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Tomorrow's Doctors, Tomorrow's Cures

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# Menu of Change Behaviors: Planned Interventions from AAMC AMCs

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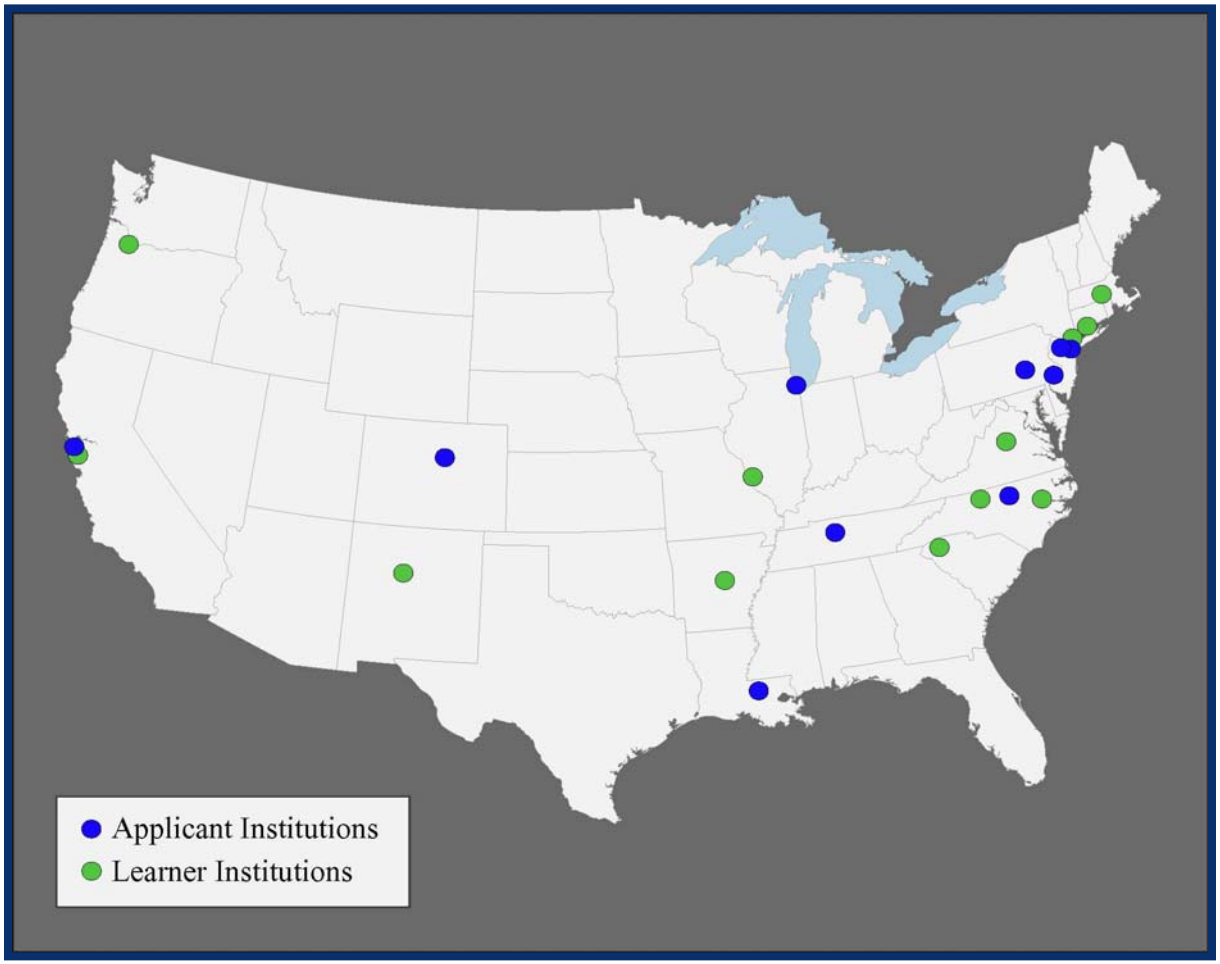
# AAMC Participant Organizations




- Albert Einstein Healthcare Network (PA)
- Atlantic Health (NJ)
- Duke (NC)
- NYU Langone Medical Center (NY)
- Our Lady of the Lake Regional Medical Center (LA)
- Penn State Hershey Health System (PA)
- Sinai Health System (IL)
- UCSF (CA)
- University of Colorado (CO)
- Vanderbilt University Medical Center (TN)



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# Questions asked:

1. **Pre-Admit Period**
   - What process and clinical interventions will you use for the pre admission or early admit period?
2. **Hospitalization**
   - What process and clinical interventions will you use for your selected conditions during the hospital stay?
3. **Post-Hospitalization Period**
   - What processes and clinical interventions will you use for your selected conditions during post-hospital period?
4. **Episode-Wide Interventions**
   - What processes and clinical interventions extend across all three periods?
5. **Primary Care**
   - What processes and clinical interventions will you use to engage primary care providers in BPCI?



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# Themes

| | PRE ADMIT PERIOD | | | | | | | HOSPITALIZATION | | | | | | POST-HOSPITALIZATION PERIOD | | | | | | | EPISODE WIDE | | | | | | | | PRIMARY | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Standardized Clinical Risk Assessment | Coordination b/w Pre Hospital Screening and Inpatient Eval | Pre-Admit home screening | Patient compact and engagement | Multidisciplinary clinical decision making group | Standardized ED protocol | Post acute care site visit | Standardized processes of care/guidepaths/checklists/order sets | Identification of high-risk patients | Waste reduction/patient safety and error reduction | PCP Connectivity | Readmission reduction interventions | Patient eduction advances | Standardized process of care/guidepaths/checklists | Improved discharge/transition summaries | Patient education advances | Patient compact and engagement | Post-acute care risk assessment | Immediate post-discharge interventions | Miscellaneous interventions | IT systems innovations | Process improvements | Care coordination | Staffing leadership of BPCI | Physician engagement strategies | Patient access and expectations | Staff and broader education | Psychosocial interventions | Role of caregivers/family members | PCP communication | PCP expectations | IT solutions |
| **Org 1** | x | | x | | x | x | x | | | | | | x | | x | | | x | x | x | x | x | | x | | x | | | | | |
| **Org 2** | x | | | | x | x | | x | x | x | | x | x | x | x | x | x | x | x | | | x | | | x | | | x | | x | | |
| **Org 3** | x | | | | | | | x | x | | | x | x | | x | | | | x | x | x | x | x | x | x | | x | x | | x | x | x |
| **Org 4** | x | x | x | x | | x | x | x | x | | | x | x | x | x | | x | x | x | | x | x | x | x | x | x | x | x | x | | | x |
| **Org 5** | x | x | | x | x | | | x | | x | | | | x | | | | | x | x | | | x | | | | | | | | | |
| **Org 6** | x | | | | | | | | x | | | | | x | x | x | | | x | x | | | | x | | | | | | | | |
| **Org 7** | x | | x | | x | x | | x | x | x | x | x | x | x | x | x | | x | x | | x | x | x | x | x | | x | x | x | x | x | x |
| **Org 8** | x | | | x | x | x | | x | x | x | | | x | x | x | x | x | | x | x | x | x | x | x | | | x | | | x | x | x |
| **Org 9** | x | x | | | | | | | | x | | x | | | | | | | | | | x | | | | | | | | | | | |
| **Org 10** | x | x | x | x | x | | | x | x | | x | x | x | x | x | x | | x | x | | | x | x | | x | | x | | | x | | | |

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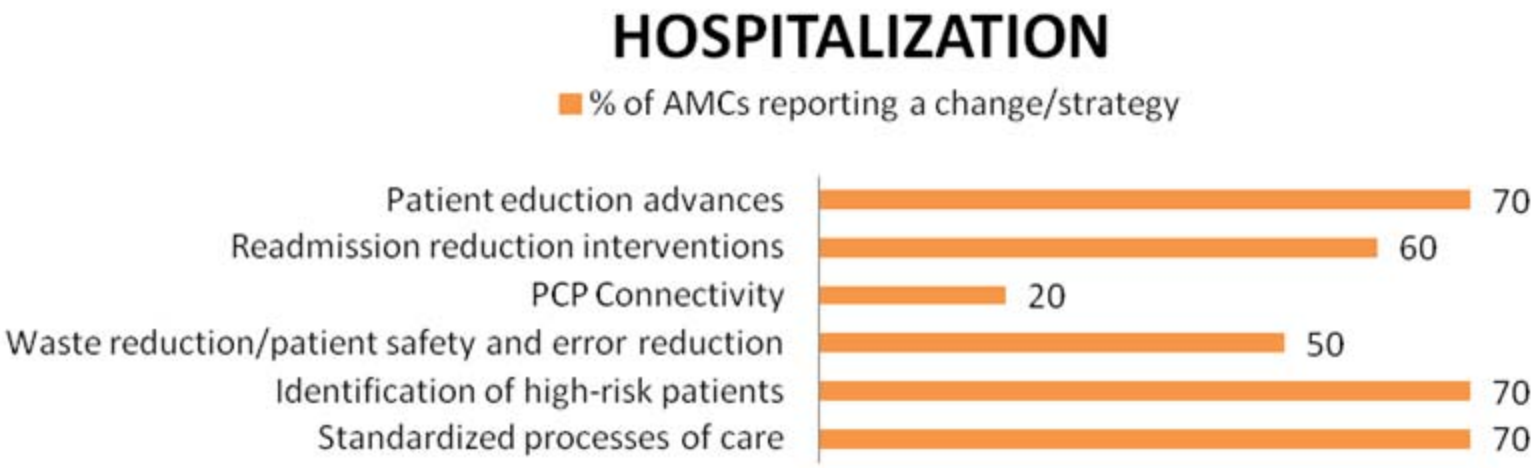
# Menu of Change Behaviors




Examples:

- Use of standardized protocols, order sets, and checklists
- Electronic tools to identify potential BPCI patients upon admission, algorithm in EMR, assignment of risk scores to these patients
- Use of day-before-discharge checklists
- Linking patients with clinical care coordinators

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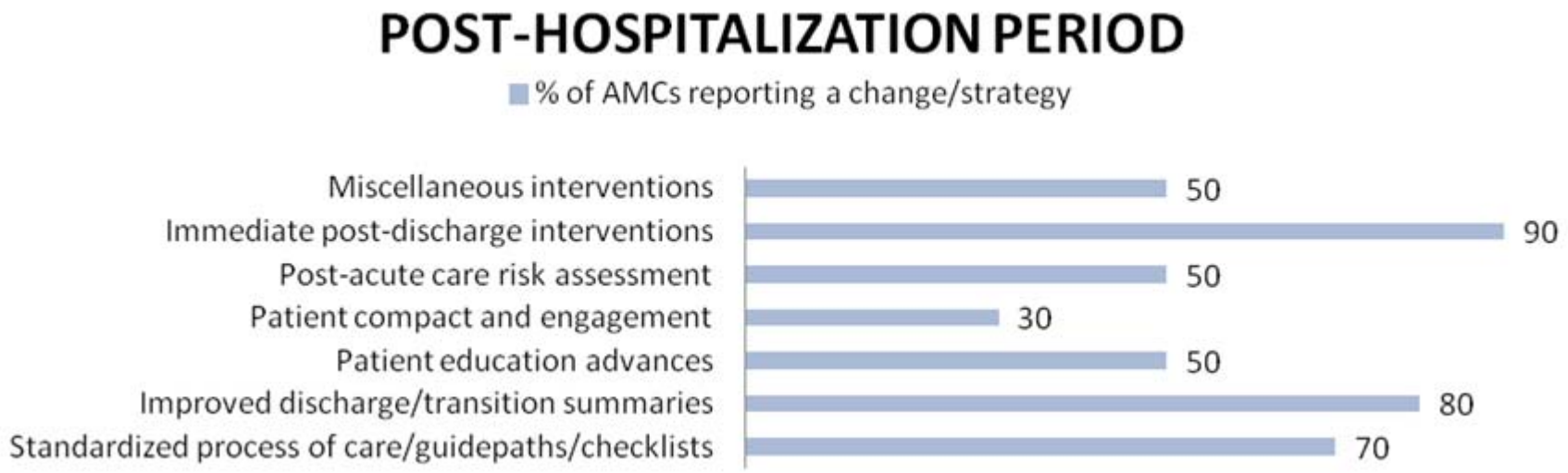


Examples:

- Algorithm to identify bundled patients in the EMR and have patient-specific plan based on risk assessment score
- Teach back methods and various patient education classes
- Day-before-discharge checklist and post-discharge checklist
- Send patient progress reports to PCPs and families
- Standard strategy to connect a patient with their PCP at time of discharge



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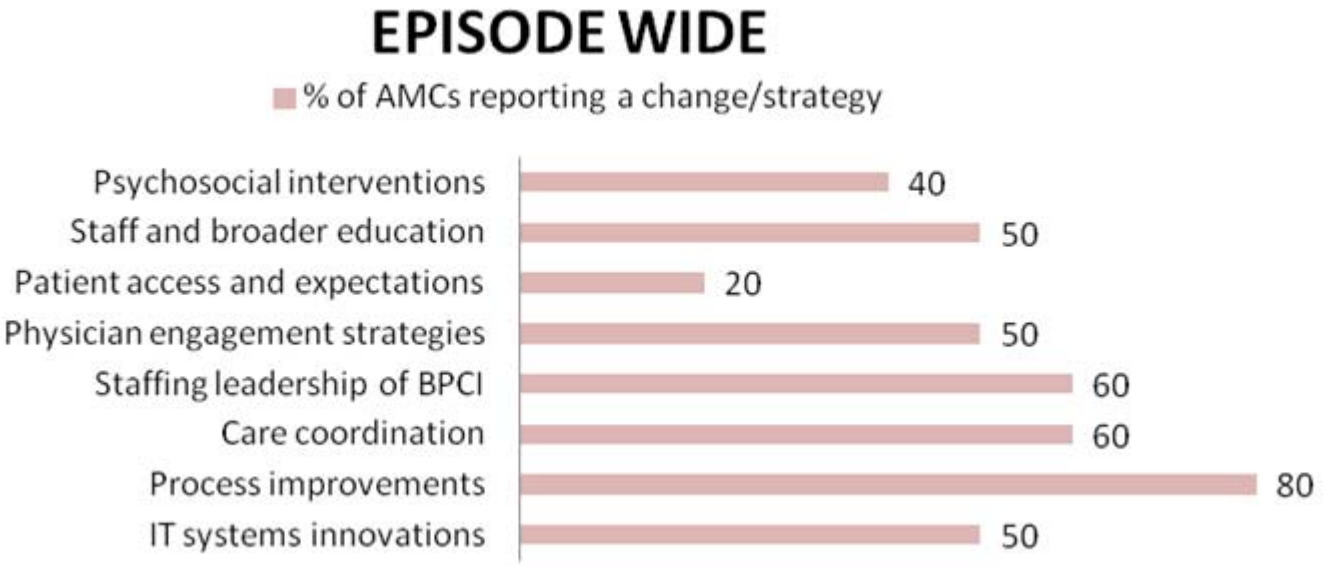


Examples:

- Patient portal for access to labs, x-rays, prescription refills, appointments
- Creating the role of clinical care coordinator, disease management programs
- Incorporate social work and psychiatry into risk assessment and care plan
- Organization-wide staff education



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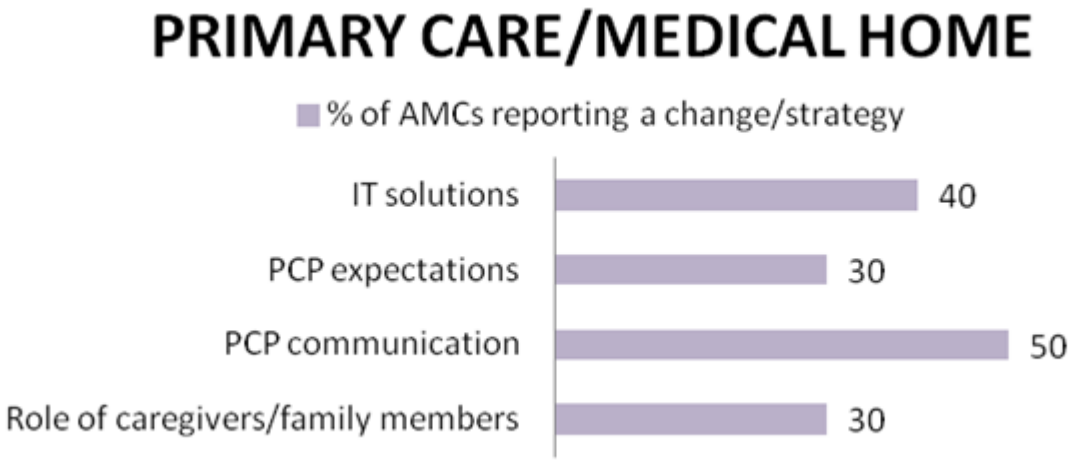


Examples:

- Identifying primary liaison for patient caregivers/family members
- Standard communication plan with PCP
- Increased PCMH connectivity



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# Themes

- Health systems are deploying many interventions during hospitalization and immediate post-discharge periods, fewer interventions connecting acute and primary care settings
- Development and implementation of risk assessment tools across the continuum
- Use of standardized pathways and processes of care
- Hiring of care coordinators, disease managers, and others to facilitate interventions for bundled patients
- Emphasis on organization-wide staff education and re-training of new care processes



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# This work catalyzed…

- Where are the gaps in standardization?
- Which of these are best practices?
- What are the detailed implementation steps behind the key interventions?

Next Steps: Expand voluntary participation to all BPCI participants in focused survey on key clinical interventions

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