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# Working collaboratively to enhance the patient experience

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Yelp. TripAdvisor. Angie's List. Healthgrades. No person or organization maintains immunity from scrutiny by consumers.

Although reviews can be both uplifting and embarrassing, they surely capture the attention of both the reviewer and the reviewed.

As the Affordable Care Act expands coverage and high deductible health plans capture more money from consumer pockets, increasing numbers of patients focus on the quality of services received from providers. These services extend beyond patient care to encompass patient experience metrics that are easily judged by the average consumer including respectfulness exhibited by caregivers, pleasantness of facilities and wait times. Patients with sub-par experiences often post negative comments on one or more social media platforms to express their dissatisfaction. These posts then form the building blocks for a provider's online reputation.

As patients act more like consumers, provider organizations with poor reputations experience decreased utilization of services which hurts revenue. With margins small and competition increasing for patients, few organizations can afford a decline in patient visits. For providers to survive in this new era of healthcare consumerism, they must learn from the experiences of other industries such as retail and hospitality, and apply those basic approaches to managing their relationship with patient-consumers.

## Poorly Integrated and Highly Variable

Currently patient delivery relies upon an unreliable system formed from poorly integrated and highly variable human parts. To deliver superior patient experiences, professionals need to make changes in what they do and how they do it. In addition, all caregivers must think of themselves as part of a team delivering care rather than a sole actor in a series of clinical handoffs.

Porter, Pabo, and Lee in an article in Health Affairs presented some very innovative ways to improve primary care delivery by a redesign of the all patient delivery care processes. Their approach focused on delivering value for patients as defined as "patient outcomes achieved relative to the amount of money spent."

The current movement to value-based reimbursement requires a shift from care organized around fee-for-service transactional encounters and services to one that meets a "defined set of patient needs over a full care cycle."

The authors identified five key areas to transform care. They are:

- Base primary care on patient needs
- Integrate delivery models by subgroup
- Measure value for each subgroup
- Align payment with value, and

- Integrate subgroup team and specialty care

As the original article can provide deep background on these areas, focus here is on the value of forming a specialized clinical team skilled to provide care to a relatively homogenous subgroups of patients.

Although typical primary care considers each patient to be different, this new approach rightly assumes that patients with similar medical conditions require similar care plans. By forming these subgroups, caregiver teams can be formed to provide a comprehensive set of services that address the very unique needs of these patients. Medical evidence drives the care delivered and the collection of various performance measures tracks the effectiveness of the entire team.

Members of care teams include physicians, nurses, therapists, pharmacists, and non-clinical staff. Scheduling similar patients on the same day allows for these specialized teams to practice efficiently by clustering similar therapies and their associated caregiving professionals. In addition, activities such as educational sessions or support groups can be integrated as part of the day's activities thereby more efficiently utilizing skilled staff and better utilizing the time patients invest in clinical visits.

By including specialists with expertise germane to the clinical needs of the subgroup of patients, all patients have access to all the types of experts required to obtain good care. For example, a team formed for the care of patients with diabetes would include endocrinologists, nephrologists and podiatrists. This approach further integrates care and fosters close collaboration among all caregivers.

Although traditional clinical teams are almost always lead by a physician, this model suggests team leaders be chosen based upon the most effective and efficient way to provide care. Focus on patients and their needs encourages collaboration and teamwork while aligning incentives of all those providing care.

## **Changing What We Do**

Delivering patient-centered care requires all professional involved in the care delivery to change what they do and how they do it. Roles and responsibilities of team members vary, sometimes greatly, from what was done previously. Efficient patient-focused teamwork requires the assignment of tasks to individuals who are both qualified and least expensive. This frees up "expensive" and scarce resources (e.g., physician, specialist) to tackle assignments more matched to their skill set.

Due to these shifts in focus, effective change management techniques must be utilized to facilitate the acceptance of these new processes and workflows, in addition to any new responsibilities or duties.

Health information technology plays a special role in allowing for the shift in caregiver responsibilities. It provides real-time access to up-to-date clinical guidelines and protocols ensuring a consistent level of care delivered to all patients. These clinical support tools reduce the probability of missed interventions by monitoring the care given and alerting team members to potential problems.

Electronic medical records (EMRs) that span all points of service deliver to care providers a comprehensive and accurate view of the patient, allowing for the best decision making by team members. Embedded communication tools such as instant messaging, email, and shared notes further team member collaboration. Although not practiced widely, the merging of all caregiver notes into one unified patient-focused note could both reduce unnecessary redundant charting, decrease the probability of a critical finding being overlooked and further emphasize team collaboration.

For provider organizations to thrive in the coming era of value-based reimbursement and consumer driven purchasing of care delivery, they must provide care that delivers superior clinical and financial outcomes while satisfying the needs of the consumer patient. Measuring and adapting to patient reviews

of care is becoming a necessary strategy for success. In addition, the formation of collaborative, clinically focused, teams offers a second approach that can help ensure that patients obtain excellent care while allowing organizations to run more efficiently.

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