Value-Based Care – Analysis

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Medical facilities use health records to update information about a patient's health. These records are now in more efficient form as a result of different technological advances. Initially, these were in the form of paper documentation with a difficulty of interpreting handwriting. However, with the evolution of computer technology, they took the form of "Electronic Health Records”. The greatest advantage of these records is the reduction in errors and no interruption in delivering care to the patients as these combine different kinds of medical data such as allergies, immunization as well as laboratory tests (Walker LO, 2005).

Moreover, the use of these EHR requires specific skills such as the ability to interpret the electronic record such as charts and reports. The other required skills are effective in communication with patients. Healthcare staff is required to institute a trustworthy relationship with patients to ensure the accuracy of EHR (Frances E. Biagioli, 2017). EHRs are user-friendly and assist users in maintaining and updating all the data. However, the security of EHR is also essential as it is the patient's data; their medical history including treatments, tests, prescriptions as well as diagnoses (Gunawan, 2016). The one strategy is the use of username and password that will avert any threat of privacy to the patient records.

Our hospital also uses EHR to store patient data. This has meaningfully reduced the load of paperwork for healthcare staff and the update the patient details in EHR regularly. The cardiology department in our hospital uses Electronic Health Model in their daily procedures to save time. The data from ECG, ECHO and Monitors are entered into the EHRs and shared with multiple users. The overall result of the use of EHR in the cardiology department is positive as this has reduced readmissions and enhanced performance of the cardiology department. Initially, it was not easy to implement the EHR as healthcare staff was showing reluctance in using it as the system requires specific skills by healthcare staff. However with awareness and effective training EHR have been implemented successfully (Healthcare, 2016).

Furthermore, these EHR are also used for secondary purposes and are a significant element of effective nursing care. EHR has not only significantly reduced the financial costs to the healthcare department but their usage has also provided ample time to nurses for patient care. They are now not required to spend their time in paperwork rather use it in patient care.

The aim behind the use of EHR is to promote health as well as reduce risk. This is also required for clinical integration which is the synchronization and integrated system of providing healthcare within a healthcare organization. Effective clinical integration requires performance management efficiently and equitably (Gillies, Shortell, Anderson, Mitchell, & Morgan, 1992). The goal of the clinical integration is also to provide effective population health and EHR is an effective way to do this. One more aspect of clinical integration is also primary care coordination. Integrated care management with different management strategies enhances the overall working of a health facility. Physicians and nurses are required to coordinate with each other to devise different care plans and treatment options. This also includes the patient-reported outcome measurements to better synchronize all the systems.

One example of integrated care management can be seen at Allina Health. The organization has introduced care management in cardiology care and is known as the Heart Failure Management Program. The purpose is to overcome challenges and recognize fissures in healthcare provision to cardiac patients. Within this care management, the facility handled all complexity of healthcare systems such as treatment, costs, time as well as diagnoses. The focus areas in this plan are; nursing care, strategies, electronic health records in addition to the management plan and patient education. There are different teams involved in this plan that are mostly nurses and cardiologists. They have a role in identifying patients having a higher need for care. Thus, teams ensure the successful implementation of patients cares plans leading to successful patient care post-discharge. Additionally, the patients are also advised to have regular follow-ups. If there is any discrepancy found inpatient care then physicians fill these gaps with their specialties. Thus, Allina Health is successfully having care management programs that are promoting cardiac health of patients. These management programs are increasing patient satisfaction resulting in increased health promotion.

Besides, the East Boston Neighborhood Health Center (EBNHC) is also providing primary care. It is providing numerous services in this context such as adult medicine, family medicine, pediatric and adolescent medicine as well as women health. It is using the primary care model to provide all these services (EBNHC, n.d.). For example, there is the Adult medicine department that is responsible to provide adult medicine under a care management program. Different health care groups provide primary care through coordination to people in the community. It is patient-centred care and provides long term health care services.

The other organization providing primary care is “The Agency for Healthcare Research and Quality” (AHRQ, n.d.). The organization is working at Rockville, city in Maryland and is servicing all nearby communities. Its different programs are; data and measures, education and training, health information technology, hospitals and health systems, prevention and chronic care and quality and patient safety. To achieve all this, it is working with the U.S. Department of Health and Human Services and with other partners. Partnerships aim to make certain that all stakeholders have understood the evidence. All the plans of the organization are long term to get better results.

The organization is using technology in its systems and services. It is thus assisting different healthcare organizations to use its provided evidence-based care and integrate this into their EHR for effective care management. However, it is also different from EHR that it is assisting healthcare organizations in providing quality care services. It is working on a larger scale as compared to the use of EHR, which are mostly implemented and used at smaller scales. Moreover, it is using a value-based approach to address different issues. Hence, it is reducing the cost to health care, enhancing access to quality care and working on maintaining equity within the community.

Similarly, there are also other options in the area; Potomac Home Support Inc and department of Health and Human Services. Likewise, apart from the value-based approach, another approach can also be considered to achieve these aims. For example, there can be the use of a cost-based approach. This will aim to reduce the cost in healthcare and provide the quality of care.

This approach will increase the quality of care, reduce the unnecessary surgeries, improve the care costs, lower the healthcare waste and intervene in the high cost and diagnostic categories. Nevertheless, I would recommend going for value-based care as it is also a cost-effective approach. It not only provide and maintain quality but is also cost-effective.

A hospital administration should consider the use and advantages of the use of integrated care management. Within this framework, there is also the use of different technologies to improve the system such as the use of EHR. With this, patients should also have active participation and they must get the proper training and coordinate with health care staff.

References

AHRQ. (n.d.). The Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/

EBNHC. (n.d.). The East Boston Neighborhood Health Center. Retrieved from https://ebnhc.org/

Frances E. Biagioli, D. L. (2017). The Electronic Health Record Objective Structured Clinical Examination: Assessing Student Competency in Patient Interactions While Using the Electronic Health Record. Academic Medicine, 87-91.

Gunawan, J. (2016). Electronic health records in nursing practice: a concept analysis. International Journal of Innovations in Medical Educational resource, 5-8.

Healthcare, G. (2016). Advantages and Disadvantages of Electronic Health Records. Retrieved from Gallagher: <https://www.gallaghermalpractice.com/blog/post/advantages-and-disadvantages-of-electronic-health-records>

Walker LO, A. K. (2005). Strategies for Theory Construction in Nursing. Upper Saddle River, NJ: Pearson Prentice-Hall.