The Patient-Centered Laboratory: A Renewed Focus

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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

[www.ihi.org](http://www.ihi.org)
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
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

Patient

- Structure
- Culture
- Incentives
- Leadership
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

Patient: “Do nothing to me without me”

Structure

Leadership

Culture

Incentives
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**

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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

“What’s the Matter with you?”

“What Matters to You?”
The best interest of the patient is the only interest to be considered...

W.J. Mayo
Questions?

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