

## C. INTEGRATED HEALTH CARE DELIVERY – A MANDATE FOR SYSTEMS TRANSFORMATION

### INTRODUCTION

Claims that ‘...the US healthcare system is the best healthcare system in the world...’ are not unusual, at least among those who have little reason to seek the services of the system. On the other hand, observations of those who need and depend on the services of the healthcare system portray a much different view. The following scenario provides a stinging indictment of health care in the United States and the implications for patients and consumers when integration and cooperation are lacking. It suggests that describing US health care as a ‘system’ is little more than an oxymoron.

### CASE STUDY

An intelligent, articulate, private music instructor described her frustration and anxiety trying to obtain care for her middle-aged husband who recently developed progressive difficulties with ambulation and early dementia. The teacher and her husband live in a mid-sized, Midwestern city that is the home of a large state university. It is a sophisticated community serviced by two competing health systems. In her first attempt to obtain assistance for her husband, the teacher sought care through her primary care provider in one of the large health systems.

The primary care physician was unable to provide a satisfactory explanation for her husband’s evolving problems. Even more distressing was the physician’s inability to obtain a neurological consultation. The explanation for this barrier was that the health system does not include a neurologist in its professional services. Unwilling to accept this opinion as the final author-

ity, the teacher requested an appointment with a neurologist at a renowned Midwestern clinic only to discover that there were no available appointments in the foreseeable future.

Through personal persistence, she finally obtained an appointment in the neurology department of a prominent medical school located more than 100 miles from her home. While satisfied with the quality of care and services received in the department of neurology, several sophisticated diagnostic studies were requested by the neurologist. Because the diagnostic services were not immediately available in the school of medicine or in her home community, the teacher had to schedule the services at a medical center located approximately 80 miles in the opposite direction from the school of medicine.

A preliminary assessment of the sophisticated scans revealed that the ventricles of the brain were enlarged, and the radiological interpretation suggested that her husband might be suffering from normal pressure hydrocephalus. This is a serious, but potentially treatable disorder if intervention occurs before permanent brain damage ensues. At the time of our discussion, the teacher was trying, on her own initiative, to obtain her husband’s medical records and information from the diagnostic center, to transmit the information to the neurologist in the school of medicine, and to arrange a followup appointment with the neurologist. In the meantime, the husband’s symptoms were slowly progressing and their economic well-being was evermore compromised because of the time that must be devoted to coordinating her husband’s care.

Is this the ‘best’ that the best healthcare system in the world can offer to patients and consumers? Should it be

R. Michael Massanari, MD, MS

the responsibility of the patient and her/his family to coordinate care? Does the patient serve the system or does the system serve the patient? In the scenario described above, the family member was an articulate individual who had more than a passing knowledge of the healthcare system. How would someone from a different culture or someone for whom English is a second language navigate the disjointed health system? To be sure it can be argued that this scenario is but a single, isolated example of poor coordination and integration of health care. Unfortunately, evidence suggests that the experience of the teacher is as likely to be the rule as the exception.

### WHAT CAN BE DONE?

In a recent survey of US citizens, The Commonwealth Fund reported that 40% of respondents complained of inefficiencies and lack of coordination of care during recent encounters with the health care system.<sup>1</sup> Seventy-five percent of respondents agreed that the US healthcare system requires fundamental changes or complete restructuring. The observations of the lack of integration of physical health care are equally true for behavioral health services. And, if the consumer requires both physical and behavioral health services, issues of poor coordination are compounded.

Russell Ackoff, professor emeritus from the Wharton School at the University of Pennsylvania and an expert in operations and systems theory, has described the US healthcare system as a ‘mess’ where a mess is a system of problems.<sup>2</sup> The complex and disjointed health system is the product of reductionist thinking, a paradigm that has

motivated intellectual thought and inquiry since the Enlightenment in the 17<sup>th</sup> Century.

In brief, we seek to expand knowledge by focusing our inquiry on smaller and smaller components of the whole. In the case of health care, knowledge of the human body and disease has been advanced by studying smaller and smaller parts of the whole. From this paradigm of reductionism has emerged a complex array of clinical specialties and sub-specialties, eg, cardiac electrophysiology, with little attention to the individual patient or to the synthesis of the multiple parts of the healthcare process. In this morass of sub-specialties, each entity is competing for limited resources with little attention devoted to the larger enterprise and its engagement with the individual patient. In short there is no system, but rather a potpourri of entities that have few incentives to coordinate and integrate services. Indeed, in some circumstances, reimbursement mechanisms promote competition rather than cooperation across providers. Ackoff argues for a new paradigm in thinking. We must move from a para-

digm of reductionism to a paradigm of synthesis and systems thinking.

The Institute of Medicine, in its series of reviews and recommendations on the *Quality Chasm*, has recognized the issue of integration and coordination as a major barrier to optimal care. The Institute has formulated a list of 10 new rules for redesigning and improving care including the following rule that addresses coordination and integration.

“Cooperation: Those who provide care will cooperate and coordinate their work fully with each other and with you (patient, consumer). The walls between professions and institutions will crumble, so that your experiences will become seamless. You will never feel lost.”<sup>3</sup>

An enormous gap still exists between the current health delivery system and the vision for the ideal system set out in the Institute of Medicine’s recommendations. Achieving the vision for coordinated, integrated health services will require a transformation of thinking and practices at multiple levels of the health system. Systems transformation

will have to include: 1) cooperation and integration among clinicians who provide care; 2) proper alignment of services and incentives in health systems in which clinicians practice and provide services; and 3) alignment of policies and economic incentives among organizations responsible for reimbursing care. While efforts to promote integration at any one of the three levels of the system are essential, changes will not be sufficient to achieve the broader vision without comprehensive systems transformation. Will the teacher’s husband receive a diagnosis and appropriate intervention before neurological damage is irreversible? For the present, the outcome will depend on the teacher’s dogged persistence to coordinate care in a system that can best be described as a ‘mess.’

#### REFERENCES

1. Schoen C, How SKH, Weinbaum I, et al. *Public Views in the Shaping of the U.S. Health System*. Commonwealth Fund. August, 2006.
2. Gharajedachi J, Ackoff RL. Mechanisms, organisms, and social systems. *Strategic Management J*. 1984;289-300:5.
3. Institute of Medicine. *Crossing the Quality Chasm. The New Health System for the 21<sup>st</sup> Century*. Washington, DC: National Academy Press; 2001.