

## Avera eCare

### Background

An integrated health system headquartered in Sioux Falls, South Dakota, Avera Health serves patients in an area of more than 545,000 square miles throughout South Dakota, Minnesota, Iowa, Nebraska and North Dakota. Its telehealth program, Avera eCare, partners with clinics, independent hospitals and specialty care organizations to offer care in eight states, serving 209 hospitals and clinics. Services include ICU, emergency, pharmacy, specialty-care consults, long-term care and urgent care for correctional facilities.

### Interventions

Avera Health's telehealth initiatives date back to 1993 with remote consultations from the main hospital to a remote clinic. In 2008, the health system launched Avera eCare with the vision to "improve the health and lives of people and communities through advanced technologies and improved access to care." In 2012, with support from the Helmsley Trust, eHelm was created, a navigation center with multidisciplinary teams offering services throughout the region.

Thinking about the hospital of the future, Donald Kosiak Jr., M.D., regional medical information officer, says he envisions patients staying out of the hospital and sees telehealth technology as the tool to reach that goal. Early interventions and equal access to care will keep patients out of the emergency department and shorten hospital stays, Kosiak says. "I think the technology is allowing us to focus on health care, not sick care," he adds. "Providing these services will achieve the Triple Aim."

Avera eCare is focused on implementing change to achieve the Triple Aim, not just talking about it. For example, the health system's eICU program provides intensivists oversight to more than 60 percent of critical-care patients in the region, compared to 13 percent nationally, improving the quality of care. The eEmergency program, which connects local emergency room physicians with remote specialists, saved an estimated \$6.8 million in avoided transfers.

### Results

Avera's eCare program improves outcomes by augmenting care teams at the patient's bedside. The eICU program continuously monitors critically ill patients, alerting caregivers of negative trends faster than traditional care models. The health system also supports consistent application of evidence-based medicine. The ePharmacy program provides remote medication review, providing pharmacy support when local pharmacists are not available. This program has helped reduce serious adverse drug events. More than 2.2 million medication orders have been reviewed with an estimated 30,000 safety events averted, including drug-drug interactions, allergic reaction and duplicative therapies, resulting in \$64 million in cost savings.

### Lessons Learned

Regulations have not kept up with the changes in care delivery; the result is a tedious and time-consuming process that caregivers repeat for each state and each hospital in order to practice. Kosiak says standardizing the paperwork would be a big first step, but with today's technology, the process could be streamlined.

Culture change across the health system has been the biggest surprise. Health care is a team sport and telehealth technology promotes teamwork, Kosiak emphasizes. Providers in one location have to collaborate with providers who are with the patient, and Kosiak says this type of teamwork ultimately improves care. The focus is patient centric, not provider centric, Kosiak adds. With each team member providing their expertise, everyone is more confident that the patient is receiving safe care at the right time.

**Contact**

Jay Gravholt  
Director of Media Relations  
(605) 668-8585  
jgravholt@avera.org