

2024 USCIPP Annual Meeting

December 4-5 | Beverly Hills, CA

hosted in partnership with



Download the Event
Mobile App



WiFi | Agenda | Speaker Info |
More!



<http://www.nchl.org>



[national-center-for-healthcare-leadershi](http://www.nchl.org)

p

2024 USCIPP Annual Meeting

December 4-5 | Beverly Hills, CA

hosted in partnership with



THANK YOU TO OUR SPONSORS!



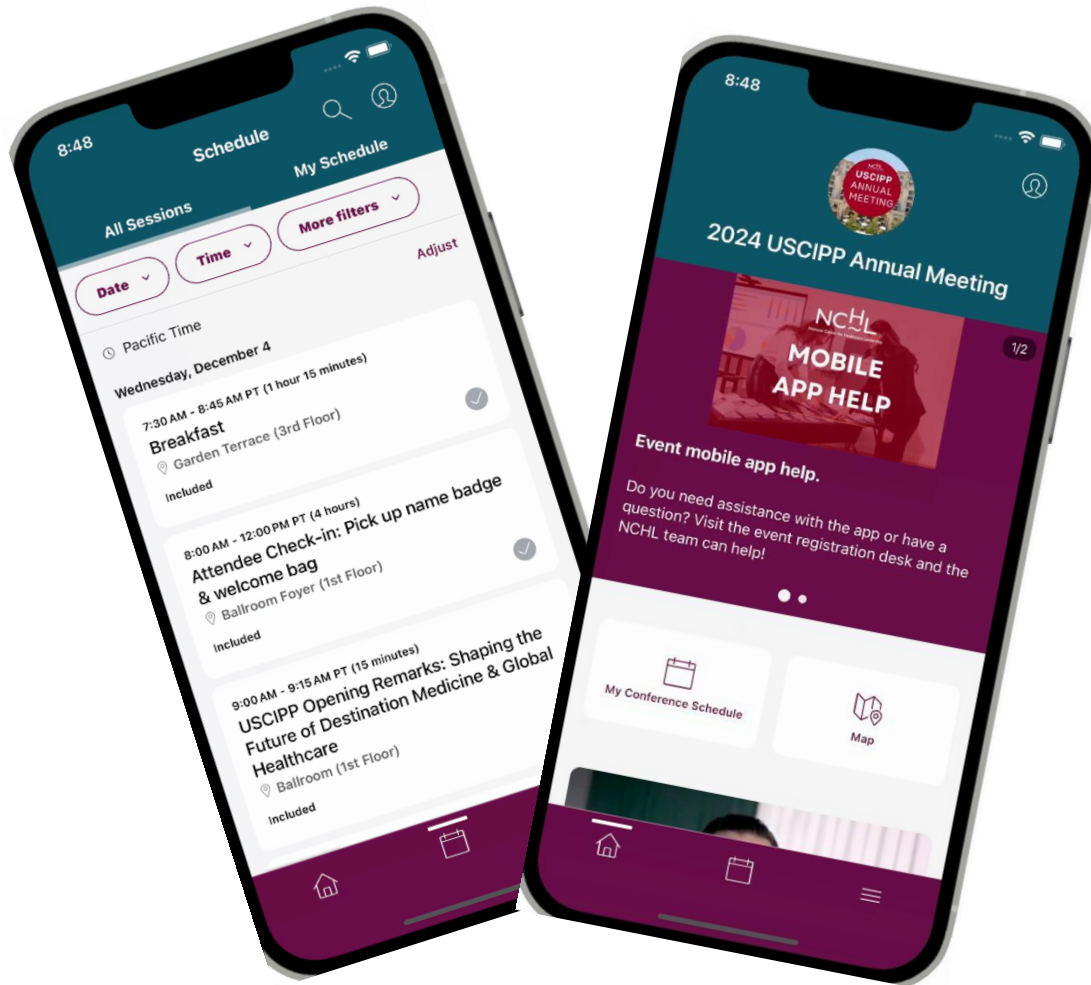
2024 USCIPP Annual Meeting Event Committee

- **Farheen Dam***, North America Health Solutions Leader, AON
- **David Gillan***, Chief Customer Officer, Sodexo
- **Heitham Hassoun⁺**, MD, Chief Executive, International (Host), Cedars-Sinai
- **Norhan Gomaa**, International Patient Program Manager, Cincinnati Children's
- **Cynthia Gonzalez⁺**, Director, Global Health Services, Americas - International, Cook Children's Health Care System
- **Lisa Tham⁺**, Senior Director, Business Development, Center for International Medicine, City of Hope
- **Yadira Torres**, Executive Director, Global Health Program, Children's Hospital Los Angeles
- **Raymond Wu**, Director, Integrated Marketing, International & Growth Areas, Memorial Sloan Kettering Cancer Center

* NCHL Board Member

+ USCIPP Advisory Council Member

USCIPP Annual Meeting Event App



Download the Event
Mobile App



WiFi | Agenda | Speaker Info |
More!

Today's Highlights

- Cedars-Sinai Welcome Address & Keynote Session
- Breakout sessions in Ballroom and Gallery
- Lunch
- USCIPP Annual Benchmarking Session
- Breakout sessions in Ballroom and Gallery
- USCIPP Networking Reception & Dinner at Mastro's Steakhouse @ 6:30 PM

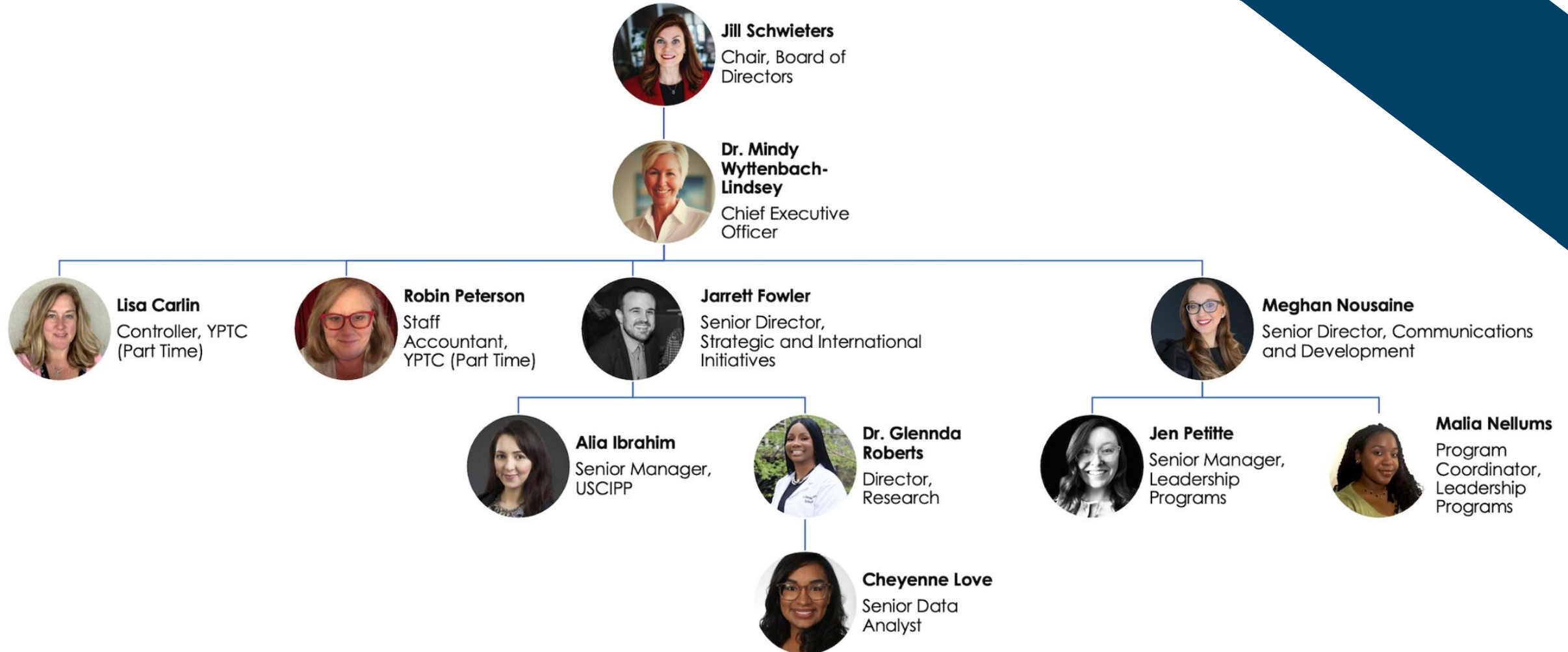
NCHL and USCIPP background

- The National Center for Healthcare Leadership (**NCHL**) is an American 501(c)(3) nonprofit organization
- For diverse healthcare leaders at any career stage, NCHL stands as the premier destination for learning and development
- NCHL creates platforms for industry influencers to connect through innovative channels, providing evidence-based data and insights as well as best practices to address challenges, seize opportunities, and promote excellence
- The US Cooperative for International Patient Programs (**USCIPP**), one of NCHL's premier membership programs, is a consortium of 60 American academic medical centers and health systems with international programs
- The USCIPP program operates on a member-driven agenda of interorganizational learning and collaboration, the continuous and open sharing of knowledge and industry best practices, peer benchmarking and research, market analysis and business intelligence, the organization of international business development events, and more

**NCHL annual
budget:
\$ 2.1 million**



NCHL staffing as of December 2024



USCIPP member list as of December 2024

- Ann & Robert H. Lurie Children's Hospital of Chicago
- Atrium Health
- Baptist Health South Florida
- Baylor St. Luke's Medical Center
- Boston Children's Hospital
- Cedars-Sinai
- Children's Hospital Colorado
- Children's Hospital Los Angeles
- Children's Hospital of Philadelphia
- Children's Mercy Kansas City
- Children's National Hospital
- Cincinnati Children's
- City of Hope
- Cleveland Clinic
- Cook Children's Health Care System
- Dana-Farber Cancer Institute
- Dignity Health International
- Duke Health
- Emory Healthcare
- Fred Hutchinson Cancer Center
- Henry Ford Health
- Hospital for Special Surgery
- Houston Methodist
- Indiana University Health
- Johns Hopkins Medicine International
- Keck Medicine of the University of Southern California
- Kennedy Krieger Institute
- Mass General Brigham
- Mayo Clinic Florida
- MD Anderson Cancer Center
- MedStar Georgetown University Hospital
- Memorial Healthcare System
- Memorial Hermann–Texas Medical Center & TIRR Memorial Hermann
- Memorial Sloan Kettering Cancer Center
- Moffitt Cancer Center
- Nationwide Children's Hospital
- Nemours Children's Health
- New York University (NYU) Langone Health
- NewYork-Presbyterian
- Nicklaus Children's Hospital
- Northwell Health
- Northwestern Medicine
- Ochsner Health System
- Penn Medicine
- Rush University Medical Center
- Shriners Hospitals for Children
- St. Jude Children's Research Hospital
- Stanford Medicine
- Tampa General Hospital
- Texas Children's Hospital
- The James Cancer Hospital at The Ohio State University
- The Paley Institute at St. Mary's Medical Center
- The Shirley Ryan AbilityLab
- UChicago Medicine
- University Hospitals Cleveland Medical Center
- University of California, Los Angeles (UCLA) Health
- University of California, San Diego (UCSD) Health
- University of California, San Francisco (UCSF) Health
- University of Pittsburgh Medical Center (UPMC) and Children's Hospital of Pittsburgh of UPMC
- Yale International Medicine Program

USCIPP history

1997–2008	2008–2010	2010–2014	2014–2018	2018–2023	2024
<ul style="list-style-type: none"> A group of US hospital international program directors begins hosting informal annual meetings to share knowledge and address common challenges, creating the “International Hospital Forum” 	<ul style="list-style-type: none"> The Alfred P. Sloan Foundation project provides seed support for two Rush University faculty to research international trade in health services The group begins including Rush University and University HealthSystem Consortium (UHC, now Vizient) researchers in the group’s activities 	<ul style="list-style-type: none"> The US Department of Commerce’s International Trade Administration (ITA) provides UHC & Rush University with a three-year (2010–2013) Market Development Cooperator Program (MDCP) award The MDCP helps transform the former “International Hospital Forum” into a true industry consortium and membership program for US hospitals— USCIPP— under UHC MDCP allows USCIPP to develop peer benchmarking data standards for international programs at US hospitals UHC seeks to divest the USCIPP program at the end of the MDCP funding period The NCHL Board of Directors and USCIPP member organizations formally approve USCIPP’s transition from UHC to NCHL 	<ul style="list-style-type: none"> ITA provides additional support for the work of USCIPP in the form of an additional three-year (2015–2018) MDCP award, this time to USCIPP’s new parent organization, NCHL The USCIPP program develops robust global business intelligence capabilities, peer-to-peer learning/collaboration initiatives, and an international patient experience survey Premium USCIPP membership is introduced, and the broader membership grows rapidly during this time After the end of the second MDCP funding period, the USCIPP program continues to organize both in-person and virtual international business development events for members 	<ul style="list-style-type: none"> In 2019, the USCIPP program and its members develops a standardized matrix to analyze the international telemedicine and remote second opinion regulatory landscape across different global markets via a cost-sharing initiative In 2020, the USCIPP program begins working in close coordination with member hospitals, the US government, and other partners to address the Kuwaiti government’s nearly \$700 million in outstanding debt owed to US hospitals for patient care; these coordinated efforts are successful in repatriating nearly all outstanding debt owed to US hospitals by the Kuwaiti government The USCIPP program hosts in-person business development events in Mexico, Kuwait, and Bahrain 	<ul style="list-style-type: none"> The USCIPP program hosts a member networking reception at Arab Health Outside consultants contracted to provide Premium members with quarterly business intelligence reports for Saudi Arabia and Mexico New workgroup call series rolled out for members on subtopics of interest, international program job description workspace added to member portal, international observership and training program list added to member portal for Premium members In-country rep comp study rolled out to members The USCIPP program hosts an in-person business development event in Saudi Arabia The USCIPP Annual Meeting returns as a standalone event

2024 USCIPP Advisory Council

- **Barbara Ralston**, Senior Strategy Consultant, Dignity Health International (NCHL Board Member)
- **Soraia Angiuoli**, Executive Director, Global Services, Children's National Hospital
- **Diala Atassi**, Chief Global and National Programs Officer, International Programs, UChicago Medicine
- **Sarah Berger**, Associate Vice President, Cancer Network, US & Global Business Development, MD Anderson Cancer Center
- **Summer Dajani**, Vice President, Global & Platinum Patient Services, Houston Methodist
- **Cynthia Gonzalez**, Director, Global Health Services Americas – International, Cook Children's Health Care System
- **Duaa Hammoda, PhD**, Director, Service Excellence, Global Patient Services, Cleveland Clinic
- **Heitham Hassoun, MD**, Vice President and Medical Director, Cedars-Sinai International
- **Kerin Howard**, Executive Director, International Patient Center, Mass General Brigham
- **Usamah Mossallam, MD**, Vice President & Medical Director, HFHS International, Henry Ford Health
- **Lindsay Rothstein**, Senior Director, Marketing and Communications, Johns Hopkins Medicine International
- **Iman Shebaro**, Assistant Director, International Services, Texas Children's Hospital
- **Lisa Tham**, Senior Director, Business Development, Center for International Medicine, City of Hope
- **Milly Valverde**, Director, Destination Medicine Global Health Care, James Cancer Hospital at the OSU Medical Center

2024 USCIPP Benchmarking & Research Council

- **Ziad Abdulhak**, MD, Director, Business Development, UChicago Medicine
- **Norhan Gomaa**, International Program Manager, Cincinnati Children's Hospital
- **Mariel Garcia**, Senior Director, International Business & Director, Telemedicine, UPMC
- **Ashraf Kabil**, Executive Director, Cedars Sinai International
- **Sofia Kelly**, Director, International Business Planning & Analysis, Baptist Health South Florida
- **Teresita (Tere) Lopez**, Director, Global Health, Nicklaus Children's Hospital
- **Erin Mulpur**, Executive System Director, Houston Methodist
- **Françoise Perez**, International Strategy Analyst, Shriners Hospitals for Children
- **Nicole Skelly**, Senior Program Manager, Global Services Division & Remote Second Opinion Program, Children's National Hospital
- **Jamie Vollenweider**, International Patient Services RN, Henry Ford Health
- **Di Wu**, Director, International Health, Keck Medicine of USC

What's in store for 2025?

- Programming for members around Arab Health
- Continue to work with members and Hogan Lovells to update USCIPP's international telemedicine and remote second opinion due diligence country reports
- Continue and refine workgroup series and other peer learning initiatives
- Continue to enhance USCIPP benchmarking data visualizations and reporting, international business intelligence activities, and other research initiatives
- In-person international business development event (market TBD)
- In-person USCIPP Annual Meeting (host site TBD)
- Continue to focus on membership growth
- Continue to focus on enhancing member value, elevating engagement, and meeting member needs
- Formal, full work plan for 2025 will be released in January

Thank you to Cedars-Sinai, our wonderful event partners!

*Thank
you!*



Cedars Sinai

Cedars-Sinai Overview

Peter Slavin, MD

President and CEO

Cedars-Sinai Medical Center and Health System



cedars-sinai.org

Cedars-Sinai Mission

As a leading academic healthcare organization, our mission is to elevate the health status of the communities we serve.

- We deliver exceptional healthcare enhanced by research and education.
- We prioritize high-quality care for all with equity and compassion.
- We transform biomedical discoveries and innovations for better health.
- We educate tomorrow's physicians, nurses, researchers and healthcare professionals.

Our mission is founded in the Judaic tradition, which inspires our devotion to the art and science of healing.



Cedars-Sinai Health System

Cedars-Sinai Health System

Joint Ventures	Affiliate Hospitals	Medical Network	Ambulatory Care	Academic Enterprise
Providence Cedars-Sinai Tarzana Medical Center (Partnership with Providence Health)	Cedars-Sinai Medical Center	Cedars-Sinai Medical Group	Ambulatory Clinics (189) <i>*includes CSMC, CSMCF, CSMH, TMPN, HHP</i>	Research
California Rehabilitation Institute (Partnership with Select and UCLA Health)	Cedars-Sinai Marina Hospital	Cedars-Sinai Health Associates	Ambulatory Surgery Centers (9)	Education
	Huntington Health	Cedars-Sinai Affiliated Medical Groups	Urgent Care Centers (9)	Clinical/Academic Departments
	Torrance Memorial Medical Center	Torrance Memorial Physician Network	Imaging Centers (5)	
		Huntington Health Physicians	Endoscopy Centers (1)	
			OP Cancer and Rad Oncology Centers (11)	

Cedars-Sinai by the Numbers



ADMISSIONS:
49,634*



EMPLOYEES:
15,556**



PATIENT DAYS:
316,036*



**RESIDENCY
PROGRAMS:**
16



LICENSED BEDS:
1,048*



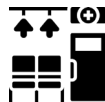
NURSES:
3,413**



OUTPATIENT VISITS:
2,007,498**



**FELLOWSHIP
PROGRAMS:**
72



ER VISITS:
127,626*



PHYSICIANS:
1,809**



VOLUNTEERS:
3,884



**ACTIVE CLINICAL
TRIALS:**
735



BIRTHS:
6,065



**RESIDENTS
& FELLOWS:**
478

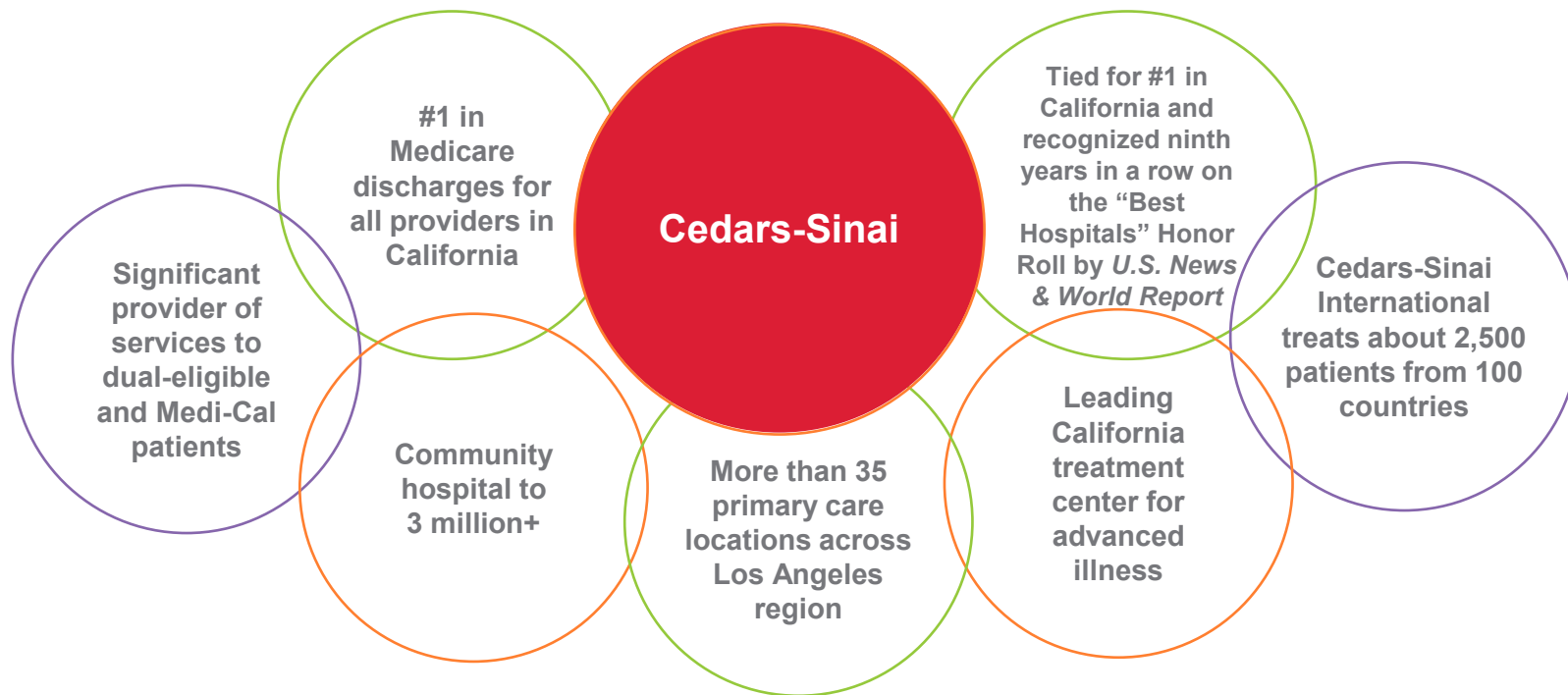


**LANGUAGES
AVAILABLE (THROUGH
INTERPRETER SERVICES):**
45 major languages



**ACTIVE RESEARCH
PROJECTS:**
2,251

Patient Care



Cedars-Sinai Specialty Rankings Are Among the Top in the Nation

Cardiology, Heart & Vascular Surgery: Best in California and #6 in the U.S.

Gastroenterology & GI Surgery: Best in California and #2 in the U.S.

Orthopedics: Best in California and #5 in the U.S.

Obstetrics & Gynecology: Best in California, #5 in the U.S.

Pulmonology & Lung Surgery: #5 in the U.S.

Neurology & Neurosurgery: Best in Los Angeles, #9 in the U.S.

Diabetes & Endocrinology: #9 in the U.S.

Urology: #12 in the U.S.

Geriatrics: #13 in the U.S.

Cancer: #16 in the U.S.

Ear, Nose & Throat: #39 in the U.S.

Research by the Numbers

- 320 principal investigators
 - 2,800-plus publications
 - More than 2,000 ongoing projects in basic and translational science and clinical and health services
 - 735 active clinical trials
 - \$232 million in extramural research
 - Ranked 11th in National Institutes of Health funding among independent hospitals in the U.S.
 - Federal awards doubled in the past five years
- Environment
540,000 square feet of basic research “wet” labs and nonclinical research “dry” labs
 - Technology Transfer
\$15.7 million in revenue
66 invention disclosures
146 patents granted
129 new patent applications filed
18 licenses + **1** option agreement

Medical Education

Graduate School

56 PhD Students
55 Master's Students
(2 programs)
214 Full Time Postdoctoral Scientists

CME

200 accredited activities
2,693 hours of education
52,596 learner interactions
Awarded Joint Accreditation with
Commendation
Provider of AMA, ANCC, ACPE, AAPA,
CDR, & BOC credits

Women's Guild Simulation Center for Advanced Clinical Skills

98,460+ Learner Contact Hours
17,666 Learners
1,809 Courses
Accredited by ACS/SSH/ASA/INACSL
LA Country Approved EMT Program
Beckers Health Best Simulation Centers Award

GME

19 Academic Departments
15 Residency Programs - 315 Positions
89 Fellowship Programs - 163 Fellows
12 Research Institutes
227 Active Postdoctoral Fellows
837 medical Student Rotations
Board Passage Rate: 97%
Matching Rates (categorical): 100%

Top Research Achievements

- Swan-Ganz catheter
- Minimally invasive surgery technology
- Blood product safety design
- Nuclear cardiology imaging software
- Heart and CNS stem cell therapy
- Endovascular cardiac valve repair
- IBD diagnostics and treatment
- Kidney transplant tolerance
- Health services research – clinical decision support



Cedars-Sinai Accelerator

Transforming healthcare quality, efficiency and delivery by helping entrepreneurs bring innovative technology to market

- Funding and mentorship from faculty and Southern California thought leaders
- Each cycle >450 companies apply from around the world



This three-month program, based in Los Angeles, California, provides companies with \$100,000 in funding, mentorship from more than 300 leading clinicians and executives, access to Cedars-Sinai, and exposure to a broad network of entrepreneurs and investors. Since 2015 Cedars-Sinai Accelerator has helped dozens of companies transform healthcare delivery and patient care.

Community Engagement

Contributed over \$1 billion in FY2024 to:

- Financial assistance to people who cannot afford care
- Access to healthcare for historically underserved groups
- Prevention- and education-focused community health programs
- Research leading to innovative treatments for a broad spectrum of diseases
- Education to prepare healthcare professionals for the future

Programs

5,000+ activities/130,000+ encounters

- COACH for Kids
- Healthy Habits
- Share & Care
- Community Health Improvement
- Team HEAL1111

Grants

\$30+ million/100+ organizations

- Strategic Planning, Early Adoption, Workforce
- Equity, Humanitarian Relief, Legacy Partnerships
- Older Adult and Youth Homelessness, Housing for Health, Workforce

Cedars-Sinai International Overview



Our Purpose

CSI is the **‘and beyond’** of Cedars-Sinai’s mission, vision and values, committed to the well-being of the global population, regardless of race, religion, political belief and economic or social backgrounds.




Our Values

Expertise - Consistency - Respect - Excellence – Professionalism



Our Services

We provide cutting edge and patient-centered care, and engage in sustainable, impactful collaborations that raise the standard of healthcare around the world.



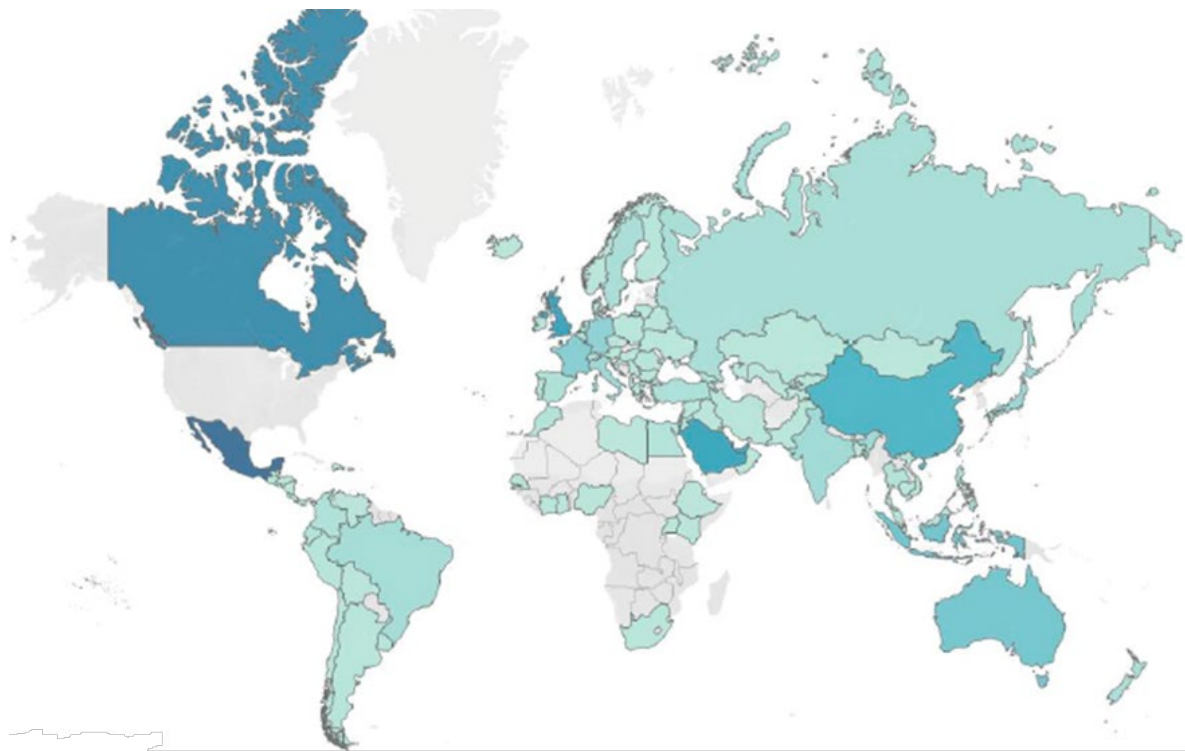
“International patients who travel far for medical care are different from local patients. They have unique needs and systems, whether social, biological or financial, that will impact outcomes, including patient experience and quality.”

Dr. Heitham Hassoun

**Senior Vice President and Chief
Executive, International**

FY24 International Patients by Country

Cedars-Sinai cares for ~2500 patients from over 100 countries



Top 10 Countries by # Unique Patients FY24

Rank	Country
1	Mexico
2	Qatar
3	Canada
4	Saudi Arabia
5	UK
6	UAE
7	Guam
8	China
9	Indonesia
10	Australia

Patients seek care at Cedars-Sinai for several specialties, top of which are:

- Surgical subspecialties
- Heart
- Ortho and Spine
- Gastroenterology
- Transplant
- Neurosciences
- Cancer

Global Footprint



4 Regional Offices

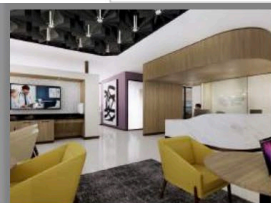
- Mexico
- Shanghai
- Singapore
- Qatar
- United Kingdom (soon)
- Ecuador (soon)

11 Global Collaborations

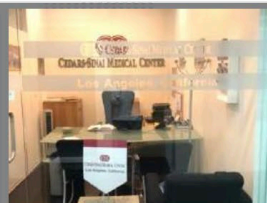
- Qatar
- China
- UAE
- Ecuador
- South Korea
- Israel
- Indonesia
- England

3 Strategic Partnerships

- England
- UAE
- Qatar



CSI Patient Lounge, Los Angeles



CSI Mexico Office, Mexico City



CSI China Office, Shanghai



Taikang Hospital, Shenzhen, China



The View Hospital, Doha, Qatar

Broad Forces Impacting Cedars-Sinai

External Forces Reshaping Healthcare Markets

Consolidation of Insurers

Aging Population/Growth of MA

Workforce Shortages

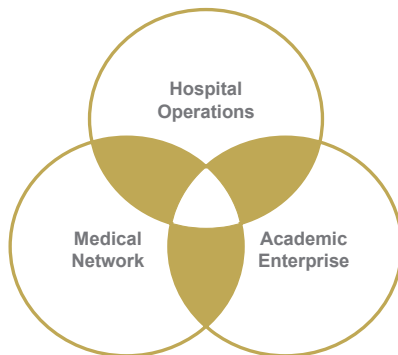
Consumer Expectations

Policy Forces Reshaping Healthcare Markets

Federal Priorities

California State Policy

Cedars-Sinai



Forces Reshaping Medicine

Growth of Digital Health

Accelerating Scientific Advances

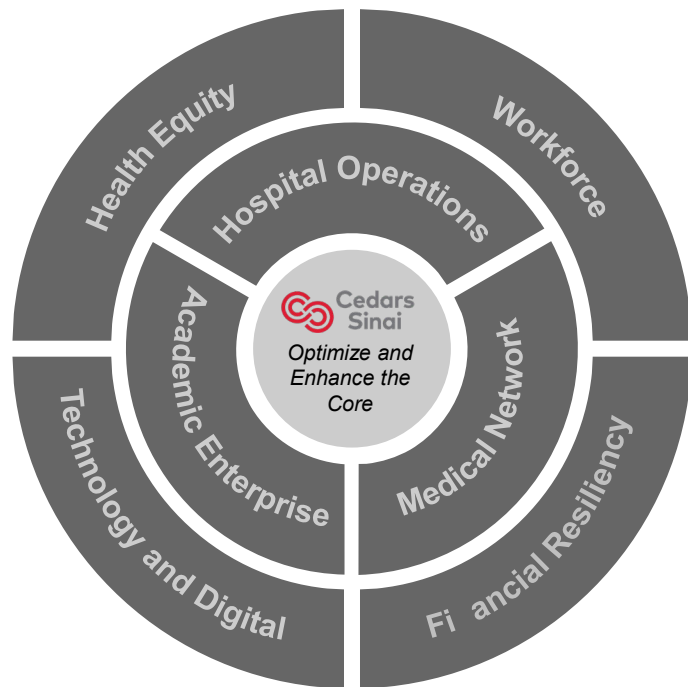
Training Tomorrow's Practitioners

Forces Reshaping the Role of Academic Medical Centers

Evolving Roles of AMCs

Health Equity

Strategic Imperatives





Creating a Culture of Data within Healthcare.

Dr Nadine Hachach-Haram
FRCS (Plast), BEM



USCIPP
US Cooperative
for International
Patient Programs





Disclosures

EMPLOYED BY: Founder and CEO of Proximie,
Co-managing partner at KHP Ventures, Director
of innovation and strategic partnerships at GSTT

STOCKHOLDER: Shareholder Proximie

ADVISOR: Mölnlycke

BOARD OBSERVER: Doccla and Apian



We're watching the future unfold before our eyes.



This is the age
of AI and ML

\$188 billion

projection of AI in
healthcare
by 2030




This is the age
of AI and ML

AI in Radiology

Precision in early
diagnosis



A microscopic image of cells, likely breast tissue, showing a complex network of green and orange fluorescent structures against a dark background. The green structures form a dense, interconnected web, while the orange structures appear as smaller, more discrete clusters or spots.

This is the age
of AI and ML

AI in Breast Cancer Detection

Identifying diseases
before anyone else

This is the age
of AI and ML

AI in stroke care

Cutting minutes to save
lives



50

petabytes

of healthcare data generated in a year.

97%

Of hospital data is unused -

80%

of healthcare data is unstructured.

175

zettabytes

Of big data storage in 2025

\$67

Billion

value of the global big data in the healthcare market

+19%

forecasted increase in the global big data in the healthcare market between 2023 - 2035



Clinical Data Analytics

\$300 Billion

can be saved by the US annually using Big Data Analytics.

- Better Diagnostics
- Reduced fraud
- Operational Efficiency
- Population Health Management

Medical Research

33 types of tumors

10 types of cancers

- Identifying New Biomarkers For Diseases
- Targeted And Effective Treatment Approaches
- Clinical Trials Optimization
- Drug Discovery

Policy Making & Strategic Planning

- Data Analytics & Insights
- Data Driven Decisions
- Performance Metrics
- Workforce Planning
- Health Budget Optimization
- Predicting Healthcare Demands

Transforming International Patient Programs through Safe Data Exchange and Networks

\$63-88 billion
medical tourism market size

- Patient Journey Optimization through **Clinical and Experience Data**.
- Operational Excellence through **Operational Data**.
- Clinical Excellence through benchmarking
- Outcome Measurement for International Accreditation

Enhanced Patient Matching and Referrals

Streamlined Pre-Travel Care Coordination

Predictive Analytics for Post-Treatment Complications

Operational Efficiency Through Resource Management

Outcomes Reporting and Benchmarking

Optimizing Patient Experience





Data Infrastructure

- Data governance framework
- Interoperable systems
- Cross department collaboration
- Data security

Data Literacy & Training

- Clinical and non-clinical training
- Encouraging data-driven decision making

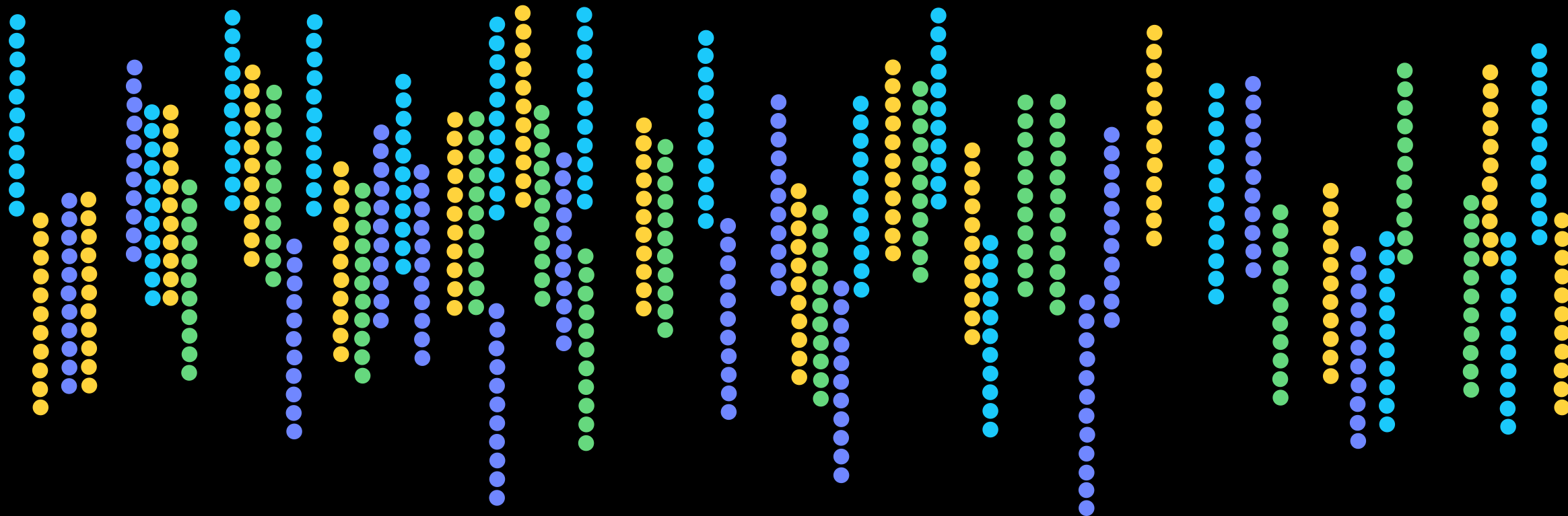
Monitoring & Measuring

- Regular audits of data quality
- Make process changes and adapt



Isolated
Fragmented
Unstructured
Data.

**We have the opportunity to leverage
technology and lay the foundation
for structured data**



Infrastructure that was designed to meet the healthcare needs of societies many decades ago is no longer fit for purpose.

4.2 million people worldwide die
within **30** days of undergoing surgery
each year

\$12.3bn drag on developing
economies from avoidable disability
and death arising from lack of access
to surgery or avoidable post-op
complications

5 billion x2

Surgical
workforce



Opportunity for improvement

1



Productivity

Safety and quality



2

3

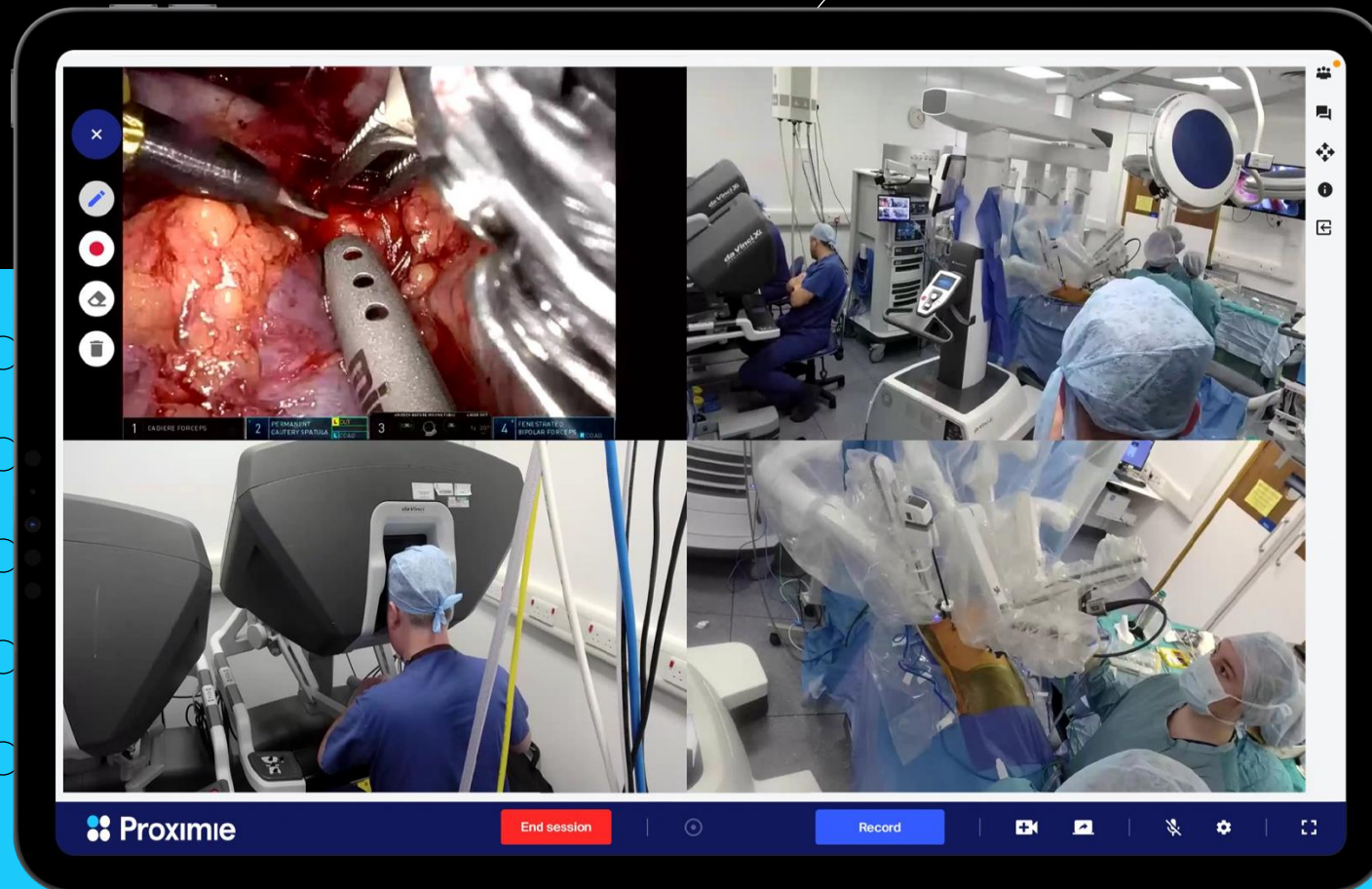
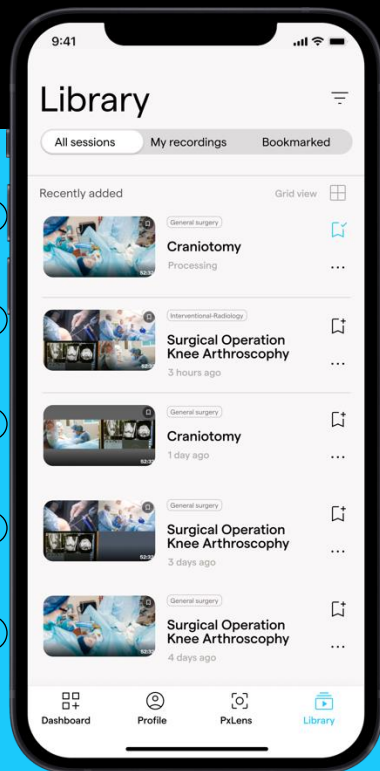


Workforce





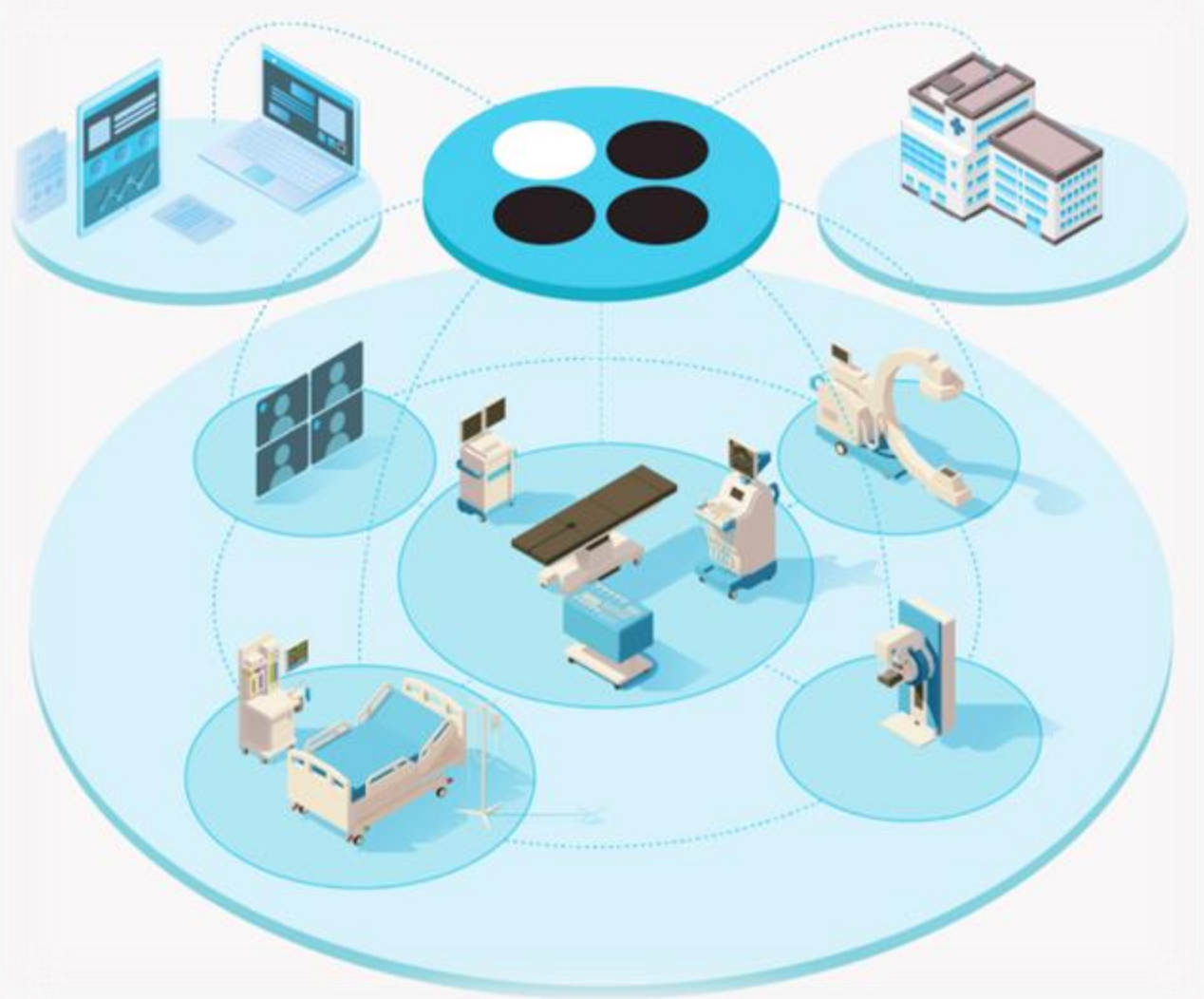
Ambient, multi-angles, uninterrupted view of the OR, simultaneous multiple feeds, connecting and collecting data from medical devices and cameras



Connect and see everything

Transforming health systems and procedure rooms into an interconnected digital ecosystems.

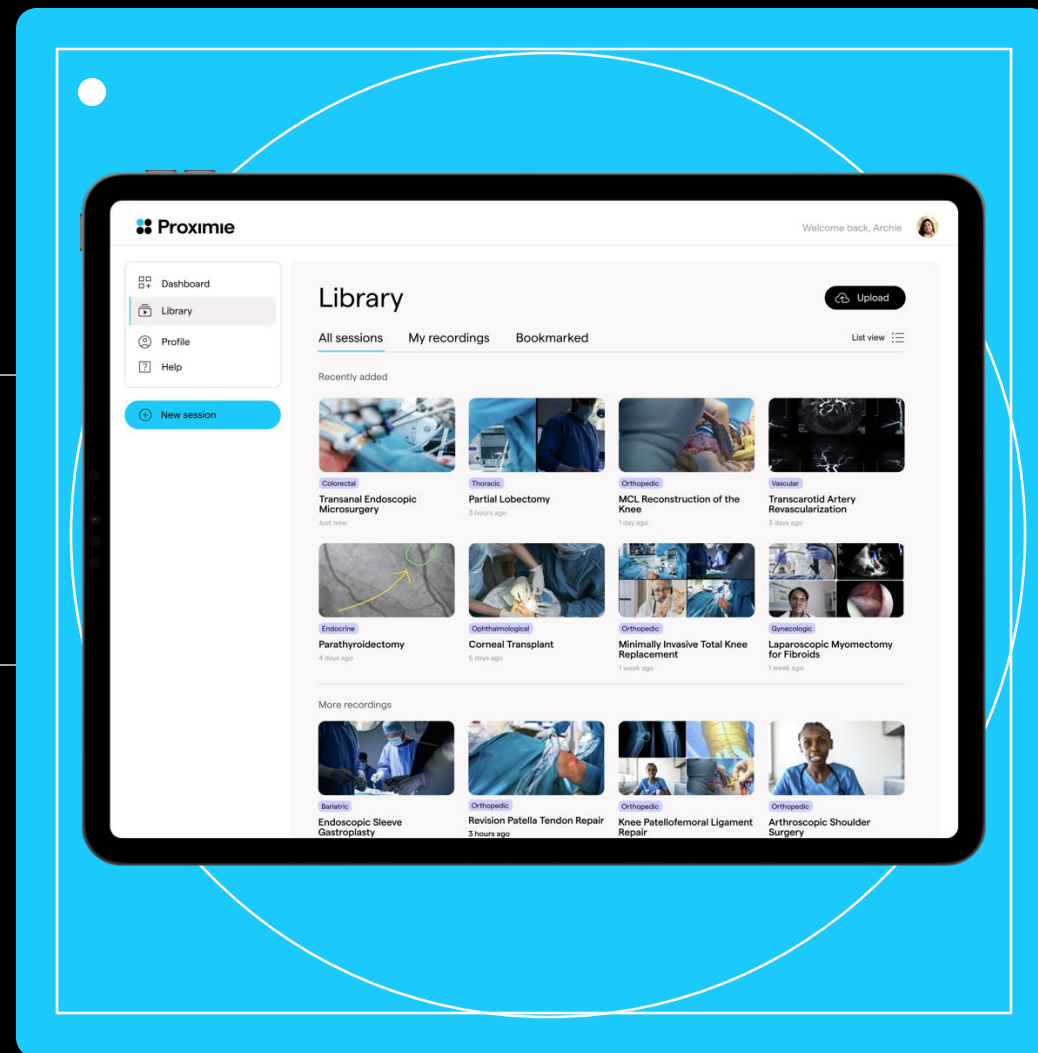
Data from any device or software, captured and analyzed, every human action recorded and digitized to create a single source of truth.



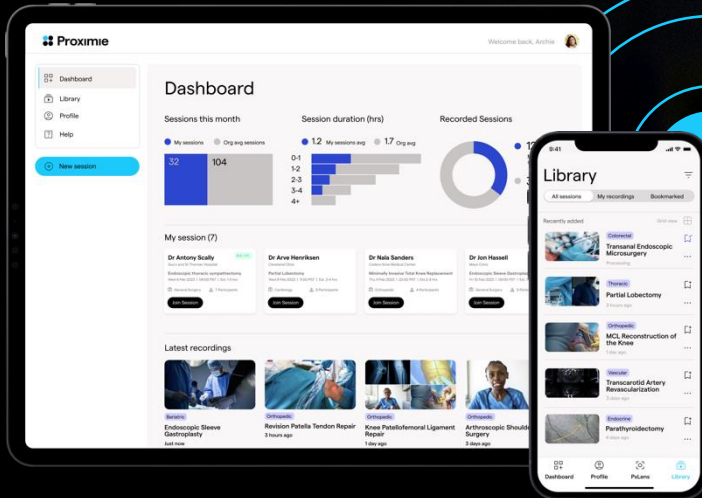
+100,000 hours of videos stored on the platform

→ + 80,000 individual OR video views.

→ +100 Terabytes of video, audio and device data.



The operating system for intelligent operating rooms.



01 – Real-time Connectivity



Be in the operating room from anywhere.

02 - Unified Data



Create a single source of truth in the OR.

03 - Analytics and Insight



Turn incisive insight into decisive results.

04 - Video Library



Learn more from every procedure.

Reactive & proactive

Decision making with real-time Analytics and Insights

Enterprise platform

Built for security and privacy requirements of hospitals



Real-time Connectivity

Share expertise and data from anywhere with best-in-class telepresence and real-time connectivity solutions. Access from any browser or mobile device.

Key Benefits

Collaborate and guide in real-time.

Expand and accelerate training.

Provide accurate assessment.

Give users and health systems more data and control.

Boost efficiency and reach.



HOW IT WORKS

01 Capture video and data from any source.

02 Schedule secure sessions.

03 Connect from any device.

04 Share data to and from the OR.

Proximie creates a digital continuum of education and knowledge

Access to live surgeries from anywhere

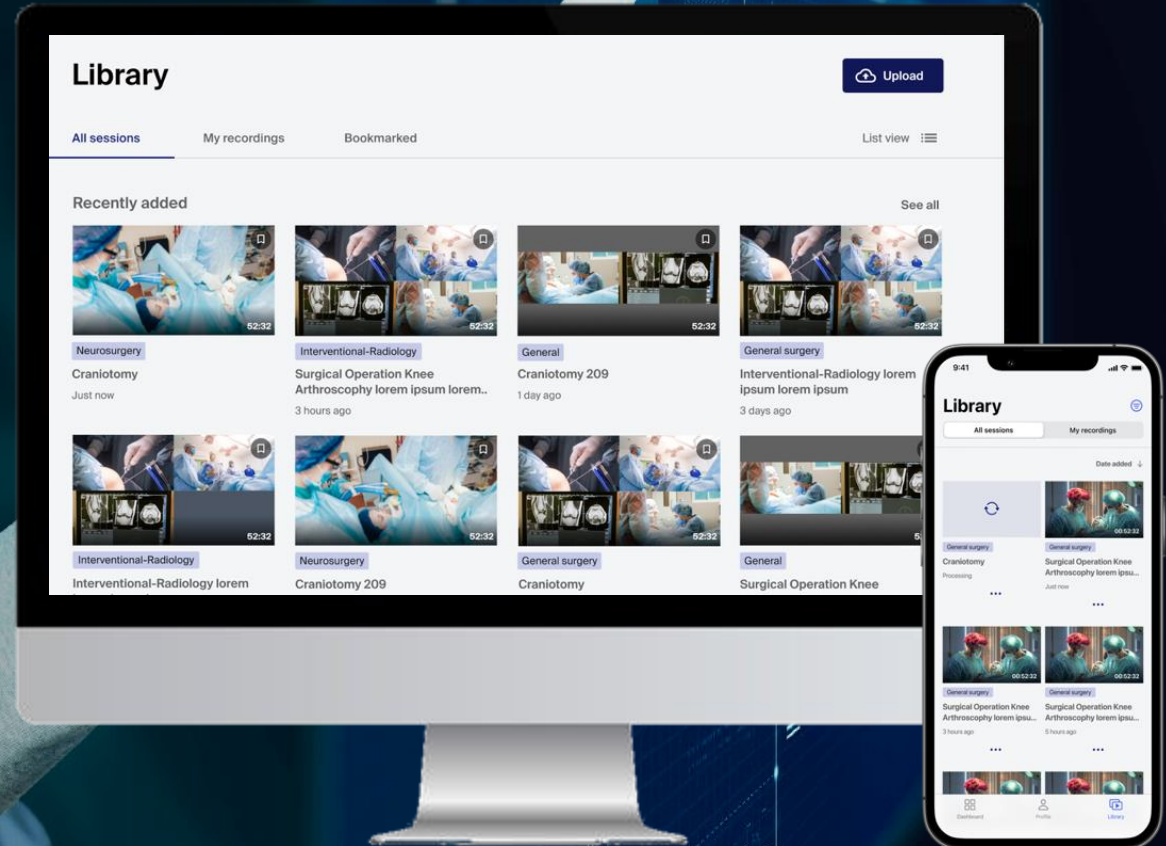
Personal Development


Shared Expertise

Learning without borders

A surgical credentialing tool

Video Library



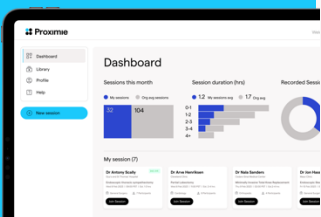


Train and mentor
surgeons in $2x$ as many
 $\frac{1}{2}$ the time
while maintaining the same quality

Proximie is the ambient co-pilot for OR's

Real time data and insights

Px AI analyzes holistic, context-rich operating room data in real time, to provide the objective truth for everything from scheduling to real time decision making.



OR control centre

See, manage, and alert hospital teams on OR activity - like air traffic control. Driving workflow improvement, reducing staff costs.



Workflow automation

Real-time notifications and alerts across the surgical pathway to improve coordination and workflow



AI co-pilot

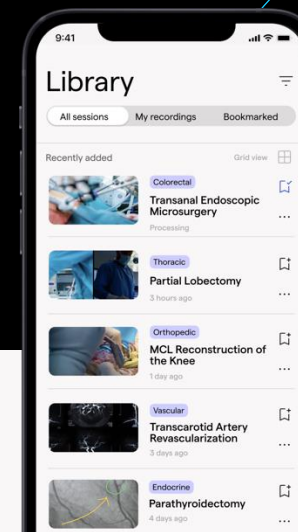
AI Co-pilot coordinates and monitors OR's – procedure length predictions, scheduling, documentation completion, reporting – all in real time.

Link to hospitals EPR/ PACs to build comparative, trend led data across OR's

Px ambiently records OR

Real-time connectivity + video Library

Connect anywhere in real time to share expertise or communicate workflow outside of the OR





25%

of surgeries in high-income countries are delayed ¹

30%

of surgical procedures begin late²

60–70%

Utilization of the OR

30%

Potential increase in labor costs due to operating room overtime⁴



Real time data – an efficiency improvement opportunity

One source of truth.

Comparative data linked to your EPR or management system – in real time



Preparation variability



Opportunity time



Turnover times



Breakdown times



Case-mix



Staff

 Proximie



Dashboard



Library



Profile

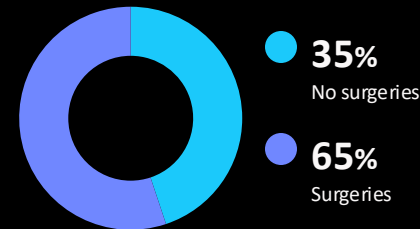


Help



New session

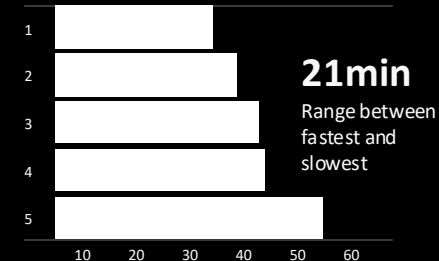
Active surgeries



Turnover time

83%
Inactive
turnover time

Prep time



EPR OR metrics





Dashboard

Library

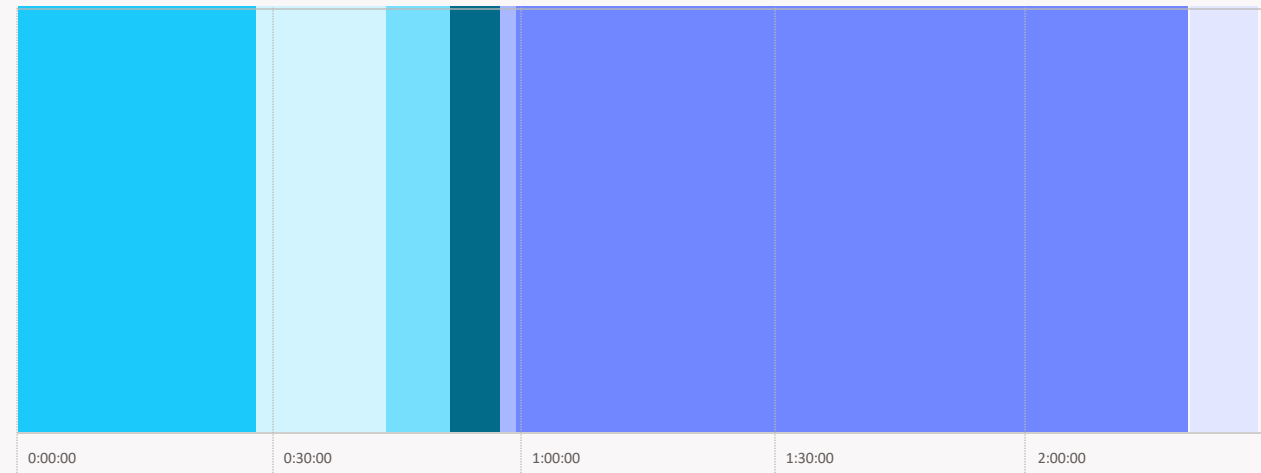
Profile

Help

New session

Dashboard

Process Metrics for OR Theatre Throughput



Anesthesia Time
0:28:35

Anesthesia Done to Wheels In
0:15:23

Wheels In to Prep Start
0:07:43

Prep end to Incision
0:02:06

Prep Start to End
0:05:28

Incision to Close
1:20:19

Close to Wheels Out
0:08:09

Room clean time

MIN 0:01:29

11:23

Secs on average

MAX 0:41:24

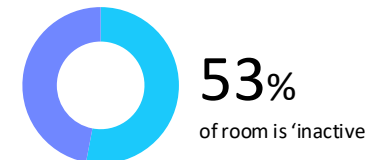
Time between cases

MIN 0:02:00

15:54

Secs on average

MAX 0:44:49



OR control centre

Your air traffic control ensuring a smoother workflow across the pathway



Improve throughput



Visualisation of real time OR activity



Helps coordinate staff



Improved start times



Workflow prompts via targeted notifications

Be notified



Improve throughput



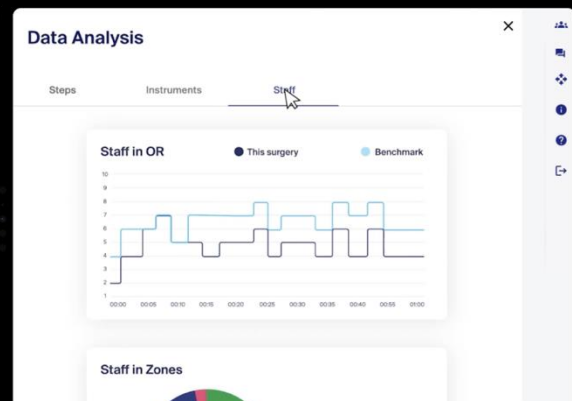
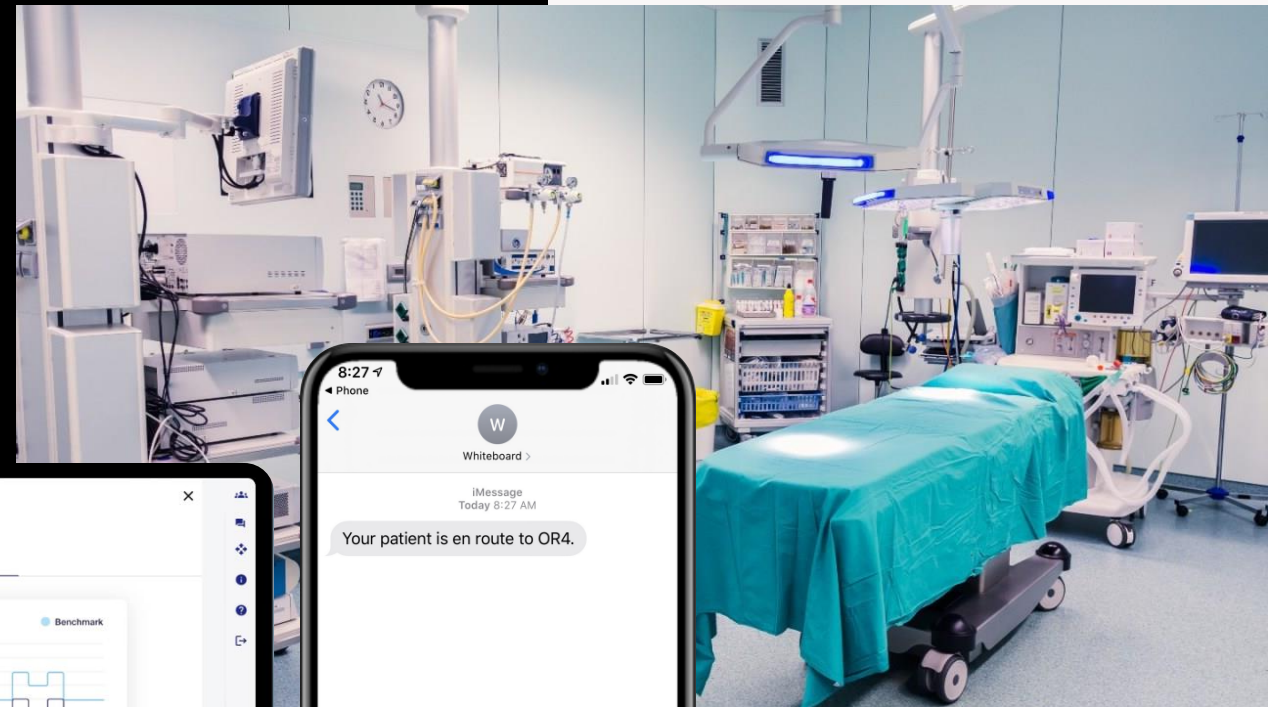
Visualisation of real time OR activity

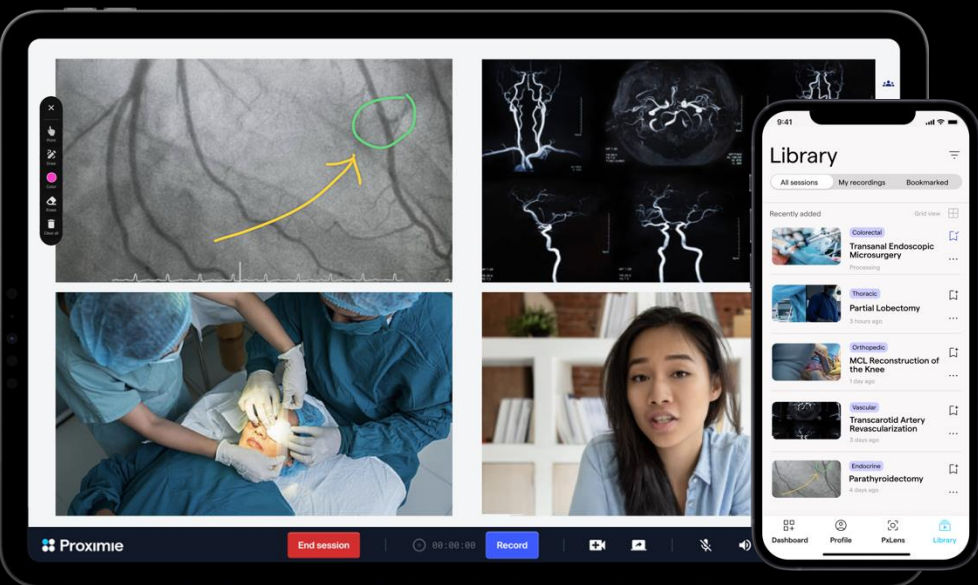


Helps coordinate staff



Improved start times





• 80,000
Individual surgical videos

• 20+
Clinical publications

• 40+
Medical device companies

• 2019
Year of commercialization

• 800+
Facilities

• 50+
Countries

Some of our collaborators

ORLANDO HEALTH[®]

University of Colorado
Anschutz Medical Campus

HCA⁺
Healthcare[®]

UC San Diego
SCHOOL OF MEDICINE

GE HealthCare

THE UNIVERSITY OF
CHICAGO
MEDICINE

NHS
Guy's and St Thomas'
NHS Foundation Trust

وزارة الصحة
Ministry of Health

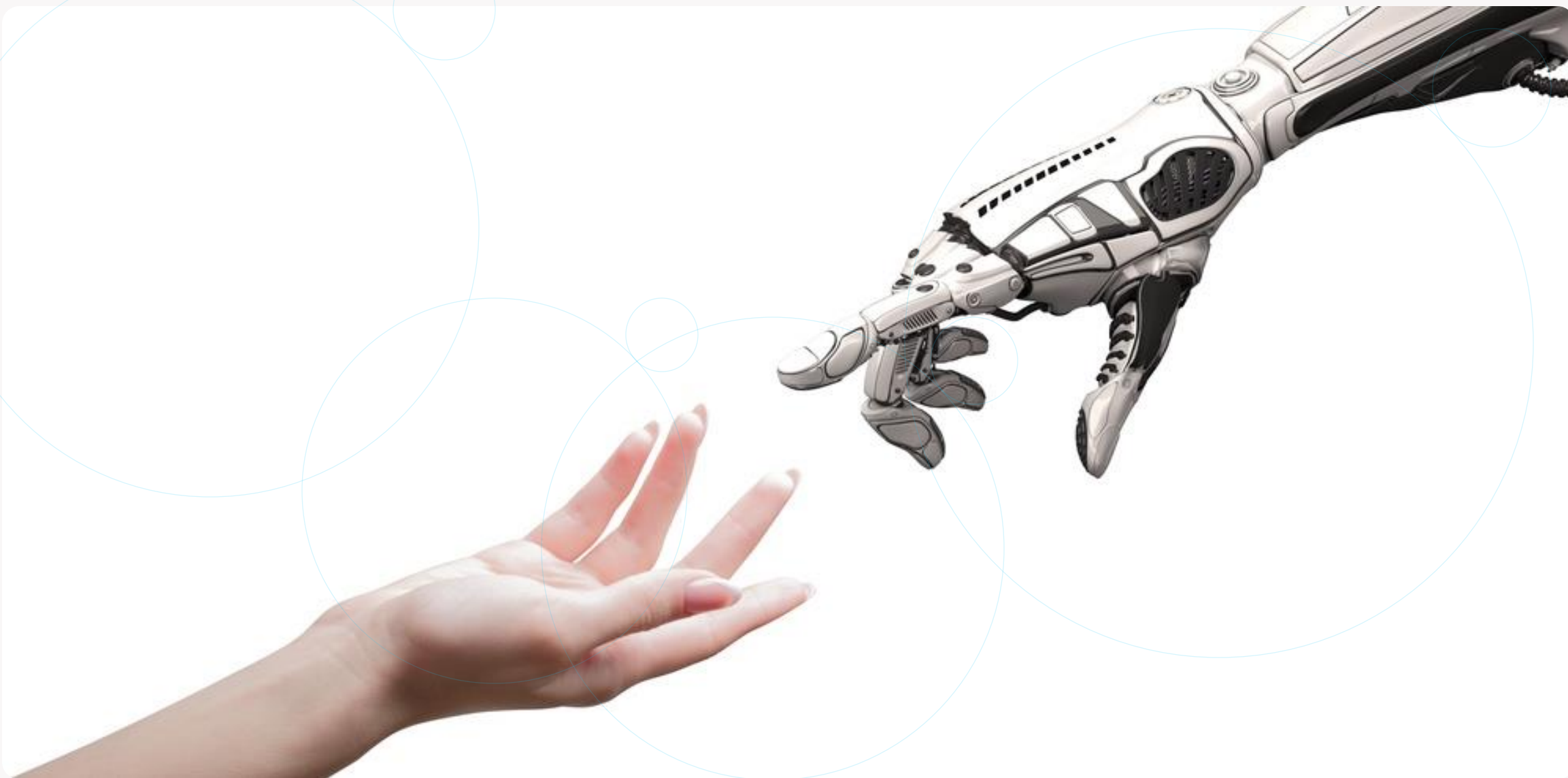
NHS
University Hospitals
Coventry and Warwickshire
NHS Trust

AdvocateAuroraHealth[®]



HIPAA & GDPR compliant and adhere to local regulations with data privacy through a multi-cloud provision





Thank you
for listening •

Keck Medicine of USC
International Health

12/04/2024

Growth Strategy

For Small International Programs





About Me

Di Wu, MBA

Director, International Health, Keck Medicine of USC

Chair, Keck Asian Pacific Islander Faculty & Staff Association

Technical Chair, USCIPP Patient Experience Initiative

2006 - 2010 China Financial Education Online (Beijing)

2010 - 2014 Shanghai Shipping Freight Exchange (Shanghai)

2014 - 2015 Qianhai Aviation and Shipping Exchange (Shenzhen)

2015 - 2017 USC Marshall School of business

2016 - Date Keck Medicine of USC International Health

Agenda



1	Know Your Strengths
2	Understand the Competition
3	Gain Support Internally
4	Leverage Technology

5	Justify Your ROI
6	Identify Your Key Values
7	Define Attainable Goals
8	Adapt, Pivot and Thrive
9	Talent Aquisition



Know Your Strengths

- ▶ Organization Strengths
- ▶ Service Line Strengths
- ▶ Physicians/State/Airport/Hotel?
- ▶ Not Found Any? Build Your Own!
- ▶ Fast TAT?
- ▶ After Hour Response?
- ▶ Remote Second Opinion?
- ▶ In-language Services?

Understand the Competition

Who are you competing with? What are their strengths and weaknesses?

CXXXX SXXXX

Ranked higher
Larger



- Overall costs
- Faster TAT
- Lodging

UXXA

Ranked higher
Larger

- All faculty
- Non-competing
- TQ focused

CXH

More clinical trials
Translational Medicine

- Intake System
- RSO
- Multidiscipline



Gain Support

Internal Support is Critical



Leadership

- Strategy
- Finance
- HR



Clinical Dept

- Physicians
- Pro Fee
- Admin Support

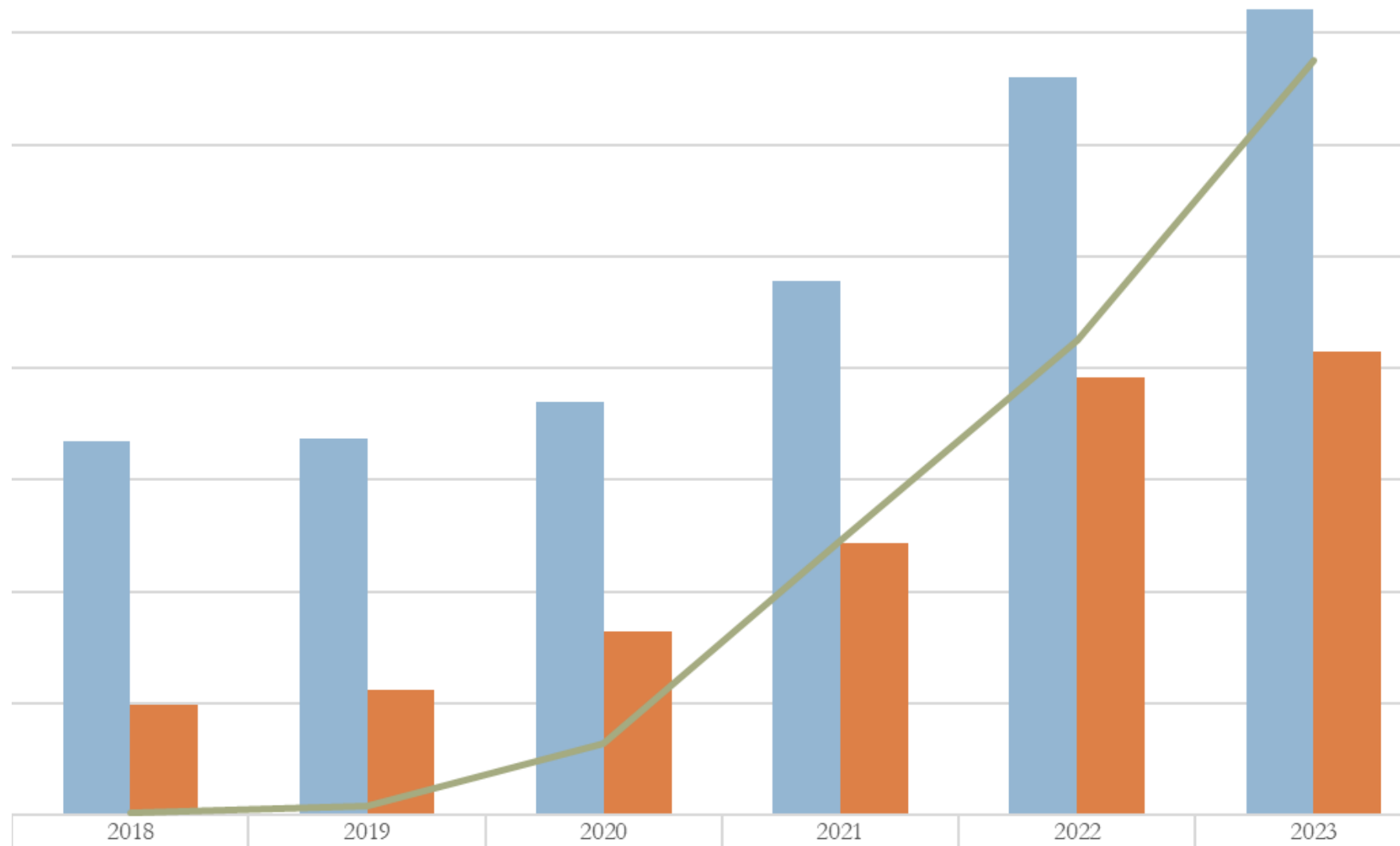


Admin Dept

- Finance
- Marketing
- PE, AA, etc.

Leverage Technology

Track - Analysis - Report - Improve



Net Revenue

3.7x

Average Revenue/Patient

3.2x

Unique Patient/Encounters

1.14x/1.03x

Prioritization

Acuity/Complexity

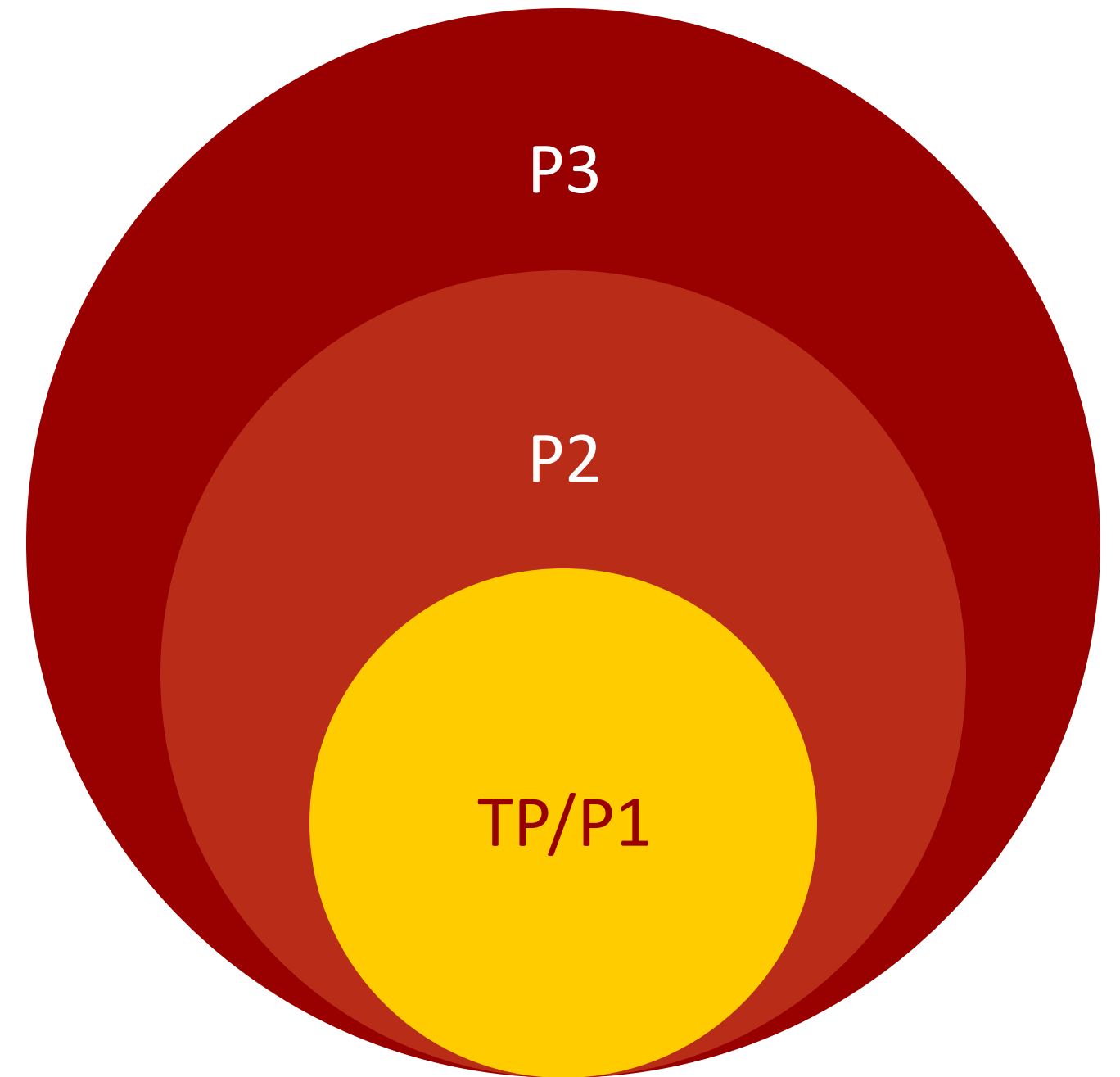
TP/P1/P2/P3

Payer Type

Gov/Commercial/Others

VISA Status

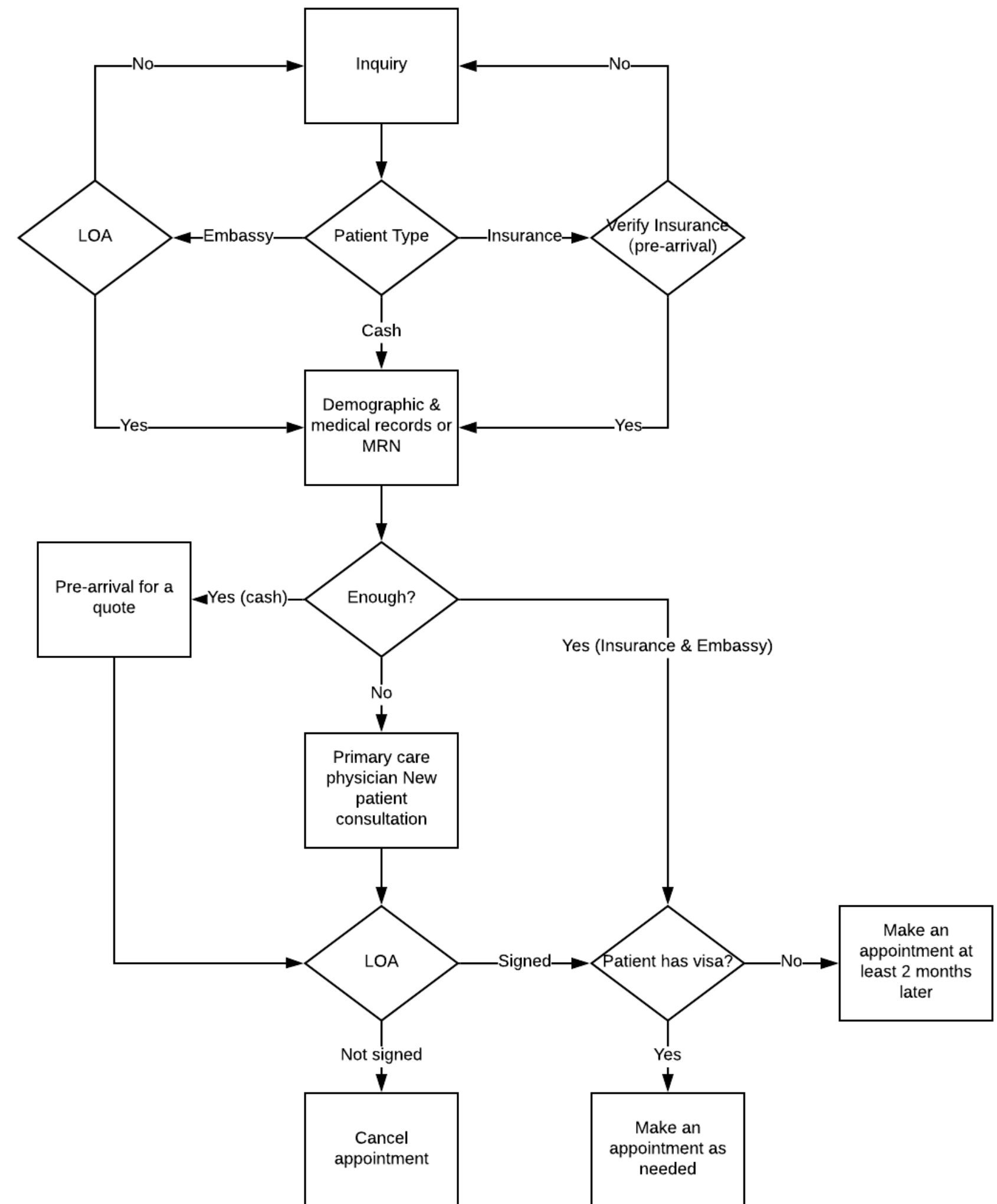
Yes/No



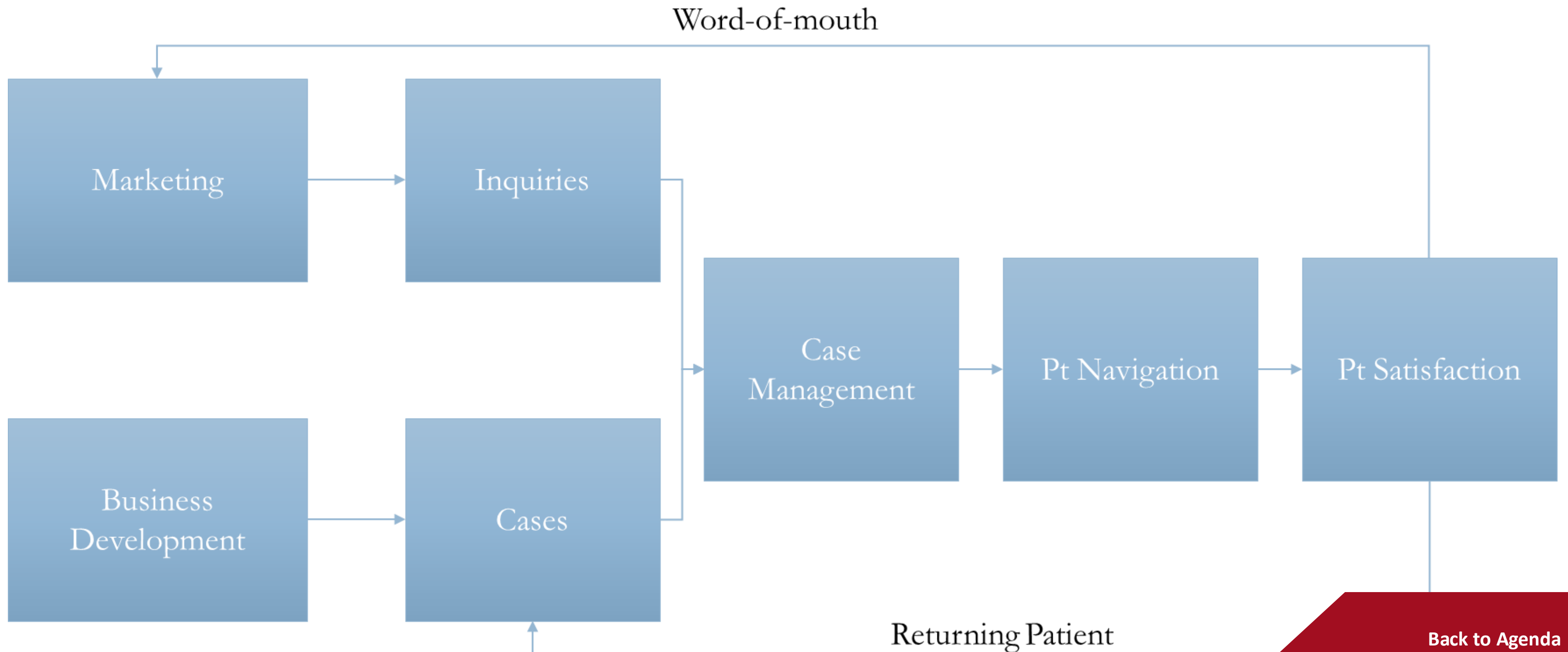
[Back to Agenda](#)

Standardization

- Intake Process
- Case Management
 - Patient Navigation
- Daily Huddle
- Payment Process
- Discharge
- Reconciliation
- Referring Physician



Business Model



[Back to Agenda](#)

Diversification

- Country
- Payer Mix
- Service Lines

1/4 Rule

No single country exceeds 25%

No single payor exceeds 25%

No single service line exceeds 25%

Justify Your ROI

	USCIPP Median	KMUSC	USCIPP Equivalent FTEs
Ratio of FTEs to 100 unique patients	3.61	0.89	0.89
Gross Revenue	\$30M	\$59M	\$206.5M
Unique Patients	344	449	1,571



Key Values

Why international business is important?

Finance	-- Higher reimbursement rates/ No medi-medi
Diversification	-- Diversify the organization's revenue source
Fundraising	-- New donation sources
Research	-- High complexity, clinical trial
Cost-saving	-- Cheaper than being handled by domestic teams

Define Attainable Goals

Align your goals with the
organizational goals.

1	Financial goals -- Contribution margin, profit margin, operational costs
2	Service quality goals -- TAT reduction, patient satisfaction, scheduling
3	Business development goals -- New market, net new pt, new services lines
4	Project goals -- New IT systems, new projects, new services
5	Supporting goals -- Language and cultural support to domestic teams
6	And more

Adapt & Pivot



Talent Aquisition

Annual Internship Applicants

1,000

Round 1/2/3 Interviews

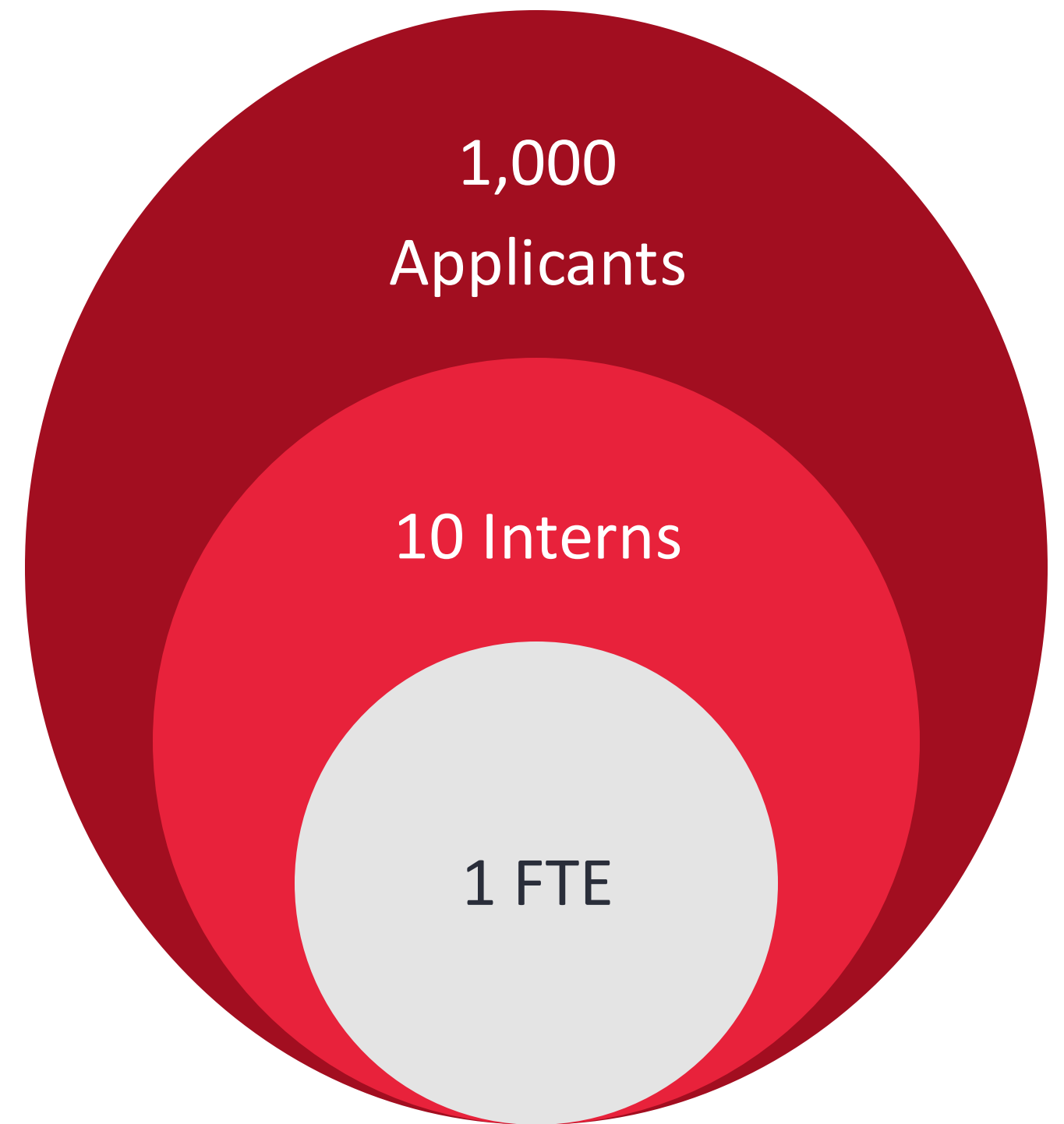
200/100/50

Interns Onboarded

10

FTEs

1-2



[Back to Agenda](#)

Keck
Medicine
of **USC**

Email

di.wu@med.usc.edu

WeChat



Contact

WhatsApp



Optimizing Case Management and Business Intelligence through EPIC Functions



Ashley Henney

Disclaimer

While the content presented highlights the capabilities of EPIC, I would like to clarify that I am not an employee of EPIC.





Agenda

- ☐ Why EPIC
- ☐ Operational Barriers
- ☐ Build Components
- ☐ Dashboards
- ☐ Operational Excellence/Project Goals
- ☐ Early Wins
- ☐ Lessons Learned
- ☐ How to Succeed



Why EPIC?

- Historically EPIC did not have the necessary functionality, limiting the ability to consider a build such as this.
 - Compass Rose: Comprehensive care coordination application
 - Extension of Epic Healthy Planet
 - Intended use: Population Health Management providing a stronger emphasis on non-clinical components.
 - Increase care coordination across all areas of a hospital or health system and improve the overall quality of patient care.
 - Documentation integrated in patient records across the organization for clear concise patient record review.
-

GPS Stakeholder Snapshot

- **Outcome Summary**

- This project implements a suite of tools (Compass Rose) that will allow Global Patient Services staff to more effectively manage patient programs in Epic.

- **Success Factors**

- Ability to create, identify, and track key tasks to drive workflow and ensure optimal patient care.
- Streamline processes and documentation to achieve standardization within the department.
- Improve tools and templates for secure patient communication.
- Allow leadership to report on key data elements and metrics required for operations, accreditation, and contracts.

- **Analysis Overview**

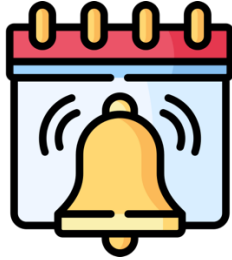
- Stakeholder Snapshot
- Business Requirements Analysis
- Workflow Analysis
- Testing Analysis
- Pre-Implementation Snapshot



Operational Barriers



Documentation was overly extensive



Absence of reminders or established timelines for task completion



Limited process expectations. Inadequate communication templates



Deficiency in patient follow-ups



Team Coverage



Point in time data



Stakeholder groups



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Key Priorities



Operations

Streamlined processes offering visibility across electronic medical record system.

Communication

Clear and concise templated tools to use with all stakeholders.

Analytics

One click data infrastructure to report on key data elements and metrics essential for operations, accreditation, and contractual obligations across all stakeholders.

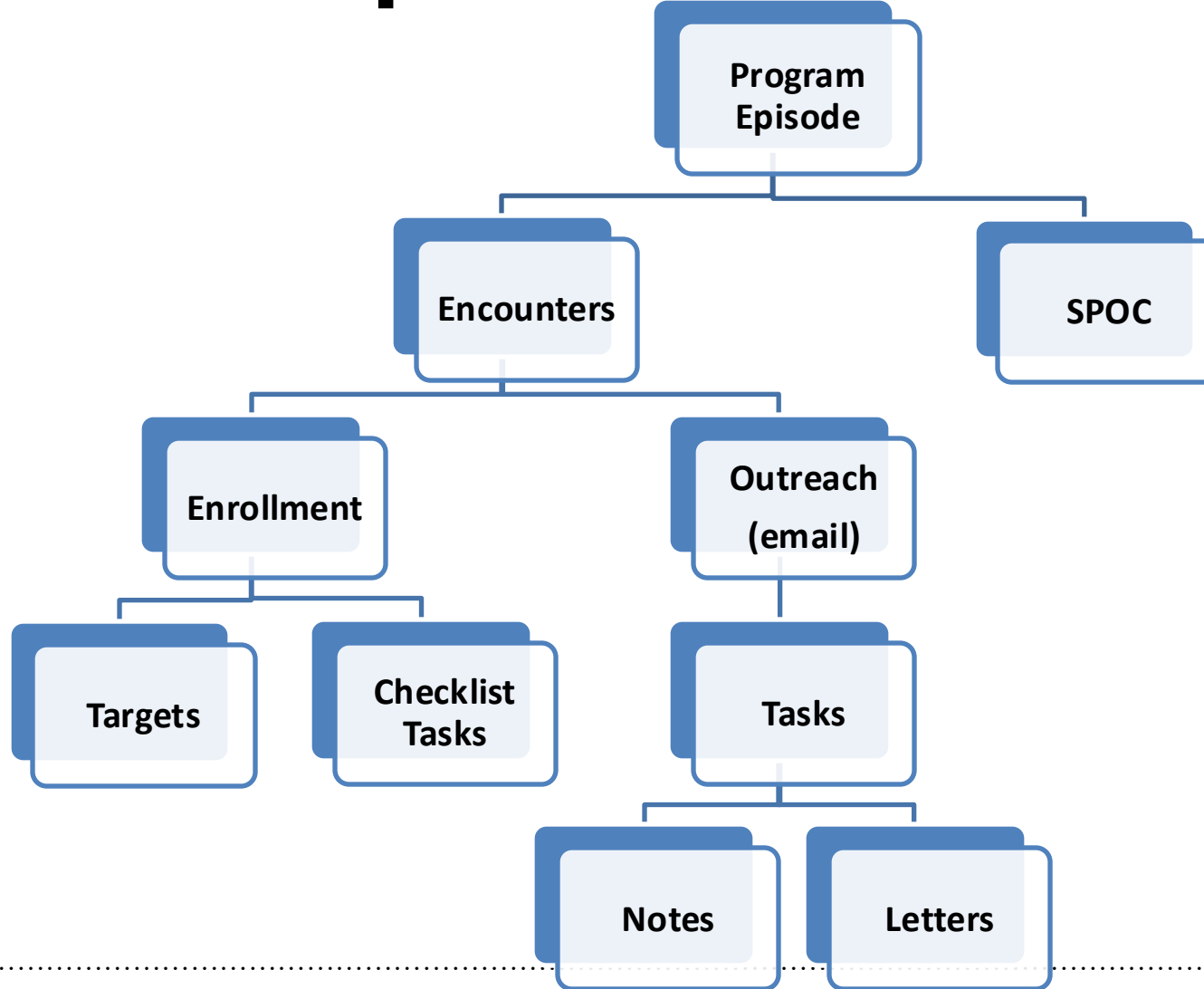
Program Episodes



Episodes of Care

- Enable tracking of outcomes with specified start and end dates.
- Encapsulate a series of encounters and interventions associated with the designated outcome.
- Specify an enrollment reason.
- Identify responsible staff members within the episode.
- Include support and service types to establish guidelines for each.

Components Flow Chart





Program Components

Program Episode

A tool to “envelope” a series of encounters that remains open for the duration of the program.

Encounters

Enrollment: Automatically created and linked to the episode when enrolling the patient in a program. This remains open for the duration of the program.
Outreach: Used to document anything that requires a form of outreach to/from the patient, family, embassy, referring provider, or service line.

Program Targets

Used to track major program milestones and their outcomes.

Specialty Plan of Care (SPOC)

A document that summarizes the steps agreed to by the patient and care team to accomplish program or department specific goals.





Program Components (Cont'd)

Outreach Tasks

Scheduled points in time with reasons for coordinators to contact a patient.

Checklist Tasks

Used to track day-to-day tasks requiring action from team.

Dashboards

Home Dashboards: Includes reports for staff to complete daily tasks

Case Analysis and Productivity Dashboard: Includes reports for supervisors/managers

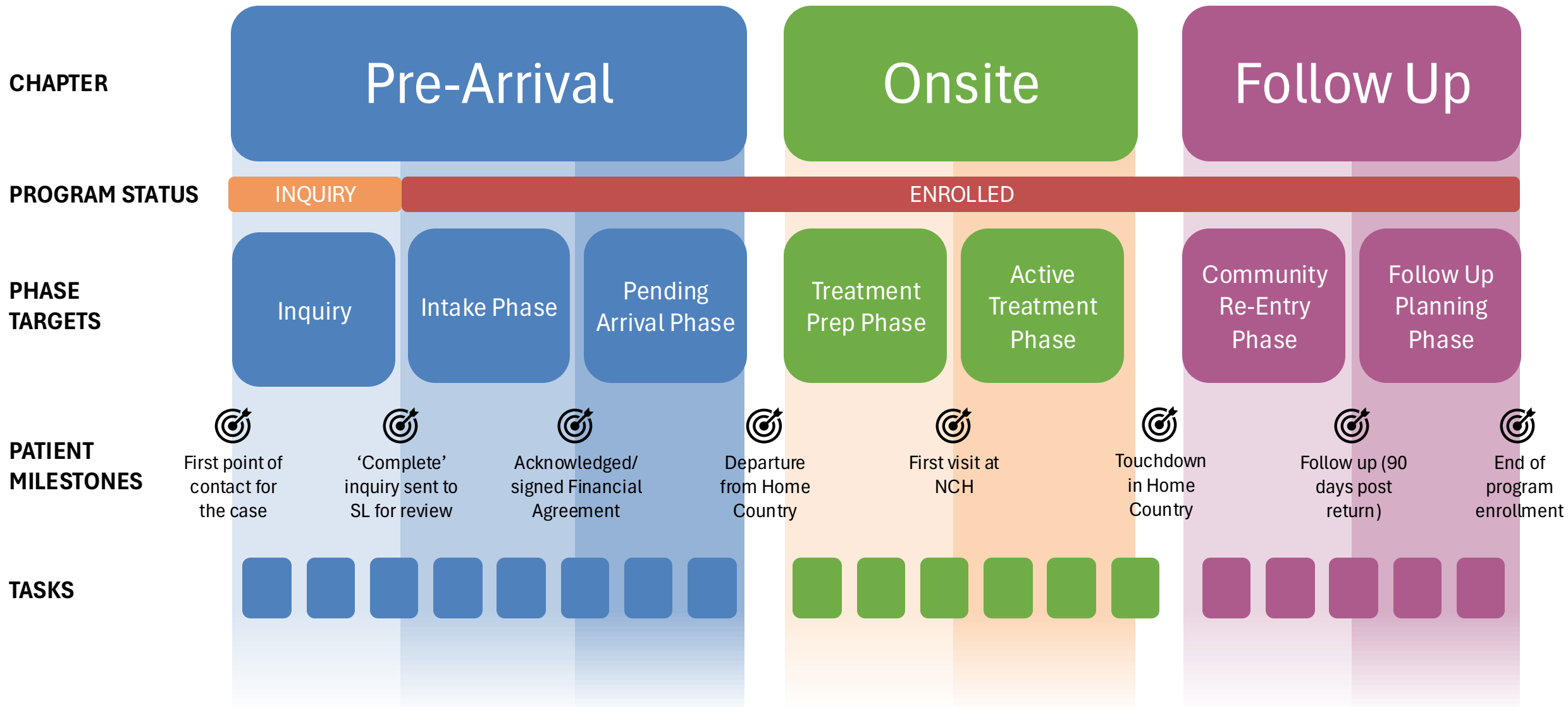
Stakeholder Dashboard: In progress dashboard for staff across the organization to review and apply necessary filters to review service line level data.

Other Documentation

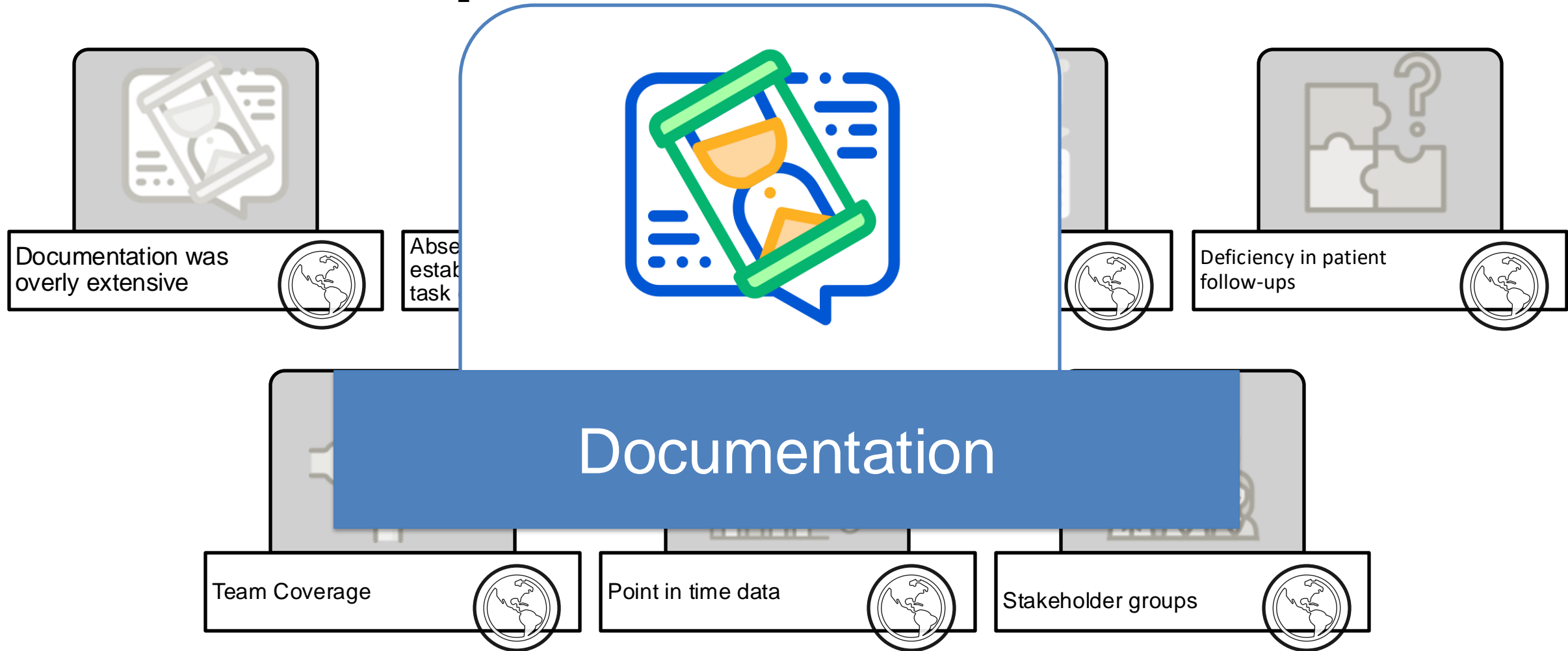
Case Team
Contacts



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Operational Barriers





Clearly Identified Key Contacts

Episode Enrollment Results in

- International FYI flag is automatically applied.
- Case team updates in the snapshot of the patient chart.
- Enrolled in Care Program banner will show Current Programs.
- All encounters are visible across the organization in Chart Review.

The screenshot displays a patient chart interface. On the right side, a vertical panel shows patient information for Tyler GPS, including his age (4 yrs), date of birth (3/5/2020), MRN (2283722), and legal guardian (GPS, Pam). A red box highlights the 'CURRENT PROGRAMS' section, which indicates 'Global Patient Services Enrolled'. Below this, another red box highlights the 'ENROLLED IN CARE PROGRAMS' section. On the left side, the 'Case Team' section is visible, showing 'Global Patient Services' and buttons for '+ Add New' and '+ Add Me'. A table below lists team members, with 'Zzuser, Rn' listed as a 'RN' (Registered Nurse).

Case Team	Relationship
Zzuser, Rn	RN



Program Episode

There are five GPS Program Statuses:

- Inquiry, Enrolled, Declined, Closed, and Paused.
- Patients should be opened into Inquiry. Once they are in the intake phase, the status will change to and remain as Enrolled until they graduate from the Follow-Up Planning phase.

Declined or Closed

- A reason must be selected from the drop-down menu.

Enrollment

Programs | Outreach Mgmt | Targets | Care Plan | Case Team

Programs

Global Patient Services | Summary | All Episodes | **Edit**

Enrolled

Effective Dates: 4/8/2024 - present | Enrollment Reason: Inquiry Form | Current Support & Services Provided: INTERNATIONAL PREPAY

Scheduled Pauses

Status	Start Date	End Date	Reason	Reactivation Status



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Episode Summary

How do I find this?

Chart Review → Episodes → Global Patient Services Episode

What is documented here?

Shows the episode status (enrolled/resolved).

Links to the outreach documentation.

Chart Review						
Encounters SnapShot Labs/Results Imaging Referrals Procedures Cardiology Dental Procedures Other Orders Medications Episodes Letters Notes LDAs Misc Reports Media						
<input type="checkbox"/> Preview <input type="button" value="Refresh (10:29 AM)"/> <input type="button" value="Select All"/> <input type="button" value="Deselect All"/> <input type="button" value="Review Selected"/> <input type="button" value="Flowsheet"/> <input type="button" value="Route"/> <input type="button" value="Add to Bookmarks"/>						
<input type="button" value="Filters"/> <input checked="" type="checkbox"/> Deleted Episodes						
Date Noted	Status	Date Resolved	Type	Episode	Home Care Type	Comments
3 Years Ago						
09/13/2019	Enrolled		Global Patient...	Global Patient Services		
09/13/2019	Resolved	04/12/2024	Cocm Episode...	Conversion Global Patie...		Episode created by ZZUSER, EPIC CONVERSION(8200053) via HSB import HSB,1001020 on Fri Apr 12, 2024 5:04 PM.



GPS Encounters Clinical View

How do I find this?

Chart Review → Encounters → Filter by GPS

What is documented here?

Shows all communication with or about the patient

R...	When	Private?	Type	With	Description	CSN	Disch Date	Comment	Chart Status
Recent Visits									
📅	Yesterday		📄 Patient Outreach						Signed
📅	04/15/2024		📄 Patient Outreach						Signed
📅	04/12/2024		📄 Global Patient Services						
📅	03/19/2024		📄 Documentation Only						Signed
📅	02/07/2024		📄 Documentation Only						Open
📅	12/05/2023		📄 Letter (Out)						Signed
6 Months Ago									
📅	10/18/2023		📄 Letter (Out)						Signed
2 Years Ago									
📅	05/18/2021		📄 Documentation Only						Signed



Outreach Documentation

Outreach Encounter

- Used to document anything that requires a form of outreach to/from the patient, family, embassy, referring provider, or service line.
 - Staff can create a new encounter or open an existing encounter. The number of outreaches (successful and unsuccessful) are tracked.
 - This form allows you to update who and how you are connecting with that contact.
 - The option to edit the Communication Method (Email, Telephone), Type (Incoming/Outgoing), and Date/Time if different from the default.
 - Click the name of the contact to automatically fill in Contact Info with previously saved information. If the contact is not listed, manually add the information.
 - Connects field available for notes around unsuccessful attempt.

More than one outreach task can be completed with an outreach attempt.

*Reducing time and documentation

Start Outreach

TG **Tyler GPS** Pronouns: not documented
GPS - Request for Patient Records for Global Patient Services **A** 4 yrs, 3/5/2020 MRN: 2283722
1 other outreach due within 2 weeks [Show](#)

Contact Details

Communication
B Type: [Phone \(Outgoing\)](#)
Date/Time: [04/05/2024 10:03:12 AM EDT](#)

Contact Info
C [GPS, Tyler \(Self\)](#) [GPS, Pam \(Mother\)](#)
Contact name:
Relationship:
Phone number:

Follow-Up
D Outcome: [No Answer/Busy](#) [Left Message](#) [Not Available](#) [Missing or Invalid Number](#)
Comments:
Contact again: [Tomorrow](#) [2 Days](#) [1 Week](#) [Next Business Day](#)

[Cancel](#) **E** [Accept and Close](#) [Open Encounter](#)

Reason for Outreach

[Unselect All](#)

Outreach	Due Date	Responsibility	Program
<input checked="" type="checkbox"/> GPS - Request for Patient Rec...	4/10/2024	Rn Zzuser, RN	Global Patient Services
<input checked="" type="checkbox"/> GPS - Request Patient Imaging	4/10/2024	Rn Zzuser, RN	Global Patient Services



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.



Specialty Plan of Care

Key Components

- Length of stay
- Demographics and care team auto populate.
- Initial and medical summary notes pull into the SPOC allowing the most up to date information to be loaded into communication templates.
- Medical Summaries templates and patient itinerary auto create from this space.

Plan of Care

← All Plans GPS Plan of Care 4/7/24

Patient Demographics **C**

Patient Name	Legal	DOB	SSN	Address (Permanent)
GPS, Tyler	Sex	4/7/2020		22 Penny Lane
	Male			United Arab Emirates

GPS Plan of Care Note **D**

+ Create Note

No GPS Medical Summary note has been created for the current plan.

Future Appointments Next 30 Days **E**

4/7/2024 - 5/7/2024

None

Send the Plan **G**

Choose a Letter Template:

- ☐ GPS UAE MEDICAL SUMMARY LETTER (SPOC)
- ☐ GPS SAUDI MEDICAL SUMMARY LETTER (SPOC)
- ☐ GPS REFERRING PROVIDER LETTER (SPOC)
- ☐ GPS FAMILY ITINERARY LETTER (SPOC)

Version:

Original **Patient-Facing** **H**

Finalize **F**

Continue **Cancel**

Dates **A**

Effective From 4/7/2024 Effective To

Attachments (0)

Participants **B**

+ Add

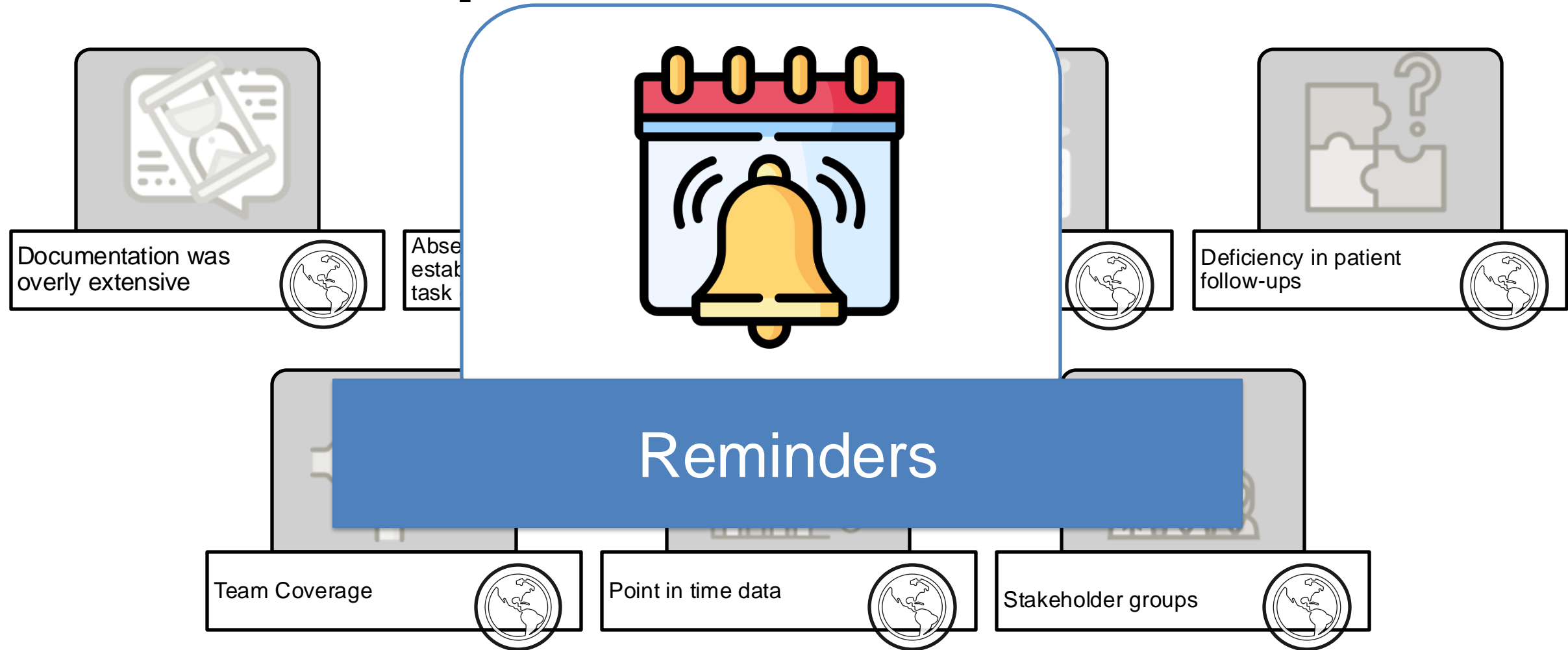
Tyler GPS Patient Contributor

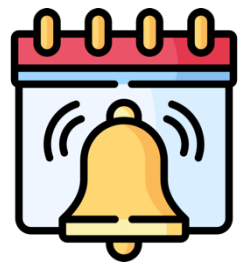
Global Patient Services Long GPS Patient Coordinator Contributor



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Operational Barriers

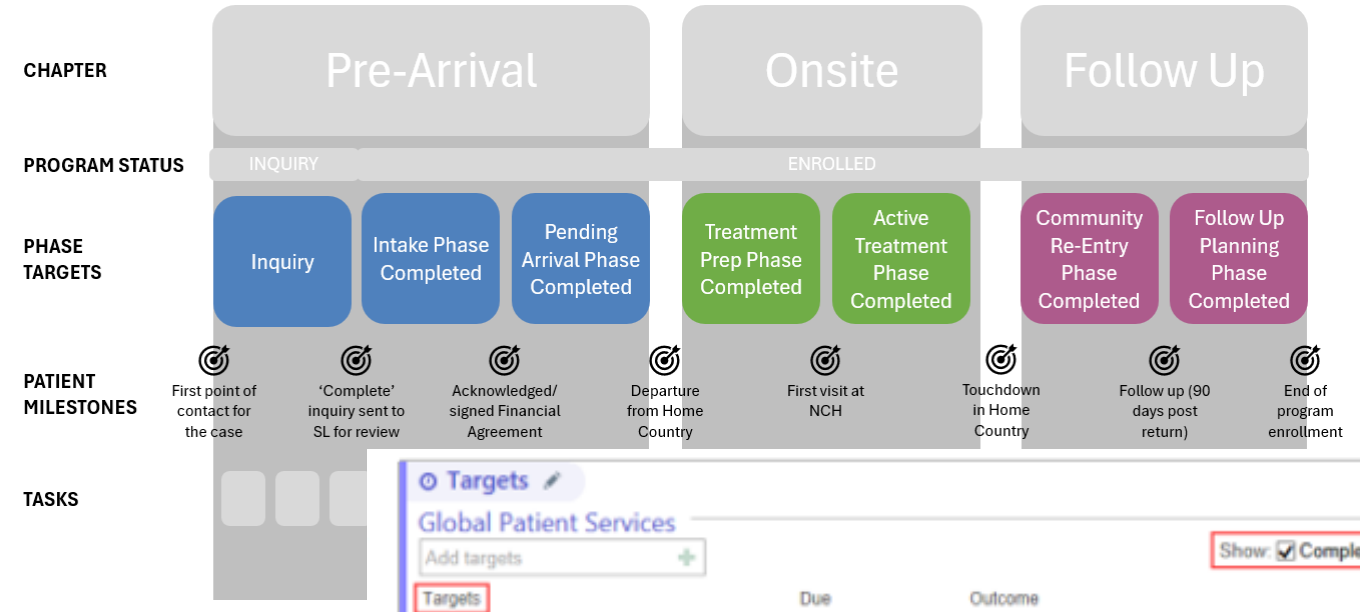




Targets

Points in time throughout the patient journey that take place regardless of the patient support and service type.

Targets



Targets

Global Patient Services

Add targets

Show: ☒ Completed

Targets	Due	Outcome
No Due Date		
GPS - Pending Arrival Phase Completed		<input checked="" type="checkbox"/> Mark Complete
Completed		
GPS - Intake Phase Completed		Completed on 4/7/2024 by Zzuser, Rn, RN
GPS - Treatment Plan Received	4/12/2024	Completed on 4/7/2024 by Zzuser, Rn, RN
GPS - Generate Specialty Plan of Care	4/12/2024	Completed on 4/7/2024 by Zzuser, Rn, RN
GPS - Send Patient Acceptance/Decline Letter (Non-Embassy)	4/12/2024	Completed on 4/7/2024 by Zzuser, Rn, RN



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Checklist Tasks

Checklist Tasks

- Used to track day-to-day tasks that do not result in patient outreach.
- Comments can be added and shared across the team.
- Checklist tasks also have an outcome providing automated follow-up steps.

GPS - My Pre Arrival Checklist Tasks [140016] as of Fri 4/5/2024 12:04 PM

Pt Outreach Chart ☒ Complete ☐ Edit Task

Detail List Tasks by Due Date

Filter Clear All Filters Re-run Report Refresh Selected Select All

MRN	Patient	Country	Task	Due	Responsible User/Pool	Episode Responsible Staff	Episode Tracking Status	Comments
2283722	GPS, Tyler	United Arab E...	GPS - Process Imaging	04/12/2024	Zzuser, Rn	Zzuser, Rn, RN	Enrolled	<div>Confirm images are in EPIC Notify Service Line Imaging is Available</div>

Category: Pre-Arrival

Due: 5/9/2024

Priority:

Responsibility: User Pool

Step:

Completed:

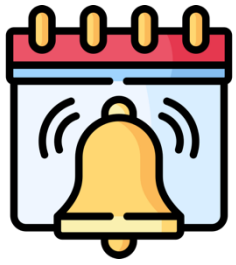
Outcome: 2

Comments

Arial 100%

Title	Number
Approved	4200
Not Accepted	1005

3 Accept Cancel



Outreach Management

Outreach Tasks
Connected to a series of reminders or actions which automatically repeat in set intervals.

Outreach Task.

Outreach Management

Global Patient Services

Add outreach + Add

In Progress - GPS - Pre-Arrival Outreach

2

Due Date
4/16/2024

Responsibility
Global Patient Services London

Complete

1

Comments

- GPS Greet
- Provide Logistics note
- Passport collection
- Enter permanent address
- Pre-arrival Outreach
- Pre-arrival Outreach Follow

3

Remove

4

Next - GPS - Patient Itinerary

Planned for
5 days

Complete in progress outreach to schedule

5. Some Outreach Tasks automatically repeat in set intervals. Click **End Sequence** when the task is no longer required.

Completed - GPS - Weekly Patient Outreach

Completed on
4/7/2024

Completed by
Global Patient Services London

Complete

Next - GPS - Weekly Patient Outreach

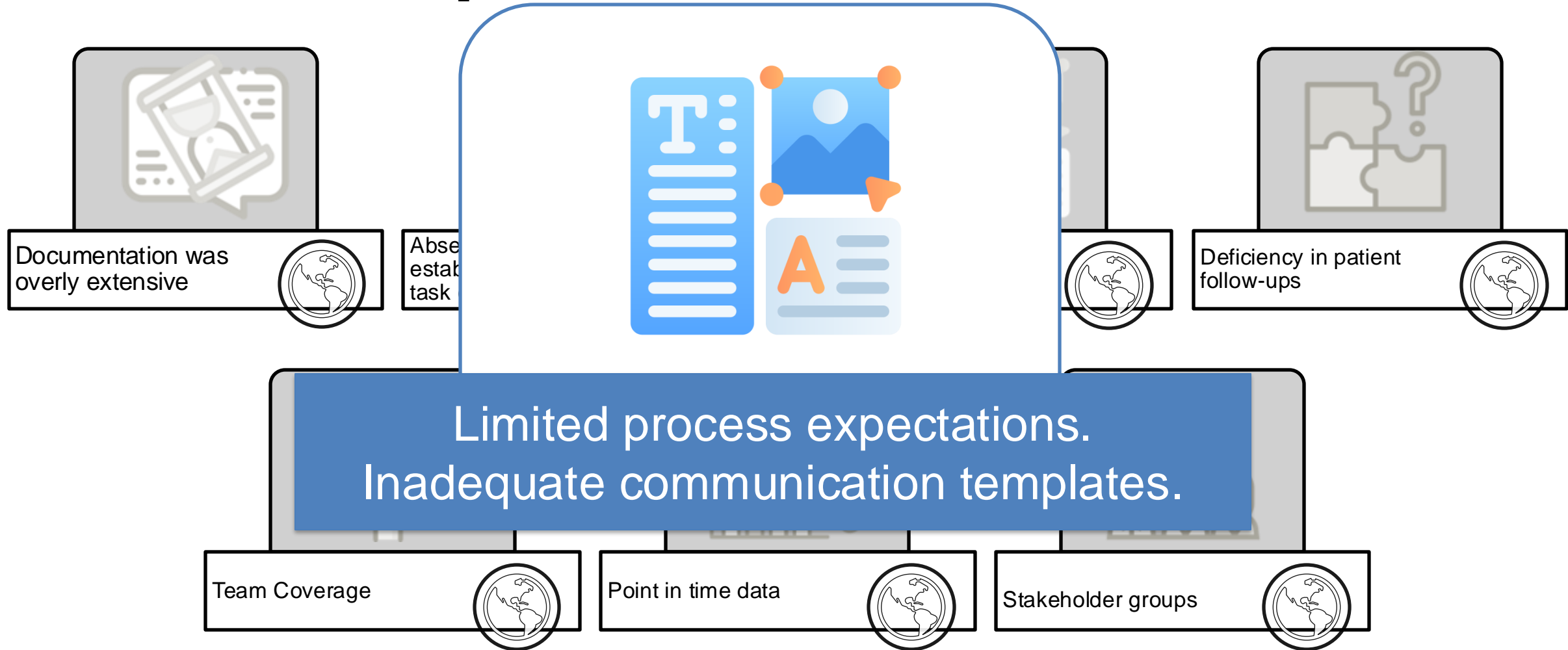
Due Date
4/12/2024

Responsibility
Global Patient Services London

5

End Sequence

Operational Barriers





Templates

Standardized Communication

75 new templates

- Note: Email communication for both internal and external use
- Letters: Formal “attachment” for external use

Clear process expectations across all team members.



Letters/Notes

sidebar.

- Click **Create Note**.
- Type **GPS** in the SmartText field
Insert SmartText and press Enter.
- Click the SmartText to preview the template on the right.
- Choose the appropriate note template and click **Accept**.



Click the star icon next to the SmartText to favorite frequently used note templates. Subsequent SmartText searches will default to show only your favorites. Uncheck **Favorites Only** to view all SmartTexts that match your search.

- Use the yellow arrows, click the SmartText, or press the F2 key to complete any SmartLists and wildcards (***) in the note.
- When you are finished writing your note, click **Sign**. Now you can copy and paste your note to send in an email.

Letters

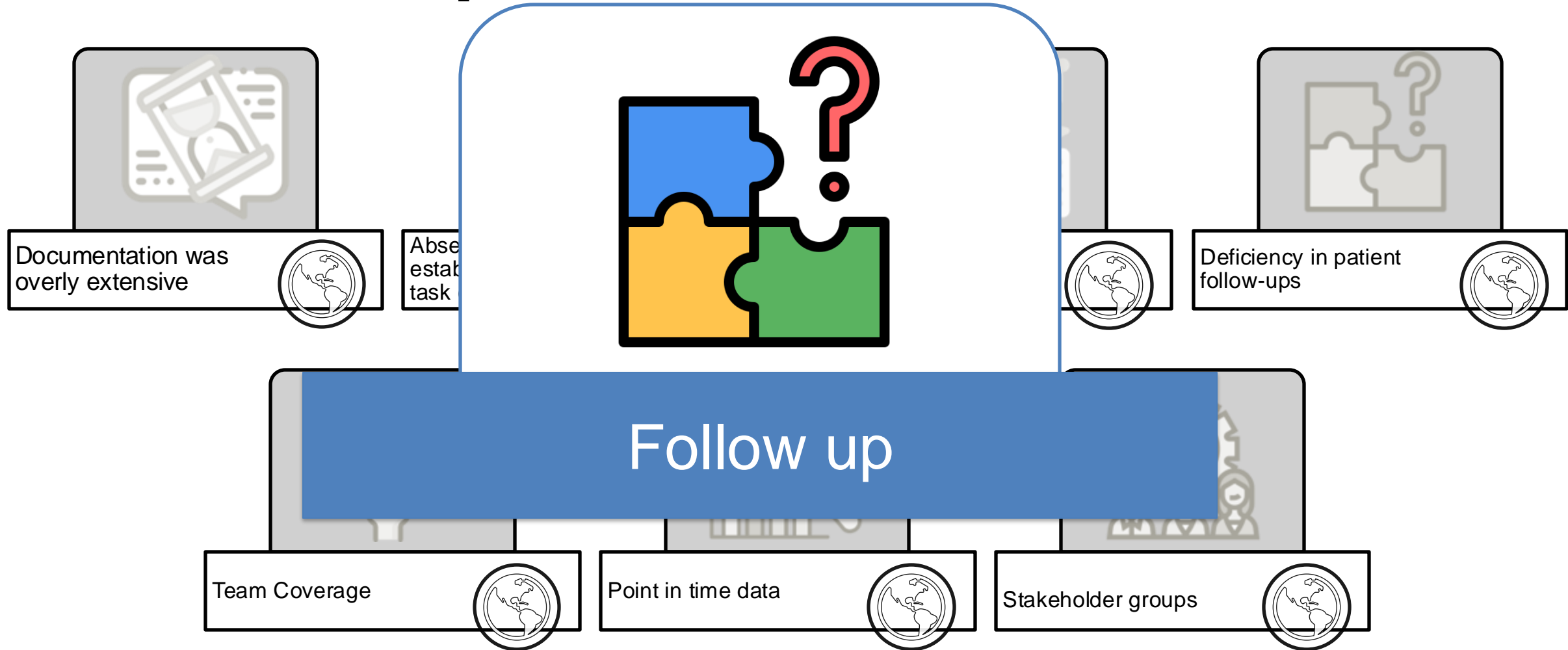
To create a letter, go to the **Communication Management** section in the **Care Mgmt** activity tab.

- Click the appropriate letter template or **New Communication** to search for a template that isn't listed.
- Select a recipient from the available options or click **Free Text** to enter another contact.
- Click **Media** to add the SPOC as an attachment.
- Use the yellow arrows, click the SmartText, or press F2 to complete any SmartLists and wildcards (***) in the letter.
- When you are finished writing your letter, click **Print Now**. Save as PDF.
- Attach the PDF to an email.
- Letters can be viewed in the **Letters** tab of **Chart Review**.



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.

Operational Barriers





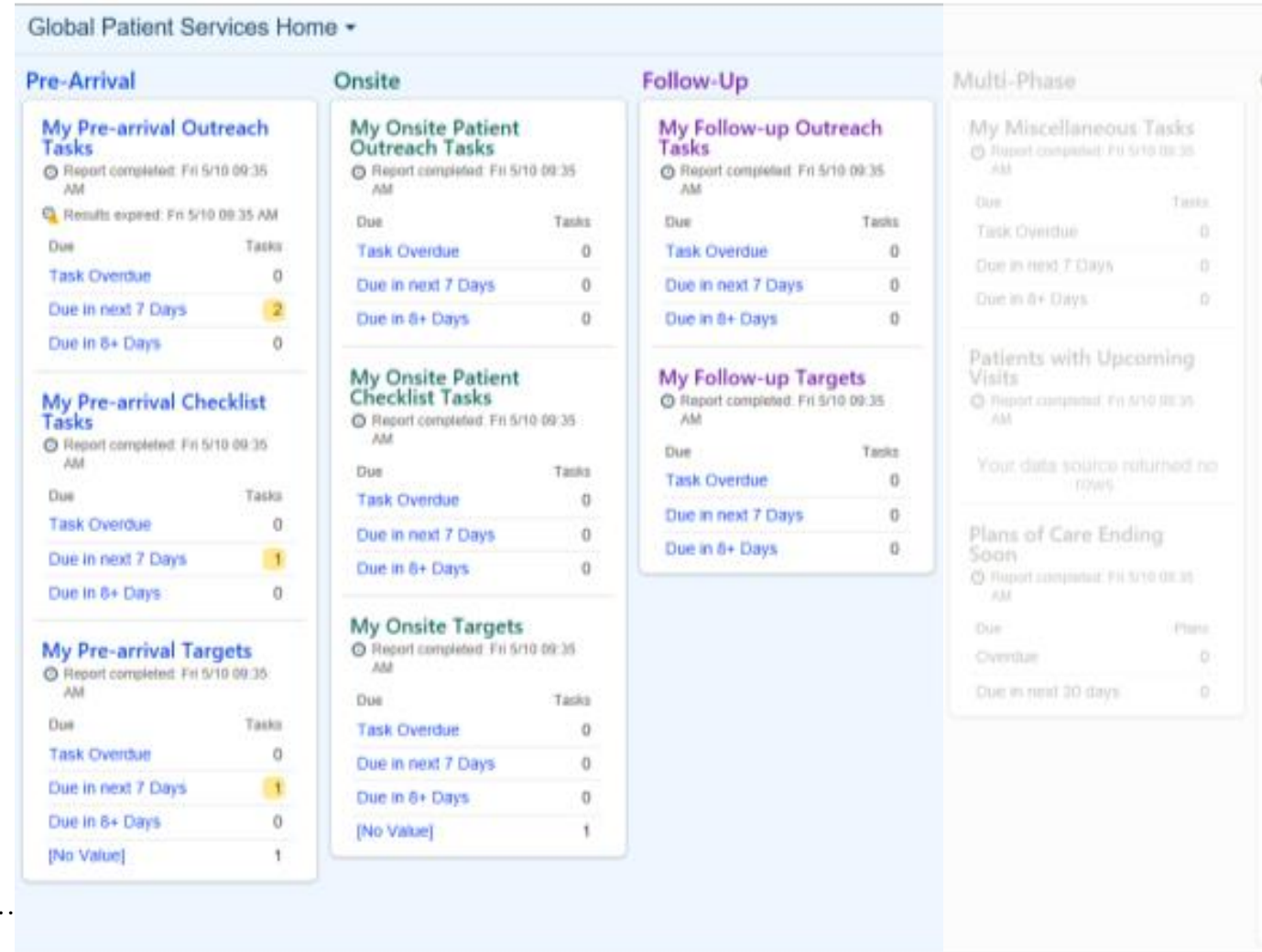
Compass Rose Home Dashboard

The Home Dashboard is divided into five columns.

Pre- Arrival	Follow-Up
Onsite	Multi-Phase
Overall	

Pre-Arrival, Onsite, and Follow-up columns correspond to the chapter of the program in which the patient is located.

- Each contains reports for tasks and targets that are applicable to that chapter.
- Reports are further divided by due date.
The No Value row indicates there is no due date.



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Compass Rose Home Dashboard

The Multi-Phase column contains reports that don't correspond to a particular chapter of the program.

- Miscellaneous Tasks
- Patients with upcoming visits organized by the assigned GPS Nurse Clinician
 - International patients who are not enrolled in a GPS program will display in the No Value row indicating no GPS Nurse Clinician has been assigned.
- Plans of Care Ending Soon

The Overall column contains reports for all International patients.

- All Active Patients by Status organizes patients by program status.
- All Incomplete Tasks contains reports to view tasks assigned to each team member.
- In Basket Glance to easily access the In Basket.



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Compass Rose Home Dashboard

Dashboard Report Pane:

When a patient is selected on the dashboard, a report pane opens at the bottom including:

- Current Program
- Upcoming Appointments
- Patient Demographics
- Case Team
- Linked Encounters

Additional at-a-glance information:

- GPS SmartForm information
- Financial information

The screenshot displays a web interface for a patient's report. At the top, there are tabs for 'Coordinated Care Management Case Summary' and 'GPS Information'. The main section is titled 'Program - Global Patient Services for Tyler GPS'. It features a circular icon with a camera symbol and the word 'Enrolled'. To the right, it shows 'Start Date: 4/9/2024', 'Enrollment Reason: Inquiry Form', and 'Overview'. Further right, it identifies the 'Responsible Staff' as 'Zzuser, Rn, RN' from the 'Department: Global Patient Services'. Below this, there are links for 'History' and 'Enrollment Encounter'. The bottom section is divided into two columns. The left column is titled 'Patient Demographics' and contains a table with the following data:

Patient Name	Legal Sex	DOB	SSN
GPS, Tyler	Male	4/9/2020	

The right column is titled 'Support & Services Provided' and shows 'Current' services. Below this, there is a section for 'Outreach & Follow-up'.

Operational Barriers



Documentation was overly extensive



Absent task



Deficiency in patient follow-ups



Team Coverage

Team Coverage



Point in time data



Stakeholder groups



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.



Out of Office Coverage

The Dashboard component allows the full team to see upcoming tasks/outreaches/targets for each team member

Edit Tasks

Due:

Responsibility: **User** **Pool**

Add to Comments ⓘ

Arial 11 **B** *I* U ~~S~~ **A** 100%

Tasks Selected: 1

All Incomplete Tasks

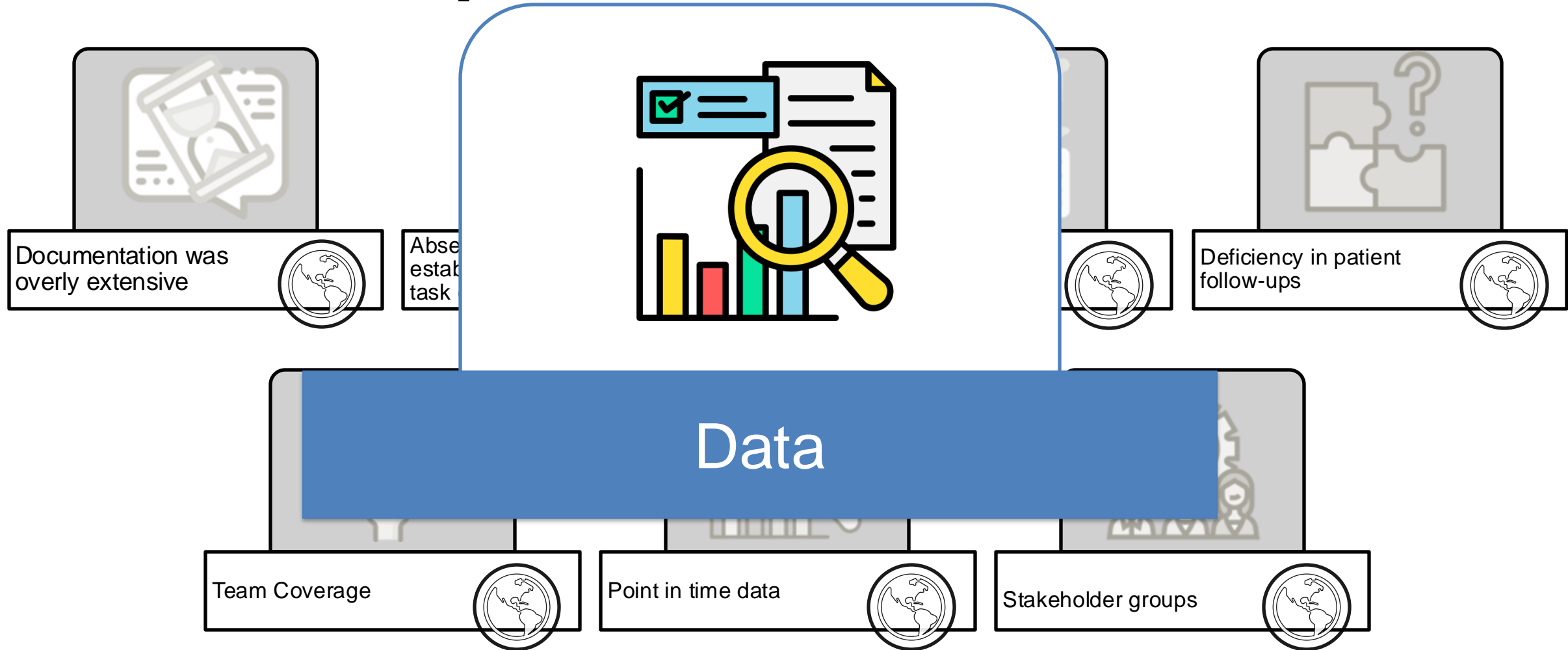
🕒 Report completed: Fri 5/10 09:54 AM

⚠️ Results expired: Fri 5/10 09:55 AM

Responsible User	Tasks
> London, Global Patient Services	3
> Phoenix, Ip Nurse	2
> Riyadh, Global Patient Services	2
> Zzuser, Rn	3

Tasks can be reassigned to the covering team member.

Operational Barriers





International Operational Data

Transition from static to dynamic reporting

- Combination of customized, discrete fields and timestamping allows for our data to reflect the journey of our patients through their care plans (aka- greater sensitivity in our data)
- Future state
 - Allow for us to build algorithms to tailor our support to those patients who have indicators for ‘process failures’



Manager Dashboard

- **Staff Productivity**

Staff Metrics

Staff Productivity/Quality Scorecard

Staff HENNEY, ASHLEY A 

Use the 'Staff' parameter above to list which users you'd like to view statistics for.

Staff	Percentage of On Time Tasks	On Time Tasks	Deleted Tasks	Cases Opened and Active Today	Cases Closed	Number of Call Attempts	Number of Successful Calls
-------	-----------------------------	---------------	---------------	-------------------------------	--------------	-------------------------	----------------------------

- **Program Metrics**

- YTD Cases
- YTD Episode by status in program
- Episode length and closure reason
- Filter options by primary and supporting service lines, country, diagnosis, closure reason



Stakeholder Dashboard

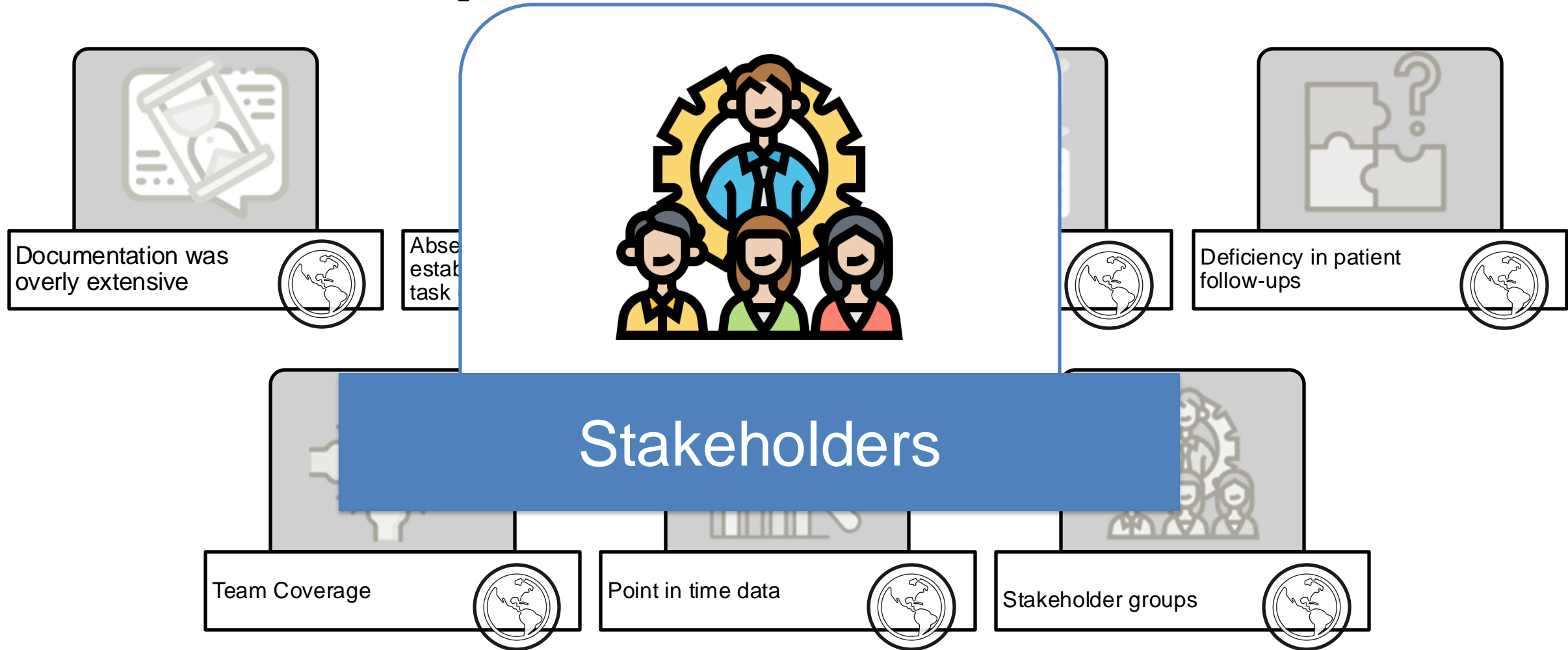
Phase II of the data overhaul is the creation of a stakeholder dashboard.

Who – Any internal EPIC user would have access

What – Comprehensive Operations data Dashboard

Where – EPIC reports allowing leaders to filter and have a fully comprehensive look at international patient information at their fingertips.

Operational Barriers





Stakeholder Group

Understanding a diverse stakeholder group

- The question is how to provide accurate information without overwhelming individuals.
 - Our approach in this project involved establishing a solid foundation at a granular level and then expanding based on the needs of different stakeholder groups.

Epic has the capability to facilitate this; however, revealing too much information at once can often lead to confusion among stakeholders who are more distanced from the project.

Early Wins

Operations

- Clear documentation
- Automated reminders
- Templated communications

Clinical

- Transparency

Position in institution

- Created opportunity to provide a roadshow sharing tools and resources
- Opened the conversation for adjustments and pain points



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.

Lessons Learned



- Must have informatics team on your side with a strong EPIC relationship.
- Have clear goals with current detailed process maps.
- Lengthy project with the commitment to review extensive details at all phases through Go-Live.
- Open mind willing to pivot as new technology/tools are developed.
- Numerous hours spent planning and reviewing build details.
- Need for a small core team with a larger supporting team for execution and communication.
- Seek and accept feedback from stakeholders.

How to set up for success

- Communication plan
 - Organization-wide Roadshow building acumen
- Understand continued adjustments will be needed post Go-Live.
- Creation of onboarding materials
- Creation of reference documents



THANK YOU

For your attention!



Any Questions



NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.



Advancing International Healthcare Partnerships through Innovation

Lara Khouri – Executive Vice President & Chief Operating Officer

Omkar Kulkarni – Vice President & Chief Transformation & Innovation Officer

Mission and Values

MISSION:

We create hope and build healthier futures.

As a leader in pediatric academic medicine, we fulfill our mission by:

- Caring for children, teens, young adults and families
- Making discoveries and advances that enhance health and save lives
- Training those who will be the future of child health
- Supporting our communities, especially underserved populations

VALUES:

- We achieve our best together.
- We are hopeful and compassionate.
- We are learners leading transformation.
- We are stewards of the lives and resources entrusted to us.
- We serve with great care.

Facts and Figures — Clinical



386

ACTIVE
BEDS



17,030

DISCHARGES



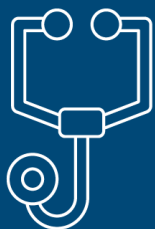
723,872

PATIENT VISITS



15,674

SURGERIES



957

MEDICAL STAFF
MEMBERS



7,064

EMPLOYEES



6.6

DAYS

AVERAGE
LENGTH
OF STAY

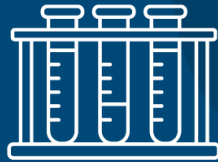
114,350 PATIENT DAYS

Facts and Figures — Research



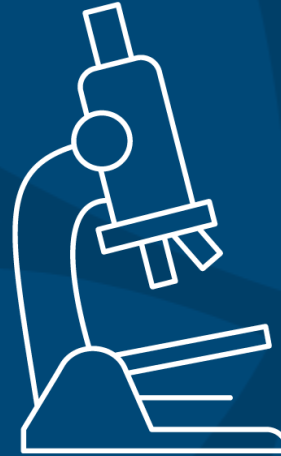
\$52.4 MILLION

TOTAL NATIONAL
INSTITUTES OF
HEALTH FUNDING



533

ACTIVE
CLINICAL
TRIALS



**\$166.2
MILLION**

TOTAL
RESEARCH
FUNDING

Clinical Excellence

U.S. News & World Report ranks Children's Hospital Los Angeles:

- Best in the nation (Ranked in top 10 pediatric hospitals)
- Best in the West (Tied for #1 in the West Pacific Region)
- Best in California (Tied for #1 in the ranking)



Specialty	Ranking
Behavioral Health	Top 50
Cancer	6
Cardiology & Heart Surgery	12
Diabetes & Endocrinology	6
Gastroenterology & GI Surgery	6
Neonatology	21

Specialty	Ranking
Nephrology	16
Neurology & Neurosurgery	15
Orthopedics	4
Pulmonology	11
Urology	4

Innovation

Pediatric health care delivery is rapidly evolving and as parents and patients demand advanced digital tools to enable and enhance their access to care, health systems must partner with entrepreneurs to develop, test and implement promising new solutions.

The Children's Hospital Los Angeles **Innovation Studio** was created to accelerate the development, testing and implementation of digital health technologies and processes in pediatric medicine.



Challenges with Hospital Innovation

Financial Constraints

- **High Costs:** Developing and implementing innovative technologies and treatments can be expensive. Hospitals often operate on tight budgets, making it difficult to allocate funds for innovation.
- **Funding Limitations:** Securing funding for pediatric-specific research and innovation can be challenging, as many grants and investments are directed towards adult healthcare.

Regulatory Hurdles

- **Stringent Regulations:** The healthcare industry is highly regulated and hospitals must navigate complex regulatory requirements to implement new technologies and treatments.
- **Approval Processes:** Obtaining approval from regulatory bodies like the FDA for new treatments can be time-consuming and costly.

Workforce Challenges

- **Staff Training:** Introducing new technologies and treatments requires extensive training for healthcare staff which can be resource-intensive.
- **Burnout and Retention:** High levels of burnout and turnover among healthcare professionals can hinder the adoption of innovative practices.

Challenges with Hospital Innovation

Data and Privacy Concerns

- **Data Security:** Ensuring the security and privacy of patient data is crucial, especially when implementing new digital health solutions.
- **Interoperability:** Integrating new technologies with existing hospital systems can be challenging due to interoperability issues.

Cultural Resistance

- **Change Management:** Resistance to change among clinicians and administrators can slow down the adoption of new technologies and practices.

Patient and Family Engagement

- **Acceptance of New Technologies:** Ensuring that patients and their families are comfortable with and trust new technologies and treatments is essential for successful implementation.

Infrastructure Limitations

- **Facility Upgrades:** Implementing new technologies often requires significant upgrades to hospital infrastructure, which can be costly and disruptive.
- **Resource Allocation:** Balancing the allocation of resources between day-to-day operations and innovation initiatives can be challenging.

Healthcare Innovation Accelerators

A hospital **innovation accelerator** program is designed to support and expedite the development and implementation of innovative solutions in healthcare by providing resources, mentorship, and funding to startups and early-stage companies working on healthcare innovations.

Global Innovation Acceleration

Access to Cutting-Edge Technology

- **Early Adoption:** Hospitals in accelerator programs can access and implement the latest technologies and innovations before they become widely available. This can improve patient care and operational efficiency.
- **Pilot Programs:** Accelerators often run pilot programs that allow hospitals to test new technologies in a controlled environment, reducing the risk associated with large-scale implementation.
- **Go-to-Market Strategies:** Accelerators assist hospitals and startups in developing effective go-to-market strategies, ensuring that new innovations reach the right audience and achieve commercial success.

Collaboration and Networking

- **Global Partnerships:** Innovation accelerator programs often include participants from around the world, providing hospitals with opportunities to form global partnerships. These collaborations can lead to shared knowledge, resources, and best practices.
- **Cross-Industry Collaboration:** Hospitals can collaborate with tech companies, startups, and other industries, fostering innovation and bringing new technologies and solutions to healthcare

Enhanced Reputation and Competitiveness

- **Leadership in Innovation:** Hospitals that participate in accelerator programs can position themselves as leaders in healthcare innovation, attracting top talent and increasing their competitiveness.
- **Brand Recognition:** Being part of a well-known accelerator program can enhance a hospital's reputation and brand recognition on a global scale.

Case Study: KidsX

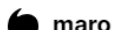
KidsX is the largest pediatric-focused digital health accelerator in the world, partnering with early-stage digital health companies to improve pediatric care.





KidsX Alumni Company Highlights

- **65** graduated startups
- **32** unique member organizations piloting
- **75** active or completed pilots



Bridging the Care Gap:

Empowering International Patients Transitioning from U.S. Hospitals to Their Home Countries

Hoda Ghamlouche, MBA

Director, International & Destination Patient Services, Ann & Robert H. Lurie
Children's Hospital of Chicago

Molly Jantz, LCSW

Clinical Manager, Global Patient Services,
Shirley Ryan AbilityLab

December 4, 2024



About Lurie Children's



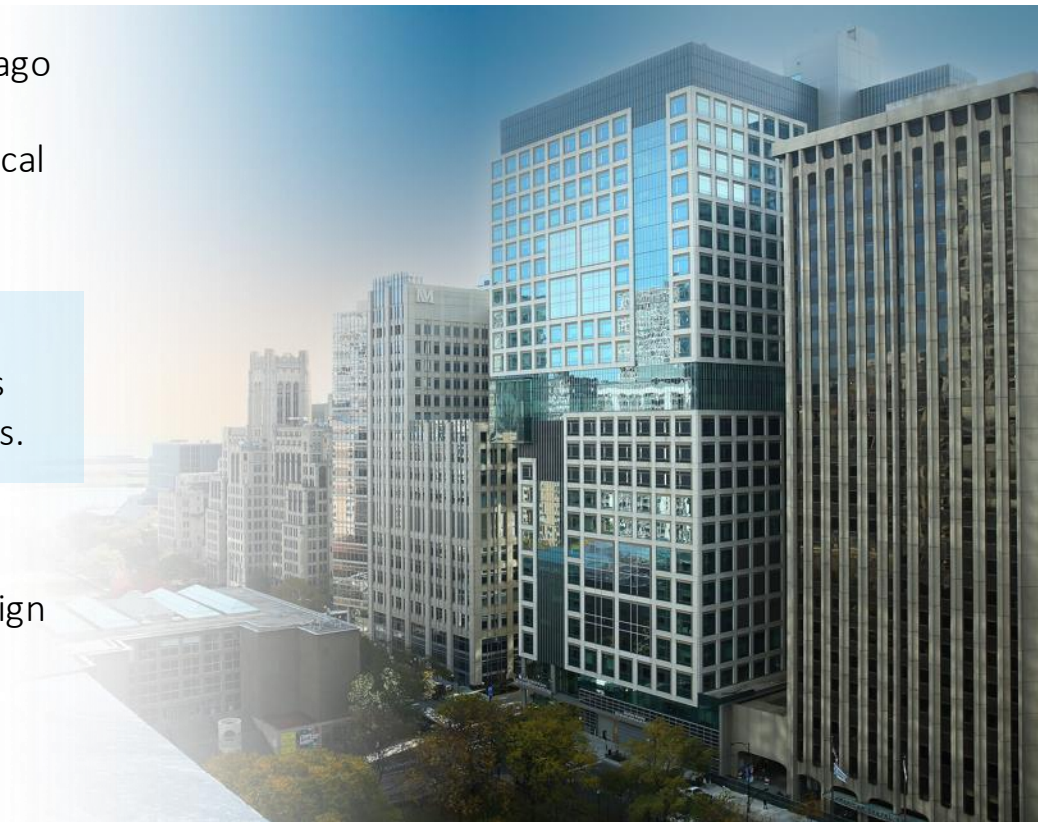
About Lurie Children's



Ann & Robert H. Lurie Children's Hospital of Chicago provides superior pediatric care in a setting that offers the latest benefits and innovations in medical technology, research and family-friendly design.

Our medical staff includes more than **1,830+** physicians and over **200** Advance Practice Nurses and Physician Assistants in **70** pediatric specialties.

An extraordinary place for healing and family-centered care, the hospital's evidence-based design and advanced technology helps our outstanding caregivers provide superior care to the region's most critically ill children.



Mission

We are dedicated to the health and well-being of all children. As the pediatric teaching facility of Northwestern University Feinberg School of Medicine, this commitment drives us to be a leader in:

- Pediatric healthcare delivery
- Research into the prevention, causes, and treatment of diseases that affect children
- Education for physicians, nurses and allied health professionals
- Advocacy for the general well-being of all children
- As a charitable organization, we serve children and their families to the best of our abilities and the limits of our resources.



Vision

We are guided by the belief that all children need to grow up in a protective and nurturing environment where each child is given the opportunity to reach their full potential. We believe this vision can provide a brighter future for all children.

Our vision is inspired by the courage of children and families. It is sustained by the extraordinary contributions of compassionate, knowledgeable and dedicated staff and volunteers, and built from our tradition of providing unsurpassed health care for children dating back to 1882.





Our Patients



FY23: Patient Stats



Lurie Children's is the Largest Pediatric Specialty Provider in Illinois by Volume*

BY THE NUMBERS



1,207,797
Total patient visits



909,762
Outpatient visits



23,249
Surgical procedures



18,003
Immediate Care visits



10,201
Inpatient admissions
at Lurie Children's main hospital only



61,531
Emergency/Urgent visits
at Lurie Children's main hospital only



260,117
Unique patients served

1,160
international
patients

FY23 (September 1, 2022–August 31, 2023) data includes services at our partner locations by Lurie Children's physicians unless data is noted with Lurie Children's main hospital. All statistic information is provided by Lurie Children's Data Analytics and Reporting Department.

Bed Capacity

Lurie Children's Bed Capacity
+26% since 2012

Pediatric Beds total: **364**

- **224** ICU
- **128** Med/Surgery
- **12** Psych



Nationally Ranked Pediatric Specialty Care



Lurie Children's ranked #1 in Illinois in U.S. News & World Report Best Children's Hospitals annual rankings.

Nationally, Lurie Children's had two specialties in the top 10 – Neurosciences (#7) and Neonatology (#10). Five more specialties ranked in the top 20, including Endocrinology (#11), Nephrology (#11), Urology (#15), Gastroenterology (#16) and Cancer (#19).



Urology
15th in the nation



Cardiology & Heart Surgery
24th in the nation



Neonatology
10th in the nation



Nephrology
11th in the nation



Cancer
19th in the nation



Gastroenterology & GI Surgery
16th in the nation



Pulmonology & Lung Surgery
23rd in the nation



Diabetes & Endocrinology
11th in the nation



Neurology & Neurosurgery
7th in the nation



Orthopedics
38th in the nation



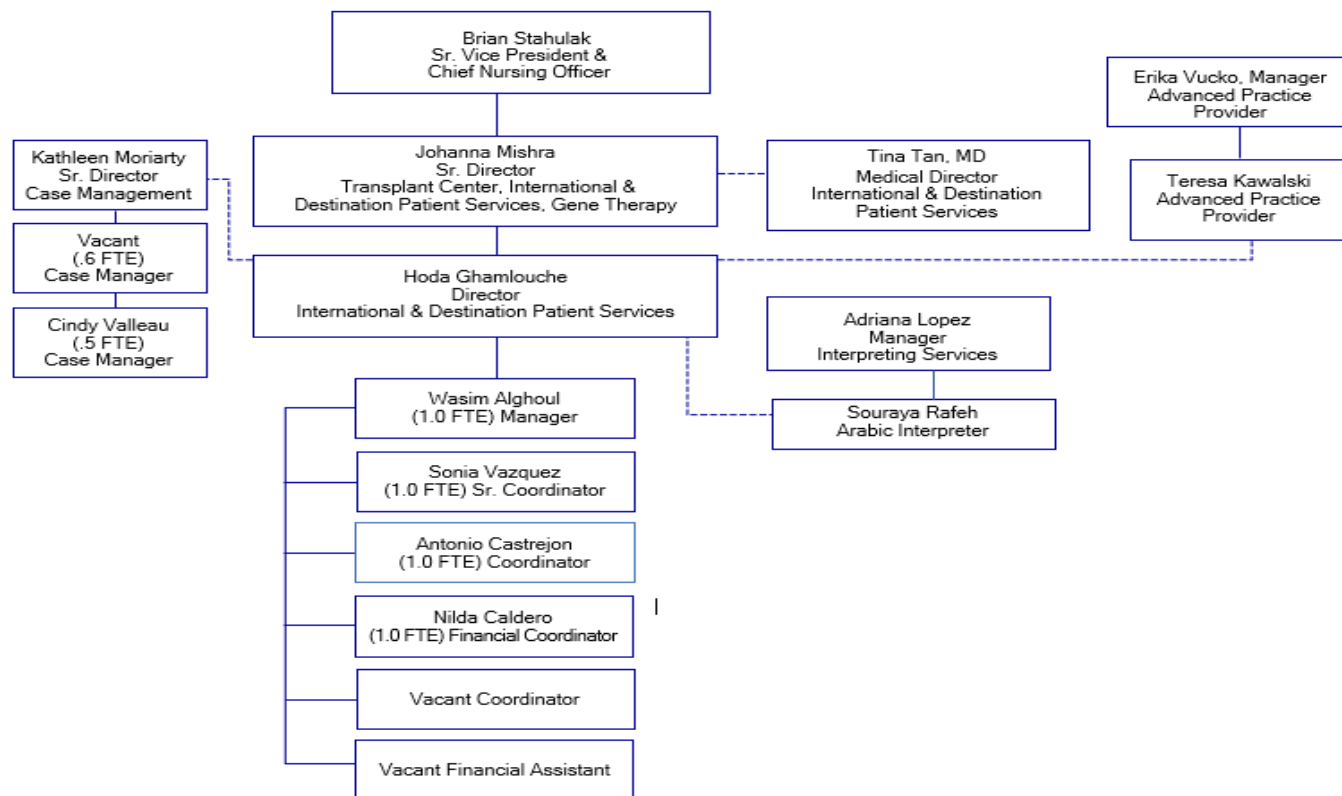
Pediatric & Adolescent Behavioral Health
Nationally ranked



International & Destination Patient Services



International & Destination Patient Services



About Shirley Ryan AbilityLab



Ranked the #1 rehabilitation hospital in the US since 1991 and caring for patients for more than 70 years, we treat:

- Stroke
- Traumatic Brain Injury
- Spinal Cord Injury
- Pediatrics
- Cancer
- Prosthetics and Orthotics



Who We Are – U.S. Leader in Rehabilitation

Shirley Ryan
Abilitylab



**1st in
Rehabilitation
Research**

Largest NIH research
portfolio in
rehabilitation –
research is in our DNA



**34 Years as the
#1 Rehabilitation
Hospital in the
U.S.**

Longer consecutive #1
ranking than any other
specialty hospital



**Largest PM&R
Training Program**

Academic affiliation with
Feinberg School of
Medicine Physical
Medicine & Rehabilitation

A Resource to the World



Last year, Shirley Ryan AbilityLab:

- Received 280 inquiries from 40 countries
- Treated 100 international patients from 24 countries
- Served 553 national in-patients
- Cared for more than 55,000 total patients



International Patient Experience



Why patients travel to Shirley Ryan AbilityLab



- Innovative therapy, with state-of-the-art equipment
- Acute inpatient rehabilitation, Day Rehab, Outpatient
- Rehabilitation is our practice, but **Ability is our mantra**



Healthcare Journey of an International Patient

The healthcare journey of international patients often involves:

- Complex transitions, particularly when returning to their home countries after receiving treatment in U.S. hospitals.
- Disconnect in continuity of care, leading to a decline in their health status.



Challenges

What challenges do your international patients face as they transition care from your hospital back to their home countries?

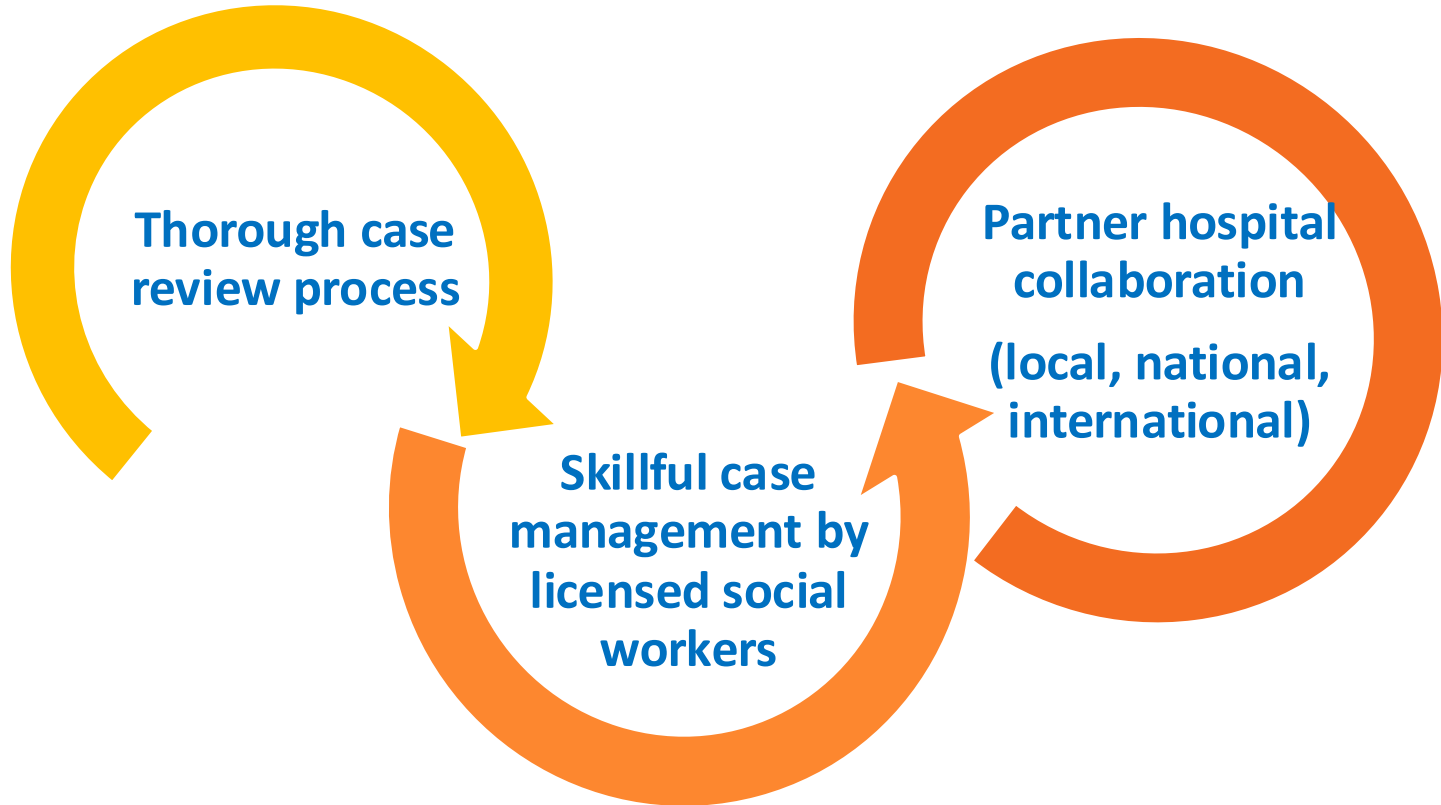


Challenges

- Communication barriers
- Accessibility to follow-up care
- Cultural differences in healthcare approaches



Best Practices for Success



Best Practices for Success

- Discharge 'huddle' 2-3 weeks prior to patient's repatriation
- Attend patient's last appointment when possible
- Provide patient with medical records and imaging on disc and/or hardcopy for local providers & patients
- Perform a medication reconciliation with our providers
- Ensure family has 1-2 months' supply of medications prior to repatriating
- Make sure medication is available in home country—If not, help patient determine how they'll be receiving medication
- Help patient schedule an appointment with local provider prior to repatriating
- Connect directly with local provider for all transitional needs
- Follow up with patient & family 1-2 weeks after returning home

Empowering Home Providers

- Detailed discharge summaries with treatment recommendations
- Coordinate handoff meeting/phone conversation with accepting provider in home country



Enhancing Patient Engagement



- Ongoing patient/family education to improve health literacy
- Hands-on family training to promote comfort with patient care
- Home Exercise Programs

Enhancing Patient Engagement

Additionally, empower patients to:

- Take an active role in their healthcare
- Use technology
- Lean on support groups



Collaborative Care Models

- Weekly Phone calls with Shirley Ryan AbilityLab & Northwestern Medicine to give each other heads-up about an expected patient and/or follow up care for them
- Weekly meetings or communications with referring departments of health/ministries/embassies
- Continuously visiting with local providers and hospitals during international trips

Joint Case Study 1

- Pregnant woman visiting Chicago area from Ghana when she gave birth prematurely at 24 weeks.
- Baby born with multiple medical complications, including chronic lung disease, bowel perforation, osteopenia, feeding intolerance
- Hospitalized at Lurie from birth (January 2023), came to Shirley Ryan AbilityLab in February 2024 for inpatient rehabilitation, was discharged to the community for the first time in April 2024, participated in Day Rehab therapies
- Case discussed weekly during Lurie Children's/Shirley Ryan AbilityLab team meetings
- Extensive concerns about repatriation related to care back home (medical and therapy), medications, supplies
- Call coordinated with physician in Ghana to discuss case and provide handoff

Joint Case Study 2

- 4-year-old male from UAE with Spina Bifida, traveled to Chicago for joint Lurie Children's/Shirley Ryan AbilityLab Spina Bifida clinic with medical and rehabilitation oversight
- Case communication and collaboration prior to travel to coordinate appointments and care
- Joint hospital handoff meetings held with UAE physician advisor to review recommendations
- Extensive family education and training for Home Exercise program
- Lurie Children's handoff at repatriation with local Neurologist and Lurie Children's Neurologist

Case Study



- 76-year-old man from UAE with a diagnosis of hypoxic brain injury following cardiac arrest with respiratory failure
- Care conference held with UAE team and Shirley Ryan AbilityLab team prior to travel to Chicago to discuss case and make recommendations
- Traveled to Chicago for medical care and rehabilitation. Medically complex with wound care needs, respiratory needs (trach), hemodialysis
- Upon repatriation, plan was to admit to Shirley Ryan AbilityLab's affiliate hospital, Specialized Rehabilitation Hospital in Abu Dhabi
- Multiple care team meetings held in anticipation of transfer to discuss medical care and rehabilitation program
- Follow up communication post transfer to answer questions, follow up on rehabilitation treatment plan

Case Study

Patient, age 14, diagnosed with Microtia of left ear
Country from: Mongolia

- Patient underwent two microsomia reconstruction procedures at Lurie's so far and is scheduled in January for his third procedure.
- With each visit to Lurie Children's, preparation is extensive:
 - Letters of acceptance used by the family for support for Visa approval
 - Financials
 - Coordinating outpatient appointments, surgery, and in-patient admissions with the Plastic Surgery team, family, and home provider
 - Maintaining close contact with family
 - Maintaining contact with local providers via scheduled video and phone calls
 - Care conferences pre-repatriation between Plastic Surgery team and IPS to remain ahead in coordinating seamless continuation of care between Chicago and Mongolia
 - Patient & Mom have been so empowered that they continuously share updates of patient's progress once home, in between visits



Technology in Transitions

Use of technology to facilitate ongoing communication between patients and their home healthcare providers:

- Telemedicine
- MyChart
- Epic Care Link



Cultural Competence in Care



Importance of educating and training your medical center staff about the country and culture of your patient's home country.

Expected Outcomes



- Understand the challenges faced by international patients during their transition back home.
- Gain insights into effective strategies and best practices adopted by hospitals to improve continuity of care.
- Recognize the importance of empowering home providers and patients in the transition process.
- What actionable recommendations you hope to implement in your own healthcare settings to support international patients?



Questions?

2024 USCIPP Annual Meeting

From Expectations to Reality: Lessons in International Healthcare Collaborations

December 4, 2024

Speakers

► Moderator: Lisa Tham

► Panelists:

- **Mick Merritt**

- COO, Signature Services, Penn Medicine



Sr. Director, Business Development, CIM, City of Hope



Mick is responsible for Penn Medicine's global strategy and programs, patient facilitated services, executive health, and membership programs. He has over twenty-five years of experience in healthcare and academic medicine as a management consultant and health system leader.

- **Greg Mascavage**

- SVP, Innovation & Global Development, City of Hope



Greg drives City of Hope's high-impact innovation, developing new products and global development partnerships to create sustainable business models that transform access to and the quality of cancer care. Greg possess a wealth of experience and track record for success from Siemens Healthineers, Amgen, GE Healthcare and Advocate Health for nearly two decades.

- **Benjamin Seo**

- Director, Global Business Development, Cedars- Sinai



Ben leads strategic initiatives to expand Cedars-Sinai's global presence through new business models and high-impact partnerships with top tier healthcare organizations and government entities worldwide. He also oversees Cedars-Sinai International's global assets and drives digital transformation efforts to enhance patient care and operational efficiency on an international scale.

Framing Global Strategies of US Academic Health Systems

...a 2008 Perspective¹

Strategic Goals

- ▶ Attract patients from abroad
- ▶ Develop an international reputation and brand
- ▶ Advance the organization's clinical, research, and/or education missions
- ▶ Provide financial benefit to the institution

Four Stages of Development

- ▶ **Stage One:** Educational programs and training
- ▶ **Stage Two:** Consulting and advisory services
- ▶ **Stage Three:** Management services to hospitals, medical schools, or education and research centers
- ▶ **Stage Four:** Delivering and/or owning patient care, education, and/or research abroad

¹Involvement Abroad of U.S. Academic Health Centers and Major Teaching Hospitals: The Developing Landscape
Merritt, Michael G. Jr; Railey, Chris J. MFA; Levin, Steven A. MBA; Crone, Robert K. MD
[Author Information Academic Medicine: June 2008 - Volume 83 - Issue 6 - p 541-549](#)
doi: 10.1097/ACM.0b013e318172399e

Over the last 15 years, limited noteworthy examples and/or “trajectory”



What are the trends and potentially the future themes?

Trends

- ▶ Advisory services expanding—but difficult to manage
- ▶ Network, co-branded models on the rise but appear “opportunistic”
- ▶ Virtual second opinion programs formalized but not generally strategically leveraged for global destination care
- ▶ There are some good examples of growth in several markets related to lab and pathology
- ▶ Few other noteworthy JV's

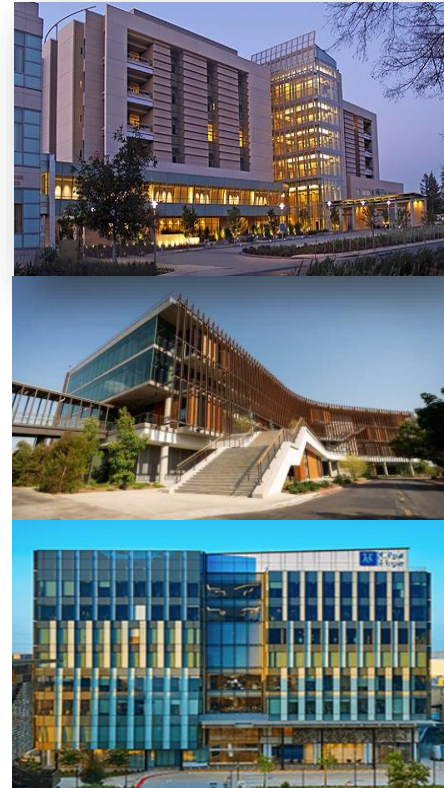
Future Themes

- ▶ Few global players will remain with a real question on level of further expansion
- ▶ Market development should be strategically driven with a deliberate intent or openness to deploy capital
 - Global market entry is inherently risky (and much riskier than US plays)
 - Headwinds will impact global strategies, particularly for not-for-profit systems—it cuts both ways
- ▶ Destination care will continue to shrink and will “decouple” from global strategies

City of Hope History



2024



- City of Hope started in 1913 as a free, nonsectarian tuberculosis sanatorium.
- Today, City of Hope is a world leading independent, biomedical, treatment and academic center focused on clinical research in cancer, diabetes, HIV/AIDS and other life-threatening diseases.
- A birthplace of biotech - has 4 GMP facilities on site (Duarte, CA), capability to move new therapies quickly and economically from the research lab to the patient's bedside.
- Ranked as a Top 5 "Best Hospital" for cancer in the nation according to U.S. News & World Report.

A National System

40+ Clinical Sites

12,000 Employees



National
Comprehensive
Cancer
Network®

144,000
Annual Patients

600 Physicians

800+

Clinical Trials



City of Hope's Global Vision

Realizing a Global Vision through the Center for International Medicine

- **City of Hope started our International Program in 2015.**
- **The department was established with three missions in mind:**
 - **Serve international patients** who seek groundbreaking treatments, clinical trials and compassionate care
 - Develop business partnerships that link scientific discovery, innovation, and expert care to **improve patient care globally**
 - Build academic collaborations that **speed scientific discovery and dissemination of new knowledge worldwide**
- **Since then, City of Hope has served international patients from 60+ countries, and established strong and growing relationships with institutions in different regions. Our programmatic offerings include:**



Multi-disciplinary
Case Conference



Observerships



Educational
Workshop



Precision Medicine
Platforms



Genetic Risk
Assessment



Facilitated
Clinical Services

City of Hope's Center for International Medicine: Strategic Goals

Expand into new markets

- Increase patient revenue/volume
- Promote advanced treatment options and clinical trials to attract patients
- Provides efficient and streamlined access for our international patients



We provide our international patients with **culturally supportive** patient experience.



We provide guidance to patients that may benefit from City of Hope's **clinical trials** evaluate potential fit.

Enhance global reputation

- Build global presence with strong strategic collaborations
- Share knowledge to fight cancer worldwide
- Create scientific and academic collaboration opportunities globally



We build relationships with **like-minded international institutions**



We promote City of Hope's unique clinical expertise to enhance its **global reputation**

Advance data analytics

- Explore opportunities to enhance diversity in patient data
- Improving clinical outcomes through personalized medicine using predictive modeling, tailored treatments, and clinical decision support

About Cedars-Sinai

Overview and History

Since its inception in 1902, Cedars-Sinai in Los Angeles, California, has evolved to become the largest nonprofit hospital in the western United States.

Today, Cedars-Sinai is a \$8 billion integrated health system, serving more than 1 million people each year in over 250 locations, with more than 5,000 physicians and nurses and over 2,700 research projects in motion.



(TOP) In 1902, Sinai-Cedars Society opens two-story hospital (precursor of Mount Sinai Hospital)
(BOTTOM) In 1902, Knickerbocker Hospital opens (precursor of Cedars of Lebanon)



In 1963, Cedars of Lebanon and Mount Sinai hospitals merge as Cedars-Sinai Medical Center.



In 1975, the groundbreaking ceremony is held for the 1.6 million square-foot, 1,123-bed Cedars-Sinai Medical Center.



In 1994, Cedars-Sinai Medical Center becomes Cedars-Sinai Health System.



In 2018, Cedars-Sinai's new Advanced Health Sciences Pavilion is dedicated to bring patient care and translational research together in one place.



In 2022, Queen Children's, a new, state-of-the-art pediatric facility opened to patients and their families.

Cedars-Sinai Medical Center has been named to the Honor Roll for the ninth consecutive year and tied for No. 1 in California in U.S. News & World Report's "Best Hospitals 2024-25" rankings.

Seven Cedars-Sinai specialties were ranked in the top 10 in the U.S.

- Cardiology, Heart and Vascular Surgery
- Gastroenterology and GI Surgery
- Orthopedics
- Pulmonology and Lung Surgery
- Neurology and Neurosurgery
- Diabetes and Endocrinology
- Obstetrics & Gynecology

Cedars-Sinai was named a 2023 Human Experience Guardian of Excellence Award® in Consumer Experience winner by Press Ganey, a leading healthcare performance improvement company.

Cedars-Sinai Global Locations



Cedars-Sinai Headquarters
Los Angeles, USA

Cedars-Sinai Regional Office
Mexico City, Mexico

Hospital de los Valles
Quito, Ecuador

Sheba Medical Center
Tel HaShomer, Israel

The View Hospital
Doha, Qatar

Aspetar
Doha, Qatar

Khalifa University
Abu Dhabi, United Arab Emirates

Tsinghua University
Beijing, China

Seoul National University Hospital
Seoul, South Korea

Qianhai International Hospital
Shenzhen, China

Cedars-Sinai Regional Office
Shanghai, China

Cedars-Sinai Regional Office
Singapore

Eka Hospitals
Jakarta, Indonesia

 **Headquarters and Regional Offices**

 **Global Affiliations**

 **Consulting and Strategic Collaborations**

 **Academic Collaborations**

Cedars-Sinai International Strategic Goals

Strategic Goals (FY25 – 29)

For the next 5 years (FY 25-29), CSI has updated its four Strategic Goals as follows:



Why U.S. Hospitals go global:



Global Mission



Strategic Avenue for Growth & Diversifying Revenue



Global Branding & Reputation



Research & Innovation

Panel Discussion

Q&A



HOW TO ASSIGN PATIENT CASES: IMPLEMENTATION OF A CASE ACUITY INDEX TO ENSURE EQUITABLE DISTRIBUTION OF CASELOADS AMONG PATIENT COORDINATORS

ABOUT ME



Rebecca Rodriguez is the Lead Embassy Coordinator of International Health at Northwestern Medicine, overseeing embassy patient operations and coordinating with governments for embassy-sponsored patients. She manages a team of coordinators and interpreters.

PROJECT SCOPE

- Northwestern Medicine focuses on adult patient care across 39 specialties.
- Intake Coordinators assign patients to Patient Coordinators within International Health, who manage patient care experiences.
- Current Issue: Cases are assigned by volume without considering care complexity, causing coordinator burnout.
- Role: Assess patient distribution, identify imbalances, and adjust specialty bandwidth to improve care coordination.

OBJECTIVE

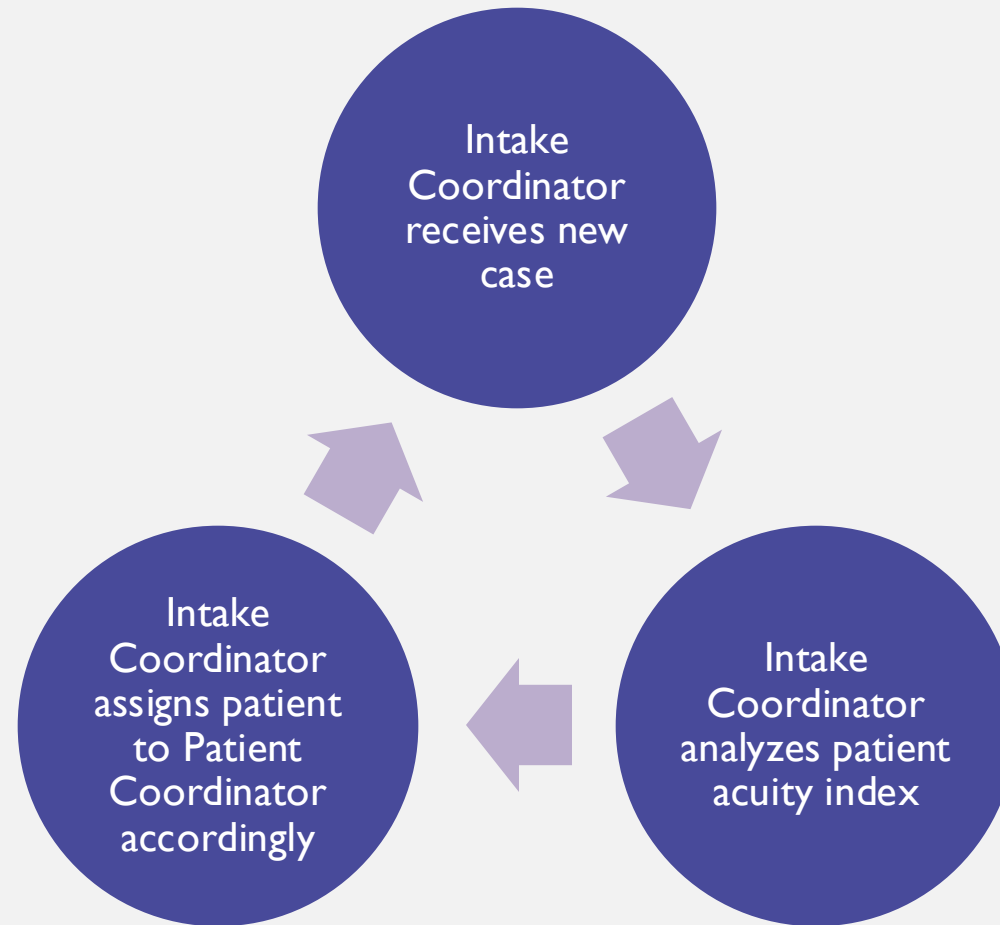
Objective: Ensure equitable patient caseloads among Patient Coordinators by assessing current distribution, identifying imbalances, and implementing an acuity system.

Short Term Goals	Long Term Goals
Assess and identify imbalances in caseloads.	Evenly distribute caseloads based on acuity.
Develop and explain a standardized acuity system.	Continuously monitor and adjust caseloads.
	Use data analytics to improve distribution.
	Provide ongoing training and gather feedback.

METHODS

- **New Case Assignment Model: Stepwise Approach**
- 1. Acuity Scoring:
 - Scored each specialty (1, 3, or 5) based on:
 - Patient stay duration
 - Number of involved specialties
 - Coordination needs (e.g., home care)
 - Current Coordinator case volume
- 2. Dashboard Creation:
 - Real-time view of each Coordinator's caseload by acuity score
 - Auto-updates with each new case assignment
- 3. Assignment Formula:
 - Simple formula for Intake Coordinators to assign cases based on Coordinator's current load

PATIENT ASSIGNMENT FORMULA OVERVIEW



SAMPLE DATA MODEL

Specialties	Manual Score
Internal Medicine	1
Digestive Health	3
Women's Health	5
Transplant	5

LIMITATIONS

- The acuity system standardizes patient distribution but may not capture every case nuance.
- Factors like condition severity and intensity of interactions aren't fully reflected by acuity scores alone.
- Rare cases needing specialized attention may be initially overlooked.
- The system is strong for most cases, with room for ad hoc adjustments for unique situations.

SAMPLE PARKING LOT FEEDBACK & ADJUSTMENT MODEL

Considerations	Description	Priority
Resource Requirements	Specialized equipment, staffing needs	High
Surgical Requirements	Type/frequency of surgeries, post-surgical care	Moderate
Priority and Acuity	Urgency, complexity of cases	High
Patient Population	Age, comorbidities, socioeconomic factors	Moderate
Coordination & Follow-Up	Multidisciplinary coordination, education	High
Home Health Care	Ongoing needs	High

RESULTS & CONCLUSIONS

- The acuity-based metric system standardizes patient assignment based on care effort.
- Patients are now assigned using a nuanced approach, balancing varying care needs.
- Coordinators' portfolios now reflect both volume and acuity, improving workload distribution.
- A "parking lot" spreadsheet collects feedback to continuously refine the system.
- This system enhances fairness, efficiency, and individual patient support, improving overall care coordination at Northwestern Medicine.

Establishing Global Connections

Building and Expanding International Healthcare Programs

By Irene Gebrael, PhD

Vice President Montefiore Health

Montefiore International Department

December 2024

Montefiore

Introduction to Montefiore Health System

Integrated Delivery System

Montefiore Health System
Inpatient Discharge Volume

Volume by Hospital Site- 2023

Montefiore Health System
Emergency Department Volume

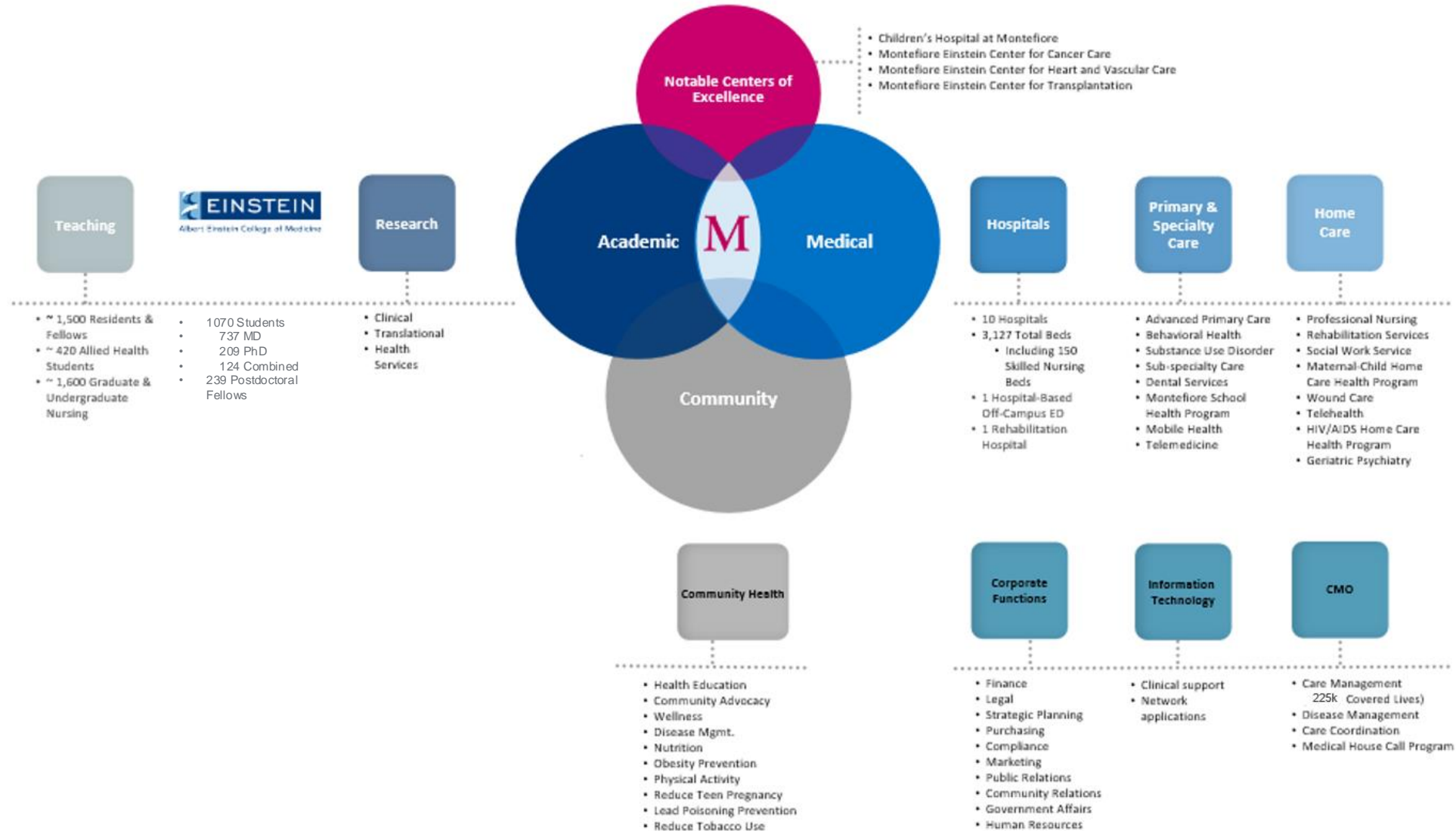
MHS – Patient Origin
By County of Patient Residence

MHS – High Acuity Discharge Volume
By Year, 2020-2023

September 2024

Montefiore

Montefiore



Integrated Delivery System

Montefiore Health System



10 hospitals in 4 counties



Over 6,000 physicians

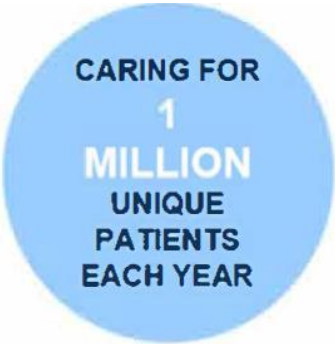
35,000+ employees

3,111 total beds

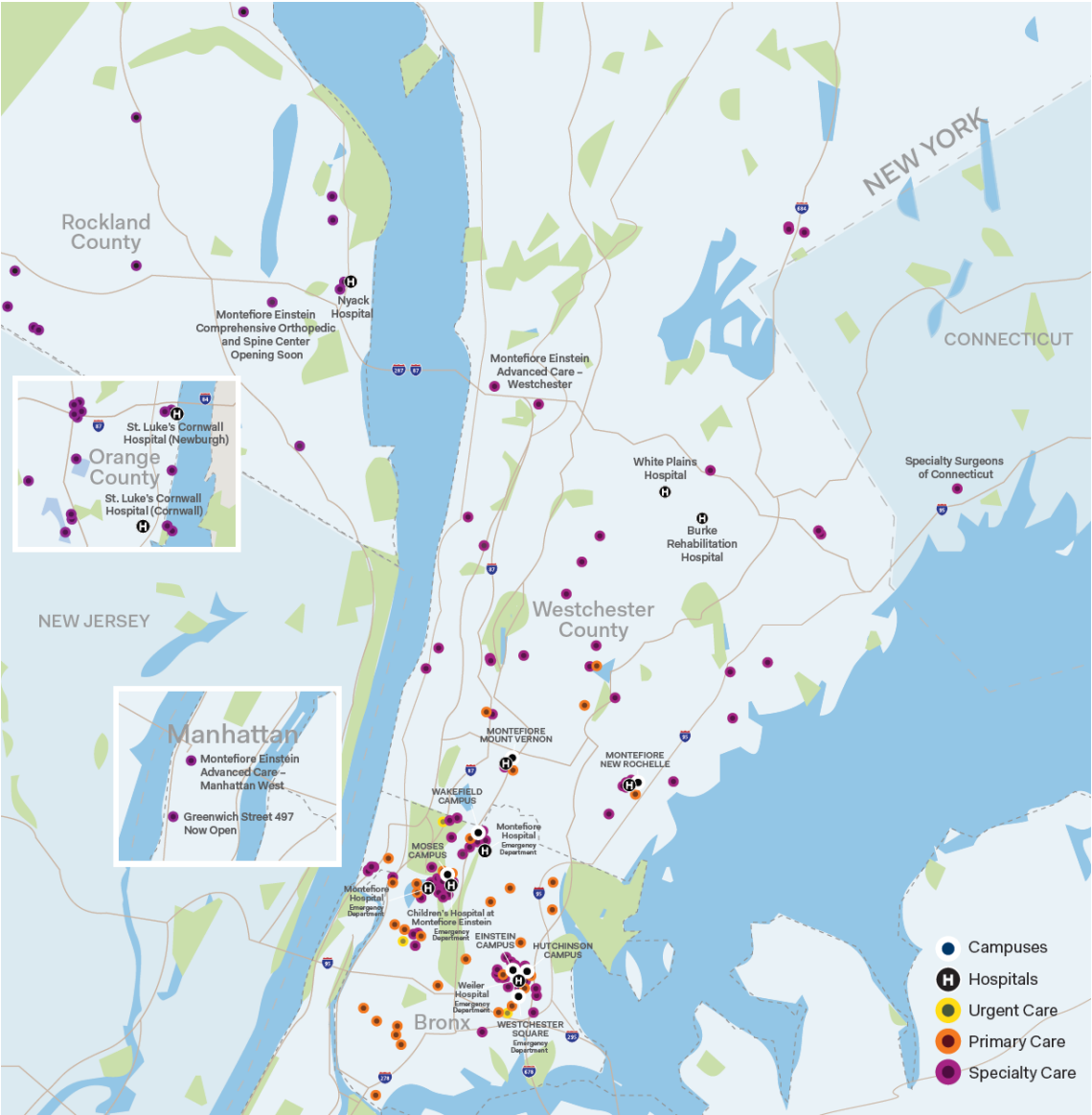


33% of the region's hospital encounters

- ▶ A state-of-the-art ambulatory surgical/specialty campus
- ▶ 300-site ambulatory network spanning the full spectrum of services
- ▶ Comprehensive continuum care:
 - Rehabilitation hospital
 - Skilled nursing facilities
 - Home health agencies
 - A school of nursing
- ▶ New York State's first hospital-based off-campus emergency department











5,775,000 ambulatory visits
544,000 emergency department visits
9,500 births
137,000 discharges



Montefiore

Volume by Hospital Site- 2023

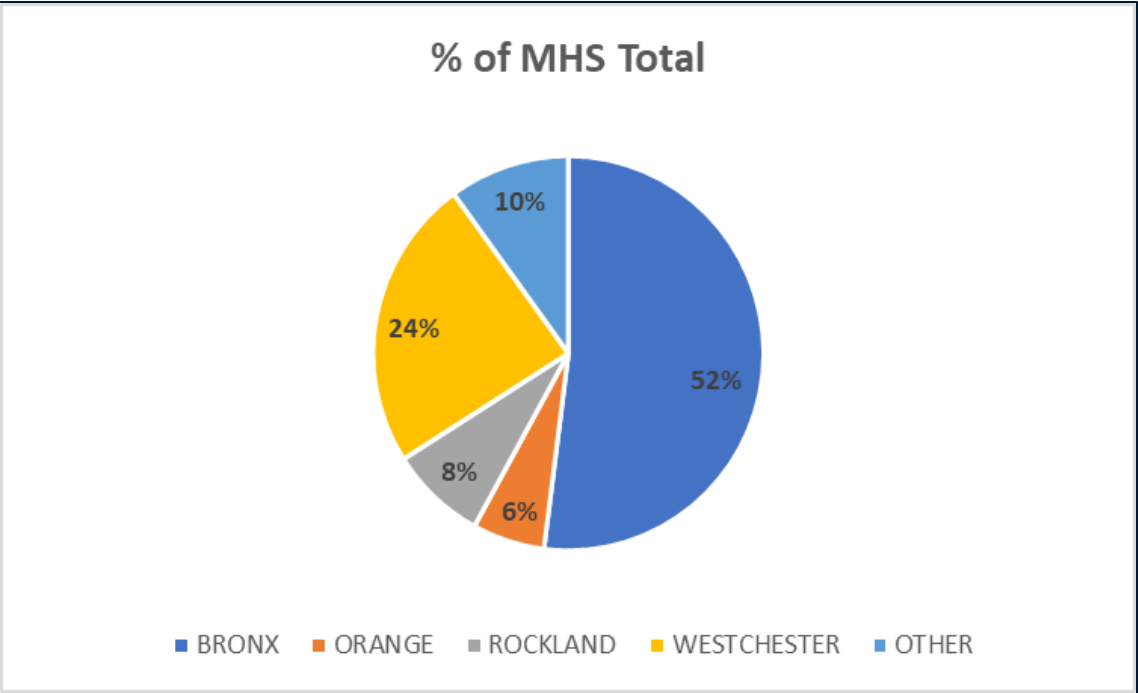
	Montefiore Medical Center	White Plains Hospital	Montefiore Nyack Hospital	Montefiore St. Luke's Hospital	Montefiore New Rochelle Hospital	Montefiore Mount Vernon Hospital	Burke Rehabilitation Hospital	MHS Total
								
Licensed Acute Care Beds	1,558	292	375	242	223	121	150	2,961
Inpatient Discharges	79,955	24,245	12,137	10,413	5,633	2,026	2,916	137,325
Case Mix Index	1.73	1.67	1.50	1.49	1.41	1.20	-	1.66
Emergency Room Visits	292,757	89,937	54,157	52,068	38,247	17,096	-	544,262
Ambulatory Visits	4,265,310	840,021	224,727	124,242	77,241	87,290	156,760	5,775,591

Montefiore Health System

Increasing complexity of care across diverse geography

MHS – Patient Origin

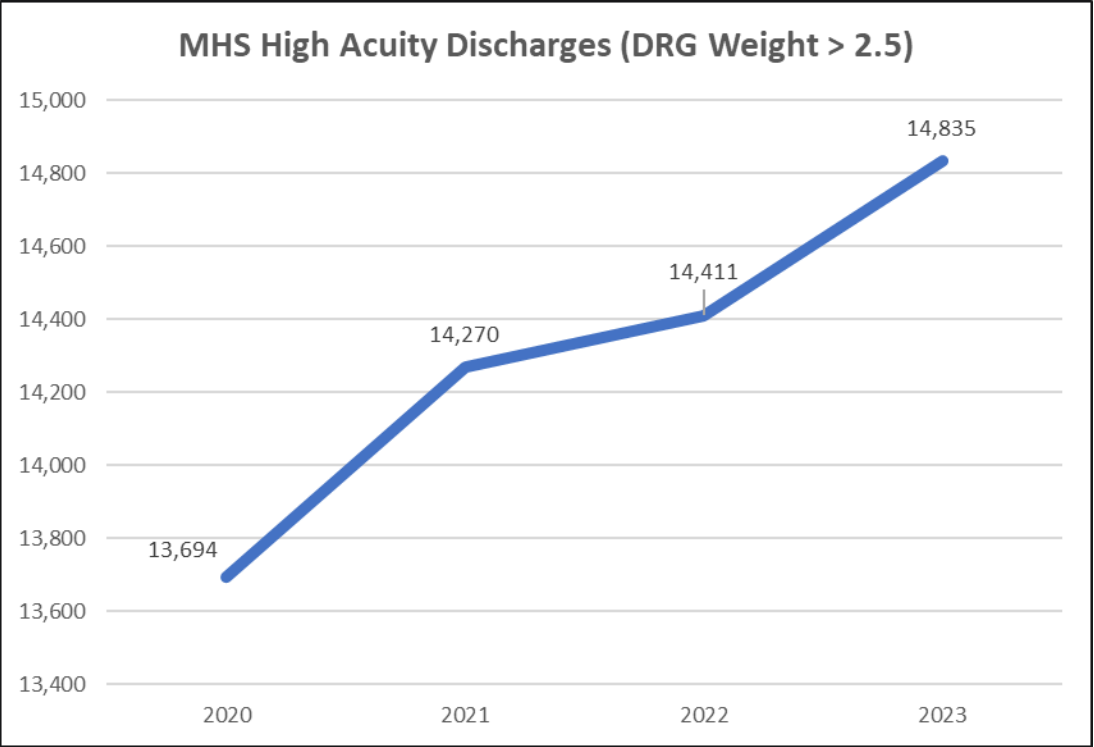
By County of Patient Residence



Source: Strategic Analytics Data Mart & EDW; excludes newborns without a NICU stay

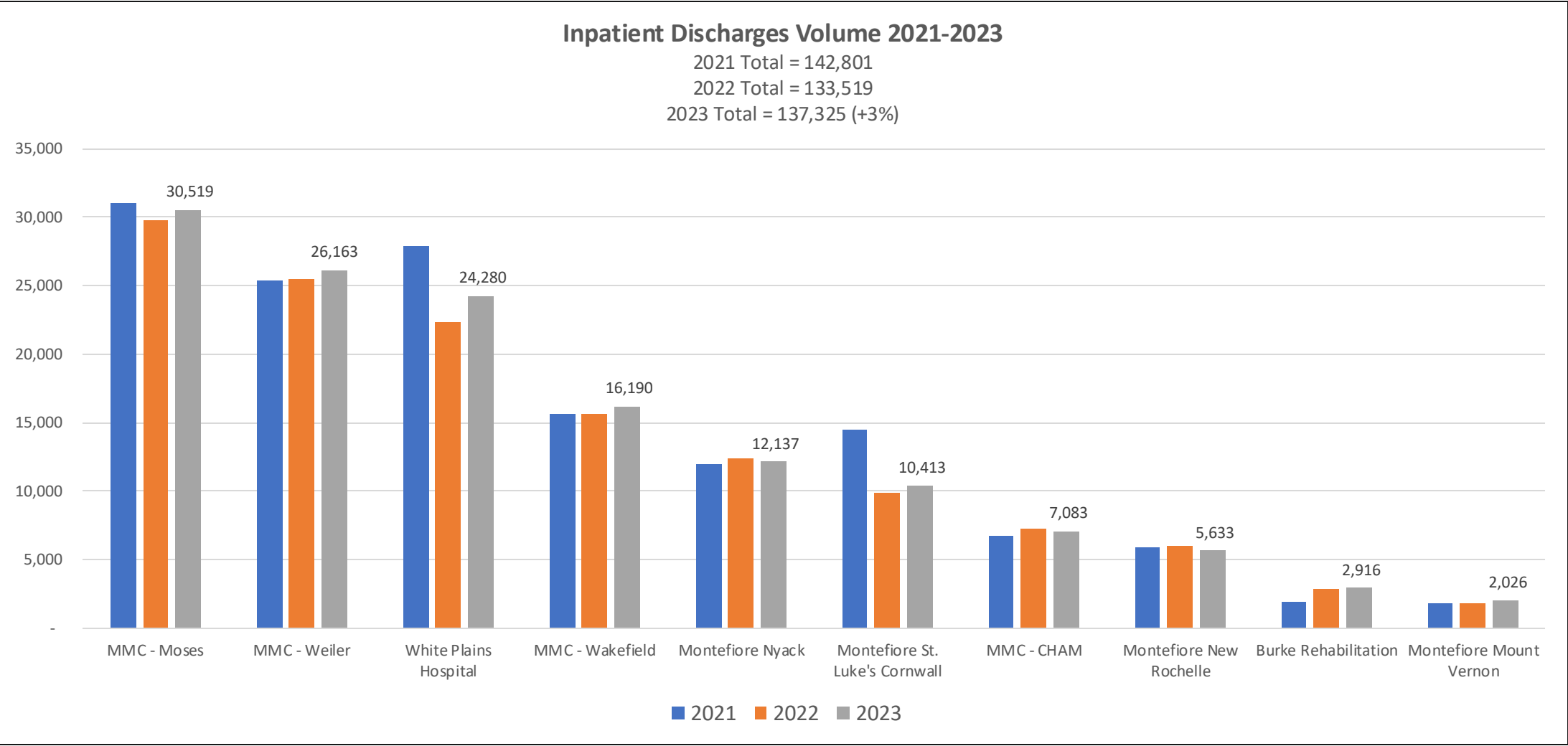
MHS – High Acuity Discharge Volume

By Year, 2020-2023



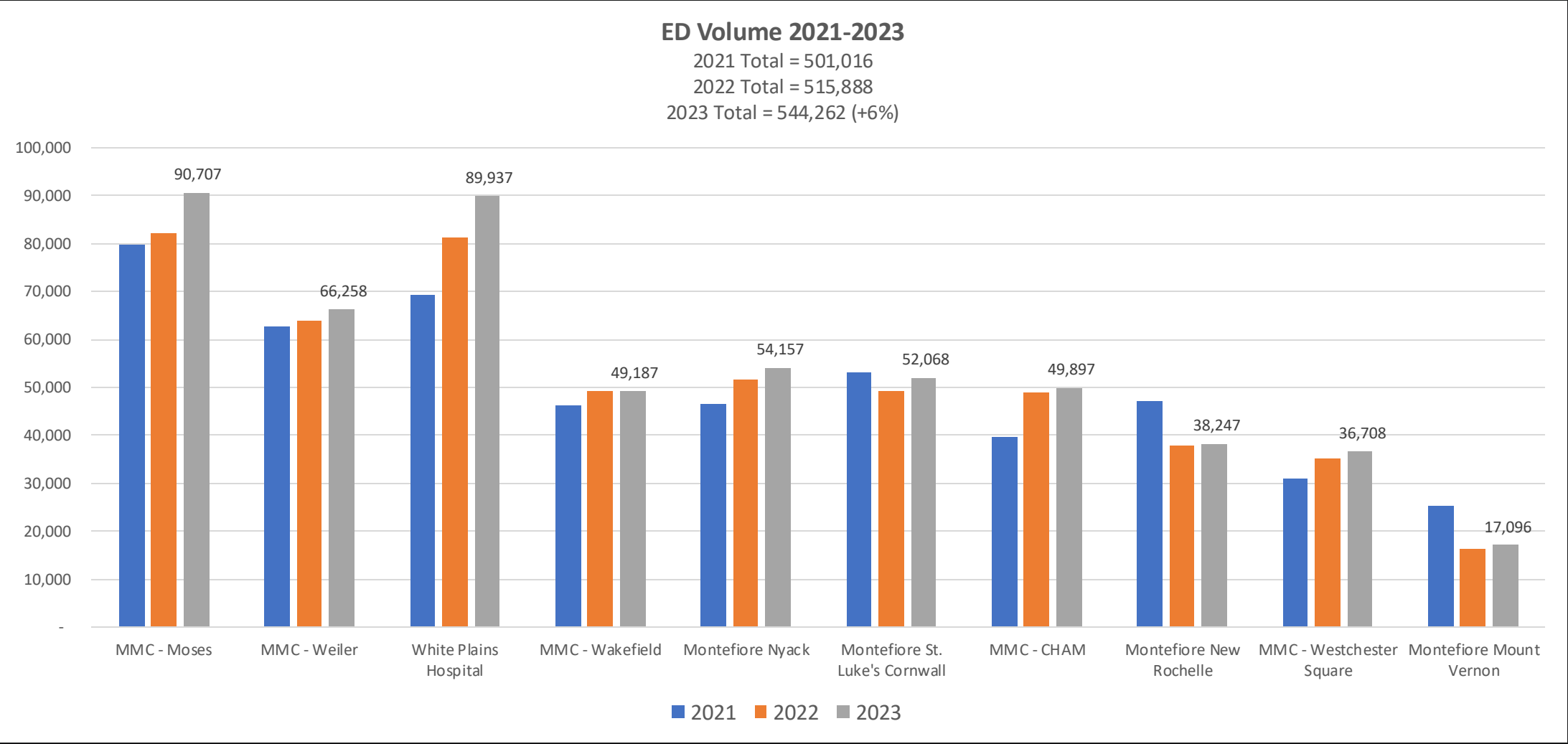
Montefiore Health System

Inpatient Discharge Volume



Montefiore Health System

Emergency Department Volume





Montefiore Einstein Most Recent Locations



Two legendary
New York institutions.
One team.

Montefiore Einstein
Official Hospital of the New York Yankees



Montefiore

Best in the Country

The Heart Transplant Program at Montefiore is now ranked #1 in the U.S.!

Latest data from the national Scientific Registry for Transplant Recipients shows Montefiore with the BEST one-year survival in the United States. Better than any other health system in the country.

Congratulations to the amazing multidisciplinary team, led by Dr. Danny Goldstein, Dr. Snehal Patel, Dr. Uli Jorde, and Christiana Gjela!



U.S. News & World Report

FPG Physicians once again are ranked among the best in the country by U.S. News & World Report.



Nationally Ranked
in 8 Adult Specialties
in 3 Children's Specialties



Regionally Ranked
#7 in New York
#8 in New York
#4 in New York (Children's)
#12 in Mid-Atlantic (Children's)



High Performing
in 1 Adult Specialty
in 14 Procedures/Conditions

Montefiore 2030 Vision

Critical Imperatives

Key Components

1- Double Down on the Bronx

Drive Health and Wealth
Expand East Campus

2- Be #1 in Westchester

Aggressive Physician Strategy
Create Tertiary Hub

3- Drive Excellence at Einstein

Extend Einstein's Excellence
Enhance Scientific leadership

4- Make Our Brand our Future

Grow Brand Equity
Grow Brand value

5- Unlock the Power of Government

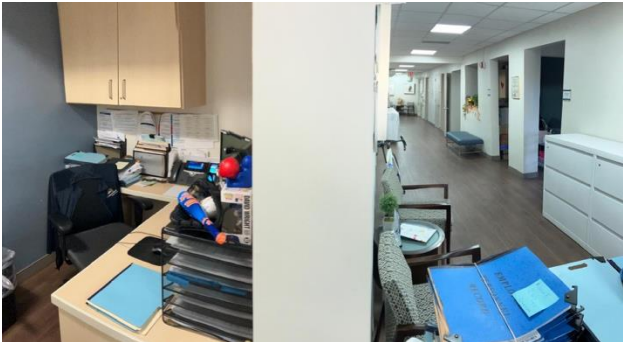
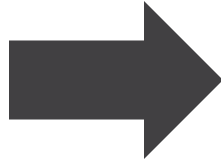
Extend Political Influence
Explore new models

Montefiore Health System International Department

2013 Start in a
cubicle



10 yrs of
hard work
and
dedication



2024 Continuing
in a Piece of Art
Office

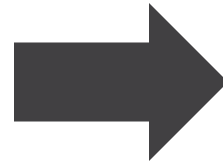
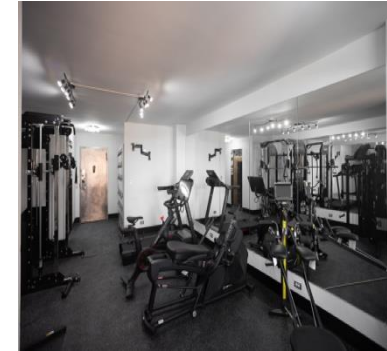
Montefiore

Montefiore International Housing

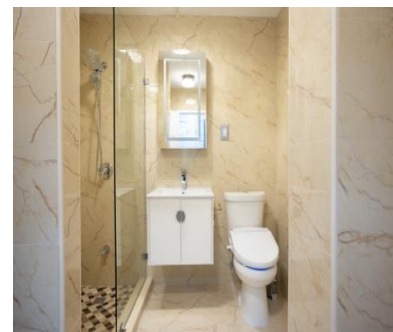
2013 Start with
13 apartments



10 yrs of
hard work
and
dedication



2023- 46 (7star)
hotel apartments



Montefiore

Montefiore Medical Center

International Department 10th Anniversary

https://www.dropbox.com/scl/fi/8qe4jxhommvubw5f68w92/International-Department-Edit-051424_V28-MusicForPresentation5-15.mp4?rlkey=yfkgf7hujwylfixge82nzp02w&e=1&st=7e2t10ug&dl=0

How did we start

It started with a call in 2012 from UAE to treat a pt and it was received by Dr. Hsu and approved by Dr. Semczuk and performed by Dr. Irene Gebrael



Then we started specifying the Needs

- | | |
|-------------|--------------|
| 1. Hotels | 1. Housing |
| 2. shopping | 2. Furniture |
| | 3. Policies |

Streamline planning in 2013

Which customers to start with and how did it start

1. Calling embassies
2. Contacting Medical Centers overseas
3. Reaching to consulates
4. Reaching to medical advisors and connections overseas
5. Establishing internal system for a newly established department through the guidance and support of leaders

Processes and Mapping:

Systems and Publications: To establish a new department, we worked on having a system in place and thus we started working on regulations, we had many meetings with Senior Management, Finance and we started marketing the new department in systematic approaches with all dignitaries on different platforms: Health Ministries, embassies, consulates and Internationally renowned Hospitals in different countries

First approaches and First Flow: the first approach was in 12/2013 and 1/2014 when we met with dignitaries from UAE, Egypt, Bahrain and Qatar. The First flow of referrals started in 3/2014 and first arrivals from overseas started in 7/2014 and then started the high flow in 12/2014 with the flow of 24 referrals from Saudi Arabia

Shifting from Middle Eastern to International Outreach in 2015 after Ribbon Cutting: after the establishment, we started with opening up to new experiences and thus we decided to expand to cover all patients overseas to unrestrict our activities to contact Medical Tourism companies and establish new relations with Italy, DR, France, Guatemala, Panama, Jamaica and India

Immigration services and visa extensions: started in 2016 with the goal to secure the immigration status of all pts during receiving treatment

Interpreting Services Statistics and the Need to built the system up in International services: started in 2017 to maintain the needs and expedite care and add quality to every single process

Japanese Delegations from 2016 till YTD: every year a delegation from Japan visits different subspecialties in Montefiore to exchange knowledge and experience

Trips to Overseas since 2016 till 2022



Events Overseas in DR 2022



Publications in 2018 and 2019



MONTEFIORE INTERNATIONAL PATIENT PROGRAM
WE PUT SMILING FACES
ON DIFFICULT CASES

These children all received implants through the Montefiore International Patient Program. Needless to say, everyone, including their physicians are pleased with the results. The program is known for achieving positive outcomes for complex cases. It's also known for its world renowned experts providing multidisciplinary care, acceptance within 48 hours, wrap-around care, full concierge services and more.

Put a smile on a patient's face. Contact us today.
Irene G. Gebrail, PhD, Director
igebrae@montefiore.org
+1 646-531-6542 (Call, Text or What's App)
<http://www.montefiore.org/international>

Discover more reasons why Children's Hospital at Montefiore has been designated one of U.S. News & World Report's Best Children's Hospitals 10 years in a row and is one of the cornerstones of our world-renowned international program.



Anthony J. Casale, MD
Director, Pediatric Urology



Nicole A. Hayde, MD, MS
Director, Pediatric Nephrology



Daphne T. Hsu, MD
Division Chief, Pediatric Cardiology



Nadia Ovrchinsky, MD, MBA
Director, Pediatric Hepatology

Children's Hospital at Montefiore is consistently ranked nationally by U.S. News & World Report as a leading Center for Pediatric Cardiology, Endocrinology, Gastroenterology and Gastrointestinal Surgery, Nephrology, Neurology, Orthopedics and Urology.



Montefiore
DOING MORE



Montefiore

Financials in 2022



Wayne avenue Work behind the scenes 12/2023



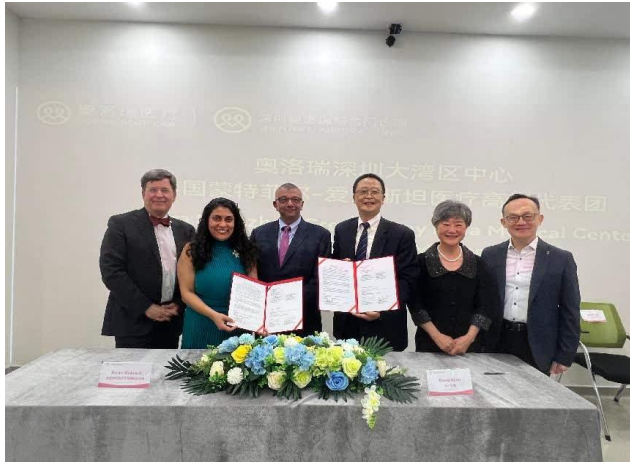
Wakefield 5/2023



Chinese Physicians Observer Program started 2024



Chinese Agreements in 2024



Chinese Conferences

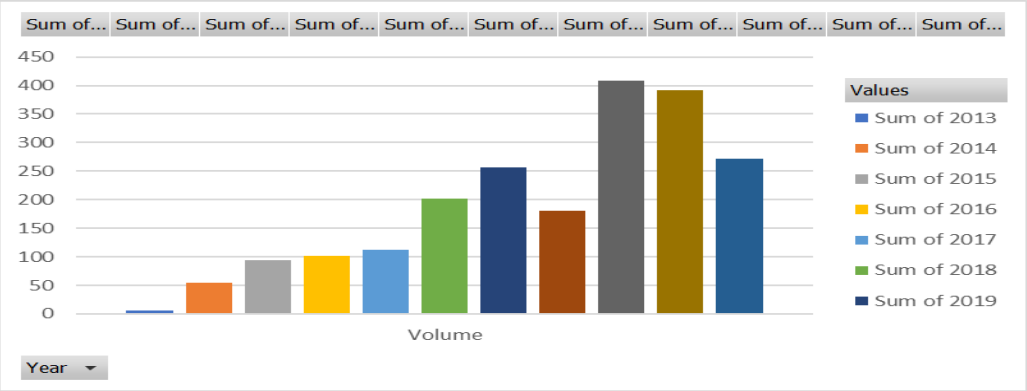


How do we maintain Quality throughout the years:

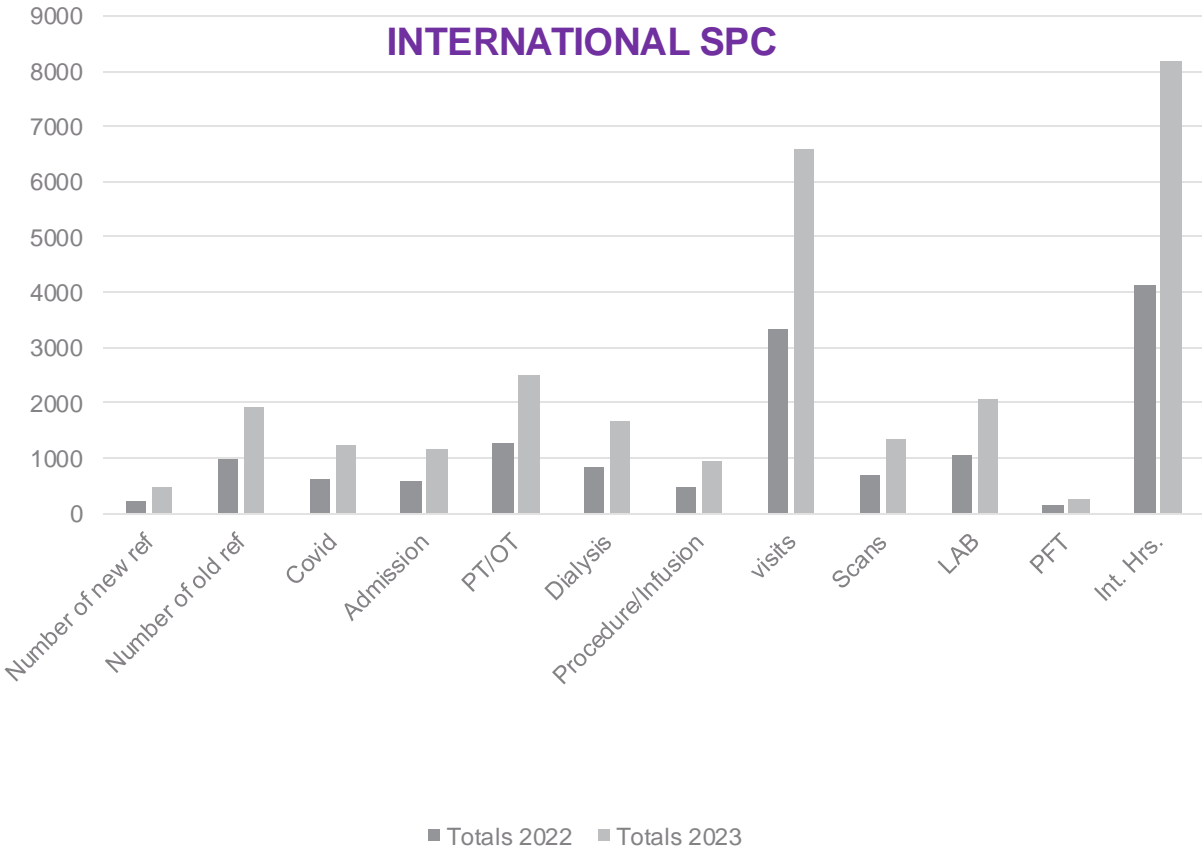
SPC (Statistical Process Control)

Year	Sum of 2013	Sum of 2014	Sum of 2015	Sum of 2016	Sum of 2017	Sum of 2018	Sum of 2019	Sum of 2020	Sum of 2021	Sum of 2022	Sum of 2023
Pts volume	3	54	94	102	113	202	257	181	409	392	272

VOLUMES



OPERATIONS



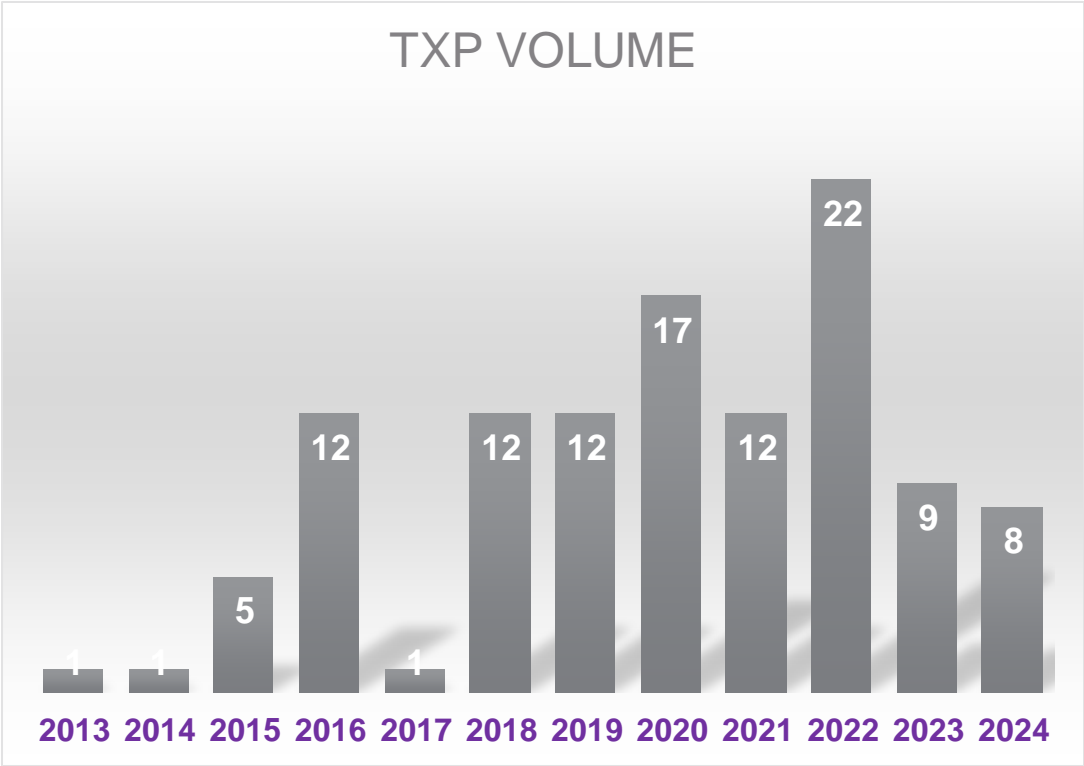
Encounter	Totals 2022	Totals 2023
Number of new ref	232	459
Number of old ref	965	1930
Covid	618	1220
Admission	585	1159
PT/OT	1261	2513
Dialysis	832	1656
Procedure/Infusion	467	929
visits	3331	6594
Scans	687	1354
LAB	1055	2084
PFT	138	275
Int. Hrs.	4143.5	8184

TOTALS

SPC (Statistical Process Control) FOR Transplant Volumes

YEAR	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
TXP VOLUME	1	1	5	12	1	12	12	17	12	22	9	8

Country	Procedure	Year	waiting time	Country	Procedure	Year	waiting time
UAE	Heart	2013	1 month	Kuwait	Lung	2019	9 days
				Kuwait	Heart	2019	3 days
UAE	Heart	2014	2 months	Kuwait	Kidney	2019	2 months
				USA	Kidney	2019	2 days
Kuwait	Liver	2015	3 months	Kuwait	Lung	2019	6 months
				Kuwait	Liver	2019	2 months
Saudi	Kidney/Liver	2015	3 months		Kidney/Live donor		
Saudi	Heart	2015	2 months	Kuwait	Heart	2019	1 week
Saudi	Heart	2015	1 month	Kuwait	Kidney	2019	3 months
Saudi	BMT	2015	immediately	UAE-IPC	Heart	2019	7 days
				Kuwait	kidney	2019	5 months
Saudi	BMT	2016	immediately	Kuwait	Lung	2019	1 month
Saudi	BMT	2016	immediately				
Saudi	BMT	2016	immediately	Kuwait	Lung	2020	1 year
Saudi	BMT	2016	immediately	Kuwait	kidney	2020	1 month
Saudi	Liver	2016	3 months	Kuwait	Lung	2020	2 months
				Argentina	kidney	2020	6 months
Kuwait	Kidney/Liver	2016	3 months	Israel	kidney	2020	4 months
Kuwait	Liver	2016	2 months	Kuwait	Liver	2020	4 months
Kuwait	Liver	2016	4 months	UAE	kidney	2020	2 months
Saudi	Heart	2016	1 month	Kuwait	Kidney	2020	75 days
Saudi	Kidney	2016	4 months	Kuwait	Kidney	2020	> 3 months
Saudi	Kidney	2016	4 months	Kuwait	Lung	2020	3 months
Saudi	Liver	2016	immediately	Kuwait	Lung	2020	5 months
				Israel	kidney	2020	9 months
					Alogenic Stem Cell		
Saudi	Heart	2017	5 months	Kuwait	Cell	2020	3 months
				Kuwait	Lung	2020	15 days
Kuwait	Kidney	2018	1 month	Kuwait	Heart	2020	11 days
				Saudi	CAR-TCELL	2020	20 days
Kuwait	Kidney/Liver	2018	14 days	Kuwait	Lung	2020	1 month
UAE	Heart	2018	3 months				
Saudi	Liver	2018	3 months				
Kuwait	Lung	2018	2 days	Kuwait	Lung	2021	3 months
Kuwait	Liver	2018	3 months	Kuwait	Kidney	2021	40 days
Kuwait	Lung	2018	listed active	Kuwait	Liver	2021	40 days
				Kuwait	BMT	2021	90 days
				Kuwait	Renal/Lung	2021	30days
				Kuwait	Heart	2021	11 days
				Kuwait	Renal	2021	12 days
				Kuwait	Renal	2021	1 week
				Kuwait	Renal	2021	15 days
				Saudi	BMT	2021	1 month
				Kuwait	Renal	2021	5 days
				Kuwait	Lung	2021	6 days




Thank You

2024/09/27



Montefiore Einstein



Pediatric hospitals session @ the USCIPP Annual Meeting – select benchmarking insights

Jarrett Fowler

Senior Director, Strategic and International Initiatives, NCHL

December 2024

**Only pediatric hospitals:
15 international programs
employed 357 FTEs in total**

Position	Total FTEs across <u>all</u> responding hospitals	
	Dedicated to this office	Shared with another office
Administrative support staff	17.8 (4.9%)	3.45 (1.0%)
Clinical support staff	34.5 (9.7%)	9.1 (2.5%)
Finance/account service staff	9 (2.5%)	21.2 (5.9%)
Interpreters	27.5 (7.7%)	59.7 (16.7%)
Marketing staff	1 (0.3%)	4 (1.1%)
Medical directors	7.5 (2.1%)	2.6 (0.7%)
Non-clinical support staff	116 (32.5%)	0.5 (0.1%)
Other	0 (0.0%)	0 (0.0%)
Out-of-country representatives	14 (3.9%)	0 (0.0%)
Program leadership	28 (7.8%)	0.85 (0.2%)

**All hospitals: 56 international
programs employed 1,301 FTEs in
total**

Position	Total FTEs across <u>all</u> responding hospitals	
	Dedicated to this office	Shared with another office
Administrative support staff	61.55 (4.7%)	15.95 (1.2%)
Clinical support staff	76.5 (5.9%)	28.1 (2.2%)
Finance/account service staff	95 (7.3%)	57.75 (4.4%)
Interpreters	153 (11.8%)	102.15 (7.9%)
Marketing staff	17 (1.3%)	23.35 (1.8%)
Medical directors	25.7 (2.0%)	11.06 (0.9%)
Non-clinical support staff	409.5 (31.5%)	8.5 (0.7%)
Other	6 (0.5%)	.05 (0.0%)
Out-of-country representatives	78 (6.0%)	19 (1.5%)
Program leadership	99.8 (7.6%)	12.85 (1.0%)

- **Non-clinical support staff:** non-clinical coordinators, referral liaisons, receptionists, individuals who talk to patients on the phone to schedule appointments, intake
- **Administrative support staff:** administrators and other/administrative/analyst staff, business development support staff
- **Clinical support staff:** nurses, case managers, social workers
- **Program leadership:** executives, program directors

Key insights on staffing at pediatric hospital international programs

- Pediatric hospitals dedicated **proportionally more FTEs to clinical support staff**, reflecting the need for hands-on care in managing complex pediatric cases and supporting families
- Conversely, pediatric hospitals rely more heavily on **shared interpreters** compared to all hospitals
- **Only 1 FTE is dedicated to marketing in pediatric hospitals** (with 4 FTEs shared), while across all hospitals, there are 17 dedicated and 23.35 shared FTEs – this indicates a potential underinvestment in international marketing staff in pediatric hospitals
- Pediatric hospitals have **proportionally much more limited out-of-country representation** compared to all hospitals

**Only pediatric hospitals:
ratio of FTEs to 100 unique
patients (N = 14)**

Position	Ratio of FTEs to 100 unique patients (median)
Administrative support staff	.10
Clinical support staff	.40
Finance/account service staff	.21
Interpreters	.24
Marketing staff	0
Medical directors	.11
Non-clinical support staff	1.67
Other	0
Out-of-country representatives	0
Program leadership	.25

KEY INSIGHTS

High Proportion of Non-Clinical Support Staff

Ratio: 1.67 FTEs per 100 unique patients

Interpretation: Non-clinical support staff represent the largest staffing ratio, indicating the importance of patient coordination, intake, and administrative support in pediatric hospitals' international programs. However, this ratio also reflects the heavy administrative burden for international care.

Relatively High Clinical Support Staff Ratio

Ratio: 0.40 FTEs per 100 unique patients

Interpretation: A significant proportion of staff is dedicated to clinical support, such as nurses, case managers, and social workers. This reflects the hands-on care and family-centered focus of pediatric hospitals.

Only pediatric hospitals:
ratio of FTEs to 100 unique
patients (N = 14)

Position	Ratio of FTEs to 100 unique patients (median)
Administrative support staff	.10
Clinical support staff	.40
Finance/account service staff	.21
Interpreters	.24
Marketing staff	0
Medical directors	.11
Non-clinical support staff	1.67
Other	0
Out-of-country representatives	0
Program leadership	.25

KEY INSIGHTS (CONT'D.)

Modest Allocation to Interpreters

Ratio: 0.24 FTEs per 100 unique patients

Interpretation: While interpreters are essential for international patients, this ratio suggests more limited allocation relative to patient needs, possibly reflecting shared roles or reliance on part-time staff.

Lean Program Leadership

Ratio: 0.25 FTEs per 100 unique patients

Interpretation: Leadership staffing is modest, suggesting centralized decision-making and streamlined operations.

Administrative Support Staff

Ratio: 0.10 FTEs per 100 unique patients

Interpretation: Administrative support staff are minimally allocated, likely reflecting a lean operational model for general office tasks.

Navigating Bermuda's Overseas Care Needs



SPEAKER

Karima Stevens Smith

Provider Relations Manager

A bit about me

- Registered Nurse, US-trained
- Clinical background in Cardiology and Diabetes Management
- Experience in leadership and management of Chronic Disease and Long-Term Care
- Implemented Bermuda's first Insurance based Care Management program

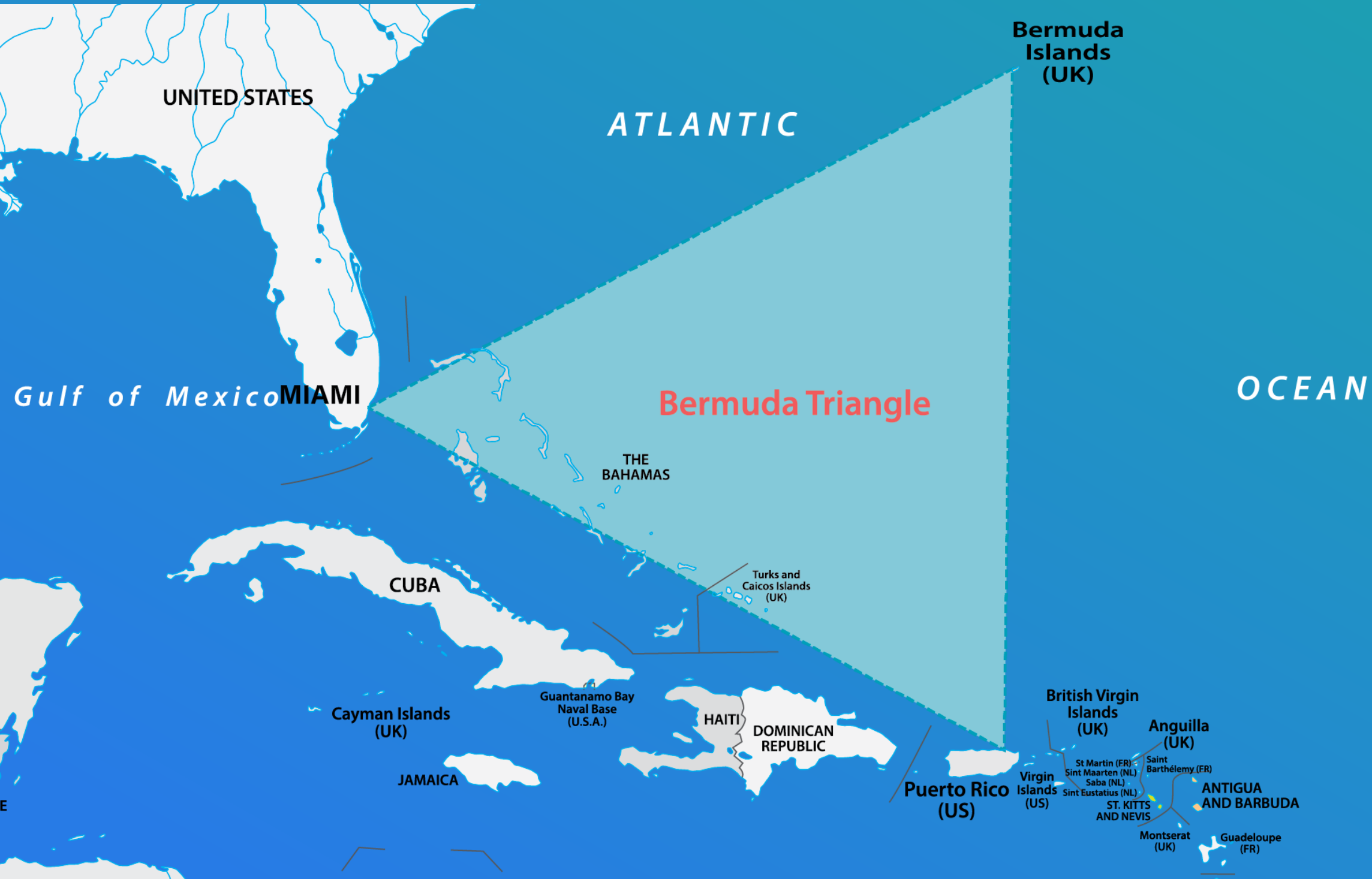
About The Argus Group

- Multi-line insurance, medical practices and financial services organization with healthcare operations in Bermuda and Canada
- Bermuda leader in group health insurance, supporting local and international care needs.
- Provides health coverage for diverse populations and partnerships with overseas specialists.
- Key player in addressing Bermuda's unique healthcare challenges, including chronic disease management and off-island referrals.



What we'll cover today

- Why overseas care matters for Bermuda: an economic and population health overview
- Current trends related to off-island healthcare services
- Opportunities we've identified to enhance the provider and patient experience



Where in the World is Bermuda?

- Sub-tropical island, closest point of land North Carolina, USA
- British Overseas Territory
- Afro-Caribbean, Portuguese and British Heritage



Healthcare access points
FOR PLANNED CARE

Bermuda Economy Overview

COST OF LIVING



GDP Per Capita
\$122K
(2023)

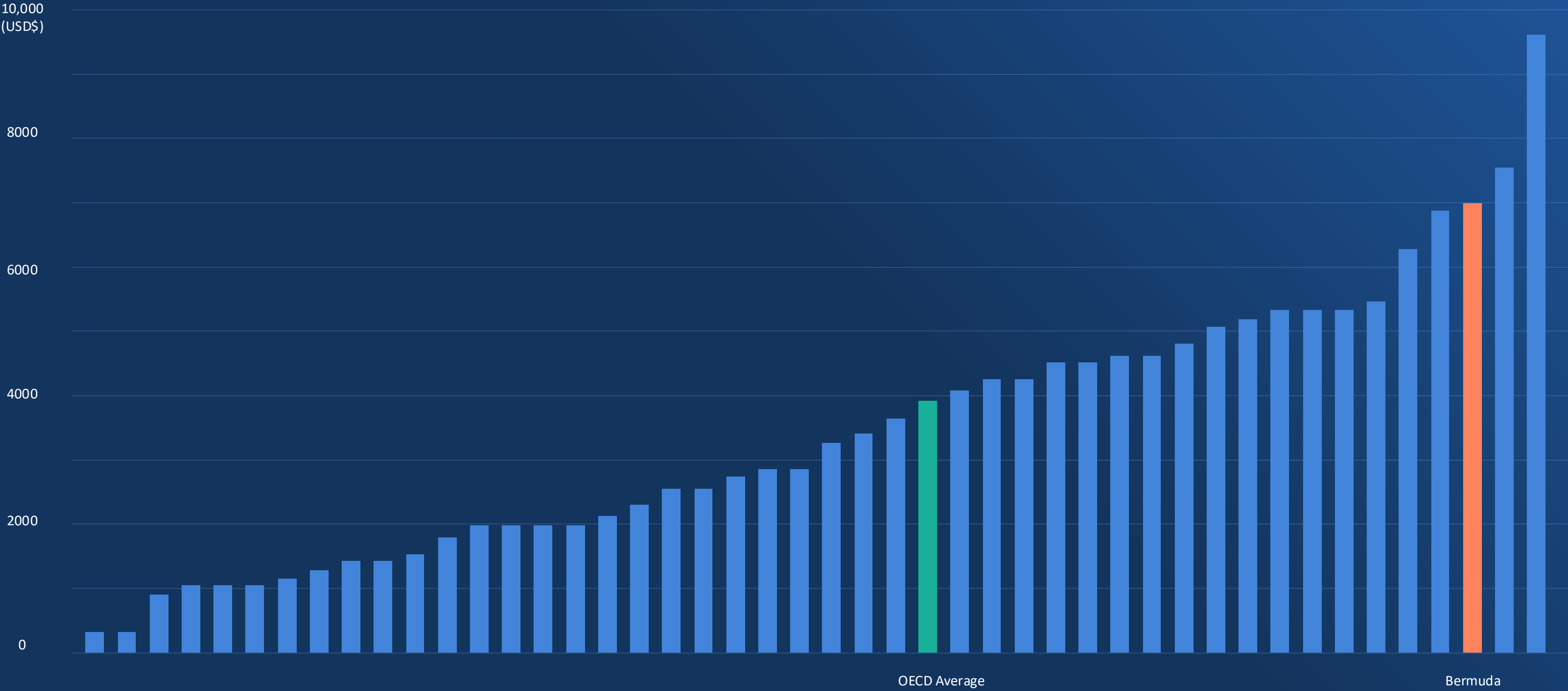


Cost of living
90% higher
than the US

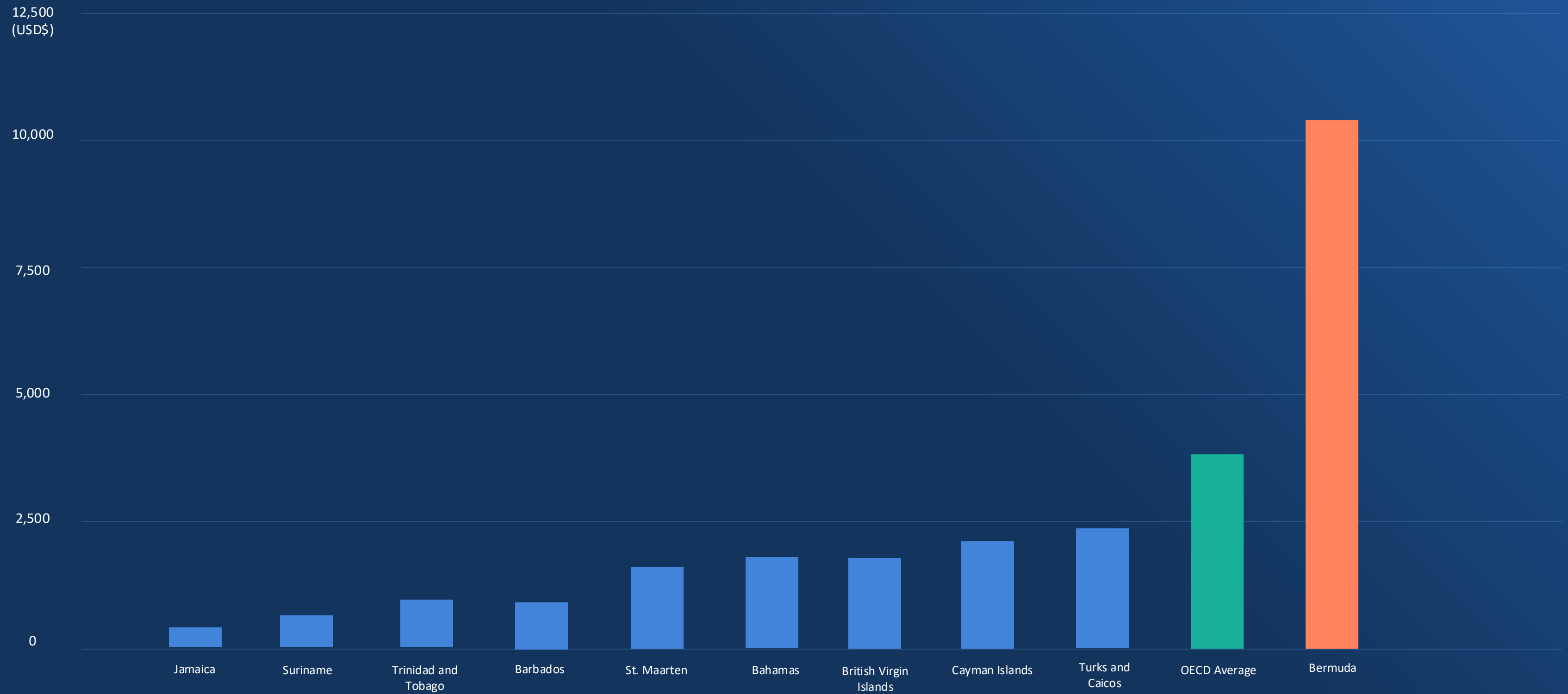


Average cost
\$7.51(USD)
for a loaf of bread

HEALTH EXPENDITURE PER CAPITA



HEALTH EXPENDITURE PER CAPITA FOR ISLAND NATIONS





**26% of Bermuda's
healthcare spend goes to
overseas providers**

(2023, Bermuda Health Council)

OVERSEAS HOSPITAL EXPENDITURE (FY 2021-2023)



<https://healthcouncil.bm/research-and-reports>

AIR AMBULANCE EXPENDITURE (FY2021-2023)



<https://healthcouncil.bm/research-and-reports>

Population Health Overview

Bermuda's Major Health Challenges



Hyperlipidemia/ Hypertension

30%

Approx.



Obesity

30%

Approx.



Type 2 Diabetes

13%

Health System Structure

Care Facilities on Island

1 ACUTE CARE FACILITY –

KEMH

- 188 inpatient acute care beds
- 113 Long term care beds
- 8 Hospice beds

1 MENTAL HEALTH FACILITY –

MID-ATLANTIC WELLNESS INSTITUTE

- 23 inpatient acute care beds
- 31 Long term care beds
- 7 Substance abuse care beds
- 4 Pediatric care beds



Health System Structure

Health Insurers

PAYORS FOR HEALTH SERVICES

- 3 private insurers, primarily serving the working population, eligible retirees and eligible dependents
- 3 government managed insurers serving government employees, retirees, and providing basic benefit plans

How Overseas Referrals Work

Key Players



Bermuda-based
Specialists



Payors
(e.g. Argus)



Overseas Care
Coordinators
(e.g. One Team Health)

Considerations that impact overseas referrals



Availability of
services in
Bermuda



Client and
provider treatment
preferences



Chronic care
management



Cost and quality
of care

What Patients Value:

Care coordination support

Case Management is key:

- Needs assessment
- Care planning
- Appointment management
- Resource direction and benefit navigation



What Local Providers Value:

Timeliness and consistency of information sharing

Communication is key:

- Relationship building
- Planned presence – on island
- Scheduled Medical team reviews



Opportunities for Improving the Referral Process

- Standardization of referral pathways
- Facilitation of overseas medical team autonomy over care planning
- Enhanced collaboration between health plan and hospital-based case management teams
- Partnership to support repatriated services, as appropriate
- Including referring physicians in Quality Assurance measures



Looking Ahead

IMPROVING PATIENT OUTCOMES



Bermuda has
unique care
needs



Increase patient
access
to specialized
treatments/ programs



Partnerships
to ensure
appropriate
level of care



Leverage
Telemedicine and
Teleconsultations

Thank you for your time today



Karima Smith
Provider Relations Manager



(441) 298-0597



14 Wesley St, Hamilton HM11



ktsmith@argus.bm



argus.bm



VIP Global Care

The Gold Standard: Drawing High-Net-Worth Patients to Your Healthcare Organization

Sevda Mikdadi

Partner, VIP Global Care

VIP Global Care Service Offerings



International Patient Program
Development or Enhancement



Patient Referral & High Touch
Concierge



Comprehensive Global Care
Coordination 365/24/7



International Strategy, Business
Development & Partnerships



Healthcare Advisory Services, Training
and Global Health Accreditation
Readiness

High-Net-Worth Profiles



\$1MM+

HNWI

High-Net-Worth Individuals (HNWIs) are individuals possessing significant personal wealth, typically defined as having at least \$1 million in liquid financial assets, excluding the primary residence.

\$5-\$30MM+

VHNWI

Very-High-Net-Worth Individuals (VHNWIs) are classified as those with assets ranging from \$5 million to \$30 million, positioning them between HNWIs and UHNWIs.

\$30 MM+

UHNWI

Ultra-High-Net-Worth Individuals (UHNWIs) have investable assets of \$30 million or more, representing a very exclusive wealth bracket.

Royal Protocol

Essential Components for Interacting with Royals and

Cultural Sensitivity

Respect for Hierarchy

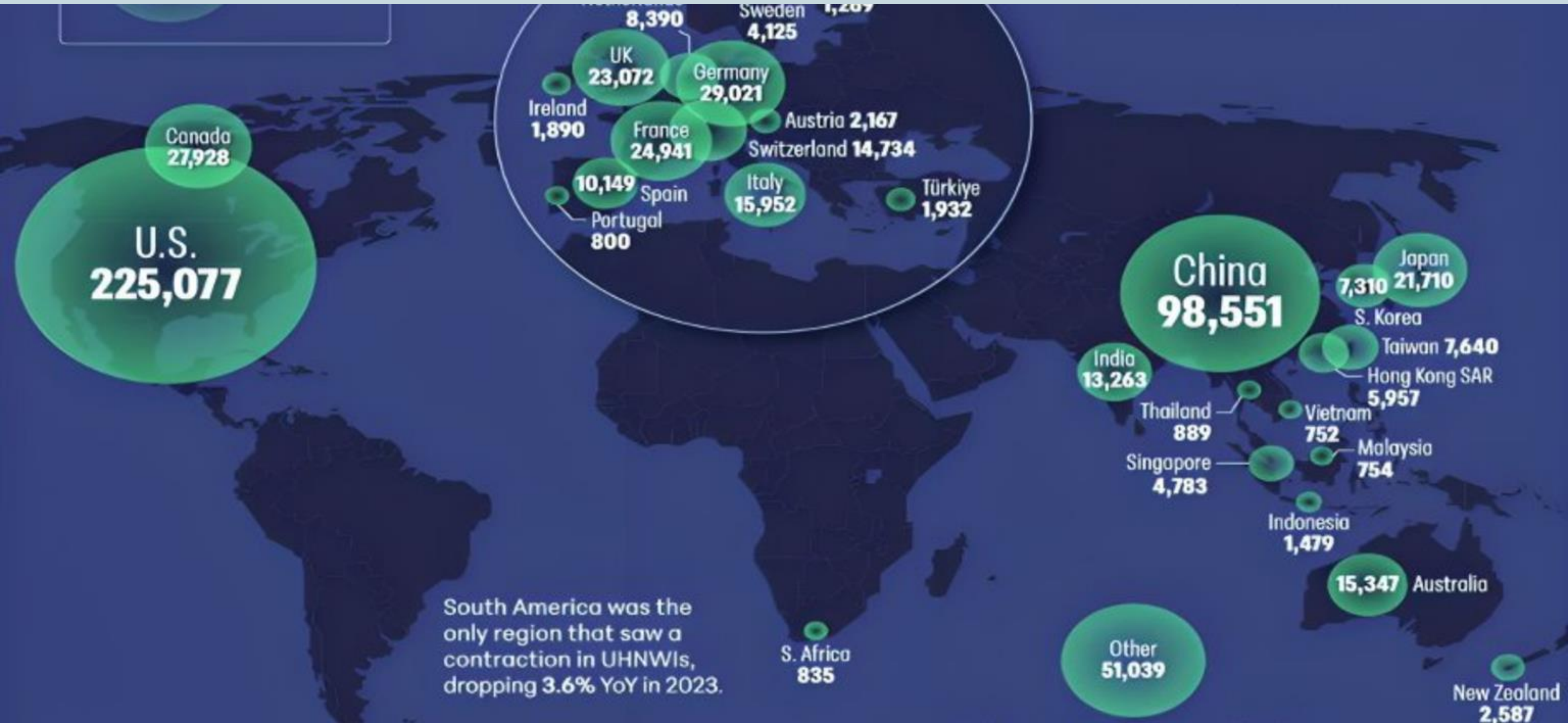
Privacy and Discretion

Attention to Detail

Seamless Coordination

Professionalism

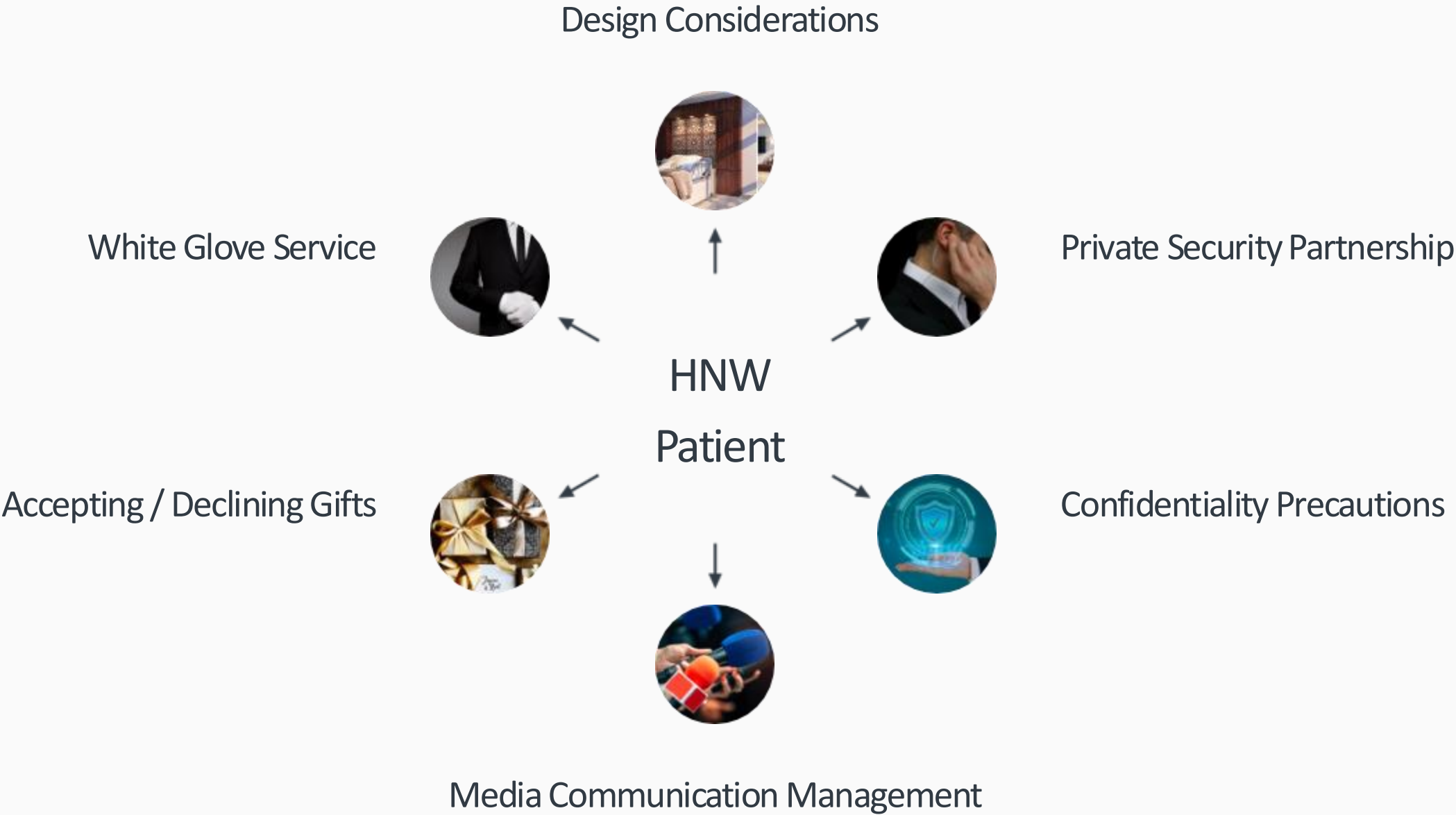
Global UHNW Population



Managing Expectations of the Premium Patient Segment

Preparations for HNW Patients

Key Aspects of Providing Exceptional Care



Importance of Patient Equality

Ensuring Equal Access to Quality Clinical Care for All Patients



Core Principle

All patients receive the same high standard of clinical care, ensuring that no individual is disadvantaged based on their background or circumstances.



Enhanced Services

While clinical care remains uniform, there may be differentiation in non-clinical experiences to cater to the unique needs of diverse populations.



Active Listening with Solutions/Options

Enhancing Communication through Empathy and Tailored Solutions



Engage with empathy

Active listening begins with empathy, understanding the patient's feelings and perspectives. This fosters trust and encourages open dialogue, leading to more effective communication.

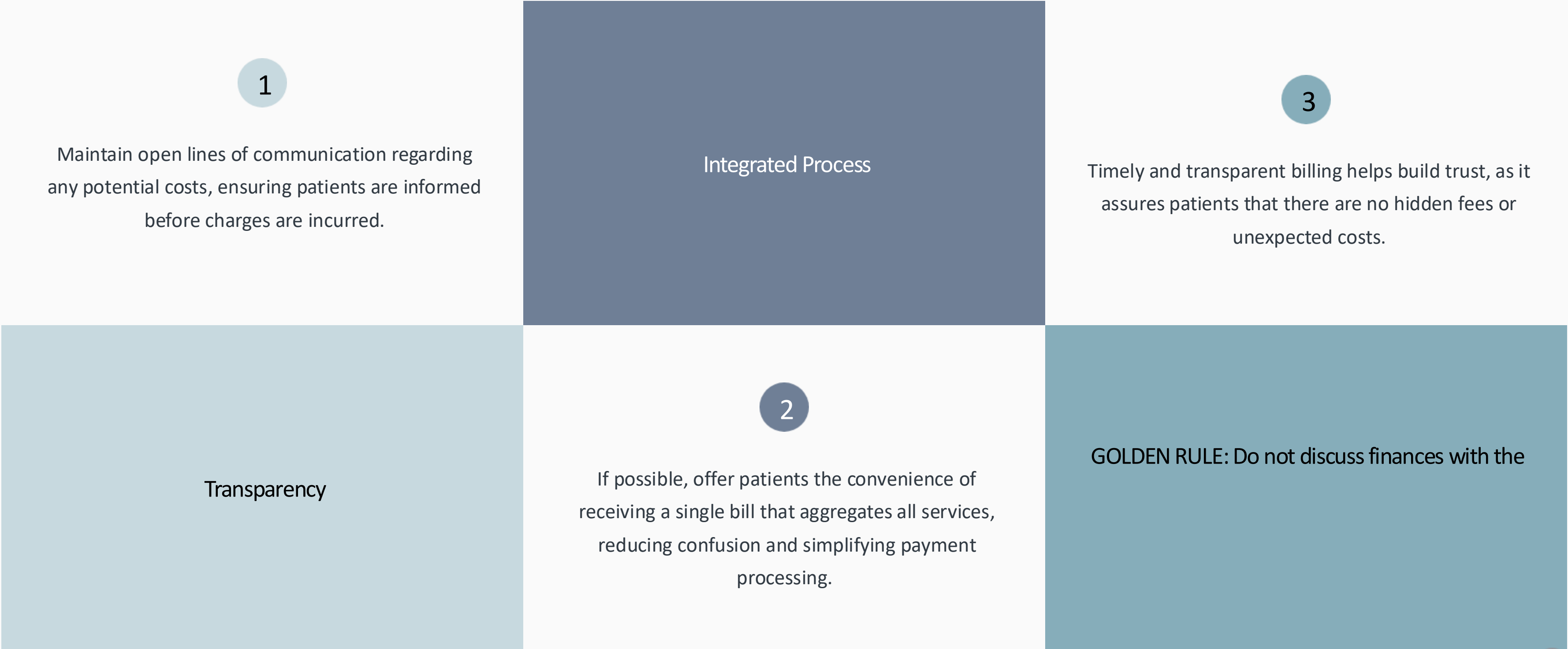


Offer tailored options and

Once you understand the patient's needs, provide customized solutions that address their specific concerns. This not only demonstrates your attentiveness but also enhances the overall effectiveness of the communication.

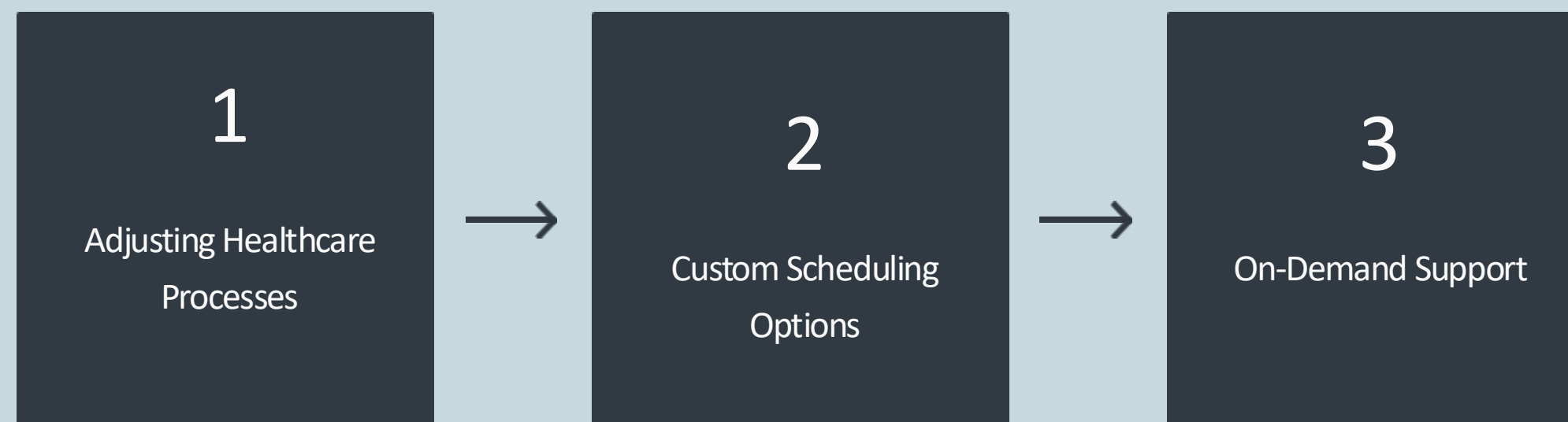
Streamlined Financial Services

Managing Expectations for Patients



Flexibility for Patient Needs

Tailoring Healthcare Processes to Individual Preferences



Value of UHNW Development

Driving Revenue Growth by Attracting and Retaining
UHNW Patients



Combat Declining Insurance Revenues



Generates More Referrals



Future Business Opportunities



Philanthropic Opportunity

Effective Strategies and Tactics

Dedicated Care Teams and Clinical Champions

Implementing Dedicated Teams and Clinical Champions for Enhanced Care

Dedicated Teams



Clinical Champions



Invest in UHNW/VIP/Royal Protocol Training Programs



1 Country-Specific Cultural Sensitivity Guidelines

2 Best Practices and Pitfalls to Avoid

3 Effective Communication Across Cultures

4 Navigating Cultural Diversity

5 Royal Protocol

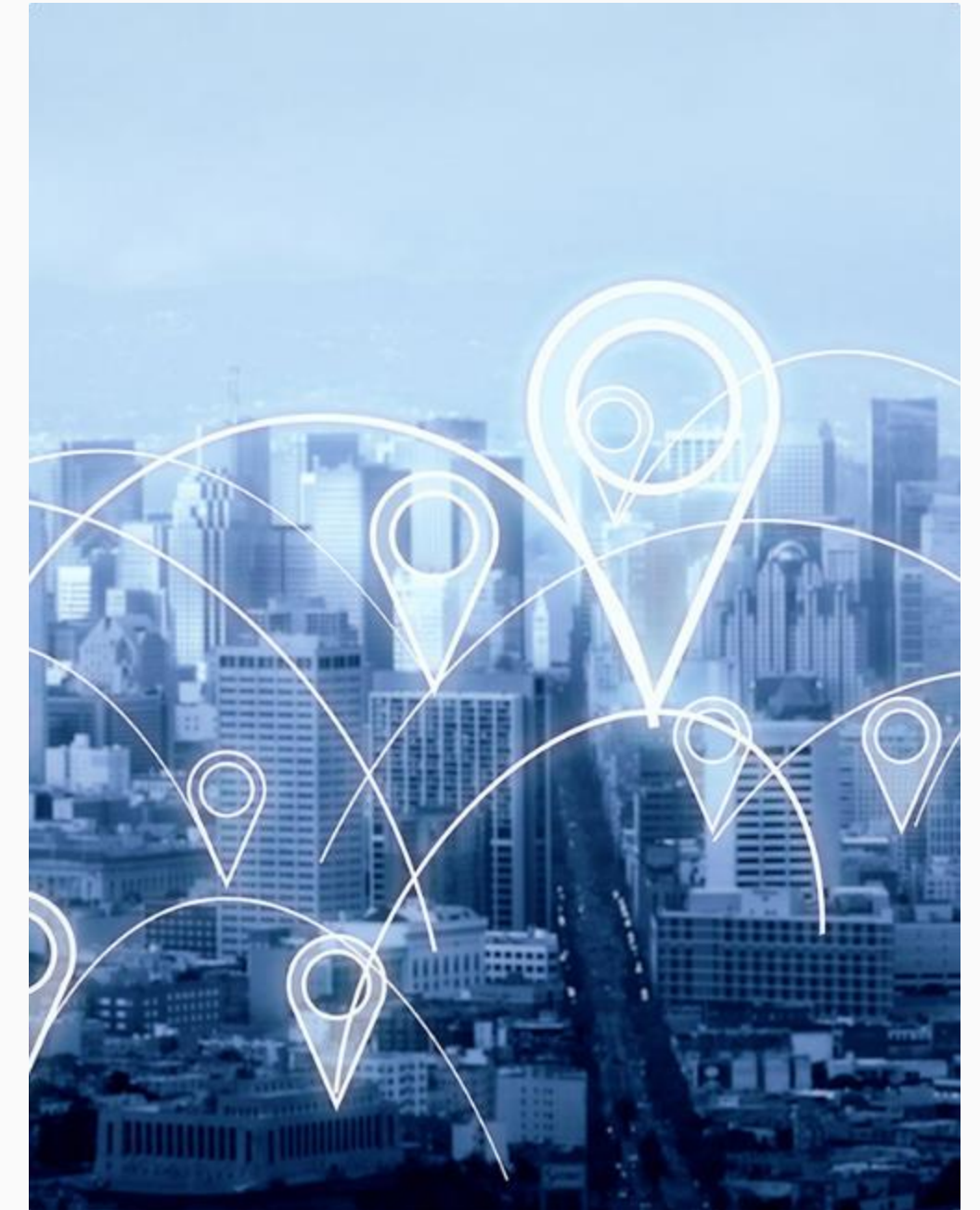
Program Engagement/ Pathways to Patient Acquisition

Leveraging Specialized Programs and Referral
Networks for Optimal Patient Growth



Specialized Programs

Implementing specialized programs like Executive Health enhances patient engagement by offering tailored health assessments and personalized care plans that meet unique needs.



Referral Networks

Developing strong domestic and global referral networks with healthcare providers can significantly boost patient acquisition, ensuring a steady influx of new patients through trusted recommendations.

Process Readiness for A Seamless Experience

Streamlined Systems for Enhanced Patient Experiences



Streamlined Patient Journey

Implement integrated systems that facilitate smooth transitions across various stages of care, minimizing disruptions and enhancing patient satisfaction.

Be Flexible

Develop adaptable protocols that allow care teams to swiftly address unforeseen patient requirements, ensuring timely and effective care delivery.

Multi-Channel Communication for Enhanced Engagement

Telecommunication Channels



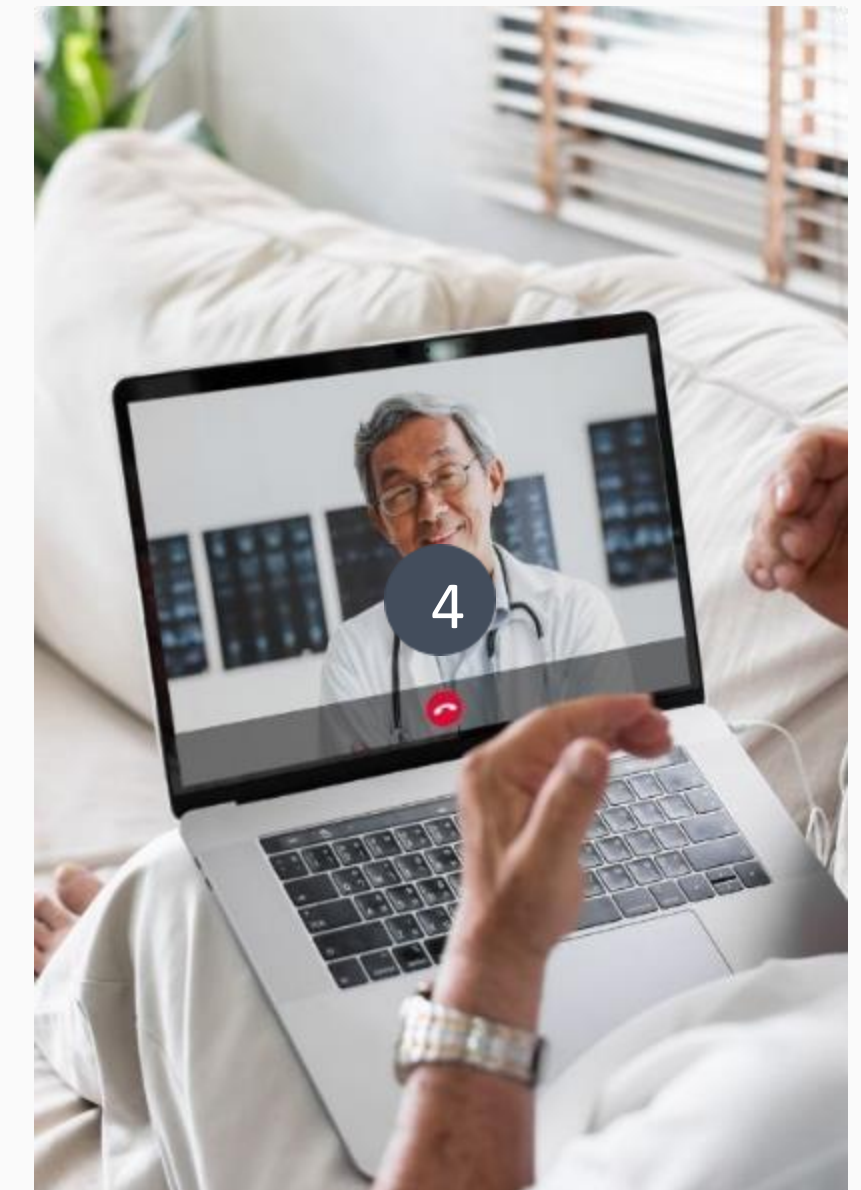
Digital Channels



In-Person Communication



Telehealth Platform



THANK YOU!

1

International Patient
Program Development or
Enhancement

2

Patient Referral & High
Touch Concierge

3

Comprehensive Global
Care Coordination
365/24/7

4

International Strategy,
Business Development &
Partnerships

5

Healthcare Advisory
Services, Training and
Global Health
Accreditation Readiness

Q & A

Questions?

Navigating the Changing Landscape of the Global Patient Experience

Erin Mulpur, MPH
System Director
Global & Platinum Patient Services



Setting the Stage





Services for Patients

Scheduling
and intake

Represent
the patient

Finance



- **Chairman Department of Infectious Diseases, Houston Methodist**
- **Medical Director and Senior Advisor for the Global Services Department, Houston Methodist**
- **Professor of Clinical Medicine & Medical Faculty, Weil Cornell Medicine**
- **Professor of Medicine, HM Institute for Academic Medicine**
- **Past President of the Infectious Diseases Society, Houston & Texas Chapters**

35
YEARS OF
EXPERIENCE

DR. VICTOR FAINSTEIN, FACP, FIDSA

MEDICAL DIRECTOR EXCLUSIVELY FOR GLOBAL PATIENT SERVICES

REVIEWS



Reviews all international referrals to HMH

ASSIGNS



Assigns most appropriate specialist

FACILITATES



Facilitates appointments when needed

CONTACTS



Stays in close contact with attending physician

VISITS



Visits international patients admitted to the Hospital

ASSISTS



Assists with issues and/ or family concerns

FACILITATES



Facilitates coordination of care with other specialties as needed

INTERACTS



Interacts with insurance company medical directors as needed.

EDUCATES



Educates all new physicians regarding HMG objectives, values, and services

CHAIRS



Chairs System Leadership council facilitating care at all HM institutions

GUIDES



Co-chairs the Language Council to help guide patients on their own language

Vision for the future

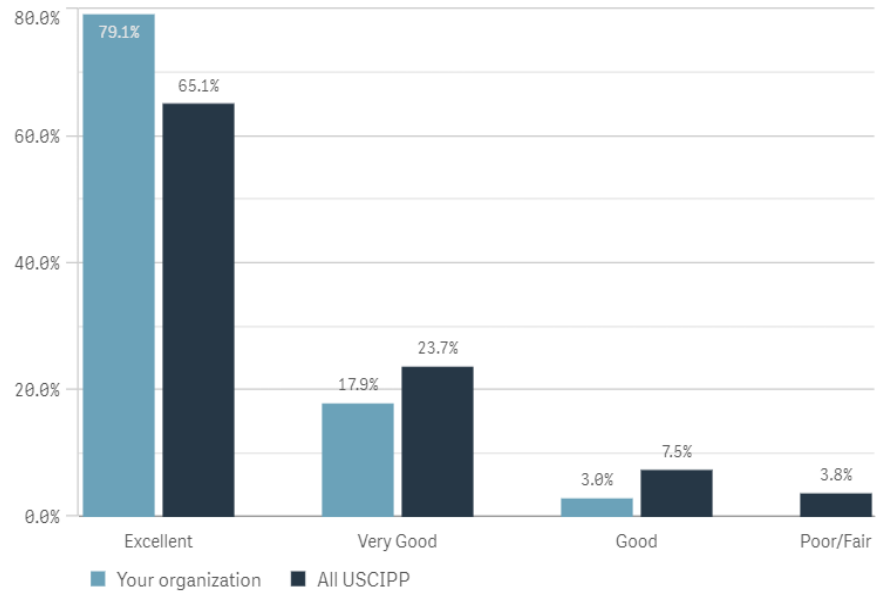
Houston Methodist Global & Platinum Patient Services

- Enhance facilitated access
- Align with center of innovation
- Employee growth, enhancement and advancement
- Automation and efficiency
- Patient experience all day everyday!

Care Team

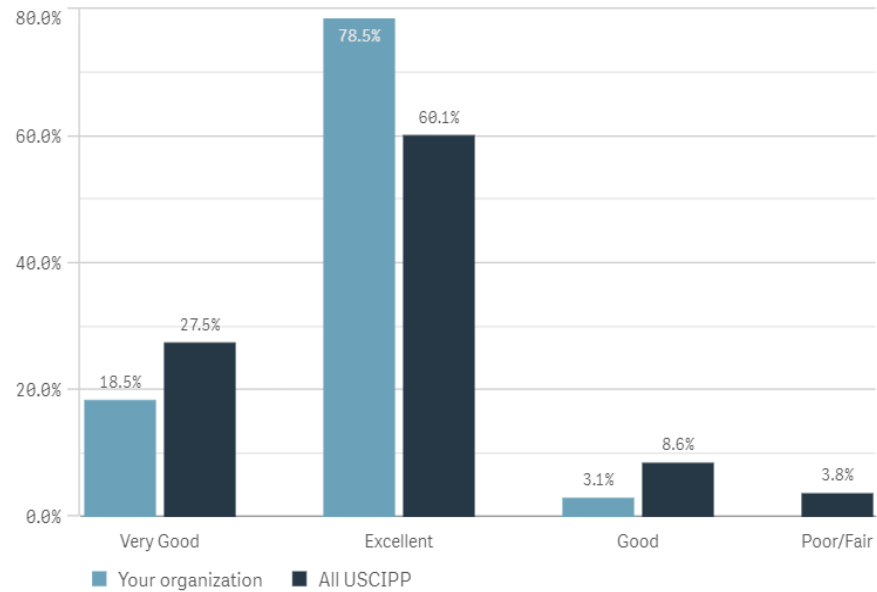
Rating of the care team's courtesy and respect

N = 67 organizational survey responses and N = 1,302 total USCIPP survey responses



Rating of the care team's listening

N = 65 organizational survey responses and N = 1,292 total USCIPP survey responses

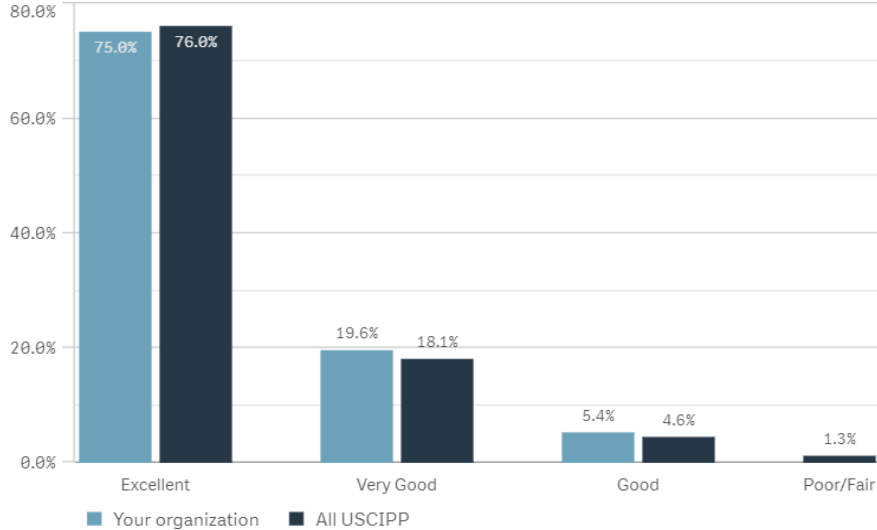


2024

Increase in excellent rating of **4% YOY** on care teams courtesy and respect. Increase in excellent rating of **5 % YOY** in care teams rating of listening.

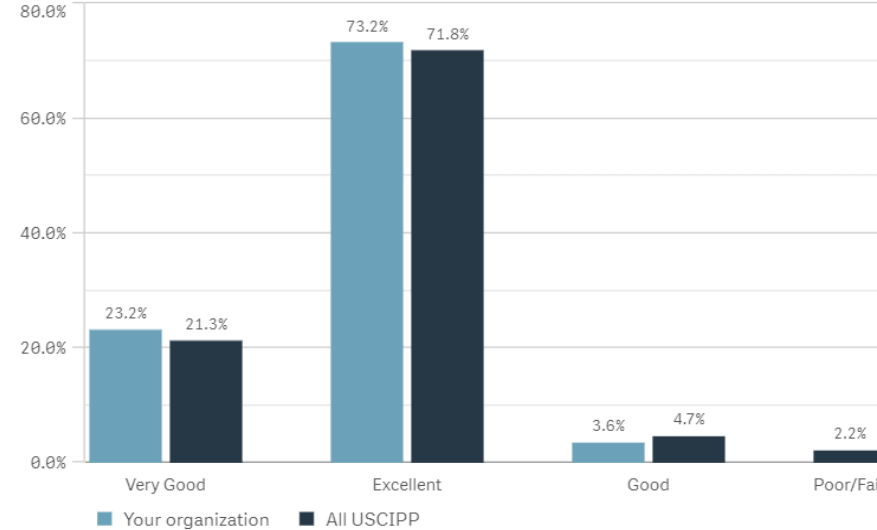
Rating of the care team's courtesy and respect

N = 56 organizational survey responses and N = 1,555 total USCIPP survey responses



Rating of the care team's listening

N = 56 organizational survey responses and N = 1,539 total USCIPP survey responses



2023

Data Source: USCIPP Qlik

How did we increase our Care Team scoring?

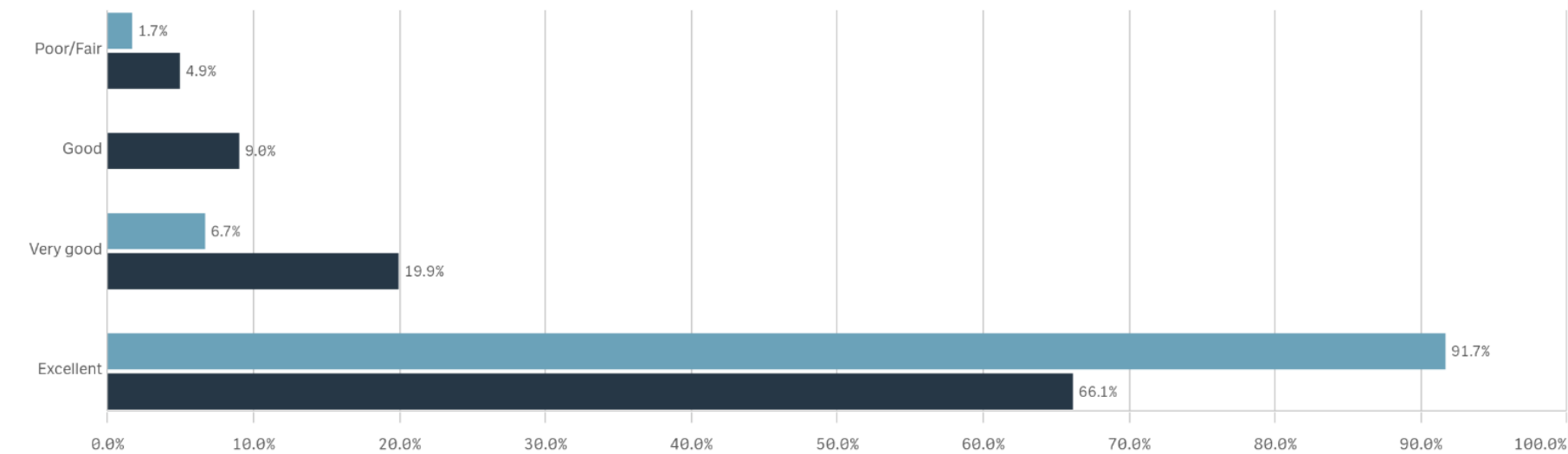
- ✓ Structured orientation and onboarding
- ✓ Professional development and coaching of all staff
- ✓ Continued reinforcement and focus on metrics



Care Team

Staff friendliness and courtesy

N = 60 organizational survey responses and N = 1,255 total USCIPP survey responses

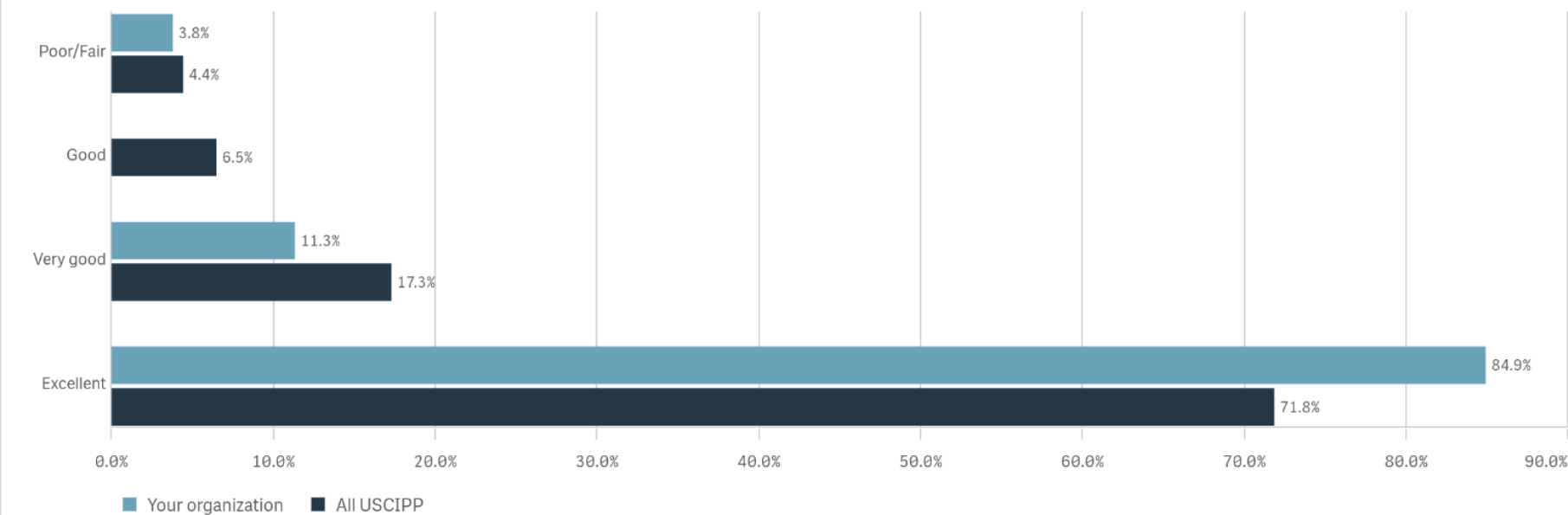


2024

Increase in excellent rating of **7% YOY** on care teams friendliness.

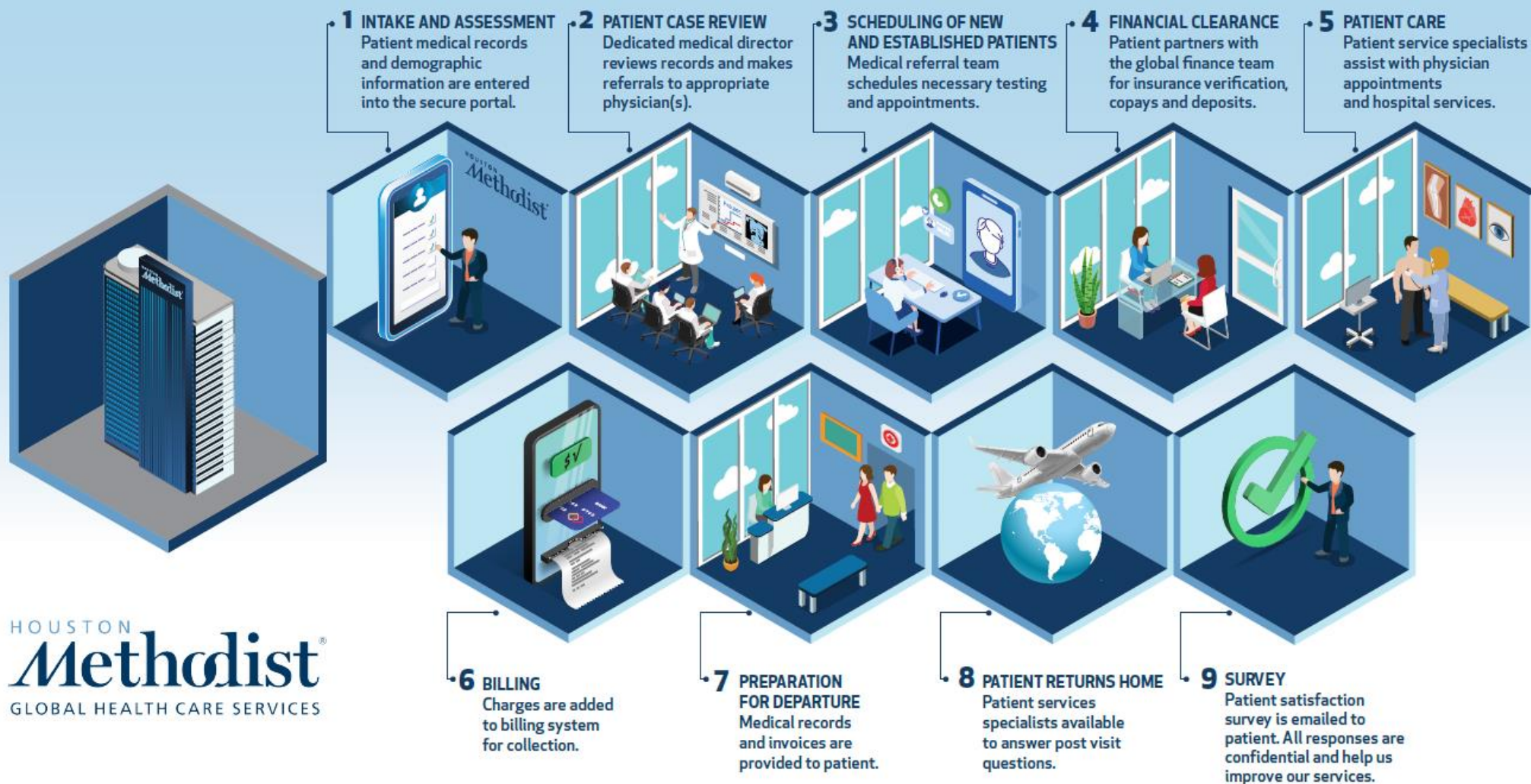
Staff friendliness and courtesy

N = 53 organizational survey responses and N = 1,406 total USCIPP survey responses



2023

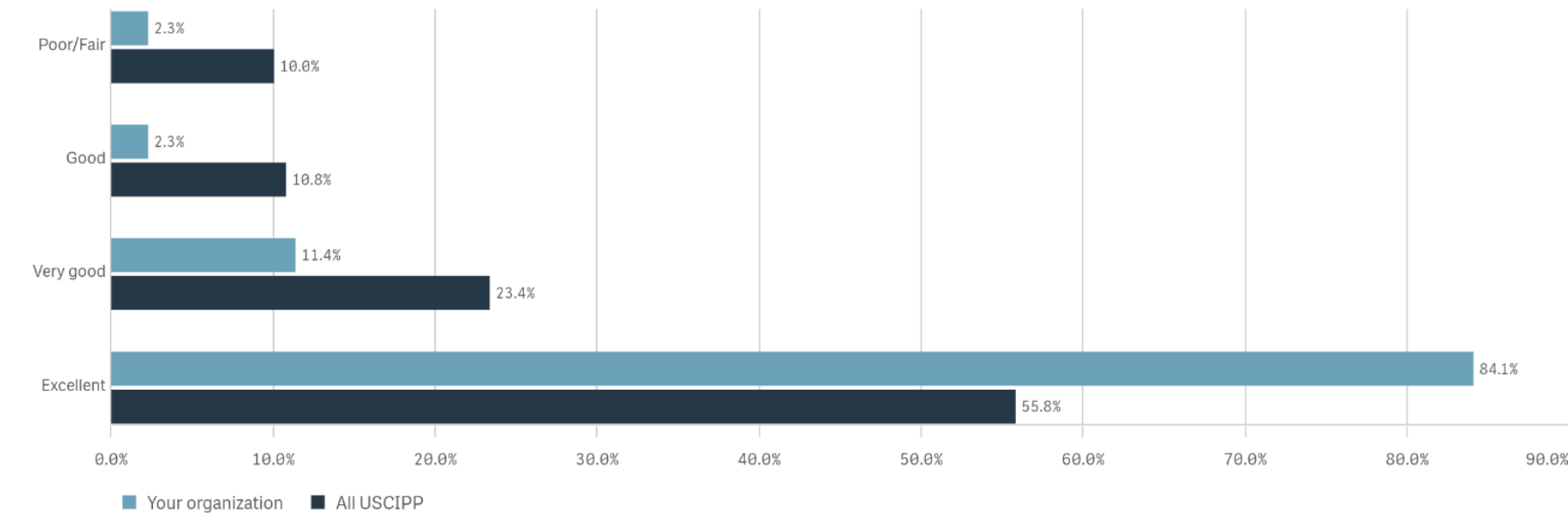
Global Patient Journey



Access

Ease of access/ability to make an appointment

N = 44 organizational survey responses and N = 1,067 total USCIPP survey responses

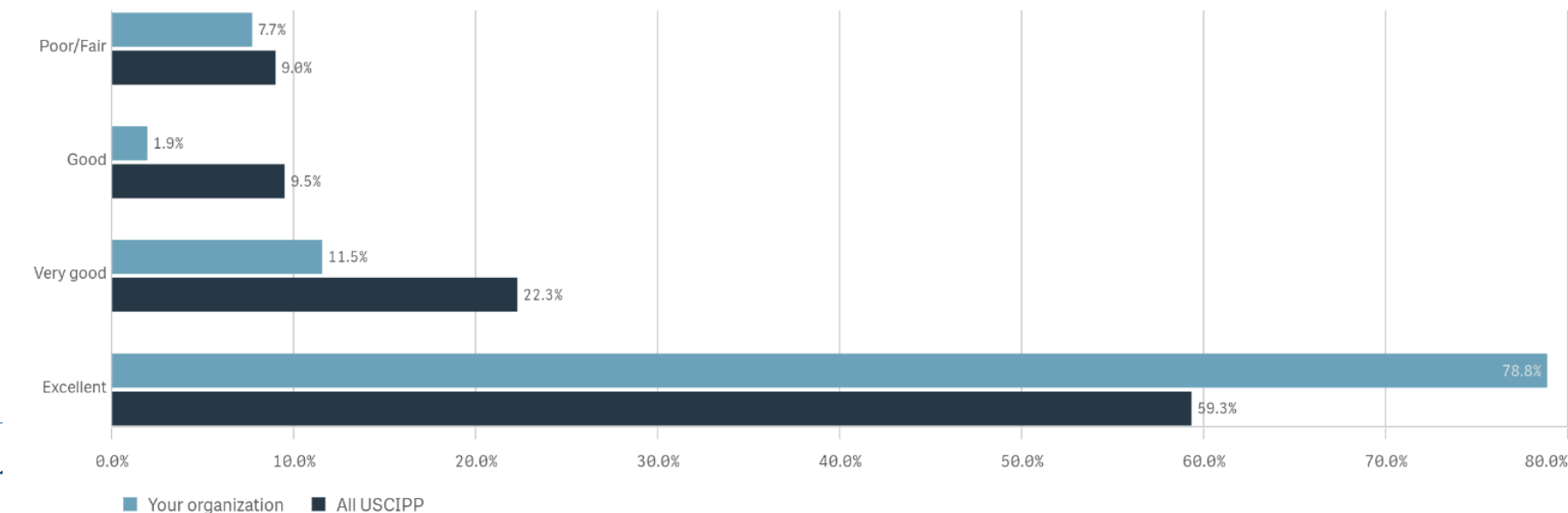


2024

Increase in excellent rating of **5% YOY** on ease of access and ability to make an appointment.

Ease of access/ability to make an appointment

N = 52 organizational survey responses and N = 1,393 total USCIPP survey responses

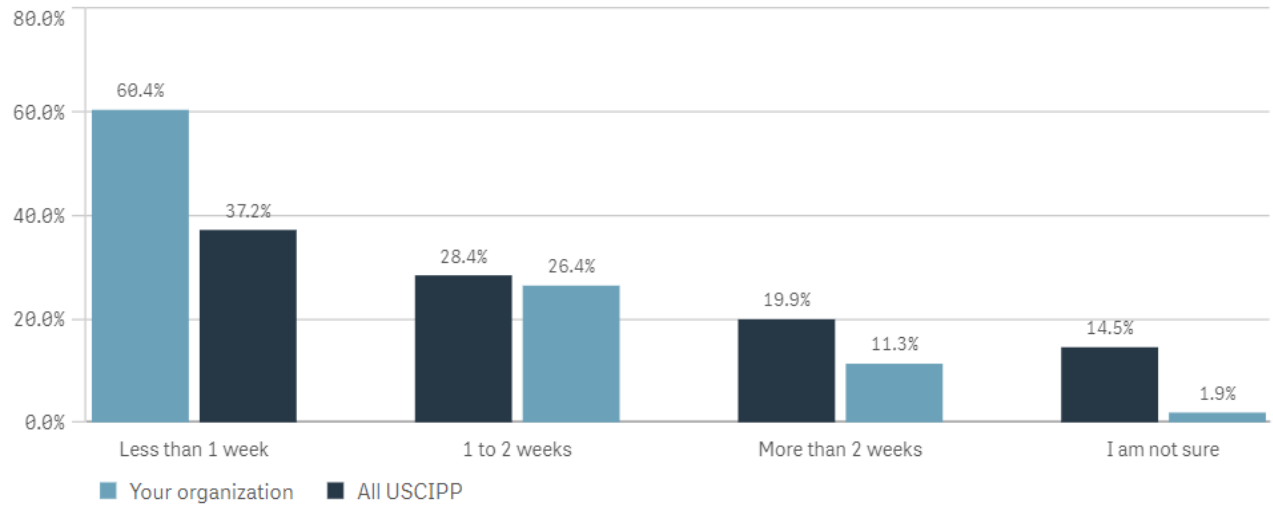


2023

Access

Length of time the patient had to wait for an appointment confirmation

N = 53 organizational responses and N = 1,130 total USCIPP responses



Average length of time for appointment confirmation

N = 53 organizational responses and N = 1,130 total USCIPP responses

1.51.79
Overall USCIPP avg

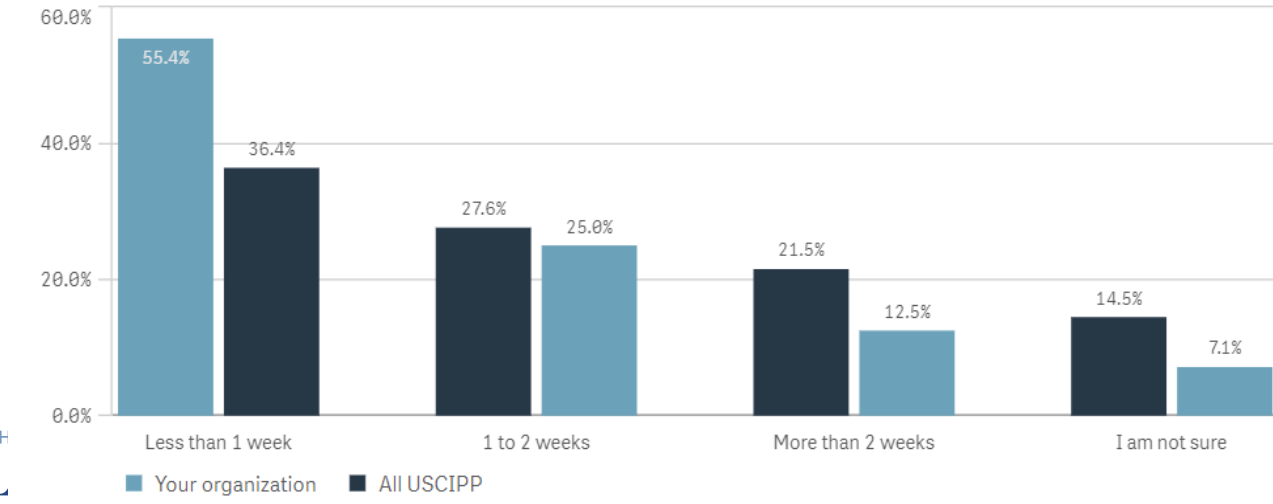
Respondents are asked about the length of time the patient had to wait for an appointment confirmation; the lower the score, the shorter the wait time. Respondents that said 'I am not sure'

2024

Increase by 5%
YOY on length
of time the
patient waited
for an
appointment
(less than 1
week).

Length of time the patient had to wait for an appointment confirmation

N = 56 organizational responses and N = 1,561 total USCIPP responses



Average length of time for appointment confirmation

N = 56 organizational responses and N = 1,561 total USCIPP responses

1.541.83
Overall USCIPP avg

Respondents are asked about the length of time the patient had to wait for an appointment confirmation; the lower the score, the shorter the wait time. Respondents that said 'I am not sure'

2023

How did we increase our Access scoring?

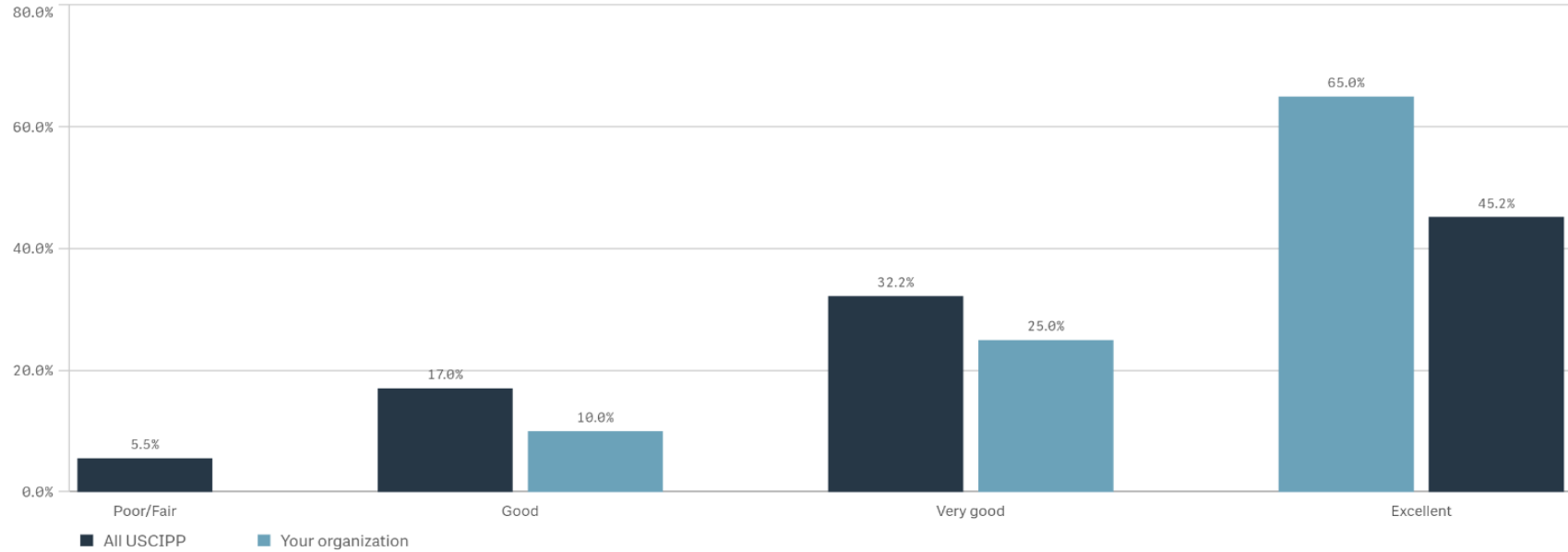
- ✓ Strategic partnership with physicians and system access
- ✓ Dedicated slots for critical ancillary services
- ✓ Direct scheduling access for certain key services
- ✓ Structured process for admissions



Cultural Understanding

Rate the hospital staff's understanding of cultural and religious preferences

N = 40 organizational responses and N = 869 total USCIPP responses

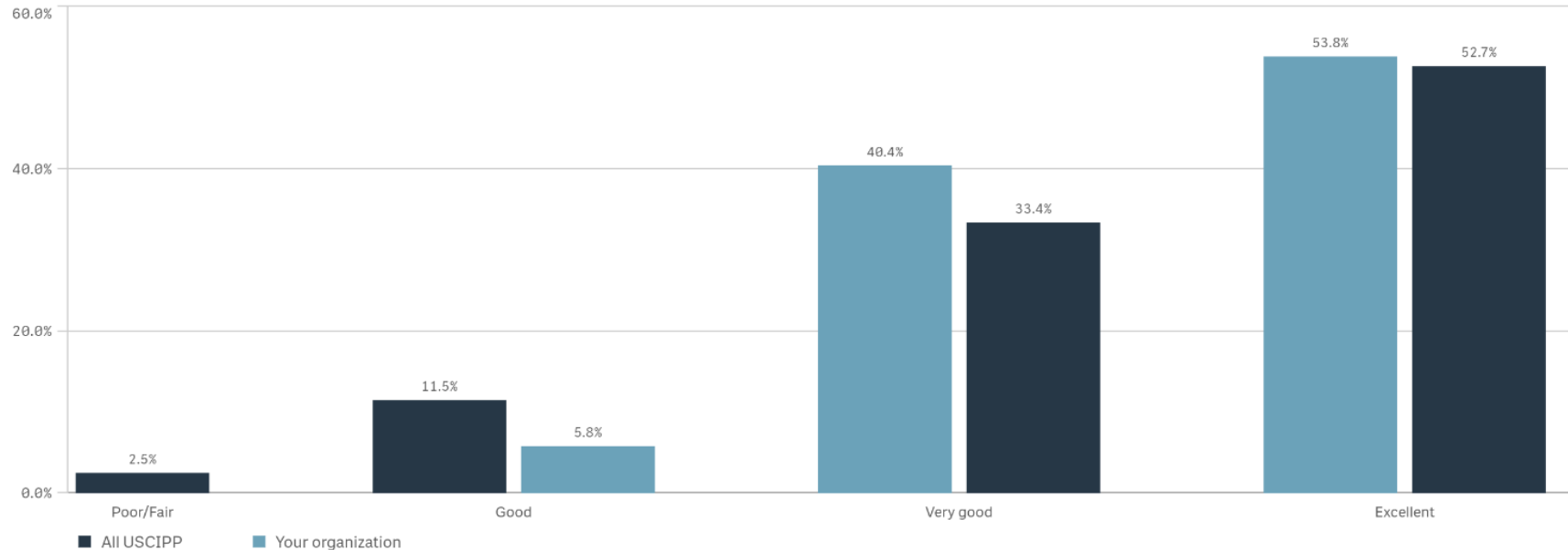


2024

Increase in excellent rating of **11% YOY** on hospital rating for cultural and religious preferences.

Rate the hospital staff's understanding of cultural and religious preferences

N = 52 organizational responses and N = 1,168 total USCIPP responses



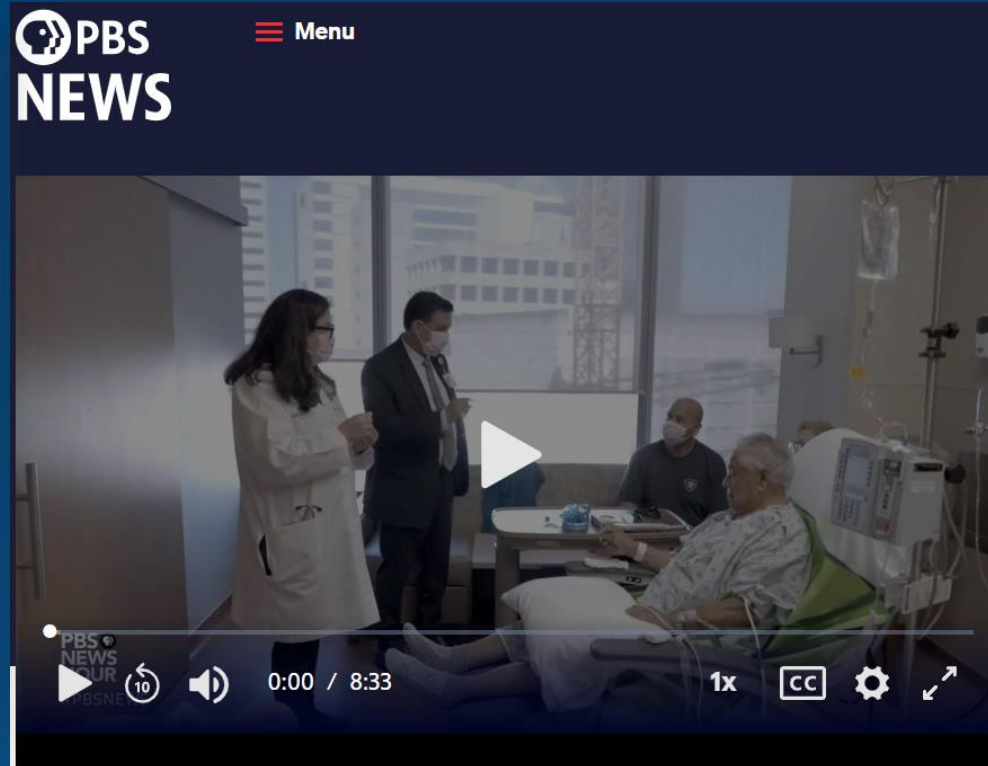
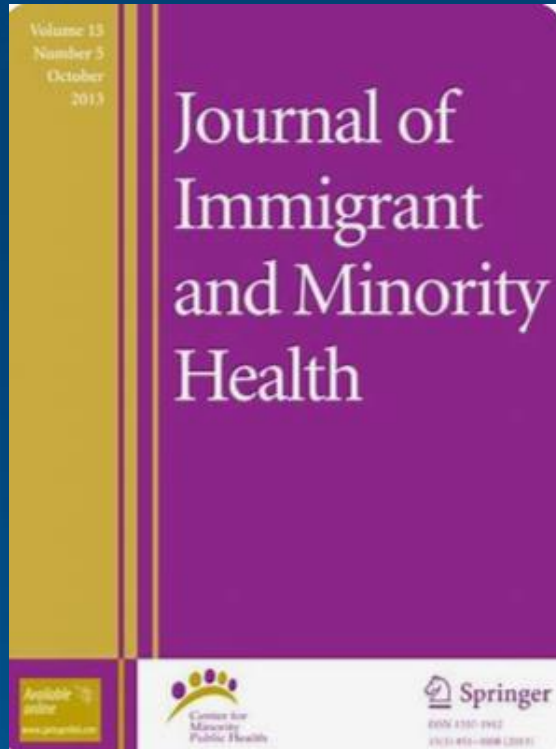
2023

How did we increase our Cultural Understanding scoring?

- ✓ Development of Language Assistance Council
- ✓ Expansion of language services
- ✓ Continued awareness: Publication, panel interviews
- ✓ Putting our patients at the center



Creating a culture of support

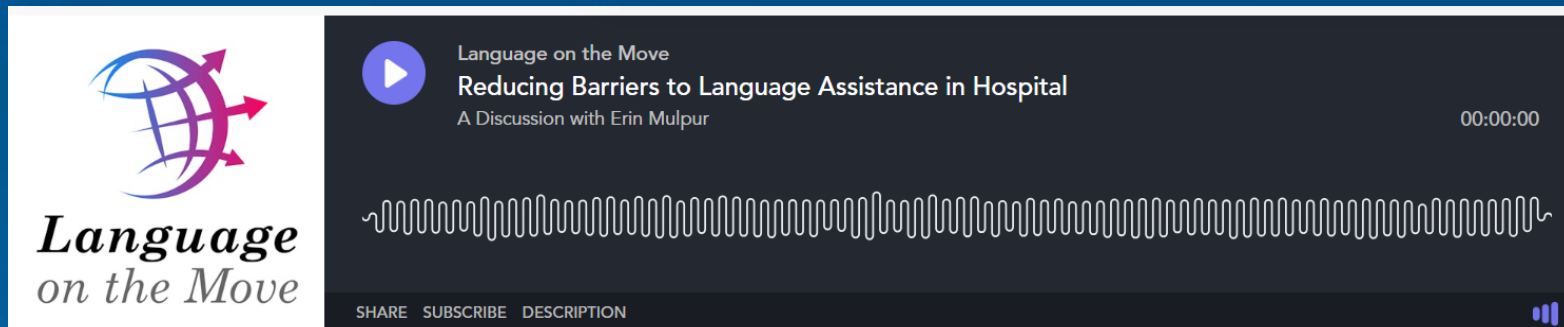


Global Health and Belonging: Erin Mulpur's Journey from Montana to Houston Methodist



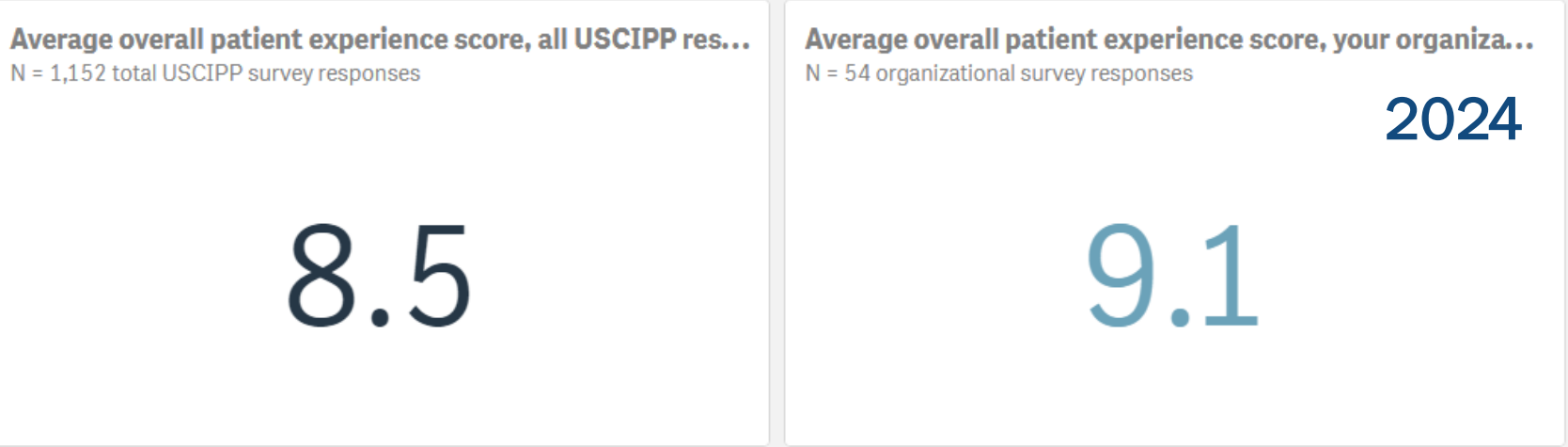
LOST IN TRANSLATION?

OPPORTUNITIES & CHALLENGES IN PROVIDING INTERPRETATION FOR PATIENTS



Overall Patient Experience Scores

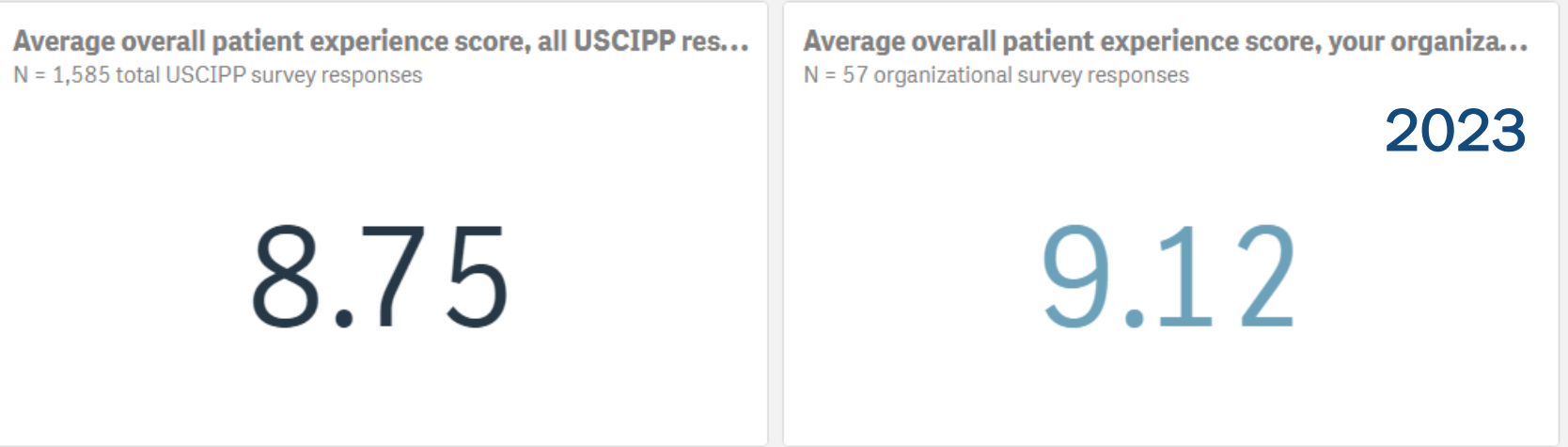
Overall patient experience scores



The overall patient experience score is calculated based on respondents' answers to 15 questions. Each respondent's score accounts for questions answered by respondents (e.g., if a respondent did not answer two questions, then the maximum number of points possible is adjusted to reflect these non-responses). The total score is calculated on a scale of 0 to 10.

Scores are then grouped into buckets (called the **overall score group**) for the purpose of filtering the data in the dashboard:

- A score under 5 is categorized as "Poor"
- A score greater than or equal to 5 but less than 7 is categorized as "Fair"
- A score greater than or equal to 7 but less than 8 is categorized as "Good"
- A score greater than or equal to 8 but less than 9 is categorized as "Very Good"
- A score greater than or equal to 9 is categorized as "Excellent"



THANK YOU!!



LEVERAGING CULTURAL INTELLIGENCE & AI FOR LATIN AMERICAN MARKETS

SHAPING THE FUTURE OF DESTINATION MEDICINE



National Center for Healthcare Leadership

2024 USCIPP Annual Meeting

Presented by: Natasha Pongonis
December, 2024

LATIN AMERICAN CULTURAL LANDSCAPE



Cultural Diversity and Richness

Influential Indigenous Cultures

Key Languages:
Spanish, Portuguese

Healthcare System Variations



A woman with brown hair, wearing dark sunglasses and a green patterned top, is smiling and looking slightly to her right. She is standing in front of a row of colorful buildings with red, blue, and yellow facades. The background is slightly blurred, emphasizing the woman in the foreground.

UNDERSTANDING THE AFFLUENT LATIN AMERICAN PATIENT

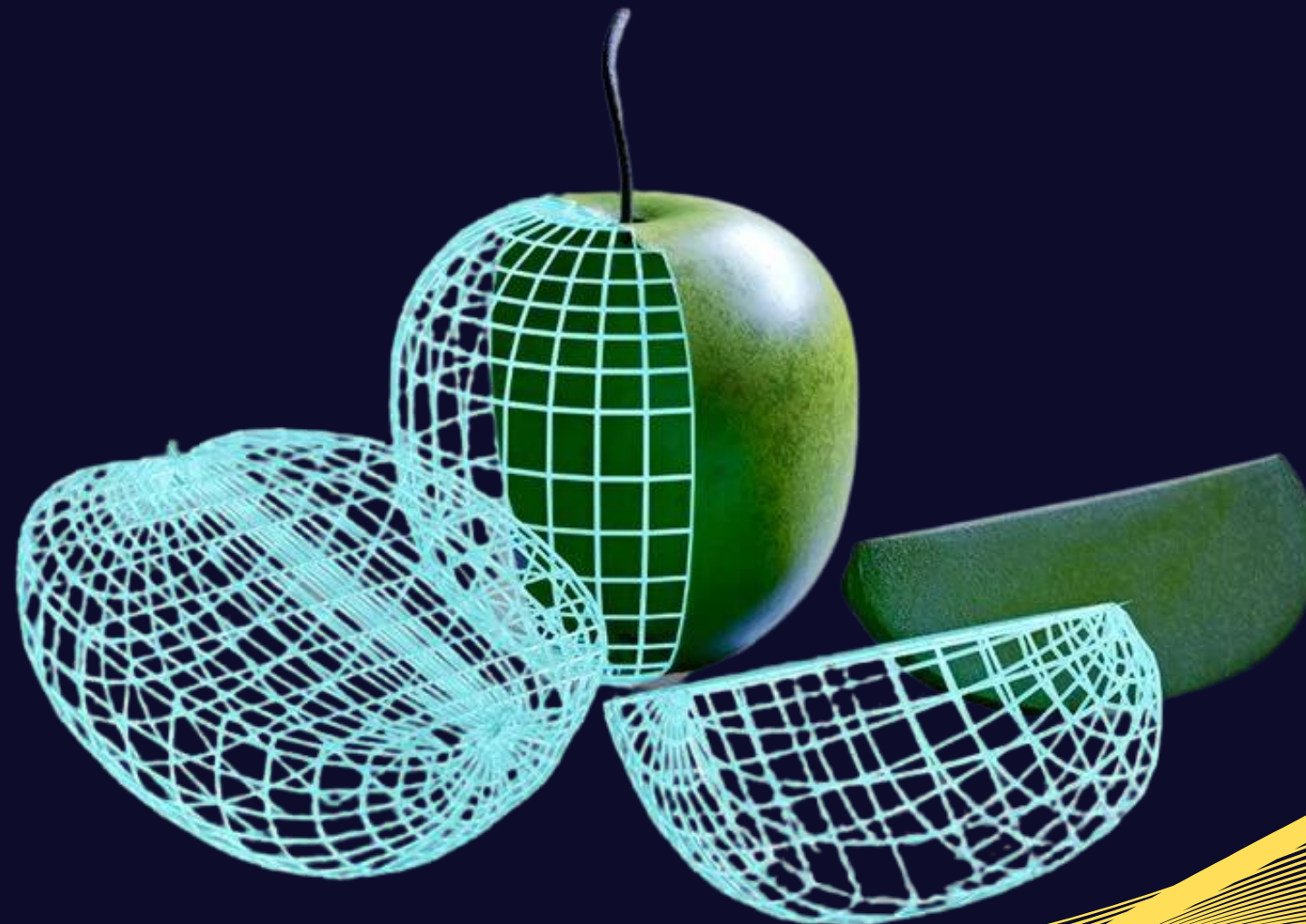
WHAT IS ARTIFICIAL INTELLIGENCE?



Artificial intelligence (AI) is like allowing computers *to learn and act like humans* in some ways.

Generative AI refers to AI systems that can **create new data or content** like images, text, video, or music. This new content is not a direct copy of the input data but rather **new creations based on the patterns and characteristics** learned during training.

- Diagnostic assistance
- Remote patient monitoring
- Enhanced telemedicine
- Image analysis
- 27/4 assistance



CULTURAL INTELLIGENCE & AI

Underlying factors that influence behavior, performance & outcomes.

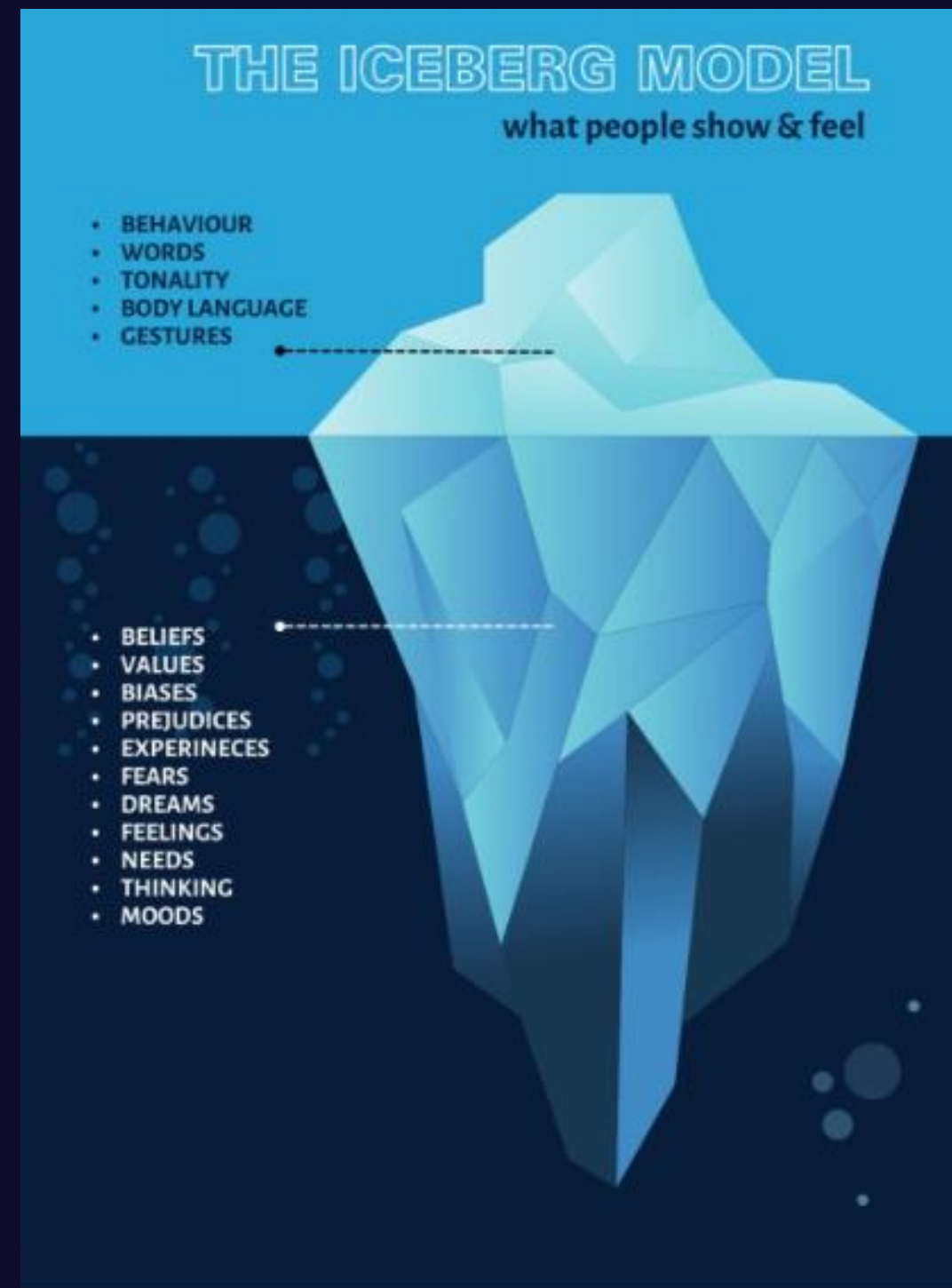


Personalized Marketing
cultural values

Cultural Competence Training
improve patient experience

AI-Driven Strategies
Track the pulse of trends

Foster public trust



Observable

Non-Observable

CUSTOMER PROFILE IDENTIFICATION (ICP)

Utilizing AI-driven data analytics to create detailed ICPs for each target country



In-Culture and In-Language:

ICP helps businesses understand the characteristics, behaviors, and pain points of their target market.

Q: How do you reach and market your services to targeted audiences?

Q: How do you incorporate telemedicine preferences into patient profiles?



STEPS FOR ICP DEVELOPMENT



Example Countries:

- Colombia
- Ecuador
- Dominican Republic
- Costa Rica
- Peru
- Panama

Considerations:

- **Segment by Region & Socio-Economic Class:** e.g. upper class, and tech-savvy vs. offline audiences.
- **Cultural Sensitivity Testing:** Conduct big data analysis and focus groups in each country to refine messaging.
- **Leverage Local Expertise:** Partner with in-country consultants or agencies for insights for empathy interviews.
- **Iterative Localization:** Adapt language, visuals, and emotional appeals for each market.

ICP & SOCIO-ECONOMIC REALITIES



Colombia

Dominican Republic

Peru

Regional Identity

Indigenous influence blended with European elements

Afro-Caribbean identity, with pride in music and dance.

Strong Inca heritage with regional pride in gastronomy

Cultural Traits

Emphasis on family, education, and upward mobility.

Focus on music, celebrations, and social connections.

Aspirational outlook in urban areas. Pride in heritage & food

Language Nuances

Formal Spanish in business settings with regional slang.
"Usted"

Informal and expressive tone combined with regional slang.
"Tu"

Formal Spanish with Quechua influences and regional slang
"Señor", "Señora"

Tech & Social M

High smartphone and internet penetration. LinkedIn is growing
WhatsApp & Meta

Radio is key. Growing use of smartphones, limited internet access.
WhatsApp

Growth e-commerce; TV and social media,
WhatsApp & Meta

Business Settings

Interactions are formal, hierarchical, and relationship-oriented.

Business culture that is informal, expressive, and relationship-oriented.

Business culture tends to be conservative and relationship-oriented.

PATIENTS MOTIVATION ANALYSIS



AI-powered sentiment analysis of social media, online forums, surveys and epathy interviews to uncover healthcare motivations

AI-Powered Sentiment Analysis:

Identify patterns and trends in patient sentiment

Data-Driven Business Decision-Making:

Personalized care, resource allocation, and policy changes.

Cultural Value Mapping:

How cultural values influence healthcare decisions.



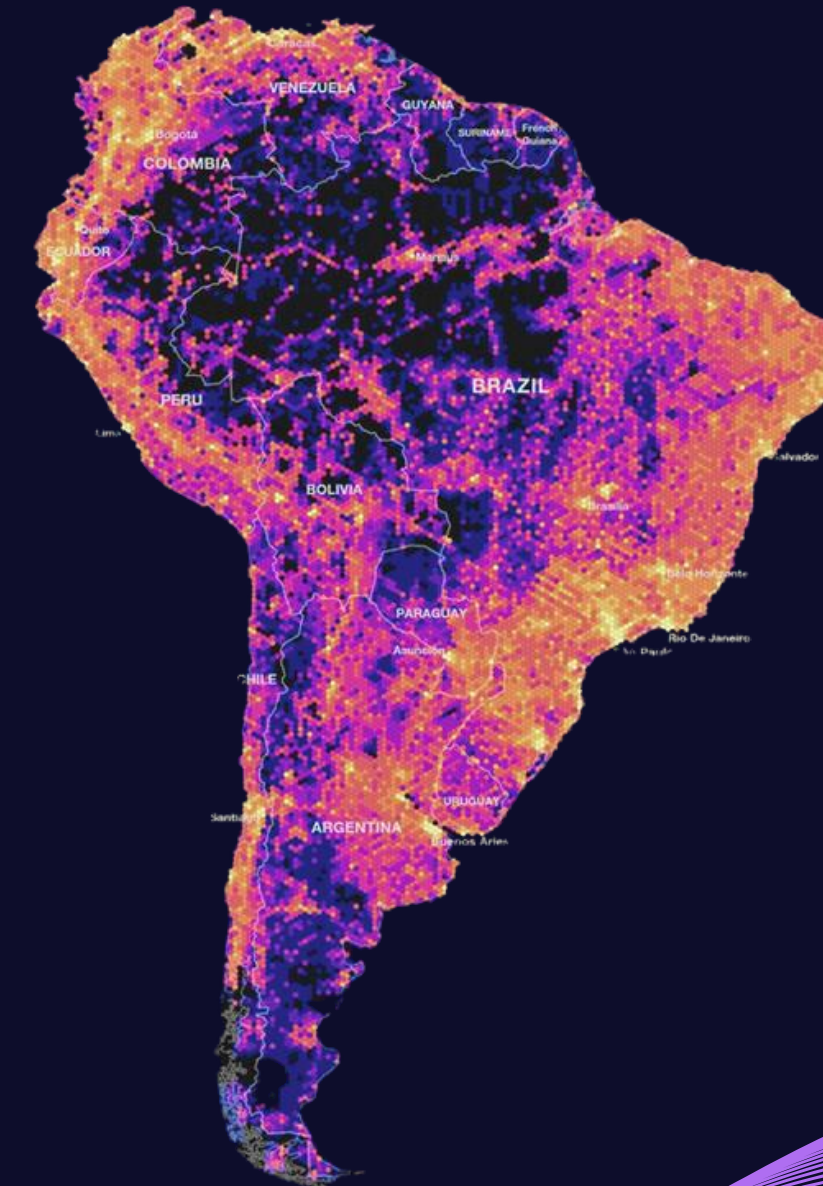
REAL-TIME CULTURAL & HEALTH TRENDS



AI-Driven Trend Forecasting for Emerging Healthcare Preferences in Latin America.

Natural Language Processing to analyze local media and public discourse.

Real-Time Data Analysis to identify cultural shifts and health concerns in real-time for agile marketing strategies.



INNOVATIVE MARKET DYNAMICS

AI-ENHANCED MARKET ANALYSIS



Leverage Machine Learning Algorithms for predictive market modeling in Latin America

Big Data Utilization to identify untapped market segments and cultural niches

AI-Driven Competitor Analysis to discover partners and positioning strategies



STRATEGIC PARTNER IDENTIFICATION



AI-driven partner matching based on cultural alignment and market synergies.

Policy integration for secure, transparent partnerships with local healthcare providers

Identifying complementary services and technologies for comprehensive care offerings



TAILORED CULTURAL ACTION PLANS

Personalized **Patient Journey Mapping** based on cultural preferences and healthcare needs.

Leverage:

- **Data analytics** to create culturally-adaptive marketing strategies.
- Machine learning for **real-time campaign optimization** and performance tracking.



A photograph of two young Black women smiling and gesturing with their hands. The woman on the left has short, curly dark hair with a yellow and white patterned headband, white beaded face paint around her eyes, and a black top with white star patterns. The woman on the right wears a large yellow headwrap, a pink off-the-shoulder top, white beaded face paint, a white beaded necklace, and a large gold ring. They are standing in front of a red wall.

CULTURALLY INTELLIGENT CAMPAIGN EXECUTION

CULTURALLY-NUANCED CONTENT



Natural language generation for **culturally nuanced content** in Spanish and English.

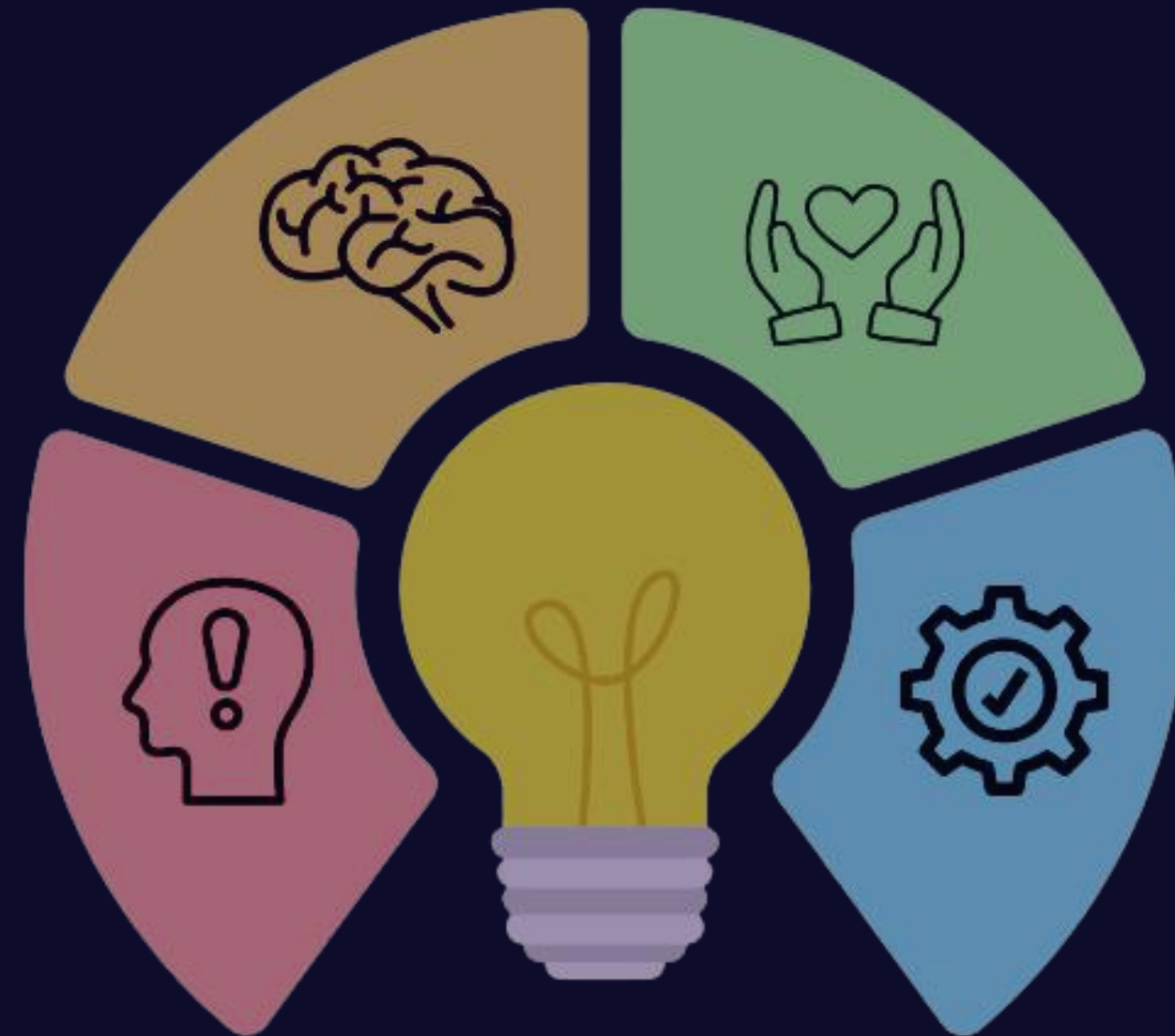
- **AI-driven A/B testing** to ensure cultural resonance and effectiveness.
- Use **transcreation and localization** for efficient multi-market content deployment.



PRECISION DIGITAL MARKETING

Hyper-targeted campaigns in Latin America can be further enhanced by leveraging AI to analyze patient behavior and preferences.

- AI-powered **programmatic advertising**
- **Cross-cultural SEO optimization** to improve online visibility
- Crisis management tailored to **cultural sensitivities and local contexts**



CULTURAL SENSITIVITY AND ETHICAL CONSIDERATIONS

Maintain **ethical standards and cultural sensitivity** while adopting innovative technologies in their communication strategies.

- Transparency and data privacy
- Language and visual sensitivity
- Diverse teams, dataset and expertise



KEY TAKEAWAYS



1

AI-Powered Cultural Intelligence

Leverage AI to understand and cater to LATAM's diverse cultural nuances and healthcare needs.

2

Personalized Patient Journeys

Create tailored experiences aligned with cultural values, family dynamics, and local customs.

3

Family-Centered Care

Recognize and integrate family involvement in Latin American healthcare decisions.

4

Data-Driven Decision-Making

Utilize analytics to optimize marketing, improve outcomes, and enhance efficiency.

5

Ethical AI and Data Privacy

Prioritize ethical practices and ensure patient data security

6

Sustainable Partnerships

Build strong, lasting relationships with local healthcare providers and stakeholders

THANK YOU



Natasha Pongonis CEO &
Co-Founder

LinkedIn



Website: www.envisifygi.com

www.natashapongonis.com

Email: info@envisifygi.com

Financial Best Practices for International Patient Programs

December 5, 2024



Panelists



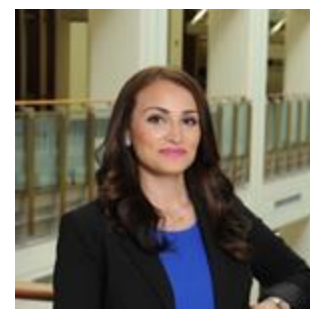
Adam Leach
Regional VP, Healthcare
Flywire



Phil Lord
Enterprise Senior Director,
Revenue Cycle
Mayo Clinic



Ashraf Kabil
Exec Director, Finance
International Health
Cedars Sinai



Vicky Ochoa
Mgr, Intn'l Finance
UChicago Medicine
University of Chicago

What are the primary differences in A/R collection practices between embassy-referred patients, commercial patients and self-pay international patients?

What are the most effective strategies for optimizing revenue collections while keeping patient satisfaction high in international programs, like embassy, commercial or self-pay?

And how do you balance between competitive pricing for international patients and ensuring financial sustainability for the hospital?

What are some effective strategies for minimizing A/R delays and improving collection rates for international patient accounts?

What are the primary considerations when preparing cost estimates for a self-pay patient? How do you ensure accuracy to the patient?

How do you factor in potential complications or medical emergencies when preparing cost estimates for patients?

What are some strategies to ensure that patients from embassies and those who come directly understand the breakdown of their financial obligations?

How do you measure the financial success of international patient programs?