Bridging the Continuity of Care Gap

W. Ward Flemons MD
HQCA Medical Advisor

Professor of Medicine
UNIVERSITY OF CALGARY MEDICINE

An Health imperative

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hqca.ca

Disclosure

- No conflicts of interest

Outline

- What is 'Continuity of Care' / Time-sensitive conditions?

- What does *e*Health have to offer?

- A patient story - Greg Price

- Making healthcare safer

- HQCA study *(Continuity of Patient Care)*

  ‣ Greg's journey

  ‣ Findings

  ‣ Issues / Analysis / Recommendations

- *e*Health answers

Continuity of Patient Care

The degree to which a patient experiences a series of healthcare encounters as coherent, connected and coordinated

Threats to Continuity of Patient Care

Threats to Continuity of Patient Care

Specialists

Advanced DI testing

Specialized Healthcare

- **Referral ➡ Appt**
- **Triage ➡ Waiting**
- **Service**
- **Report**

Time-sensitive

diagnosis and treatment within days ➡ 2 weeks (max)

known compromise of vital limb or organ function **or**

‣ high probability of this developing

Threats to Continuity of Patient Care

Specialists

Advanced DI testing

Specialized Healthcare

Continuity of Care

Greg's quotes to live by

HealthArrows

"The men who try to do something and fail are infinitely better than those who try to do nothing and succeed."

"A century from now it will not matter what kind of car I drive, what kind of house I lived in or how much money I had in the bank... but one hundred years from now the world may be a better place because I was important in the life of a child."

"My best friend is the one that brings the best out in me."

Background

Over the years the HQCA has heard from many Albertans about their concerns with breakdowns in the continuity of patient care;

- people contacting the HQCA with their stories

and

- through surveys *(Satisfaction and Experience with Healthcare Services*)*
  - ‣ < 50% felt that coordination of their healthcare by professionals was excellent / very good
  - ‣ ~ 50% report their physician not informed about ED care
  - ‣ ~ 35% report their physician not informed about specialist or hospital care
  - ‣ 10 to 15% report their physician not informed about DI results and MRI scans they had undergone

* *2003 to 2012*

Methodology

In-depth study of the experience of an individual patient ⇛ Greg

▸ Info from:

- Patient health records

- Interviews

- Detailed flow mapping

- Literature review

- Review of leading patient portal practices (Mayo, Geisinger, Kaiser)

- Information technology experts

- Published documents (e.g., CPSA Standards of Practice)

▸ Analysis ☛ broadly inform recommendations that will improve continuity of patient care

▸ Focus is the system

Methodology

Systematic Systems Analysis:
A Practical Approach to
Patient Safety Reviews

May 2012

- System focused approach
  - does not address or judge the performance of individuals
  - focus on issues with broad implications
    - not on single or a few provider issues
    - the case is only representative of a larger issue
    - should be able to substitute many different providers into the 'story'
  - recommendations
    - look for win - win
    - widespread impact
    - accountability

How do you make healthcare safer?

'Design the health system at all levels to make it safer - to make it harder for people to do something wrong and easier for them to do it right'

2. Avoid Reliance on Memory
- standardize process and equipment
- simplify key processes

1. User-Centred Design
- make things visible
- incorporate affordances, natural mappings, and constraints

3. Attend to Work Safety

9. Improve Access to Accurate, Timely Information

4. Avoid Reliance on Vigilance

8. Design for Recovery

5. Train Concepts for Teams

FIRST, DO NO HARM

TO ERR IS HUMAN

BUILDING A SAFER HEALTH SYSTEM

INSTITUTE OF MEDICINE

7. Anticipate the Unexpected

6. Involve Patients in Their Care

Continuity of Care
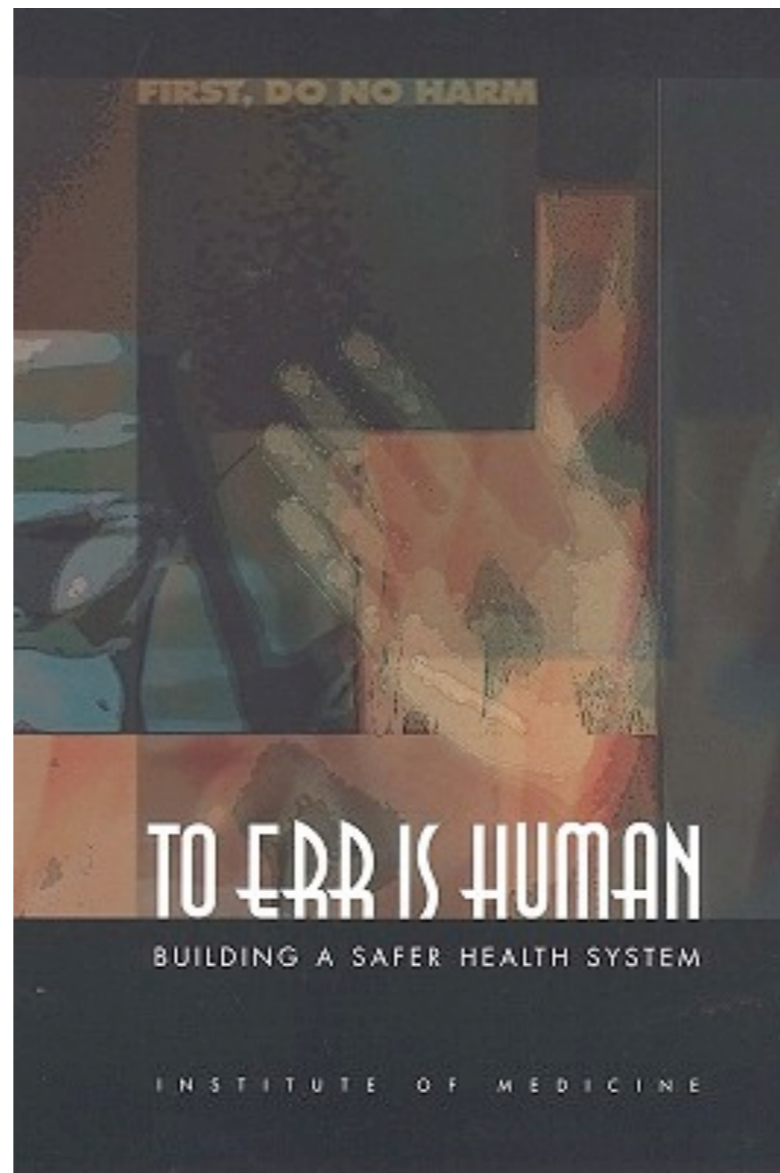
Making healthcare systems safer

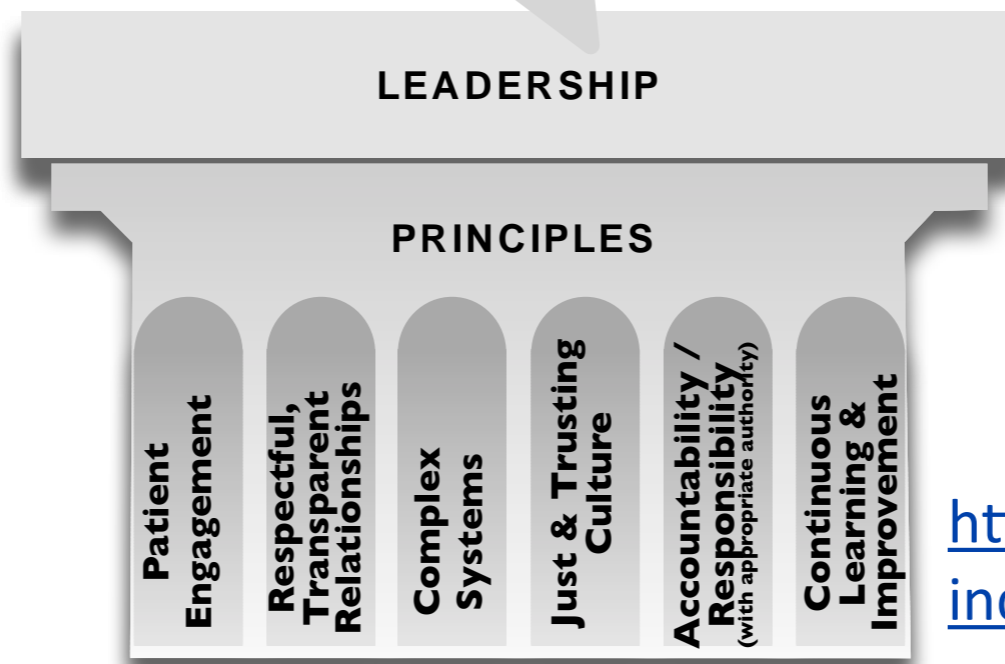"to err is human,

to cover up is unforgivable,

and to fail to learn is inexcusable"

Sir Liam Donaldson, CMO for England

and Chair of World Alliance Patient Safety

Making healthcare systems safer
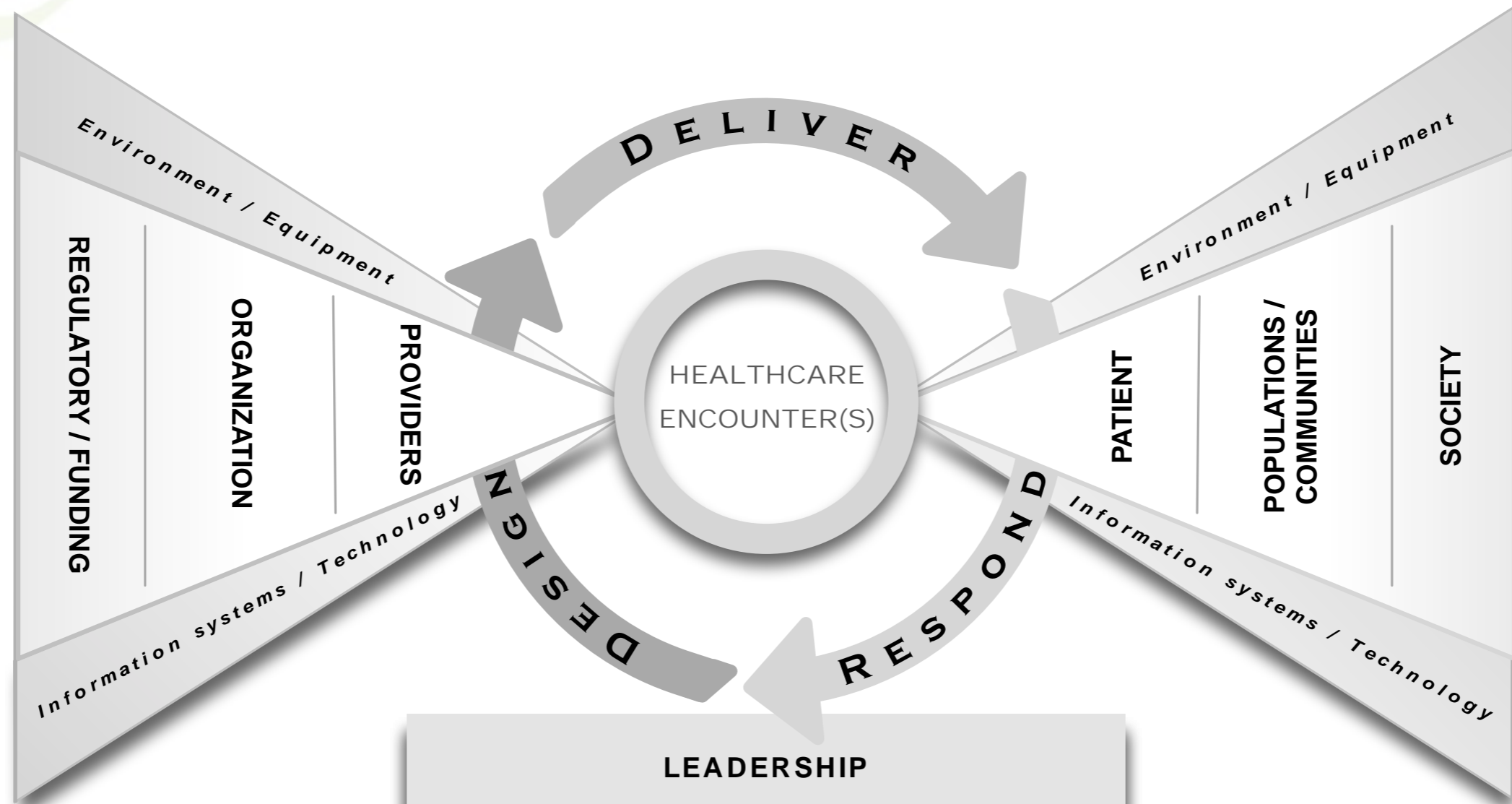
HQCA's Blueprint Project

Patient Engagement

http://www.hqca.ca/index.php?id=215

CONTINUITY OF PATIENT CARE STUDY

December 19, 2013

- Chronology of Events

- Several 'Lessons to be Learned' from:
  - ▸ Greg's Family's perspective
  - ▸ HQCA's perspective

- 10 Findings

- 5 Issues ⇒ 10 Recommendations

- 1 Supplementary Finding
  ⇒ 3 Recommendations

Greg's Journey

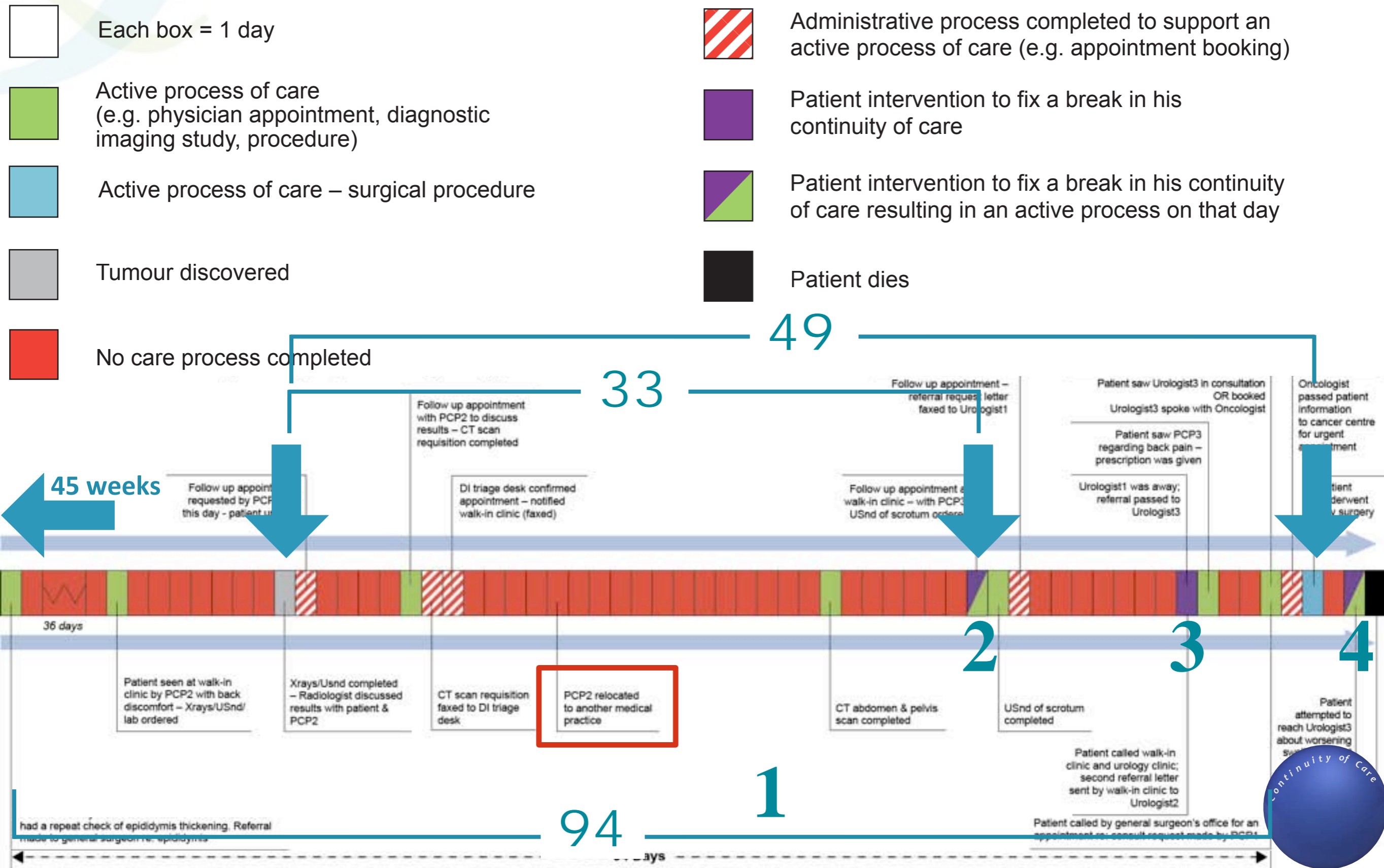Each box = 1 day

Active process of care
(e.g. physician appointment, diagnostic imaging study, procedure)

Active process of care – surgical procedure

Tumour discovered

No care process completed

Administrative process completed to support an active process of care (e.g. appointment booking)

Patient intervention to fix a break in his continuity of care

Patient intervention to fix a break in his continuity of care resulting in an active process on that day

Patient dies

49

33

45 weeks

36 days

Follow up appointment requested by PCP this day - patient u...

Follow up appointment with PCP2 to discuss results – CT scan requisition completed

DI triage desk confirmed appointment – notified walk-in clinic (faxed)

Follow up appointment – referral request letter faxed to Urologist1

Follow up appointment walk-in clinic – with PCP USnd of scrotum order...

Patient saw Urologist3 in consultation OR booked Urologist3 spoke with Oncologist

Patient saw PCP3 regarding back pain – prescription was given

Urologist1 was away; referral passed to Urologist3

Oncologist passed patient information to cancer centre for urgent appointment

...tient ...derwent ...w surgery

Patient seen at walk-in clinic by PCP2 with back discomfort – Xrays/USnd/ lab ordered

Xrays/Usnd completed – Radiologist discussed results with patient & PCP2

CT scan requisition faxed to DI triage desk

PCP2 relocated to another medical practice

CT abdomen & pelvis scan completed

USnd of scrotum completed

Patient attempted to reach Urologist3 about worsening s...

2

3

4

Patient called walk-in clinic and urology clinic; second referral letter sent by walk-in clinic to Urologist2

1

94

had a repeat check of epididymis thickening. Referral made to general surgeon re: epididymis

Patient called by general surgeon's office for an appointment re: consult request made by PCP...

continuity of Care

Patient Engagement?

The 'System'

Findings

1. Referral to specialists – knowing the process and timeframe

2. Co-ordinating patient care – having more than one 'quarterback'

3. Expediting diagnostic imaging studies for patients with time-sensitive health conditions

4. Radiology self-referral

5. Followup and review of test results

6. Ensuring that a patient's transition of care has been successful

7. Co-located practice groups: co-ordinating services and clarifying relationships

8. Post-operative care – physician responsibility for patients

9. 'Jousting' in healthcare – how it affects trust and confidence in handovers of care

10. Electronic health records – patient access to important health information

Continuity of Care

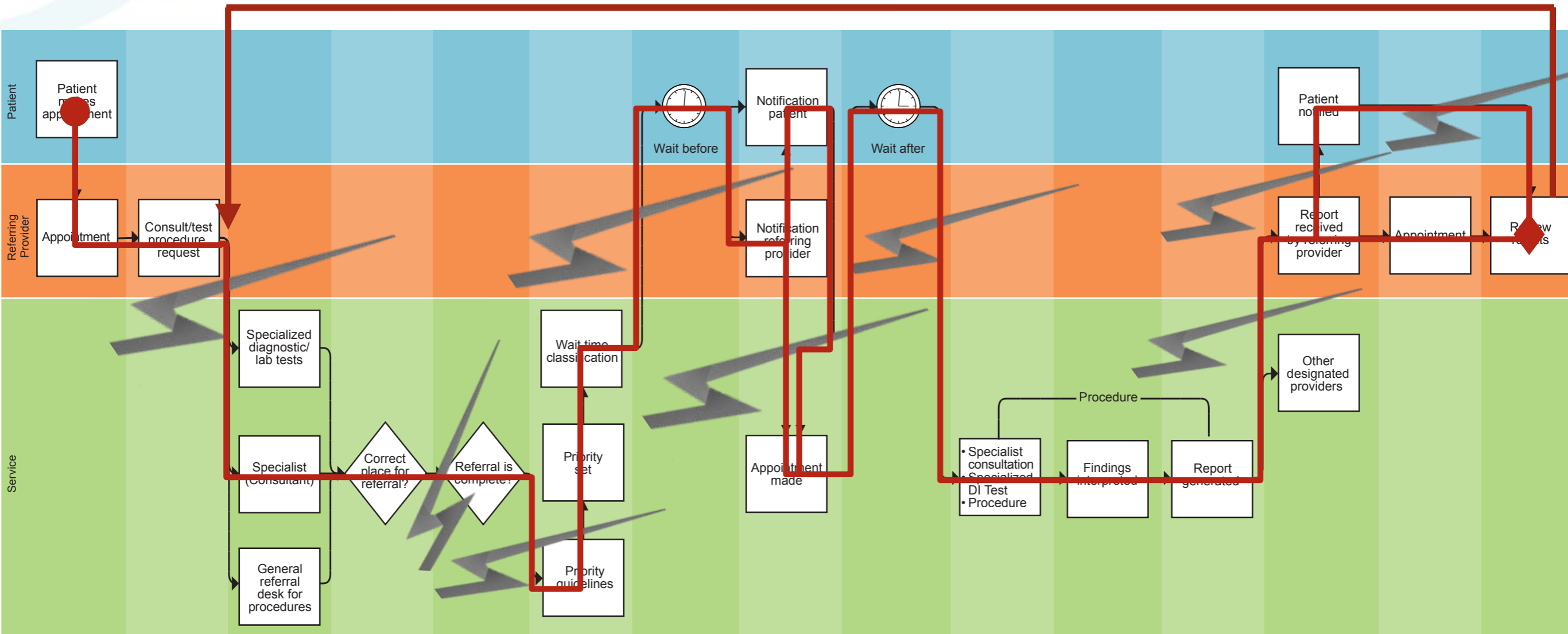# Patient Referral for 'Specialized Healthcare'

Patient Referral for 'Specialized Healthcare'

1 Send

2 ✓ Info & Triage

3 Appointment

4 Service

5 Results

Findings

1. Referral to specialists – knowing the process and timeframe

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3. Expediting diagnostic imaging studies for patients with time-sensitive health conditions

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10. Electronic health records – patient access to important health information

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

2. **Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.**

3. **Prioritization criteria for outpatient CT scans.**

4. **Formal transfer-of-care responsibilities for time-sensitive health conditions and availability of responsible healthcare providers.**

5. **Co-located practice groups: co-ordinating services and clarifying relationships.**

Issue - Analysis - Recommendations

3. **Prioritization criteria for outpatient CT scans.**
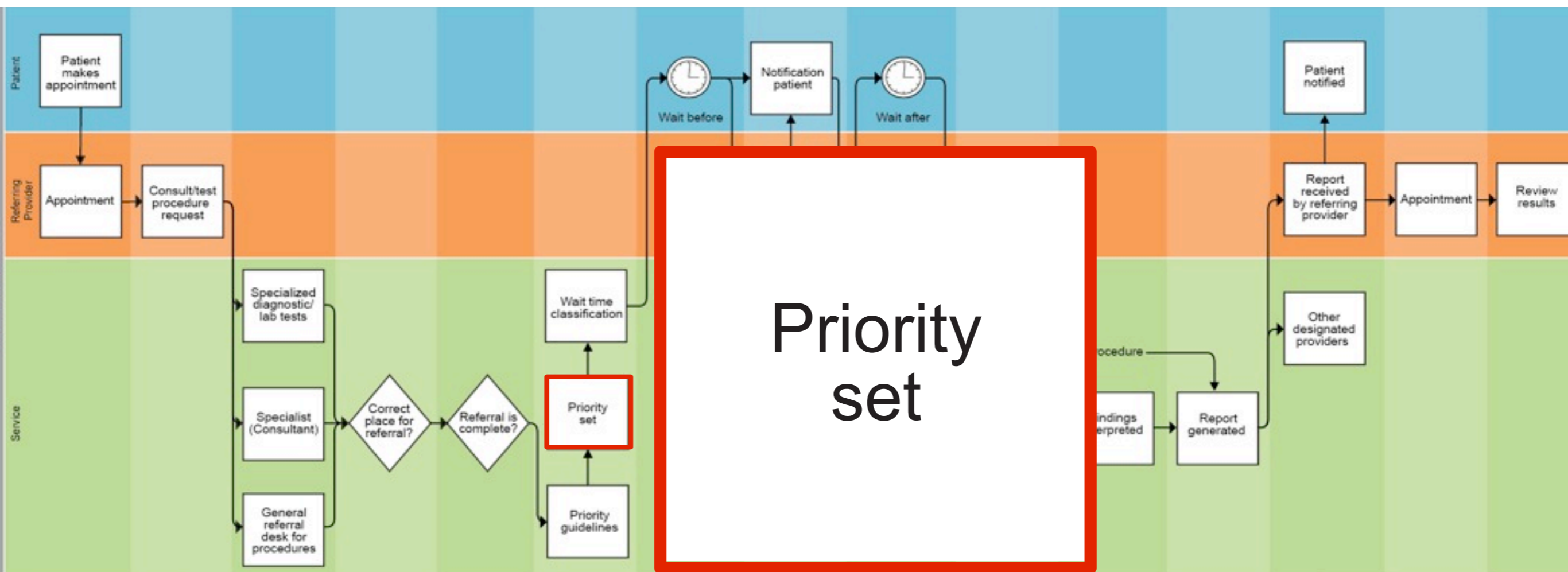
Alberta Health Services to revise their criteria for assigning priority to patients requiring body CT scans so that patients with known time-sensitive conditions are made priority 1 regardless of whether they have a confirmed diagnosis of cancer.
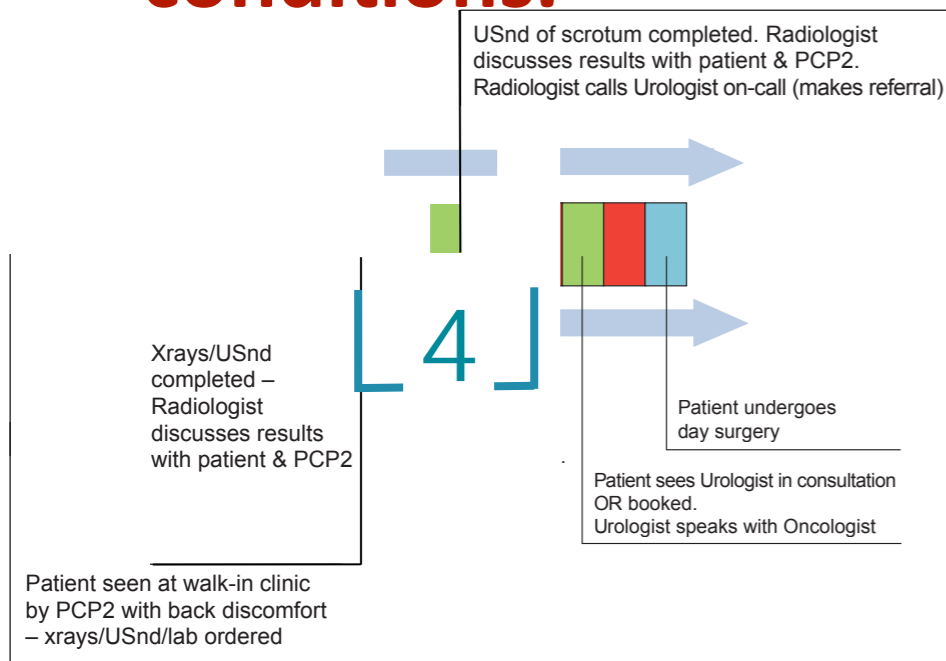
Issue - Analysis - Recommendations

2. **Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.**

Radiologists should be supported to directly arrange the next logical DI test (if it is clearly required) for patients with T-S conditions and /or directly referring them to a clinical service

Issue - Analysis - Recommendations

2. **Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.**

Issue - Analysis - Recommendations
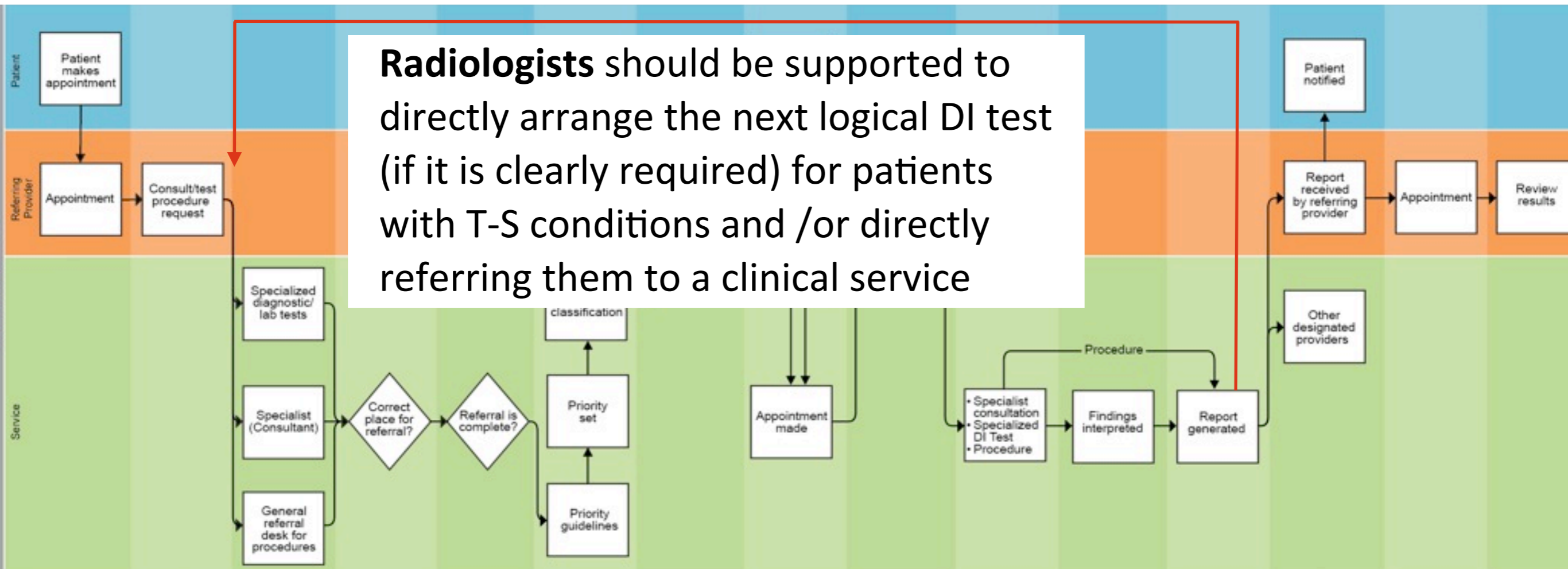
Issue - Analysis - Recommendations

2 Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions. **[with complete *e* Health patient information]**

USnd of scrotum completed. Radiologist discusses results with patient & PCP2. Radiologist calls Urologist on-call (makes referral)

Xrays/USnd completed – Radiologist discusses results with patient & PCP2

4

Patient undergoes day surgery

Patient sees Urologist in consultation OR booked. Urologist speaks with Oncologist

Patient seen at walk-in clinic by PCP2 with back discomfort – xrays/USnd/lab ordered

Continuity of Care

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

Recommendation 1

Alberta Health and Alberta Health Services should strongly consider making additional investments in the provincial electronic health record and e-referral system to standardize workflow processes for all specialized healthcare services

including a patient portal

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

EHRs ➥ Patient portals - functionality
(Geisinger / Mayo / Kaiser)

- View lab / pathology results (almost all results in real time).

- View diagnostic imaging results

- Message healthcare providers

- View portions of the medical record, including outline of current health issues, medications, allergies, immunizations, and health reminders.

- Track chronic conditions and provide updates

  – Patients enter their own healthcare data into their patient record (e.g., glucose values, blood pressure, and weights)

  – can be viewed by their healthcare providers.

Issue - Analysis - Recommendations

1. **Reliable continuity of care when patients are referred for specialized healthcare services.**

EHRs ➠ Patient portals - functionality
(Geisinger / Mayo / Kaiser)

- Schedule appointments with their primary care providers.

- View of upcoming appointments

- Requests to reschedule appointments

- Grant proxy access to the patient portal for family members to assist with their care.

- Medication list, allergy list, immunizations.

- Pre-visit questionnaires and forms that can be completed online.

- Notification (reminders) of preventive health services to be completed (e.g., colon cancer screening).

- Refill prescriptions online, registration, insurance, authorizations.

eReferral — A New Model for Integrated Care

Alice Hm Chen, M.D., M.P.H., Elizabeth J. Murphy, M.D., D.Phil., and Hal F. Yee, Jr., M.D., Ph.D.

Health care reform has generated new pressures for the U.S. health care system to take better care of more patients at lower cost. Whereas these challenges are relatively new in the fee-for-service private sector, safety-net systems have perennially had to "do more with less"; innovations in this arena have generally been prompted by clinical exigencies rather than the need to gain market share or maximize revenues.[1] We believe that one such innovation — eReferral — can serve as a new model for integrating primary and specialty care.

In 2005, San Francisco General Hospital (SFGH) was grappling with a challenge familiar to safety-net organizations: providing access to specialty care.[2] Because of a tremendous mismatch between supply and demand for specialty services, patients were waiting 11 months for a routine clinic appointment for gastroenterology, 10 months for nephrology, and 7 months for endocrinology. If a patient needed to be seen sooner, the referring clinician had to plead with a specialist to overschedule into already overflowing clinics. Patients would sometimes wait for months only to discover that they were in the wrong subspecialty clinic or needed further diagnostic testing, which added to delays in care.

The dual imperatives of timely access and rational triage drove the creation, implementation, and spread of our homegrown, Web-based, integrated specialty referral and consultation system, called eReferral. It uses health information technology to link primary care providers (PCPs) and specialists, with the goals of increasing access to care, improving dialogue, optimizing the efficient use of specialty resources, and enhancing primary care capacity.

Originally piloted for gastroenterology services, eReferral is now used for more than 40 services at SFGH. PCPs initiate new specialty referral requests through eReferral. The electronic form is automatically populated with relevant information about the patient and the PCP, and the reason for consultation is entered as free text, along with relevant history and exam findings.
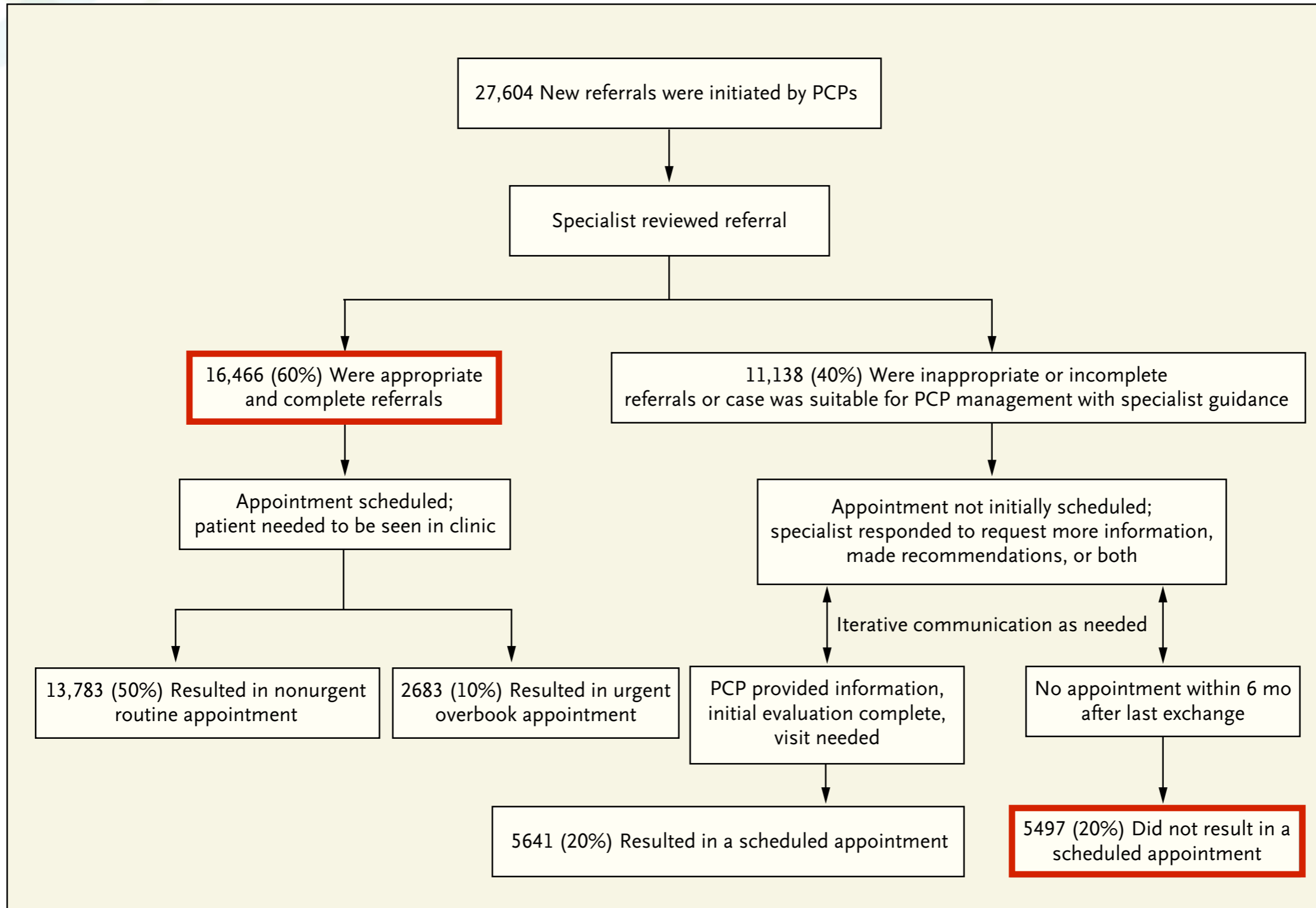
Every service has a designated specialist provider who reviews and responds to each referral. The specialist reviewer uses the system

eReferral Experience

27,604 New referrals were initiated by PCPs

Specialist reviewed referral

16,466 (60%) Were appropriate and complete referrals

11,138 (40%) Were inappropriate or incomplete referrals or case was suitable for PCP management with specialist guidance

Appointment scheduled; patient needed to be seen in clinic

Appointment not initially scheduled; specialist responded to request more information, made recommendations, or both

Iterative communication as needed

13,783 (50%) Resulted in nonurgent routine appointment

2683 (10%) Resulted in urgent overbook appointment

PCP provided information, initial evaluation complete, visit needed

No appointment within 6 mo after last exchange

5641 (20%) Resulted in a scheduled appointment

5497 (20%) Did not result in a scheduled appointment

Continuity of Care

eReferral Benefits

1. virtual co-management of care for some patients **reduces the demand for clinic visits**, which results in shorter waiting times for patients requiring a visit. In the first nine medical clinics to adopt eReferral, the average waiting time for an initial consultative visit dropped from **112±74** days to **49±27** days (P = 0.02) within 1 year. Moreover, pre-visit guidance provided through eReferral makes scheduled visits more effective by ensuring that there is both a clear reason for referral and a complete pre-consultative evaluation.

2. eReferral **formalizes the "curbside consult"** in a manner that addresses certain limitations, such as incomplete data and lack of documentation of the interaction, while preserving advantages such as rapid response, case-based education, building of relationships between PCPs and specialists, identification of cases that require formal consultation, and the **patient convenience and cost savings associated with avoiding a visit.**

3. the system **avoids the contentious issue of whether a particular referral is appropriate**. Instead, we focus our efforts on ensuring that the patient receives needed care in a timely fashion. At a delivery-system level, we have used eReferral to **systematically identify knowledge gaps** in order to provide targeted education on conditions for which patients are commonly referred to specialists but that **can be managed in primary care.**

4. Continuity of patient care

- ✓ Limited Production Roll Out
- ✓ June 2014
- ✓ Lung and Breast CA
- ✓ Hip and Knee Arthroplasty

eReferral

BENEFITS

Free to use

Easily accessible

Auto-populates information

Health Services Catalogue

Provides wait times

Send for consult or advice

Standard referral requirements

View referral history

Checks for completeness

Track referrals in real time

Delegate authority

Shared work

Save drafts

ORION
HEALTH™

Protecting patients continuity of care

Enabling patient to be partners

Current State

You do not have proper authorization

Continuity of Care

Protecting patients' continuity of care

Enabling patients to be partners

Future State

Current State

Protecting patients continuity of care

Enabling patient to be partners

Future State

# Protecting patients continuity of care

Enabling patient to be partners

Future State

Implications for Health leaders

'Design the health system at all levels to make it safer - to make it harder for people to do something wrong and easier for them to do it right'

- Diagnostic imaging

- Physician availability / responsibility (after hours)
  - ‣ CPSA's Standards of Practice

- EMRs / EHR / *e*Referral /provider registry

- Emergency Department

- Referral process
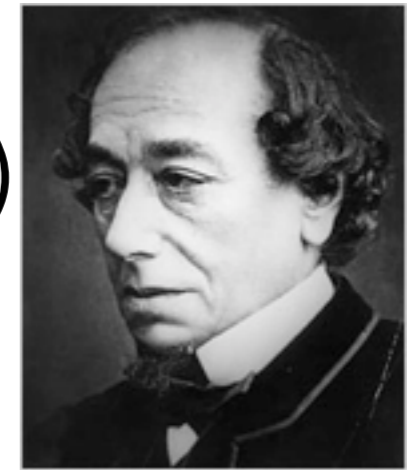
"As a general rule the most successful man in life is the man who has the best information."

— Benjamin Disraeli

Solution #1
(Recommendation #2)

Fax machine / Paper

- referral received
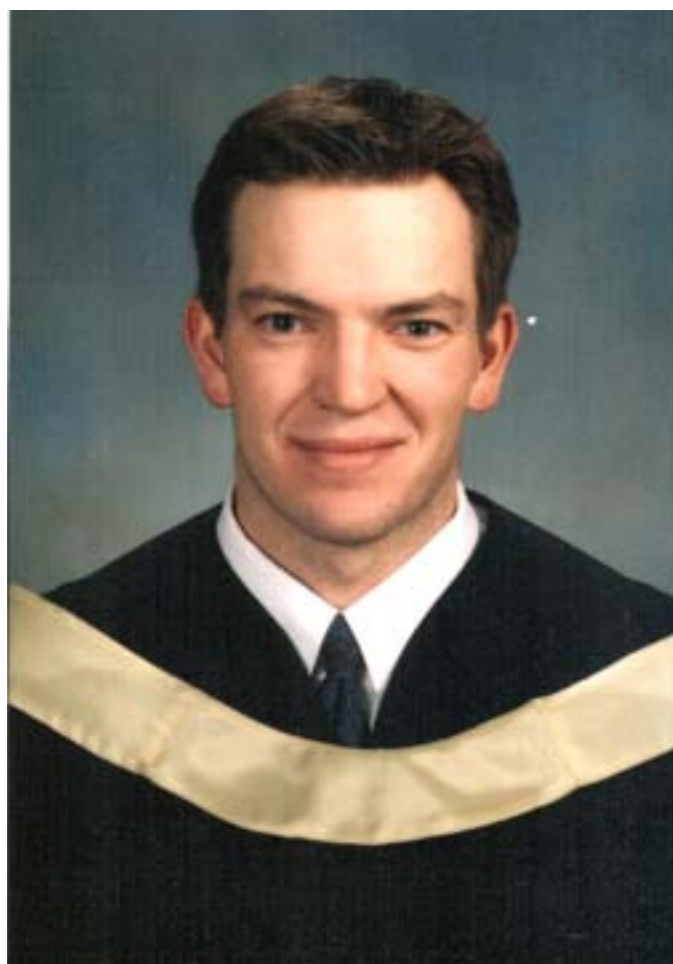- referral triaged

- appointment made
- patient notified
- appointment completed
- report sent ⇒ received
- patient informed

Solution #2
(Recommendation #1)

*e*Referral

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CONTINUITY OF PATIENT CARE STUDY

December 19, 2013