

INDUSTRY INSIGHTS

When Minutes Matter: How Technology Can Connect Patients to the Care They Need When They Need It

By Angie Franks, CEO, Central Logic

In 2020, the youngest members of the baby boomer generation will be **56 years old**. As this large generation ages, their chronic conditions, emergency department (ED) visits and hospital admissions will follow suit. One study from 2014 found that **32%** of people with five or more chronic conditions visited the ED at least once in a year, 24% had at least one hospital admission per year and, on average, had a whopping 51 prescriptions filled or refilled in that time.

Sorting through patients' multiple chronic conditions, medical histories and prescriptions can be time-consuming for physicians, nurses and other providers. Unfortunately, time is not a luxury that providers often have. Recent technological advances, however, are shortening the time-to-treatment response for these patients and, in some cases, helping providers predict a potential adverse health event before the patient feels any symptoms.

Limiting Injury From Stroke

Although there are numerous examples of how technology is helping deliver care to patients faster, one of the most remarkable is how it has impacted stroke treatment. It is well known that certain medical and surgical stroke treatments need to be delivered within **3 to 4.5 hours** and 6 to 24 hours, respectively. Some EDs, especially in smaller community hospitals, do not have the qualified neurologists and surgeons available to definitively diagnose specific types of stroke or to perform interventional procedures when needed.

Technology is helping these patients receive treatment

faster in several ways. First, through telestroke care, a neurologist, neurosurgeon, and other specialists working in a stroke center of excellence can receive data and diagnostic imaging from a community hospital to diagnose the stroke. The stroke specialists consult with the physicians in the originating hospital on a treatment plan and can even conduct a **video visit** with the patient in the ED.

In some cases, a special **"clot-buster" drug** (called tPA) can be injected at the community hospital to tackle a blood clot that's blocking blood flow to the brain. Telestroke technology is helping here, too. A study conducted by Kaiser Permanente found that utilization of the tPA increased from 6.3% before a telestroke intervention to **10.9%** after the intervention, without increasing complications.

If that's not successful, a specialized interventional procedure may be required that would require care at a comprehensive stroke center. In those cases, the patient must be transferred emergently to a center of excellence for that type of specialized treatment. A recent study in the peer-reviewed journal *Circulation* found that when these decisions or transfers are delayed, patient outcomes suffer.

Data Sharing Shortens Time to Care

If a telestroke consult takes place prior to transfer, the stroke team can be assembled and prepare for the patient during transfer. The stroke center should have protocols in place that enable the patient to bypass the ED and ICU and head straight to the neurovascular lab, where the stroke team is ready and waiting.

Banner Health, for example, one of the largest nonprofit health systems in the country, with 28 hospitals across six states in the West and Southwest, refines its stroke protocols through monthly meetings with its stroke center coordinators, data analytics and sharing of best practices. The results of this collaboration and data study, according to a [published study](#), were lower average door-to-tPA times and increased tPA utilization across all its stroke centers.

Similarly, by electronically sharing diagnostic images and documentation from the earlier telestroke consultation, neurosurgeons and the surgical team are better prepared for the unique variables of the case, such as the patient's other chronic conditions, medications or type of stroke. This process also prevents redundant and expensive imaging tests from being repeated prior to the surgery.

Integrating communication technology with emergency transport companies is also saving time through automated alerts and data sharing. For example, in California, the state's health information exchange received a [\\$4.9 million grant](#) to connect six local EMS agencies, 13 EMS providers, and 16 hospitals in eight counties with data to inform prehospital care, deliver real-time notification to hospitals of incoming patients and enable data transfer between electronic records. With fewer phone calls and delays, the stroke center can more quickly mobilize an air medical helicopter or ground transportation with emergency medical teams ready inside the aircraft or vehicle.

While these are only a few examples from a wide array of technology that is helping providers improve patient outcomes, it is encouraging evidence that baby boomers and future generations will have faster access to the right care when they need it most. Sometimes, minutes matter—and technology can make a world of difference.



To learn more, visit rebrand.ly/minutesmatter.



This insight originally appeared in Forbes. rebrand.ly/forbestech

About Central Logic

Managing patient transfers is a life-saving endeavor. Central Logic is a pioneer in the space and was founded to support this mission. Our flexible, purpose-built solutions provide superior real-time visibility and unmatched business intelligence to optimize the operations of health system transfer centers. Clients count on Central Logic to deliver strong growth, find new ways to improve patient outcomes and make their operations more effective, today and into the future. Based in Utah, Central Logic is an industry leader with a 95% customer retention rate. The company has been named a "fastest growing private company" by both Inc. 500 and Utah Business Magazine. For more information, visit www.centrallogic.com.

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