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CASE STUDY

Large Health System Reduces Staffing Costs, Optimizes Patient Transfers with Telemedicine Support and Centralized Clinical Support Center

Tele-hospitalist and tele-nocturnist programs paired with centralized patient transfer management boost system-wide patient care quality and hospital bottom line

BACKGROUND

A Southwestern, 6-facility health system with HM programs ranging from 15-200 encounters a day approached Core Clinical Partners searching for a better way to staff their smaller hospitals while also improving the transfer process into their larger facilities. Three of the system's full time hospitalists were stepping away from clinical work due to the pandemic amidst record-high hospital volumes. In response, they needed to expand their remote care capabilities and hospitalist coverage without increasing costs. They also wanted to streamline the way they managed patient transfers to ensure that their larger centers were a transfer destination of choice for the region. Overall, this meant optimizing operational and clinical processes to fit the needs of the system's larger facilities as well as their smaller sites.

THE SOLUTION

Upon review of the system's hospitalist program needs, Core implemented the following solutions to optimize patient care and reduce costs for the hospital:

Tele-hospitalist and Tele-Nocturnist Programs

The system had an immediate need: replace the loss of three full time hospitalists who chose to leave due to pandemic-related concerns amid record-high patient volume. Core addressed the need by setting up a remote solution for the physicians that enabled digital assistants to round with a video-enabled tablet. A new contract was negotiated so that the new tele-hospitalists were paid fairly for their new form of services.

Leveraging the providers' existing system expertise, Core worked swiftly to implement a tele-hospitalist program within three days. The program now serves two of the system hospitals allowing them to remotely see 45 patients/day and the service is being rolled out system-wide.

In addition, the system had three small sites that needed overnight coverage. Rather than staffing all three programs with in-house hospitalists at night, Core established a central tele-nocturnist program to support all three sites. The program allowed the facilities to move from three full time providers to one while maintaining a daily patient volume of 15-25 patients at each location.

Provider-Staffed Clinical Support Center (CSC)

Core also set up a CSC staffed by system physicians and APPs to leverage system-wide resources optimally. The goal of the CSC is to utilize system HM providers to streamline transfer decisions and provide a centralized location to track and improve transfer protocols. The CSC coordinates with the system's transfer center to reduce wait times for transfer acceptance and ensure transfers are managed appropriately. CSC providers also work to keep patients local when appropriate. This process maximizes system resource use and improves patient experience by aligning receiving and transferring providers.

Additionally, since many post-acute care facilities do not have a physician readily available to give advice in the middle of the night, Core also utilizes the CSF offer after-hours consults to Skilled Nursing Facility (SNF) nurses. The SNF nurses discuss patients with the CSC staff before calling for a transfer. This decreases inappropriate transfers to the health system and reduces readmissions.

THE RESULTS

Core helped the system expand their remote care capabilities and hospitalist coverage without increasing costs through the implementation of tele-hospitalist and tele-nocturnist support. Core was also able to help establish the system as the transfer destination of choice in the region by creating a centralized CSC. Both additions to system capabilities reduced costs for the health system, all while improving patient care access and appropriate patient care.

The tele-hospitalist program reduced onsite hospitalist cost, leading to an annualized savings of \$273k. Simultaneously, the addition of tele-nocturnist services reduced the need for FTEs from three to one at the system's three smallest sites, decreasing annual physician cost by \$1,400,000.

The CSC also had a positive impact on both hospital finances and patient care by optimizing handling of patient transfers which increased appropriate system transfers, reduced patient transfer wait times, reduced readmissions, and streamlined overall coordination of care.



\$273k

ANNUALIZED REDUCTION IN
ON-SITE HOSPITALIST COST DUE
TO TELE-HOSPITALIST PROGRAM



\$1.4 million

ANNUALIZED REDUCTION IN
PHYSICIAN COST DUE TO
TELE-NOCTURNIST PROGRAM



STREAMLINED TRANSFERS

ESTABLISHED SYSTEM AS GO-TO TRANSFER DESTINATION IN
THE REGION THROUGH A PROVIDER-STAFFED CLINICAL
SUPPORT CENTER