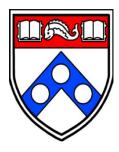
NEUROSCIENCE SERVICE LINES

NEUROLOGY OVERVIEW

Frances E. Jensen, MD
Chair, Neurology
Perelman School of Medicine
University of Pennsylvania



Proposed NSL Guiding Principles

"NSL Guiding Principles"

• What are the reasons to form a NSL?

- Optimize access to neurosciences care
- Improve efficiency of workplace for providers
- Clear attribution of contribution of each element in the "line" regarding patient outcomes, margin, innovation
- Economy of scale
- Using existing well-developed, nationally competitive disease programs to advance the NSL

Optimize access to neurosciences care

- User-friendly, coordinated patient experience to accelerate diagnosis and treatment care paths, emphasis on prevention and followup to decrease disease severity
- Develop clear connectivity between inpatient and outpatient experience
- Create a network where complexity of care is appropriate to site
- Must be able to convert to tiered environment of future health care

Improve efficiency of workplace for providers

- Facilitated interdisciplinary collaboration between different related providers- coordinating point of care time and location, incentivizing innovative coordination efforts
- Utilize non-MD providers where appropriate to decrease delay in evaluations
- Develop databases with common data elements that allows realtime assessments of inpatient and outpatient outcomes, also integrated with clinical trial criteria- provide high level bioinformatics support

- Clear attribution of contribution of each element in the "line" regarding patient outcomes, margin, innovation
 - Non-proceduralists will be incentivized to direct patients to other services in the line
 - Cost savings must be rewarded work to not to inappropriately use high cost services
- Economy of scale
 - Must be demonstrable regarding personnel, operational expenses, and interdisciplinary transfers

- Using existing well-developed, nationally competitive disease programs to advance the NSL
 - Immediate draw based on comprehensive reputation and/or clinical need
 - Most still need investment in clinical staffing
 - All lend themselves to "one-stop-shopping" for patients, creating centers of excellence for subspecialty care
 - High visibility
 - Cutting edge care and research technology
 - Natural complement to research entities, departments/institutes, etc

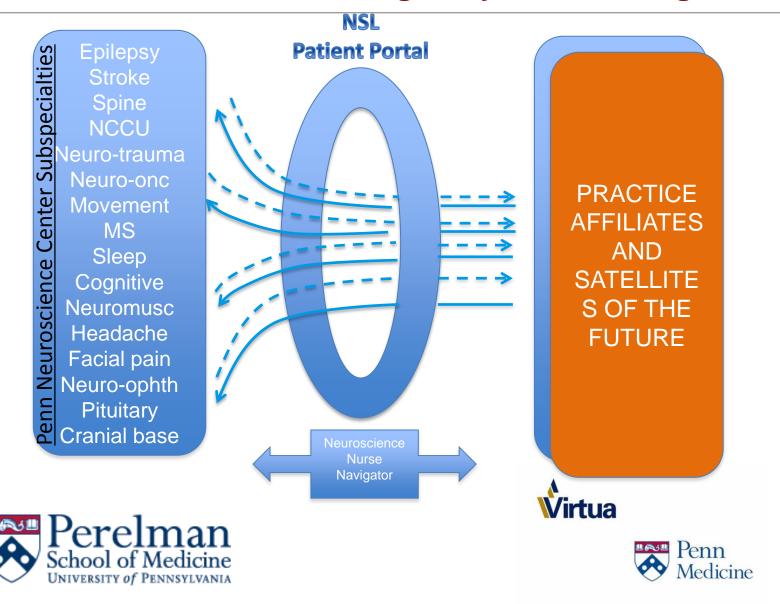
Network expansion to satellites and affiliates

Departmental Guidelines for Network and Affiliate Expansion

Guiding principles for decision to expand: criteria

- Incorporate a rationale for one of more departmental missions (clinical, education/training, research)
- Optimize mutual benefit for department and external site
- Should not bring new financial burden to departmental entities
- Consider and account for complexity of care, adjusting to capacity of site, and decrease opportunity costs as central sites
- Include careful consideration of faculty and providers, as well as designation of new recruits
- Must minimize adverse effect on patient pipeline to central sites
- Optimize utilization of special or local patient populations as candidates for enrollment in clinical research or education
- Must be accompanied by a clear plan of enhanced access for patients to central sites, and support to guarantee continuity of care

Neuroscience Line Portal managed by Nurse Navigator



Management of referrals from outside institutions

- Requirement/request for infrastucture and alignment:
- Informational materials
 - Provide clear information regarding specialty services, providers and clinics both hardcopy and online

Access

- Use a central referral line that is monitored by the Nurse Navigator
- Nurse Navigator role
 - Screen referrals for appropriate placement
 - Accommodate same day multiple services ("one-stop shopping")
 - Manage communications between outside referring provider and Penn NSL provider,
 - Assure timeliness of referral

Quality

 Navigator will also participate in quality initiatives around access and post-care disposition