

BUILDING A VIRTUAL HEALTH FRAMEWORK FOR THE FUTURE

Healthcare Case Study

CLIENT SITUATION

One of the nation's largest hospital systems, with 160 hospitals across 22 states, was preparing to launch virtual health capabilities across the enterprise in two key service lines: neurology and behavioral health.

Research, using data from the Mayo Clinic and Georgia Health Sciences University, indicates that telestroke care can save a rural hospital over \$100,000 per year.² The client sought to capture similar savings through the standardization and efficiency brought by virtual health.

Though the client had previously selected a virtual health vendor and several provider partners to help with the implementation, it lacked a clear set of clinical requirements and strategic vision for roll-out.

Specifically, the organization needed guidance in gathering clinical requirements to modify and configure the necessary virtual health software for each service line's needs. For program roll-out, the hospital chain also required hospital and market-specific project management and clinical program management.

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WORLDWIDE CONSULTING

North Highland helped one of the nation's largest hospital systems launch virtual health capabilities in its neurology and behavioral health service lines. Research indicates that virtual stroke care (telestroke) can generate savings of \$100,000 per hospital per year.¹ By deploying a framework for standardization and efficiency, North Highland positioned the client to capture similar opportunities.

OUR APPROACH

The North Highland team first defined the clinical requirements for software configuration. By interviewing stakeholders across the organization, the team gathered valuable clinical insight as input to software requirements. In addition, North Highland worked with the client and its vendors to identify the necessary data and documentation for virtual health visits. The team then distilled these insights, and wrote use cases and requirements that informed software design. Through an iterative approach to software development, North Highland tested releases and provided input to the technology vendor prior to final release.

With software in place, North Highland also developed comprehensive market and hospital-specific program management plans. Throughout the process, the project team worked closely with hospital leadership, gaining ongoing support from key clinical stakeholders. Agendas, data collection documentation, test plans, and testing scripts supported these program management plans and were critical in successful program testing and launch. Through these plans, North Highland helped to enable a successful day-to-day operational framework, anchored in:

- **Guidelines and protocols:** Developing inclusion and exclusion criteria to define the patient profile that qualifies for virtual health, as well as clinician service level agreements. North Highland also standardized and solidified the steps to expedite and monitor physician licensure and credentialing—eliminating a key bottleneck in most virtual health implementations.
- **Standard workflows:** Step-by-step processes that governed all communication between on-site teams and remote clinicians.

THROUGHOUT THE PROCESS, THE PROJECT TEAM WORKED CLOSELY WITH HOSPITAL LEADERSHIP, GAINING ONGOING SUPPORT FROM KEY CLINICAL STAKEHOLDERS.

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VALUE DELIVERED

The team's strategic program advisory ensured an on-time program roll-out, successfully coordinating the priorities of both local hospital staff and remote physicians. A standard software testing process ensured that all stakeholders were aligned around their respective workflows. More importantly, a thorough methodology proactively identified potential bugs, allowing North Highland to work with the client's IT department to address obstacles before they had the potential to impact patient care.

In addition, the new virtual health infrastructure paid dividends—both financially and experientially. Many of the client's patients lived in highly remote, rural environments—typically underserved in neurology and psychiatry services. Virtual health brought best-in-class care to patients' hometowns, while allowing them to remain near families.

For hospitals, psychiatric patients typically remain in emergency departments longer than medical patients. The decreased patient turnover that results can cost over \$2,200 in foregone revenue per patient.³ Virtual health equipped the client to move patients efficiently through the continuum of care, creating the opportunity to recover this cost. Remote physician care also greatly reduced the expense of per diem and locum physician coverage, setting the client up for additional savings.

Ultimately, the virtual health infrastructure that North Highland set into motion—enabled by process and platform standardization across hospitals—delivered a sustainable framework for efficient, low-cost, and high-quality care.

1, 2 ["Telestroke is Cost-Effective for Hospitals, Mayo Clinic Researchers Show"](#) Mayo Clinic, December 4, 2012.

3 ["The Value of Telepsychiatry in the ED – 6 Benefits to Cutting Psychiatric Boarding Through Telemedicine"](#) Insight, August 5, 2016.

ABOUT NORTH HIGHLAND

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