

## Cardiovascular Care Coordination Strategies and Their Effects on the Patient Experience

By Carol Wesley

For more than 20 years, healthcare organizations have focused on providing exemplary medical care to patients to improve their outcomes and experience. However, in more recent years, organizations have found that “exemplary” medical care has actually become a foundational or baseline expectation. As patients become more knowledgeable about their healthcare needs and quality outcomes become more transparent, top-notch care by itself is not enough to increase the overall patient experience.<sup>1</sup> Value-based programs reward hospitals and providers for achievement of higher quality outcomes, with patient experience being an important measure of their success. According to the Centers for Medicare & Medicaid Services (CMS), patient experience constitutes seven of the 33 Accountable Care Organization quality measures, and drives all aspects of the patient’s perception of their encounter, including loyalty, care delivery, pre-service payment collection, and post-service payment collection.<sup>2</sup>

Patient experience must be a top priority and strategic focus in order for hospitals to remain competitive. We recommend that administrators look for care delivery models that accentuate individualized care and focus on those measures that patients value highly when seeking care. A recent survey of 1600 acute care hospitals conducted by the *British Medical Journal* clearly revealed the advantage to be gained by hospitals that use a focused care delivery model, with results showing the strategies that most directly involve patients have the strongest association with better experience.<sup>3</sup>

Several factors influence the patient experience, including quality of care, patient satisfaction scores, and convenience/ accessibility of care. Everyone within the cardiovascular (CV) service line should strive to create an environment that fosters and improves the quality of relevant cardiovascular services. Four strategies can be employed or improved upon across operations to ultimately enhance the patient experience, and these include optimization of care and access, the delivery of seamless clinical coordination, care standardization, and data sharing.

### *4 Strategies to Enhance Care Coordination*

#### 1. ACCESS OPTIMIZATION

Facilitating and optimizing access to care is a top driver in patient engagement, and should be a focus of any CV program. There are several efficiencies that can be instituted that will greatly improve patient entry into the system, including:

- Developing a call center;
- Facilitating the scheduling process;
- Synchronizing ancillary services.

Call centers are the hub for ease of access and can fulfill diverse functions for both internal (physician) and external (patient) needs. By developing a call center that does more than just answer and transfer calls, and instead addresses both patient and provider needs, the overall process can be improved through greater efficiencies. A “one call does it all” strategy can streamline operations and improve scheduling, which results in better productivity and patient flow before the patient even arrives.

A call center with centralized scheduling that includes not only patients trying to access services, but physician scheduling needs within the service line provides patient follow-up communication and can improve physician referral communication. These operational improvements often result in higher patient satisfaction and engagement, improved employee/physician satisfaction and engagement, quicker referral turnaround times, and streamlined, efficient workflows.

Patients have a choice when deciding where to get their tests and services completed, and a call center can be effectively used to coordinate scheduling of ancillary tests, with additional goals of reducing patient travel, minimizing their time off work, and reducing family members’ time commitments when accompanying loved ones. Provision of a personalized “one-stop” access and entry experience for cardiovascular patients elevates perceptions of excellence prior to physical entry into the system for care.

## 2. CLINICAL COORDINATION

Successful coordination can not only optimize patient outcomes and experience, but also result in cost efficiencies. The ideal program offers the following features:

- A single point-of-contact for the patient;
- Improved communication conduit for caregivers;
- Optimization of patient handoffs;
- Standardization for care transitions;
- Opportunities to evaluate care pathways, resulting in greater patient safety.

A team-based approach to cardiovascular care optimizes clinical care and improves multidisciplinary care. A navigator for the cardiovascular service line can be used for the higher acuity and more complicated patients. The navigator assists with the facilitation of multidisciplinary appointments, enhances and improves communication between providers and patients, and streamlines clinical care, thereby reducing redundancies.

## 3. STANDARDIZATION

Standardization of care does not mean “one size fits all,” but rather uses evidence-based guidelines and best practices, allowing for physician’s autonomy and use of clinical judgement, with the expectation that the approach to care will change and evolve. Standardization of care reduces variation, increases consistency of care, can streamline operations, and helps decrease costs. Vertical variability reduction, which focuses on the standard of care for a clinical condition (or patient population), is a method that can be used for the cardiovascular patient population as well.<sup>4</sup> Care pathways are an example of a tool that can potentially offer a decrease in unnecessary testing and readmission rates, and a shortened hospital length of stay.

Efforts to improve clinical care and quality should be foundational and nonnegotiable goals for every cardiovascular program. Standardized care should focus on these goals, because they become important decision-making criteria for patients choosing of where to go for CV services in increasingly competitive markets across the country.

## 4. DATA/METRICS

The use of data to drive CV care coordination is valuable to identify any gaps in care, and as a basis to drive quality improvement initiatives and more efficient clinical workflows. The ability to analyze data in a transparent manner is crucial

when making patient care decisions that affect care coordination and ultimately, patient engagement. A data-driven CV system of care means areas that require improvement can be more easily identified and a plan to correct deficiencies determined.

With the increasing needs for health data interoperability, platforms that integrate patient health information stored across multiple care settings allows clinicians to rapidly gain critical insights about patients and identify opportunities to improve care. This is more important than ever for successful care coordination. Data-driven decisions and analytics are crucial for CV administrators as transparency in healthcare and the shift to value-based care continues. Sharing data creates a culture of transparency that builds trust. It becomes a venue for performance oversight, along with a platform to monitor and track the success of performance improvement initiatives.

A CV service line dashboard is one way to use data to help administrators present and monitor metrics and key performance statistics such as readmissions and clinical outcomes. These measures can assist administrators with managing the service line, bringing actionable goals to the forefront while identifying areas for improvement. The dashboard should ultimately be used as a tool to make clinical decisions that will improve the quality of patient care. A comprehensive dashboard should include not only clinical metrics, but also financial and operational metrics in order to tie performance improvement to cost savings.

Examples of metrics to monitor include length of stay, readmission rates, expenses associated with cardiac and electrophysiology (EP) procedures, and adherence to appropriate use guidelines.

Data utilization can make considerable differences in care coordination and ultimately help increase patient engagement by integrating patient characteristics of interventional patients with such data as bleeding risk assessment or procedural outcomes. It can help in the monitoring of EP procedure complication rates to determine the cost of complications or procedural outcomes. The service line can leverage the available data to improve the real-time patient experience, but also to devise improved care processes to benefit larger patient populations.

Care coordination brings together hospital services, patient needs, and information to facilitate the healthcare goals for the patient, and meet their expectations for exemplary care and services. Although CV is still primarily referral driven, appealing to patients is important, as patients have greater access to data about providers, cost, and quality. Patient engagement is a measurement that contributes to the hospital's overall quality metrics, and is tied to reimbursement, revenue, and the ability to attract and retain patients. Care coordination strategies offer patients the chance to be empowered as active participants in their own care while improving their perceptions of care and patient engagement.

## References

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