Primary Care and the Perioperative Surgical Home

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Aims
Describe the perioperative surgical home model and its relationship to primary care and the Patient-Centered Medical Home (PCMH)
• Identify primary care providers’ perceptions and needs around transitions in care during a surgical episode
• Identify lessons learned and interventions to improve coordination of care across the surgical and primary care teams
  – Intervention
  – Data Collection
  – Analysis

Background
• A Perioperative Surgical Home (PSH) is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care for surgical patients
• The PSH coordinates care and transitions from the decision to operate through the intraoperative course and return to primary care, using the anesthesiologist to coordinate care
• The PSH model has been developed using the guiding principles of the PCMH, which focuses on coordinated care in the primary care practice

Umass Memorial Health Care (UMMHC) PSH Pilot
• Target population: Patients undergoing urologic cancer surgery
• Collaboration between Departments of Urology and Anesthesiology
• Quality improvement effort, focusing on each stage of the perioperative process:
  – Pre-operative, intra-operative, post-operative and post-discharge
• Process improvements to standardize care, make care more person-centered, improve communication across stages and with primary care

Primary Drivers
• Prevention of complications
• Increased operational effectiveness
• Patient satisfaction increased
• Staff satisfaction increased
• Increased coordination of care
• Decreased length of stay

Secondary Drivers
• Clinical Intervention for QI
  - Family and patient education for self-management
  - Respond to family issues
  - Shared decision making in all teams
  - Identify possible surgical complications
• Systems Improvement
  - Standard protocols
  - Standard orders
  - Pain management systems change
• Engaged Leadership
  - Use data transparently
  - Set the direction and maintain interest in PSH
  - Use data to inform practice
  - Align policy and procedure

Objective:
Primary care physicians (PCP) were surveyed to understand how the surgical teams can better coordinate care with primary care

Methods:
• Email request to UMMHC primary care physicians to complete a survey on Survey Monkey
• 38 Primary Care Clinicians completed the survey
• Responses were aggregated, analyzed and shared with the PSH Pilot Team

New survey will be sent to PCPs who have patients involved in the pilot

Questions will be more focused, based on findings from this initial survey

Continue interventions and measure changes over time

Add PCP involvement in the Pilot Steering Committee

Primary Care Physician Survey

Survey Question #1:
What is the current level of communication in perioperative care with you, specifically in regard to pre-operative and post-operative communication about your patient’s planned surgery and the outcome of the surgery?

Comments:
“Would like concise short statements instead of long winded narration.”
“Dr. Y communicates via letters, dictations very well.”

Survey Question #2:
What would be the best way to communicate information to you about your patient’s surgery and outcome?

Survey Question #3:
What is the current level of communication in perioperative care with you, specifically in regard to pre-operative and post-operative communication about your patient’s planned surgery and the outcome of the surgery?

Survey Question #6:
When would you prefer to see your patients after major urologic surgery?

Comments:
“Only need to see if there is an issue that requires CP input or patient requests a visit.”
“I think it should be tailored to patient needs via communication with the PCP. We don’t need to see patients who are healthy and had a good outcome from surgery.”
“When the surgeon thinks it is necessary, or if any major medical changes/complications occurred perioperatively.”

Survey Question #8:
As part of the Perioperative Surgical Home, pre-operative communication will be streamlined and post-operative communication and appointments will be established before discharge from the hospital. How valuable do you think this will be toward maintaining continuity of care?

PCP Suggestions From the Survey:
• “I think that there needs to be clarity on whose job it is to do what. That involves reaching out and asking PCPs about their opinions on this.”
• “Do not make all contact formulaic or a check box, please, one personal communication from the surgeon at least after the operation would be fantastic, and very much appreciated.”
• “This is a good start. Some urologists are much better keeping us in the loop and I think tasking will streamline this and a very brief summary, as opposed to a multi-page document of data, would be most helpful.”

Results Summary
• Concise, useful communication about mutual patients is important to PCPs
• No need for immediate follow-up appointments with PCPs unless necessary; suggest appointments 2–4 weeks post-discharge
• Defining roles of PCP and surgeon is important

Quality Improvement Interventions:
• Communication
  - Pre-operative: PCP is notified about patient’s upcoming surgery
  - Post-operative: Discharge note sent to PCP
• Patient Education
  - Provided at pre-op and post-op
  - Patient packet created so patient can carry materials throughout PSH stages
  - Calls from Urology Department at 2 and 30 days post-discharge to identify patients’ issues and answer questions

Follow-up Appointments
• Prior to discharge, PCP follow-up appointments are made for 2 weeks after discharge

Next Steps
• New survey will be sent to PCPs who have patients involved in the pilot
• Questions will be more focused, based on findings from this initial survey
• Continue interventions and measure changes over time
• Add PCP involvement in the Pilot Steering Committee

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Introduction PSH™ – A Link
The objective of the PSH Pilot is to enhance value and help achieve the triple aim:
• Better patient experience
• Better health care
• Lower cost

Value
Patient Experience + Improve Quality + Decrease Waste