

Identifying Continuum of Care

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Executive Summary

The Medicare review team of Danabby Medical Center has identified a weakness in the organization's approach to the continuum of care for geriatric patients. This report serves to identify the internal and external partners needed to design a comprehensive consortium enhancing quality across a continuum of care.

Table of Contents

Executive Summary	2
Relationship Analysis	4
Problem Solving Framework	4
Ethical Questions	5
Conclusion	6
References	7

Relationship Analysis

The Medicare review team of Danabby Medical Center has identified a weakness in the organization's approach to the continuum of care for geriatric patients. The senior leadership of Danabby Medical Center recognizes a systems approach as the solution to enhancing quality across this continuum of care. This approach requires the development of a consortium of internal and external partners to address the multiple health concerns typical to the geriatric patient population. The U.S. Department of Health and Human Services (n.d.) has identified fostering such partnerships as key to developing a person-centered care plan that is based on the individual's treatment and outcome goals. Managing medications; synchronizing comprehensive home, facility, and community-based services; addressing complex psychosocial needs; and coordinating financial resources are key to successfully treating patients with multiple physical health problems (HHS, n.d.).

The goal of any person-centered care model is to identify health issues as early as possible to provide the least restrictive and least intensive level of care to treat the current condition. By creating a collaborative consortium of internal and external provider partners, a systems approach to healthcare delivery would eliminate access issues while ensuring proper utilization, providing quality care in a cost-effective manner. It would diagnosis and treat conditions long before hospitalization is required or shorten the length of stay in a hospital setting.

Given this, the primary clinical internal partners needed to address the continuum include, but are not limited to: physicians, nursing, physical therapists, occupational therapist, pharmacy, diagnostics, the Emergency Department, and case management. These clinical professionals currently work well together creating a comprehensive care plan with the patient and family that supports recovery and wellness. However, in order to sustain positive health outcomes long term, a well-coordinated, community-based, seamless care delivery system needs to be developed. The absence of such a delivery system has been identified as the weakness to the organization's approach.

The external partners could include at home care, family care givers, physician practices, skilled or rehabilitation long term care facilities, public health, residential treatment facilities, assisted living, outpatient rehabilitation, home health, chiropractic, outpatient clinics, psychiatric counseling, and tele-health physicians. When properly utilized in a coordinated care effort, each of these services has a vital and diverse role in the delivery of healthcare.

Problem Solving Framework

Danabby Medical Center uses the DECIDE model for decision-making. As such, it has initiated this process to identify specific weaknesses in the organization's approach to the continuum of care for geriatric patients. The senior leadership of Danabby Medical Center created an internal committee comprised of representatives from the different internal partner areas. They are currently engaging the DECIDE model focused on continually identifying weaknesses in the organization's approach to the continuum of care for geriatric patients. This

committee is charged with D = defining problems, E = establishing criteria, C = considering alternatives, I = identifying the best alternative(s), D = developing and implementing a plan of action, and E = evaluating and monitoring the solution providing feedback for adjustments (Guo, 2008). One of the problems defined includes a bottleneck in facilitating patient transfers to a lesser level of care. This results in patients staying in a more intense and more expensive level of care longer than necessary. The leadership of Danabby Medical Center wishes to introduce the DECIDE model to its consortium partners to help identify other weaknesses. It also wishes to use this as a framework for developing procedures to best facilitate appropriate transfers and proper service utilization at every level.

Danabby Medical Center seeks to incorporate systems thinking in all their decision-making endeavors. Though this is a natural process internally, Danabby Medical Center recognizes the need to help develop the culture of systems thinking within its consortium. It will utilize its internal training and organizational development resources to help introduce both the DECIDE model and the systems approach to solving problems to its external partners. The systems thinking framework is outlined by Patricia Trbovich (2014) and notes utilizing a systems approach to solving problems while understanding system-wide effects. It promotes proactive approaches while creating a culture of sustainable systems thinking.

Fostering an overall process of collaboration and systems thinking will create an incredible foundation for developing a supportive health care provider community. This will then well-position organizations for value-based revenue sharing models and enhanced community wellness initiatives.

Ethical Questions

The key to the success of any healthcare initiative is to involve patients and their families in the decisions, empowering them to be partners in their own care (Institute of Medicine, 2001). The medical ethicists Beauchamp and Childress (2012) illustrate four basic principles that offer guidelines to this end. First, they start with the concept of autonomy that conveys each patient has a right to choose their care based on personal values. Beauchamp and Childress continue to suggest that all care initiatives are for the patient's good followed by the universal medical ethical principle of 'do no harm'. Finally, they suggest the final ethical principle as healthcare resources should be equally distributed and that all patients should be treated fairly.

Though the emphasis of the consortium's work will be ethical and confidential, ethical questions related to enhancing the continuum of care for geriatric patients could arise. Using the four basic principles as a framework, we start with the first principle: autonomy. In all efforts at every level of care, the right of the patient to retain control over their own body is paramount. The health teams can advise, educate, and suggest courses of care, but the end resolve falls to the patient's personal decision. So, attention must be given to not coerce patients into treatment, even if their decision goes against accepted medical practice. So, the ethical question here is whether the treatment honors the patient's decision.

The second principle states that healthcare professionals must do all they can to benefit the patient in all situations. To do this, clinicians must maintain a high level of knowledge and skill,

utilizing accepted best practices. They must do this while considering the patient's individual circumstance, values, and beliefs. This helps enhance patient outcomes while complying with regulations and mitigating risks. So, the ethical question here is whether the care delivery follows best practices while honoring patient decisions.

The third principle states 'do no harm'. To address this, it is best for all organizations to implement strong risk management policies, safety procedures, and clinical best practices protocols for all staff and partners to follow. So, the ethical question here is whether such policies, procedures, and protocols exist and are they monitored for compliance and effectiveness.

Finally, the principle of fairness and a stewardship of resources can present some ethical questions particularly when looking at community-wide health initiatives and highly specialized treatments. This means having policies and procedures that provide guidance ensuring compliance with all regulatory and legal requirements, provision of treatment to all without exception, and fiscal responsiveness for the resources given.

In addition to these guiding ethical principles, the consortium needs to maintain confidentiality. Though the Health Insurance Portability and Accountability Act (HIPAA) outlines expectations of patient confidentiality, when working with a multi-organization consortium, preserving patient confidentiality can be a challenge. This being said, another ethical question in this endeavor includes how is the group honoring patient confidentiality while still providing the care needed to best serve the needs of the patient and their family.

Conclusion

Danabby Medical Center is taking the lead in creating a consortium of various partners to collaboratively coordinate a continuum of care that addresses the needs of the person and their family. Though the initial focus will be on the geriatric patient population, these efforts can be applied to any patient population. The aim is to help patients get better quicker and stay better longer. This consortium will focus on community wellness in both prevention and intervention, using evidence-based care practices to ensure appropriate utilization (Kaiser & Lee, 2015). And in this age of value-based risk sharing financial models, such a consortium will help ensure the sustainability of healthcare services in its community while positioning all organizations for financial success.

References

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