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## Lurie Children’s Hospital Is Growing Its Network, Further Improving Care and Its Leading National Position

**A**nn & Robert H. Lurie Children’s Hospital of Chicago (“Lurie Children’s”) enjoys a position that many hospitals and health systems would envy. It is the leading pediatric hospital in Illinois and one of the top 10 children’s hospitals in the country, according to the latest ranking from *U.S. News & World Report*. Approximately 200,000 unique patients received care at Lurie Children’s in 2016, traveling from 50 U.S. states and 46 countries worldwide, and accounting for nearly 700,000 total patient visits. Providing care for these patients is a staff of 1,500 nurses and nearly 1,450 physicians and allied health professionals in 70 subspecialties.

Lurie Children’s leadership recognizes the need for continued organizational transformation amid a changing healthcare landscape. As a long-standing partner and strategic advisor to the organization, Kaufman Hall recently was engaged by Lurie Children’s to help the organization assess the impact of industry change on its marketplace, and shape a vision and related strategies for how the hospital should evolve in the years ahead.

One of the transformational imperatives identified to support the vision—articulated as “to become a national leader in achieving a healthier future for every child”—is the need for Lurie Children’s to continue expanding its clinical capacity to care for an increased number of children.

### A Deep Connection with Community Hospitals and Physicians

To grow the organization’s brand and extend its regional presence, Lurie Children’s has been developing outreach partnerships with community providers for more than two decades, and will continue to do so into the future. Today, the network includes 16 partner hospitals and 13 specialty outpatient centers across Chicagoland and the wider region. Lurie Children’s partnership models are designed to be flexible and meet the unique needs of each partner organization. Models range from contracting for individual services, such as medical imaging, to comprehensive programs that include both inpatient and outpatient services. Joint ventures that involve extensive, dedicated on-site coverage of subspecialists also are an option (*Figure 1*).

**Figure 1. Continuum of Local Partnership Models**

Source: Lurie Children’s Hospital. Used with permission.



Chief Strategy Officer Monica Heenan describes Lurie Children’s unique relationship with its community partners as an “Intel inside” capability. “The depth of our connection with community hospitals is much greater than what you might expect from a pediatric hospital,” Heenan says. “Many of our clinicians provide on-site services to our community partners’ special care nurseries and neonatal intensive care units (NICUs).”

Jill Keats, Vice President of Program Development, describes one “boots-on-the-ground” initiative involving sessions led by maternal-fetal medicine physicians to support obstetricians and midwives in the greater Chicago area. “Drawing from a 500-mile radius, high-risk moms benefit from early fetal consults and intervention supported by our Chicago Institute for Fetal Health and our recently arrived leading expert in fetal surgery, Dr. Aimen Shaaban,” says Keats.

Along with specialty and subspecialty offerings, primary care alignment is a key component of Lurie Children’s strategy to expand clinical capacity. “We want to have a Lurie Children’s doctor within a 30-minute travel time of every patient in our service area,” says Heenan.

Lurie Children’s added its first private group of community-based pediatricians in late 2015. Knowing that many physicians in private practices want to remain independent, the organization is taking a multi-faceted approach with its physician strategy. For example, launched in May 2014, Lurie Children’s Health Partners Clinically Integrated Network (LCHP CIN) enables community-based pediatricians to continue to practice independently while working collaboratively with the hospital and its specialists.

LCHP CIN includes Children’s Faculty Practice Plan, which is a mix of approximately 650 employed or closely affiliated pediatric specialists, and about 250 independent pediatricians. The latter are members of Chicago-based Children’s Community Physicians Association and admit patients to Lurie Children’s and other Chicago-area hospitals.

## Improving Care Delivery

Together, LCHP CIN physicians are focusing on improving the delivery of care, including care coordination and communication, across multiple settings. To support the elimination of care gaps, this initiative started with the development of a unified patient record, with data on more than 250,000 children. The goal is to improve quality and outcomes for patients, while reducing costs, in keeping with the Triple Aim goals of healthcare’s new business model.

LCHP CIN developed a robust set of quality measures to track progress. For each measure, such as immunizations, child development rates, and readmission rates, LCHP CIN uses a data-driven, best-practice approach to enable care improvement across the network. LCHP CIN monitors a variety of measures related to access, patient satisfaction, and referring physician satisfaction, notes Keats. “For example, the number of unique patients we serve is a proxy measure for network access and growth. Additionally consumer surveys give us data on unaided brand awareness,” says Keats. The network has started to take risk through an innovative arrangement for a pediatric population with a commercial payer. The network also has a number of contracts with value-based components, and plans to enter other risk-based arrangements in the future.

## Effective Use of Technology

Telemedicine is a significant component of Lurie Children’s strategy to expand clinical capacity.

“We use telemedicine in a variety of ways on the care continuum,” Heenan explains. “The first use—called Baby Care Connect—is probably the most impactful for families. All babies that come to Lurie Children’s very busy NICU are transported from another hospital. Often the mom is still hospitalized at the local delivery hospital. We use our telemedicine platform to allow the mom and other family members to participate in NICU rounds with the team and be part of their baby’s care and decision making related to care.”

Lurie Children's also uses telemedicine to help determine whether transporting a child to Lurie Children's is the right decision. For example, analysts found that 15 percent of the children that were transferred from one hospital's emergency department (traveling 90 miles), were discharged from Lurie Children's ED, rather than being admitted and requiring further specialized services.

"We now offer physicians in the adult emergency departments of some of our partner hospitals 24/7 access to our pediatric specialists via our telemedicine platform," describes Keats. "Patients can receive consultative services and be treated in place, which prevents unnecessary transports that can be difficult for patients and their families."

Telemedicine also has proven useful for preventing readmissions. Clinicians at Lurie Children's take care of very fragile babies in the NICU and pediatric intensive care unit. After patients are medically stable, they are discharged from the hospital and moved to a transitional facility or to their homes. A telemedicine post-discharge "check-in" by the nurses who cared for the children enables Lurie Children's staff members to stay connected and share their knowledge about what's normal for the children, and when to be concerned.

Telemedicine is used with Almost Home Kids, an affiliate of Lurie Children's. Almost Home Kids cares for children with complicated health needs by providing short-term transitional care in home-like settings, family training, and respite care.

Additionally, Lurie Children's is using telemedicine to efficiently expand the reach of its experts internationally. The first visit with international patients typically is conducted via telemedicine. "It's a great screening tool for our specialists. If and when a patient does come to Lurie's Children's for a face-to-face visit, everybody is better prepared," says Heenan.

Provider-to-provider uses of telemedicine include consults between specialists, such as neuro-critical care and cardiac intensive care physicians and pediatricians, and participation in specialized academic healthcare conferences.

Beyond telemedicine, LCHP CIN recently implemented a new HIPAA-secure clinical messaging solution to help improve system communication between inpatient and outpatient providers, and to streamline patient care. Additionally, a shared EHR allows seamless sharing of patient information between specialists and pediatricians employed or affiliated with Lurie Children's.

For Lurie Children's, it's all about continuing to push the network envelope to continue being a leading organization as required in today's healthcare delivery environment.

*Special thanks to Monica Heenan and Jill Keats for agreeing to be interviewed for this piece. To learn more about how to position your organization in an evolving industry landscape, contact Kaufman Hall at [info@kaufmanhall.com](mailto:info@kaufmanhall.com).*