

PEAK PERFORMANCE

IT'S TIME TO IMPROVE EFFICIENCY
ACROSS THE CARE CONTINUUM





How can the healthcare industry improve efficiency across the entire care continuum? This is a complex question, but it is one healthcare leaders need to begin addressing if they want to overcome the financial challenges plaguing the U.S. healthcare system.

It is no secret that the United States spends more on healthcare than any other developed nation, or that policymakers and industry professionals alike have been looking for ways to better manage care costs. While no single provider or organization can solve the industry's spending problems, medical providers can collectively drive greater efficiency into every part of the care continuum (from primary care to long-term care, and acute care to home health) by making improvements on an individual level. And in doing so, they can provide greater value to patients and boost their own financial health.

This resource offers a look at some of the ways providers across different parts of the care continuum can adjust various processes and procedures, workflows, data and technology use, care coordination, and other efforts in order to drive measurable quality improvements and cost reductions.



The Connection between Quality and Efficiency

Quality should be at the forefront of every efficiency discussion. Providing optimal patient care – taking proper care of patients and doing things right the first time – is always most efficient. Rework is wasteful. Medical errors are costly. When quality is achieved, efficiency is a side effect. Think about the hospital discharge process, for example. There are a lot of ways hospitals can provide high-quality care before, during, and after a patient's discharge. Clearly communicating care instructions to patients and family members, contacting a patient's primary care physician to proactively schedule a follow-up appointment, and reaching out to patients to assess their health and answer questions once they have returned home are just a few of the ways hospitals can provide quality care to patients throughout the discharge process. Hospitals do these (and many other) things because they know these efforts produce the best outcomes for patients. But the other byproduct is efficiency. When patient health outcomes are good there are fewer readmissions and cases of patients cycling unnecessarily back through the acute care cycle. This concept translates across the entire care continuum. If you make quality your focus, waste is minimized and efficiency follows.



Evaluating Clinical and Business Efficiency

For medical providers across the care continuum, increasing efficiency takes both internal and external adjustments. If you want to make your organization more efficient, it is a good idea to begin by examining internal processes and determining where there are opportunities to drive measurable healthcare improvements and cost reductions. This will, of course, be different for every organization. Even within a hospital or health system different departments have their own internal processes that need to be evaluated individually. To identify opportunities for internal improvements organizations can do the following:

Conduct a financial assessment. This involves closely examining budgets to learn where money and resources are being spent. A financial assessment is helpful for identifying waste and finding where there is potential for greater efficiency.

Map clinical processes. This exercise involves breaking down clinical routines and looking at each and every step in various processes. Mapping clinical processes is a good way to uncover efforts that do not deliver value to patients and that should be fine-tuned or eliminated.

Ask staff to share ideas for improving efficiency. Staff members should be asked to submit recommendations for improving efficiency on a regular basis. The people who carry out processes typically have a great deal of insight to share about what is working and what isn't, why breakdowns happen, and what needs to be changed in order for things to work better.

Survey patients to get feedback. Patients should be surveyed and asked to submit feedback about their

care experiences. Input from patients is valuable for evaluating performance and identifying positives and negatives about care delivery and efficiency. Often when patients are very satisfied it signals that processes and procedures are running seamlessly as intended. But when patients are dissatisfied, the opposite is true and providers need to investigate issues.

Besides looking at internal processes, healthcare providers need to evaluate how they work with external providers. Caring for patients has become a shared job. Primary care doctors need to collaborate with specialists. Nursing homes need to work together with hospitals. Things like communicating care plans for shared patients, sharing patient data, coordinating tests and medication, and processing hospital transfer information all need to work smoothly and seamlessly. It takes effort from all those involved with patient care to make improvements. So, instead of focusing only on what is happening internally, healthcare organizations need to work closely with the other providers in their community and decide how to most efficiently coordinate care.



Improving Every Area of Care

Providers from every point of care need to do their part in order for the healthcare industry to improve efficiency across the entire care continuum. Below is a look at how three different types of healthcare providers can drive efficiency within their organizations and ultimately contribute to optimization across the care continuum.

Primary Care Physicians

Primary care professionals have a long list of responsibilities. In fact, their job description is constantly evolving. In response to heavy workloads, mounting financial pressure from new payment models, and growing patient expectations and consumerism, physicians are exploring many proven and experimental ways to improve efficiency in primary care, including:

Automating between-visit communications.

Pre-visit reminders, notifications to schedule health screenings or make payments, and other communications can often be automated. This saves time and frees staff for other tasks.

Utilizing electronic health records. Paper records are less efficient. It takes more time to physically track them down, and sharing information in paper charts is not as easy as sharing electronic records.

Advancing preventive care to lessen the demand for more costly and complex treatment. It costs less to prevent a chronic disease than it does to treat it.

Promoting appropriate preventive care keeps patients healthier and reduces the need for acute care.

Leveraging data to manage population health.

By using patient data, primary care physicians can better understand the needs of patients and make care more proactive. This allows doctors to manage the health of groups of patients, for example all the patients within their practice that have diabetes. Once again, this can reduce complications and the need for acute care.

Leading care coordination efforts. As a main point of contact for patients, primary care physicians need to lead care coordination efforts. By coordinating care across multiple settings, primary care physicians can help eliminate duplicate tests and delayed sharing of information. And they can do their own job better, more quickly, and with better results when they are clued in to what is going on with patients outside their own clinic.



Improving Every Area of Care

Hospitals and Health Systems

It takes fewer resources and less money to treat a patient once rather than twice. This is one of the reasons why readmissions have been targeted by CMS in an attempt to improve quality and efficiency. Here are a few of the things hospitals and health systems can do to make acute care more efficient and achieve goals tied to readmissions:

Ensure discharge orders are coherent – Hospitals need to make sure patients are clear on what to do after leaving the hospital. That could mean hospitals need to provide instruction on how to use a medical device or explain to patients what to do if they experience complications. Extra precautionary steps prior to discharge can help reduce readmissions.

Provide a contact for post-discharge support and care coordination – More provider organizations are using hospitalists and other individuals to help patients manage their care. Also, hospitals can make follow-up calls and distribute surveys to assess how patients are recovering and whether intervention is

necessary.

Identify high-risk patients – This simply involves monitoring high-risk patients more closely so issues can be detected early.

Improve reconciliation of medications – Good medication reconciliation can prevent harm caused by medication errors or misuse.

Revisit transfer procedures – Transfers are known to be the point when errors and complications are most likely to occur. Continuously working to evaluate and improve transfer procedures with nursing homes and home health providers is critical.



Improving Every Area of Care

Nursing Homes

In addition to some of the suggestions listed previously, nursing homes – which tend to struggle with technology and staffing – may want to focus on the following in order to improve efficiency:

Embracing technology – Adopting electronic health records and phasing out paper charts is a big step forward toward increase efficiency.

Providing appropriate safety training to staff – Nursing homes see a lot of staff turnover. Employees need to have training and tools that will keep them and residents safe. A safe environment is more efficient than an unsafe environment.

Enforcing daily medication (and other) routines

– Meeting the daily needs of residents keeps them healthier over time and helps reduce the likelihood that they will need outside care.

Working with patients to maintain strength

and stamina – Falls are always a concern in nursing homes, and they are a leading reason why residents require acute care. Implementing physical activities and therapies to keep patients as active as possible helps maintain strength and reduce the risk of falls.

It is up to providers from every point of care to share in the overall effort to drive efficiency across the care continuum. The combined efforts of individual providers can lead to more seamless healthcare that costs less and achieves better results.



Primaris is a healthcare consulting firm that works with hospitals, physicians and nursing homes to drive better health outcomes, improved patient experiences and reduced costs. We take healthcare data and translate it into actionable quality improvement processes that create the foundation for highly reliable healthcare organizations.

Primaris has more than 30 years of experience advising healthcare organizations on how to improve quality, patient safety and clinical outcomes. Contact us to learn more.

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