

the
**NEW SURGICAL
EPISODE OF CARE**
and the
**IMPORTANCE OF
PATIENT ENGAGEMENT**

As our nation’s healthcare delivery system moves toward a value-based payment model, new regulations are mandating seismic shifts in care management and creating a dizzying array of payment strategies that confuse the most sophisticated of hospital administrators. The goal, of course, is better outcomes at lower cost.

Across the last several years, many incremental steps have been taken in pursuit of this holy grail: error reduction, practice guideline enforcement, and electronic medical records, to name a few. However, new regulations and initiatives are putting a spotlight on the highest cost services in the fee-for-service spectrum, and chief among them is surgery. Consequently, these approaches elevate the importance of patient engagement and turn surgical “one-offs” into episodes of care. Yet, healthcare organizations need to create more holistic experiences that engage patients in and outside the clinical setting, using tailored communication throughout the continuum of care. Only then will organizations meet new compliance standards and realize improved clinical and financial outcomes.



With the shift toward value based reimbursement, providers are searching for cost-effective ways to improve the quality of surgical episodes while reducing associated costs. Upending the traditional view of surgeries as free-standing services, three new models in particular are promoting a somewhat more holistic approach to surgical episodes of care. These models push providers to closely examine how they have traditionally prepared patients for a trip to the OR, and exactly what their responsibilities are—or should be—after surgery.

COMPREHENSIVE CARE FOR JOINT REPLACEMENT (CJR)

CMS's first bundled payment program, the CJR model is designed to improve the outcomes for hip and knee replacement surgeries under Medicare by mandating specific quality measurements. CMS has targeted nearly 800 hospitals in 67 major statistical areas across the country that collectively represent nearly a quarter of all joint replacement surgeries. Participating hospitals are financially accountable for the quality of care from the point of admission through 90 days after discharge.¹ The expected savings across the five-year test period is \$343 million.¹

The upsides for successful participants are bonus reimbursement for lowering costs and achieving high quality scores, as well as internal cost savings that would materialize from shorter stays and the standardization of implant costs. The downsides are serious financial penalties and a higher percentage of sub-optimal patient outcomes. While CJR is the first bundled payment program, additional models will emerge.

ENHANCED RECOVERY AFTER SURGERY (ERAS)

The ERAS program's stated goal is to adjust physiological and psychological responses to surgery in order to reduce complications and shorten length of stay. Originally developed to aid perioperative management efforts after colorectal surgery, ERAS practices have since expanded to cover many OR procedures, such as bladder, pancreas, liver and breast cancer surgeries. Core elements of the program focus on pre-operative counseling, including nutrition; pre-surgical medications

to block pain; close monitoring of opioids and fluids infusion during surgery; and an emphasis on getting a patient mobile almost immediately after surgery.²

In a study published in the Journal of the American College of Surgeons, ERAS protocols applied to colorectal surgery had reduced LOS by 2.2 days, reduced complications by 17 percent and increased patient satisfaction with pain control post-surgery by 55 percent.³ The cost savings were substantial, reported at \$7,129 per patient.³

THE PERIOPERATIVE SURGICAL HOME (PSH)

A third program is the Perioperative Surgical Home, designed by the American Society of Anesthesiologists to decrease metrics such as utilization, length of stay and readmission rates while also improving patient satisfaction and outcomes. There are already notable shifts in the industry driven by the surgical home model.⁴

Positive impacts of PSH were uncovered in an analysis of 152 peer-reviewed studies. The review found 82 percent of preoperative studies analyzed credited the PSH model with a significant positive impact on preoperative clinical outcomes, citing patient education as a key component that contributed to reduced LOS and readmission rates. Additional findings showed the model's equal success in improving intraoperative and postoperative clinical outcomes.⁵



Engaging Patients as Partners

There is no question that these care models are the wave of the future for more effective, patient-centric healthcare, as well as an antidote to escalating healthcare cost increases. However, for the best chance of success and to achieve optimal outcomes, these approaches should engage patients beyond the traditional surgical episode, treating patients as full partners before preoperative preparation and beyond 90 days post-discharge.

The level to which a patient is engaged can drastically impact their surgical outcomes. In fact, evidence mounts that failure to simply listen to patients is a major factor affecting quality of care and, at its most negligent, is a contributing factor to fatal errors. When patients are effectively engaged, however, they are more adherent with instruction and more likely to have improved opinions of their care experience and positive clinical outcomes.

Yet, effectively engaging patients is challenging, especially in today's industry climate where clinical resources are strained. Additionally, surgical episodes of care often involve several clinicians from different departments or facilities, which presents numerous opportunities for miscommunication and makes consistent patient engagement challenging.

Technology can be a powerful tool to enable hospitals to scale patient engagement programs so they can efficiently, effectively and consistently communicate with all patients and partner with patients at every stage of their care continuum.



Prior to Care

- Shared decision making
- Address modifiable risk factors
- Reduce patient anxiety
- Set and manage expectations



At the Point of Care

- Support pain management
- Inform patients of their role in recovery
- Improve patient perceptions of care
- Manage post-discharge expectations



After Care

- Motivate self-management
- Identify patients potentially at-risk of complication or readmission
- Collect patient reported outcomes





Their treatment decision

Many clinicians expect patients to rely on their expertise for treatment decisions. But engaging patients in the treatment decision process makes sure everything is considered — the patient's lifestyle, their values and their preferences. Patients can be anxious or timid in the presence of medical professionals and may pretend to understand. Or, they may agree because they don't want to question expertise or they feel their non-clinical questions are too embarrassing to ask.

Providing a tool to support informed decision making, then discussing any issues with the doctor can help solidify the appropriate care pathway. Such a tool should walk through treatment options in language patients understand and at times and in places where they are ready to learn. Its message content should include encouragement tools to help patients address their modifiable risk factors; what to expect in the hospital; specifics on the patient's surgical procedure; and detailed post-discharge instructions, especially for patients who transition directly to a home setting. Throughout the platform, communications must be personalized so, for example, patients will not see smoking cessation or weight loss program information if neither is a current individual issue.

To address modifiable risk factors

Numerous comorbidities can affect patient outcomes. The traditional practice of a primary care physician "clearing" patients for surgery certainly helps identify potential complications. But it does not necessarily take the steps to improve or control conditions known to contribute to poor outcomes. For example, helping patients who smoke find cessation programs; getting hypertension under control; or closely monitoring glucose levels in patients with diabetes can significantly reduce intrasurgery complications, LOS, readmissions and the need for additional and costlier post-acute care.

Risk factors inherent in any surgery need to be addressed beyond the specific pre-procedure requirements in order to improve the likelihood of a successful outcome — and motivation is essential in these instances. Thoroughly and plainly explaining what action needs to be taken and WHY that action is so important to patients' health, the procedure and their recovery is key.

This can be done in a variety of ways through technology. Why-based information, phone calls, text messages or other alerts can be used to remind patients what they need to do, why they need to it and what progress they have made. Additionally, these types of messages help the patient feel their surgeon is personally invested in their health even prior to the procedure and increases the likelihood of their success.





To prepare for procedures

Helping patients understand what the surgical procedure is, how it will be performed, how to prepare and what they can expect in the inpatient environment is essential to reduce anxiety as well as increase their likelihood of instruction adherence, improve their perception of the care experience and reduce the likelihood of cancellations.

An important part of this phase in the care process is also to ensure patient expectations are aligned with the realities and likely outcomes of the procedure, and the importance of preparing for surgery by improving or controlling any comorbidities. Making sure patients understand the prescribed procedure, possible complications, and what to expect in the recovery process alleviates anxiety. Additionally, helping patients understand why pre-procedure preparation is important helps motivate patients to become more engaged in self-care.

One example is explaining the risks of eating prior to a procedure and how it could cause dangerous complications. Experienced clinicians sometimes forget that it is not common knowledge.

Transitioning from hospital to home

Post-operative care, immediately after surgery and continuing through transition to home or a rehab facility, is critical to positive outcomes. Evidence of its importance is especially noted in the CJR model where follow-up care has been mandated to stretch to a period of 90 days. ERAS and PSH also recognize how more attention to patient engagement in their full recovery can substantially reduce complications and readmissions.

There are multiple interconnected benefits when patients are engaged with their own post-op care. One, the patient is less likely to experience an adverse event. There is growing realization among providers that more participatory patients can identify and communicate their concerns about possible issues before they become serious problems requiring medical care.

For example, a recent study of nearly half a million readmissions after select surgeries at hospitals enrolled in the national Surgical Quality Improvement Program found a 30-day readmission rate of 5.7 percent.⁶ Further, the study confirmed that these readmissions were due mostly to new complications arising from the procedures.⁶ The lesson: it is simply insufficient to send patients home with discharge instructions and expect them to actively participate in their recoveries. Serious gaps in services as patients move between clinicians and across care settings have been associated with negative outcomes among older adults with multiple comorbidities who transition to post-acute facilities or their homes.⁶





• In fact, the transition out of the hospital has been called one of the most dangerous periods for patients. For example, a Kaiser Health News analysis found that, between January 2010 and July 2015, inspectors identified 3,016 home health agencies—nearly a quarter of all those examined by Medicare—had inadequately reviewed or tracked medications for new patients. In some cases, clinicians failed to realize that patients were taking potentially dangerous combinations of drugs, risking abnormal heart rhythms, bleeding, kidney damage, seizures and even death.

• Leveraging technology can enhance the quality of care transitions by extending the care team to continue post-operative support and identify patients potentially at risk. This empowers clinical staff to use their valuable time and resources when and with the patients who need it most. Effective engagement simply cannot be done manually.

• Even after the 90-day post-discharge window has passed, surgical patients still need to be actively engaged in their health. Managing patients' health means more than helping people when they are sick. It means driving behaviors that will keep them healthy.

Moving Forward







As value-based purchasing programs are now being actualized with the dawn of bundled payments and a laser-like focus on quality of care, providers face a data-driven revolution. Engaging patients to become active partners in their care—and the technology to achieve that goal—is key to success. Leveraging technology to strengthen relationships and engage patients beyond the clinical environment is a concept that must be realized and put into practice system wide. Not all organizations are equipped with a technology-enabled engagement program today, but all can begin planning to deploy one. Some have called patient engagement “the blockbuster drug of the century.” Others maintain it is literally shaping the future of healthcare. No healthcare provider can afford to ignore its benefits.



The Importance of Technology in Patient Engagement

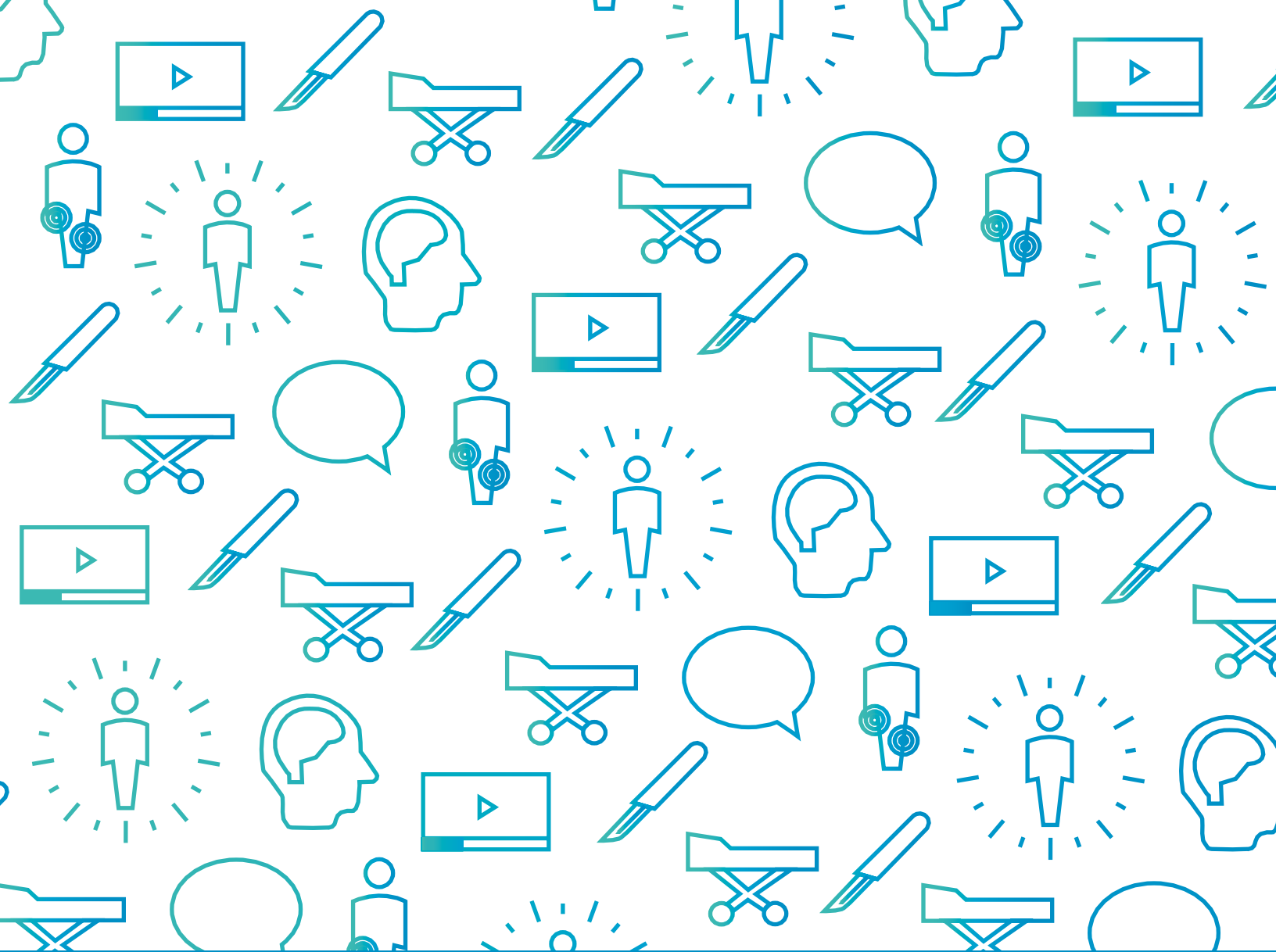
The benefits of utilizing technology that reaches patients where they are with information they understand cannot be underestimated, particularly in cases of surgical episodes. To be effective, that technology must be integrated into current systems and workflows so there is consistency in messaging to patients and a consistent patient experience throughout care episodes.

Organizations focused on building or enhancing their patient engagement program should make sure the technology they deploy is able to:

	Reach patients on their own terms in language they understand
	Provide personalized experiences that help motivate patients to participate in their care
	Give patients the tools, understanding and confidence needed to take action
	Maintain patient involvement to ensure they stay on the right path
	Facilitate two-way communication, providing patients with the information that is valuable to their health and providers with the information they need to ensure their patients are not at risk for an adverse event
	Consistently measure outcomes at the individual level and in the aggregate, increasing visibility to the patient so providers can decide where to extend limited clinical resources.



- ¹ Fontana, Eric, "First Glance: CMS's Comprehensive Care for Joint Replacement Final Rule, Advisory Board, November 17, 2015.
- ² Landro, Laura, "Patients Bounce Back Faster From Surgery With Hospitals' New Protocol," The Wall Street Journal, March 31, 2015.
- ³ Ibid.
- ⁴ "Perioperative Surgical Home improves quality, reduces health care costs, large review finds," American Society of Anesthesiologists, December, 2014.
- ⁵ Ibid.
- ⁶ "Underlying Reasons Associated With Hospital Readmission Following Surgery in the United States," The Journal of the American Medical Association, February 3, 2015.
- ⁷ "Continuity of Care; the Transitional Care Model," The Online Journal of Issues in Nursing, September 2015.
- ⁸ Rau, Jordan, "Hospital Discharge: It's one of the most dangerous periods for patients," The Washington Post, April 29, 2016.
- ⁹ Accessed at <http://electronichealthreporter.com/what-is-patient-engagement-health-it-leaders-define-the-term/>
- ¹⁰ Engagement Is The Blockbuster Drug Of The Century," Forbes, September 9, 2012.



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