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Executive Summary

The American Medical Association has defined clinical integration as “the means to facilitate the coordination of patient care across conditions, providers, settings, and time in order to achieve care that is safe, timely, effective, efficient, equitable and patient-focused.”

Just as healthcare continues to evolve, the concept of clinical integration also is maturing. Today’s focus on efficiency, cost effectiveness and quality has put coordination and collaboration at center stage. In fact, visionary healthcare organizations are realizing that integration of services and care requires a macro approach. That’s why many are pursuing a strategic path toward operational integration.

The Affordable Care Act of 2011 and the Institute for Healthcare Improvement’s Triple Aim framework have accelerated the development of organizational integration with the emphasis on coordination across the entire episode of care through collaboration and non-traditional partnerships.

Six key factors determine the degree of success a hospital or health system will enjoy:

- Cultural readiness
- Physician alignment and leadership development
- Identification of waste and eliminating it wherever it exists in the organization
- Alignment of processes and demolition of silos horizontally and vertically across the organization
- Clear, concise communication between patients, physicians, staff and hospital employees
- Elimination of variance and adherence to consistency in care delivery and operational processes to increase patient safety and reduce costs

TriStar StoneCrest Hospital, Smyrna, TN, focused on improving patient flow as a top priority because of its significant impact on both the patient experience and hospital performance. The hospital needed an effective way to align the ED physicians and hospitalists and organize the communication between them and all those involved in the admission event.

Working with EmCare, StoneCrest was able to achieve results:

- Disposition to admission (boarding time) dropped from approximately 210 minutes to 80 minutes almost immediately
- LWBS decreased from 0.99% to 0.64%
- Reduced boarding time meant more patients could be seen in the ED and patient volume increased from 38,940 to 46,043.
What Is Operational Integration?

The concept of operational integration springs from the philosophy of clinical integration that traces its roots to cost containment efforts of the 1980s and 90s. In 1996, the Federal Trade Commission (FTC) defined clinical integration by establishing the legal parameters within which greater physician-hospital alignment could occur. The American Medical Association has defined clinical integration as “the means to facilitate the coordination of patient care across conditions, providers, settings and time in order to achieve care that is safe, timely, effective, efficient, equitable and patient-focused.”

In a January 15, 2013 presentation to the American Hospital Association’s Physician Leadership Forum, Integrated Healthcare Strategies™, a healthcare consulting firm, defined organizational integration as “not just structural, but operational synchronization of services to provide optimal, efficient, effective patient-centered care.”

The Affordable Care Act of 2011 and the Institute for Health Improvement’s Triple Aim framework have accelerated the development of organizational integration with the emphasis on coordination across the entire episode of care through collaboration and non-traditional partnerships.

The concept and importance of integrated health services is a global phenomenon. The World Health Organization defines integrated service delivery as “the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.”

Building a Highly-Integrated Organization

Most CEOs have a common vision for their organization – a future state where patients receive the highest quality care in a highly satisfying environment in the most cost-effective manner. But, as most healthcare leaders have discovered, culture trumps vision and the norms within the culture can make or break efforts to achieve the vision. Carefully plotting a roadmap that leads your organization to organizational integration is critical. Six key influencers determine, to a large extent, the degree of success a hospital or health system will enjoy:

- Cultural readiness
- Physician alignment and leadership development
- Identification of waste and eliminating it wherever it exists in the organization
- Alignment of processes and demolition of silos horizontally and vertically across the organization
- Clear, concise communication between patients, physicians, staff and hospital employees
- Elimination of variance and adherence to consistency in care delivery and operational processes to increase patient safety and reduce costs

1 AthenaHealth Knowledge Hub (www.athenahealth.com/knowledge-hub/clinical-integration), American Hospital Association, Clinical Integration-The Key to Real Reform. Trendwatch (February 2010.)


The Triple Aim

In 2008, The Institute for Healthcare Improvement led by former secretary of Health and Human Services, Donald M. Berwick, MD, introduced the Triple Aim concept. In “The Triple Aim Care, Health, And Cost,” published in Health Affairs, 27, no. 3 (2008), Berwick and co-authors Thomas Nolan and John Whittington propose the real barriers to integrated care are political, not technical. According to the article, “Improving the U.S. health care system requires simultaneous pursuit of three aims improving the experience of care, improving the health of populations, and reducing per capita costs of health care. Preconditions for this include the enrollment of an identified population, a commitment to universality for its members, and the existence of an organization (an “integrator”) that accepts responsibility for all three aims for that population. The integrator’s role includes at least five components: partnership with individuals and families, redesign of primary care, population health management, financial management, and macro system integration.”

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Cultural Assessment

Understanding your organization’s culture is the critical first step in the organizational integration process. In his 2012 Forbes article, “The Key to Changing Organizational Culture,” John Kotter defines organizational culture as “the group of norms of behavior and the underlying shared values that help keep those norms in place.” BusinessDictionary.com says, “Organizational culture includes the expectations, experiences, philosophy and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world and the future expectations. It is based on shared attitudes, beliefs, customs and written and unwritten rules that have been developed over time and are considered valid.”

A cultural assessment will reveal the organization’s readiness to proceed. The assessment will address key dynamics of the culture that are helping or hindering your organization. These dynamics include:

- knowledge and understanding of organizational integration among physicians, management and staff;
- existing gaps in the infrastructure that must be addressed;
- communications issues;
- contractual arrangements with payers;
- the ability to negotiate new payment arrangements including risk-based and value-based purchasing;
- governance and organizational structure alignment and more.

Physician Alignment and Leadership Development

When physicians and hospitals are aligned there is an equitable commitment to achieving the same goals, specifically quality patient care, patient experience and financial metrics.

When physicians and hospitals are aligned there is an equitable commitment to achieving the same goals, specifically quality patient care, patient experience and financial metrics. When physicians are involved in the process and concerned about the measures that regulators and payers use to determine quality and value, the healthcare organization will likely achieve greater success. By aligning and creating a win / win scenario, physicians and hospitals can maximize competitive advantages and achieve the desired results envisioned by pay-for-performance and value-based purchasing. Within the organizational integration context, common physician-hospital alignment goals include:

- Metrics improvement
- Quality improvement
- Satisfaction improvement
- Revenue generation
- Cost savings
- Recruiting/staffing improvement
- Physician leadership
- Physician and hospital staff training such as lean for healthcare, patient-focused communications skills, and more
- Maximizing and integrating technology across the enterprise
- Alignment of physician compensation and incentives with the healthcare organization’s goals.

The most common alignment strategies pursued by healthcare organizations include employing physicians, using gain-sharing for specific initiatives and outsourcing to physician practice management companies. Far too many healthcare CEOs have learned that employing physicians doesn’t guarantee the physician’s willingness to align with the organization’s goals. While gain-sharing offers physicians the ability to appropriately share in the financial rewards of cost saving initiatives, its value is often limited to niche areas within the hospital or health system. Proper outsourcing provides a team of experts that:

- works side-by-side with organizational leaders to improve clinical quality and operational efficiency
- has the knowledge and ability to overcome political challenges
- anticipates and implements plans to mitigate the increasingly volatile regulatory and financial landscape of today’s healthcare environment
- absorbs the financial risk of reaching alignment goals.

**Identification and Elimination of Waste Throughout the Organization**

The success of organizational integration depends on developing a highly productive and cost-efficient healthcare delivery system. Unfortunately, healthcare has become an industry littered with wasteful processes and practices. The symptoms of waste in a healthcare organization include medical errors, poor communication, poor clinical outcomes, misuse of expensive technology and equipment, slow patient throughput, mismanaged inventory and acquisition of supplies and services, and underutilized people, talent and intellect.

In an environment where every second counts, duplicated effort, meaningless questions, unneeded tests, unnecessary documents, underused employees and misused resources represent waste that is costing the organization dearly. Many healthcare organizations have turned to lean methodology to tackle waste and eliminate its crushing consequences. While focusing on specific opportunities, lean emphasizes collaboration and cooperation across the organization to achieve improvement and reduce costs. In addition, lean principles require the use of data derived from workflow analysis to guide decision-making and continual process improvement.

**Alignment of Processes and Demolition of Siloes**

Improving the health of the patient and the organization itself demands a high degree of coordination and cooperation among disparate groups of caregivers and non-clinical professionals. It also requires support and commitment from the C-suite. Why is it, then, that healthcare organizations have become so dysfunctional, so non-aligned?

Think about your hospital and the frequent shortage of inpatient beds. As you know, the downstream impact of no beds is patient boarding in the emergency department, an expensive and undesirable situation. Hospitalists are focused on coordinating care of their inpatients, unaware of the bed issue and the traffic jam that exists in the emergency department. Meanwhile, emergency physicians and staff grow increasingly frustrated and patients waiting for beds become more dissatisfied and are more likely to leave without being seen. Patient throughput, a frequent metric used to evaluate top-performing organizations, has hit a roadblock.

In an integrated organization, processes and communication facilitate actions of the emergency department physicians and the hospitalists. Everyone is operating on the same page with one goal in mind – getting patients through the system as quickly and as appropriately as possible so that they can receive...
the right care in the right setting at the right costs. Throughput rate is not only
determined by the actions of clinicians it is also impacted by non-clinical areas
including registration / admissions, bed control, and environmental services.

Clear, Concise Communication

Miscommunication is epidemic in many healthcare organizations. That’s why the
Centers for Medicare and Medicaid Services (CMS) and The Joint Commission
have included communication metrics in their overall assessments of hospitals
and health systems. Communication comprises 30 percent of CMS’ value-based
purchasing reimbursement tied to the organization’s HCAHPS score. In addition,
studies have shown that physicians who score higher on patient satisfaction
report less burn out and greater job satisfaction.

In his book, The Healing Art of Communication, Burl Stamp, healthcare
consultant and former hospital CEO, points out that the Joint Commission
tracks the root causes for significant mistakes and dangerous (sentinel) events.
These occurrences, says Stamp, cause or have the potential to cause significant
harm or death to patients. In fact, over the past eight years, communication has
been ranked as the leading reason for these all-too-often tragic events in U.S.
hospitals. More than 70 percent of all sentinel events have been found to involve
lack of communication or miscommunication as a factor in their cause.

In addition, an inexcusable amount of time and money are wasted within
hospitals because of misunderstandings and the need for rework. As Stamp
points out, given the extreme financial pressures facing all healthcare providers,
no one can afford to divert scarce resources needed for patient care and staff
support to correcting mistakes that should have never happened in the first
place.4 Organizational integration showcases communication as the bridge that
links patients and their families with physicians and other caregivers in a highly
satisfying, healing experience.

Best-in-class service providers such as Studer Group® and survey systems
like Qualitick™ enable healthcare organizations to provide real-time feedback
on performance and evidence-based training and tactics. Communications
improvement programs such as Studer Group’s AIDET® and Stamp’s
Caremunication™ support healthcare organizations’ efforts to leverage the
power of clear, concise, effective communication.

Elimination of Variance Enhances Care, Reduces Cost and
Improves Patient Safety

Physician preference has driven the cost and method of care delivery for decades.
From practice patterns to medications to surgical equipment and electronic
health record platforms, healthcare organizations have accommodated a wide
variety of physician preferences that have added tremendous costs to the
system. The result has been a significant gap between the most cost-effective
and the most expensive care. This disparity has gotten the attention of patients,
regulators and payers.

Organizational integration stresses the importance of reducing variance to
achieve optimum outcomes and reduced costs. Successful initiatives to minimize
clinical practice variance must be led by physicians. Physician involvement every
step of the way increases buy-in and compliance with universally accepted care
plans, medication formularies and standardized supplies and equipment. As
variance is reduced, the opportunity for costly errors is also decreased.

More than 70 percent of all sentinel events have been found to involve lack of communication or miscommunication as a factor in their cause.

Handoffs present one of the greatest threats to patient safety. A common language accepted across the organization and used by healthcare professionals sensitive to the importance of communication can help assure accurate, timely and complete transmission of pertinent clinical information throughout a patient’s episode of care. Handoffs must take place within a formal, structured framework that has been agreed to be all parties. Handoffs should be viewed as a collegial, collaborative communication with respectful questioning for clarification. The receiving provider must adopt an immediate “ownership mentality” for the patient.

Implementing Integration Strategies:
A Real-Life Example

Hospitals and health systems are leading the way in organizational integration by implementing programs and strategies that are paying big dividends for patients, physicians and the organization. Using patient throughput or flow as an example, healthcare organizations have partnered with EmCare, one of the nation’s largest physician practice management companies, to implement its pioneering Door-to-Discharge™ service with RAP&GO™ – Rapid Admission Process & Gap Orders evidence-based software. EmCare’s proprietary integrated clinical technology takes the guesswork out of admitting protocols, builds trust between emergency medicine physicians and hospitalists, and gets patients out of the emergency department faster, resulting in reduced instances of patients leaving without being seen or treated. The necessity of diverting ambulances is reduced and satisfaction levels among patients, physicians and staff improves.

By coordinating the activities of the two clinical departments, the system begins to achieve the promise of organizational integration – through improved collaboration, increased trust, higher satisfaction and improved quality of care. All of which may lead to new potential revenue for the organization.*

The Future of Organizational Integration

“Patients, physicians, regulators and payors are together on one point... we have to make healthcare work better. That charge must be led by physicians. Physician involvement, engagement and buy-in are vital to improving the process and delivering the ultimate in high-quality, high-value patient care. Organizational integration acts as a catalyst for physicians and physician leaders to share cutting-edge ideas and initiate improvements that will help us achieve these goals.”

* Potential new hospital revenue is representative of a decrease in LWOT / LPMSE rates and / or improved bed availability which, in turn, contributes to an increase in E.D. volume. An increase in E.D. volume may result in improved revenue for the hospital through charges for the additional patients in the E.D. Historical data suggests that admission rates under the D2D program remain essentially flat compared to the time period immediately prior to implementation of the D2D program. Thus, the additional E.D. volume would result in additional admissions and potential increased revenue for the hospital.
StoneCrest Success Story

Challenge
TriStar StoneCrest placed hospital flow as a top priority because of its significant impact on both the patient experience and hospital performance. Even with exceptional E.D. metrics, the hospital faced the all too common challenges of disjointed processes and inefficiencies between the E.D. and the inpatient units, including:

- An average time to move the patient from the E.D. to the inpatient unit of about three and- a-half hours, time wasted boarding in the E.D.
- Patients who were ready to be discharged in the morning still filled inpatient beds well into the afternoon leaving no open beds for new admissions.
- Process inefficiencies, breakdowns in communication and poor handoffs caused wasted time and efforts.

The hospital needed an effective way to align the E.D. physicians and hospitalists and organize the communication between them and all those involved in the admission event.

Solution
EmCare’s Door-To-Discharge™ (D2D™) service with Rapid Admission Process and Gap Orders (RAP&GO™) software provides an integrated practice model that positions the E.D. and hospitalist physicians to work together. In this case, the physicians collaborated to reduce hospital LPT/LPMSE rates, reduce E.D. boarding time, improve patient quality and satisfaction and open up needed E.D. beds.

Results from D2D with RAP&GO
The before and after results from EmCare’s D2D with RAP&GO were outstanding:

- Disposition to admission (boarding time) dropped from approximately 210 minutes to 80 minutes almost immediately.
- LWBS decreased from 0.99% to 0.64%
- Reduced boarding time in the E.D. meant more patients could be seen in the E.D. and patient volume increased from 38,940 to 46,043.

Contact EmCare
To learn more about organizational integration and how it can benefit your hospital or health system, contact EmCare, 877.416.8079 or visit www.emcare.com/solutions.

By the Numbers

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15% IMPROVEMENT
35% IMPROVEMENT

0 15,000 30,000 45,000 60,000
2011 2012

0 0.3 0.6 0.9 1.2
2011 2012
About EmCare

EmCare is a leading national physician practice management company and provider of clinical department outsourcing services, including physician recruiting, credentialing, scheduling, leadership, training and education and billing, for hundreds of hospitals nationwide. The company services more than 750 contracts with nearly 600 hospitals and healthcare systems nationwide.

Integrated services include:

- Emergency Medicine
- Hospital Medicine
- Acute Care Surgery
- Anesthesiology
- Radiology / Teleradiology

EmCare clinicians participate in more than 12 million patient encounters annually. The company focuses on helping each client with efficiency, quality of care and creating outstanding patient experiences.

In short, EmCare is making healthcare work better™.

For more information about EmCare and its services, call 877.416.8079 or visit www.emcare.com.

Citations

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Mission Statement: EmCare® exists to serve and support physicians, hospitals, health systems and other healthcare clients in providing high quality patient care efficiently and affordably.

Vision Statement: EmCare’s vision is to create a new, integrated model of physician services through:

- The Science of Clinical Excellence
- The Art of Customer Service
- The Business of Execution

This requires several strategic imperatives:

- Medical Leadership
- Service Excellence
- Hardwiring Flow
- Evidence-Based Patient Safety Protocols
- Teamwork