



Lost in Transition

The Dangers of Hospitalist Medicine

Mark Shen, M.D.
Lead Hospitalist
Pediatric Consultation and
Referral Service



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Objectives

1. Define adverse outcomes that may result from transitions in care
2. Identify multiple points at which communication errors may occur
3. Describe the value of a systems-based approach to handoffs

The Latest Hospitalist Effect

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Outcomes of Care by Hospitalists, General Internists, and Family Physicians

Peter K. Lindenauer, M.D., Michael B. Rothberg, M.D., M.P.H.,
Penelope S. Pekow, Ph.D., Christopher Kenwood, B.S., Evan M. Benjamin, M.D.,
and Andrew D. Auerbach, M.D., M.P.H.

Patients cared for by hospitalists had shorter lengths of stay and similar rates of death and readmission

N Engl J Med 2007;357:2589-600.

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The Editorial Response

The Hospitalist Movement — Time to Move On

Laurence F. McMahon, Jr., M.D., M.P.H.

- The hospitalist movement is entrenched
- Time to move beyond justifying their existence
- “The real issue is, how do we construct a health care delivery system with hospitalists among its core providers? What are the challenges and opportunities?”

N Engl J Med 2007;357:2627-28.

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More than a decade ago...

- Wachter RM, Goldman L. The emerging role of "hospitalists" in the American health care system. N Engl J Med 1996;335:514-517.
- Correspondence: fears of discontinuity
 - Rubenstein W. The role of "hospitalists" in the health care system. N Engl J Med 1997;336:445-446.

More than a decade ago...

Wachter and Goldman in response:

- [A potential detrimental effect is the] "voltage drop" in information at the hospital threshold.
- We believe that high-quality providers and systems will develop protocols based on contact by telephone, e-mail, and fax to guarantee continuity of care at admission, during hospitalization, and at discharge.

N Engl J Med. 1997;336:445-446.

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AAP Policy Statement

Guiding Principles for Pediatric Hospitalist Programs

5. Pediatric hospitalist programs should provide for timely and complete communication between the hospitalist and the physicians responsible for a patient's outpatient management, including the primary care physician and all involved subspecialists.

Pediatrics 2005;115(4): 1101-1102.

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The Dangers of Crossing the Hospital Chasm

- “I am terrified of hospitalizing my child”
- Recent examples:
 - A family spends \$200 for a one-month supply of a proton pump inhibitor
 - A child contracts a potentially preventable infection requiring months of hospital care
 - An adolescent presents in extremis several months after hospitalization for upper airway issues of unknown etiology

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The Incidence and Severity of Adverse Events Affecting Patients after Discharge from the Hospital

Alan J. Forster, MD, FRCPC, MSc; Harvey J. Murff, MD; Josh F. Peterson, MD; Tejal K. Gandhi, MD, MPH; and David W. Bates, MD, MSc

- 19% of patients experienced an adverse event after discharge
 - 1/3 were preventable, 1/3 were ameliorable
- Adverse drug events were most common

Ann Intern Med. 2003;138:161-167.

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Adverse events among medical patients after discharge from hospital

Alan J. Forster, Heather D. Clark, Alex Menard, Natalie Dupuis, Robert Chernish, Natasha Chandok, Asmat Khan, Carl van Walraven

- 23% of patients experienced an adverse event after discharge
 - 1/2 were preventable or ameliorable
- Adverse drug events were most common

CMAJ 2004;170(3):345-9.

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Digging Deeper...



It's late, and we still don't have any proof. Are you going to get in here and help me or not?

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Deficits in Communication and Information Transfer Between Hospital-Based and Primary Care Physicians

Implications for Patient Safety and Continuity of Care

Sunil Kripalani, MD, MSc

Frank LeFevre, MD

Christopher O. Phillips, MD, MPH

Mark V. Williams, MD

Preetha Basaviah, MD

David W. Baker, MD, MPH

- Systematic review of literature
- Characterize types and prevalence of deficits
- Determine efficacy of interventions
- Most studies were performed outside of the United States

JAMA. 2007;297:831-841.

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Failure to Make Contact

- Only 17% to 20% of PCPs were always notified of discharge
- Only 3% of PCPs reported being involved in communication regarding discharge
- 11% of discharge letters and 25% of discharge summaries never reached the PCP

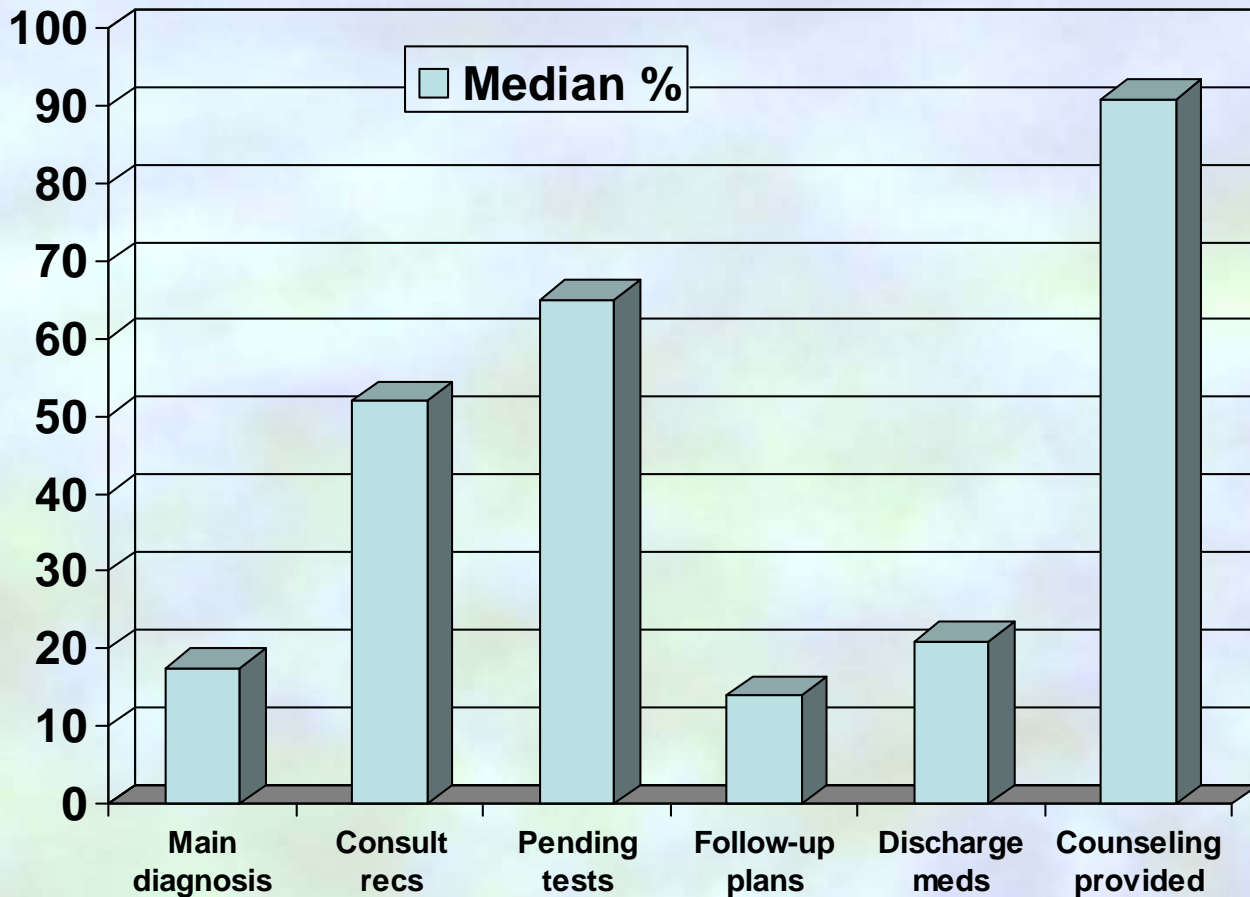
JAMA. 2007;297:831-841.

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Missing From Discharge Summary



JAMA. 2007;297:831-841.

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Poor Timeliness of Discharge Communication

- PCPs and patients often made contact before discharge information arrived (16%-88%)
- Delayed or absent discharge communication was estimated to adversely affect management in 24% of cases

JAMA. 2007;297:831-841.

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Interventions to Improve Communication

- Intervention Studies (n=18)
 - Mixed bag of studies
 - Varied in design, populations, interventions and outcomes
 - Only looked at controlled studies
 - Most studies showed trends towards improvement in discharge summary quality or timeliness
 - Database- or computer-generated discharge summaries tended to improve completion rates or timeliness of delivery
 - Only 1 study looked at clinical outcomes (no significant differences after 3 months)

JAMA. 2007;297:831-841.

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What About Outcomes?



<http://www.jamd.com/search?assettype=g&assetid=74874548&text=baton+drop>

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Effect of Discharge Summary Availability During Post-discharge Visits on Hospital Readmission

Carl van Walraven, MD, FRCPC, MSc, Ratika Seth, MD, FRCPC, Peter C. Austin, PhD, Andreas Laupacis, MD, MSc, FRPCP

- Trend towards decreased risk of readmission for patients seen for follow-up by a physician that had received a discharge summary
 - Only 24.5% of summaries were available for at least 1 follow-up visit

J Gen Intern Med 2002;17:186-192.

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Medical Errors Related to Discontinuity of Care from an Inpatient to an Outpatient Setting

Carlton Moore, MD, Juan Wisnivesky, MD, Stephen Williams, MD, Thomas McGinn, MD

- 49% of patients experienced at least one medical error
 - Medication continuity errors (42%)
 - Work-up errors (12%)
 - Test follow-up errors (8%)
- Work-up error significantly increased likelihood of rehospitalization

J Gen Intern Med 2003;18:646-651.

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Continuity of Care and Patient Outcomes After Hospital Discharge

Carl van Walraven, MD, MSc, Muhammad Mamdani, PharmD, MA, MPH, Jiming Fang, PhD, Peter C. Austin, PhD

- Population-based cohort study of 938,833 adult Ontarians
- Adjusted relative risk of death or readmission in 30 days decreased by 5% with each follow-up visit to a hospital physician rather than a community physician

J Gen Intern Med 2004;19:624–631.

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Recap

- Adverse events are common after discharge
- Communication is often missing key information
- Communication is frequently delayed or absent
- Discontinuity negatively impacts patient outcomes

Complicating Factors...

- No pediatric studies
- Role of admission communication
- Email, fax, discharge summary, phone?
- Verbal communication; making time
 - Weekends
 - Nights
 - Weekdays?
- Patients without regular provider
- ER and Consultants
- Should these be “never” events?

What Next?

- Just Try Harder



<http://www.cs.uni.edu/~wallingf/blog-images/humor/sisyphus-sign.jpg>

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What Next?

- Work Smarter Not Harder



<http://www.cs.uni.edu/~wallingf/blog-images/humor/sisyphus-sign.jpg>

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The Old Model



http://upload.wikimedia.org/wikipedia/en/a/a3/Lone_ranger.jpg

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AAMC PAPER

Health Care Quality and How to Achieve It

Kenneth I. Shine, MD

Contrasting Characteristics of the Cultures of Physicians and Medicine in the 20th and 21st Centuries

20th-century Characteristics	21st-century Characteristics
Autonomy	Teamwork/systems
Solo practice	Group practice
Continuous learning	Continuous improvement
Infallibility	Multidisciplinary problem solving
Knowledge	Change

Acad. Med. 2002;77:91-99.

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Adopt A Systems Approach



<http://images.despair.com/products/demotivators/blame.jpg>

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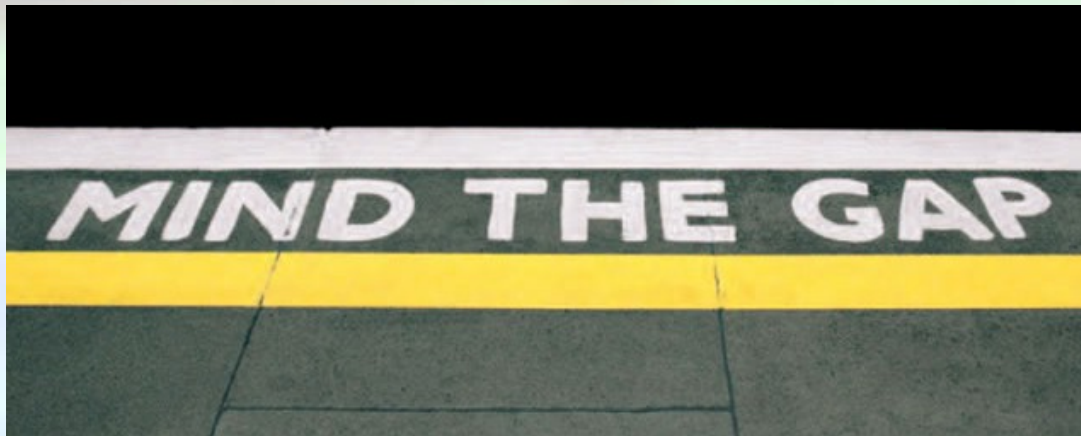
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Adopt A Systems Approach



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Gaps in the continuity of care and progress on patient safety

Richard I Cook, Marta Render, David D Woods

- “I am terrified of hospitalizing my child”
- Multiple providers

BMJ 2000;320:791-4.

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Mind the Gaps



<http://www.southpawenterprises.com/UserUploadedImages/260026%20-%20Two-Way%20Stepping%20Stone.jpg>

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Appreciate the Complex Patient

- More complex = more gaps
 - More meds
 - Medication reconciliation
 - More tests
 - More providers
- Care coordination
 - Must first identify patients at risk

The Care Transitions Intervention

Results of a Randomized Controlled Trial

*Eric A. Coleman, MD, MPH; Carla Parry, PhD, MSW;
Sandra Chalmers, MPH; Sung-joon Min, PhD*

- Patient-centered intervention for chronically ill older adults
- Transition coach
 - Advanced practice nurse

- Decreased rehospitalization rates

Arch Intern Med. 2006;166:1822-1828.

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Standardize

- Joint Commission 2007 National Patient Safety Goal 2E
 - Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/07_hap_cah_npsgs.htm

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Standardize

- 2007 National Patient Safety Goal FAQ
 - Do hand-off goals apply to physicians?
 - YES
 - What if a hospitalist sees a patient in-house and discharges them to follow-up with their PCP?
 - The same principles of standardization of the hand-off process including an opportunity for Q&A, still apply but they can be conducted in a more protracted time frame and by other than face-to-face communication as long as the hand-off is completed by the time the PCP sees the patient in follow-up.

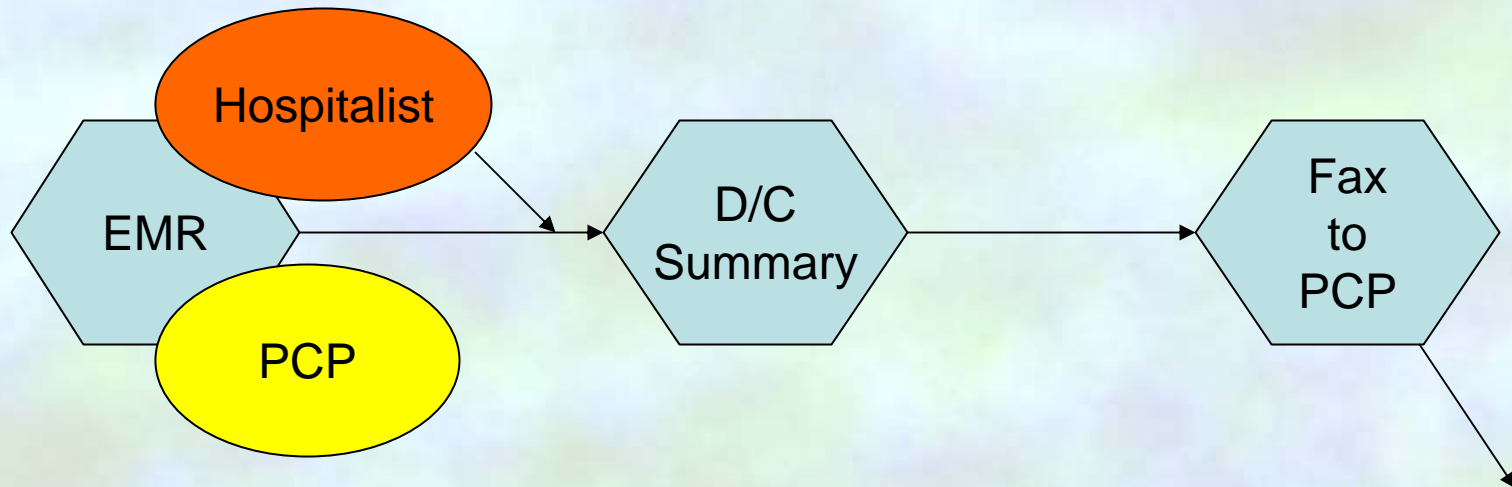
http://www.jointcommission.org/NR/rdonlyres/A6839682-0A43-4053-86FB-923257674F09/0/07_NPSG_FAQs_2.pdf

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Use Information Technology



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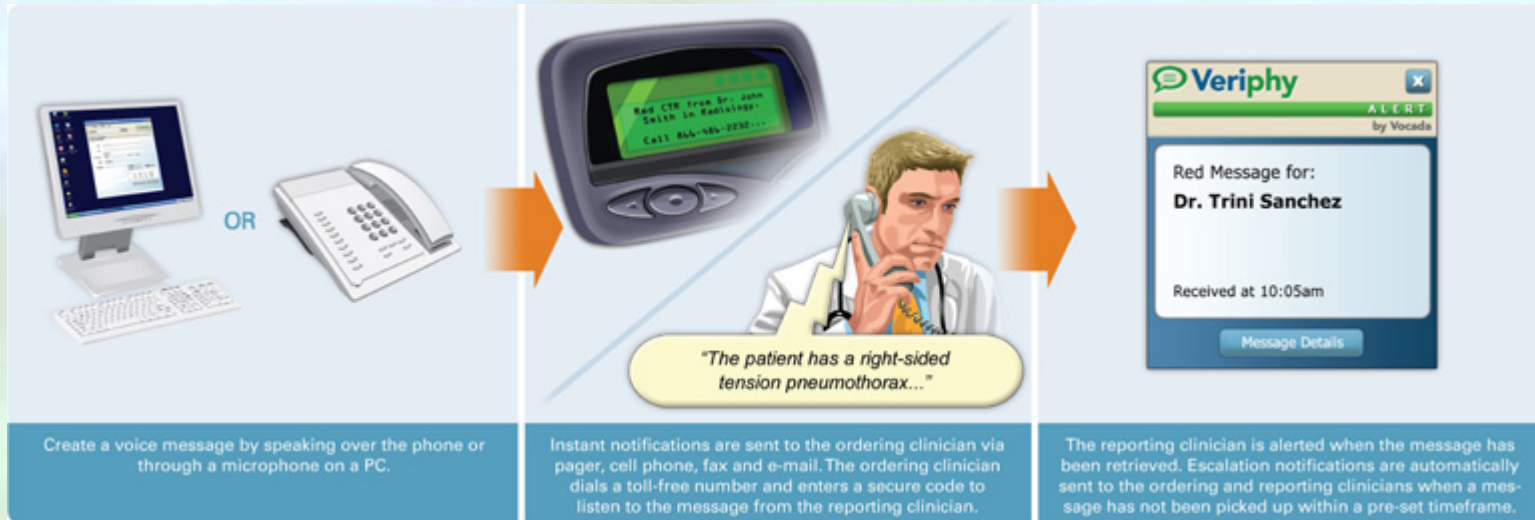
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www.voicecare.com; www.vocada.com

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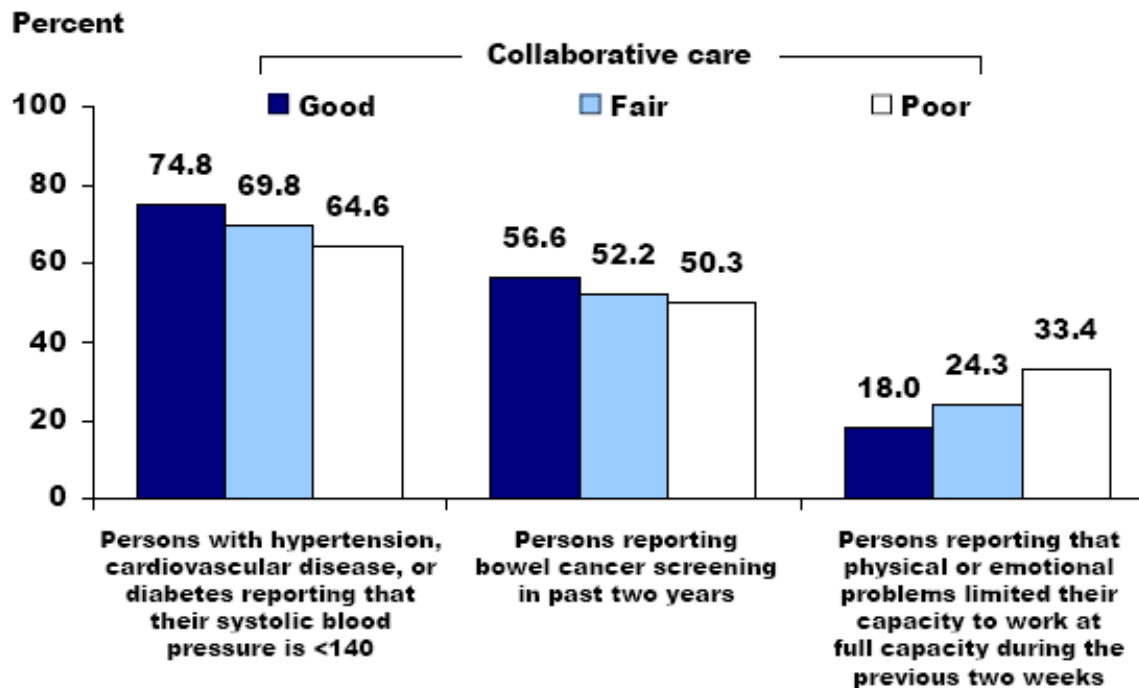
~~Involve~~ the Patient and Family

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Partner With the Patient and Family

Impact of Collaborative Care



Source: Adapted from J. H. Wasson et al., "Patients Report Positive Impacts of Collaborative Care," *Journal of Ambulatory Care Management*, July–Sept. 2006 29(3):199–206.

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=377919

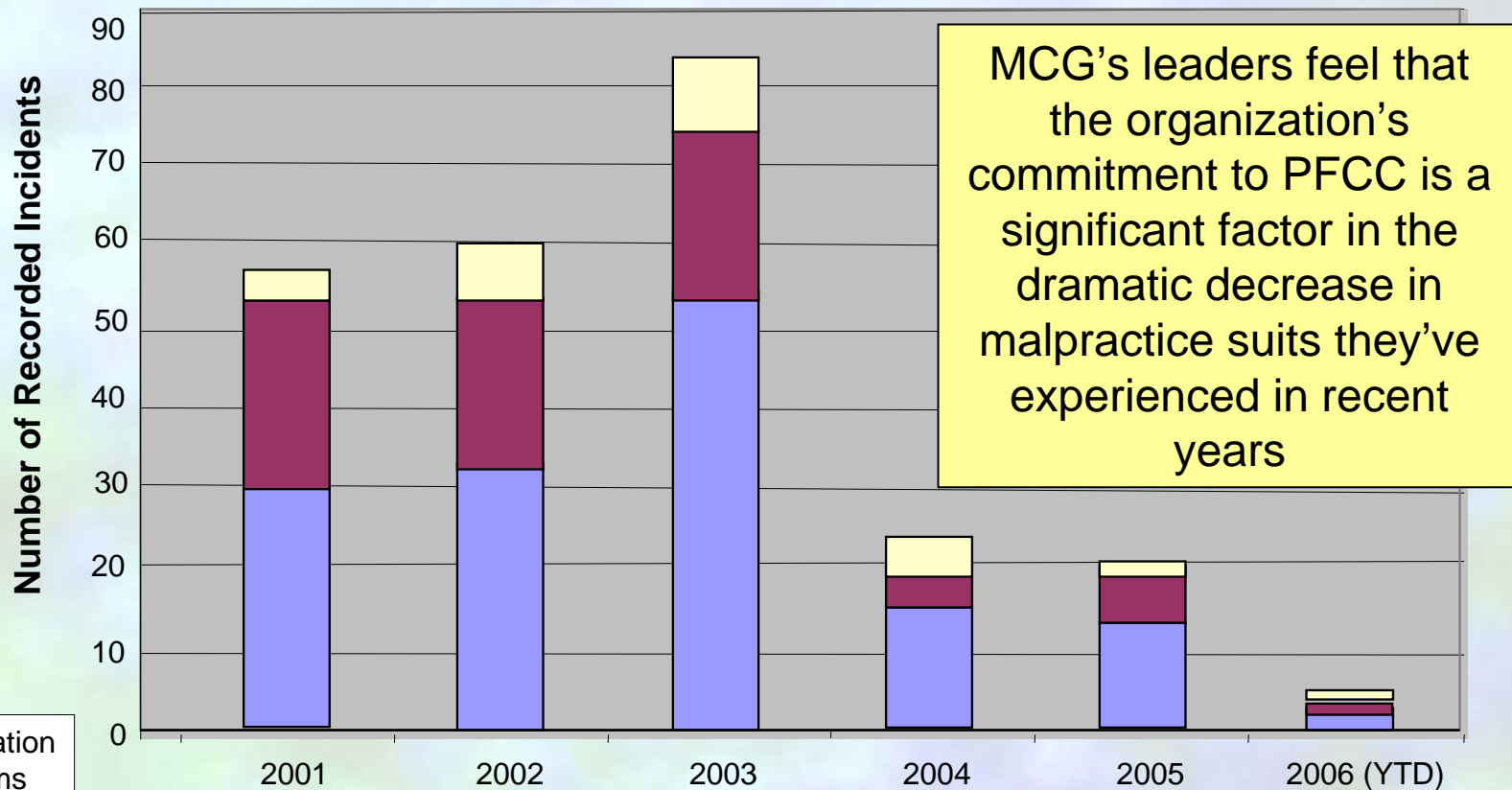
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MCG - Favorable Trend in Variances, Claims, and Litigation

Files, Claims and Litigation



MCG's leaders feel that the organization's commitment to PFCC is a significant factor in the dramatic decrease in malpractice suits they've experienced in recent years

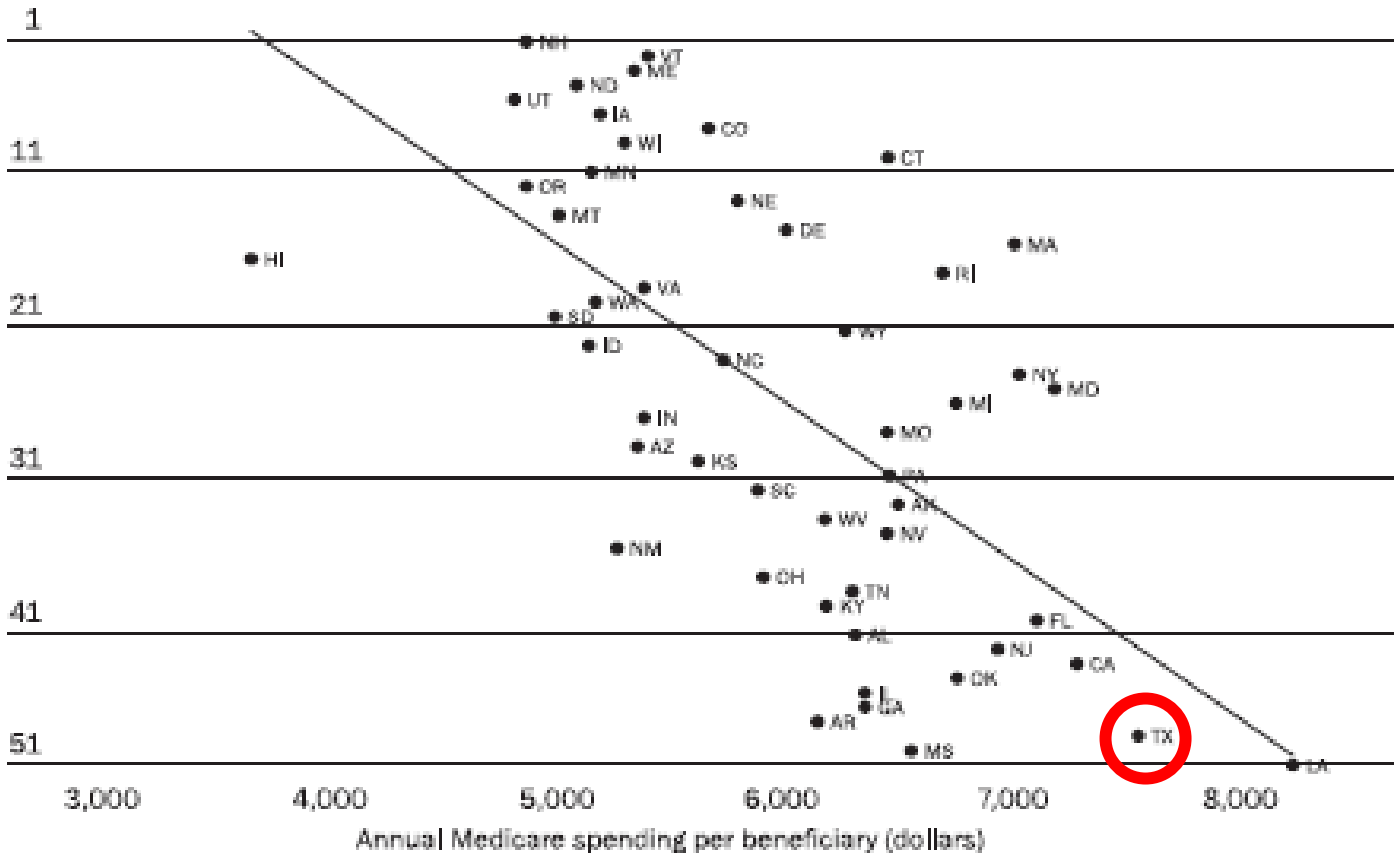
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EXHIBIT 1

Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000-2001

Overall quality ranking



SOURCES: Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305-312.

NOTE: For quality ranking, smaller values equal higher quality.

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