**Chapter 2**

**Healthcare Delivery Systems**

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**Real-World Case 2.1**

The American healthcare system is a patchwork of not-for-profit and for-profit entities that provide comprehensive diagnostics and treatment services. Marsha, the supervising coder at her local hospital, became a veteran of this system after she noticed neuropathy in her right arm. She first noticed a tingling in her right shoulder and elbow in February and by July the discomfort had increased so that the tingling had become painful throughout the entire length of the arm to such a degree that the arm was almost unusable and she had to take time off from work. She set up an appointment with her family practitioner and was seen seven days later. He ordered x-rays of the arm as well as a cervical MRI. While the x-rays did not show any involvement in the affected joints, the MRI indicated cervical stenosis at the C4–C6 levels. Her physician prescribed pain medication and recommended that she see a neurologist. Her physician ordered a neurological consult, which took place three weeks later. The neurologist performed an assessment, looked over the MRI results, and referred her to a neurosurgeon at another hospital in a major city to the east to have her neck evaluated and fused. Four weeks later she was seen by a neurosurgeon who wanted her to have a cervical CT scan with contrast. The CT confirmed the cervical stenosis. Surgery was set for November 1. The surgery was successful and after six weeks of convalescence she was able to go back to work. Marsha was convinced that she had the best possible care, though the cost was extremely expensive. During the process she was involved with six medical doctors (her family physician, the neurologist, a radiologist to read the MRI scans, the neurosurgeon, another radiologist to evaluate the CT scans, and an anesthesiologist who was present during surgery) and five different facilities (her family physician office, the hospital where the x-rays and MRI were done, the neurologist’s office, the neurosurgeon’s office, and the hospital where the CT scans and the surgery on her cervical spine were conducted). Throughout the entire process Marsha was required to carry her medical record from one facility to another as the family physician and neurologist were not part of the EHR with the local hospital where she worked, nor was her hospital able to electronically share her information with the hospital where the neurosurgeon practiced. She also made sure to check her patient portal at each hospital to verify appointments and to ensure that the correct information was being entered for each of her visits.

# Real-World Case Discussion Questions

1. How could the length of time from diagnosis to surgery have been reduced for Marsha?

The length of time between diagnosis and surgery could have been greatly reduced if her family doctor had sent her to the neurosurgeon rather than the neurologist office. The Neurosurgeon would have done the same work up.

2. What are ways that Marsha could have shared her information between all of the facilities?

Marsha could have also called her GP’s office and have her records faxed or emailed to the doctor she was going to see next.

3. What could her providers have done to make the sharing of information easier for Marsha?

Marsha’s providers could have sent her records over to the office they were referring her too, a simple call or fax and a records release form was all they would need.

**Real-World Case 2.2**

A municipal medical center in a city of 100,000 residents decided that they needed to diversify if they were going to survive the ups and downs of the economy. The board of directors met with the chief of the medical staff to determine the best course of action. They mutually decided to emphasize a cradle-to-grave approach by acquitting a few selected physician practices and a local nursing home, starting a home health agency, and creating a hospice unit within the medical center. The board then decided to link all of their new acquisitions to the medical center’s existing EHR but ran into a problem with patient identification for medical record purposes. The issue was that the same patient may have been or were going to be in multiple facilities within the new enterprise. However, at each of the present facilities (physician office, medical center, and nursing home) the same patient would have different medical record numbers. A plan for an enterprise medical record number was needed. The medical center administration decided to bring in the HIM director of the medical center to provide expertise and experience in resolving the problem.

# Real-World Case Discussion Questions

1. How is this situation complicated by not having all of the facilities linked into a common EHR?

This situation is complicated because every facility has a different medical record number for the same patient, this causes problems when they want to switch to a main EHR hub because the patients information needs to be combined into one record. While this seems simple, it is hard to coordinate between offices even if they are linked.

2. Whom would the HIM director have to work with to make an EMPI project successful?

The HIM director would have to work with each offices medical records department to make an EMPI project a success.

3. What are the advantages to all facilities of having a shared health record number?

There are many advantages to all facilities having a shared health record number because it creates a forum for less mistakes, no records get lost when being transferred to the next office the patient goes to. Good

# Application Exercises

*Instructions:* Answer the following questions. Good

1. Break into small groups. Each group will identify a terminal condition for a patient and determine the pathway that that patient will take starting from their family medicine clinic to ending with hospice care.

Patient A goes to their GP for months of fatigue, loss of appetite, and weight loss. Their GP orders labs, which come back with some abnormalities. GP then orders a CT scan of abdomen; CT scan shows a large mass in pancreas. GP then refers Patient A to a gastroenterologist who orders a biopsy. With blood tests, scans, and a biopsy completed the gastroenterologist diagnosis’ Patient A with advanced pancreatic cancer. The patient starts a treatment plan of surgery, after surgery is conducted Patient A’s pancreatic cancer has metastasized, they are then diagnosed with stage IV Pancreatic cancer. Patient A begins a gemcitabine-based chemotherapy. With no change the doctor pushes for several different drug treatments not currently approved by the FDA, all fail. With their cancer metastasizing rapidly Patient A is placed in hospice.

2. Once the pathways have been determined for your group’s terminal patient, evaluate the process, looking for bottlenecks and places where the patient will feel neglected or treated as a subject rather than as a person. Make suggestions as to how the healthcare delivery system could be improved for their patient.

The terminally ill patient probably feels neglected after their GP refers them to a gastroenterologist with no inkling of what they might be suffering from. When they are first diagnosed, they feel overwhelmed most likely and that they need to begin treatment without considering a second opinion, the thought of a second opinion probably occurs right before surgery. How fast the doctor wants them to try other treatments leaves them feeling like a test subject that will survive.

3. Complete the following table by detailing the responsibilities of each type of staff member.

Organization of Hospital Services

|  |  |
| --- | --- |
| **Staff Position** | **Responsibilities** |
| Board of directors | Make decisions about the hospital’s direction and vision |
| Medical staff | Provide high quality patient care, diagnose, treat, and prevent diseases and illnesses. |
| Administrative staff | Manage the hospitals finances, and ensure all rules, laws, and standards are followed and enforced. |
| Patient care services | Nurses are responsible for providing round the clock treatment and support, mental or physical for hospital inpatients. |
| Diagnostic services | Allied health professional provide clinical laboratory radiology, and nuclear medicine services. |
| Administrative support services | Admittance, Billing, Accounting, HR, PR, and marketing. |

**Review Quiz**

*Instructions:* For each item, complete the statement correctly or choose the most appropriate answer.

1. Which of the following places an emphasis on treating individual patients at the level of care required by their course of treatment and extends from their primary care providers to specialists and ancillary providers?

**a. Continuum of care**

b. Integrated delivery systems

c. Case management

d. Integrated delivery networks

2. As of 2014, what percent of the U.S. economy was represented by healthcare spending?

a. 10

**b. 17.5**

c. 21

d. 26

3. What is the ideal ratio of medical generalist to specialist?

a. 20:80

**b. 40:60**

c. 60:40

d. 80:20

4. Registered Nurses are only formally educated at the bachelor’s degree.

a. True

**b. False**

5. Which of the following is considered an Allied Health professional?

a. Physicians

b. Physician Assistants

c. Registered Nurses

**d. Licensed Practical Nurses**

6. Occupational Therapists are concerned with a patient’s activities of daily living.

**a. True**

b. False

7. Which of the following federal laws created Medicare and Medicaid?

a. Social Security Act of 1935

b. Public Law 92-603 of 1972

**c. Public Law 89-97 of 1965**

d. Tax Equity and Fiscal Responsibility Act of 1982

8. Medicare will pay the Medicaid premiums, deductibles, and coinsurance costs for some low-income Medicaid beneficiaries.

a. True

**b. False**

9. What is the name of the process to determine whether medical care provided to a specific patient is necessary according to pre-established objective screening criteria at time frames specified.

a. Case management

b. Continuum of care

c. Quality improvement

**d. Utilization review**

10. HITECH was a portion of which bill?

a. Health Insurance Portability and Accountability Act of 1996

b. Patient Protection and Affordable Care Act of 2010

**c. American Recovery and Reinvestment Act of 2009**

d. Public Law 98-21 of 1983

11. What is the name of the type of beds in a hospital that are defined by those authorized by the state?

a. Staffed

**b. Licensed**

c. Regulated

d. Certified

12. To qualify as a Critical Access Hospital one of the criteria is to be located in a rural area.

**a. True**

b. False

13. One of the functions of the board of directors is to approve the organization and makeup of the clinical staff.

a. True

**b. False**

14. The “C” in CIO stands for:

a. Corporate

b. Corporate

c. Clinical

**d. Chief**

15. Health information management departments are considered which of the following?

a. Rehabilitation Services

b. Ancillary Support Service

c. Administrative Support Services

**d. Clinical Support Services**

16. Hospital-owned group practices are considered ambulatory care organizations.

**a. True**

b. False

17. One group of patients that prefer treatment at urgent care centers are those whose insurance carriers treat urgent care centers preferentially when compared with physician offices.

**a. True**

b. False

18. Which of the following is the fastest-growing sector to offer services for Medicare recipients?

a. Urgent care

b. Long term care

c. Hospice

**d. Home health**

19. Rehabilitation hospitals are categorized as an acute care type of facility in treating patients.

a. True

**b. False**

20. Which of the following is a main goal in treating hospice patients?

a. Curing the patient of their illness

b. Relive the family of providing care

**c. Minimize the stress and trauma of death**

d. Reduce the costs for the patient’s family

21. Which of the following is the health profession that focuses on the eyes and related structures?

a. Occupational therapy

**b. Optometry**

c. Diagnostic sonography

d. Dietetics

22. Public Law 89-97 of 1965 created a number of amendments to which Act?

a. Affordable Care Act

b. Health Insurance Portability and Accountability Act

**c. Social Security Act**

d. Medicare and Medicaid

23. The Office of the National Coordinator for Health Information Technology was created as part of which Act?

a. Health Insurance Portability and Accountability Act

b. Social Security Act

c. Patient Protection and Affordable Care Act

**d. American Recovery and Reinvestment Act**

24. Who has the primary responsibility for setting the overall direction of the hospital?

**a. Board of directors**

b. Chief executive officer

c. Chief financial officer

d. All employees of the hospital

25. The medical staff operates according to a pre-determined set of policies called \_\_\_\_\_\_\_\_\_\_\_.

a. Policies and procedures

**b. Medical staff bylaws**

c. Medical staff credentials

d. Legal guidelines