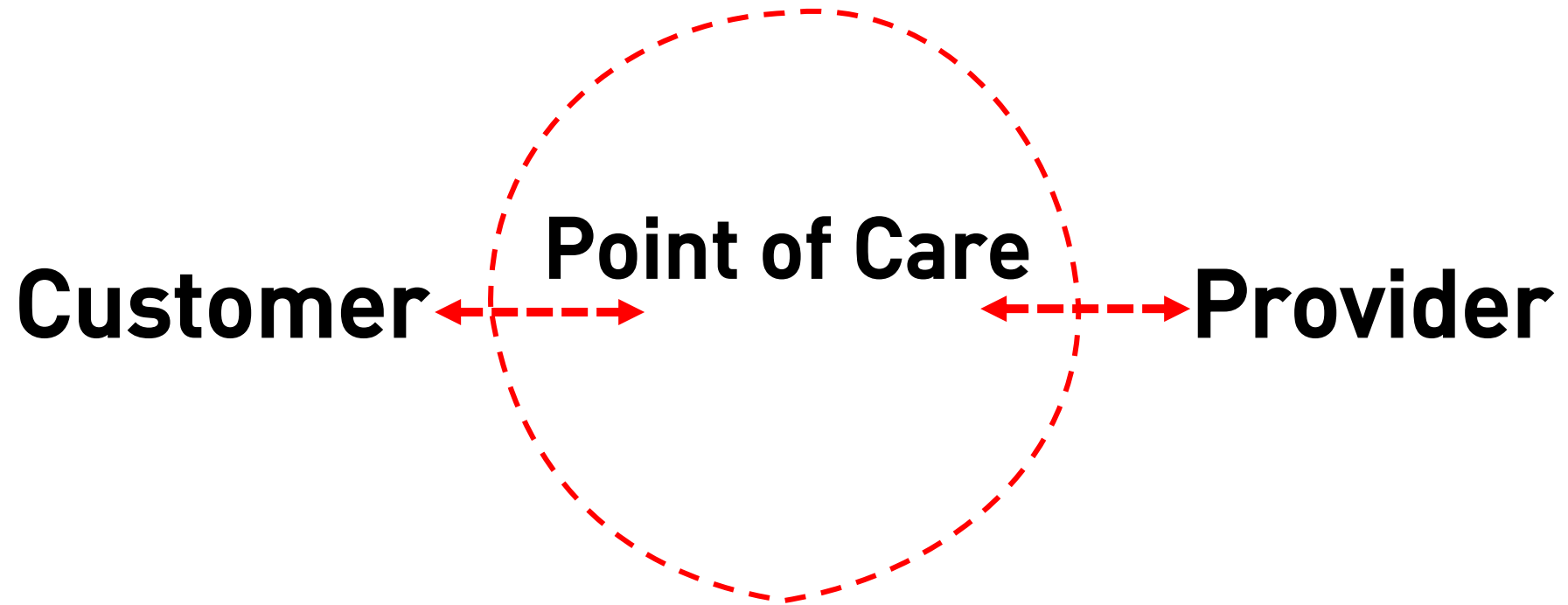
Telehealth technology has enhanced connectivity through virtual space, but only for SOME. There is still a gap in meeting people *where they are*.

Telehealth offers a way to transform the point of care, making it more **sustainable—environmentally and socially**—by **integrating care delivery into the life of the community**.

Counter to common conception **SPACE MATTERS.**



The ingredients are still the same:



Where is the point of care?

> 1940s



Meet patients where they are...literally in the home

2019



Patient goes to “traditional” centralized point of care space



MALL OF AMERICA-CARE





Staff



Customer



Staff



Customer



Present Day (2021)



Equitable access is about meeting people where they are...STAFF INCLUDED.

TELEHEALTH,
SIMULATION & SPACE

Telehealth Today for Staff





Staff need space for telehealth too

Staff

Expectation

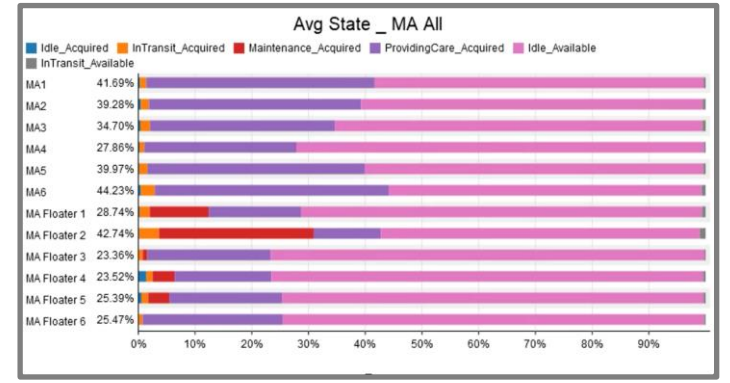
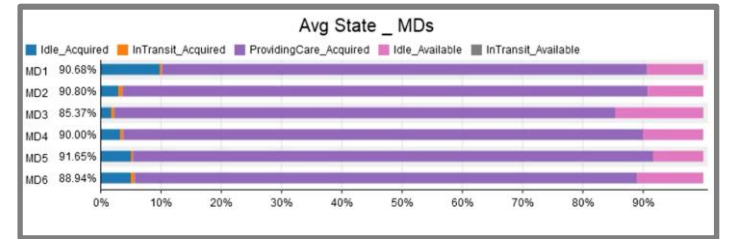
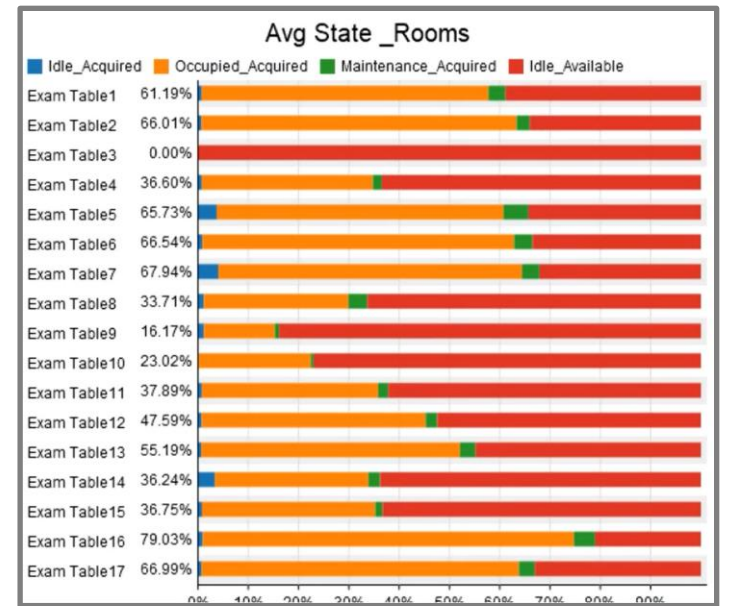
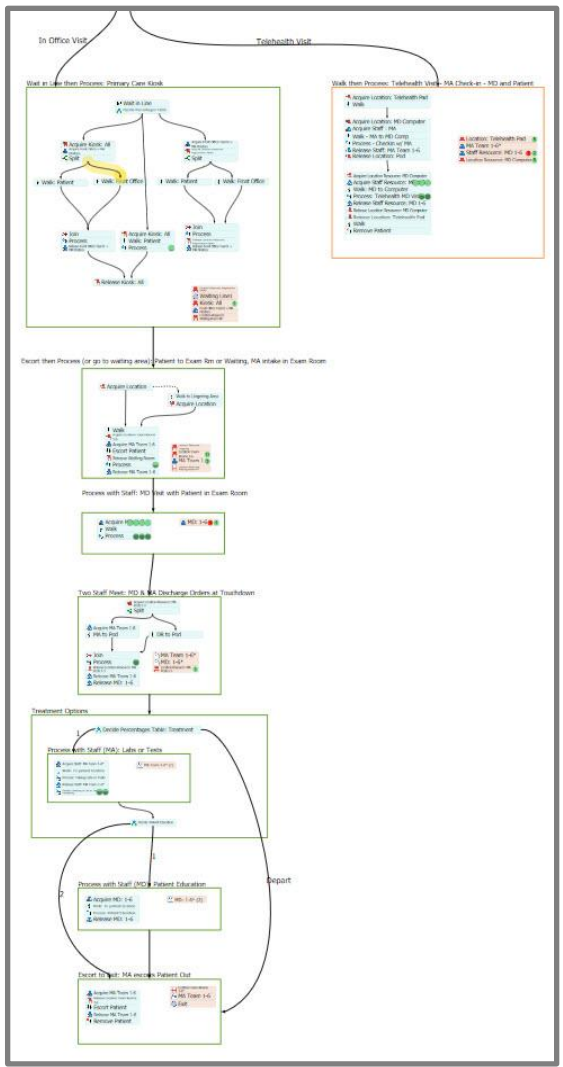
Vs.

Reality





Staff



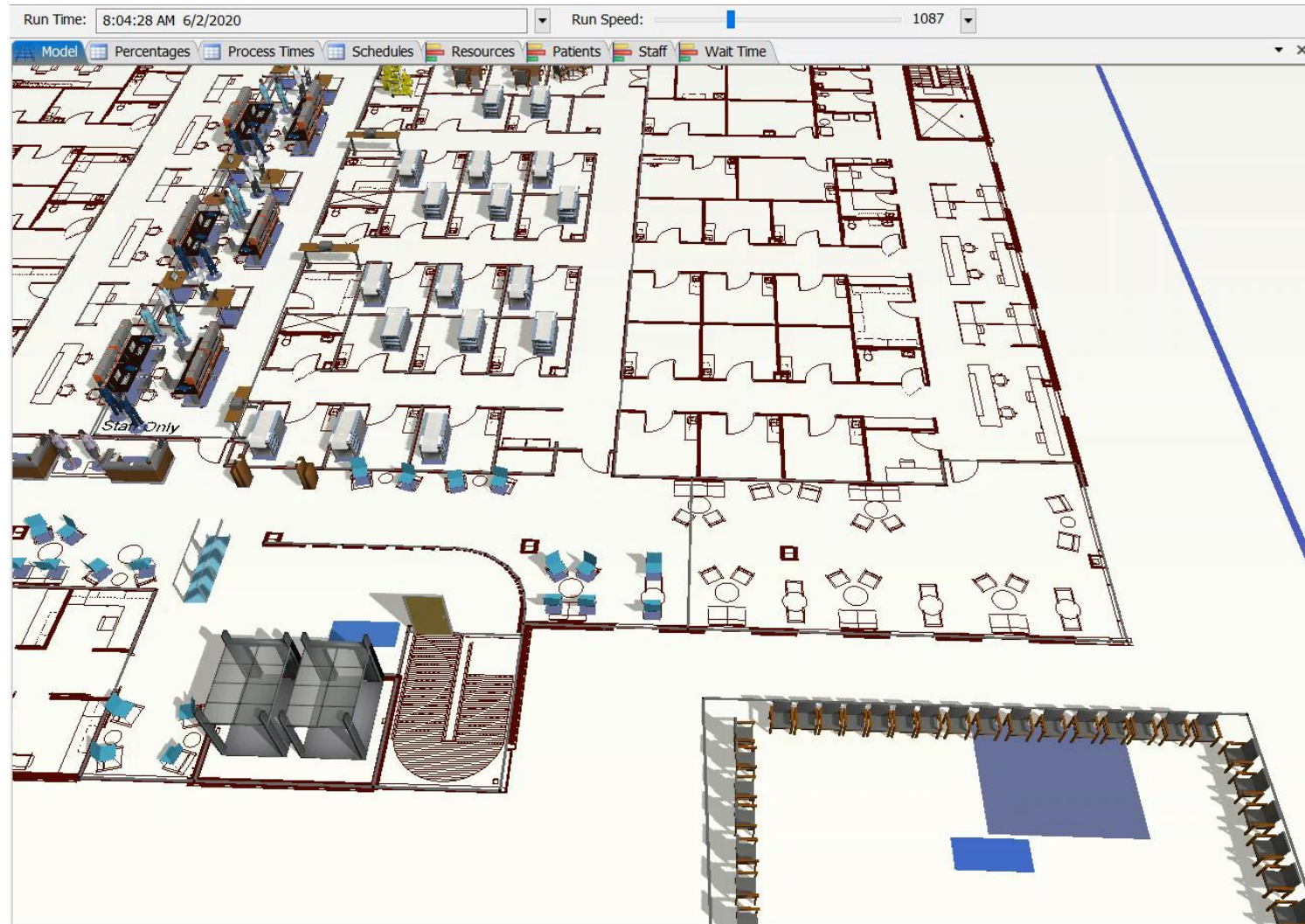
PROCESS FLOW

MODEL

DATA ANALYSIS

TELEHEALTH IMPACTS SPACE NEEDS

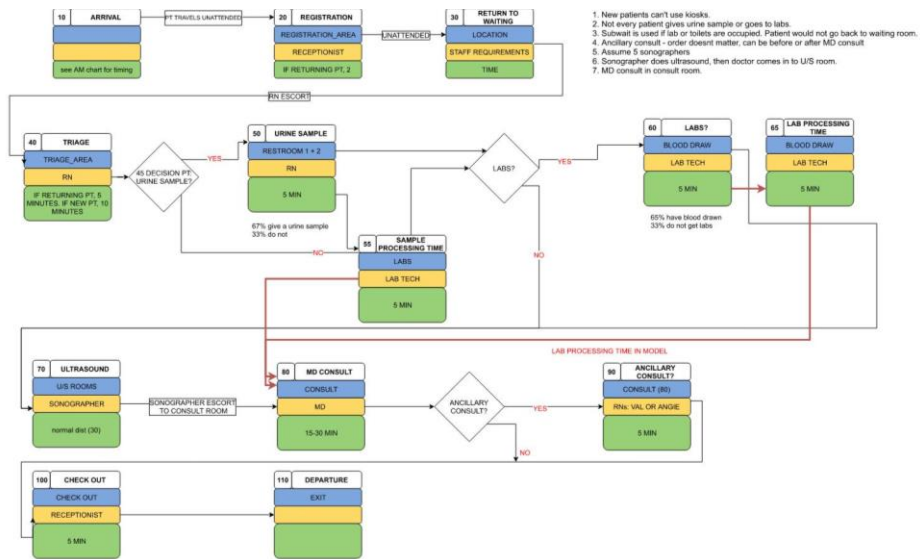
- Less square footage
- Providers can share space



SPACE EFFICIENCIES & INEFFICIENCIES



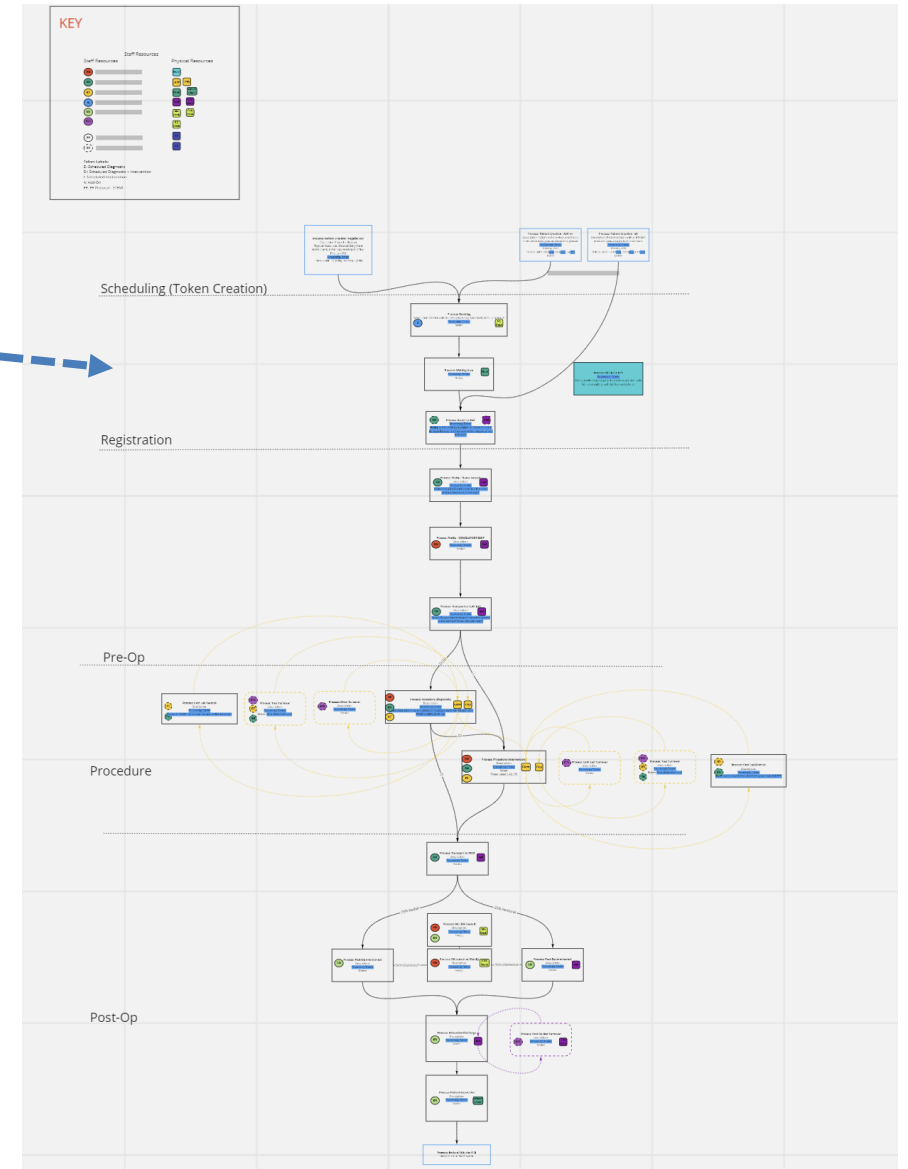
HEALTHCARE FACILITY OPERATIONS



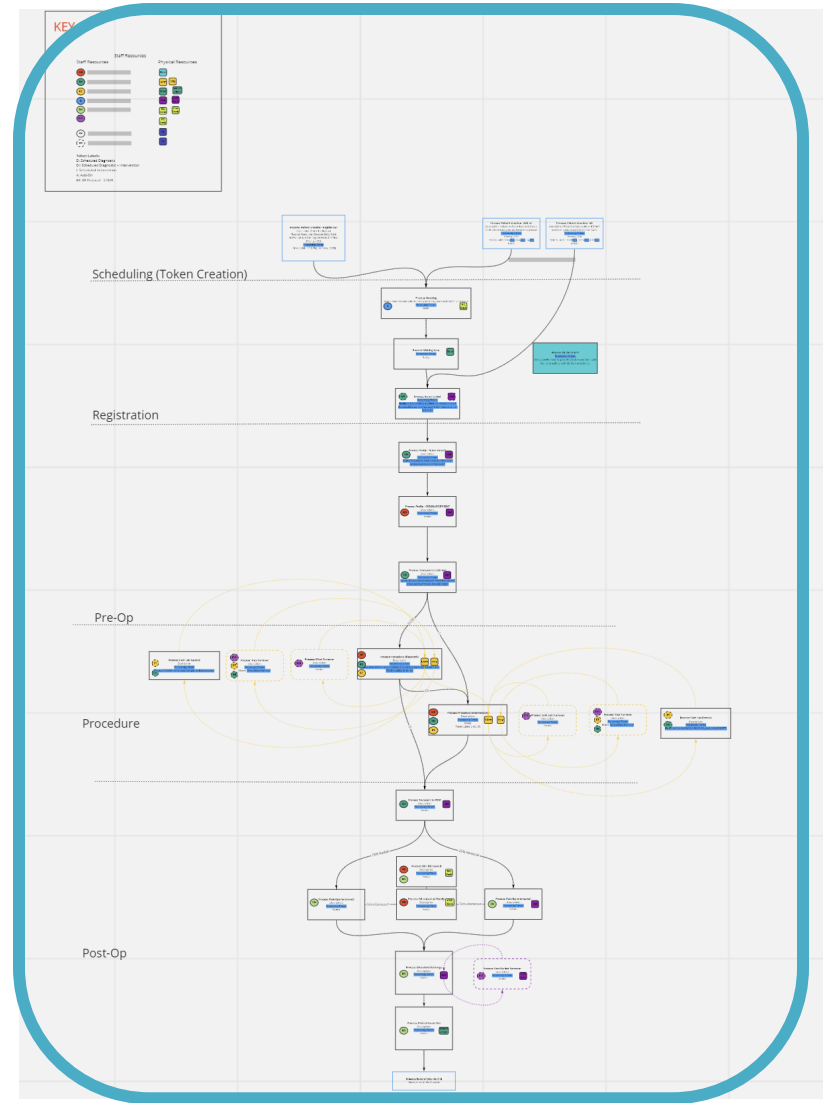
RUNNING A SIMULATION MODEL

What is needed?

- Floor plan or block diagram
- Process flow chart (who, what, where)
- Resources needed in the process
 - Staff
 - Physical – Equipment / Furniture
- Processing Times
 - Min/Max/Mode
- Staff/Equipment/Patient Schedules
- Distribution Percentages
 - % of patients to be seen in-person vs. telehealth, % of patients to have a certain test, scan, etc. during their visit



RUNNING A SIMULATION MODEL



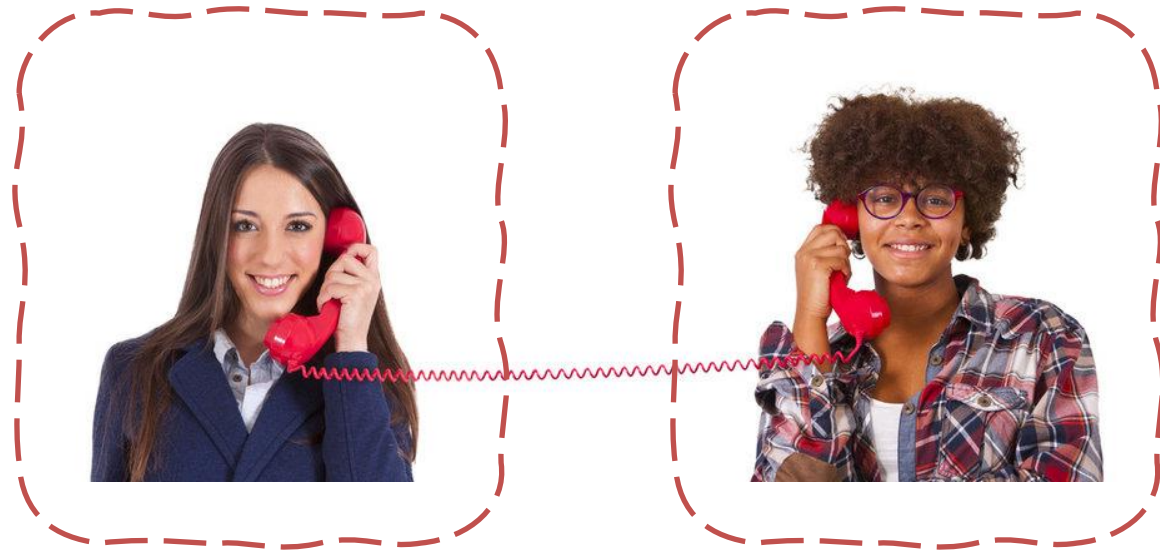
**WHAT'S ON
THE OTHER END?**



Customer



However, not everyone wants to,
needs to, or is even capable or
engaging this way



There is a need for a new kind of space so
people can have access to telehealth.
Make it equitable.



True equity is reaching staff where they are too.

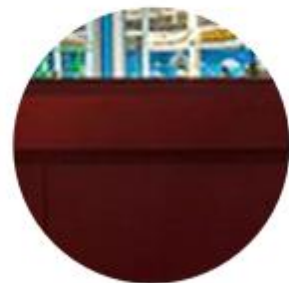






MALL OF AMERICA-CARE





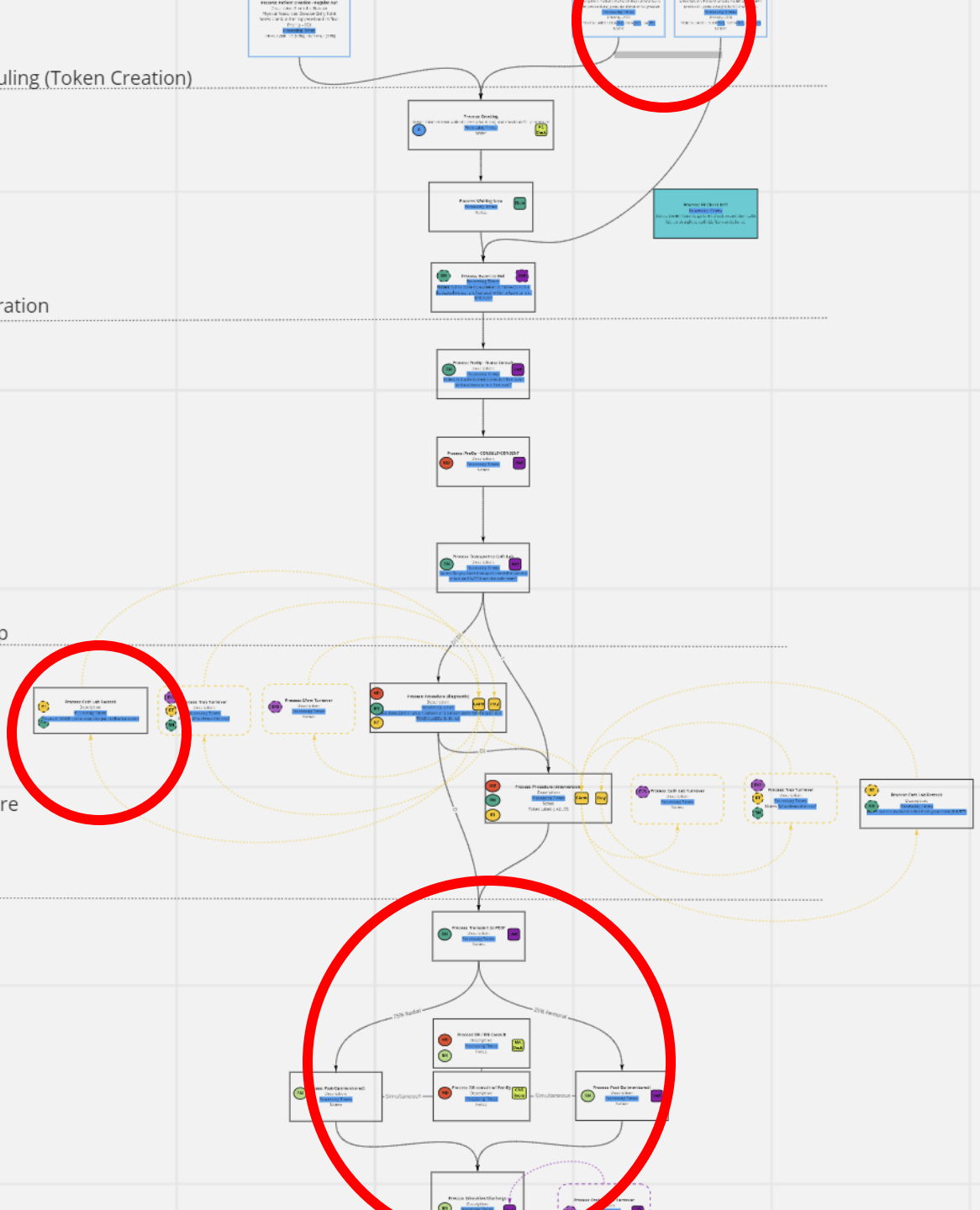
Scheduling (Token Creation)

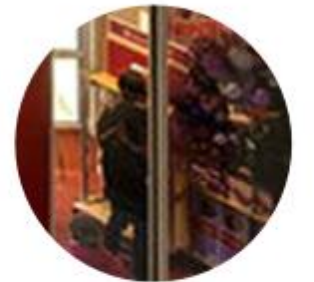
Registration

Pre-Op

Procedure

Post-Op







HOME



HOSPITAL



COMMUNITY CENTER

SPA

GYM

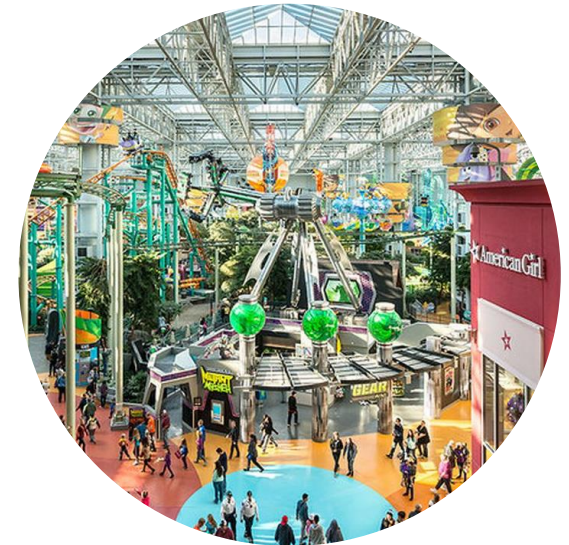
LIBRARY

PLACE OF WORK

VILLAGE OF CARE

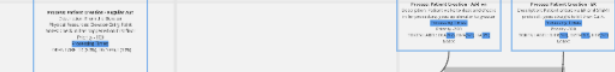
M.O.B

VILLAGE OF CARE

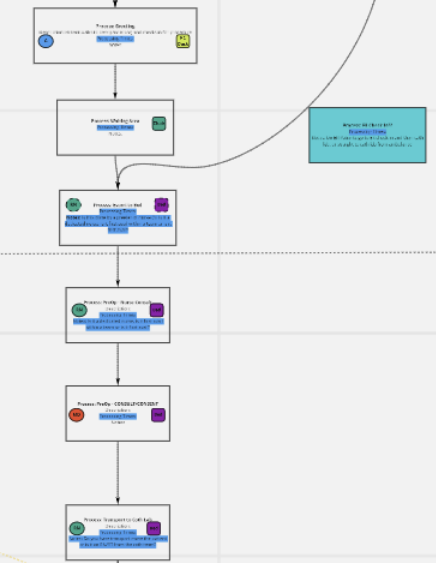




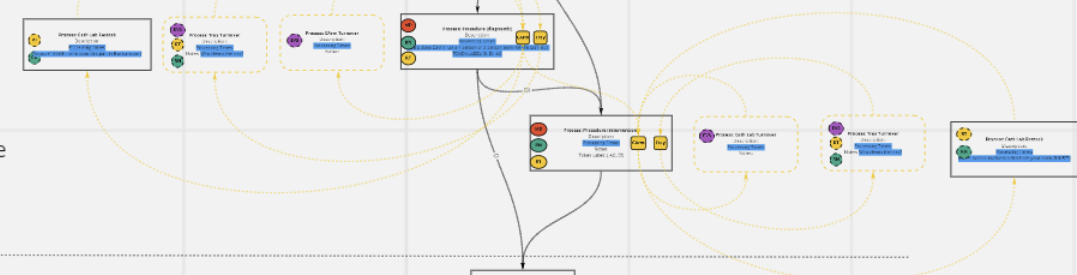
Scheduling (Token Creation)



Registration



Pre-Op



Procedure



Post-Op



BROADER TOPICS

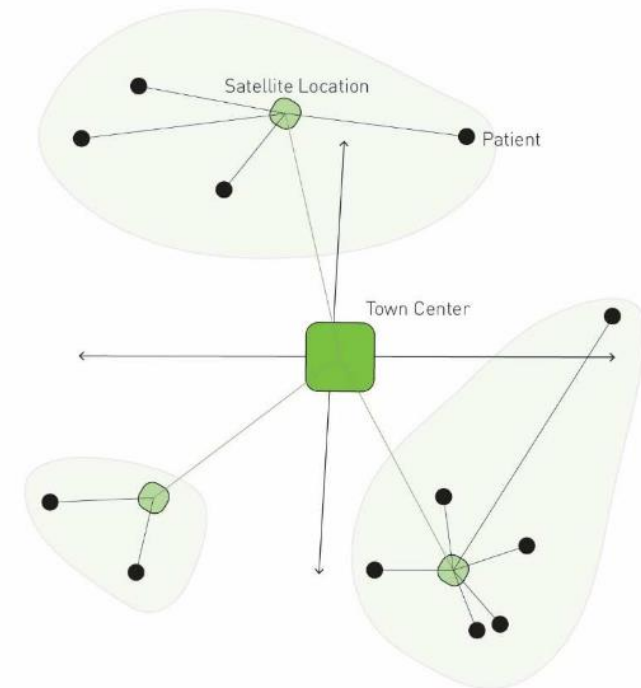
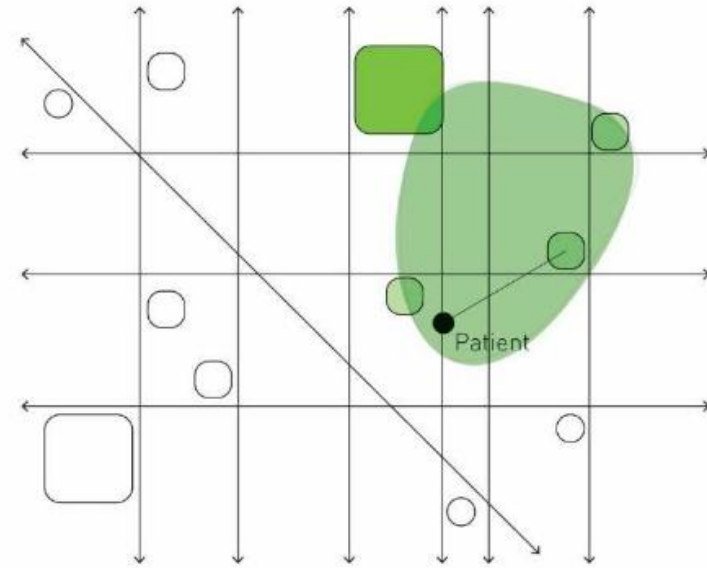
Community amenities added to 'health' spaces or point-of-care included in community spaces

New-build or renovation of spaces – the strip mall opportunity

AI as a component – The Baymax Paradigm

The metaverse? – Zuckerberg's healthcare environment

Redefinition of HEALTH



Q & A

CONTINUING EDUCATION INFORMATION

AIA –

- Have your conference badge scanned by the room monitor at the start of each session you attend.
- Complete the AIA verification form (be sure to check off the sessions you attend) and retain it for your records.
- CE credits will be uploaded to the AIA transcript system within 6-8 weeks of the close of the conference. Check at main registration to ensure your AIA member number is entered so we can report on your behalf.

IDCEC –

- At the end of each presentation there will be a QR class code specific to each presentation that you will scan and upload into the IDCEC mobile attendance app to record your attendance. The code will be at the table outside of the session room.
- It is recommended that you have your IDCEC verification form STAMPED by the room monitor at the conclusion of each session you attend. This is the ONLY proof of attendance that will be accepted.
- You will self-submit your credits to the IDCEC system at the conclusion of the conference.

EDAC –

- Complete the EDAC verification form and retain it for your records.
- It is the candidate's responsibility to self-submit the credits online through Scantron at the time of their EDAC renewal. Renewal notices with login instructions will be sent from Scantron four months prior and one month prior to the candidate's renewal date.