

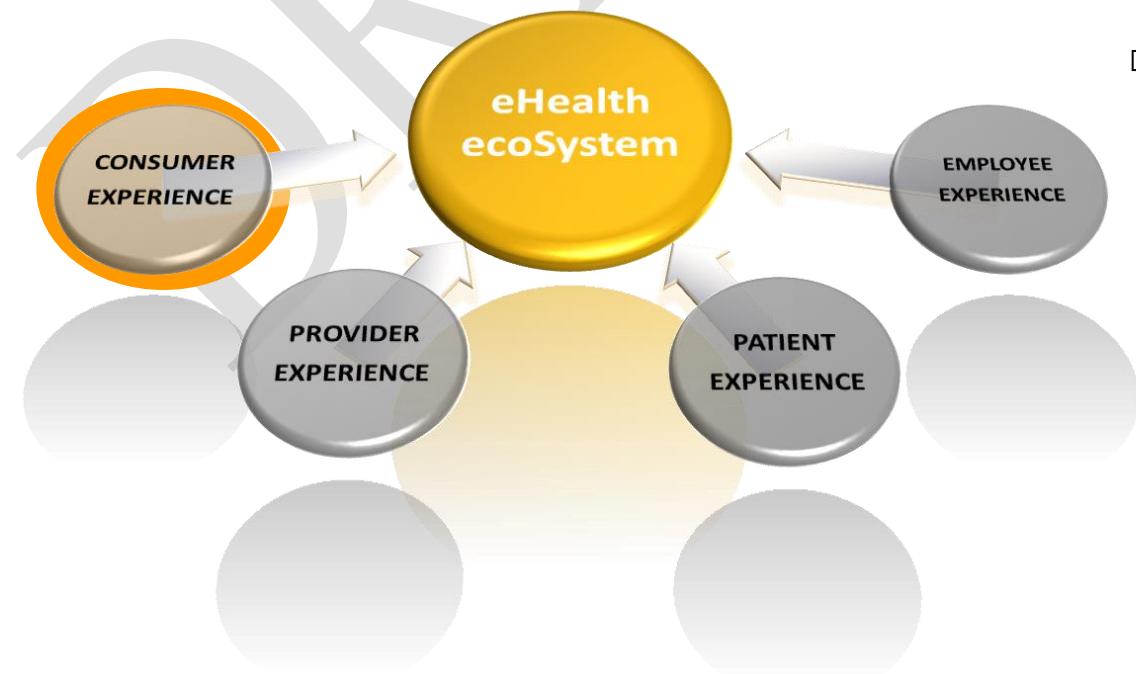


*Our Mission: We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable.*

# e- Communications

## Public Website Development

July 2010



# SCLHS and Exempla e-Communications

## Public Website Development

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# **SCLHS and Exempla e-Communications**

## ***Public Website Development***

**"Eighty percent of American internet users, or some 113 million adults, have searched for information on at least one of seventeen health topics." Pew Research**

### **I. Executive Summary**

SCLHS and Exempla websites are vital tools in executing our business strategy by connecting patients, employees and physicians to our Care Sites. People are increasingly utilizing Web technology, including social media, to manage their lives, and they have high expectations for personalization, tools and interactive functionality. Patients, physicians and employees look for these capabilities in all their online interactions, including those with SCLHS. It is imperative that we develop these technology tools to engage people with our Care Sites.

### **Medseek e-map engagement**

From January to June 2010, SCLHS engaged Medseek, current Web platform partner for SCLHS and Exempla, to conduct an e-map assessment of electronic communications and portals. Medseek assessed capabilities and resources to create a recommendation for SCLHS and Exempla to develop e-communication tools, including enhanced public websites, and employee, physician and patient portals. Their work included on-site visits and interviews with multiple internal audiences from SCLHS and Exempla, including Leadership, functional area experts and physicians. An important part of the strategy was to also assess Exempla to determine how best to integrate web efforts. Based on the outcome of their research, we have an imperative to develop these tools for all of our audiences to have a positive online experience with our Care Sites.

As our first step, this business case will focus on developing the SCLHS and Exempla public websites using Medseek's full platform and functionality. Developing the websites will provide the greatest, immediate impact to external audiences and for the SCLHS/Exempla Care Sites. Redesigned websites will enable Care Sites to:

- Reach new patients and donors.
- Convert visitors to patients.
- Develop relationships with community members so they choose SCLHS/Exempla.
- Become the trusted source of health information so people turn to us first.
- Provide measurement for return on investment of marketing initiatives.
- Provide social media platform for low-cost, high-return, targeted marketing.
- Educate on how we meet health care needs.
- Support recruitment efforts for employees and physicians.
- Build the foundation and infrastructure for e-patients.
- Support integration efforts as SCLHS and Exempla align.

### **Proposal**

Leveraging digital technology will improve the experiences of our employees, physicians, patients and communities to help SCLHS and Exempla achieve our strategic goals, and fulfill the Mission of improving health. This will be a key part of integration, and a collaborative, strategic initiative. It is proposed that we have a tiered approach with the recommendation to implement Tier 1 in 2010. This will include redesigning the SCLHS and Exempla public websites and implementing comprehensive functionality to take full advantage of Medseek's capabilities. Individual business cases will be developed for tiers 2 through 4.

#### **Tier 1: Public website**

- Redesign the public websites (for SCLHS and Exempla with same look and feel)
  - This will include implementing full functionality of Medseek's capabilities for all
  - This will include transition of Clinics for the Uninsured onto the Medseek platform
  - This will include development of social media strategy

#### **Tier 2: Employee Portal**

- Build a System-wide employee portal (SCLHS and Exempla)
  - This will include knowledge management system for Lean initiatives and data repository

#### **Tier 3: Physician Portal**

- Build a physician portal (coordinated with eClinical works/aEHR)

#### **Tier 4: Patient Portal**

- Build a patient portal (to be coordinated with aEHR)

## **Cost and return on investment**

Establishing an ongoing e-communications strategy, with website redesign as our first step, will position SCLHS and Exempla to be more contemporary and competitive in our markets. This long-term investment will lay the foundation for strategic communications in the changing health care landscape. As we move toward greater patient interaction, this will pave the way for e-visits and patient portal capabilities. It will be critical to build this infrastructure to be successful in the future health care environment.

While developing the public website will require significant, ongoing investment, SCLHS will benefit in many ways, including cost savings and avoidance, and improved productivity and quality. Improving the websites will also facilitate the integration process, and prepare us to fully develop proposals for Tiers 2 through 4.

#### **Tier 1 public website development total cost over four years is:**

**Capital:** \$1,206,000

**Operating:** \$ 457,600

**Total:** \$1,663,000\* (Note: Includes Exempla costs.)

Return on investment was calculated using SCLHS and Exempla data, and benchmarks by other health systems of similar size hosted by Medseek that have successfully implemented portals. Detailed ROI will be provided in this paper as well as in the USPA.

We anticipate a return on investment of:

- Seven year cumulative net gain is approximately **\$9.9 million**
- Payback breakeven is **3.5 years**
- IRR: **95.22%**
- Net present value of cash flow at 15% is **\$4,329,926**
- High level hard green dollar cost savings by consolidating agreements include:
  - One-time: \$50,000
  - Annual: \$36,000

**Total estimated cost savings over seven years: \$302,000**

## II. Introduction

### **The national landscape**

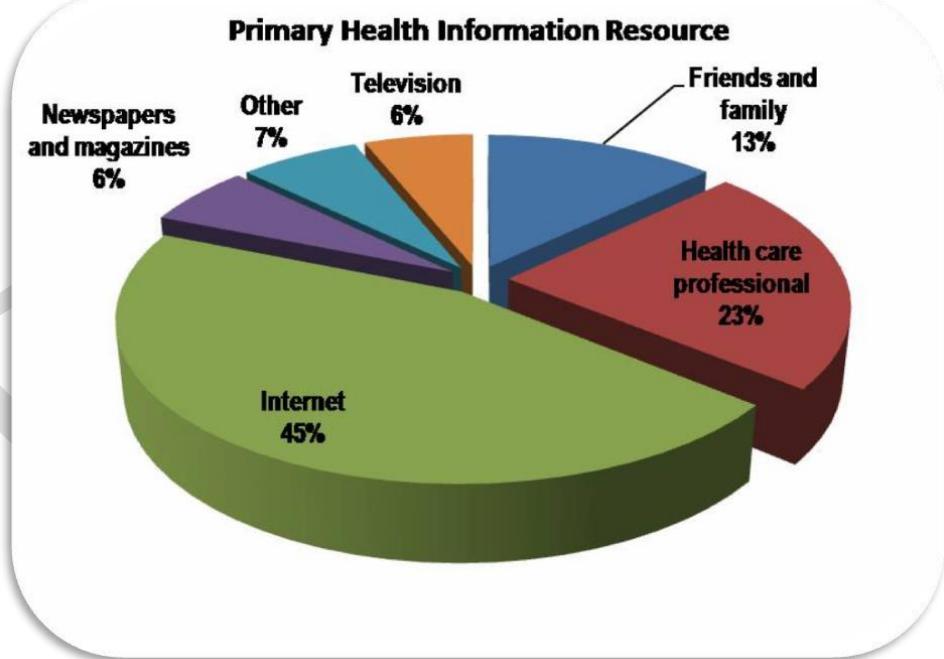
Increasingly, people are turning to the web to manage their lives, and technology is transforming the way they access health care and communicate. SCLHS and Exempla websites are portals through which people can engage with our Care Sites. These virtual front doors are becoming more important as the health care industry goes through reform and technology transforms health care. This is a core component to health care reform and meaningful use.

#### **National Internet Usage**

Results from a survey published in June 2009 by the Pew Internet and American Life Project show that:

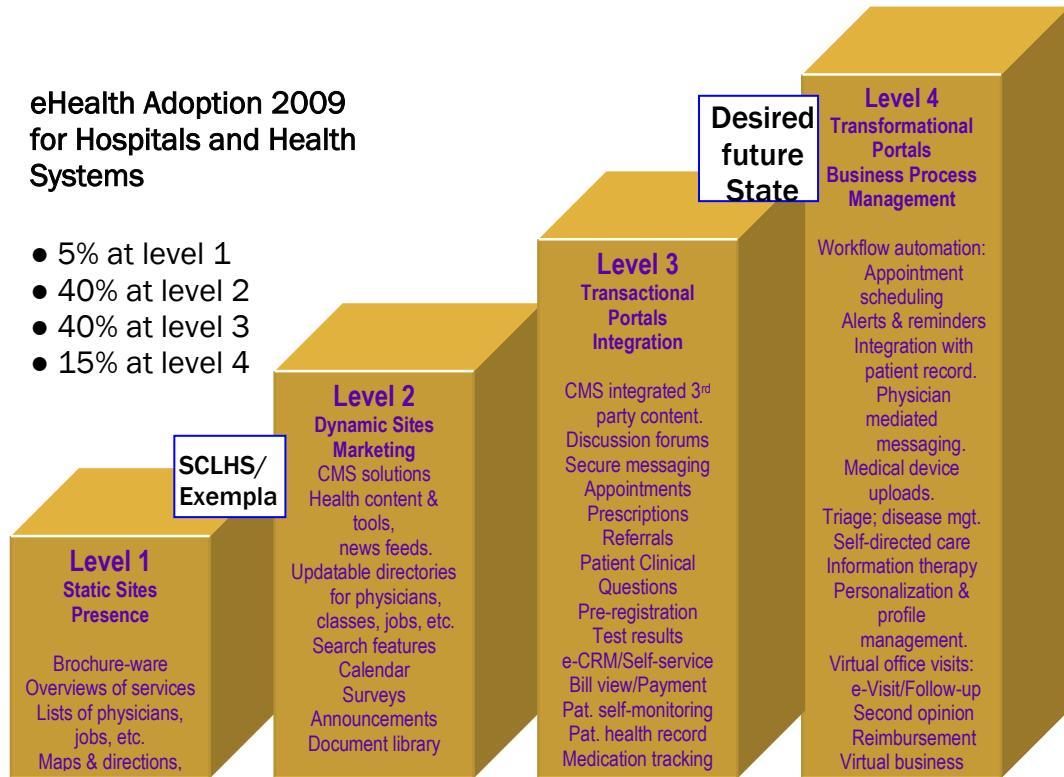
- 79% of American adults go online.
- 63% of American households have broadband connections.
- 83% of adults—eight in ten—look online for health information.
- 45% of adults use the Internet as their primary health information source.

Medseek  
and Burst  
Media  
Online  
Insights  
2007



## SCLHS and Exempla Current State of e-Communications

According to the Gartner Group, a leading organization that measures website growth and development of capabilities, SCLHS and Exempla are toward the lower end of adoption, between level 1 and 2. With Medseek's recommendation, we will move to between Level 3 and 4.



## Business Imperative

We must develop contemporary websites that engage consumers, employees, and physicians with our Care Sites to be successful in this era of health reform and transformation. This will also facilitate reaching strategic goals and fulfilling our Mission, while supporting the integration effort. We must leverage Web 2.0 technology to transform our sites to contemporary, functional, interfacing portals to ensure that people choose our Care Sites for their health needs.

Risks of Inaction	Benefits
Loss of ability to retain and recruit talent—employees and physicians	High-functioning, engaging sites will increase patient, provider and employee value, loyalty and usage
Loss of market share	Will provide a new channel to market and cross sell services
Lack of ability to attract and convert consumers to patients	Ability to attract and convert visitors to patients can improve health status, increase revenue and lower overall care expenditures
Lag in competitiveness—competitors are ahead of us	We will be competitive so that people choose us
People will perceive us as being behind the times and not technologically savvy	Patient perception and loyalty will be improved and increase volumes

### III: Background

**“In response to customer demand, hospitals are evolving into virtual networks. Today’s parents flock to the Internet to seek health care information on behalf of their children, researching treatment options and evaluating care quality. Busy physicians are seeking greater work-life balance by aligning with provider organizations that facilitate less time spent on administrative tasks and more time with patients. Leading practice hospitals and health systems are using information technology (IT), the Internet and new media to better connect with their customers—both families and physicians—to increase volumes, gain market share and improve care delivery.” Sg2**

#### **SCLHS**

SCLHS websites have gone through multiple evolutions since their creation in 2001. In December 2005 all sites were redesigned with one look and feel but have not been updated since. In 2007 SCLHS transferred from a vendor who went out of business to Medseek, who kept our sites functioning during a turbulent period. In 2008 after a thorough RFP process, Medseek was identified as the long-term strategic web platform partner. The process included proposals and presentations by Medseek and other leading providers to the Strategy and Business Development Council and Leadership. Medseek was chosen for their technological capabilities, expertise in health care, competitive pricing and capacity to provide services needed by SCLHS. Upon that decision the sites were transitioned to Medseek’s content management platform. While this was an essential move to keep websites functional and stable, it was a lateral one and a stopgap measure. They were not redesigned, and minimal changes were made to functionality with only limited access to the full array of Medseek’s capabilities. SCLHS websites have not kept pace with the emergent web technology and increasing consumer demand and expectations, including changing design tastes and preferences.

#### **Exempla**

Exempla redesigned their website in 2007, resulting in increased visits and time spent on the site. A governance structure was put in place that includes representatives from all Exempla hospitals and service lines. While Exempla has continued to develop the site and invested in functionalities, including adding health content and an e-health newsletter, there is still opportunity to improve. Research in 2007 showed that ‘compared to the best and most effective hospital sites in the country, no hospital website in Denver (including Exempla’s) met the standard of being best in the nation’. Research also showed that no website in Denver was dominant. (*Excerpt from Exempla Capital Project Retrospective Review: New Website, Oct. 2009*).

External feedback has been received about both SCLHS and Exempla websites that they are not easy to navigate and people cannot find what is needed, despite attempts to improve them within existing capabilities. The Medseek contract is due for renewal for both SCLHS and Exempla in Q4 2010 so timing is optimal.

## Voice of the customer

SCLHS' and Exempla's public websites are the virtual front doors to our Care Sites, often the first experience people have that leaves a lasting impression. Research conducted at SCLHS Care Sites concluded that a redesign, with an updated look and feel, was one of the most important developments needed with our websites to meet consumer expectations and remain competitive.

A 2009 study was conducted by the Strategy and Business Development Council to learn how our Care Sites believe we should be developing our sites. Part of this survey rated the look and feel and navigability of the sites for consumers, and how they ranked against competitors. The results showed that there is great opportunity for improvement.

When asked "How do you feel your website compares to other competitors or sites?", **82 percent responded that they were worse, and only 18 that they were the same.** **No one believed our sites were better.** When asked to rate the website overall (functionality, look, navigability), **42 per cent gave a poor rating, 58 percent good, but none rated them as very good or excellent.**

Consumers are increasingly turning to the internet for health information and management which provides us with an excellent opportunity to reach potential new patients, employees, donors and physicians for recruiting.

SCLHS and Exempla have the opportunity to harness Web 2.0 technology to transform our sites into dynamic ones that convert visitors to patients and help us reach strategic goals.

**"The Internet provides health care organizations with tremendous opportunities to target their marketing efforts to the right audience at exactly the right time. Consumers who are online looking for information about physicians are doing so because they need one—and organizations that can make the information consumers want easy to understand, highly relevant, and readily accessible can get a leg up on capturing these potential patients."** Forum for Healthcare Strategists.

Patients are becoming more responsible for their care, and they are more engaged and active in choosing care and maintaining their health. From research provided by Thompson Reuters, and strategic guidance by Sg2, we know that the typical SCLHS patients are ones that are *perpetual* and *occasional*. The web is an optimal opportunity to provide tools for both of these types of patients to manage chronic conditions, practice preventive health and learn how to lead healthy lifestyles, which supports our transformation to systems of care.

## Benefits and case analysis

Developing the consumer sites and ultimately, a patient portal, will help SCLHS and Exempla achieve goals of strategic growth and performance excellence, while improving physician relations and internal customer effectiveness. As leaders, we need to actively pursue development of our sites, **"It's time for health care leadership to take things to the next level—to embrace new Web tools and create a climate**

where participatory medicine can be leveraged to benefit the entire population,"  
Susannah Fox, Pew Internet & American Life Project.

### ***Increased functionality***

By improving the functionality of our sites we will have more highly engaged patients who use the web to interact with Care Sites and develop relationships for a lifetime of care. With this engagement we will have full access to Medseek's entire suite of tools and functions. These tools include online bill pay, online registration, appointment requests, online store, and educational modules. To successfully implement the public website and ensure that people find us, it is recommended that developing SEO (search engine optimization) and web advertising be a part of the web strategy. CRM (customer relationship management) will allow us to further develop and strengthen engagement with patients for the continuum of care.

### ***Case analysis of consumer websites***

Health System	Function	Return
SCLHS—Saint John's Health Center	Microsites promoting service lines	SJSM microsites received nearly <b>90,000</b> visits per month. Nearly <b>80%</b> of the Neuroscience Institute's patients come to NSI through the microsite.
Midwest health system (unable to disclose name due to confidentiality)	Appointment requests and pre-registrations	In a year generated <b>78,000</b> appointment requests. Roughly <b>10%</b> or <b>7,800</b> were <b>considered new patients</b>  Average value of each new patient revenue is <b>\$2,700</b> . <b>Estimated new patient revenue: \$21 million.</b>
Texas Health Resources	Online appointments for screening mammography	<b>828</b> web forms submitted with a net revenue of <b>\$90</b> per screening resulted in total net revenue of <b>\$74,520</b>
Advocate Christ Medical Center	Physician appointments	Advertised through Google Adwords campaign, every physician appointment made via the web averages <b>\$2,160</b> in downstream net revenue.
Provena Health System	Online forms and search engine optimization	Sleep study campaign to drive volume to sleep labs with call to action: <b>143 quizzes completed and 85-90% completed were eligible for appointments.</b>
East Coast Region Health System	Online bill pay	Reduced average length of billing call by <b>40%</b> . Half of patients who view their online bill tend to pay the bill online resulting in a <b>10% reduction in their AR days.</b>
Midwest Clinic (unable to disclose name due to confidentiality)	Search engine optimization	SEO campaign to promote robotic prostate surgery.  In three months over 200 requests for robotic prostate surgery came through website. From those 200 web requests, 30 became new patients, with <b>\$870,000 in new revenue.</b>

### ***Social Media***

Perhaps most importantly, there has been an explosion in the adoption of social media, and consumers are expecting our sites to be interactive and engaging, not static. According to the Forum for Healthcare Strategists, “Forward-thinking healthcare organizations recognize the value of such channels as a means of connecting with consumers, patients, and referring physicians.” While SCLHS and Exempla are determining what our presence will be on these mediums such as Facebook and YouTube, the first step is to fully develop websites that will serve as landing pages. We must have good websites before we can move into the social media realm, where there is great potential to target patients in a focused, highly effective yet low-cost way. As part of this e-communications effort, we will create an approach, including policies and guidelines, for how SCLHS and Exempla should take part in the social media realm. Many health care systems have started to successfully use these tools, resulting in new patient referrals.

### ***Social media case analysis***

Health System	Function	Return
Trinity Health	Facebook, YouTube, Google Adwords	\$2,400 was spent on a bariatric service line campaign resulting in at least one person undergoing a Lap-Band procedure at \$15,000 downstream revenue
Aurora Health Care	Twitter	The health system has more than 6,000 Twitter followers. Aurora Health “live-tweeted” during a knee-replacement surgery to help promote its orthopedics service line, which generated 20 inquiries about knee surgery. Fourteen of those inquiries led to surgeries. (From Ragan Communications, 2010)

## **IV: Proposal**

### **Recommendations**

Overall recommendations are that we:

- Use existing resources efficiently and leverage talent within the System, with System providing tools, standards and support
- Standardize and take advantage of cost savings of scale by having one content management system
- Redesign the public websites in a way that is standardized and consistent yet flexible to address unique local needs
- Advertise and publicize to create awareness of consumer website to reach goals and have successful implementation

The recommendation for our first steps in the overall e-communications strategy is:

**Tier 1**

- Redesign the public website (for SCLHS and Exempla with same look and feel)
  - This will include implementing full functionality of Medseek's capabilities
  - This will include transition of Clinics for the Uninsured onto the Medseek platform
  - This will include development of social media strategy

Specifications

- Enterprise content management system (CMS) licensing
- Updated design for the System sites
- More design options and flexibility for Care Sites and Clinics
- Search engine optimization (SEO) expertise at the System level to support Care Site initiatives
- Expansion of customer relationship management (CRM) capabilities
- Social media planning a must

**Resources**

The following roles will be needed to ensure success. There are many people who are talented and skilled within SCLHS and Exempla, and existing employees can be utilized to fulfill these roles. Many Care Site employees already fulfill many of these duties as part of their responsibilities, and many can take on support roles as subject matter experts for others in the System. Because of this, we do not anticipate needing to add resources. We also do not anticipate a reduction in force as there will be continued needs to update and manage the sites.

System	Care Site
<ul style="list-style-type: none"><li>• E-health Director—Oversees implementation and strategic development of portals. Serves as liaison to key stakeholders and departments to ensure synergy and open lines of communication. This person will need to be in a position to influence or have executive support.</li></ul>	<ul style="list-style-type: none"><li>• E-Health Coordinator—Manages and oversees local website development; Represents Care Site to System and works with E-health Director</li></ul>
<ul style="list-style-type: none"><li>• Technical CMS SME/Developer—Serves as a subject matter expert in content management technology and supports Care Sites.</li></ul>	<ul style="list-style-type: none"><li>• Technical Webmaster—Manages local technical needs</li></ul>
<ul style="list-style-type: none"><li>• Content—Manages and uploads content to the SCLHS site and supports Care Site with content needs</li></ul>	<ul style="list-style-type: none"><li>• Content—Manages and uploads content to the local website</li></ul>
<ul style="list-style-type: none"><li>• Social Media—Manages System social media efforts and supports Care Sites; oversees SM policies and guidelines</li></ul>	<ul style="list-style-type: none"><li>• Social Media—Manages local social media efforts</li></ul>

<ul style="list-style-type: none"> <li>● SEO—Provides search engine optimization and is a subject matter expert; supports Care Sites with SEO</li> </ul>	<ul style="list-style-type: none"> <li>● Graphic Design/Video—Develops graphics and video for local website</li> </ul>
<ul style="list-style-type: none"> <li>● Business Analyst –Consumer—Identifies and creates business cases for development of tools and functionality.</li> </ul>	

### ***Critical to quality***

For this to be successful it is recommended that we take the following steps.

- Evaluate current utilization and training
  - SCLHS/Exempla have talented resources throughout the System
- Leverage expertise where already in place
  - Platform super users
  - Workflow consulting
- Establish “eHealth Support Team” structure that works with multiple care sites
  - Take advantage of natural geographic clusters
  - Ad hoc support can come from anywhere in the system
- Care Sites will still need eHealth resources locally
  - Content management

### **Costs and financial commitment**

**Tier I public website development total cost over four years is:**

**Capital:** \$1,206,000

**Operating:** \$457,600

**Total:** \$1,663,000\*

*(Note: Includes Exempla costs.)*

It is estimated that the cost of redesigning the public websites over four years will include:

- **Content Management Enterprise Licensing - \$236,000**
  - Maintenance and support – 20%
- **Website redesign- \$970,000**
  - Design - \$250,000
  - Customizations – \$720,000
- Timeline covers four fiscal years
- Total four year “cost of ownership” for proposed timeline is \$1.7 million
  - Seven year total cost = \$2 million.
    - Majority of additional costs are ongoing maintenance and support expenses
- Cost includes\*:
  - Software, Hardware and Professional Services (74%)
  - Maintenance (26%)

## Total Capital and Operating Expenses

Estimated Onetime Fees	Year 1	Year 2	Year 3	Year 4	Total
CMS Enterprise Licensing	\$236,000				\$236,000
Consumer Portal	\$527,000	\$249,000	\$149,000	\$45,000	\$970,000
<b>Onetime Totals</b>	<b>\$763,000</b>	<b>\$249,000</b>	<b>\$149,000</b>	<b>\$45,000</b>	<b>\$1,206,000</b>
Estimated Recurring Fees					
CMS Maintenance and Support	\$47,200	\$47,200	\$47,200	\$47,200	\$188,800
Consumer Portal Hosting	\$67,200	\$67,200	\$67,200	\$67,200	\$268,800
<b>Recurring Totals</b>	<b>\$114,400</b>	<b>\$114,400</b>	<b>\$114,400</b>	<b>\$114,400</b>	<b>\$457,600</b>
<b>TOTAL</b>	<b>\$877,400</b>	<b>\$363,400</b>	<b>\$263,400</b>	<b>\$159,400</b>	<b>\$1,663,600</b>

## 2010 financial commitment

	Costs	Budgeted
<b>Capital</b>	<b>\$763,000</b>	<b>\$560,000</b>
<b>Operating</b>	<b>\$114,000</b>	<b>\$160,000</b>
<b>Total</b>	<b>\$877,400</b>	<b>\$720,000</b>
<b>Needed</b>	<b>\$157,400</b>	

(This will include implementing full functionality, overall redesign of look and feel, and customization of System and several Care Site websites.)

## Return on investment

ROI is based on data and forecasting provided by SCLHS (with Exempla data), and assumptions and benchmarking provided by multiple health systems similar in size and scope to SCLHS and Exempla. These include:

Henry Ford Health System: Comprised of a 903-bed academic medical and research center, 6 suburban hospitals, more than 70 ambulatory care centers, Michigan's largest insurance provider (572,000-members), an 1000 member medical group, two nursing homes, the state's largest hospice and a home health care division and Henry Ford is viewed throughout the health care industry as a pioneer in the area of eHealth, winning numerous awards for their innovation, design and commitment to transformative health care.

Alegent Health: Alegent Health is the largest not-for-profit, faith-based healthcare system in Nebraska and southwestern Iowa with nine acute care hospitals, more than 100 sites of service, over 1,300 physicians on its medical staff and roughly 9,000 employees.

**Texas Health Resources:** One of the largest faith-based, nonprofit health care delivery systems in the United States, this 13 hospital system with 2,405 licensed beds has more than 17,300 staff. Texas Health Resources has nearly 30 health care facilities in the Dallas/Fort Worth and North Texas region. The system includes more than a dozen acute care and long-term care hospitals, in addition to mental health and retirement centers, physician offices, and home health agencies. THR's network includes more than 3,600 doctors and some 3,400 licensed beds.

**Advocate:** Oak Brook, Ill. Advocate Health Care is an integrated health care network with more than 200 sites serving the Chicago area. Advocate's operations include about a dozen acute and specialty care hospitals (including Christ Medical Center, Hope Children's Hospital, and Lutheran General Hospital) with more than 3,300 beds and 4,600 affiliated physicians, as well as community health clinics and home health care and hospice services. The health system includes the largest physician network of primary care physicians, specialists, and sub-specialists in the state.

**Provena:** A Catholic health system that includes six hospitals, 16 long-term care and senior residential facilities, 28 clinics, five home health agencies and other health-related activities operating in Illinois and Indiana. Provena has won awards for social media efforts.

**Mission Hospitals:** Based in Asheville, NC, is the state's sixth largest health system and the tertiary care regional referral center for Western North Carolina and the adjoining region. Mission is a not-for-profit, independent community hospital system. The main hospital in the system, Mission Hospital, is licensed for 730 beds on its two adjoining campuses in Asheville, Memorial and St. Joseph. The medical staff has more than 750 physicians representing most specialties and subspecialties and there are 8,000 employees.

By analyzing and reviewing successful portal implementation by these other systems, we can forecast what we expect to see in return by investing in redesign. While return on investment can be measured in many ways, ultimately, we will measure success through increased revenues and decreased costs. *Details are available in the USPA.*

By successfully implementing the web portals, we will facilitate ROI in several ways:

- Ease of use will increase patient, provider and employee value, loyalty and usage
- Access will provide a new channel to market and cross sell services
- Use by consumers can improve health status and lower overall care expenditures
- In addition to clinical functions, providers will benefit from consumer functions
  - More time for patients, better care
  - Faster documentation, better efficiency
- Materials costs will be reduced for the entire organization

### ***Key ROI Model Calculation Assumptions***

The Mission of SCLHS and Exempla, or any health care organization, is to provide the best possible care to the patient. Time and money are the primary constraints in the delivery of this care. There is not enough time in the day to see all the patients who want to be seen, and there is never enough money to buy all the equipment or hire all the staff that an organization wants or needs. Maintaining the highest possible standards of care while operating the organization as efficiently as possible is the eternal struggle in health care. Information technology (IT) has developed over the years to address these problems, and eHealth provides additional tools and capabilities to support these overall goals

Medseek has developed a comprehensive set of tools to forecast the possible ROI for the recommended e-communications strategy. Medseek developed these tools by working with multiple organizations that implemented eHealth solutions and identifying the key metrics that were measured. As part of the e-communications initiative, SCLHS provided Medseek with a list of operational and financial data that was plugged into the calculation algorithms to produce the ROI results in this report. For metrics where SCLHS was currently not collecting data, Medseek worked with the project team to review the benchmarks that were already established and adjust them as necessary to match them to the SCLHS and Exempla environments.

The consumer portal is a gateway to seamlessly integrated services and reliable information for consumers and patients. Providing information accurately, consistently, rapidly and economically on the Internet means that users will return because they consider it a trusted site.

### ***Key ROI model metrics***

SCLHS ROI metrics provided in December 2009 as part of the eMap project process:

- Total Patient Revenue = \$2,429,610,252
- Hospital Net Operating Margin = 4.2%
- Total Patient Visits = 2,539,377
- Total Employees = 15,088
- Total Physicians with Privileges = 3,240
- Average Daily A/R Balance = \$323,019,674
- Yearly Inflation = 4.0%
- Cost of Capital = 4.0%
- Capitalization Period = 6 years
- Short Term Investment Rate = 1.7%
- Average support staff labor rate = \$25/hr
- Net revenue per adjusted admission = \$12,707

### ***ROI Projected Results***

Key findings include:

- Seven year cumulative net gain is approximately **\$9.9 million**
- Payback breakeven is **3.5 years**
- Net present value of cash flow at 15% is **\$4,329,926**
- IRR: **95.22%**
- Seven year total cost of ownership = **\$9.5 million**.

- Cost includes\*:
  - Software, Hardware and Professional Services (74%)
  - Maintenance (26%)

The following table provides a summary of the ROI model providing both the total costs based on the timeline proposed in the e-communications strategy and the potential benefits discussed above.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
<b>Total Expenses</b>	(\$877,400)	(\$363,400)	(\$263,400)	(\$159,400)	(\$114,400)	(\$114,400)	(\$114,400)
<b>Total Net Revenue Gains</b>							
	\$595,255	\$744,068	\$1,339,323	\$1,785,764	\$1,785,764	\$3,571,527	
<b>Total Cost Benefit</b>							
	\$135,153	\$172,492	\$239,703	\$284,511	\$359,189	\$508,547	
<b>Total Productivity Net Revenue Gains</b>							
	\$34,326	\$40,830	\$66,849	\$86,363	\$86,363	\$164,419	
<b>Total Benefit</b>							
	\$764,733	\$957,391	\$1,645,875	\$2,156,637	\$2,231,316	\$4,244,493	
<b>Net Cash Flow</b>	(\$877,400)	\$401,333	\$693,991	\$1,486,475	\$2,042,237	\$2,116,916	\$4,130,093
<b>Cumulative Net Cash Flow</b>	(\$877,400)	(\$476,067)	\$217,924	\$1,704,399	\$3,746,636	\$5,863,552	\$9,993,645

### ***ROI Objectives***

Success will be measured by meeting the following ROI targets. Strategy and Business Development executives are responsible for the overall implementation of the public website redesign. As such, they have overall responsibility to meeting these goals. IT has shared responsibility in ensuring the licensing, hosting, maintenance and other technical aspects are met according the agreement with Medseek. Revenue Cycle will assist with reporting.

#### **1. Net revenue gains from public website utilization**

- A) **New patient net revenue target** - Revenue is an important way to measure benefit. As mentioned above, making it easy for consumers to find your website and providing them with an easy to navigate site with useful and engaging tools will transition them to patients receiving care.

Medseek's ROI model allows an organization to forecast what the increase in net revenue will be over a six year period. This value is expressed as a maximum increase in net revenue that can be achieved. This maximum value is phased in over the six year period with a curve to address a slower adoption rate at first that accelerates over time as more consumers become aware.

For the ROI study, the maximum percentage of new patient revenue that will be realized over the initial six years of the redesigned public websites being live is 3.5%. That translates into 281 incremental new patients (based on adjusted discharges) coming into SCLHS and Exempla Care Sites in year seven (2017), when websites will be fully implemented and ramped up. *This is based on 2009 total net revenue per adjusted admissions of \$12,707. (See USPA for breakout of annual targets).*

**B) Increased web traffic target** – Associated with the new patient metric (A), we anticipate an increase in website visits of 15%. That number will go from 4,097,511 annual visits (SCLHS and Exempla 2009 total website visits) to 10,899,461 incremental visits in year 7 (2017) (when websites will be fully implemented and ramped up).

## 2. Cost Benefit and Savings

- **A) Licensing savings** - Moving to a standard platform will eliminate multiple vendors and the associated licensing and maintenance and support costs. In addition, by combining the licensing agreements of SCLHS and Exempla, a \$50,000 savings will be realized for an enterprise licensing agreement.

**Hosting savings** – The merger of SCLHS and Exempla will provide new economies of scale and opportunities to reduce waste and inefficiency. This is evident with the Consumer Experience hosting costs. Both Exempla and SCLHS have Medseek host their public websites, by combining the hosting agreements into one, an annual savings of approximately \$36,000 will be realized.

**Total savings target: \$302,000 over seven years**

- **B) Productivity savings target** - The ROI model also assumes a maximum percentage of patient interactions, such as appointment requests, billing questions, etc. completed via the consumer portal over that same six year period. This will translate into both time and material savings for SCLHS and Exempla.

For the ROI study, the maximum percentage of patient interactions completed online value was 15%, \$164,419 in year 7 (2017). This is based off time study benchmarks and uses 2009 total patient visits and \$25 per hour average labor cost.

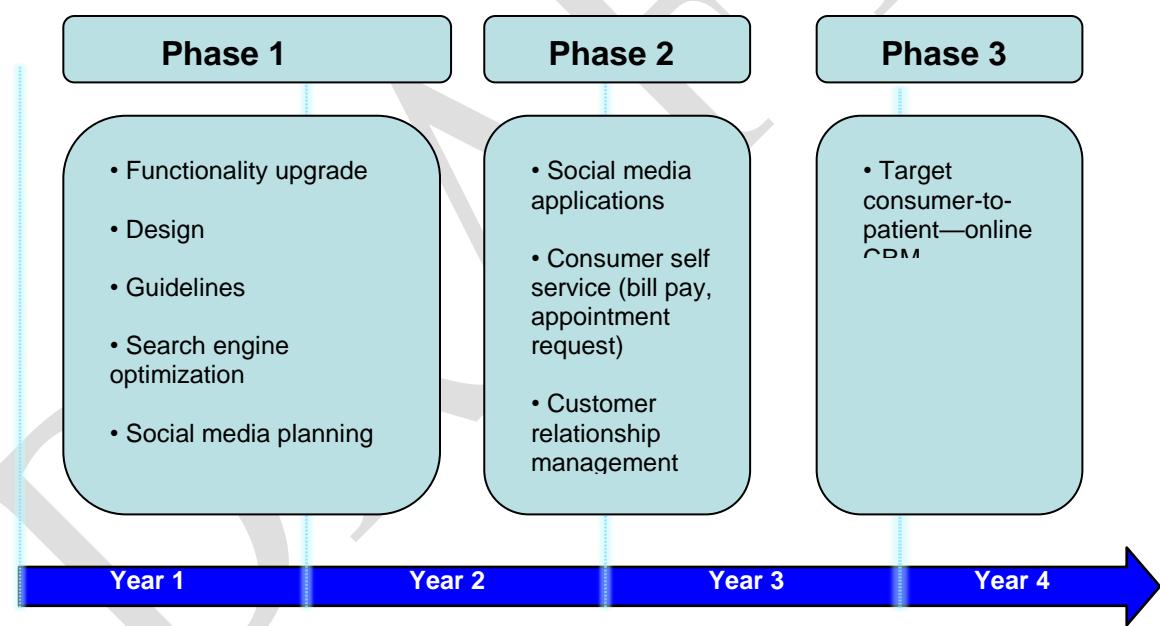
### **Measurement methods**

We will measure success in a variety of ways including through multiple analytic tools. Targeted campaigns with direct URLs, subsites, search engine optimization and social media links, can drive activity to strategic initiatives and service lines featured on the websites. Associated downstream patient conversion can be tracked, as well as responses to calls to action (such as appointment requests or surveys).

- **Webtrends** is the service provided through Medseek that tracks website activity for each of our Care Sites. Reports are customizable and available in a variety of formats and time frames to track specific activity. This is provided online and on-demand.
- **Google Analytics** is a free tool provided by Google to the public that provides additional tracking and measurement for websites. This can add additional value in tracking activity.
- **Call Center** SCLHS and Exempla have a master agreement with Conifer Call Center services that enables online web enrollment and activity for the Care Sites. Upon implementation at the Care Sites (not all utilize the service), Conifer will provide measurement and tracking.

## **Timeline**

This significant undertaking will take place in a phased manner over four years.



## **Governance and collaboration: critical to quality**

### ***Roles, responsibilities and governance***

It will be critical to quality to clearly identify roles and responsibilities.

- Strategy and Business Development/Marketing to oversee development of functionality
- Strategy and Business Development/Marketing to oversee adherence to branding and identity standards
- Communications to manage content and home page
- Communications to manage design, look and feel

- Strategy and Business Development/Marketing and Communications to oversee Care Sites/departments who will be responsible for loading localized content and managing pages within established guidelines

It is recommended that an e-Health Council be developed with System Leadership including an e-health Director, System members from marketing/communications, IT, Human Resources and Quality, and Care Site e-health coordinators. Care Sites will have an e-Health Work Group that will consist of representation by key stakeholder groups including marketing/communications, IT and Human Resources.

The Steering Committee to oversee implementation of the recommended Web strategy includes:

**Executive champions:**

- Chief Strategy Officer/Vice President, Strategy Business Development
- Vice President, Information Services/CIO
- Chief Human Resources Officer
- Vice President, Quality and Safety
- Vice President Communications

**Project manager and lead:**

- Director, Communications

**Committee members:**

- Vice President, Human Resources Operations
- Director, Education and Organizational Development
- Compensation and Benefits Project Leader
- Director, Technology
- Director Quality Performance
- Director Loss Prevention
- Manager Financial and Administrative Systems
- Care Site Strategy and Business Development, Marketing representatives
- Care Site Human Resources representatives

**Task Forces**

Task forces will be created with multi-disciplinary team members to focus on specific areas and to deliver work product.

## **VII. Conclusion**

SCLHS and Exempla are committed to developing and maintaining quality websites as the cornerstone of strategic communications in fulfillment of our Mission and Strategic Plan for Ministry. In order to be contemporary and competitive, our first efforts must focus on redesigning the public websites to fully capture current digital capabilities. As SCLHS and Exempla evolve into an electronic-based organization, particularly in this era of reform, this will be an important step toward communicating with our communities. This will result in improved quality and customer satisfaction, and people choosing our Care Sites for their health care. By leveraging the power of digital technology in this way, we will catch up with the technology curve and be more contemporary with other health systems in the industry.