Improving The Establishment Of The Goals Of Care With Patients - A Strategy To Reducing Hospital Readmissions In The US

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Abstract: Hospital readmissions have become a problem in the US and many reports have shown that majority of these admissions are avoidable. There can be huge national health cost savings if even just 10% of such readmissions are avoided, because of this the Center for Medicare and Medicaid Services (CMS) is now penalizing hospitals for what they count as excessive admissions. The causes of these readmissions are multifaceted, and health institutions have different rates. One of the problems hospitals face that largely contributes to these high readmissions rates is poor establishment of goals of care with patients and this can be improved by increasing physician communication and patient engagement. Poor physician communication with patients and suboptimal patient engagement can be attributed to low physician/patient ratio, the Electronic Health Record (EHR) effect, language barriers, physicians' poor communication techniques, literacy level of patients, physicians' time spent doing administrative work, and so on. This article highlights interventions for these problems, some of which are communication skills training program, increasing the physician/patient ratio, physicians training to overcome the interpersonal distancing with which computer use is associated, ready availability of translators, and provision of language specific and literacy appropriate patient educational materials.

Index Terms: EHR, Patients, Patient engagement, Hospital readmissions, Health savings, Physician communication, Goals of care.

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1 INTRODUCTION

The problem of hospital readmissions in the US is being reported by a growing number of studies. They demonstrate that many of these unplanned readmissions occurring within 30 days of the initial hospitalization can be avoided. The causes of these readmissions are multifaceted, and health institutions have different rates. "The Medicare Payment Advisory Commission has estimated that 12% of readmissions are potentially avoidable"[3], Medicare could save $1billion even if just 10% of these readmissions can be stopped; therefore, the reduction of hospital readmissions has become a priority nationally.[3]The U.S. Centers for Medicare and Medicaid Services (CMS) is now penalizing hospitals for what they count as excessive admissions.[1]The objectives of this initiative are commendable: not only do they reduce costs, but also eliminate waste, and encourage standardization of inpatient care.[4] By holding doctors and hospitals responsible for cost efficiency as well as high quality care, it was anticipated that patient-centered, value-driven care could be attained.[3]The Medicare Hospital Readmissions Reduction Program (HRRP) was made after the passage of the Affordable Care Act (ACA), thereby launching the possibility of penalizing hospitals financially based on their previous performance (assessed based on readmission rates within 30 days after hospitalizations). This centered on high priority diseases such as acute myocardial infarction (AMI), congestive heart failure (CHF), pneumonia, chronic obstructive pulmonary disease, orthopedic joint replacement, etc.) [6]

2 SPECIFIC PROBLEM

There are several social and hospital related factors responsible for a hospital's relatively high readmissions rate. For a hospital with problems of **poor establishment of goals of care with patients**, this can be attributed to its large patient volume, diverse mix of patients with unique language preferences, and the use of a fully functional Electronic Health Record (EHR). One of the ways to improve the establishment of the goals of care with patients is by increasing physician communication and improving patient/family engagement.

3 BARRIERS TO QUALITY

A couple of barriers are responsible for poor physician communication with patients and suboptimal patient engagement. For example, a hospital in an urban area with 15000 discharges a year apparently has a high patient load. Most often in such settings, the physician/patient ratio is low. This makes physicians tend to spend less time with each patient to see a greater number of patients per unit time. This thereby reduces physician-patient interaction. In the United States, visit rates of above 3 to 4 per hour are associated with suboptimal visit content [10]. Secondly a fully functional Electronic Health Record (EHR) system in such hospitals, despite its many huge benefits, can also be a barrier to effective physician-patient interaction. Thirdly, there could be language barriers especially in a hospital setting with a diverse mix of patients with different language preferences. Language barrier is a major factor that can deter communication. Another distinctive barrier is poor communication techniques of physicians (not asking for patient feedback or talking with medical terms which most patients find difficult to comprehend). Considering such hospital's diverse patient population who have a wide range of household income, illiteracy is a barrier to be acknowledged. The literacy level of patients can determine how knowledgeable they become about their condition. Other barriers are physician's time spent doing administrative work related to patient's visit, and racism/discrimination on the path of the physician.

4 INTERVENTIONS

1. Evidence has shown that patient-centered communication has a positive impact on patient health outcomes. Therefore, compulsory communication skills training program for all levels of practitioners including students, residents, and practicing physicians should be instituted. This training is best conducted in a workshop setting rather than a didactic lecture setting. A high intensity program consisting of small groups of physicians with emphasis on simulation, role play, practice, videotaped reviews, periodic constructive feedback with mentoring from expert teachers, and efficiency and time management. [2]

2. Communications skills training programs should be included in the Continuing Medical Education (CME) program. [2]
3. It will be helpful to increase the physician/patient ratio by employing more physicians.
4. Train physicians in overcoming the interpersonal distancing with which computer use is associated. Physicians should invite patients to use the EHR with them and not block the patient's view of the computer screen. [9]
5. Employ medical scribes- this can also solve the problems of reduced interaction with patients caused by using the EHR. [8]
6. Translators should always be made readily available in the hospitals.
7. Patient educational materials should be provided in patient's primary language.
8. Ensure that all patient educational materials, either on the patient portals or printed, are written at or below the 6th grade level as recommended by the United States Department of Health and Human Services (USDHHS). [5]
9. The communication skills training program will also address this barrier.
10. Cultural competency training for all physicians. [7]

The barriers of poor communication skills and short time available per patient can be addressed with any of / a combination of interventions 1, 2 and 3 above. EHR effect can be tackled with interventions 4 and/or 5. Language barriers can be addressed with interventions 6 and/ or 7. While the barrier of illiteracy can be tackled with interventions 8 and / or 9, racism/ discrimination can be tackled with intervention 10. Other interventions are a mandatory patient portal registration from the point of admission and the creation of a support staff to educate patients on how to use it. While on admission, the physician should further reinforce such by making discussions about the patient portals with the patient. Physician can ask patients if they saw their lab results online or offer online only lab results delivery. This will improve patient engagement. One on one discharge instructions should be made compulsory. This should be done by the physician with the patient and the primary care giver but later revisited by the nurses just before discharge.

5 CONCLUSION
Improving the establishment of the goals of care with patients is an important strategy to reducing hospital readmissions, and while the interventions to tackle the direct causes of poor establishment of goals of care with patients are varied, each health facility should adopt the interventions specific to their problem.

6 ACKNOWLEDGMENT

7 REFERENCES
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