Dr. Ricciardi Cyber-Discussion
Case Study

Background

Patients moving from one group of providers to another create challenges for healthcare and successful patient outcomes. These transfers occur at a variety of points in the care of patients across the cancer care continuum (Fig 1) as well as at the time people change health care plans. The historical and financial relationships, the physical proximity, and method of communication such as by phone, email, or directly sharing records are some of the many factors that affect the transfer of information and responsibility among groups.

In this example, we consider care provided outside of managed care organizations where a woman with multiple chronic conditions is preparing for retirement and switches to a new provider. This process involves multiple groups of people including the original and new primary care team, the radiology team, and potentially a surgical or oncologic team (Fig 2). This example highlights the challenges of delivering care in a multi-team system, and the ease with which health can be affected by breakdowns in the process of care. In this case, care must move from the primary care provider with an established and knowledgeable relationship to another physician. That movement requires coordination to assure that the appropriate information and responsibility is transferred to the people who need it in order to complete the evaluation. This situation that we call a "transition in care" (Fig 1) offers a rich opportunity to examine how multi-team systems work and how to make transitions more successful.

Teams in This Case

Team 1: Original Primary Care Team– The original primary care physician is the initial point of contact that works with the patient on prevention, routine care, and management of any chronic conditions. As a result the physician, nurse, and receptionist in this office have a long-standing relationship, regular visits and comprehensive medical records and history.

Team 2: Oncology team – The oncologist, nurse, and receptionist in this office manage the specialized treatment of the patient, specific to the cancer diagnosis. Interaction is particularly intense during the initial therapy but tapers as the patient completes chemotherapy and is on long term hormonal or other therapy as a survivor.

Team 3: New Primary Care Team – With changing circumstances come changing insurance plans and providers. Similar in structure to the original primary care provider, this office is operated by a physician and their medical and clinical support staff that handle day-to-day administration of patients. However, in the care transition of the patient, the new primary care team has the responsibility of requesting and receiving the medical records, as well as conducting any preparation of the electronic medical record for the first visit.

Case Study

Mrs. Q

A 63yr old woman, Mrs. Q is working as a medical assistant in a local optometrist's practice. Her husband Mr. Q, a 65yr old on-call surgeon, spends much of his time at the hospital. They are both preparing to retire in the next couple months and are looking forward to travelling with one another. Accompanying their retirement plan is a switch to a new healthcare plan and primary care physician. Mrs. Q is receiving adjuvant chemotherapy for stage IIA breast cancer. Luckily the new plan will allow her to maintain visits with her current oncologist whom she swears by.

Before her breast cancer, Mrs. Q was very proactive about her health and regularly exercised, ate healthy, and kept up with preventive health screening as recommended by her primary care physician. Her health conscious attitude contributed to the early detection of her breast cancer and is partly attributable to her profession and due to the early deaths in her family. Her mother passed away from heart disease and her father from a stroke, both before age 70.

Mrs. Q's health concerns before her breast cancer diagnosis were high blood pressure and heartburn which have been managed through diet, medication, and exercise. Her primary care physician prescribes an ACE inhibitor and proton pump inhibitor which has been working well for the past five years. Now that she is switching plans, she is anxious and concerned, which has contributed to more heartburn.

However, her new primary care physician is upgrading to an electronic health system that she is excited about as a medical assistant herself. As a longtime medical assistant she understands the importance of accurate record keeping and brings her previous paper records to her first appointment. She got along well with the assistant who was helping to integrate her health record. Mrs. Q's new primary care physician was running behind and accepted the stack of records from the previous physician, and immediately asked a few questions. Mrs Q reported increased heartburn. He then told Mrs. Q that she should continue with her current anti-hypertensive medication and assured her that her heartburn will subside as she and her family made the transition to retirement. She left happy with her new visit though she felt her doctor seemed hurried.

Mrs. Q picked up her new medications and wondered to herself why the color of her heartburn medication had changed but figured it must be a generic equivalent; so she continued taking it as prescribed. Upon follow-up in her new primary care physician's office two weeks later, several issues arose. The primary care physician had been reviewing the record again and found she was a breast cancer patient. He was surprised and asked who was caring for her breast cancer and what treatment she had received. He also asked more carefully about the antihypertensive and heartburn history. Through it all he discovered his assistant had misread the previous physician's handwriting and chosen a similarly named but different heartburn medication in the dropdown menu of the information system. The new medication was a Histamine-2 Blocker and that is known to have a negative interaction with the tamoxifen that would lower its effectiveness as a hormonal agent to prevent recurrence of the breast cancer. Mrs Q felt frustrated that she had been on the wrong medication, and disappointed that her husband had not noticed the problem either.

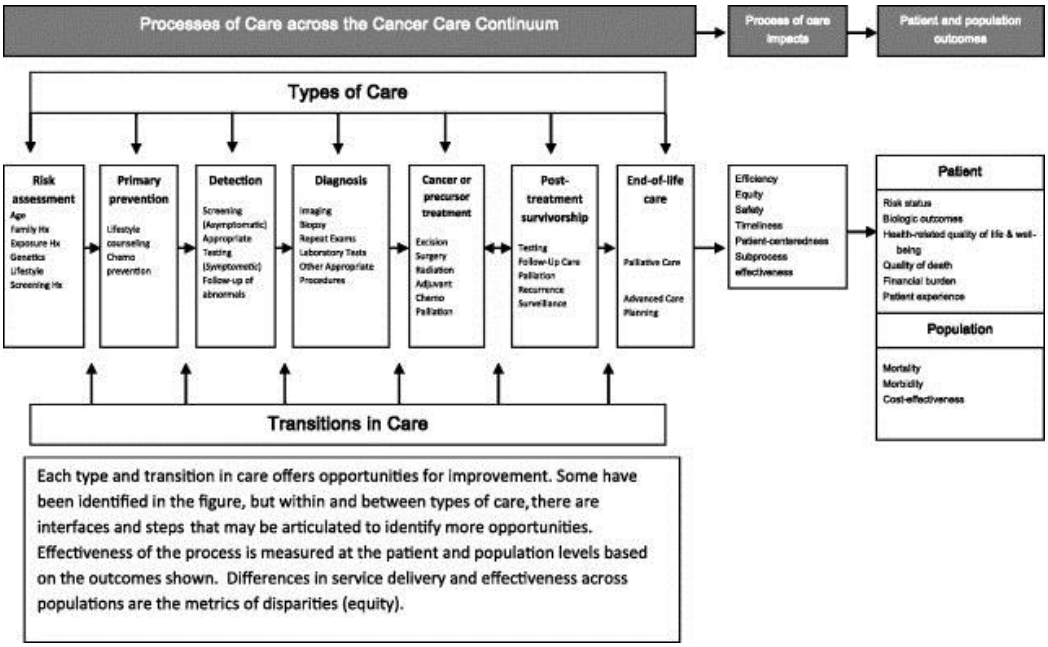

Figure 1: Process of Care

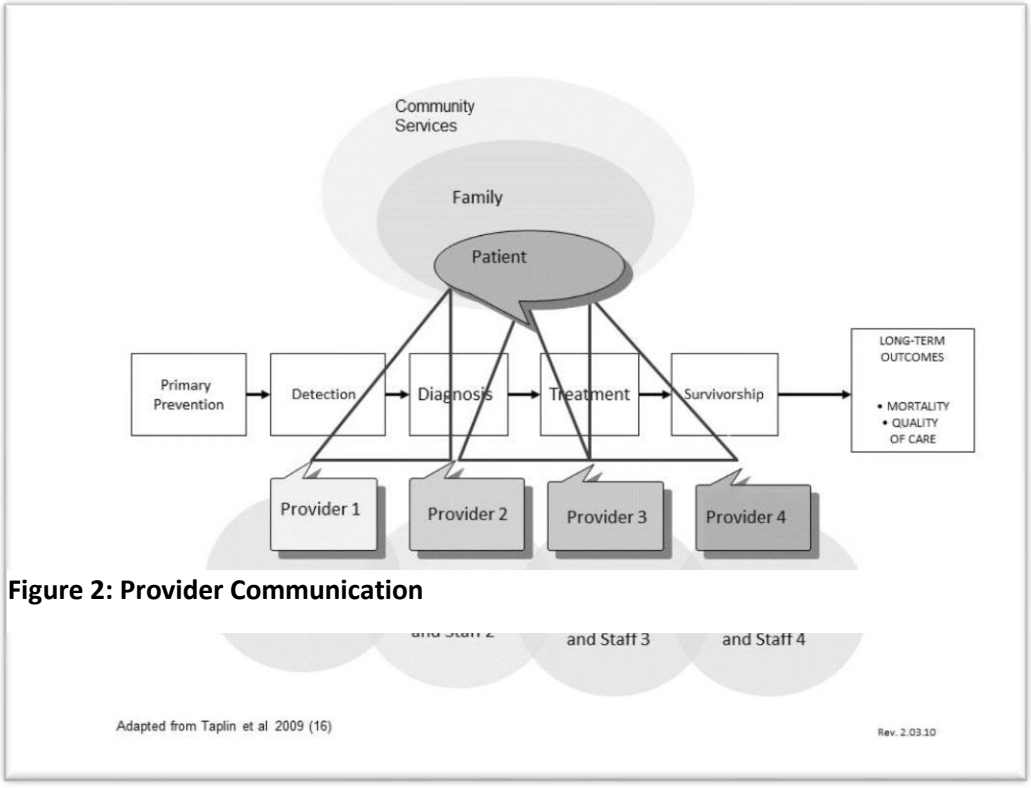

Figure 2: Provider Communication