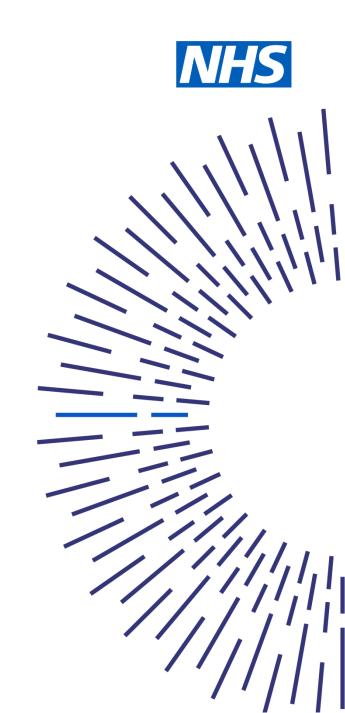


Remote care at Moorfields: innovation and scale

Peter Thomas

Chief Clinical Information Officer and Consultant Ophthalmologist Moorfields Eye Hospital

March 2023



Asynchronous

Virtual Clinics – More cost effective than F2F, still relies heavily on estate & resources

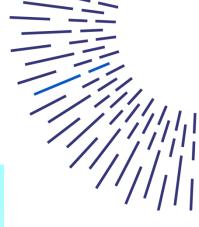
F2F models – Flexible but resource intensive, growth is expensive

Off Site virtual clinics and home monitoring – Removes the need to provide estate. More patients per unit of time

Video & Telephone – for appropriate case mix lower cost as doesn't rely on estate & allows more patients per unit. Limited by availability of suitable patients and rate of conversion to F2F



Non-Moorfields Premises

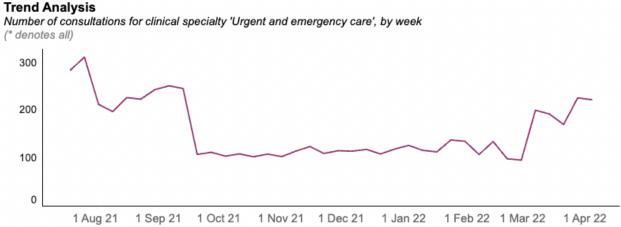


Synchronous





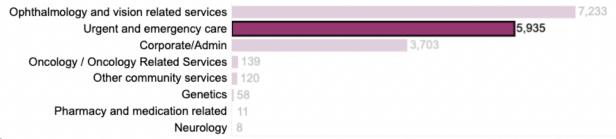
'Number of consultations' for Moorfields Eye Hospital NHS Foundation Trust



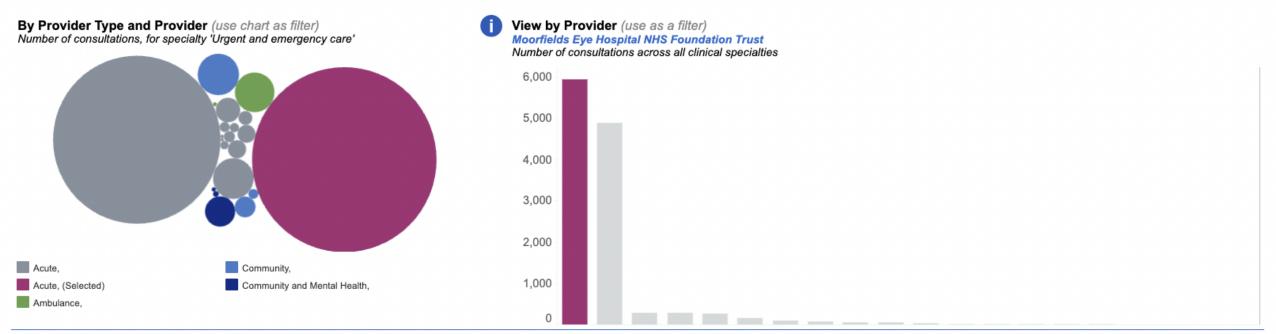
By Specialty Level (use chart as filter)

Number of consultations by specialty

For 'Moorfields Eye Hospital NHS Foundation Trust', 44.1% of total activity, is available by clinical specialty.



Please note: Data are only available from 1st April 2021.



Please note: The data in the dashboard represents a subset of video consultation activity. NHS England and NHS Improvement do not have access to activity data for all video consultation platforms that providers and systems are using. Please refer to the cover page for full details and notes on interpreting the data. If you have any queries or comments, please contact nhsi.OTPAnalysts@nhs.net.







Log in





RESEARCH PAPER | VOLUME 34, 100818, APRIL 01, 2021

Safety of video-based telemedicine compared to in-person triage in emergency ophthalmology during COVID-19

Ji-Peng Olivia Li • Alice A.P. Thomas • Caroline L.S. Kilduff • Abison Logeswaran • Rishi Ramessur • Anton Jaselsky • et al. Show all authors

Open Access • Published: April 05, 2021 • DOI: https://doi.org/10.1016/j.eclinm.2021.100818







PlumX Metrics

Asynchronous

Virtual Clinics – More cost effective than F2F, still relies heavily on estate & resources

F2F models – Flexible but resource intensive, growth is expensive

Off Site virtual clinics and home monitoring – Removes the need to provide estate. More patients per unit of time

Video & Telephone – for appropriate case mix lower cost as doesn't rely on estate & allows more patients per unit. Limited by availability of suitable patients and rate of conversion to F2F



Non-Moorfields Premises



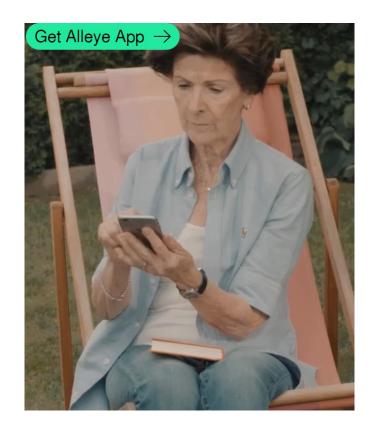
Synchronous

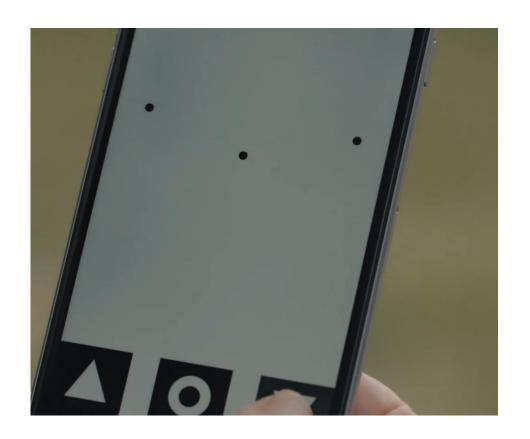


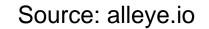




Smartphone-based vision testing

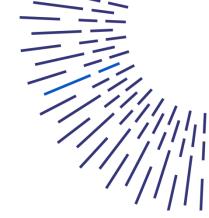






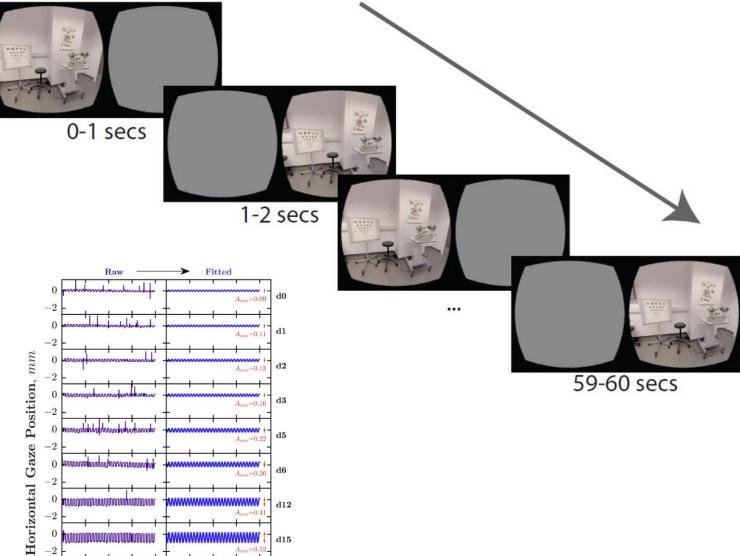












45 60 0

Time, secs

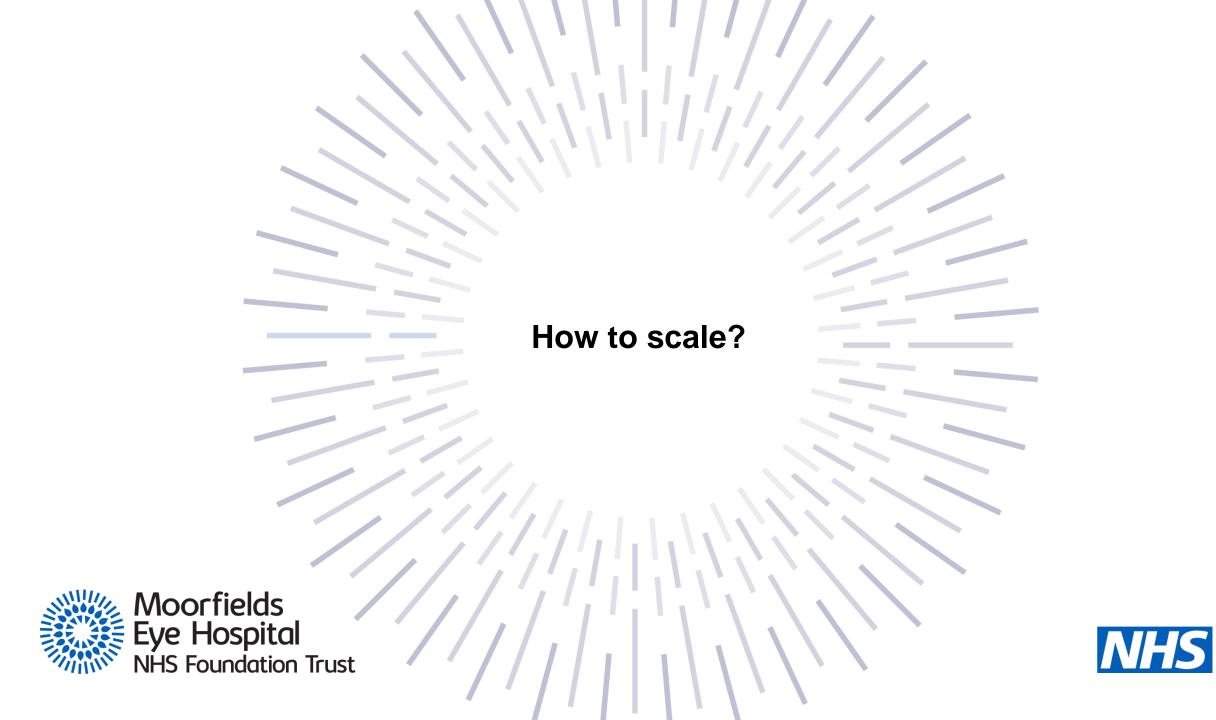
0 15 30

15 30 45





59-60 secs



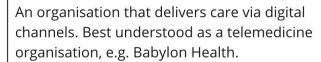
There are **two** conceptual types of hospital that digital transformation could realise



A physical hospital in which care is improved and made more efficient by technology.

The operational model of a smart hospital is very similar to that of a traditional hospital.

Conservative digital ambition. Limits growth with fixed patient pool. Does not fully utilise financial investment. Some benefits are not achieved unless services can be scaled. Glass ceiling to innovation capability.



The operational model of a digital hospital is likely to be quite different to that of a traditional hospital.

Decouples service delivery from real estate and physical interaction.

Can achieve growth by scaling services within its operational model, and is best placed to take advantage of technology and analytics. Forms partnerships with other providers to support end-to-end care.

Mercy Virtual Care Program

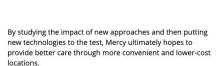
Mercy Virtual Care Services

Mercy Virtual delivers virtual care services to 600,000 patients across seven states (Arkansas, Kansas, Missouri, North Carolina, Oklahoma, Pennsylvania & South Carolina), improving patient outcomes and access while reducing the total cost of care. Operating 24 hours a day and is staffed with more than 300 clinicians, it's often called a hospital without beds.

Delivering Care Wherever It's Needed

Mercy's virtual care program creatively combines people and technology to extend Mercy's reach and services well beyond the walls of doctors' offices, hospital campuses and other traditional facilities.





Mercy Virtual Care Center

The first of its kind, Mercy Virtual Care Center began operating in October 2015 without a single patient in the building.

Virtual care is delivered using highly sensitive two-way cameras, online-enabled instruments and real-time vital signs. allowing clinicians to "see" patients. Patients may be in one of Mercy's traditional hospitals, a doctor's office, or, in some



