

Healthcare System Complexities, Impediments and Failures: Care Coordination and Linkage



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Present Health Care System

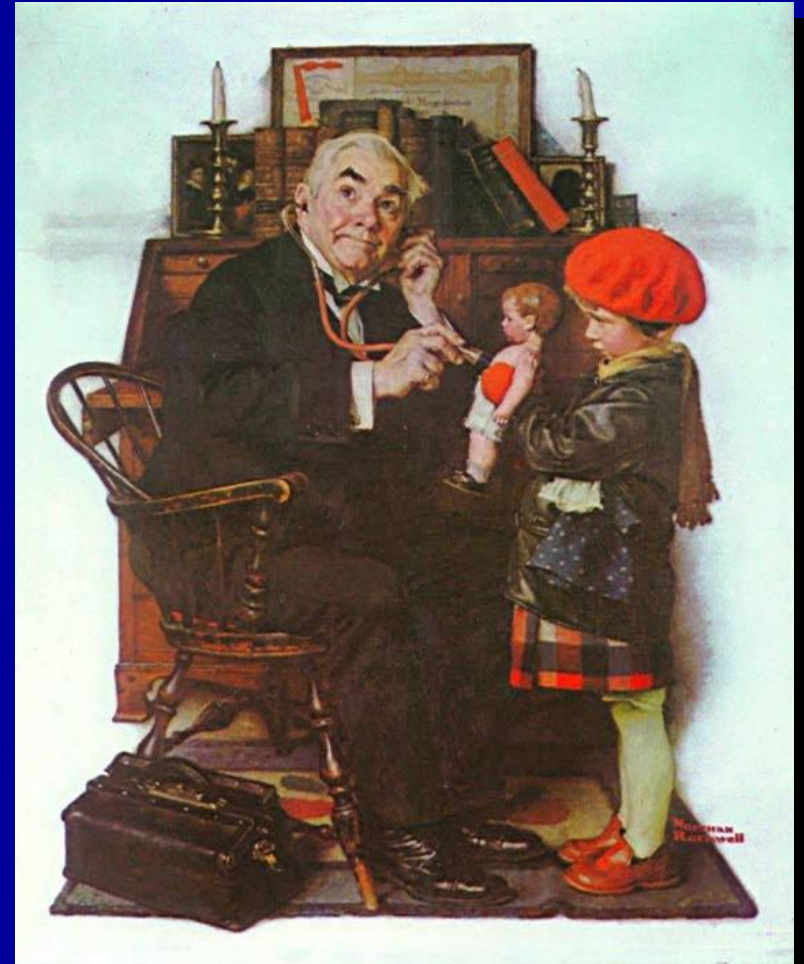
- Driven by the spread of managed care to control costs and other economic pressures
 - Tighter financial controls over spending and limited facility service to the acutely ill.
 - Restructuring, Reengineering, Redesign
 - Assumption of financial risk by providers



The Current State

Health Care Frenzy!

- Proliferation of new Medical Information and Technology
- Multiple Providers/Patient
- Levels of Care
- Increased Control Mechanisms
- Emphasis on Productivity and Efficiency
- Aging and chronically ill population
- Decreased LOS and severity
- Shortages
- Acute care capacity issues
- Convoluted payor structures and incentives
- Consumer expectations



Doctor and Doll, 1929

Goals of Care

- Acute Care:
 - “Stabilization and transition”
- Ambulatory:
 - Health promotion; illness prevention; stabilization or improvement of function



Patient Characteristics

- Chronicity of illness
 - Focus on functionality
- Aging population
 - Lack of public funds for assisted living
- Consumer expectations



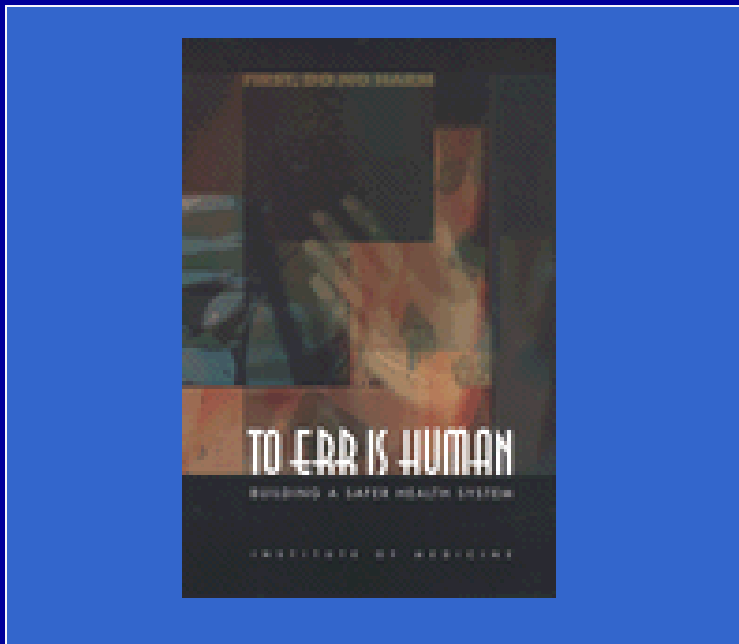
Demand for Outcomes

- Reduce practice variation
- Provide cost-effective care
- Provide consumers and payers with specific and quantifiable information
- Regulatory oversight
 - Core measures
 - Safety goals
 - POA/Never events
 - Pay for performance
 - Billing compliance/RAC audits



The risk of abundant quality!!!

Healthcare Error



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“Failure to Rescue” !

Patient Care Delivery

- Traditional nursing models dissembled
- Lack of evidence to support model frameworks
- Processes of care
- Shortages and staffing patterns
- Organization of care around physician services
- Incoherent medical records and IT solutions
- Lack of multidisciplinary care planning
- Fragmented handoffs and transitions



Result:

Overwhelming lack of coordination and continuity of care!



Patient Care Delivery Transition

Old Approach

- Focus is on the high risk patient
- Episodic acute care is the priority
- Health care professionals work in isolation
- Care planning is conceptual
- Provider infrastructure is fragmented and information systems are not integrated

New Approach

- Focus is on all patients
- Continuity of care across care continuum is the priority
- Collaboration among health care team members is required
- Care planning is aggressive, results oriented & prevention is important
- Provider infrastructure is fully integrated

Care Coordination



Activities ensuring “that the patient’s needs and preferences for health services and information sharing across people, functions, and sites are met over time.”

Essential Components of Redefined Care Delivery Systems

Culture change: From “silo” to “systems” thinking:

- **Communication**
 - Multidisciplinary
 - Real time
 - All transitions
 - Patient/family
- **Collaboration**
 - Patient/family is the focus
- **Structure**
 - Models of care based on evidence
 - Deployment and role definitions
- **Processes**
 - Increased monitoring and surveillance
 - Care aligned around the patient
 - Thoughtful technology
 - Expedited care delivery

Essential Components of Redefined Care Delivery Systems: Communication

- Multidisciplinary
- Real time
- All transitions
- Patient/family



Essential Components of Redefined Care Delivery Systems: **Collaboration**

- Collaborative Practice
 - Integrated plan of care
 - Patient/family empowerment
 - “Team Captain”
 - All provider accountability



Essential Components of Redefined Care Delivery Systems: **Structure**

- Models of care based on evidence
 - Intra and inter-episodic
- Deployment and role definitions
- Competency assurance
- Thoughtful technology

Essential Components of Redefined Care Delivery Systems: **Processes**

- Increased monitoring and surveillance
- Care aligned around the patient
- Thoughtful technology
- Expedited care delivery
- Coherent documentation systems

