Improving patient value in health care

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Aside from health care, value is considered to be “a fair return or equivalent in goods, services, or money for something exchanged” (http://www.merriam-webster.com/dictionary/value, n.d.). In short, value is how much “bang” you get for your “buck.” In healthcare, what is considered a fair return? Porter and Teisberg propose that “Value in health care is the health outcome per dollar of cost compared to peers” (Porter & Teisberg, p. 155). Do consumers really see it that way? What are the elements of “health outcomes” that they value, and are there more dimensions to consumer value?

The ten examples of consumer value that follow in this paper are considered from a consumer’s point of view. If a physician has cured a patient’s particular disease, but the patient is dissatisfied with the side effects or bedside manner, has that patient received a good value? What comprises quality healthcare? How can consumers know that they have found the best providers and choice of treatments given current technology for the best possible health outcome? Along with survival rates, consumers may expect a certain quality of life and the ability get all the care they want as opposed to what their health care team may think they need. Maybe patients and families are seeking a particular comfort level with treatment progress and want feeling of decision-making control and being informed. Are they adequately allowed and prepared to make health care choices?

Consumers may have different expectations of “good” outcomes in comparison to “good” medical outcomes. With so many choices – from which health plan to use to which vaccines a child will receive – how does a consumer know when he or she has found a good value? “Many health care experts hold strong beliefs and assumptions about the system – for example, that patients will always want more medical care, that improving quality means higher costs etc” (Porter & Teisberg, p. xv), but maybe more care should not be equated with more value: “What

matters for cost is not the cost of any individual intervention or treatment, but the overall cost" (Porter & Teisberg, p. 47).

Furthermore, consumers might be biased by ongoing relationships with providers, even if those providers are not the finest available. They may not realize that "value for a patient is determined by how effective a provider is in addressing that patient's specific medical condition, not by how good a job was done previously for some other condition" (Porter & Teisberg, p. 121), however consumers may value long clinical relationships with personalization and time taken to get to know a patient and family. Similarly, despite the idea that "patients are best treated by a hospital that is truly excellent in addressing their current condition, not the hospital that treated them for another condition previously" (Porter & Teisberg, p. 40), patients may continue to attend a local, familiar hospital.

More important than word-of-mouth recommendations and reputations are publicly available comparison data for providers and hospitals, which can vastly improve informed decisions. Porter and Teisberg strongly assert that "patients and referring physicians should be free to seek out the provider with the best track record over the full cycle of care" (p. 45). However, patients may not know what to look for and what the implications are in clinical data. Unbiased facilitation of consumer comparison of health care products and services is the first example of ways to improve value at the clinical level. Elaboration on this example and nine others are sorted temporally: primary and preventive care; during an episode of illness; and follow-up with chronic care.

PRIMARY AND PREVENTIVE CARE

ONE: interface between consumers and health care

Coupled with professional guidance, consumers can find better health care value before they become ill. Consumers often hold “the perception that all health care providers are indistinguishable, when they are anything but that in the most important dimensions of health care value” (Porter & Teisberg, p. 41). Advance Practice Nurses (APNs) not only can help patients decide on what patients want out of a primary care provider – like emphasis on preventive medicine, quality of referrals, bedside manner, and quality of patient education – but APNs are in an ideal position to be an excellent primary care professional or part of an Integrated Practice Unit (IPU) with doctors that provides “general health maintenance” as Porter and Teisberg suggest.

In the context of primary care, APNs can be instrumental in enacting the “shift from reducing the payment for a day in the hospital to figuring out how to help keep the patient healthy enough not to need hospitalization” (Porter & Teisberg, p. 235). Moreover, having accessible information about health conditions benefits employers, too. Honeywell “cut more than $2 of health care expenditures for every $1 it spent on a program that enabled employees to call a medical information company… for up-to-date, practical information of forty specific diseases” (Porter & Teisberg, p. 138)

When patients do require medical intervention, APNs are poised to provide guidance and encouragement of informed, independent decision making from topics ranging from which hospital to use to which specialists to see. “Patients and referring physicians, lacking results information, are drawn to the strong reputation of an academic medical center and presume that its results will be better across the board” (Porter & Teisberg, p. 164), but patients must have results available to make decisions based on concrete data.

TWO: willingness to get second opinions and explore treatment options

Part of value includes options and choices about treatments and providers. Among professionals, “There is a wariness about sharing referrals or directing patients to other providers for fear that this will be a one-way street” (Porter & Teisberg, p. 164). Nevertheless, if patients are not aware that they have options or do not feel that their provider is open to those options, then value is hindered. Providers must respect patient preferences and encourage them to seek value, because “transparency sends a strong message about commitment to patients and commitment to improvement” (Porter & Teisberg, p. 189). APNs should present patients with information about multiple alternatives and the possible risks and benefits. Furthermore, as opposed to MDs, APNs can incorporate nursing diagnoses and interventions into a patient’s care. Many patients are on the right track to making value-based decisions already: “patients who share in decision making often choose more conservative, less expensive treatments and less surgery” (Porter & Teisberg, p. 60).

THREE: encourage discussion about living wills and health care proxies

Whether a prognosis is optimistic or pessimistic, patients and their families need to consider the topics of living wills and health care proxies. If no such decisions are made and a patient is incapable of making his or her own decisions, the situation is ripe for misunderstanding, misinterpretation, and potential for interventions against the patient’s wishes. If part of getting value out of an experience pertains to receiving what you want or expect, then living wills and designated proxies provide much-needed guidance for the care of an incapacitated patient. Families are often hesitant to bring up this subject, possibly because it implies the potential incapacitation of the patient, but APNs can conscientiously and professionally guide the conversaion. Patients often need information about definitions, how to write a living will, and the beneficial consequences of having one. Moreover, some patients need

an extra nudge to even start thinking about proxies and wills, and APNs are in an ideal position to initiate discussions with patients.

DURING AN EPISODE OF CARE

FOUR: information about what to expect during care

When a patient requires intervention for a condition, providers should consider the entire episode of care, from initial symptoms and diagnosis to recovery or chronic care. Patients need preparation that includes a comprehensive understanding of conditions as well as guidance without bias towards particular providers, procedures, or hospitals. During pre-procedure visits, doctors may not have time to describe a procedure beyond the time spent acquiring informed consent. APNs can elaborate, for example, about the events that occur during treatment, which members of the health care team will be involved and where, and what sights/sounds/feelings that the patient may experience both during and after. Moreover, some patients may find that basic logistic information, like where to park, what happens to their jewelry, and where family members will wait, can help put them at ease and feel like they are well cared for.

FIVE: case management

From a patient's point of view, it is unlikely that an episode of care ends with discharge from the hospital or clinic. MD and APN facilitation of a patient's entire visit can make the entire course smoother. Likewise, long-term management of chronic conditions can benefit from better, more consistent oversight: "There has been evidence for over a decade that disease management is cost effective and improves health and quality of life" (Porter & Teisberg, p. 62). APNs can be instrumental in providing patient education both in preparation for discharge and for chronic care. Time spent ensuring that family members are comfortable with, for instance, disease changes or symptoms of hypoglycemia, may pay off in preventing rehospitalization as

well as empowering patients with their own care. Similarly, prudent case management can prevent overtreatment and provide indispensable patient advocacy.

SIX: teamwork

There is much potential for confusion and discontinuities in care during any hand-off: for instance between RNs at shift change, between MDs during referrals, and between different hospital departments or units. Thus, “there are major opportunities to improve patient value through better information sharing and handoffs among the players” (Porter & Teisberg, p. 106). Accessible computerized orders and patient information can improve flow, but members of the heath care team must be dedicated to making smooth and informed transitions. If IPUs start to be structured the way that Porter and Teisberg describe, then teamwork will be greatly enhanced, and system integration will help with handoffs. In teaching hospitals, more senior MDs can help coordinate the newer interns and residents to ensure that patients do not receive fractured decision-making or inconsistent care when the primary team is not available.

Porter and Teisberg, in their only reference to APNs, describe their ideal teamwork situation: “the [MD] team captain and an advance practice nurse follow the patient through diagnosis, treatment, and recovery as well as follow up to check on progress” (Porter & Teisberg, p. 175-6). (It is rather revealing that they do not describe why the team captain must be a doctor while an APN may be completely qualified to be team leader. Conversely, they do not describe what special qualifications an MD has to be team leader.) APNs can facilitate coordination of the departments involved in patient care, from floor nursing to discharge planning and diagnostics. Indeed, staff RNs may be more comfortable interacting with an APN who is intimately familiar with nursing roles and responsibilities.

SEVEN: reducing errors

At a retail store, consumers often buy items with a guarantee or warranty in case of manufacturer errors. While health care has no such retrospective policies, errors still occur and the litigious American society strives to make amends for negligence. Every effort should be made to prevent errors before they happen since an increase in treatment and recovery from a harmful error greatly decreases patient value. Patients and providers have wasted both time and materials. Moreover, there may be significant damage to a therapeutic relationship that is partially based on trust in a provider's expertise. Hospitals and IPUs should focus on "eliminating mistakes and getting it right the first time" (Porter & Teisberg, p. 109). Indeed, data regarding the rates of errors can help consumers determine where and who will provide their care. APNs and MDs both can contribute to finding the etiology of errors and aggressive prevention. Indeed, collaborative perspectives from different fields within medicine may yield a wider variety of solutions.

EIGHT: customer service and respect

As mentioned previously, consumers may find value in fostering long-term relationships with providers. In a dearth of outcomes data, patients may find other ways of interpreting value from a lay point of view. Customer service-type expectations can play a role in patient satisfaction with treatment that may have nothing to do with medical decision-making. Timeliness, courteous assistive staff, and convenience may play into a patient's opinion of any health care setting, from private practice to hospital. Though a provider may not consider a 30 minute wait to be excessive, patients may feel that their own time – and value – is being wasted.

Furthermore, mutual respect between a patient and provider can foster trust and a therapeutic relationship, not matter what role the provider has – MD, APN, RN, or allied health. Patients who trust their providers may be more likely to heed advice and increase adherence. If a patient feels that a professional is being condescending or dismissive, that patient may not

consider visits to be as useful or productive. As stated in the previous section, value can increase if providers take the time to ensure that patients have enough information and that questions have been answered. To use an alternate definition of value – "to consider or rate highly" (http://www.merriam-webster.com/dictionary/value, n.d.) – a consumer who is making health care decisions should feel that he or she is a valued customer of the professional.

AFTER EPISODE OF CARE OR CONTINUOUSLY

NINE: follow up and chronic care

Patients continue to heal or have health issues related to inpatient episodes of care long after they have left the hospital. In fact, follow-up appointments and tracking at future appointments should be considered part of an episode of care. Increased patient value comes from helping the patient care for himself or herself at home and preventing complications or relapses. For instance, excellent discharge teaching, visiting nurse home care, and timely follow-up can all help guide the patient towards a better health outcome. In chronic care, tracking over time is essential to quality disease management and keeping a patient as healthy as possible. Consistent care providers over episodes of care or years are better able to tailor care to that particular patient, and fewer handoffs reduce the risk of information being lost. Similarly, patients may feel more comfortable with a provider with whom they have developed a relationship and who has a track record of providing quality care.

APNs in all fields can help improve consistency and ensure that a patient receives the appropriate follow-up, whether by in-person appointments, phone calls, emails, or communication with visiting nurses. Many MDs also participate in follow-up care, but in some cases it may be easier to get in touch with a member of the nursing staff. For instance, many

primary practices have an “advice nurse” or hospital services have a designated nurse or clinic staff member to field patient calls.

TEN conscious learning, active learning, clinical trials, innovation, data collection

Research in any format has the potential to improve health care as a whole. From an institutional level to individual outcomes, gathering data for analysis, publication and self- or facility-wide quality improvement have the potential to add value to patient care. What’s more, the results of the studies must be implemented. Raw data that sits stagnant unanalyzed or unpublished is useless unless the data collection itself made the providers more aware of practices. Still, appropriately acquired and managed studies are the best guide for improvement.

Porter and Teisberg stipulate that “each IPU must be required to develop and implement a measurement plan… and improving [metrics] over time, drawing on external best practices” (p. 180). All professionals, whether as part of an IPU or an individual MD or APN, must be amenable to having data gathered and analyzed about his or her practice. Effective quality improvement comes from transparency and a willingness to analyze and advance one’s own practices. An individual who is scared of what outcomes data may find is someone who may not be using the best, up-to-date practices and making patient-centered decisions.

More fundamental parts of quality improvement are clinical trials and basic research to guide professionals toward which best practices need implementation. Active participation and patient recruitment for research provides crucial information and ways to improve practice beyond the IPU or individual: published studies have a nationwide or global audience. Innovation and research requires collaboration between all members of the team, each with a unique contribution and perspective. If “value in health care delivery is created by doing a few things well, [and] not by trying to do everything” (Porter & Teisberg, p. 111), then IPUs should elaborate on those few things done well with advancement in the field through research.

CONCLUSION

Currently, “much health care delivery is organized around the traditions and preferences of physicians rather than around patient value” (Porter & Teisberg, p. 99). While many of the suggestions that the authors make for creating a value-based health care system pertain to infrastructure and the entire industry, there are many opportunities for individual clinicians to improve patient value. Multiple facets of APN practice can help patients feel that they are getting a good value out of their health care, in other words, that they are receiving the best care for the amount of money and time spent in the system. Consumers may vary in particular elements of health care that they value. Nevertheless, APNs who continually seek ways to provide high quality patient care over the many dimensions of health can help their patients attain optimal outcomes. Furthermore, APNs can be provide a crucial interpretive link between patients and the health care system so consumers can better know how to achieve those outcomes.

References

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