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Grantmaking Needs Statement

Problem Description:

Reducing Fragmentation in Healthcare Delivery

Fragmentation in healthcare delivery can occur from one provider setting to another, as well as within a healthcare facility from one unit or department to another. Cross-system communication and coordination often play a role in reducing or propagating fragmentation.

When: As healthcare delivery grows more complex, with multiple provider settings and modalities for care delivery and telehealth, care fragmentation is a top patient safety concern because it can impede communication among a patient's providers and interfere with care coordination, negatively impacting patient outcomes.

What: Fragmentation that occurs in record-sharing across care settings, communication between providers and between providers and support staff, and from provider to patient and patient to provider. This may include organizational structure, technology, policy, cultural, documentation or barriers to integration.

Why: Breakdowns in care from a fragmented healthcare system can lead to adverse patient outcomes including: readmissions, missed diagnoses, medication errors, delayed treatment, duplicative testing and procedures, and reduction in quality of care leading to general patient and provider dissatisfaction.

The primary drivers of fragmentation of care include:

- Care transitions (Between systems or home)
- Communication
- Documentation
- Transitions between primary care to specialist
- Poor test follow-up or missed test results
- Poor understanding of need for follow-up and expectations of patients
- Not enough time with patients

Who: Patients are impacted by this problem throughout the healthcare system, including inpatient, outpatient, and primary care settings. In particular, patients with co-morbidities and complex care needs are most affected.

Where: This problem cuts across most types of medical settings throughout the United States.

Why is it a problem?

Root Causes of Healthcare Complexity: Interactions of policy, payers, insurance plans, facilities, providers, treatments, siloed specialties, care delivery mechanisms (telehealth); individual organizations and guiding values all contribute to complexity in the healthcare system, and that complexity contributes to fragmentation of care delivery.

Problem Recognition: Fragmentation within healthcare delivery is broadly recognized as one of the top issues impacting patient safety and outcomes.

What are the community stakeholder views? Patients, providers, administrators, and payers have different incentives or reasons this is an issue, often overlapping (e.g., cost, care quality, care delivery).

Problem Implications: There are many challenges associated with fragmentation, from poor patient outcomes and increased morbidity to increased costs associated with care delivery impacting care providers and payers.

Problem Hurdles: Reducing fragmentation of care has long been studied, but systems, structures, training models, and incentives often do not align with truly solving this issue, keeping solutions that have been identified from being fully implemented at scale. Some examples of new approaches include:

- **Align payment with integrated care:** Systems receiving a lump sum or capitated payment for treatment based on the quality of their transparently reported outcomes would have meaningful incentives to provide high-quality, integrated care.
- **Re-engineer processes:** Standardizing work, clarifying roles, using checklists, and system design can dramatically improve safety and reliability.
- **Create universal electronic health records (EHRs):** The lack of a single health record for each patient that clinicians from all specialties can access in both inpatient and outpatient settings is an obstacle to integrating care. In addition, patient privacy protections inhibit the sharing of health information, creating both perceived and real hurdles.
- **Reduce dependence on specialty care:** In the United States, we have more specialists than generalist physicians. While increasing the number of primary care physicians has been linked to lower mortality rates, increasing the supply of specialists has not. The reimbursement system, professional lifestyle, and our beliefs about expertise reward specialty care physicians over primary care, creating a paradoxical incentive to create more specialists. Creating deep but narrow expertise can lead to healthcare professionals

feeling accountable for a slice of a patient's individual condition but rarely makes anyone clearly accountable for a whole person's health.

Problem urgency

Why does it need to be addressed now?

Some of the reasons are cost, patient outcomes, and increasing complexity.

What is currently being done about the problem?

- **Electronic Medical Records:** Many healthcare systems have adopted electronic medical record solutions but with more than 2,000 systems available, coordination among systems continues to be costly and a source of fragmented information and medical errors.
- **Aligning Incentives to Increase Coordination of Care Via the Use of Bundled Payments:** Under a bundled payment model, providers and/or healthcare facilities are paid a single payment for all the services performed to treat a patient undergoing a specific episode of care. An "episode of care" is the care delivery process for a certain condition or care delivered within a defined period of time.

What solving the problem means

For CMF, contributing to a solution means supporting scalable or replicable solutions, focusing on the testing of new ideas or growing existing, proven solutions, and then seeing avenues for larger application.

Why should outside funding be used now to solve the problem or reduce the gap?

Fragmentation within healthcare delivery is one of the most prevalent problems leading to poor patient outcomes, reduced quality, and increased care delivery costs. CMF funding seeks to support scalable or replicable solutions, focusing on the testing of new ideas or growing existing solutions, and then seeing avenues for larger application. We seek opportunities to fund approaches where ROI is relatively high or promising, solution-based, and applied. We will prioritize high-need areas and rely on strong theory or data that demonstrates that a proposed approach leads to reductions in poor patient outcomes/increases in patient safety or quality.