

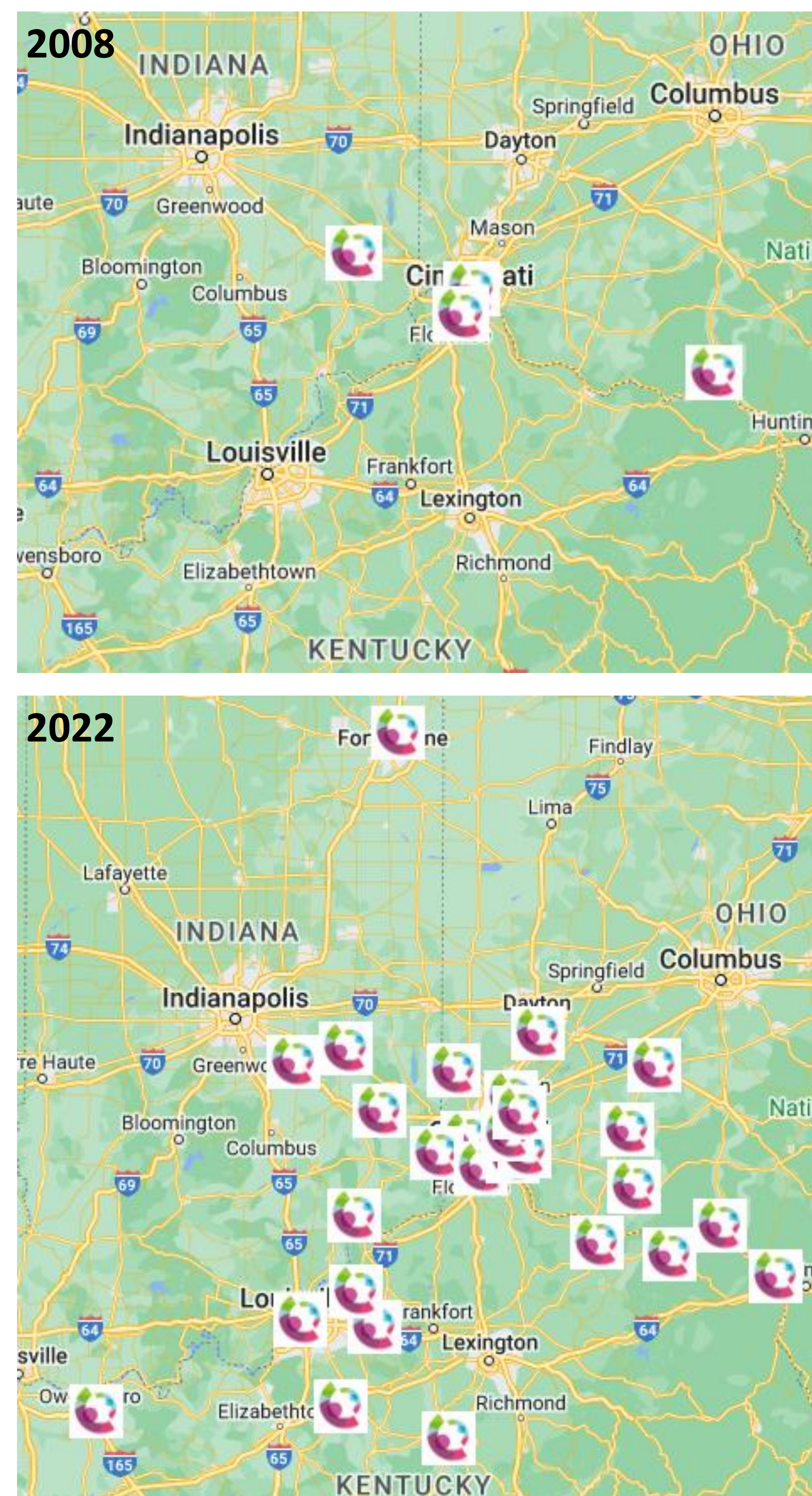
Implementing a Strategic Ambulatory Roadmap to Expand the Footprint of Pediatric Cardiac Services



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Purpose

The Heart Institute at Cincinnati Children's Hospital Medical Center (CCHMC) includes the division of cardiology, the surgical programs, and an extensive research portfolio. Within the Heart Institute, ambulatory presence has significantly grown, specifically in Ohio, Kentucky, and Indiana, over the past decade through investment in subspecialty care, partnership across health systems and local providers, and the development of owning brick and mortar spaces in the region. These growth efforts have aligned with strategic plans from an organizational level to expand access to care closer to home for patients. To achieve this, ambulatory growth required extensive collaboration from many internal and external groups over varying timelines, depending on the needs of the partner and patient population. Many processes were put in place to capture the operational necessities, but lacked a visual component to highlight synergies or the breadth of such collaboration.



Figures 1 and 2: Clinic Locations – Satellite and Outreach that includes main hospital, satellite locations (buildings operated through CCHMC), and outreach locations (partner agreements with local health systems or provider groups where space is leased). Figure 1 indicates our locations in 2008, whereas Figure 2 shows growth by 2022.

Disclosures and Acknowledgements

Disclosures: None.
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Project Design

A roadmap outlining steps, timeline, dependencies, and key questions was created to highlight administrative and clinical departmental needs after meeting with providers and business leaders. Additionally, these components were a continuation of previously published work and captured from existing project plans and tools. Four specific milestones were identified. The first milestone was the assessment of the opportunity through market analysis to understand current referral patterns and potential partners or competitors in the region. The second milestone was the determination of the care delivery model. Options included telehealth, a physical footprint in a leased location, use of a mobile health bus, or a hybrid model. The third and fourth milestones included pre-launch and post-launch operational efforts, respectively. Key stakeholders were identified to present the necessary communication and connections needed to operationalize the openings of new clinics and programs.

Results

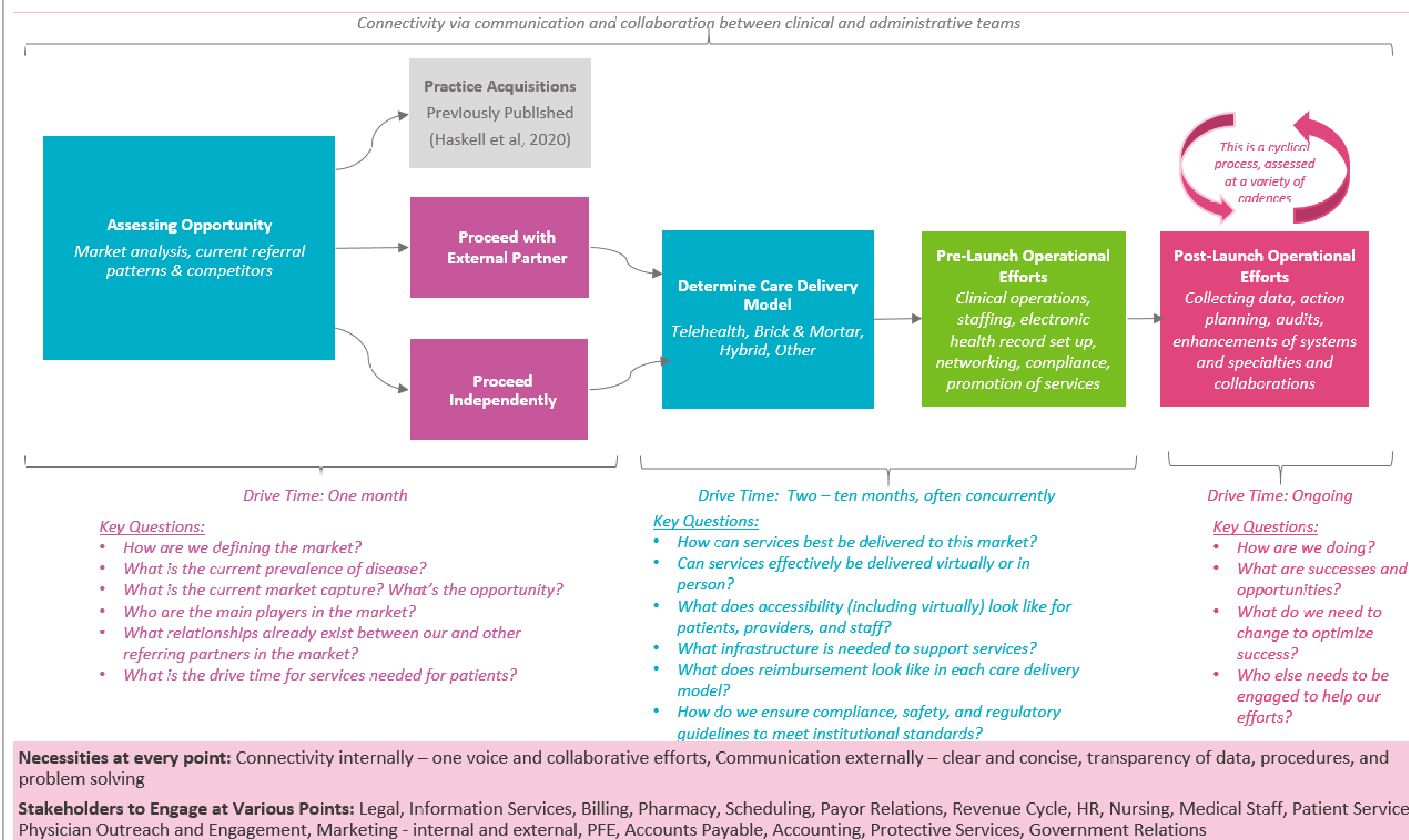


Figure 3: Roadmap Visualization.

The roadmap created highlighted the key areas of work needed to be done for strategic growth with associated timelines and questions. The relevant questions were those that internal teams and leadership asked along the way when considering growth. For example, in the first area of assessment, the discussions regarded opportunity and development of partnership. In almost any instance of strategic growth, operationalizing those efforts required flexibility and personalization to the needs of the patient population and institution(s) involved; therefore, a pathway with multiple options was needed to determine which trajectory to follow for care delivery. In the case of the mobile unit, access was needed for patients in person compared to the need at sites in Western Kentucky to have multiple clinical programs for complex patients. Following those conversations and information gathering phases, operational efforts are critical to actualize the clinical care. This can vary in timeline depending on a variety of factors external to the team, such as supply chain issues, staffing capacity, and space renovations. In one case, sonographer availability required the team to wait for clinic launch. Following the go-live of the efforts, business and clinical leaders continue to track growth through multiple metrics – patient satisfaction, volume, fill rates, downstream revenue, and check ins with staff and the site of care. Primarily, the expansion of care closer to home has increased our clinical volumes and surgical procedures for those with heart disease significantly (as seen in Figures 4 and 5).

Conclusion

Due to the creation of this roadmap, the Heart Institute was able to highlight the needs required to launch new ambulatory clinics successfully. Strategic growth relies on the development of relationships with local health systems and internal/external partners. Through this work, the Heart Institute has increased access to services for patients in different markets while also growing the business. A streamlined approach for ambulatory growth such as this has enhanced access to care for patients and families and can be used for future expansion opportunities. This roadmap can be utilized to share processes for growth to partners inside our organization as they begin to develop their own growth strategies, as well as highlight the nuance and support required to develop every clinic where services are provided.

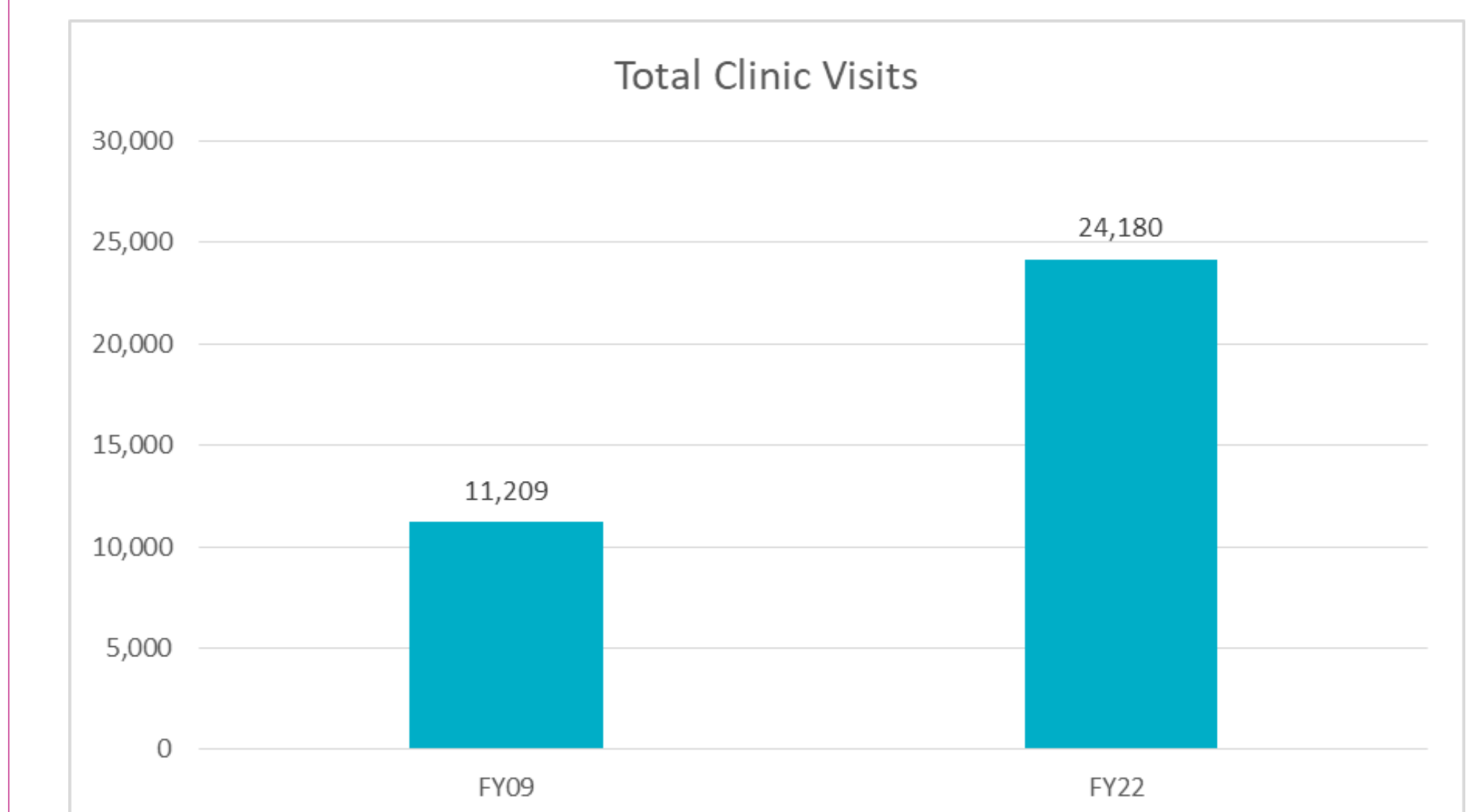


Figure 4: Clinic Volume Growth. Since 2008, the Heart Institute has grown from three outreach locations to 19 outreach sites and six satellite locations across Ohio, Kentucky, and Indiana, providing access to care close to home for patients and families. As a result, between FY09 and FY22, clinic volume has grown by 116%.

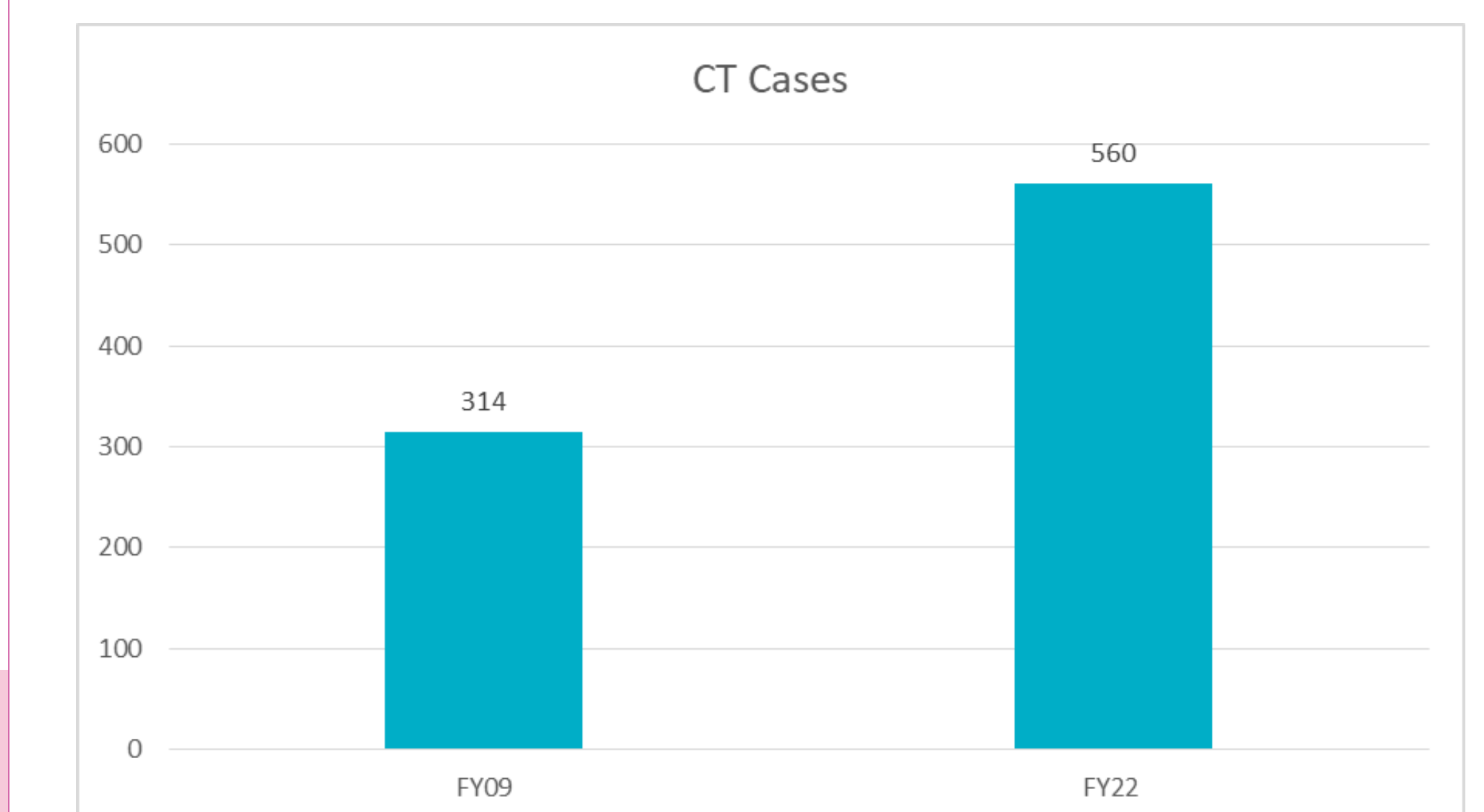


Figure 5: Procedure Volume Growth. Between FY09 and FY22, cardiothoracic surgeries (CT) have grown by 78%. Of that surgical volume, a third of those cases come from those outreach regions.