



# Navigating change across the care continuum



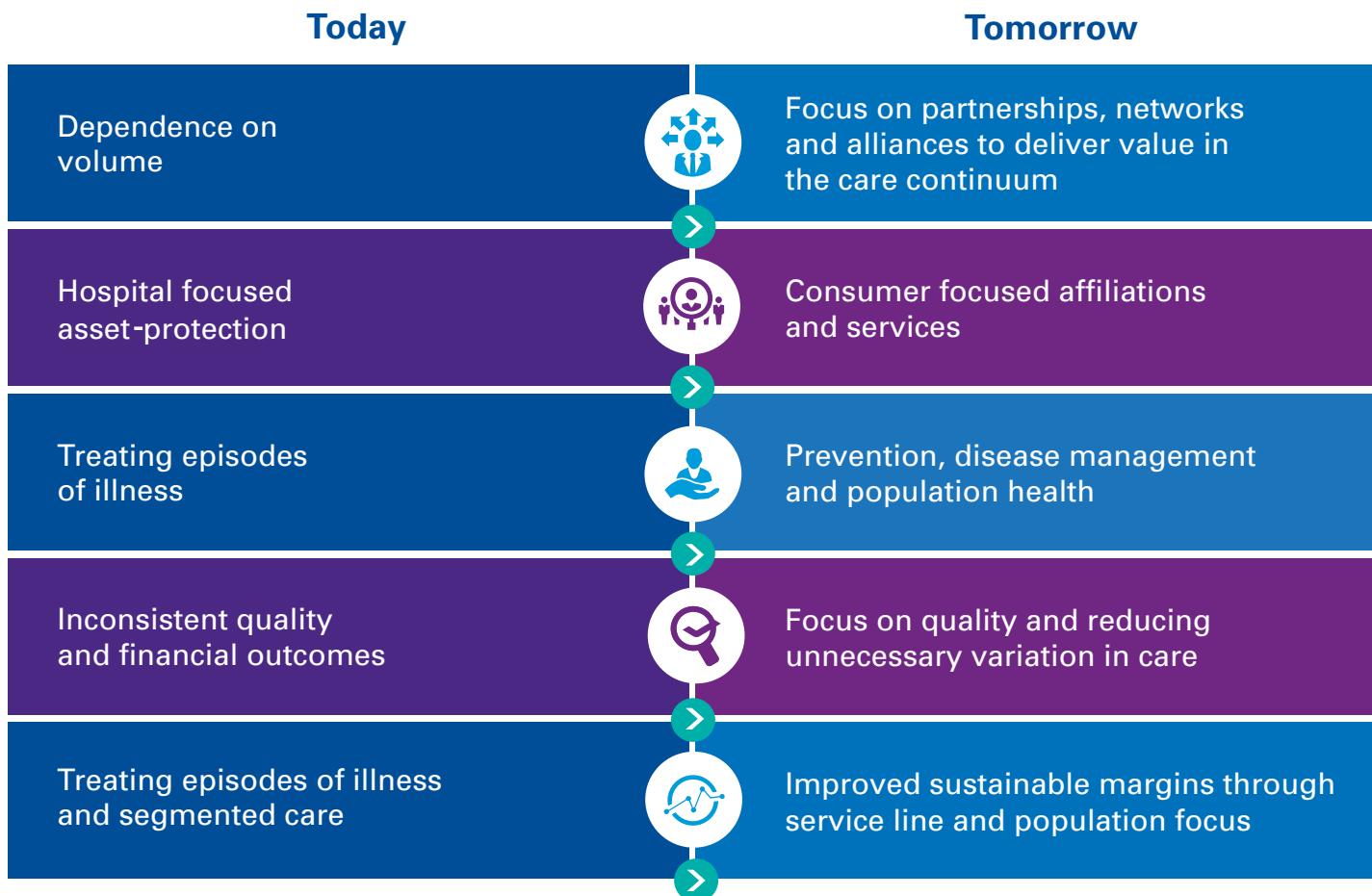


**As healthcare organizations are under significant economic pressure to shift from 'volume to value,' providers will need to articulate how they are improving clinical outcomes throughout the care continuum at a lower cost.**

While organizations are transforming to value based care, health systems today are challenged by a fragmented delivery system that is not sustainable from a quality and cost standpoint. There are several reasons for this: First, the delivery of care has been centered at times on the providers rather than the patients. Second, care has been delivered inconsistently, with highly variable outcomes clinically, operationally, and financially. Third, providers have operated in silos which lack coordination across the full care continuum. In addition, data to derive insights and to inform decision making does not always follow the patient, or adhere to evidenced based practices. Finally, reporting and accountability systems for physicians, nurses and other ancillary providers are generally limited or lacking.

# Market dynamics in the healthcare landscape:

Organizations are beginning to address regulatory and market forces that are driving change. These dynamics create challenges as systems progress through the maturity curve from a historic provider and acute care focus, to a broader patient and population health focus.



## Health systems of tomorrow



Health of populations is actively managed dynamically and concurrently, and in the appropriate settings. Technology and process enablers improve access to care that:

- Plans, coordinates and is actively managed across providers and settings
- Centers on evidenced based clinical standards utilized to appropriately direct care interventions
- Shares actionable retrospective and concurrent data in secure manners between care providers
- Engages patients by improving access to patient portals and mobile applications
- Screens patient data proactively through population health management tools
- Establishes preferred provider relationships with high quality community resources

Systems will be required to transition from a fragmented, highly variable system, to one which focuses on the patient journey through the entire care continuum. Providers will be measured on the total cost of care through this continuum, and payments will move from a reflection of activity, to a system where quality clinical outcomes drive reimbursement.

## What will be needed to implement change

**Providers driving change in their care delivery systems sustained by concurrent delivery performance monitoring, and true reporting and accountability systems for physicians, nurses and ancillary providers. Improvements must be clinically-led to drive buy-in, and to allow the entire care team to contribute to successful system improvements and outcomes.**

**Clinically led improvement** includes designing and implementing standards of care that embody evidenced based clinical pathways, order sets and protocols, and monitors metrics to drive improvements in the treatment of specific patient populations. Examining current processes, designing and implementation of these standards of care, and driving consensus through the medical and nursing staff include:

- Care management redesign including a robust physician advisor program
- Multidisciplinary care coordination rounds
- Clinical governance structure and monitoring and escalation processes
- Reduction of both clinical and operational variation through focus on targeted DRGs, appropriateness of tests and treatments
- Hospitalists and intensivists structure and processes
- Clinical documentation

Improvements may span the range of the continuum from the Emergency Department through an inpatient stay to post-acute care in a facility or ambulatory setting as well as Homecare or Hospice.

# nges in health systems?

Data and analytics can help to link the data in both a patient and disease centric way across the treatment continuum



**Variation in care** is found in all organizations and is generally derived from a variety of factors:

- The clinical complexity of the patient population
- Differing practices and preferences
- Evolving intricacies of healthcare systems
- Variability in medical and nursing training
- Different clinical experiences and biases
- Technological advancement, research requirements or vendor biases

Keys to managing variation include using data and analytics to identify variation; building a culture open to change in practice; and aligning to evidence based practices.

By targeting conditions, providers can engage the relevant physician, nursing and ancillary professionals in identifying opportunities for improvement and creating accountabilities for performance. By targeting specific conditions, performance improvement should be measured by both clinical process and outcome as well as operational and financial metrics.

**Data and analytics** is key to empowering clinical improvement. Providers struggle to understand the impact and cost of the provision of care. A key concern includes demonstrating that higher quality of care has a relationship to lower cost of care across the continuum. How does this quality compare to other systems? Are investments in quality contributing to cost goals?

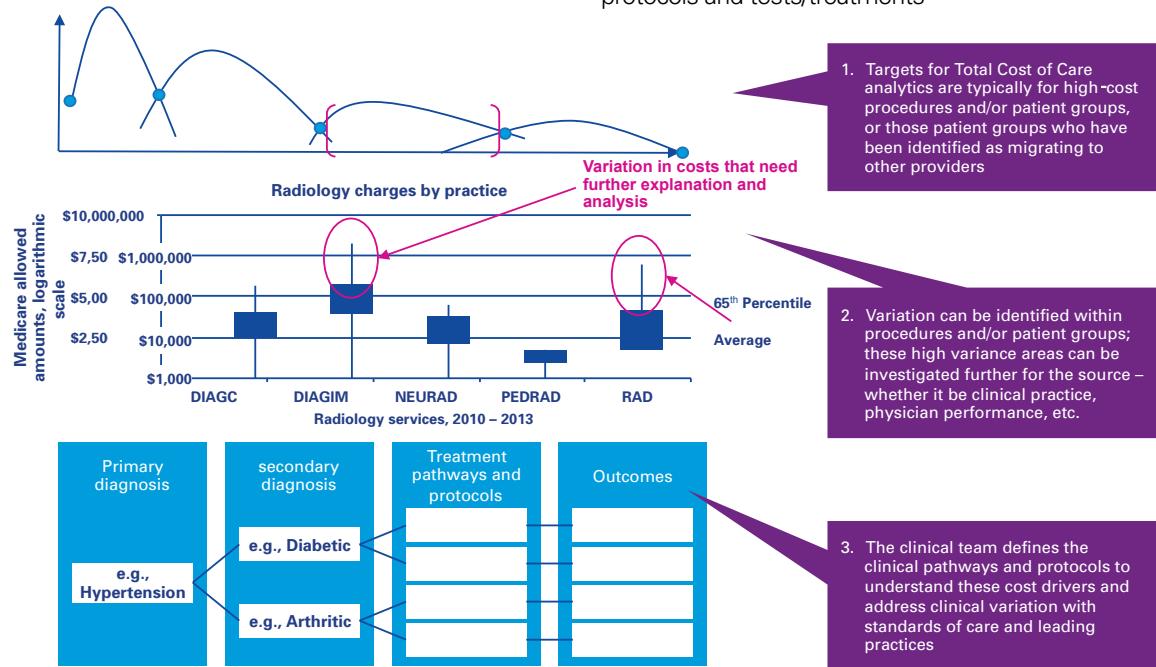
The challenge is that many patients receive care outside the “system” walls. Systems assume that they lack the data to fully understand the cost and quality relationship. Data and analytics can help to link the data in both a patient and disease centric way across the treatment continuum to provide clarity as to the root causes of issues.

# Total cost of care across the continuum

**Total cost of care comprises the inclusive payments for the complete gamut of health care services utilized by a patient or population including Ancillary, Inpatient, Outpatient, Pharmacy and Professional activities.**

Data elements gathered across these areas can potentially identify opportunities for clinical improvement. Identification of high cost procedures or patient groups and variation within procedures or patient groups require further investigation to determine specific areas for improvement.

Total cost of care provides insights into opportunities for improvement and has implications across the entire organization



## Integration with system transformation

**Providers need to work together to fully provide appropriate services for the complexity of patient needs. High maturity organizations need to have a focus beyond their "four walls" and should consider these factors:**

**Understanding patient needs** through the care continuum

**Role of providers** in the broad clinically integrated network

**Designing pathways** order sets and protocols

**Determining how patient data** obtained from the EMR can drive concurrent care in the acute and post-acute settings and support care

**Care management structure** focusing on quality care, utilization review, and the transitions of care to increase quality and reduce readmissions

**Interdisciplinary care coordination** can drive concurrent care in the acute and post-acute settings

**Clinical variation management** which drives increased quality and safety, improves clinical outcomes and ensures medically appropriate care and resource utilization



### **A patient-centric point of view designs pathways across the patient's journey; providers need to consider the following considerations:**

To reduce variation providers have invested in the development of pathways, order sets and protocols; these should be expanded across the continuum

Current EMR systems typically have hundreds of menu-driven order sets developed, often leading to increased fragmentation and variability between providers

Altering ingrained patterns of care involves changing the components of care, including anything that hinders communication and collaboration between providers

To succeed, leaders must effectively synchronize efforts of physicians, nurses and ancillary providers inside and outside of their organization

Utilizing Care Managers synchronizes efforts and leads to improved communication among the care delivery team. It additionally improves patient and family satisfaction with their care, and generates improved patient outcomes

This will focus attention on providing evidence-based, medically-appropriate care at the right time and setting

## **Summary**

As healthcare shifts from 'volume to value', providers will need to articulate how they are able to generate better clinical outcomes at a more effective cost. KPMG can help. We have assisted clients by reducing their severity adjusted length of stay (LOS) by up to 21% and reduced direct variable costs of up to 16% for targeted diagnosis related groups (DRGs). KPMG has improved the operational and clinical processes of care for targeted DRGs, standardized clinical pathways, order sets, clinical protocols, and metrics for Heart Failure, Pneumonia, Sepsis, COPD, Large and Small Bowel Surgery, Trach and Vent management, Appendectomy and other key DRG groupings into the daily Care Progression Rounds. We have assisted organizations to move toward a concurrent management system for patient care, and driven dramatic improvements in clinical outcomes.

KPMG's understanding of the complexity of the hospital environment spans the entire care continuum from acute care through post-acute care. Our Solutions under the Care Continuum Optimization structure include: Care Continuum Management, Multi-Disciplinary Care Coordination, Standardizing Clinical Care, Clinical Governance and Accountability, Clinical Documentation Improvement, Departments and Procedural Area Improvement, Patient Placement and Total Cost of Care and Business Intelligence.



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