
CONFERENCE ABSTRACT

Developing an innovative, integrated care pathway for PMV patients

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Background: In the traditional care pathway for prolonged mechanically ventilated (PMV) patients, the patients often progress from an intensive care unit (ICU) directly to their home or to an unspecialised nursing home setting. In these settings, specialised offerings for PMV patients such as round-the-clock respiratory rehabilitation and weaning programmes are usually not being offered. Therefore in the traditional pathway, PMV patients do not receive the integrated rehabilitation and therapy programmes they require. Moreover, patients returning home without professional support are a challenge for the family caregivers, often resulting in unplanned patient readmission to the hospital and ICU. In addition to this suboptimal care situation, PMV patients cause very high resource consumption for hospitals: whereas PMV patients account for ten percent of ICU patients, they can consume up to fifty percent of the ICU resources.

Care coordination between stakeholders: In contrast to hospital ICUs, dedicated service offerings outside of the hospital setting have the potential to improve the care that PMV patients receive.

In 2011, Linde AG – Healthcare developed an innovative programme for PMV patients offering an integrated, standardized care path outside a hospital's ICU including a patient's own home. The programme spans a variety of operating models to meet individual needs at different stages of the care continuum. The patients can easily move between the operational models of this path, depending on the complexity of care and the support required. The mission of this programme is to manage the whole PMV patient pathway by ensuring highest quality of care in an efficient and effective manner in order to establish an optimal care service offering for PMV patients. To achieve this mission it is essential to integrate the patient pathway between different care providers and decision makers.

In addition to the optimisation of care to PMV patients, the optimisation of treatment cost-efficiency in the fragmented setting of public and private providers is the key argument for Linde's innovative care pathway. For being able to attract stakeholders along the path, reimbursement needs to be tailored such that reimbursement is not solely reduced but rather optimized to combine sustainable financial results with optimal patient results i.e. in the form of sharing cost savings, reduced hospitalization and exacerbations as well as by means of telehealth/- monitoring.

In order to bring together, manage and improve all the aspects of integration between the stakeholders in the innovative care programme, the Integrated Care Pathway Project (ICPP) assessment tool was developed. It is based on six pillars: Leadership, Interdisciplinary Teams, Coordination of Care, Quality and Safety Assurance, Financial Management and Reimbursement and Patient-centred Care.

When looking at integration aspects in the care programme, there are two types of integration to consider: the internal integration between the different operating models of the care pathway of the single provider (Linde Healthcare) as well as the external integration/collaboration with external partners (hospitals, other service providers, community).

Assessing internal and external integration levels: Although there are many examples of integration assessment tools for the healthcare market, they are mainly specific for public sector integration assessment or specific disease management pathway integration assessment and therefore do not exactly match the Linde programme's needs. Based on a thorough literature review and the above mentioned main pillars and principles of integration, a specific assessment tool for internal and external integration was developed.

This integration assessment tool comprises over 200 questions (internal and external integration each) and is divided into the six main pillars. Data is collected using an interview methodology and subsequent analysis is based on the worldwide standard for RADAR from the European Foundation for Quality Management (EFQM) with its enabler and results areas [1]. For the classification of assessment results, four levels of integration are foreseen: Minimal integration, basic collaboration, and close collaboration – partly integrated and fully integrated respectively [2].

Early results of the first assessments are available with regard to the level of integration. The external integration assessment suggests that the majority of pillars are within the scope of 'basic collaboration'. Concerning the internal integration, the integration level is higher, reaching 'close collaboration – partly integrated'. Based on further evaluations, integration improvement projects will be started.

References:

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