

Chronic Disease Care: Better Ideas for Solving Real-World Problems



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Large, multi-facility organizations have unique challenges as they attempt to systematize care delivery. The efficiencies of enterprise standardization must be balanced with enthusiasm and innovation that flourishes only with local autonomy. The Los Angeles County Department of Health Services (LAC-DHS) has developed an approach for Inpatient Clinical Pathways (ICPs) and Disease Management Program (DMP) development that fosters local creativity while creating a common enterprise infrastructure for care optimization. These interventions include design features that allow for appropriate provider freedom in developing individualized care plans, separation of clinical content from structured care design, and appropriate delineation of corporate and facility-specific responsibilities.

The LAC-DHS development approach for our inpatient structured care delivery model has led to significant reduction in length of stay, 30-day readmission rates, and inappropriate therapeutic care choices. This approach to structured care delivery, successful for more than ten thousand inpatients, is now being applied to our Disease Management Programs for Diabetes, Asthma/COPD and Congestive Heart Failure.

There were many lessons learned from our ICP development experience. First and foremost was the development of a standardized vocabulary and electronic infrastructure for pathway authoring. Second was the creation of tools for “real-time” printing of pathways, so pre-printed forms can become of historical interest only. However, no technology can substitute for the real driver of success; providing clinicians’ tools that they find valuable. The key to their success and adoption is simple; all you need to do is make clinical care better, faster, and cheaper.

The challenge in a large organization, such as LAC_DHS is also its strength. The diversity of geography (4,000 square miles), population (10M population, 2.5M uninsured), languages (8 threshold) and providers (employed physicians, 3 medical schools, 6 medical staffs) provides a unique development environment.

The LAC-DHS Clinical Resource Management organizational structure is shown in figure 1. It recognizes that those talented at design of structured clinical interaction tools may not have deep and specific clinical domain expertise. Correspondingly, those with specific domain expertise may not be expert at structured care delivery design. This collaborative, shared responsibility approach is often not immediately embraced by high ranking academic medical center specialists who are normally “in charge”. The key is building prototypes that these clinical experts view as valuable.

Despite good design intentions, evaluation is critical to determine if your tools are having the desired effect. One must monitor the use of structured care tools to understand which are embraced by clinicians (usability) and the extent they change behavior (effectiveness)

Figure 2 is our ICP usability monitoring tool. This time period is representative of an initial design flaw; with the resultant improvement once we modified and improved the design based on user feedback. The yellow line represents the number of patients eligible for the pathway, the pink bar those who were screened, and the blue the number placed on the pathway. The inflection point is a re-design that cut the size of pathways in half, the number one user complaint discovered in focus groups.

The key to the success of the clinical resource management program in Los Angeles County is multi-factorial, but at the core includes:

- Recognition that there is not one correct way to care for patients. The goal is to reduce inappropriate, not all variability.
- Create an atmosphere where individual input and local innovation is cherished. Balance this freedom with a defined process to vet ideas and determine the level of standardization for the enterprise.
- Start with a win-win-win success. Find a place where your interventions make clinical care better, the clinician jobs easier, would be hard to accomplish without your tools and bring some immediate values to the organization. After this initial success, move on to more controversial areas of interventions that might be viewed as win/lose by others.

If done well, smart innovative staff from across your organization will come to you with their great ideas, energy and enthusiasm.



