

# The Patient-Centered Laboratory: A Renewed Focus

JANE HERMANSEN, MBA, MT(ASCP)

MANAGER OF OUTREACH AND NETWORK  
DEVELOPMENT AT MAYO MEDICAL LABORATORIES



# Learning objectives

## After this webinar, you will be able to:

- Describe the difference between physician-centric and patient-centric laboratory testing
- Identify the role that the laboratory has in achieving healthcare's Triple Aim
- Evaluate existing laboratory service delivery across the care continuum
- Develop a plan to upgrade your laboratory to providing patient-centric services

# Provider-Centric



# Laboratory-Centric



*“Have you ever stood there with your hand  
on a door handle repeating in your mind  
what you’re about to tell someone,  
taking a couple deep breaths,  
knowing that you’re about to give someone  
news that will change their life forever?”*

- Jaclyn Haven, Genetic Counselor  
TedX Helena



# Patient-Centric



# Will this test result confirm a pre-test concern for disease?



# Costs of Chronic Disease

- 86% of total healthcare expenditure in US
- Five times higher healthcare costs for patients
- 50% of US population have at least one chronic disease, >65 years, 85%
- Most premature death or disabilities are caused by Diabetes, Cancer and Heart Disease
- Cancer and Heart Disease 48%
- Causes seven (7) of every 10 deaths



# Chronic Conditions (CMS)

- Alzheimer's Disease/Dementia
- Arthritis
- Asthma
- Atrial Fibrillation
- Autism Spectrum Disorders
- Cancer (Breast, Colorectal, Lung, and Prostate)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Hyperlipidemia (High cholesterol)
- Hypertension (High blood pressure)
- Ischemic Heart Disease
- Osteoporosis
- Schizophrenia/Psychotic Disorders
- Stroke

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# Laboratory Role in Healthcare

**Laboratory testing is 2.3% of total healthcare expenditure**

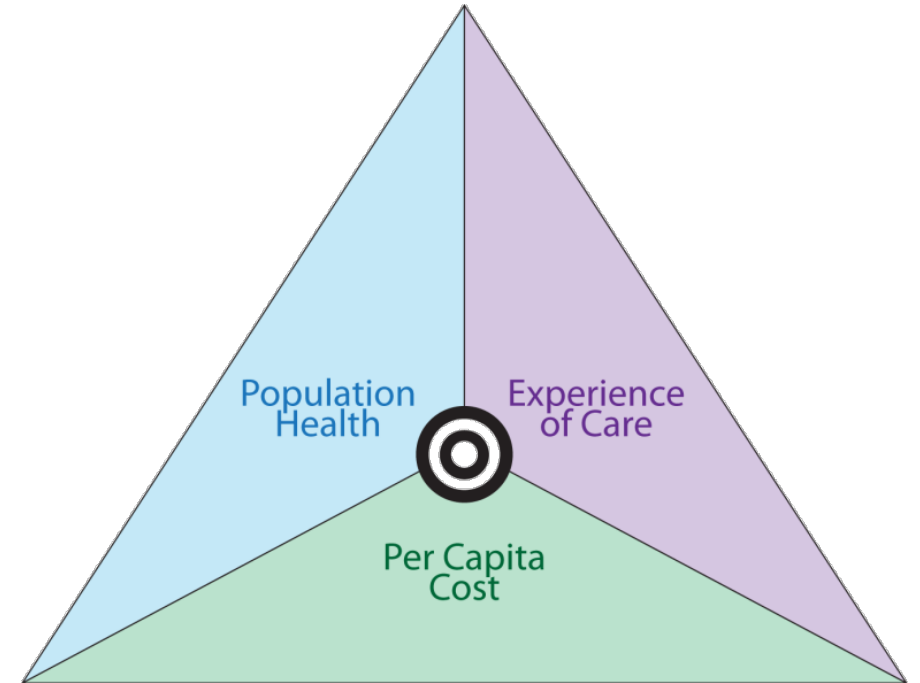
- Prevention
- Diagnosis
- Treatment
- Monitoring



# The Triple Aim

INSTITUTE FOR HEALTHCARE IMPROVEMENT

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care



# Triple Aim and the Laboratory

## Population Health:

- Decreasing **risk factors** for chronic conditions
- Increased **prevention** strategies
- Decrease in Heart Attacks

## Per Capita Cost:

- Decrease in ED visits
- Decrease in **hospitalization**

## Experience of Care:

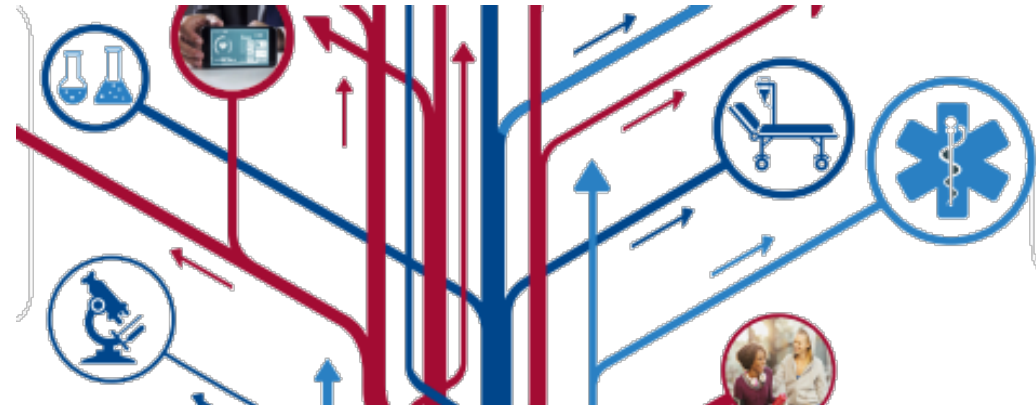
- Fewer hospitalizations (e.g. **location** of care)
- Increased **telemedicine**
- Same day or next day access to providers
- Access to **key health services**
- **Diabetes management**, best practice





# Triple Aim and the Care Delivery System

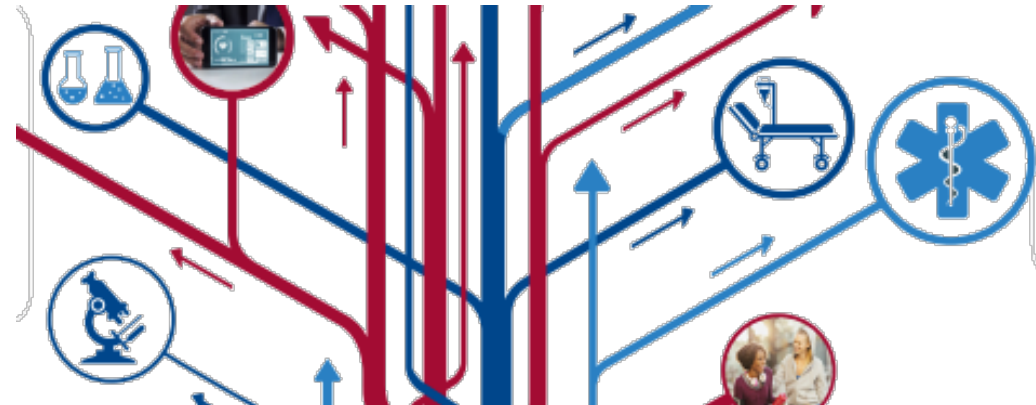
1. Design the care delivery system with the whole person at the center
2. Empower people and the care delivery system itself with information, technology and transparency to promote health
3. Build care management and coordination systems



<http://www.aha.org/content/16/care-payment-models-achieve-triple-aim-report-2016.pdf>

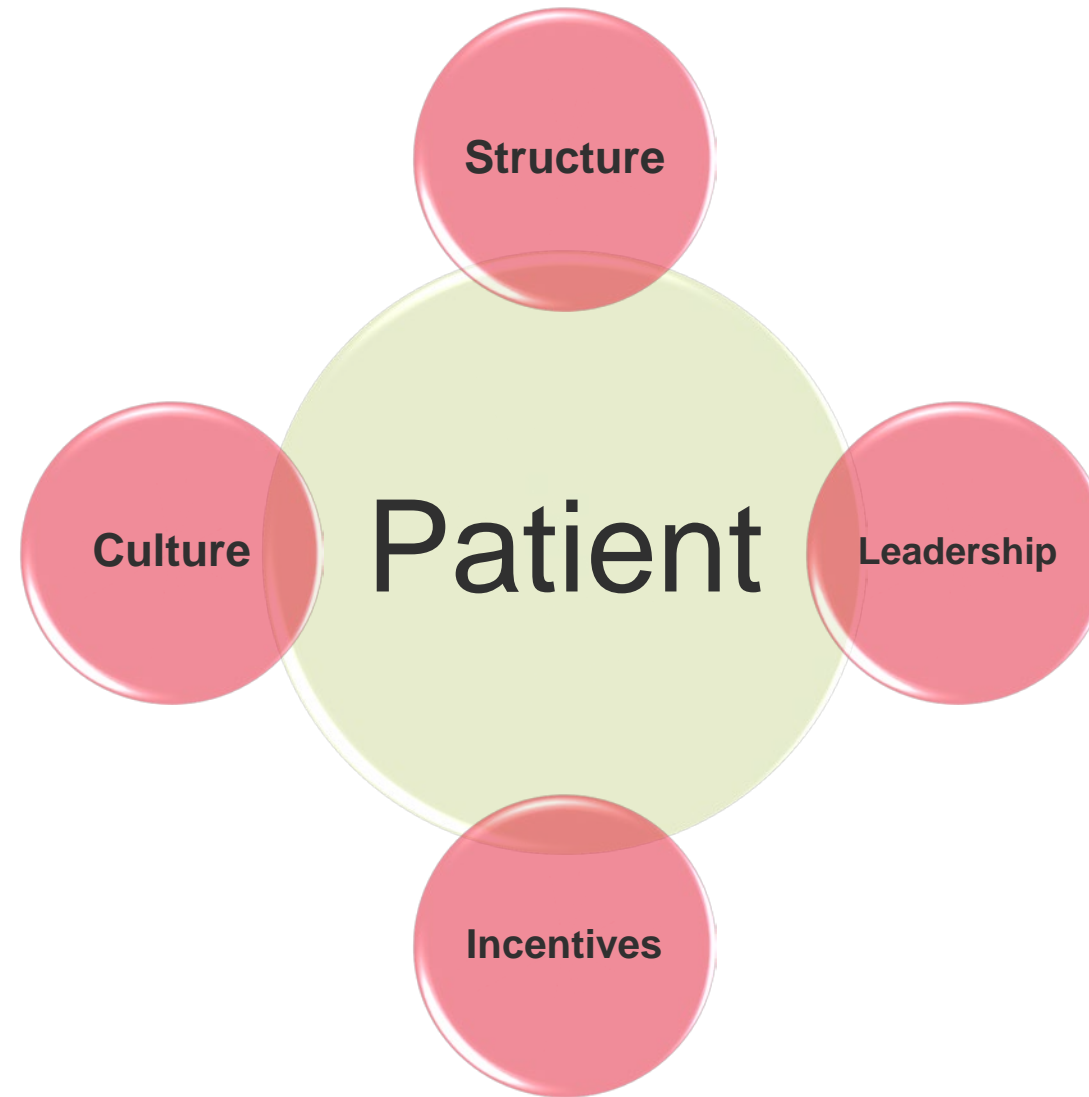
# Triple Aim and the Care Delivery System

4. Integrate behavioral health and social determinants of health with physical health
5. Develop collaborative leadership
6. Integrate care delivery into the community
7. Create safe and highly reliable health care organizations.



<http://www.aha.org/content/16/care-payment-models-achieve-triple-aim-report-2016.pdf>

# Care Delivery System Requirements





An illustration in a stylized, graphic style. It shows a doctor's head in profile, wearing a white lab coat and a stethoscope. The doctor is holding a large, overflowing pile of various pills and capsules. The pills are depicted in different colors (blue, yellow, green, red) and patterns (dots, stripes, crosses). The background is a solid blue color.

# When Evidence Says No, but Doctors Say Yes

Long after research contradicts common medical practices, patients continue to demand them and physicians continue to deliver. The result is an epidemic of unnecessary and unhelpful treatments.



# Care Delivery System Requirements



# Triple Aim: Centered on the Patient

“Bringing medicine back into balance, where everybody gets the treatment they need, and nobody gets the treatment they don’t need.”

- David Epstein



“...providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions.”

- Institute of Medicine

# Patient-Centered Care Principles

1. Respect for patients' values, preferences and expressed needs
2. Coordination and integration of care
3. Information and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Continuity and transition
8. Access to care

# Patient-Centered Care Delivery

*FIGURE 3. TRANSITION TO THE THIRD STAGE OF CARE DELIVERY*

	1 <sup>st</sup> Stage	2 <sup>nd</sup> Stage	3 <sup>rd</sup> Stage
Model	Organizational	Community	Person
Organization	Hospital	Networks	Self-directed Virtual
Payer	Government Insurers	Providers Government Insurers	Government Insurers/Providers Patients/Consumers
Patient	Passive Receiver	Activated Consumer	Quantified Informed Purchaser
Focus of Control	Organizational	Retailers New Entrants	Individuals

Source: American Hospital Association, 2016.

# Five Upgrades for a Patient-Centered Laboratory

## Status Quo:

1. Not user friendly
2. One size fits all
3. Ignore quality of service
4. Premium pricing
5. Relationships are transactional

## Upgrade:

1. Frictionless
2. Convenience
3. Service and quality focus
4. Price flexibility
5. Loyalty

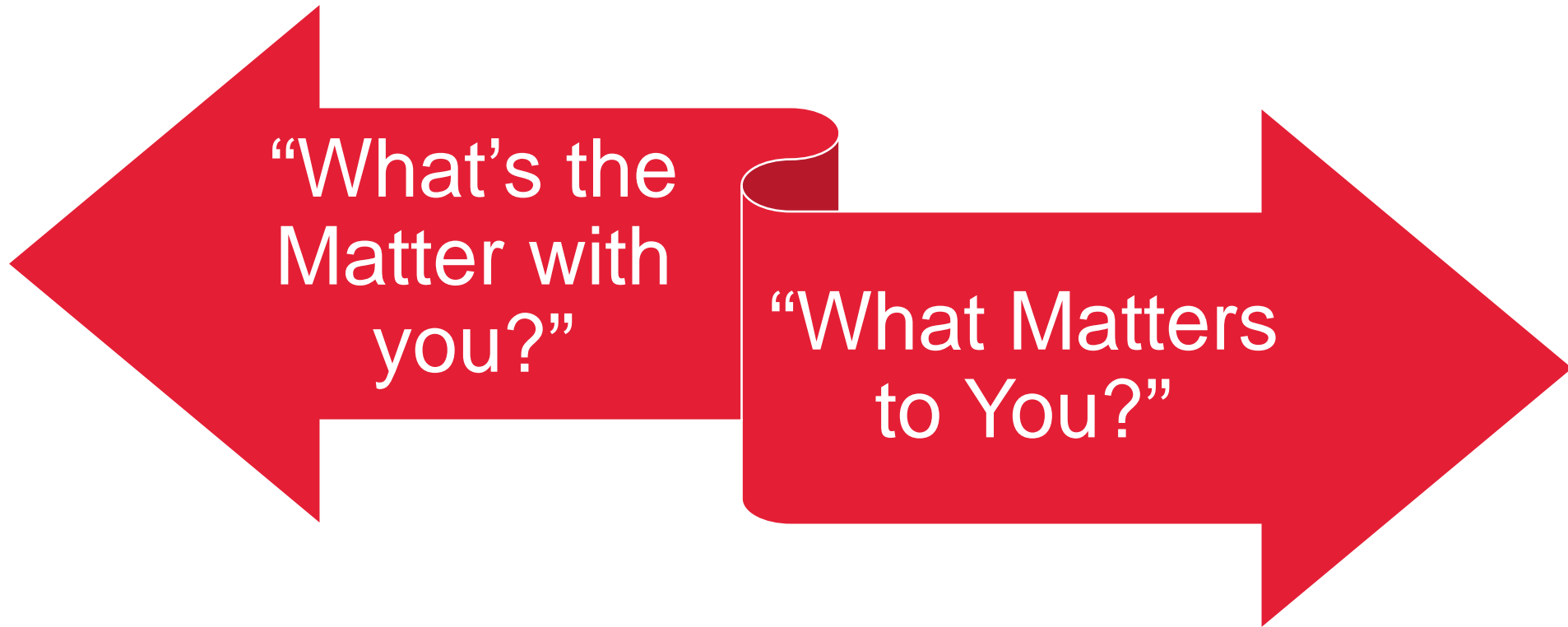


# A Quantified, Informed Purchaser

*“...meeting patients where they are, providing services that they want in the time frame they want at a price point that they can afford.”*

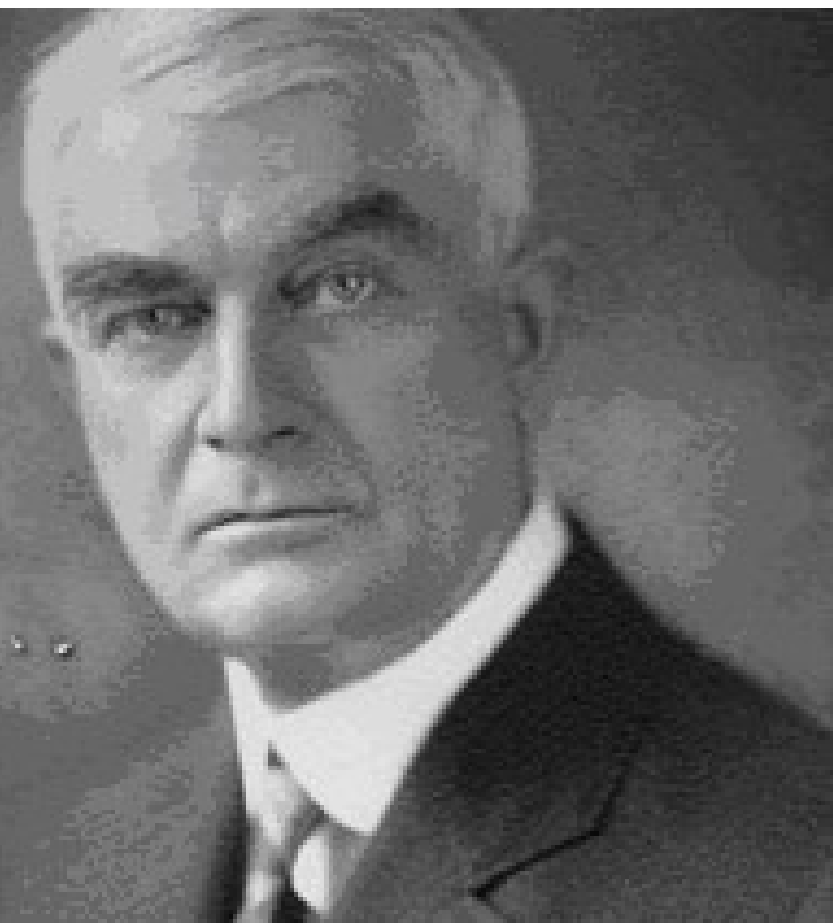
- Michael McMurray, COO Mercy Health

# An Enduring Patient-Centric Focus



*The best interest of  
the patient is the only  
interest to be considered...*

*W. J. Mayo*



# Questions?

## **Presented by:**

Jane M. Hermansen, MBA, MT(ASCP)  
Manager, Outreach and Network  
Development  
[hermansen.jane@mayo.edu](mailto:hermansen.jane@mayo.edu)

Mayo Medical Laboratories  
3050 Superior Drive NW  
Rochester, MN 55905  
Toll free: +1-800-533-1710

[www.mayomedicallaboratories.com](http://www.mayomedicallaboratories.com)

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