

EBOOK: Integrating EM & HM For Better Outcomes

A Hospital Leader's Guide to Creating Harmony Between EM and HM

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FOREWARD

Friction between emergency medicine (EM) and hospital medicine (HM) departments in hospitals has been a long-standing challenge in the world of healthcare. It is a systemic challenge, causing cascading issues that impact patient care, physician retention, key performance metrics, and ultimately the bottom line.

Aligning your emergency medicine department with your hospital medicine program is an essential strategy to mitigate known challenges and improve performance. Hospitals that have implemented integrated EM and HM programs experience harmony hospital-wide. Done effectively, hospital leaders, clinicians, and administrators are aligned and empowered in the delivery of quality outcomes, patient experiences, and financial success.

In this eBook, you will learn the impact that EM and HM alignment can have on your hospital. We will discuss the challenges, fundamentals, considerations, benefits, and ROI of EM and HM integration.

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Common EM/HM Challenges

The fundamental goal of emergency medicine and hospital medicine departments is the same: to deliver high-quality, patient-centered care. However, even with most EM and HM departments working under the same roof, to accomplish the same goal—they often operate as disjointed entities.

Misalignment of these departments leads to variety of impactful of challenges:

While each of these challenges is problematic on its own, they also create a ripple effect that can severely infiltrate the patient experience, patient safety, and physician satisfaction. These outcomes are hugely consequential to a hospital's bottom line as a result of poor rate of readmissions, reimbursements, and physician turnover.

Redundant Care Repetitive Intake Clinical Variations Poor Communication High Readmission Rates Disengaged Personnel Profit Loss Siloed Teams

Benefits of EM/HM Integration

The challenges that disparate EM and HM departments experience are detrimental to the long-term success of a hospital and clinical team. EM and HM departmental alignment is critical, as is the alignment between providers, provider groups, and nursing staff.

Collaboration between EM and HM departments can directly improve the key drivers of ROI, including:



Performance Improvement



Enhanced Engagement



Accountability Increases



Standardized Care



Performance Improvement

EM and HM departments experience significant performance improvement after taking the necessary steps to integrate and harmonize their operations.

- Improved patient flow and throughput
- · Enhanced patient experience and care quality
- \cdot Optimized efficiencies and cost control
- \cdot Improved moral and physician retention
- Decreased ALOS in emergency department



Increased Accountability

EM and HM departments experience increased accountability as a result of standardized communication, processes, and shared goals – evidenced by:

- A vested interest in the other departments' results
- Shared channels that create data and outcomes visibility
- Governance committee or partner responsible for results



Engaging Environment

Misaligned departments and workflows can disengage even the best clinicians. Nurse Liaisons are critical to successfully coordinating clinical leaders and nurse leaders. An integrated EM and HM program streamlines interdepartmental procedures and protocols, and dedicates resources to address operational constraints and improve workflows. Here are just a few of the ways an integrated program will engage your nursing staff, increase retention, and improve patient outcomes.

- Site-specific orientations for providers
- Streamlined quality metrics
- EMR orientation and requirements
- Ongoing documentation education
- Patient satisfaction programs and outcomes
- Real-time patient feedback programs
- Effective usage of CMS throughput metrics
- Patient flow analysis to identify improvements
- Clinician performance management initiatives
- Scribe implementation for improved documentation quality



Standardized Care

EM and HM departments experience standardized care once their operations are aligned, resulting in a better patient experience, care delivery, and outcomes.

- · Joint meetings to increase understanding
- \cdot Increased collaboration around patient care
- $\boldsymbol{\cdot}$ Shared goals and KPIs
- Utilization review/case management team
- Reduced inpatient readmission rates
- Stronger clinical coordination and care planning



Pillars of an Integrated Approach

While many hospitals understand the value that an integrated approach to EM and HM can offer, some struggle with understanding how and where to begin bridging the gap.

If you are just getting started, consider the three pillars that any integrated approach needs. This starting point will open the lines of communication between emergency medicine physicians and hospitalists with agreed-upon goals, commitments, and governance.



Reciprocal Commitments



Alignment Meetings



Single Management Partner



Reciprocal Commitments

Changing standard operating processes (SOPs) in any entity requires a shift in thinking as well as a reprioritization of goals. For a hospital to successfully bridge the gap between EM and HM, the management team, clinical leaders, and administrators in each department must understand the intent behind the change and commit to transformational change.

Use these prompts to define the reciprocal commitment from your EM and HM departments.

Reciprocal Commitments Prompts

- How will we determine the level of care (EM or HM) for a patient?
- What factors will warrant a transfer for a patient?
- What is expected of each department prior to a transfer?
- \cdot What is the process if EM and HM disagree on the disposition of a patient?
- \cdot What are the expectations around communication and replies?
- \cdot What handoff protocols and procedures should be defined?





Alignment Meetings

Through a governing body, such as a management partner or elected committee, and with the defined reciprocal commitments in hand, hospitals looking to integrate EM and HM will hold regularly scheduled joint meetings. These meeting are intended to facilitate a shared understanding of each group's perspectives and identify opportunities and actions for continuous improvement.

Alignment meetings typically include representatives from various disciplines, including management and clinical leaders from your EM and HM departments. Sometimes, a Patient Billing representative or Patient Advocate is present to effectively close the loop on overall patient satisfaction and follow-up.

Sample Joint Meeting Agenda

• Recap Action Items Review status updates on all action items from the previous meeting

Shared Metrics/Goals

Review status of identified shared dashboard metrics, such as Case Mix Index, Internal Transfers, Length of Stay, LWOTS, ER visits, and documentation

- Shared Successes/Challenges Review success stories and recent challenges to identify areas for improvement
- Create New Action Items

Review new action items, accountability, and deadlines that result from your identified areas for improvement





Single Management Partner

Defining reciprocal commitments, leading joint meetings, and executing the details and outcomes of these initiatives is a major effort. Deploying a single management partner or governing body that can be accountable for integrated EM and HM results is more effective than leveraging multiple provider groups.

Benefits of a Single Management Team

- \cdot Leadership with a clear vision
- Enforced reciprocal commitments
- \cdot Shared goals and dashboard metrics
- Standardized systems and training
- Shared culture and values
- · Closed-loop processes
- Improved patient flow and throughput
- Enhanced patient experience



Achieving ROI with Integrated EM/HM

One of the main outcomes of integrating EM and HM is effective care management, which includes a greater ability to identify, reach out to, and engage patients throughout their entire continuum of care.





Coordinated Care Management

Typical issues with achieving ROI from EM and HM programs arise due to uncoordinated care management which leads to unplanned readmissions. With the ability to close the loop between EM, HM, patient advocacy, and patient billing, hospitals have a greater chance of identifying the patients who may be at risk for readmissions and engaging with them about their care plan and needs.

ROI Roadblocks

This diagram¹ from McKinsey & Company represents an increased chance of readmissions that accompany uncoordinated care management.

With coordinated care management efforts among EM, HM, patient advocacy, and patient billing, at-risk patients are more likely to be identified and engaged with prior to a readmission.

Why many care management programs achieve limited success





ROI from Digital Solutions

Integrated EM/HM programs that leverage digital telehealth solutions are poised to mitigate even more readmissions and achieve greater ROI. Digital patient outreach methods can help drive down costs in care management programs while also maximizing the effectiveness of delivery interventions. Some popular digital solutions include:

- Virtual Case Management
- Virtual ED Tele-Triage

- Tele-Triage
- Telehealth
- Direct-to-Consumer Virtual Visits
- Tele EMS
- Virtual Case Management **& Utilization Review**

- Virtual Inpatient Hospital Rounding
- Post-Discharge Artificial Intelligence Programs

Success Stories: Savings & ROI

Recent data from McKinsey & Company reveals that major healthcare organizations have started to embrace the full capabilities of digital technologies and are realizing significant financial gain in addition to more efficient workflows and improved patient outcomes. Research shows that companies can achieve a 10 to 20 percent decrease in administrative costs to deliver the same level of outreach. For example, one health insurer that used these approaches to transform its care management programs achieved a 2:1+ ROI.¹



Closing the Loop

Transitioning to an integrated EM/HM approach leads to better outcomes all around.

Implementing, maintaining, and sustaining traction from an integrated approach benefits patient satisfaction, patient safety, and outcomes. By satisfying these fundamental factors, your hospital will see improvements to performance, accountability, and care standardization all of which lead to better care management and a greater return on investment.



Key Takeaways

Top Benefits of EM/HM Integration

- Performance Improvement
- Enhanced Engagement
- Accountability Increases
- Standardized Care

Pillars of an Integrated Approach

- Reciprocal Commitments
- Alignment Meetings
- Single Management Partner

Achieving ROI Through Integrated EM/HM

- Coordinated Care Management
- Reduced Readmissions
- \cdot Digital Telehealth Solutions

Ready to Integrate Your EM & HM Programs?

Keystone Healthcare is your complete solution for emergency and hospitalist services integration.

Keystone Healthcare specializes in EM and HM integration, medical practice management, and patient throughput. Our innovative business model integrates recruiting, orientation, scheduling, revenue cycle management, compliance, evidence-based practices, and efficient EM and HM patient flow. It ensures everyone in your hospital is aware of and empowered by the significant role they play in the delivery of quality outcomes, patient experiences, and financial success.

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About Keystone Healthcare

Keystone Healthcare is a leading provider of Emergency Medicine and Hospital Medicine physician staffing and management services for hospitals. Headquartered in Tampa, Florida, and with additional offices nationwide, Keystone Healthcare efficiently delivers high-quality, patient-centered care through strong physician leadership and involved management that drive our modern and integrated business model and performance metrics.

References: 1. McKinsey & Company, Supercharging the ROI of your care management programs, August 2019.

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