Connecting the Dots: Collaboration as a Survival Strategy for You AND Your Patients

Laura L. Adams
President & CEO Rhode Island Quality Institute
Oversight Council, Massachusetts Center for Health Information and Analysis (CHIA)
November 7, 2017
Some of the Challenges We Face Around the Globe

- Aging populations
- Limited healthcare funding and an escalating cost of providing care
- Workforces in short supply and under pressure
- The need to adopt technology when it can be challenging and costly
- Management of chronic disease that now includes the substance abuse disorders
2012 Bipartisan Policy Center Report: *Lots to Lose: How America’s Health and Obesity Crisis Threatens our Economic Future*
Medical Error: 
3\textsuperscript{rd} Leading Cause of Death in the U.S.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>614,348</td>
</tr>
<tr>
<td>Cancer</td>
<td>591,999</td>
</tr>
<tr>
<td>Medical errors (estimated)</td>
<td>251,454</td>
</tr>
<tr>
<td>Chronic lower respiratory diseases</td>
<td>147,101</td>
</tr>
<tr>
<td>Accidents</td>
<td>138,053</td>
</tr>
<tr>
<td>Strokes</td>
<td>133,103</td>
</tr>
<tr>
<td>Alzheimer's disease</td>
<td>93,541</td>
</tr>
<tr>
<td>Diabetes</td>
<td>76,458</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>55,227</td>
</tr>
<tr>
<td>Nephritis</td>
<td>48,146</td>
</tr>
<tr>
<td>Suicide</td>
<td>42,773</td>
</tr>
</tbody>
</table>

Medical error—the third leading cause of death in the US. 

*BMJ* 2016;353:i2139; DOI: 10.1136/bmj.i2139 (open access)
An Epidemic of Error

Fragmented Patient Data and Poor Information Flow Resulting in Errors and Inefficiency

The average Primary Care Provider needs to interact with 229 physicians working in 117 different practices to care for their panel of patients.

Pham, O’Malley, Bach, Saiontz-Martinez, Schrag; Annals of Internal Medicine v.150, p. 236-242, Feb 2009
Poorly Coordinated Care, Errors and Inefficiency

Current system fragments patient information resulting in error and waste

Provides a longitudinal view to improve quality, safety and value

- Hospitals, Long-Term Care, Behavioral Health/Substance Abuse Facilities, etc.
- Primary Care (incl. Beh. Health/Substance Abuse, CHCs, etc.)
- Patients and Families
- Specialty Physicians
- Laboratories
- Pharmacies
- Ambulatory Centers (e.g. imaging centers)
What Does This Mean for You and Your Patients?

*Take Away #1:*
The formula for success is changing. New competencies include:

- supporting patients’ definition of health (not just treating their disease)

- collaborating with others—which may be the most important survival strategy for your organization and your patients

*It’s critical that clinical information flow freely...*
Creativity is just connecting things. When you ask creative people how they did something, they feel a little guilty because they didn’t really do it, they just saw something that seemed obvious to them.
“That’s because they were able to connect experiences they’ve had and synthesize new things—because they have had more experiences than other people.”
Unfortunately, that’s too rare a commodity. A lot of people haven’t had very diverse experiences. So they don’t have enough dots to connect, and they end up with very linear solutions without a broad perspective on the problem.
How Does this Relate to Healthcare Transformation?

The broader the understanding of the human experience of health and healthcare, the better design we can create.

We can only connect the dots we collect.
Take Away #2:

- The future lies not in “engaging patients” — but rather — engaging in the lives of patients.

- More “dots to connect” emerge and so do much better ideas for care delivery redesign.
A Limited Perspective: Some of My Early Lessons in “Patient-Centered” Health Care

- A pain pill
- The Breast Center
• A 7-year old child
• The birth of my son Ben
Take Away #3: 
Mine your personal experiences—and that of your family and your friends—for inspiration and guidance about how to redesign care.
Just to be clear…
The Course of Events...

- So there’s a chance...?
  - Mammogram; Ultrasound; Right breast biopsy
The Course of Events...(cont’d)

• So there’s a chance...?
  • Definitive diagnosis on right side – the left side is still in question
  • *5 different care locations in a span of 20 days*
The Course of Events...(cont’d)

• “Mom, I feel guilty...”
  – The Silver Linings List begun
The Course of Events, cont’d

• Prognosis— inconclusive due to concerns about the left side
  • Stereotactic biopsy of left breast – inconclusive
  • Surgical biopsy of the left breast - Just as the anesthesia mask is lowered...
  • Left side – no cancer!!

• The Surgery
  • Pre-op on Friday – An “Elaine” experience
  • Sentinel node biopsy
The Course of Events, cont’d

• **Reconstructive Surgeon’s Office**
  • The clipboard (again!)

• **Follow-up**
  • How to prevent this from happening again?
What Does This Mean for You and Your Patients?

Take Away #4: Think about what you could do to assure that patients and families are always regarded as part of the care team...

AND the quality improvement team!
Improving Patients’ Ability to Cope

• “Come and get it care” won’t move the critical metrics for which we’re are now being paid. It’ll take connecting a community – the healthcare system can’t do it alone.

• The community has to connect and close gaps in care.

• There’s some data/information that only the patient or family can provide, e.g. functional health status, pain levels, in-home monitoring data, etc.
Health Information Exchange’s Potential

- Hospitals, LTCs, BH /SA Facilities, etc.
- Public Health
- Laboratories
- Pharmacies
- Payers
- Ambulatory Centers (e.g. imaging centers)
- Specialty Physicians
- Consumers; Patients and Families
- Primary Care (incl. Behavioral Health and Substance Abuse, CHCs, Free Clinics, etc.)
Care Management Dashboards: EHRs Not Just Talking to Each Other—But Singing in Harmony
The Outcome of the Earliest Test of Hospital Alerts

CurrentCare Alerts:
9% lower 30-day hospital readmission rates

CurrentCare Alerts:
19% lower 30-day emergency room readmission rates
What Does This Mean for You and Your Patients?

Take Away #5:

*In the information age, commitment to “the data following the patient” — including data the patient and family supplies—is now an issue of ethics.*

*We have to connect our communities in every way possible…*
Remember...
We can only connect the dots we collect
Laura Adams, President & CEO
Rhode Island Quality Institute
50 Holden Street, Suite 300
Providence, Rhode Island 02908
ladams@riqi.org
401-276-9141 x 271
@LAdamsRlIQuality