

The Case for Change

By T. Jeffrey Dmochowski, MD

“Change has a considerable psychological impact on the human mind. To the fearful it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident it is inspiring because the challenge exists to make things better.” King Whitney Jr.

How many of us are old enough to remember a family physician making a house call to check what ailed us, calm our distress, reach into his bag to dispense some medicine, collect his fee and, accepting thanks, walk out the door until needed again? Now forward 60 years, to the present, and can anyone accurately describe every step of a patient's path through “our system”? We certainly provide more care....often equated with better care. Who's doing the comparison and assessing the value; the patient, the providers, or the payers?

If there's an ailment, there's a test for that.....and often 2 or 3 more...which can be ordered to confirm a suspected diagnosis. Sometimes, not infrequently, one of these tests detects unanticipated findings often leading to further investigation to “rule out” a problem (read “risk management”).

Has anyone heard the story, told to me in Rochester some years ago, about the indigent patient who went to the ED of his local hospital to seek a screw to fix his eyeglasses? He was told that he would first have to sign in and be “checked”. His BP was elevated and some labs were drawn with some resulting abnormal values leading to “more tests”. You can see where this is going. Jump forward several weeks....2 surgeries and some unforeseen complications later, the patient is finally recovered and being wheeled through discharge when he stops an attendant to ask if he can now have the screw to fix his glasses. What would be this patient's assessment of the value of his care?

Our current care delivery system is almost daily increasing in complexity; often with multiple specialties involved in the care and management of almost every complex, high risk, patient at different phases in their disease experience. Before long, the Federal Tax Code will pale in comparison

for complexity....and cost.

Health care reform is upon us....for better or worse. As medicine has changed in the United States we've realized tremendous benefit from rapidly developing knowledge of the human body and its afflictions as well as effective treatment options; primarily through technological advances. Our knowledge is only as complete as our access to, and utilization of, the information available to us. How do we coordinate the myriad lines of information entangling patient care? How do we measure the effectiveness of our effort to provide the highest quality care in the most efficient manner? As with any successful and enduring society, we must develop a coordinating system. It is our nature as physicians to hold ourselves accountable to provide the best care for our patients. We each contribute “our part” in that care. Hospitals provide services as their part and payers provide revenue. Who is responsible to assess how all the parts “fit together”.... to assure that they effectively and efficiently function as a unit: a “system”? We all are. PPACA, the Patient Protection and Affordable Care Act, begins the process of aligning the previously disjointed objectives of all the participants in health care by incentivizing change.

The concept of Clinical Integration has been around since the 80's. In 2005, the leadership of Greater Rochester Independent Practice Association resolved to develop a clinically integrated model to address care coordination across the health continuum by adapting and adopting clinical guidelines based on best available evidence in the medical literature to identify clinical objectives used to measure performance with the assistance of information technology....as other successful systems have been doing for decades. The PPACA has recently provided impetus to this undertaking by “aligning” financial interests of all the participants. How do physicians move from fee for service to pay for performance? How do hospitals reduce unnecessary re-admissions and maintain revenue streams to improve services? How do payers effectively promote better care for their members and minimize increases in expenditures? By coordinating with each other in identifying common objectives and providing mutual support.

From a physician-hospital relationship perspective, the Clinical Integration model joins both parties in identifying and addressing mutually agreed objectives in patient care: timely sharing of patient information at the time of admission, continuing status updates during hospital stay, seamless transfer of the patient back to PCP following discharge, as well as all the details pertaining thereto. It is immediately obvious that physicians cannot singularly manage all aspects of this effort. We can provide superlative care within our offices but lose influence when our patients transition through "our system." Clinical Integration coordinates efforts of all parties involved in delivering care and strengthens communication...if we link together. Additionally, and what our current system sorely lacks, it provides real-time performance feedback to individuals within the network to assist providers in identifying and addressing gaps in care.

Another vital component of Clinical Integration, Care Management Services, complements physicians' efforts to address patients' needs by engaging and delegating highly skilled clinicians to identify and connect with patients for additional education around health issues such as medication costs, better understanding and coping with

disease, home situations, following up with their physician in a timely fashion and more fully participate in achieving their health goals.

Complex organizations, businesses, societies, clinically integrated networks, require effective communication, governance, and monitoring of performance to achieve the most effective outcomes in the most efficient manner. Information technology is the best currently available tool to organize and optimize access to information, and aggregate, analyze, and report data; producing evidence for and direction toward improvement.

Our family physician at the beginning of this article is still "captain" but it is now a much larger, complex, ship to navigate; requiring a skilled "crew", highly familiar with all aspects of the vessel, to maintain the optimal course in addressing the needs of our patients.

At the heart of all this is the patient.

"Nothing endures but change." Heraclitus (540-480 BC)

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