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
Neurosciences Service Line Guiding Principles

- **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
Neurosciences Service Line Guiding Principles

- **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 real-time assessments of inpatient and outpatient outcomes, also integrated with clinical trial criteria- provide high level bioinformatics support
Neurosciences Service Line Guiding Principles

- **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
Neurosciences Service Line Guiding Principles

- 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
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
Management of referrals from outside institutions

- Requirement/request for infrastructure 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