CHALLENGE REPORT

REIMAGINE SERIES

PYXERA Global

ABOUT THE

Reimagine Series

For 30 years and in over 100 countries, PYXERA Global has executed complex, multi-stakeholder programs to address systemic challenges. Our programs bring the private sector into under-resourced communities around the world to build resiliency, access, and capability. Through our **Global Pro Bono (GPB) practice**, we design and execute human capital initiatives that offer opportunities for corporate employees to leverage their professional skills to tackle challenges aligned to their company's social impact strategy.

The year 2020 was an unprecedented year for communities around the world and for social sector organizations like ours. As we watched how already fractured systems were being further stressed at the height of COVID-19, we were forced to reevaluate how we meet our mission and show responsiveness in a pandemic context. An answer came through our mantra of 'listening with empathy,' an approach that has always provided the foundation for some of our most complex and successful partnerships.

As the pandemic was showing no signs of abating, we connected with our network of organizations to find out how their work was being impacted and whether a global pro bono partnership was even feasible given day-to-day challenges. What we heard was an overwhelming sense of interest and openness, not only to examining those fractured systems and being better prepared for the future, but also to innovation coming from the private sector.

At the same time, we found that our corporate partners were committed to their responsibility to address the pandemic and exploring how best to make an impact. Alongside generous donations to some of the hardest hit regions, these companies had another key asset: their global employees. While COVID-19 was turning lives upside down, employees' desire to contribute was heightened. And yet, many of the opportunities to support communities in-person were coming to a complete halt.

After this period of listening, there was a clear sense that working together was even more important and urgent, and in a matter of weeks, the **Reimagining Community Health Systems Challenge (RCHS Challenge)** was born. Four companies would have some of their brightest minds create solutions to address a pressing health challenge.

HOW IT WORKS

POSE COMPLEX CHALLENGE
Anchor Partner poses a complex challenge or systemic issue.

IDEATE SOLUTIONS
Teams of employees collaborate to develop an innovative solution.

SELECT WINNING IDEA
A panel of distinguished judges selects the winning idea.

EXECUTE THE SOLUTION
The Anchor Partner receives this plan and seed funding to accelerate the solution.

Click on the screen to learn more about the Reimagine Series

ABOUT THE

Reimagine Series

Both the National Association of Community Health Centers (NACHC), America's voice for community health care, and the Iowa Primary Care Association (Iowa PCA), whose vision is 'health equity for all,' posed a systemic issue that they were facing in the time of COVID-19: **the challenge and promise of telehealth.**

With 104 million visits annually, community health centers provide comprehensive health care in urban, rural, and frontier locations, serving anyone who walks through their doors, including the homeless, veterans, migrant farm workers, and the approximately eight million children who do not have insurance in the U.S. Community health centers throughout the US are often lacking telehealth capabilities, which enable doctors and nurses to distribute health-related services through digital technology. Telehealth allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, monitoring, and remote admissions. In the wake of COVID-19, telehealth is critical to providing care to individuals and vulnerable communities who cannot access health centers in person.

No strangers to applying business acumen to social sector challenges, our lead corporate partners, **Medtronic Foundation** and **SAP**, recognized the impact this collaborative competition could have on the health of Iowans and issues of inequity across the U.S. In working towards better health outcomes for some of the most vulnerable populations through telecommunication technologies, a medical technology company and a software corporation (and their talented staff) could not have been a better match. Medtronic Foundation and SAP joined us early on as **Challenge sponsors** to refine this new model for engagement and make it a reality. They were joined by **BD** and **Celanese**, who offered their employees this opportunity to work together with other companies on telehealth solutions. This partnership resulted in a one-month Challenge, where multi-company teams engaged with diverse stakeholders across the country to understand the current telehealth landscape and build out a plan forward for NACHC and Iowa PCA. Teams worked virtually to discover, ideate on solutions, and then deliver a final plan, all while balancing their normal workload. After an exciting pitch session, a panel of judges chose a winning solution, which the Anchor Partners are now refining.

We are incredibly excited to share this **interactive report** with results from the first Challenge in the Reimagine Series. It includes insight into some of the unique challenges faced by these Anchor Partners in the healthcare realm, and of course the **winning solutions** that closely considered all those challenges. If you find yourself fatigued by reading on a computer screen these days, we recommend listening to the partners and participants in their own words on pages 21 and 23. Regardless of where your interests lie, there is value in hearing about the power of purpose, employee impact, models for positive social impact, and the growing need for telehealth solutions for all. Finally, do not miss out on **"What's Next"** in the final pages of this report, where our Anchor Partners share how and when these solutions will come to life!

The Reimagine Series grew out of a shared understanding that **despite the challenges we face, there are awe-inspiring opportunities to chart a new course** and change our trajectory towards the future that we want. After the success of this first Challenge, we knew that the Reimagine Series was just getting started. Next up, we will look to reimagine economic resilience, education, and more!

We hope this report sparks interest and continued collaboration as we embark on a new year!

HUSNA ALI-KHAN, Reimagine Series Lead, PYXERA Global
ELYSE KING, Reimagine Series Coordinator, PYXERA Global

TABLE OF

Contents

Click on the section titles to navigate through the report!

01 THE CHALLENGE

Partners

ANCHOR PARTNERS

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS (NACHC)

NACHC was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all. Formed by and for community-based health center programs, NACHC is a membership organization and the leading national advocacy organization for Community Health Centers and the more than 28 million patients they serve.

IOWA PRIMARY CARE ASSOCIATION (IOWA PCA)

The Iowa PCA is a nonprofit membership association comprised of 13 community health centers and one migrant health program to enhance the CHCs' capacity to care and create health equity for all. These organizations collectively serve more than 226,000 Iowans each year through almost 800,000 patient visits.

CORPORATE SPONSORS

MEDTRONIC FOUNDATION

The Medtronic Foundation partners to improve health for underserved populations, as well as supports communities where Medtronic employees live and give. It strives to address different needs in different parts of the world by improving health outcomes for underserved populations.

SAP

SAP SE is a multinational software corporation that makes enterprise software to manage business operations and customer relations. Its corporate social responsibility efforts focus on creating a sustainable future for SAP, its customers, and society by balancing people, planet, and profit.

PARTICIPATING COMPANIES

BD

Becton, Dickinson and Company, commonly known as BD, is a multinational medical technology company that manufactures and sells medical devices. It leverages employees' expertise to collaborate with leading nonprofit organizations to address unmet healthcare needs and advance the world of health.

CELANESE

Celanese is a global technology and specialty materials company that works to improve the world and everyday life through its people, chemistry, and innovation. It brings the resources and expertise of its corporation and employees together with local partners to create meaningful, sustained change.

Judges

AARON TODD

Chief Executive Officer

Iowa PCA

RON KEMP

Chairman of the Board

Iowa PCA

JESSICA DALY

Director of Global Health

Medtronic Foundation

ROCKY SUBRAMANIAN

Senior Vice President &
Managing Director, Midwest Region

SAP North America

JASON PATNOSH

Associate Vice President, Partnerships
and Resource Development

NACHC

RACHEL GONZALES-HANSON

Senior Vice President
for Western Operations

NACHC

TIFFANY AQUINO

Senior Manager,
Strategic Initiatives

Medtronic

WALT ELLENBERGER

Senior Director, Healthcare
Business Development and Innovation

SAP North America

01 THE CHALLENGE

Corporate Teams

NACHC

IOWA PCA

🏆 R/EVOLUTION LIFELINE

Kate Herdina, Medtronic

Suzie Moskal, Medtronic

Alejandra Alonso, SAP

Darryl Miclat, BD

Chris Rogers, Celanese

BEYOND BARRIERS

Katherine Prock, Medtronic

Nilima Mehta, Medtronic

Marcelo Teixeira, SAP

Kerri Atkins, SAP

Candela Calvo, BD

🏆 TELE-TRANSFORMERS

Katherine Moore, Medtronic

Jennifer DerHovanesian, SAP

Fouad Sadik, SAP

Nilesh Bodade, BD

Sara Elena Quintero, BD

LUCKY 13

Julieta Alonso, Medtronic

Meghan Taylor, SAP

Lori Paulin, SAP

Leonard Dunikoski, BD

Anwar Bernal Perez, Celanese

INNO-MED

Chad Bush, Medtronic

Emily Zweibel, Medtronic

Georg Fischer, SAP

Sonia Rodriguez, BD

Chau Nguyen, Celanese

TELESQUAD

William Boulger, Medtronic

Tina Inge, SAP

Gayatri Gopal, SAP

Amit Limaye, BD

Andrea Peto, BD

THE TRAILBLAZERS

Lauren Leccese, Medtronic

June Wang, Metronic

Rajni Ramkumar, SAP

Tyghe Boone-Worthman, BD

Matt Holt, Celanese

HAWKEYE CARE INNOVATORS

Brandon Katzanek, Medtronic

Diana Pham, Medtronic

Vladimir Ljubicic, SAP

Marie Mathis, BD

Dalila Chavez Flores, Celanese

Challenge Statements

Despite having to deal with the immediate challenges brought on by the COVID-19 crisis, the Anchor Partner organizations looked ahead and identified a need for long-term strategies and solutions for the future of healthcare and their own operations. Within the broader theme of reimagining community health systems, telehealth came to the forefront as the focus in initial scoping discussions.

For NACHC, it was important to move from a reactive to a proactive posture on the subject of telehealth, formerly an ancillary component of their strategy, and now the most pressing need in a COVID-19 context. Believing in the power of telehealth to fundamentally change community health centers, as well as their mission to provide highly valued services to CHC members and the nearly 18 million patients they serve, NACHC is setting out to be the market leader and guiding force on telehealth.

At the state level, Iowa PCA was witness to a rapidly evolving health care sector where CHCs would be expected to meet the demands of patients for real-time access to health information and clinical services. While there was accelerated adoption of telehealth due to COVID-19, Iowa PCA understood that it was vital to optimize telehealth systems and connect them to an evolving model of care to maintain quality, enhance health equity, and lower the cost of care.

NACHC

Objective: To create a clear role and business plan for how NACHC positions itself in the telehealth landscape, including a recommended strategy for operationalizing this plan.

Anticipated Impact: NACHC can focus its internal/external resources towards telehealth and provide highly valued services to its members.

IOWA PCA

Objective: To identify telehealth needs across the state of Iowa. Based on these needs, develop a model/framework which can act as a step-by-step guide for integrating telehealth across the Iowa PCA network, ensuring effective resource use and access to common and effective technology applicable to the unique needs in Iowa.

Anticipated Impact: By creating a mechanism to help roll out telehealth strategies across the Iowa PCA network, access to health care and clinical outcomes among underserved populations will be improved.

Scoping Workshops

Challenge statements were determined through intensive scoping workshops where members of each Anchor Partner organization ideated on their greatest needs, resource constraints, and the hopes for the future. After revisiting past efforts and understanding barriers to success, a final Challenge objective and desired deliverables were agreed upon and served as a north star for teams throughout the Challenge.
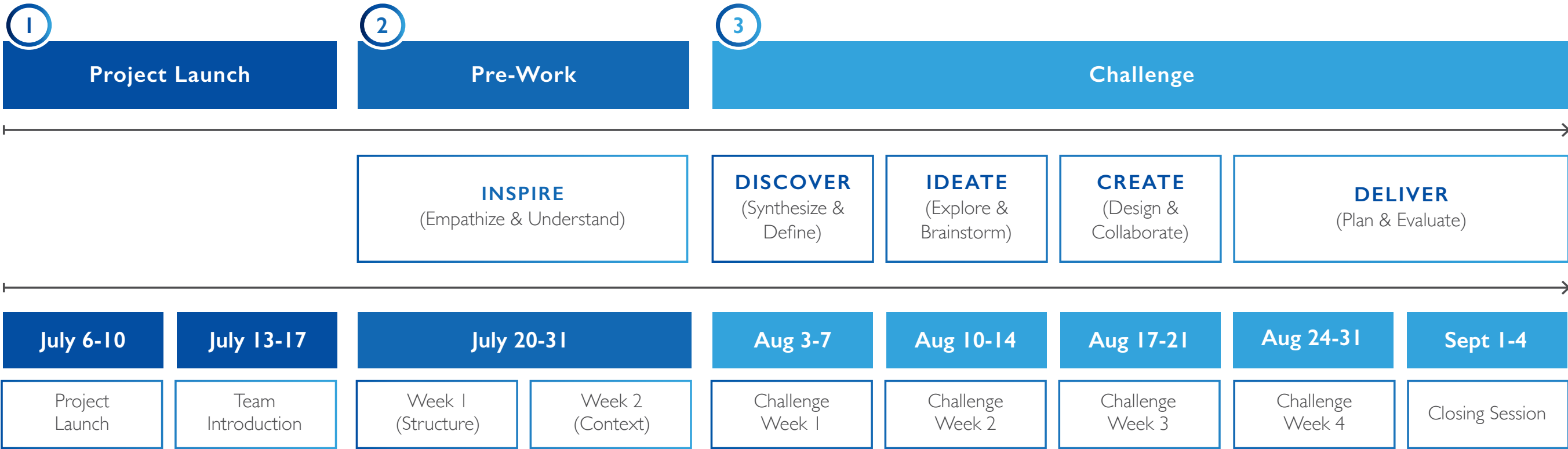
01 THE CHALLENGE

Participant Journey

The Reimagining Community Health Systems Challenge engaged 40 corporate employees in teams of five to put their collective expertise towards creating solutions for a challenge identified by either Iowa PCA or NACHC.

The participant journey was framed by design thinking approaches, with employees gathering initial information, understanding the reality of the Anchor Partners' experiences through research and listening to stakeholders and experts, and only then moving towards solution ideation and further refinement of those solutions grounded in stakeholder feedback.

Employees engaged in rigorous teamwork and individual work, contributing anywhere from two to five hours a week to the Challenge while also balancing their usual work. These unique aspects of the Challenge model allowed for solutions to be developed in just four short weeks.

① Project Launch	② Pre-Work	③ Challenge				
	INSPIRE (Empathize & Understand)	**DISCOVER** (Synthesize & Define)	**IDEATE** (Explore & Brainstorm)	**CREATE** (Design & Collaborate)	**DELIVER** (Plan & Evaluate)	
July 6-10	**July 13-17**	**July 20-31**		**Aug 3-7**	**Aug 10-14**	**Aug 17-21**	**Aug 24-31**	**Sept 1-4**
Project Launch	Team Introduction	Week 1 (Structure)	Week 2 (Context)	Challenge Week 1	Challenge Week 2	Challenge Week 3	Challenge Week 4	Closing Session

PRE-WORK

A two-week "pre-work" period helped set teams up for success ahead of the actual Challenge period through team building activities, skills mapping, and desk research. They also heard directly from the Anchor Partners about contextual difficulties and were encouraged to clarify and 'fall in love' with the problem.

PANELS & VOICE OF THE CUSTOMER

Inclusive solution development required anchor partners to bring diverse members of their ecosystem to the Challenge as part of panel and (VoC) sessions. While the Challenge timeline did not allow for in-depth interaction, insights from all sectors informed development of solutions, including leaders of rural and urban community health centers, patients, Health Resources and Services Administration representatives, and key individuals at the state and national health policy levels.

OFFICE HOURS/MILESTONE CALLS

Anchor Partners were available to meet with challenge teams each week to provide more context and direct feedback on potential solutions. In addition, PYXERA Global Program Managers were available throughout the Challenge and during more structured Milestone calls to reiterate Challenge details, troubleshoot issues, and provide tips and reminders about expected progress.

TEAM PITCHES & JUDGING CRITERIA

Each team delivered an eight-minute pitch to a panel of four judges, two representing the Anchor Partner and one from each lead corporate sponsor. Following their presentation, judges had five minutes to ask follow-up questions and provide teams with feedback to apply some final changes to their solutions. The six judging criteria included feasibility, viability, sustainability, desirability, innovation, and social impact.

Post-Challenge Activities

PYXERA Global continues to work with the Anchor Partners to create a structured work plan for refining and implementing the Challenge solutions, while also identifying opportunities for continued pro bono and funding support. See "What's Next" (*page 23*) for more information.

02 CONTEXT & SOLUTIONS

*Insights: Refer to page 25 to learn more about the sources.

OBJECTIVE

To create a clear role and business plan for how NACHC positions itself in the telehealth landscape, including a recommended strategy for operationalizing this plan.

CONTEXTUAL ISSUES

- Internal **operational silos** and **resource constraints** being a barrier to consistent rollout of a telehealth approach

- **Clarity of role** as newcomers enter the telehealth field

- Uncertainty around the temporary changes to our **healthcare system** versus what will remain in a post-COVID-19 world

- Willingness to **go beyond the usual partners and models** and look at corporate, federal, and non-profit collaboration

KEY CONSIDERATIONS

- Working **definition of telehealth:** the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional education, public health, and health administration.

- NACHC members, and specifically primary care associations and health center networks, have a variety of health-related **capacity levels** (financial, technical, etc.).

- There is an **existing strategic framework** at NACHC and there is a need to understand how to operationalize it.

- The overall **regulatory and policy environment** will impact the telehealth environment.

INSIGHTS*

90%
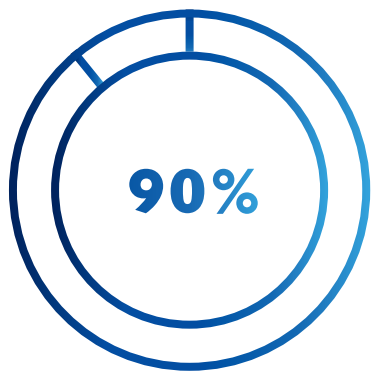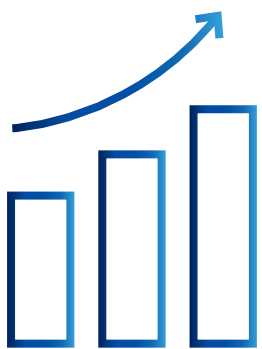
90% of Americans have some form of internet access

Forecasts estimate that the global telehealth industry will grow exponentially, reaching **32.71 billion** by **2027**

By June 2020, **over 50%** of the number of CHC weekly visits were via telehealth

North America accounts for **43.35%** of the global telehealth market

Did You Know...

The coronavirus disproportionately negatively affects marginalized communities, with Black Americans alone dying at three times the rate of White Americans.*

TEAM **TELESQUAD**

SOLUTION SUMMARY

The team created a business plan where NACHC focuses on orchestrating and streamlining all telehealth services through definitions & guidance, alignment & exchanging ideas, and measurements and learnings with their member Community Health Centers. The TeleSquad also included an extensive landscape assessment of telehealth vendors and services, which created a thorough assessment to see where NACHC can position itself in the "networks of networks". With this solution, NACHC will be able to leverage existing relationships and its brand value to not only provide complementary value offerings, but also be a leader in aligning common telehealth strategy, policy, and guidelines for CHCs.

KEY DELIVERABLES

01   **Telehealth Landscape Assessment**

02   **National Data Exchange Plan**

03   **Telehealth Vendor Strategy**

KEY RECOMMENDATIONS

- Evolving from a 'Point-to-Point' to a 'Hub-and-Spoke' network will be critical to ensure optimum utilization of resources and federal grant dollars.

- Enable CHCs, PCAs, HCCN's and other stakeholders' communication to harmonize data strategy and interoperability standards to query data.

- Partner with universities, psychologists, and corporations to create telehealth educational materials and programs.

"The proposal included significant research and background information. The landscape assessment was done well and included other stakeholders and pertinent policy implications. Well done!"

— RACHEL GONZALES-HANSON
Senior Vice President for Western Operations, NACHC

TEAM **BEYOND BARRIERS**

SOLUTION SUMMARY

Beyond Barriers created a strategy proposal to position NACHC as a national leader in telehealth through organizational alignment, policy & advocacy, and training & advisory support. They plan to achieve this by having every part of NACHC contribute to the telehealth journey, guide conversations and health center transformations toward values and innovations, and support clinics through a readiness assessment. This solution makes it possible for NACHC to take advantage of its policy expertise with a more focused portfolio of advisory services and learning modules that support CHCs, regardless of where they are implementing telehealth.

KEY DELIVERABLES

01   **Organizational Alignment Strategy**

02   **Policy & Advocacy Strategy**

03   **Training & Advisory Materials**

KEY RECOMMENDATIONS

- NACHC's Chief Strategy Officer should serve as an executive sponsor for the Telehealth Program Management Office (PMO) and assign a lead to guide internal collaboration.

- Position NACHC for the evolution and scale by investing in new resources, such as a full-team telehealth executive lead and telehealth policy specialists at federal and state levels.

- Partner with your Primary Care Associations (PCA) and Health Centered Controlled Networks (HCCN) customers to collect data you need to back up your policy priorities.

"This was a very well designed, thoughtful solution. Their proposal is fitting, but innovative—focusing on providing actionable detail and relevant tools to immediately get to work... it spoke to clear understanding of telehealth barriers and stakeholder need."

— TIFFANY AQUINO
Senior Manager, Strategic Initiatives, Medtronic

NACHC

TEAM **INNO-MED**

SOLUTION SUMMARY

Inno-Med recommended creating an in-house app to leverage the strong attributes and skills of NACHC by standardizing the telehealth process, resulting in a "plug and play" model. They envision NACHC delivering standardized, turn-key solutions for telehealth which will improve healthcare delivery and patient outcomes, creating a data base of research-ready, marketable, clinical data. This revenue from the database would then provide sustaining income for NACHC and partner health centers, and its millions of data points on patients' health care, pathways, and outcomes will allow the United States government and other clients to generate needed population health initiatives.

KEY DELIVERABLES

01   **pocketDOC App Business Plan**

02   **pocketDOC Electronic Warehouse Business Plan**

**03**   **pocketDOC Workflow**

KEY RECOMMENDATIONS

- Develop pocketDOC, an end-user app providing one-touch connectivity for telehealth physician visits.

- For government, academic, and business partners, develop pocketDOC DATA – a secure, anonymized electronic warehouse linking claims records and Electronic Health Records (HER) for Community Health Centers' (CHC) patients using the pocketDOC app.

- Engage with local academic institutions.

- Re-brand NACHC to promote its telehealth app as inclusive, recognizable, friendly, and user-friendly.

"Inno-Med's focus on telehealth data capture, curation, and insight services could be a nice strategy for extending NACHC's value and revenue to members and other stakeholders. Though the Hospital EHR and Personal HR space is crowded, a patient centered telehealth application and record developed by the NACHC with member input and buy-in could carve out a new niche in the space."

— WALT ELLENBERGER
Senior Director, Healthcare Business Development and Innovation, SAP
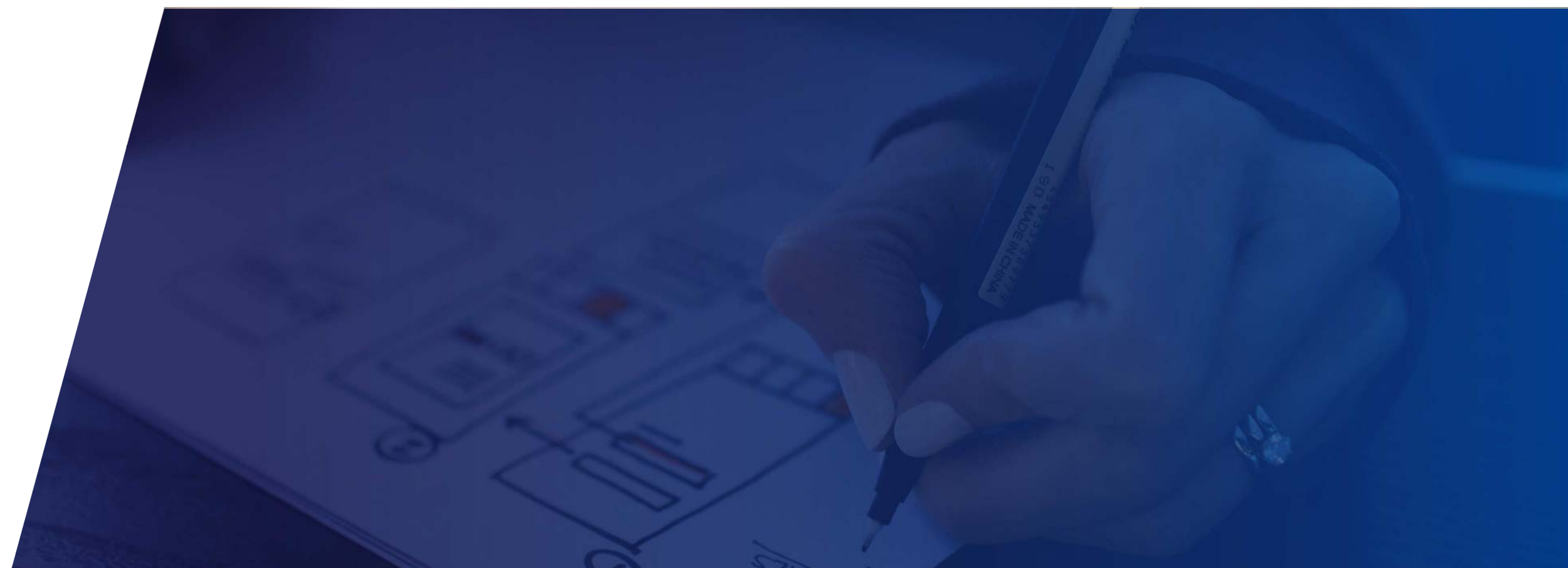
♛ TEAM
R/EVOLUTION LIFELINE

SOLUTION SUMMARY

The team created a four-part business plan focused on policy and advocacy, national standards, data analytics, and partnership. Through this approach, NACHC would unite and advocate for members and drive policy creation at the federal and state level, set standards of care and initiate best practice adoptions through training and education, and grow the network through partnership while collecting benchmarks and managing data. This business plan would be an additional service to help generate revenue for NACHC.

KEY DELIVERABLES

01   **Strategy Recommendations**

02   **Financial Strategy**

03   **Organizational Resource Recommendations**

04   **Business Model Canvas**

SOLUTION VISION

Our vision for the future is "no patient left behind:" health care is accessible to all patients, real and potential, regardless of location and ability to pay, and providers are reimbursed in a sustainable model for delivering care via multiple modalities. This vision includes:

- More reliance on Community Healthcare Workers (within migrant communities, immigrant communities, Native American communities, English as a second language communities) who are the primary contact between a clinic and the patients.

- Monitoring data and reminders sent via text to improve prescription or treatment compliance.

- Right size interactions — in-person when needed and virtual when it fits.

- Funding model which allows clinicians to give patients the time they need, regardless of modality.

SOLUTION IMPACT

As an industry association, NACHC is the voice of each member for change at the federal level, the teacher of lessons learned by others, and the cultivator of best practices to extend the reach of health care to the most marginalized. NACHC can:

- Be the liaison across State Associations to bolster state-level funding and to lean on federal funding to close gaps.

- Define the data standards and governance for Health Center Control Networks (HCCNs): what KPIs matter, best practices on gathering data, and how to make decisions with the data to move from analysis to insights.

- Create business model templates for CHC on topics such as how to evaluate the need and how CHCs can shift investments in space to investments in alternative delivery models.

KEY RECOMMENDATIONS

- ☑ **ADVOCATE** for a permanent reimbursement model for telehealth.

- ☑ **PARTNER** in the development and implementation of national standards of care and best practices for the adoption of telehealth.

- ☑ **BUILD** a data analytics platform, capitalizing on information from existing member data pipelines.

- ☑ **SUPPORT** leaders and empower HCCNs and PCAs to adopt best practices according to their own needs.

- ☑ **IMPLEMENT** a two-prong funding approach: "Protect the Floor" (base membership and convention fees) and "Raise the Roof " (new revenue streams).

- ☑ **SECURE** and bolster investments in Public Policy and Research.

"**[R/evolution Lifeline's] approach was smart, practical, and built a sustainable, even potentially aggressive, revenue model. [Their proposal] was very helpful and, although it likely would not have been my approach, it works.**"

— JASON PATNOSH
Associate VP, Partnership and Resource Development, NACHC

*Insights: Refer to page 25 to learn more about the sources.

OBJECTIVE

To identify telehealth needs across the state of Iowa. Based on these needs, develop a model/framework which can act as a step-by-step guide for integrating telehealth across the Iowa PCA network, ensuring effective resource use and access to common and effective technology applicable to the unique needs in Iowa.

CONTEXTUAL ISSUES

- The statewide system of care is comprised of integrated, primary care clinics in various stages of readiness to implement a **telehealth strategy**.

- Use of telehealth as a mode of care is new and not embedded in current **CHC models of care**.

- Some patient populations **lack access to the internet** at home, and smart phone digital literacy is limited.

KEY CONSIDERATIONS

- **Telehealth integration** should ultimately lower the cost of care.

- High-quality care should be maintained in a **digital context**.

- The model should ensure that the patient and workforce **experience is high quality**.

- Telehealth should advance **health equity** across underserved populations.

INSIGHTS*

1/2
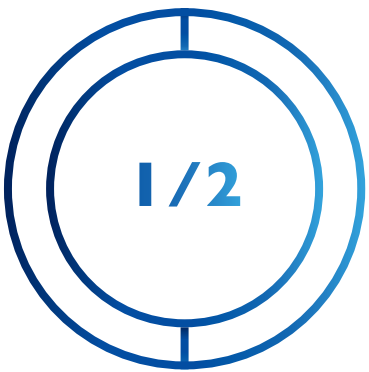
Nearly one-half of Iowa residents say they do not need internet service or do not understand the benefits

Chronic disease accounts for approximately **75 percent** of the nation's aggregate health care spending

Some patients traveled **3 hours and 45 minutes (or 228 miles)** to visit a community health center

Top 3 causes of death that can be treated through telemedicine: **Heart Disease Lower Respiratory Disease Alzheimer's Disease**

Did You Know...

The U.S. spends almost 18% of its GDP on health care. A 90% delivery rate of primary preventive services could reduce expenditures by $53.9 billion.*

TEAM **THE TRAILBLAZERS**

SOLUTION SUMMARY

The Trailblazers used six criteria when developing their solution: equitable access; user-friendliness; scalable technology; data security; patient privacy; and financial sustainability. In the end, the team recommended that Iowa PCA members decide on a standard platform that provides a portal for both doctors and patients, in addition to including Electronic Medical Records (EMRs). Depending on the uptake by the CHCs, the team suggests Iowa PCA can then consider owning the solution either through complete development or partial development as a back-end platform. With a comprehensive telehealth solution, Iowa PCA can achieve its goals of supporting CHCs to deliver high quality care and, as the platform develops, telehealth will become a powerful tool to support integrated care, address social determinants of health, and increase patients reached by up to 26 percent.

KEY DELIVERABLES

01 Phased Implementation Plan

02 Financial Model

03 Health Care Provider Training Strategy

04 Patient Outreach Strategy

05 Telehealth Workflow Map

06 Remote Monitoring Devices and Technology Platform Research

07 Grant Opportunities Research

KEY RECOMMENDATIONS

- Select a comprehensive platform for better ease of use, EMR integration, and scalability.

- Build upon early telehealth success at CHCs and phase in new capabilities through a unified platform approach and then decide on building a platform.

"This team's solution has a strong connection to our CHCs' community partnerships and provides culturally-competent suggestions around outreach. The financial model is also appreciated!"

—AARON TODD
CEO, Iowa PCA

TEAM **LUCKY 13**

SOLUTION SUMMARY

Lucky 13 developed a "Telehealth Implementation Guide" that can help Iowa PCA harness the existing connections of Community Health Centers (CHCs) to publish and share as many connection points as possible. The guide promotes WiFi use with drive-by and curbside attention and other innovative measures to increase telehealth use across Iowa. This solution has long-term savings implications: patients eliminate travel costs and lost wages, and CHCs will lower costs per visit, raising average savings from USD $19 to USD $121 per visit. It is flexible for providers, as it combines telehealth and in-patient visits for better health management.

KEY DELIVERABLES

01 Telehealth Implementation Guide

02 Communications Plan

03 Technology Implementation Roadmap

04 Financial Best Practices

KEY RECOMMENDATIONS

- Harness the existing connections of CHCs by establishing 80 health care delivery sites through "Dr. Central" kiosks that can be set up in convenient locations.

- Promote WiFi use with drive-by and curbside attention at some delivery sites.

- Use Zoom as a centralized technology platform for telehealth visits.

"This solution is quite desirable because of its strong focus on network-based center support, [which is already a known model to Iowa PCA and Community Health Centers]."

—RON KEMP
Chairman of the Board, Iowa PCA

TEAM **HAWKEYE CARE INNOVATORS**

SOLUTION SUMMARY

The team identified varying levels of telehealth technology and put them in a roadmap for conceptualization. The structure of the framework focuses on adopting foundational telehealth technology on which more complex telehealth solutions can be built. To ensure the feasibility and sustainability of telehealth, the team provided an implementation plan that can be used for the roll-out of telehealth technology. In general, telehealth will improve the well-being of the population served; improve health care delivery to underserved communities; increase patients' engagement in their own health; and improve patients' health care experiences, supporting a sustainable telehealth ecosystem.

KEY DELIVERABLES

01   Telehealth Technology Roadmap

02   Implementation Plan

03   Communications Strategy

**04**   Grant Opportunities Research

KEY RECOMMENDATIONS

- Communicate resources that patients can access for discounted technology hardware and internet access.

- Partner with the education system to build off their remote learning solutions and avoid duplicative efforts in rolling out new technology systems.

- Invest in mobile health clinics to serve communities with the least access to health services.

- Approach telehealth implementation from a network level, instead of through individual CHCs.

> "I appreciate…the wealth of background, connections, and analysis from the Hawkeye Care Innovators. Their solution is more of a guide and framework, which allows great flexibility at the clinic level… all in all, it is a tremendous resource for Iowa PCA as a deliverable— one that could be put to good use immediately!"
>
> **— JESSICA DALY**
> Director, Global Health, Medtronic Foundation
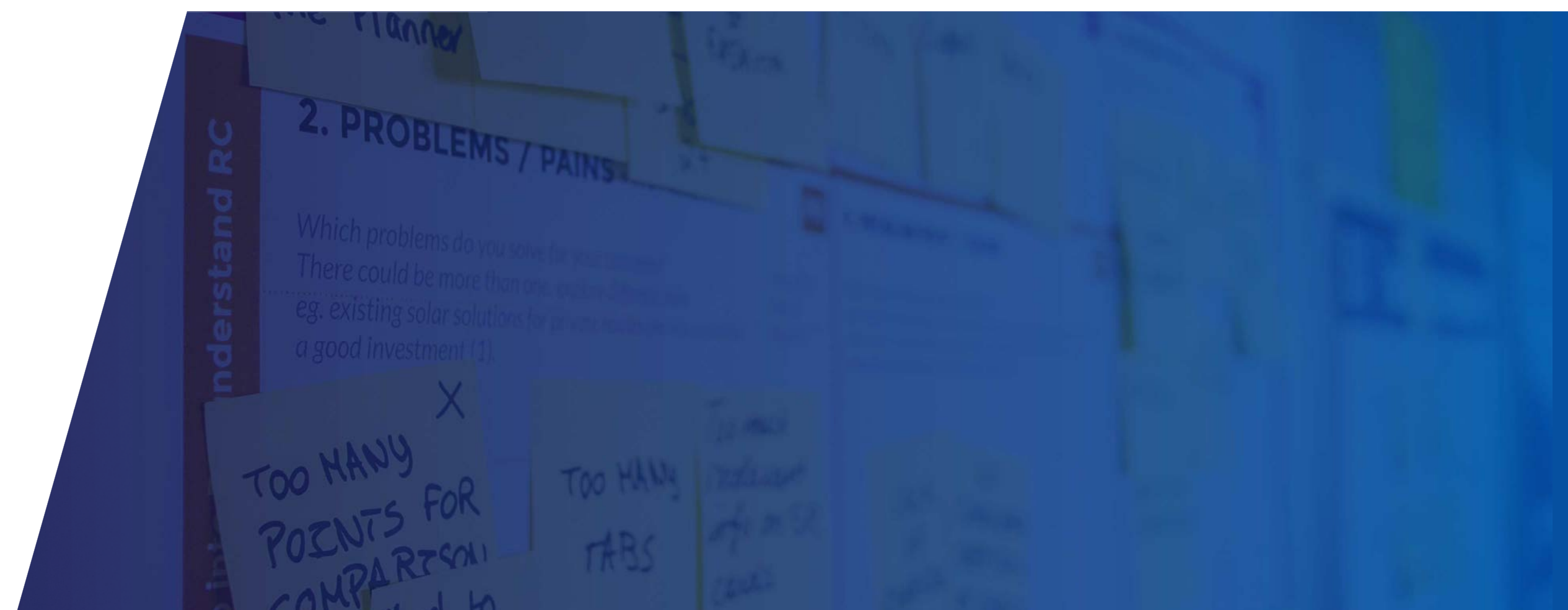
WINNING SOLUTION

TEAM TELE-TRANSFORMERS

SOLUTION SUMMARY

The team developed an integrated telehealth roadmap that identified key opportunities for Iowa PCA for creating coordinated and sustainable growth in the telehealth arena across all patient groups, including expanding into Chronic Care Management via telehealth and developing health outreach partnerships between Iowa PCA, nonprofits, and private companies.

KEY DELIVERABLES

01 Strategy Roadmap, including
- Key Business Opportunities
- Workflow for Coordinated Telehealth Innovation Process
- Customer Journeys
- Telehealth Cost Structure Analysis

02 Marketing & Training Roadmap, including
- Marketing Strategies
- Training Recommendations
- Learning Management Systems Comparisons

03 Technology Roadmap, including
- Telehealth Software Comparison
- Telehealth Software Analysis

SOLUTION VISION

The team's approach was to build a holistic and integrated telehealth roadmap for Iowa PCA key stakeholders. Based on individual areas of expertise, they analyzed three key areas for success:

01 FROM A STRATEGIC PERSPECTIVE

They prioritized the stakeholder base and how best to serve them and outlined where to devote time and resources for greatest impact and largest increase in revenue, and the quickest return on investment.

02 FROM A MARKETING AND TRAINING PERSPECTIVE

They prepared recommendations on how to drive adoption while increasing patient and staff engagement, creating marketing that's customized to unique patient needs, and developing an easy-to-follow, system-wide onboarding program for telehealth patients and employees.

03 FINALLY, FROM A TECHNOLOGY PERSPECTIVE

They evaluated the best technologies based on key considerations to recommend the solutions that will produce the most positive telehealth experience for patients and providers alike.

SOLUTION IMPACT

Based on the extrapolation of data from 2017 research, the impact to the rural community per facility is around **USD $80 K** and cost savings for IOWA PCA is more than **USD $550 K** per year. These benefits are in addition to making health care available to larger set of population.

These recommendations will achieve Iowa PCA's optimum telehealth goals, maximize community impact, and improve the lives of Iowa PCA's entire patient base.

KEY RECOMMENDATIONS

- ☑ **ADVOCATE** for a permanent reimbursement model for telehealth.
- ☑ **EXPAND** into Chronic Care Management via telehealth.
- ☑ **USE** a "Think Small" funding strategy for the greatest impact throughout the network.
- ☑ **DEVELOP** health outreach partnerships between Iowa PCA, nonprofits, and private companies.
- ☑ **BEGIN** piloting a Remote Patient Monitoring system.

"The Tele-Transformers team did very detailed research and documentation. This was a comprehensive plan, with focus given to personas, financial model, marketing, need, and resources recommendations. The team's approach was very prescriptive, their analysis in-depth, and likely to have more success."

— ROCKY SUBRAMANIAN
Senior Vice President & Managing Director, Midwest Region, SAP North America

03 LOOKING AHEAD

Immediate Impact

After participating in the Challenge, PYXERA Global asked each Anchor Partner and corporate participant to complete an experience survey to better understand their motivation behind participating and the immediate impact generated by the experience.

An Opportunity to Create Meaningful Impact during these Uncertain Times

Most participants found their Challenge experience to be positive and fulfilling. In a time where opportunities to support social good initiatives are scarce, employees saw it as their means to support vulnerable populations in a time of crisis. For Anchor Partners, one of the biggest wins was time saved, in that the Challenge solutions will accelerate their ability to take strategic action on telehealth.

"This was an extremely rewarding experience and a great way to be able to give back in the time of COVID-19. I got the chance to use my unique skills in a way that really makes a difference for a nonprofit...with the ultimate winners being Iowa PCA, NACHC, and vulnerable populations."

— CORPORATE PARTICIPANT
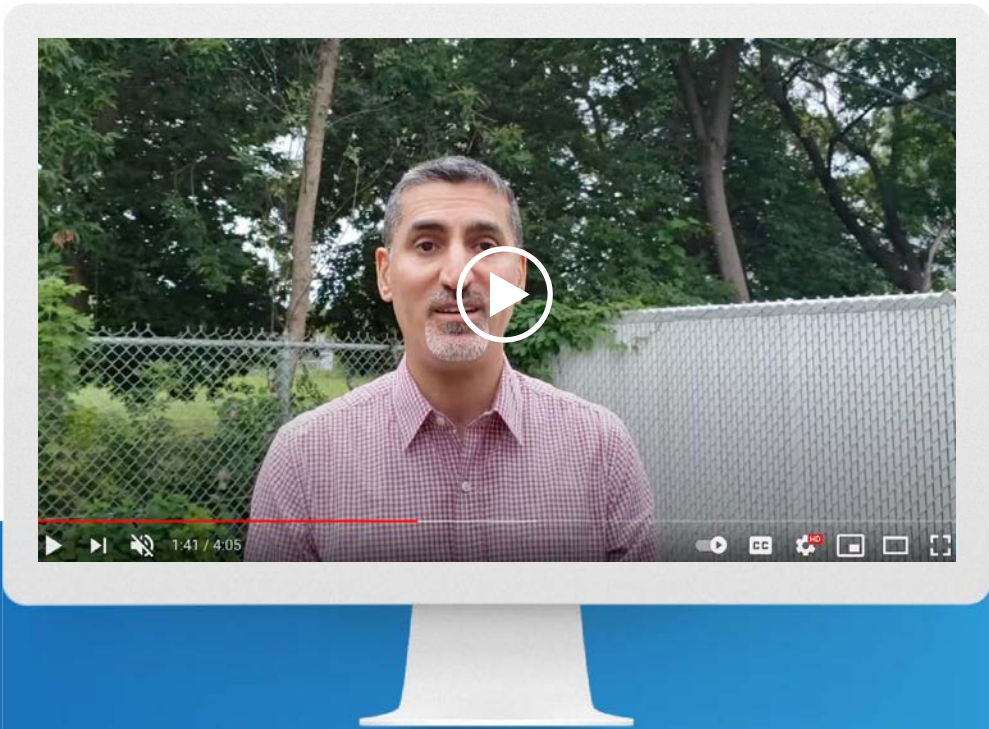
Click on the screen on to hear more from participants and partners on the RCHS Challenge

6-12 MONTHS

TIME SAVED

Time it would have taken for both Anchor Partners to develop their own solutions.

37

NET PROMOTER SCORE

The Net Promoter Score (NPS) is a standardized metric used to assess participant experiences based on their self-assessed likelihood of recommending the program to others.*

*Respondents provide a rating of 0-10. The NPS is then calculated by subtracting the percentage of detractors (those who rated 0-6) from the percentage of promoters (those who rated 9-10). The final score ranges from -100 to 100."

Immediate Impact

The Power of Cross-Corporate Collaboration

One aspect that enriched the Challenge experience was the cross-corporate collaboration within teams. Participants found this dynamic to be both personally and professionally satisfying and a key driver in developing a solution that met all of the judging criteria. Both Anchor Partners agreed.

"It was clear the team members had diverse skill sets and backgrounds...we saw this as an advantage since the teams' solutions were incorporating diversity of thought and will be effective for our organization."
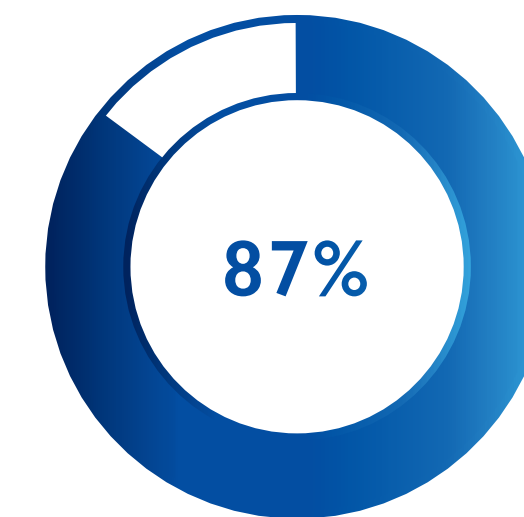
— SARAH DIXON

Senior Director of Partnerships & Development, Iowa PCA

87%

Participants agreed that their team's solution was enhanced because it was developed by a cross-corporate team

52%

Participants found the Challenge fulfilling due to the cross-corporate collaboration

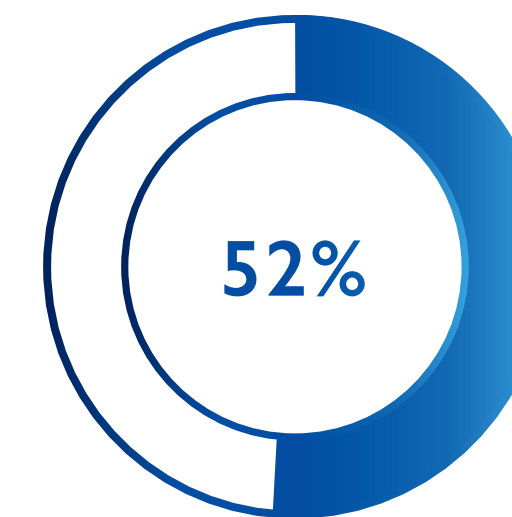## Bolstering Employee Engagement during COVID-19

After participating in the program, most participants reported feeling more connected to their company, even while teleworking during a pandemic. Additionally, they found the experience to be relevant to their day-to-day responsibilities and foresee applying what they learned to their current role. "I thoroughly enjoyed my experience," said one participant.

"Helping people is a core principle of mine and I am glad that, even though my team did not win, people will be better off because of our work. I joined this with the hopes to develop myself and my professional future and I have done exactly that."

— CORPORATE PARTICIPANT

72.5%

Participants are more motivated to perform in their day job during these times of teleworking

87.5%

Challenge learnings are relevant to participant's day jobs

90%

Participants feel prouder to work at their company after the Challenge

Partners and Participants In Their Own Words

After the Challenge, PYXERA Global hosted a webinar to hear more from our Anchor Partners and corporate participants. We wanted to know why the engagement was meaningful to them, and how the telehealth solutions would ultimately impact and meet the needs of patients and healthcare providers. Listen to what they had to say!

"In our project we were able to bring in patient voices from across the state, care providers, leadership from our health centers, our staff, and the payers that are working with us. The Challenge allowed us to better understand the payers, where they see opportunity, what they would like to learn more about in terms of what telehealth could bring to delivery systems, improve quality of care, and lower costs. This experience allowed us to also grow and deepen our relationships with partners and understand their strategic objectives related to telehealth."

— SARAH DIXON
Senior Director of Partnerships & Development,
Iowa PCA
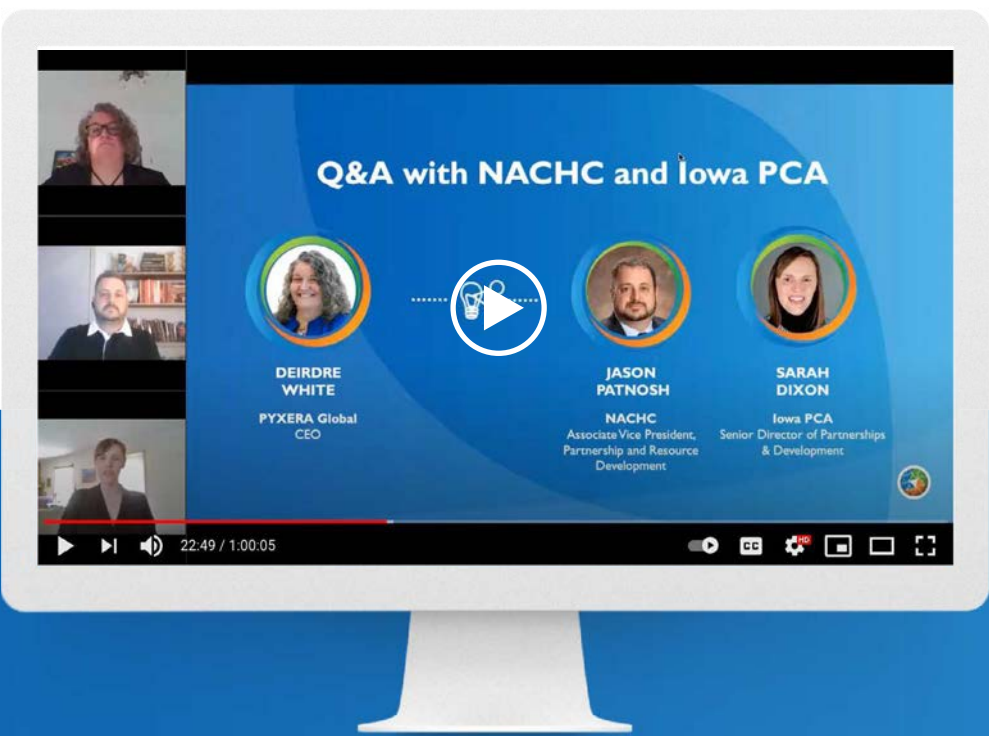
Click on the screen to hear the final reflections from participants and partners during the RCHS Webinar
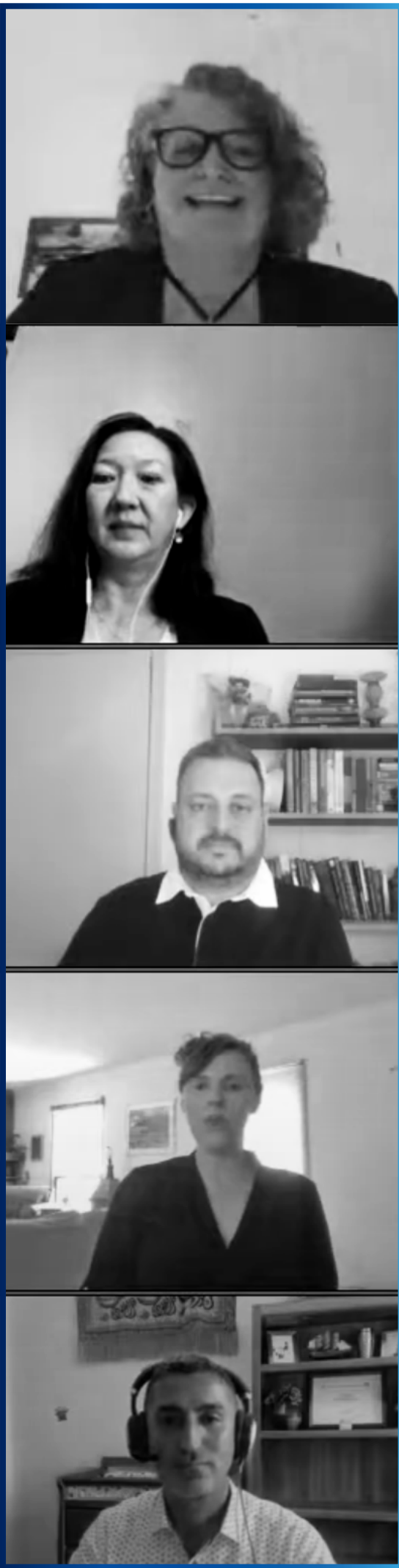
What's Next

Q&A with:

JASON PATNOSH
Associate VP, Partnership and
Resource Development, NACHC

It has been almost six months since the RCHS Challenge began, and in that time COVID-19 impact has worsened and a vaccine has also been developed. As you think about the Challenge statement and solutions for your organization, what is different now?

JASON: What has changed is some stability in the area of telehealth and that additional resources are coming into the field. As COVID-19 numbers have spiked recently, telehealth infrastructure was in place, so community health centers (CHCs) could respond more rapidly in comparison to spring 2020. We're seeing it go from the fire hydrant to a "garden hose." CHCs are responding to the needs and figuring out how to include telehealth in their day-to-day operations.

At the end of the Challenge period, the goal was to review all Challenge solutions, bring in more stakeholders to examine solutions, and work towards a version two solution. As part of this process, you will soon engage in an ideation with PYXERA Global. Why do you find this valuable, and what do you hope to gain from it?

JASON: It's valuable because we can bring subject-matter experts from marketing and sales and operations together to discuss the solution. We need to figure out our best opportunities to position NACHC as a thought leader in the space and the go-to resource for CHCs. NACHC is determined to build telehealth into its services and be more strategic in the partnerships it's developing. At the beginning of the pandemic, the phones were ringing off the hook and NACHC could not respond quickly enough. Now our members have the space to be more thoughtful when considering partners.

Coming back to that version two solution. How will that be helpful for NACHC?

JASON: NACHC has a defined understanding of its role in the telehealth/virtual care space, and the field respects us as an authority. Vendors and other partners who want to work with CHCs understand what's expected—most setups are for hospitals, so it minimizes the CHC voice. The version two solution will help NACHC explain the differences and how partners can best work with health centers for telehealth optimization.

How will you know that you have been successful with your new strategy?

JASON: Success is when telehealth is allowing health centers to better serve their communities and all members of their communities have access to it. To make this happen, payment and regulations must be favorable to providers and cost neutral to patients (i.e., no surcharges on usage). As telehealth becomes a significant policy area for NACHC, we will continue to build coalitions between policymakers, CHCs, payers, and others. This will result in a more stable virtual care practice and greater continuity of care, as well as CHCs being able to cover telehealth costs.

What's Next

Q&A with:

SARAH DIXON
Senior Director of Partnerships
& Development, Iowa PCA

KYLE PEDERSON
Director of Healthcare Application
Consulting, Iowa PCA

KRISTI ROOSE
Senior Director of
Data & Technology, Iowa PCA

It has been almost six months since the RCHS Challenge began, and in that time COVID-19 impact has worsened and a vaccine has also been developed. As you think about the Challenge statement and solutions for your organization, what is different now?

SARAH: The thing that has changed is the knowledge from the Challenge that there is a widespread desire for better-integrated telehealth tools. COVID-19 underscored how beneficial this could be for both patients and care providers. This change solidified that e-health has to be a part of how the Iowa PCA moves forward instead of being a separate strategy. The Iowa PCA thought it would have a telehealth platform that stands alone, but now they see it as integrating tools into systems they already have or plan to procure.

KYLE: In March, there was an urgency to just do something, but now we're saying let's do something right. We're slowing down to make sure what we implement is useful and needed.

KRISTI: In the behavior health space, there is more telehealth innovation since there is an increased desire for those options by patients.

A few weeks after the Challenge, PYXERA Global held an ideation session with many members of your team. What did you find the most valuable about this session, and what was the most important outcome?

SARAH: Bringing the whole team together and getting each member up to speed on possible tools and workflows from the Challenge proposals. It made them excited to start implementing changes!

KYLE: Going deep on issues and having issues to build off each other. It allowed us to identify blind spots and create a common lexicon.

KRISTI: It made the team really focus on root causes and the main issue the team is trying to address. It articulated the importance of nailing that big question down and aligning it with the community health centers (CHCs.)

Your path after the Challenge was to reexamine all of the solutions and come up with your own version two for implementation. Where are you in the process now and what do the next six months hold? What role do community stakeholders play as you roll out this solution?

KYLE: The Iowa PCA has a larger strategic plan and one of our goals is focused on enhancing access to healthcare through e-health. Soon, we will be surveying CHCs through future state activities and interviews. This will help us understand their needs. We will also be doing a vendor analysis. Starting in July, the team will be implementing the chosen tools with the goal of looking at future investments and improvements to make in quarter four.

The implementation plan includes nuggets from each team's solution, and after June, the Iowa PCA hopes to reach out to PYXERA Global to get further support on implementation and marketing.

SARAH: The Challenge helped us realize our advocacy role and that it does not just need to be centered around reimbursement for telehealth, but also broadband and electronic device access.

In terms of stakeholders, our participation in the Challenge also increased our credibility in this space with our state stakeholders and health centers. Engagement with CHC leaders and state stakeholders during the Challenge brought credibility to our proposals and proves that the team is committed and is being thoughtful in the space when making changes. It also put us in the position to be a leader when advocating for policies in the future.

THANK YOU & GET INVOLVED

Be Part of The Solution

Achieving a sustainable, inclusive, and more equitable future takes all of us working together towards a common goal— business, government, and civil society.

Thank you to everyone who made this inaugural Reimagine Series Challenge possible:

Corporate sponsors, Medtronic Foundation and SAP, who believed in our vision for collaboration at the height of COVID-19 and made this first Challenge possible.

Anchor Partners, NACHC and Iowa PCA, for articulating their needs and challenges and engaging with the corporate teams to provide the full picture.

BD and Celanese, who committed their talented employees to this multi-company engagement.

Judges, for their expert feedback on solutions.

Countless key leaders and experts from the healthcare field.

The incredible PYXERA Global team who designed, managed, and supported the Challenge:
Deirdre White, Katie Levey, Amanda MacArthur, Husna Ali-Khan, Elyse King, Danielle Zehnder, Alex Zhou, Paula Chamorro, Katharine Fraser, Roger Bain, Maia Wagner, Diane Bolme, Neeran Saraf, Gavin Cepelak, Renay Loper, and Kristina Frye.

And last but not least, **our frontline healthcare workers who continue to battle COVID-19**.

PYXERA Global

Looking to Make a Difference?

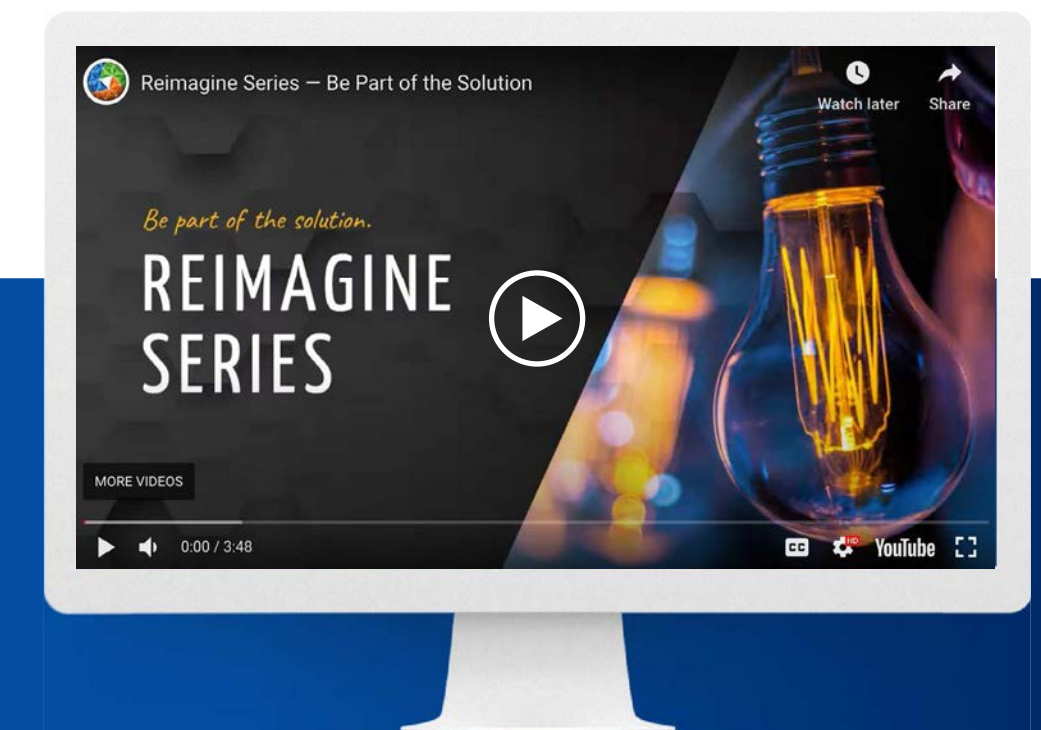**Thinking of a system worth reimagining? Join a Challenge or design your own!**

CONTACT US
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pyxeraglobal.org/reimagine-series/

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Click on the screen to learn more about the Reimagine Series!

Appendix

NACHC Insights

1. "90% of Americans have some form of internet access" – Demographics of Internet and Home Broadband Usage in the United States. (2020, June 05). Retrieved August 28, 2020, from https://www.pewresearch.org/internet/fact-sheet/internet-broadband/

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