

## *Fragmentation of Healthcare Services - Is it the prime time for care coordination and integration?*

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Our fragmented healthcare delivery system has failed our patients and physicians miserably. Patients' medical services suffer from the lack of coordination and poor integration. Breakdown of communication between healthcare providers and the inefficient allocation of all patients' services is an epidemic. It harms patients and costs time and resources in every

day clinical practice. In recent years, the increasingly prevalent chronic, and often comorbid conditions such as diabetes, heart failure, COPD, dementia, and depression require that patients receive care from multiple providers in multiple settings. Fragmentation of care is exacerbated by the increasing number of narrowly trained super specialists who work independently in a silo. Coordination among health care providers requires timely access to patients' health information to deliver effective and safe medical treatment for their patients. However, providers frequently do not have access to complete medical information, particularly for patients who have been treated by other healthcare providers, groups, and at other health care facilities. Therefore, providers often rely on sparse and incomplete medical information to make complex management decisions. Fragmentation of healthcare causes communication breakdown, duplication of services, medical errors, misdiagnosis, increased costs, and it delays patient care.

Care fragmentation and the gaps in medical information across providers place patients at risk. Especially for patients with chronic conditions who may routinely see multiple inpatient or outpatient providers who don't communicate with each other or with patient's PCPs. Our emergency providers might have no access to the most valuable health information needed to give quality care to save lives and urgently treat their patients. A hospitalist may treat new patients without access and collaboration with the patients' PCPs and other physicians. Our radiologists are still interpreting X-rays and imaging studies with limited or no clinical information. Our primary care providers lack the access and have to search for their patients' hospitalizations records, laboratory, and imaging test reports. Pharmacists operate independently from other healthcare providers,

lacking the coordination of prescription drugs with other providers. It is another guaranteed invitation for deadly medication errors. Studies show that, within any given hospital, many medical errors result because of a lack of effective data sharing and teamwork among the health care professionals working at that hospital. It is no fluke that the technologically advanced, but fragmented, US healthcare system ranks 37th among other countries in the performance of its healthcare system.

What is the cure for fragmentation of our healthcare delivery? In the age of digital information-technology, the remedy to a fragmented healthcare delivery system is a coordinated, integrated system, where communication and coordination of patient care among providers is considered the best practice. In an ideal state, patients' information should automatically follow them to their health care providers, so that everyone on their care teams stays informed and provides the best treatment. Facilitating electronic exchange of health information is critical to easing burden by ensuring that clinicians have the best information possible when making decisions about patient care. Using electronic health records (EHRs) by all healthcare providers has the potential to make medical care safer and more efficient, and subsequently, it would improve the patient care experience by providing timely access to health information and seamlessly coordinated care.

Sharing healthcare information, while it is proven to be valuable, is very technically challenging especially with the myriad of different EMRs used by different providers, hospitals, and physicians, who are not in the same network. To address these challenges and improve health information exchange, Congress passed the 21st Century Cures Act of 2016 which is known as "the Cures Act." The Cures Act identified the following main priorities: Improve data sharing across disparate networks, reduce information blocking, advance a trusted exchange framework and a common agreement for exchange between health information networks nationally, and promote the use of Application Programming Interface (API) which allow health information to be accessed and exchanged without special efforts through, for example, smartphones, etc.

It is a tall order to combat fragmentation of healthcare. However, patient care coordination and care tracking are an

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obligation to serve our patients better and reduce medical malpractice. Individual practices and independent physicians who are working in a “silo” are unlikely to survive the sea of changes in healthcare technology and its regulations. Patients who currently have access to their medical information would probably expect their care to be coordinated among all providers. Hospitals also are required to participate in care coordination by notifying PCPs and other providers of their patient’s admission, communicate their discharge, and facilitate in the transition of care.

National efforts were made to stimulate electronic health record adoption and to create national interoperability for health

information exchange under Health Information Technology for Economic and Clinical Health Act. HITECH has the following benefits: Appropriate and timely sharing of patient information also allows clinicians to ensure patients receive timely care in the most appropriate setting by reducing duplicate testing, avoiding medication errors, avoiding readmissions, improving decision making, and enhancing care coordination. This can be accomplished when physicians and hospitals actively participate in Clinically Integrated Networks (CIN), which provide care tracking, data collection, and analytics shared among all healthcare providers in the network.