Continuity of Care and the Impact of Relationships on Health Care

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Learning Objectives

- Define Continuity of Care
- Identify System Based Changes to Create Continuity of Care
- Define Care Coordination
- Discuss Effectiveness of Care Coordination Interventions
- Describe At Least 2 Interventions That Improve Care Coordination
- Discuss the Impact of Relationship on Health Outcomes
- Describe Social Isolation and Loneliness Impacts on Health

Continuity of Care

Continuity of Care

- Continuity of care is concerned with quality of care over time.
- It is the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high quality, cost-effective medical care.
- Continuity of care is facilitated by a physician-led, team-based approach to health care. It reduces fragmentation of care and thus improves patient safety and quality of care.

https://www.aafp.org/about/policies/all/definition-care.html

“Contrasting” Viewpoints on Continuity of Care

Patient

- Traditionally, continuity of care is idealized in the patient's experience of a 'continuous caring relationship' with an identified health care professional.

Provider

- The delivery of a 'seamless service' through integration, coordination and the sharing of information between different providers.
- This can rarely be accomplished by one provider given today’s medical system.

What is “continuity of care”? (2006). *Journal of Health Services Research & Policy*, *11*(4), 248–250. https://doi.org/10.1258/135581906778476490

The doctor who somehow can do it all…

Continuity of Care: Provider Side

- Continuity is related to important aspects of services such as 'case-management' and 'multidisciplinary team working’.
- This causes a shift in strict provider-patient continuity to team-patient continuity.
- This is evaluated both from a patient’s satisfaction and from an efficiency standpoint

Continuity of Care: Alternative View

Three types of continuity of care have been described.

- Informational continuity- is the use and transfer of information from one healthcare provider and/or healthcare event to another such that current care is appropriate for the individual.

- Management continuity- is a consistent, coherent and responsive approach to the care of an individual by (sometimes multiple) healthcare providers.

- Relational continuity- is an ongoing therapeutic relationship between an individual patient and one or more healthcare providers

Haggerty JL, Reid RJ, Freeman GK, Starfield BH, Adair CE, McKendry R. Continuity of care: a multidisciplinary review. *BMJ*. 2003;327(7425):1219-1221. doi:10.1136/bmj.327.7425.1219

Continuity of Care: How to Foster

Panel Management

- Appropriate patient attribution to providers within medical record, routing charts, records, follow ups appropriately and across specialties (and ideally other Electronic Health Records)

Open Scheduling

- Access is a major limiter to continuity in real time practice, allowing patients open scheduling access- can cause increased provider burnout due to overextension

Pools/Interdisciplinary Care Teams

- Introductions of all care team members on initial visits (ie- meet multiple physicians/APPS (PAs, NPs))
- Consistency in utilizing these pools/teams is then essential

Care Coordination

- Care coordination- involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that *the patient's needs and preferences are known ahead of time* and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.

  -AHRQ

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Participants in Care Coordination

- Hospital Providers
- Multidisciplinary Teams
- Case Management
- Community Health Workers
- Home Health Agencies
- Post-Acute Care Centers

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Effectiveness of Care Coordination

- Metrics we want to look at
  - Hospital readmission
  - Morbidity
  - Mortality (30 and 90 day)
  - Prescriptions filled
  - Time to follow up appointment
- Patient perceptions
  - Satisfaction surveys
  - Press Ganey
  - Healthgrades

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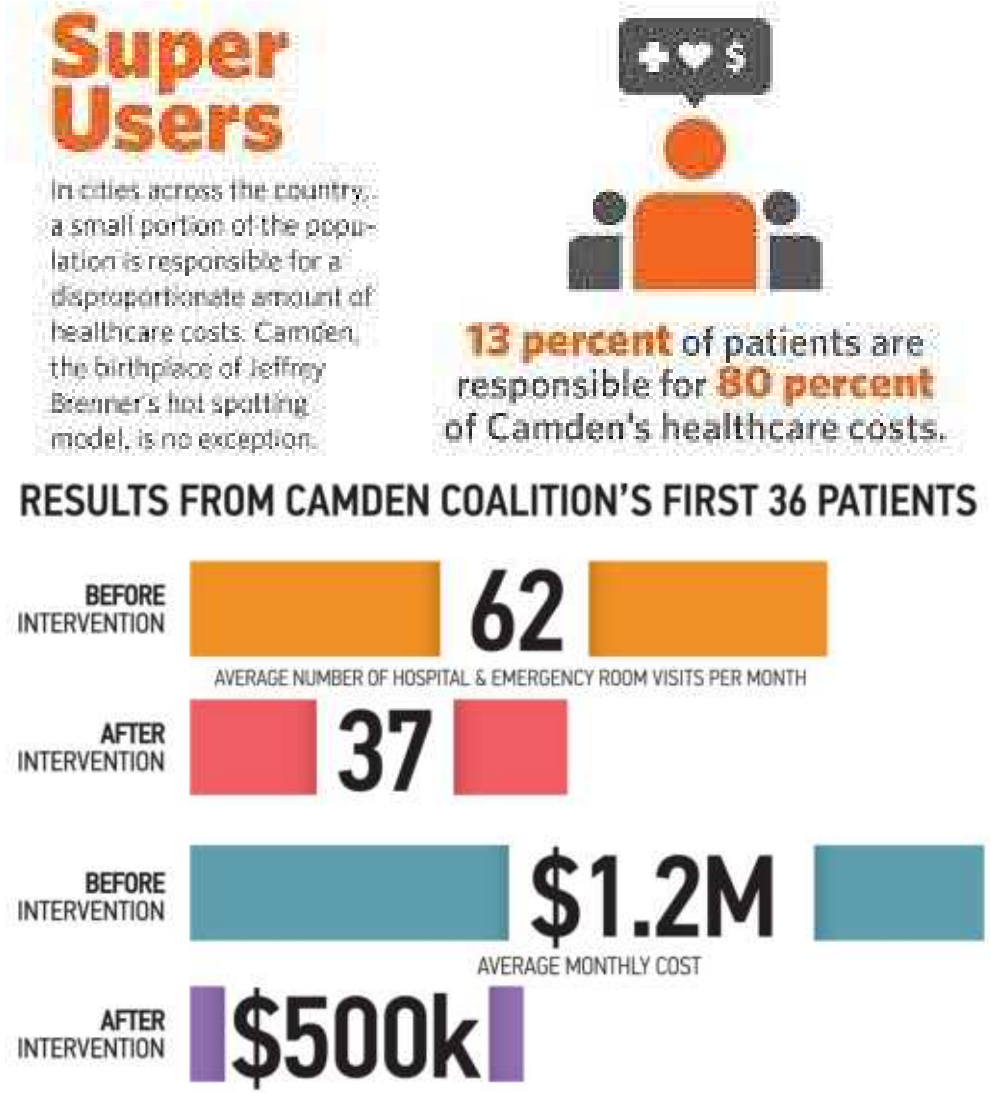
Care Coordination Interventions: Hotspotting



- Hotspotting- an attempt to mitigate "superutilizers"
- Superutilizers- individuals with frequent contact with the healthcare system but minimal improvement in their health
- Top 1% of patients account for almost 25% of health care spending
- Target these patients-> decrease costs

Care Coordination Interventions: Hotspotting

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Health Care Hotspotting — A Randomized, Controlled Trial

Amy Finkelstein, Ph.D., Annetta Zhou, Ph.D., Sarah Taubman, Sc.D., and Joseph Doyle, Ph.D.

- It doesn't look like it works…
- Reductions in cost are seen- but they are equal to those seen with "standard care"
- "the hotspotters of today are not the hotspotters of tomorrow."
- Alternative predictors are needed

Transitions of Care: High Risk Times

Hospital Discharge	• Transitional Care Management • Case-management/placement
Clinic Referral	• Referral Coordinators • Patient Feedback
Shift Changes	• iPASS • SBAR
Leaving Post-Acute Care	• Home Health • PCP Follow up
Weekends	• Staffing continuity • Call coverage

Care Coordination Interventions

JAMA Network | Open

Original Investigation | Health Policy

Association of a Care Coordination Model With Health Care Costs and Utilization

The Johns Hopkins Community Health Partnership (J-CHiP)

Scott A. Berkowitz, MD, MBA; Shriram Parashuram, PhD, MPH; Kathy Rowan, PhD, MPH; Lindsay Andon, MSPH; Eric B. Bass, MD, MPH; Michele Bellantoni, MD; Daniel J. Brotman, MD; Amy Deutschendorf, MS, RN, ACNS-BC; Linda Dunbar, RN, PhD; Samuel C. Durso, MD, MBA; Anita Everett, MD; Katherine D. Giuriceo, PhD; Lindsay Hebert, MSPH; Debra Hickman, MDiv; Douglas E. Hough, PhD; Eric E. Howell, MD; Xuan Huang, MPH; Diane Lepley, RN, MSN; Curtis Leung, MPH; Yanyan Lu, MS; Constantine G. Lyketsos, MD; Shannon M. E. Murphy, MA; Tracy Novak, MHS; Leon Purnell, MEd; Carol Sylvester, RN, MS; Albert W. Wu, MD, MPH; Ray Zollinger, MD; Kevin Koenig, MPP; Roy Ahn, ScD, MPH; Paul B. Rothman, MD; Patricia M. C. Brown, JD; for the Johns Hopkins Community Health Partnership (J-CHiP) Team

Abstract

IMPORTANCE The Johns Hopkins Community Health Partnership was created to improve care coordination across the continuum in East Baltimore, Maryland.

OBJECTIVE To determine whether the Johns Hopkins Community Health Partnership (J-CHiP) was associated with improved outcomes and lower spending.

DESIGN, SETTING, AND PARTICIPANTS Nonrandomized acute care intervention (ACI) and community intervention (CI) Medicare and Medicaid participants were analyzed in a quality

Key Points

Question Is the Johns Hopkins Community Health Partnership, a broad care coordination program inclusive of acute care and community interventions, associated with improved health outcomes?

Findings This quality improvement study found that the community

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2712183

Care Coordination Interventions

ACUTE CARE INTERVENTION

- Bundled intervention
  - Early discharge planning
  - Patient education
  - Medication management
  - Follow up post discharge
- Discharges to post-acute care and home
- Led to lower ER use and fewer follow up visits
  - Medicaid patients- $4295/beneficiary-episode
  - Medicare patients- $1115/beneficiary-episode

COMMUNITY INTERVENTION

- Predictive model to identify high risk outpatients- deployed community health workers, behavioralists, and nurse care managers
- Reduced avoidable hospitalizations, ED utilization and readmissions
- Beneficial results only seen for Medicaid patients $1643/beneficiary per quarter

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2712183

Care Coordination Interventions

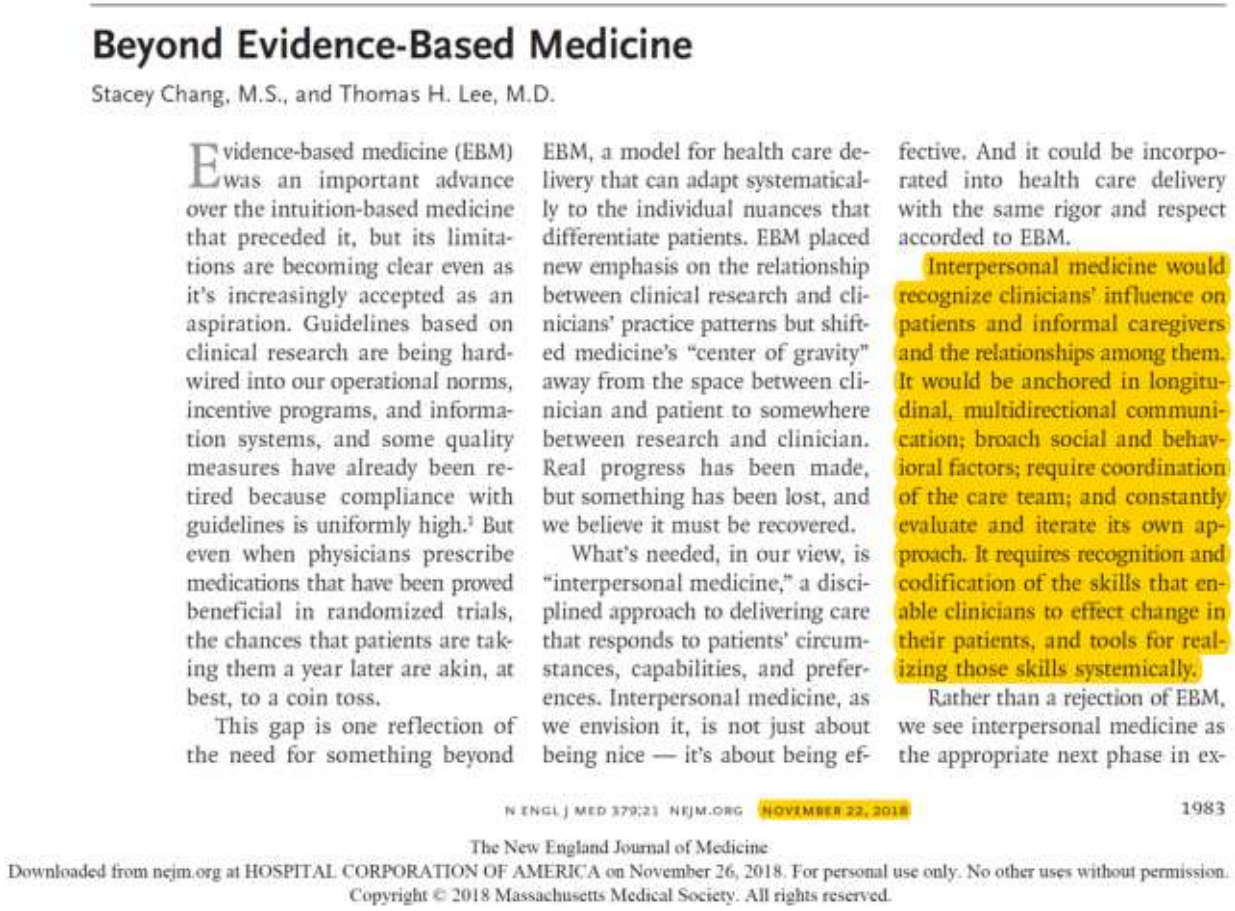
Chronic Care Management (CCM)

- Medicare program
- Eligible individuals with 2 chronic conditions
- Allows for monthly calls (billable service) from care coordinators to help patients achieve set goals from provider to improve chronic conditions
  - Care coordinators can be LPN, CMA, RN, SW, etc

Collaborative Care Management (CoCM)

- Medicare program
- Partnership with Primary Care Physician, care manager/coordinator, and psychiatric consultant
- Allows for increased reimbursement for behavioral health services in primary care setting

Impact of Relationships



Beyond Evidence-Based Medicine

Stacey Chang, M.S., and Thomas H. Lee, M.D.

Evidence-based medicine (EBM) was an important advance over the intuition-based medicine that preceded it, but its limitations are becoming clear even as it's increasingly accepted as an aspiration. Guidelines based on clinical research are being hardwired into our operational norms, incentive programs, and information systems, and some quality measures have already been retired because compliance with guidelines is uniformly high.[1] But even when physicians prescribe medications that have been proved beneficial in randomized trials, the chances that patients are taking them a year later are akin, at best, to a coin toss.

This gap is one reflection of the need for something beyond EBM, a model for health care delivery that can adapt systematically to the individual nuances that differentiate patients. EBM placed new emphasis on the relationship between clinical research and clinicians' practice patterns but shifted medicine's "center of gravity" away from the space between clinician and patient to somewhere between research and clinician. Real progress has been made, but something has been lost, and we believe it must be recovered.

What's needed, in our view, is "interpersonal medicine," a disciplined approach to delivering care that responds to patients' circumstances, capabilities, and preferences. Interpersonal medicine, as we envision it, is not just about being nice — it's about being effective. And it could be incorporated into health care delivery with the same rigor and respect accorded to EBM.

Interpersonal medicine would recognize clinicians' influence on patients and informal caregivers and the relationships among them. It would be anchored in longitudinal, multidirectional communication; broach social and behavioral factors; require coordination of the care team; and constantly evaluate and iterate its own approach. It requires recognition and codification of the skills that enable clinicians to effect change in their patients, and tools for realizing those skills systemically.

Rather than a rejection of EBM, we see interpersonal medicine as the appropriate next phase in ex-

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https://www.nejm.org/doi/full/10.1056/NEJMp1806984

Impact of Relationships: Social Isolation

Pediatrics

- Suicidal thoughts and behaviors are related to social connectedness
  - Familial
  - School
  - Community
  - The more connected to lower the rate of suicidal thoughts and behaviors

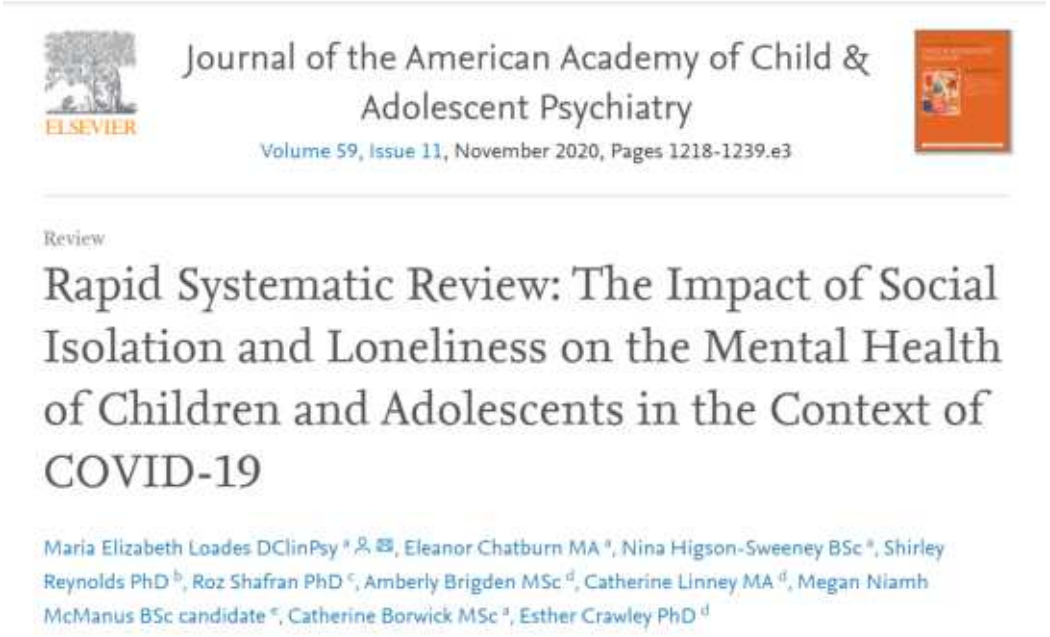
Geriatrics

- Low levels of emotional support and social engagement associated with FASTER cognitive decline

Isolation and COVID

Pediatrics

- Increased risk for anxiety and depression



Journal of the American Academy of Child & Adolescent Psychiatry

Volume 59, Issue 11, November 2020, Pages 1218-1239.e3

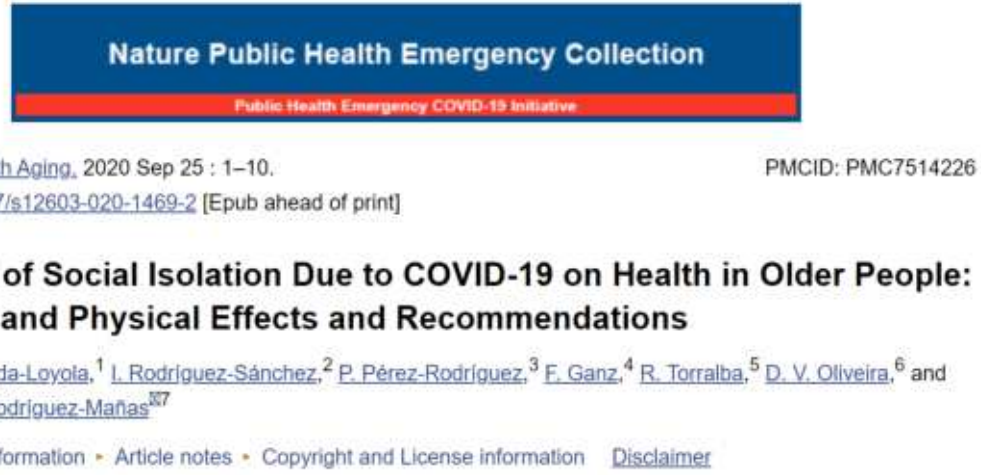
Review

Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19

Maria Elizabeth Loades DClinPsy [a], Eleanor Chatburn MA [a], Nina Higson-Sweeney BSc [a], Shirley Reynolds PhD [b], Roz Shafran PhD [c], Amberly Brigden MSc [d], Catherine Linney MA [d], Megan Niamh McManus BSc candidate [c], Catherine Borwick MSc [a], Esther Crawley PhD [d]

Adults

- Both physical and psychological consequences



Nature Public Health Emergency Collection

Public Health Emergency COVID-19 Initiative

J Nutr Health Aging. 2020 Sep 25 : 1–10. PMCID: PMC7514226

doi: 10.1007/s12603-020-1469-2 [Epub ahead of print]

Impact of Social Isolation Due to COVID-19 on Health in Older People: Mental and Physical Effects and Recommendations

W. Sepúlveda-Loyola,[1] I. Rodríguez-Sánchez,[2] P. Pérez-Rodríguez,[3] F. Ganz,[4] R. Torralba,[5] D. V. Oliveira,[6] and Leocadio Rodríguez-Mañas[✉7]

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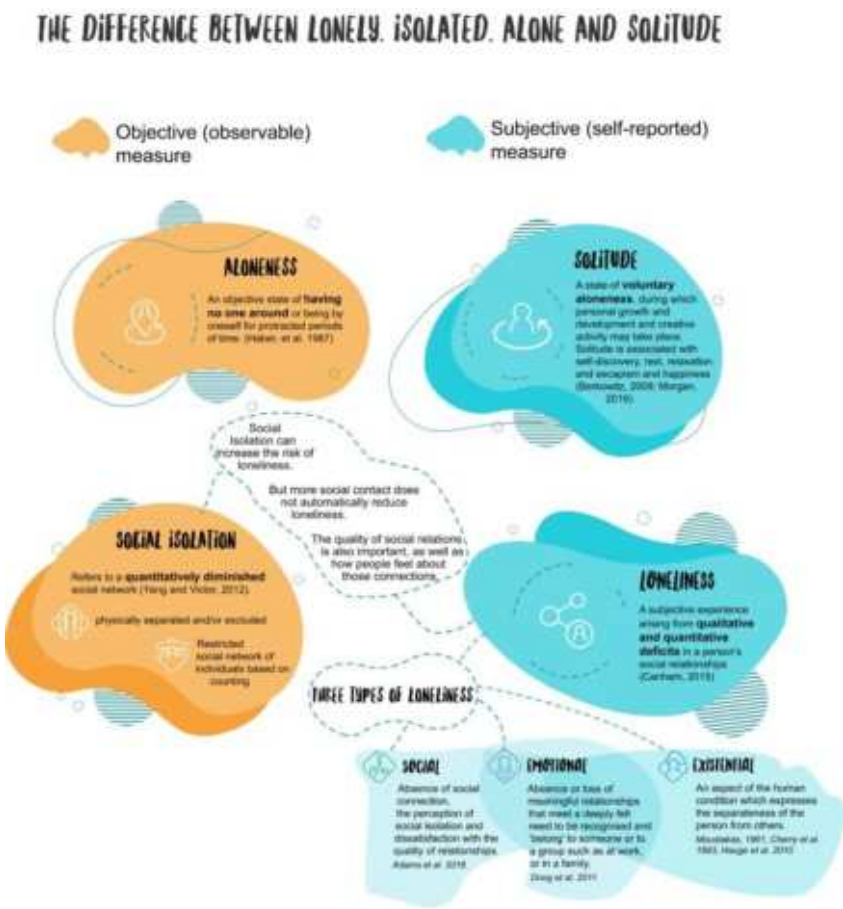
Impact of Relationships: Social Isolation

Loneliness- the subjective response associated with social isolation, “a subjective, unwelcome feeling of lack or loss of companionship. It happens when there is a mismatch between the quantity and quality of the social relationships that we have, and those that we want”

Loneliness and social isolation are both associated with increased mortality- 49% and 74% respectively in older adults, ~25% at population levels



https://www.campaigntoendloneliness.org/facts-and-statistics/

https://www.sciencedirect.com/science/article/pii/S2352827323001246

Impact of Relationships: Physician/Patient

Table 3
Relationship-centered care objectives and supportive communication elements

Informative	
Physician gives information (with emotional support)	Reduction in distress [26] Symptom resolution [37] Blood pressure control [38]
Patient is given information (with informational packages and programs)	Pain reduction [39] Improvement in mood [40] Improvement in function [41] Reduction in anxiety [40]
Participatory	
Physician asks about patients' understanding, concerns, and expectations. Physician asks for impact of the problem on functioning	Symptom resolution [37] Reduction in anxiety [45]
Physician encourages patients to ask questions	Reduction in anxiety [45] Reduction in role limitations [45] Reduction in physical limitation [45,47]
Patients perceive a full and open discussion of the problem	Symptom resolution [46]
Physician is willing to share decision making	Reduction in anxiety [45]
Physician and patient agree on the nature of the problem and the need for follow-up	Problem resolution [47] Symptom resolution [49]
Responsive	
Physician probes explicitly about feelings and emotions	Reduction in distress [25]
Physician expression of support and empathy	Symptom resolution [37]
Facilitative	
Full patient expression of feelings, opinions, and information	Physical and social role limitations [42,43] Health status, functional status and blood pressure control [38,42]
Patient is successful at obtaining information	Improvement in physiologic status [39,44] Improvement in function [39,43]

- Improved Physician-Patient relationships as rated through communication lead to improvements in
  - Anxiety
  - Blood pressure
  - Pain reduction
  - Symptom resolution (faster)
  - Functionality

Impact of Relationships: Societal Level Interventions

- FMLA- Family Medical Leave Act
- Health insurance- home health and “24/7 care”
- Policies to protect known vulnerable populations:
  - Women are more likely than men to be widowed, and widowhood affects a higher proportion of African Americans than other races, and at earlier ages; among those aged 65 to 74, 24.3 percent of African Americans are widowed compared to 14.8 percent of whites
- Growing evidence looking at the magnification of social isolation in lower socioeconomic communities
- Connect2Affect- from the AARP Foundation

Impact of Relationships: Societal Level

Social Spending and Needs in the United States and 27 Comparable High-Income Countries*

Spending Category	2015 Average Spending Per Capita	
	United States	Comparable Countries
	$	$ (95% CI)
Total social spending (excluding health), including cash and in-kind benefits	9169	8402 (7084–9720)
Old age: Pensions, early retirement pensions, home help, and residential services for the elderly	6522	4268 (3676–4860)
Survivors: Pensions and funeral expenses	370	474 (316–632)
Incapacity-related: Care services, disability benefits including those from occupational injury or accident legislation, employee sickness payments, rehabilitation services	1003	1346 (1012–1681)
Family: Child allowances and credits, maternity and parental leave, early childhood education, single-parent payments	360	1107 (857–1357)
Active labor-market: Employment services, training, employment incentives, integration of the disabled, direct job creation, start-up incentives	59	264 (178–350)
Unemployment: Compensation and severance pay, early retirement for labor-market reasons	111	428 (282–573)
Housing: Housing assistance, allowances, and rent subsidies	146	163 (104–222)
Other: Various benefits to low-income households or other social services. For the United States, includes Supplemental Nutrition Assistance Program and refundable part of Earned Income Tax Credit	447	367 (249–486)

* The comparable countries are 27 OECD countries that had a GDP per capita equivalent to that of EU15 countries (≥$17,156) in 2015 (the latest year for which social spending data were available from the OECD for both public and private spending): Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Japan, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Portugal, Slovenia, Spain, Sweden, Switzerland, and the United Kingdom. "The elderly" is defined as people retired from the labor market after reaching the "standard" pensionable age in a given country, as well as early-retirement pension recipients retiring before the standard pensionable age. CI denotes confidence interval. Social spending data reflect 2015 data, extracted from the OECD's 2019 Social Spending database.

- Total Social Spending is comparable- US on higher side
- The US spends significantly more money on "old age" programs and less on "family," "active labor-market" and "unemployment" programs
- We can see relational programs at both ends of the spectrum

Social spending to improve population health- does the united states spend as wisely as other countries?- NEJM

Impact of Relationships: Physician's Role

- Be aware of it
- Identify social connectedness in patients- asset or weakness
  - Recognize this as a SDoH
- Build a "Therapeutic Alliance"
- Do not underestimate the power of presence
- Social connectedness is preventative medicine

Relationships change everything
- me (and probably others)

“A good character is the best tombstone. Those who loved you and were helped by you will remember you when forget-me-nots have withered. Carve your name on hearts, not on marble.”

- Charles Spurgeon

Questions