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Primary Care and the Perioperative Surgical Home

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AIMS

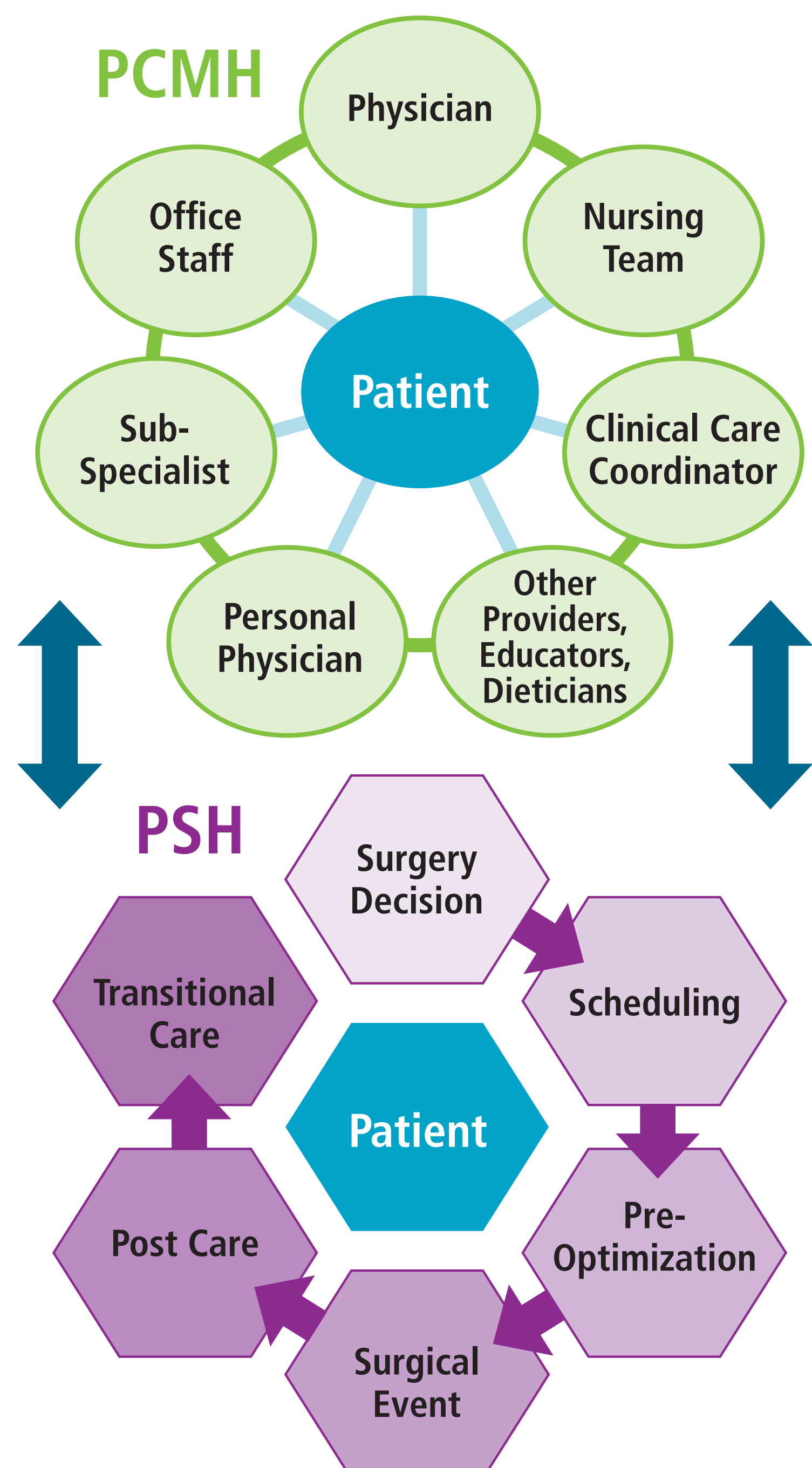
Describe the perioperative surgical home model and its relationship to primary care and the Patient-Centered Medical Home (PCMH)

- Identify primary care providers' perceptions and needs around transitions in care during a surgical episode
- Identify lessons learned and interventions to improve coordination of care across the surgical and primary care teams
 - Intervention
 - Data Collection
 - Analysis

BACKGROUND

- A Perioperative Surgical Home (PSH) is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care for surgical patients
- The PSH coordinates care and transitions from the decision to operate through the intraoperative course and return to primary care, using the anesthesiologist to coordinate care
- The PSH model has been developed using the guiding principles of the PCMH, which focuses on coordinated care in the primary care practice

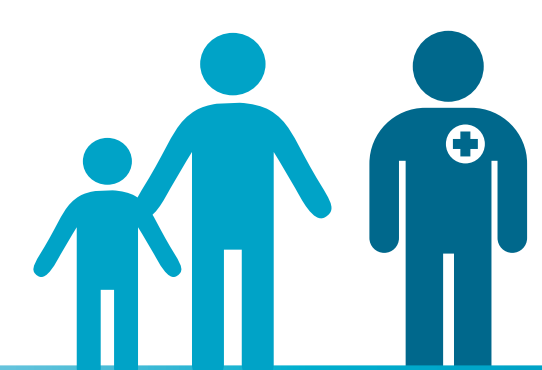
Connection Between PCMH and PSH



Introduction PSH™ – A Link

The objective of the PSH Pilot is to enhance value and help achieve the triple aim:

- Better patient experience
- Better health care
- Lower cost



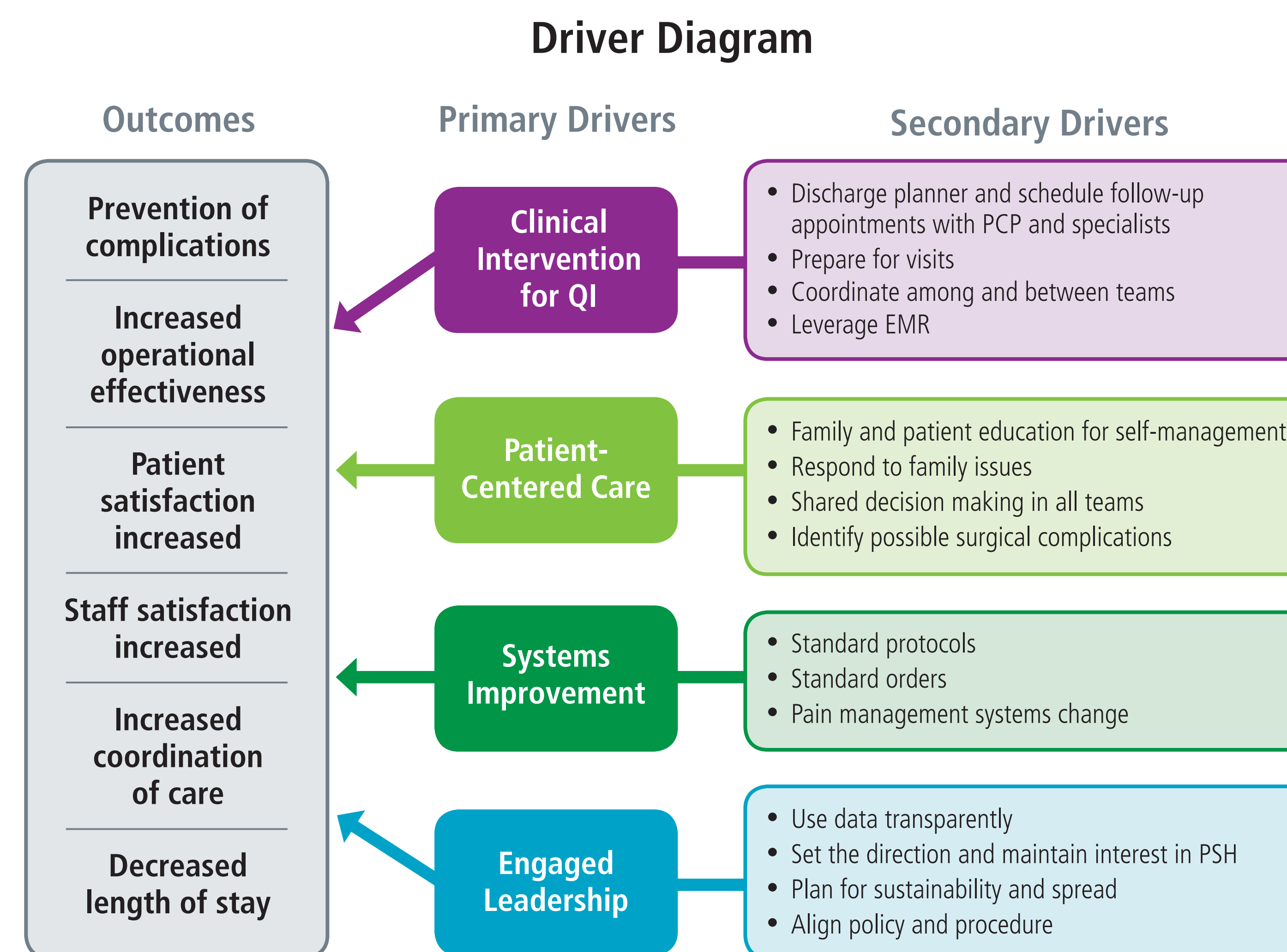
VALUE

Patient Experience + Improve Quality + Decrease Waste

UMass Memorial Health Care (UMMHC) PSH Pilot

- **Target population:** Patients undergoing urologic cancer surgery
- Collaboration between Departments of Urology and Anesthesiology
- Quality improvement effort, focusing on each stage of the perioperative process:
 - Pre-operative, intra-operative, post-operative and post-discharge
- Process improvements to standardize care, make care more person-centered, improve communication across stages and with primary care

PILOT PROGRAM



PRIMARY CARE PHYSICIAN SURVEY

Objective:

Primary care physicians (PCP) were surveyed to understand how the surgical teams can better coordinate care with primary care

Results:

Survey Question #1: Answered: 34 Skipped: 4

What is the current level of communication in perioperative care with you, specifically in regard to pre-operative and post-operative communication about your patient's planned surgery and the outcome of the surgery?

Comments:

- "Would like concise short statements instead of long winded narration."
- "Dr. Y communicates via letters, dictations very well."

Answer Choices	Responses
Never	14.71% 5
Below Average	14.74% 5
Average	47.06% 16
Above Average	11.76% 4
Excellent	11.76% 4
Total	34

Survey Question #2: Answered: 37 Skipped: 1

What would be the best way to communicate information to you about your patient's surgery and outcome?

Answer Choices	Responses
Allscripts* task	40.54% 15
Fax	13.51% 5
Phone call	2.70% 1
Email	32.43% 12
Other (please specify)	10.81% 4
Total	37

Methods:

- Email request to UMMHC primary care physicians to complete a survey on Survey Monkey
- 38 Primary Care Clinicians completed the survey
- Responses were aggregated, analyzed and shared with the PSH Pilot Team

Survey Question #6: Answered: 36 Skipped: 2

When would you prefer to see your patients after major urologic surgery?

Comments:

- "Only need to see if there is an issue that requires PCP input or patient requests a visit."
- "I think it should be tailored to patient needs via communication with the PCP. We don't need to see patients who are healthy and who had a good outcome from surgery."
- "When the surgeon thinks it is necessary, or if any major medical changes/complications occurred perioperatively."

Answer Choices	Responses
Within a week	5.56% 2
Within 2 weeks	22.22% 8
2-4 weeks after surgery	50% 18
Comment	22.22% 8
Total	36

Survey Question #8: Answered: 37 Skipped: 1

As part of the Perioperative Surgical Home, pre-operative communication will be streamlined and post-operative communication and appointments will be established before discharge from the hospital. How valuable do you think this will be toward maintaining continuity of care?

Answer Choices	Responses
Not valuable	0% 0
Somewhat valuable	8.11% 3
Valuable	21.62% 8
Very valuable	56.76% 21
Extremely valuable	13.51% 5
Total	37

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PCP Suggestions From the Survey:

- "I think that there needs to be clarity on whose job it is to do what. That involves reaching out and asking PCPs about their opinions on this."
- "Do not make all contact formulaic or a check box, please, one personal communication from the surgeon at least after the operation would be fantastic, and very much appreciated."
- "This is a good start. Some urologists are much better keeping us in the loop and I think tasking* will streamline this and a very brief summary, as opposed to a multi-page document of data, would be most helpful."
*Tasking using the EHR

RESULTS SUMMARY

- Concise, useful communication about mutual patients is important to PCPs
- No need for immediate follow-up appointments with PCPs unless necessary; suggest appointments 2-4 weeks post-discharge
- Defining roles of PCP and surgeon is important

QUALITY IMPROVEMENT INTERVENTIONS:

Communication

- **Pre-operative:** PCP is notified about patient's upcoming surgery
- **Post-operative:** Discharge note sent to PCP

Patient Education

- Provided at pre-op and post-op
- Patient packet created so patient can carry materials throughout PSH stages
- Calls from Urology Department at 2 and 30 days post-discharge to identify patients' issues and answer questions

Follow-up Appointments

- Prior to discharge, PCP follow-up appointments are made for 2 weeks after discharge

NEXT STEPS

- New survey will be sent to PCPs who have patients involved in the pilot
- Questions will be more focused, based on findings from this initial survey
- Continue interventions and measure changes over time
- Add PCP involvement in the Pilot Steering Committee