Care Fragmentation

IOM

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What is care fragmentation?

The lack of the necessary resources available to the patient to manage his/her condition in a timely fashion.
What are the signs of care fragmentation?

- Waiting weeks for appointments with doctors
- Using the E.R. for primary care
- Multiple different physician visits to manage a single condition
- Patients with no understanding of their disease or care plan
What are the outcomes of care fragmentation?

- 100 million medication errors/yr
- 100-200,000 unnecessary deaths/yr
- 15 million iatrogenic injuries/yr
- Costs almost twice as high as other developed nations
- Poor population health outcomes (just above Cuba in life expectancy)
Why does care fragmentation exist?

Care is designed around the institution or specialty not the patient, why?

Doctors are in sub specialized silos which don’t cross specialties, why?
The higher the technical and procedural skill level (the taller the silo) the more physicians and hospitals have been rewarded, why?
It has been assumed that higher specialization leads to better health outcomes
What do high spending regions get?
The paradox of plenty

Resources — and Content of Care
- 30% more beds and MDs; 65% more specialists
- Worse technical quality
- No more elective surgery
- More hospital stays, visits, tests

Health Outcomes
- Slightly higher mortality
- No better function

Patient-Perceived Quality
- Worse access to primary care
- Lower overall rating of medical care
- Lower satisfaction with hospital care

Physician's Perceptions
- Worse communication among physicians
- Greater difficulty ensuring continuity
- Greater perception of scarcity
- Lower satisfaction with career

Trends Over Time
- Greater growth in per capita resource use
- Lower gains in survival following AMI

If all U.S. regions could adopt practice patterns of most conservative fifth of US, Medicare spending would decline by 30%

(2) Baicker et al. Health Affairs web exclusives, October 7, 2004
(3) Fisher et al. Health Affairs, web exclusives, Nov 16, 2005
(4) Skinner et al. Health Affairs web exclusives, Feb 7, 2006
(6) Fowler et al. JAMA; 299: 2406-2412

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So what if we designed a care system around delivering better value to the patient?

Health Care Value Leaders Network

www.healthcarevalueleaders.org
Adult Before

Pre Visit

Pt. calls to schedule appt. → Scheduler schedules appt. → Front desk confirms appt.

Visit

MA sets up room → Send patient to assigned waiting room → Pink sheet prints. “Arrived” in computer schedule → MA picks up Pink Slip → MA walks to waiting room w/pink slip → MA calls patient → MA walks pt. to exam room → MA obtains pt weight

Pt. disrobes → MA secures screen, leaves room, flips flag, pink slip by door → Provider flips flags, grabs pink slip & enters room → MA obtains pt weight

Pt. walks to triage nurse → Does pt. need a triage nurse? Yes → Pt. talks to triage nurse → No → Provider greets pt, logs onto computer → Medical info. changed, Problem List updated → Provider pulls MA into room → Provider performs exam → Labs and injections ordered

Provider greets pt, logs onto computer → Provider reviews info → Provider discusses med use & allergies → Medical info. changed, Problem List updated → Provider pulls MA into room → Provider performs exam

Provider greets pt, logs onto computer → Provider reviews info → Provider discusses med use & allergies → Medical info. changed, Problem List updated → Provider pulls MA into room → Provider performs exam

Pt. checks out at Front Desk → Refills meds / gives samples. → Discuss HM issues to schedule & anticipatory guidance

See next slide
Adult Before (continued)

1. Pt. checks in at Lower Level, AVS given to receptionist
2. Reception takes AVS, calls x-ray, pt. directed to waiting room
3. Pt. taken to x-ray room, disrobes if needed
4. X-ray pre-work is done
5. X-ray is performed
6. X-ray film is processed and checked
7. Patient dresses

Is Lab needed?
Yes
X-ray staff delivers film & AVS to lab

No
Lab staff picks up film, AVS, orders & labels

Lab staff: IDs pt, checks orders, organizes equip, draws blood

Patient walked to drawing room

Labs processed and resulted

Patient visit is finished

Post Visit

Lab/X-ray results to provider

Provider reviews message in in-basket

Result note sent to triage pool with instructions

Nurse gets result notes, tries to contact patient

Nurse gets hold of patient
Yes
Reviews results & instructions with patient

No


Are results abnormal?
No

Yes

Coordinate additional pt. care

Contact ended, no changes made
Adult After

Pre Visit

- Patient calls to schedule visit
- Scheduler schedules appt. & puts in best time to call pt.
- Pt. called to confirm appts. and info gathered: HM, open orders, pharmacy, meds, allergies and Chief complaint taken
- Lab drawn 2-3 days before Dr. visit
- Lab results labeled “pre-visit labs;” sent to Dr.

Visit

- Provider & MA huddle
- MA sets up room
- Send patient to assigned waiting room
- Pink sheet prints. “Arrived” in computer schedule
- One of 3 MAs takes Pink Slip
- MA walks to waiting room w/pink slip
- MA calls patient
- MA walks pt. to exam room

- Provider greets pt, logs onto computer
- Provider flips flags, grabs pink slip & enters room
- Pt. disrobes
- MA secures screen, leaves room, flips flag, pink slip by door
- MA takes appropriate vitals & records, if pre-call not done, completes that info also
- MA logs onto computer

- Provider does Pertinent Review of Systems
- Provider pulls asst. as necessary
- Provider performs exam
- Provider accepts pended orders
- Provider reviews results with pt., discusses need for any further testing/appts.
- Provider queues AVS, provider leaves room, AVS prints & is given to pt.

- Pt. exits clinic
- Pt. checks out at Front Desk
- Pt. talks to scheduler, appts. scheduled

Does pt. need a scheduler?

Yes

No

Pt. dresses
Results

- Group Health of Puget Sound reduced E.R. visits by 29% using their medical home saving 54 dollars/pt/yr

- U. of Michigan reduced the no. of patients requiring dialysis by 60% after PCI saving 8 million dollars. Also saved 23 million dollars in PGP demo while improving better quality

- Thedacare’s Collaborative care unit achieved 0 medication reconciliation errors for 2 years cost of inpatient care dropped by 25%

- Gunderson Lutheran’s care coordination process including end of life work makes them 50% less expensive than national average per medicare enrollee
Are accountable care organizations and medical homes as presently being discussed designed around creating value for patients?