

Healthcare Industrialization through Process Leadership

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To say healthcare is in the midst of a crisis is an understatement. For patients, these past several years have been a sad dance of challenges with access, affordability, low quality services, and uncertainty about the future direction of the healthcare industry.

Underscoring these issues is the often negative patient experience. Patient care across various healthcare facilities, physicians and specialists is anything but seamless; in fact, their experience can vary widely within the same department or while visiting different departments within the same hospital.

Healthcare facilities, especially hospitals, currently operate as individual silos with very compartmentalized care. Specialists don't communicate with one another on patient care or outcomes. One doctor might choose to perform certain tests, while another doctor believes no test is necessary. Patients bounce from one specialist to another, collecting bits of information here and there, then try to put the intricate puzzle pieces together on their own. No wonder they wind up frustrated when the pieces don't quite fit!

Challenges to patient-centric care

To provide patient care that makes sense to both the patient and the healthcare industry as a whole, the focus must change from independent silos and specialty-centric care to a patient-centric approach. In this model, the patient is front and center. The sole objective of the health care provider is to give the patient what they want, when they want it and in the most convenient and safest way possible.

Patients also face the problem of seeing several different specialists, only to get different answers. For instance, if a patient goes to the hospital with serious abdominal pain, a thorough work-up will commence. Assuming the results are inconclusive, that patient receives referrals to a variety of specialists. And thus, a merry-go-round of healthcare begins to spin.

A family practice physician might provide one diagnosis, while the internal medicine physician provides another. Then comes the gastroenterologist with his consult notes and recommendations. The patient now has three different doctors – at least – who aren't in agreement but don't talk to each other. Each one is focused on their specialty but none of them are looking after the entire patient's wellbeing.

Thus, the abdominal pain remains mysterious. The patient is now on several medications that might or might not be necessary. They feel dismissed, overlooked and sometimes abused by the very industry designed to help them. How do we fix this underlying problem of unfavorable patient experience?

A change in the healthcare mindset

Doctors often prefer to work on their own. They become experts in their specialties, enhance and improve their skills with every year that goes by, and eventually reach a level of comfort with their work that prevents them from seeking out new challenges.

Given this, physicians seldom strive for leadership roles in a team environment. They prefer – understandably so – to lean on their expertise and do their part. They don't want to deal with the responsibilities that come with leading teams. They often don't feel as though leading teams, managing care and even delegating to others is their forte.

These problems have long been a part of the healthcare world, and numerous steps have been taken to resolve them – with little results thus far. The issues were succinctly addressed well over two decades ago in [Medicare: A Strategy for Quality Assurance](#). Today physicians find themselves addressing many of the same issues, including poor technical and interpersonal performance by clinicians, difficulties presented in working with hospital organizations, inappropriate services, and lack of appropriate alternatives. The fact that these issues have been around for decades proves that patients – and physicians – have waited more than long enough for change.

To align these concerns with patient-centric care, change must happen. Changing to an overall mindset that keeps patients front and center at all times can lead to a much stronger healthcare system and more satisfying patient experience.

The process of developing a patient-centric system

There has long been an uneasy relationship between evidence-based medicine – which is focused on doing the right thing – and clinical quality improvements, which focuses on repeatedly doing things right. This lack of cohesion is expressed quite clearly in the article, [Can evidence-based medicine and clinical quality improvement learn from each other?](#) The hopeful idea is that physicians and other healthcare providers can turn to evidence-based medicine to change the clinical quality, and thus provide a more advantageous system for everyone who works in it or relies upon it for their healthcare needs.

Using evidence-based medicine, multispecialty teams of medical staff must develop standardized care delivery pathways across major families of services. This means health care providers must break out of the typical individual and specialty culture to move to a team and total solutions mentality. This shift in mindset will provide efficient and effective managed care in every discipline, yet open the avenues to sharing information without restraint, thus providing the patient with a comprehensive experience.

We must create minimum quality expectations on each major care delivery pathway. These expectations must be acceptable to patients and fully refundable by insurance companies. Patients deserve to be happy with the quality of healthcare services received, and insurance

companies must also be willing to do their part by paying providers for the quality services rendered.

To make sure this happens, insurance companies must agree to a minimum amount of quality elements within each service delivery pathway, regardless of how the insurance company feels about covering the services. In the patient-centric care model, the insurance companies must allow physicians to do their job in ordering the tests and procedures deemed necessary by the patient's condition, not by the insurance company's bottom line.

For their part, physicians and caregivers must be willing to go above and beyond job requirements to impress their patients. To be able to “wow” patients and make them feel valued, physicians must have the necessary interpersonal and leadership skills coupled with measurable incentive-driven metrics – they need something that makes them excited to go to work every day. The workplace itself must come into play by creating environments that enable medical professionals to make the changes necessary to adopt a patient-centric approach.

But how do we get there? Here's how:

- **Create a supportive work environment.** The workplace should encourage camaraderie, collegiality and teamwork between multispecialty medical staff. Though research has shown physicians overwhelmingly prefer the role of experts in their respective specialties as opposed to working as team leaders, it is important to remember that experts unfortunately contribute significantly to fragmentation of healthcare. To change that, physicians must find the motivation to take on additional responsibility and become actively involved in multispecialty teams.
- **Physicians must see results of their engagement.** Moving to a patient-centric model means physicians must see the results of their work just as patients do, so they can appreciate the importance of cohesive care and their unique contribution to the overall patient experience. Seeing multispecialty teams interact and arrive at a firm diagnosis doesn't just allow patients to leave medical facilities satisfied with the care received; it also helps physicians and caregivers see the big picture while reducing cost for insurance providers.
- **Provide something to believe in.** Leadership must always have a vision and a purpose, something to believe in that translates into measurable metrics. Without the proper metrics in place, it becomes difficult to tell if the organization is making progress. As hospitals undertake such transformations, patient satisfaction index, health maintenance index, patient cycle times, and patient mean-time-to-return are just a few metrics to help medical professionals understand whether they are making a difference in the lives of their patients.
- **Streamline the process over time.** Any activity at the clinic or hospital that doesn't add value to the overall patient experience is should be considered a waste. And as with any other type of waste, the goal is to eliminate it completely or minimize it at best. Hand-off between departments needs to be seamless; too many processes break down right at the point of handing off the patient from one physician or department to another. Sharing information immediately and fully can help ensure no patient falls through the cracks.

One of the best ways to ensure value added activities within each family of service is repeatable and executed correctly is by leveraging the Lean-Six-Sigma discipline. This was used to great advantage by Virtua Health in New Jersey, as detailed in [Achieving and Sustaining Improvement in Cardiac Medication](#). The evidence-based and scientific foundation of Lean-Six Sigma is understandably appealing to those in the healthcare industry, as evidenced by numerous other projects aimed at reducing infections, correcting chemotherapy medication errors and much more. [Using Six Sigma to Improve Clinical Quality and Outcomes](#) is a great source for more information on what doctors are currently doing to improve overall patient experience.

Creating a truly patient-centric model is a three-pronged approach, one that includes leadership and multi-specialty teams, creating seamless and repeatable processes from one team to the next, and the implementation of some sort of minimum quality standards that reflect the values patients expect and deserve. Industrialization through process leadership has the potential to transform care into a holistic framework where the voice of the patient is front and center.