Martha Herz
MCO 110

Week 2

09/10/2016

**Chapter 2**

**Healthcare Delivery Systems**

*Donald W. Kellogg, PhD, CPEHR, RHIA, FAHIMA*

**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?**

 If Marsha’s PCP had referred her to see a Neurosurgeon instead of a neurologist she would have been able to have the surgery more quickly and at less cost.

2. **What are ways that Marsha could have shared her information between all of the facilities?**If the facilities that she had gone to used the same EHR systems that allowed sharing of records between facilities (like EPIC) that would have been the easiest way to share information. Another way that she could have shared information between all facilities is participating in a system like Health Info Net which created one EHR for a patient that includes information from many different facilities. A third way that she could share the information is to make sure that she had a copy to bring to each facility like the case said that she did.

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

#  If Marsha’s providers all participated in a standard EHR system that shared information across all facilities for one patient that would have made sharing her information so much easier for her.

**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 by not having all of the facilities linked into one common EHR because patients will have different MRNs which makes patient identification more difficult. It makes sharing information between facilities more difficult. One office could have up-to-date labs on a patient but the PCP office may **not and may order unnecessary labs.**

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

The HIM director would have to work with the HIM employees across all of the different facilities to create EHR for each patient with only one MRN.

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

There are numerous advantages to all facilities having a shared health record. First it creates better patient care. The more information that a provider has on a patient the better they will be able to help them and it helps with keeping costs down. If a patient had recent labs done at her endocrinology appointment but those records were not shared with her primary care. They may order more unnecessary labs.

# Application Exercises

*Instructions:* Answer the following questions.

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.

A 50 yr old male patient comes in for his routine physical. His PCP suggests that he have a screening colonoscopy because he is at the age now where that is recommended. The patient is not comfortable with that and he does not feel that he is having problems so the PCP suggests he have a FIT test. The provider orders the FIT test. He is scheduled for a follow up visit to discuss results in 1 month. Pt has a positive FIT test. PCP refers him to Gastroenterology. There are not a lot of Gastroenterologist in the area. Pt is scheduled for gastroenterology consult in 3 months. Gastroenterologist suggests pt have a colonoscopy and is scheduled for that in one week with a follow up to discuss results and plan for treatment the following week. Pt’s colonoscopy shows advance stages of colon cancer. Gastroenterology orders imaging and blood work be done. Pt has stage IV colon cancer. Pt referred an oncologist. Pt is scheduled for initial consult with oncology in two weeks. They attempt to treat with radiation and chemotherapy without success. They decided to stop treatment. Pt is treated with palliative care and eventually is referred to Hospice for end of life care.

1. 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 long wait to see a gastroenterologist after a positive fit test is a problem. The patient would probably have a lot of questions and concerns and would feel neglected. But there is not enough gastroenterology providers in the area to provide care for all of the patients in a timelier manner.

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 | Setting overall direction of hospital  |
| Medical staff | Physicians with extensive training to treat patients |
| Administrative staff | Managing hospital’s finances and ensuring that the hospital complies with federal, state and local rules, standards and laws. |
| Patient care services | Providing continuous around the clock treatment and support for inpatients. |
| Diagnostic services  | Diagnosis services provided by the hospital. This is includes services performed by clinical laboratory staff, radiology and nuclear medicine.  |
| Administrative support services  | Business and clerical services. Includes admissions, billing and claim, accounting, HR, public relations etc.  |

**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

Answer: **a. Continuum of care**

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

Answer: **b. 17.5**

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

a. 20:80

b. 40:60

**c. 60:40**

d. 80:20

Answer: **c. 60:40**

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

 a. True

 **b. False**

 Answer: **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**

 **Answer: d. Licensed Practical Nurses**

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

 **a. True**

 b. False

 Answer: **a. True**

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

 Answer: **a. Social Security Act of 1935**

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

 a. True

 **b. False**

 **Answer: b. False. Medicaid will pay for Medicare premiums, deductibles and coinsurance.**

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**

 Answer: **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

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

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

 Answer: **b. Licensed**

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

 **a. True**

 b. False

 Answer: **a. True**

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

 Answer: **a. True**

14. The “C” in CIO stands for:

 a. Corporate

 b. Corporate

 c. Clinical

 **d. Chief**

 **Answer: 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

 Answer: **b. Ancillary Support Service**

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

 **a. True**

 b. False

 Answer: **a. True**

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

 **Answer: a. True**

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**

 **Answer: d. Home health**

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

 **a. True**

 b. False

 Answer: **a. True**

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

 Answer: **Minimize the stress and trauma of death**

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

 **Answer: b. Optometry**

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

 Answer: **c. Social Security Act**

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**

 **Answer: 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

 Answer: **a. Board of directors**

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

 Answer: **b. Medical staff bylaws**