Putting Patient-Centric Care Front and Center

Integrated care model helps reduce variability and improve quality.

“Patient-centric care can’t just be lip service. Organizations need to start by believing in patient-centric care, but then also have a plan to put it into action.”

—Andy Mulvey, MD, FACEP
Vice President, Clinical Sales and Strategy
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Those working in today’s healthcare industry understand their mission is to serve patients and communities. But what if putting the patient first were more than just a mission? What if this mindset were integrated into everything a healthcare provider did, from the time a patient walked in the front door of the ED to the time that patient was discharged from a hospital stay?

When patients are at the center of a hospital or health system’s entire operational process, the value the organization receives in return—from both nonfinancial and financial perspectives—can be vast, extending beyond improved patient experience. One particular patient-centric care model achieves such benefits through its unique approach of integrating emergency medicine and hospital medicine seamlessly. This model is proving to be a win-win-win for patients, clinicians, and healthcare systems and hospitals alike and is leading to improved outcomes and quality and even increased market shares.

From Door to Discharge
With nearly 70 percent of all hospital admissions originating from the ED, a patient’s experience often starts with emergency care and ends with care on the inpatient side, according to research by the RAND Corporation. As such, better integration between the two departments must be a critical component in the effort to improve care outcomes and the patient experience.

“There is real value behind having continuity between emergency medicine and the inpatient or hospital medicine side,” says Andy Mulvey, MD, FACEP, vice president, clinical sales and strategy, Envision Physician Services. “The idea behind integrating emergency medicine and hospital medicine is that less-complicated patient handoffs and improved communication help standardize care and reduce some of the variability that can occur over the course of a patient’s hospital stay.”

Improved integration, communication and standardization of care are at the heart of the Envision Physician Services EM/HM Better Together integrated patient care model. Mulvey describes it as a door-to-discharge hospitalwide flow model that considers the patient experience at every step. The concept, he says, is that through all stages of the patient’s journey—from the ED to inpatient stay—all processes must answer “yes” to this question: Is this something that improves the patient’s quality of care and his or her patient experience?

The model operationalizes patient-centric care by implementing concrete plans on the ED and hospital medicine sides for improving the patient experience. “Patient-centric care can’t just be lip service,” Mulvey says. “Organizations need to start by believing in patient-centric care, but then also have a plan to put it into action.”

The EM/HM Better Together integrated patient care model addresses common challenges in the front-door part of a patient’s experience (coming through the ED) and on the backdoor side (the inpatient stay or hospital medicine), according to Mulvey. Some examples include the following:

**EM Challenge:** Long patient wait times to be seen by a provider
**Solution:** Immediate bedding of patients (seeing a provider within 15 to 20 minutes of arrival) and bedside triage

**EM Challenge:** Long length of stay in the ED, causing patient frustration
**Solution:** More parallel workflow and reduced turnaround times for lab and imaging

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HM Challenge: Messy patient handoffs and unclear gap orders
Solution: Improved communication between emergency medicine and hospital medicine clinicians, including a single point of contact, creates a seamless transition from the ED to the inpatient side of the hospital and uninterrupted continuity of care

HM Challenge: Long wait times to see a physician once admitted to the inpatient side
Solution: ED physicians’ ability to initiate patient orders eliminates delays in patient care on the hospital medicine side

Patient-Centric Care’s Full Impact
Facilities that have implemented the patient-centric care model have seen improvements in clinical outcomes, patient satisfaction, staff satisfaction and increased market share, among other benefits. One facility that implemented the EM/HM Better Together model experienced dramatic improvements in its left-without-being-seen numbers and reduced patients’ lengths of stay, according to Mulvey. This resulted in increased capacity in its ED and inpatient sides and helped to eliminate ED boarding and lower costs due to reduced lengths of stay.

The facility also adopted a split-flow model in its ED that allowed lower-acuity patients to be seen by advanced practice providers, while patients requiring more acute care could be seen by the ED’s physicians. In addition to improving patient flow and experience, these patient-centric changes also resulted in a surprise benefit: increased volume in the ED based on increased capacity.

Prior to implementation of the EM/HM Better Together model, the facility’s ED had approximately 30,000 to 35,000 visits per year, or about 100 patients per day. “Over the course of two to three years, we saw volumes go all the way up to 50,000 visits—in the same physical plant, not a new ER,” Mulvey says. He attributes this growth to patients who were perhaps avoiding the ED because of the way it was run previously but who were impressed by the changes made.

“Once it became more patient-centric, this became their new location for care,” Mulvey says.

Today’s savvier patients are expecting more from their care, and they have more options than ever when it comes to choosing where they receive that care. “In the old days, hospitals could maybe be the only shop in town,” Mulvey says. “Now we have microhospitals, urgent care centers and perhaps three different facilities within a few miles of each other, so you really have to be able to differentiate yourself in a competitive market to capture patients or keep your market share. Patients are smart; they are going to go where they will receive the best care for themselves and their family.”

A Win for Patients and Staff
While a patient-centric care model that integrates emergency and hospital medicine has clear benefits for patients, it also has been popular among clinical staff. Mulvey says that often, the perception is that when an organization makes changes to operations in a department such as the ED, the clinical staff will be reluctant or push back. While this may happen to some extent, the reality, Mulvey says, is quite the contrary.

“We find that when you move to an integrated patient-centric model for care delivery, the staff really appreciates it,” he says. “It’s a fun environment to work in. Your patients are happy. The efficiencies of the department are recognized, and that has added benefits for staff and providers. And, most importantly, it really impacts the quality of care delivered to our patients.”

For more information, please contact Envision Physician Services’ Business Development team at onesolution@shcr.com or 877-910-4993.

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