



Driving Standardization of High-Quality Care with Clinical Pathways

Healthcare institutions have identified challenges with reducing unwarranted care variation, especially as they seek to adopt risk-based reimbursement models. Effective care standardization can serve as a competitive advantage by reducing complications, improving outcomes, and increasing a health system's ability to take on risk.

In a recent Elsevier survey:

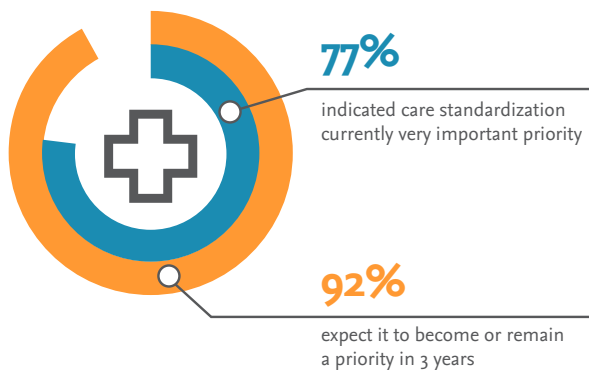
- 44 percent of IDN respondents identified difficulty managing unwarranted care variation across sites.
- 52 percent of all respondents currently use clinical pathways, and another 24 percent are planning to adopt pathways in the next one to two years.
- 29 percent of respondents currently using pathways developed in-house are likely to supplement their existing tools with commercially developed pathways in the next one to three years.

As value-based care continues to place pressure on providers to improve outcomes and optimize reimbursements, widespread adoption of clinical pathways is imminent. As defined by Open Clinical, clinical pathways are structured, multi-disciplinary plans of care designed to support the implementation of clinical guidelines and protocols to improve the continuity, standardization and co-ordination of care.¹ To gain insight on care variation challenges and the tools providers are using to drive standardization, Elsevier recently surveyed 157 healthcare executives from the top institutions across the U.S.

The cost of care variation

Reducing unwarranted care variation has been a healthcare industry goal for many years.² As providers increasingly adopt risk-based models, care standardization is becoming a more pressing priority. According to the Elsevier study, 77 percent of the survey respondents indicated that care standardization is currently a very important priority, and 92 percent expect it will become or remain a priority within three years.

Standardization, however, must occur with the “healthcare value equation” in mind, according to Richard Loomis, MD, Chief Informatics Officer, Clinical Solutions, Elsevier.



A challenging proposition

Reducing care variation requires addressing several challenges. The most significant challenge, noted by 69 percent of respondents, involved managing unwarranted care variation across settings. Even within settings, 64 percent cited variation challenges across the multidisciplinary care team. The challenge is exacerbated when clinical teams experience high turnover or burnout, an increasingly common occurrence with nurses and physicians across the United States.^{3,4,5}

In addition, 44 percent of respondents who work at integrated delivery networks (IDNs) noted that they struggle with managing care variation across sites, especially when their organizations acquire new facilities.

The need for active patient engagement

Successful care standardization also requires patient engagement. A study published in *Health Affairs* found that patients who are more engaged in their care experience better outcomes – and costs for those with the highest levels of engagement are projected to be as much as 30 percent less than costs for those with the lowest level of engagement.⁶

Active patient engagement is top of mind for providers. Seventy-seven percent of healthcare executives cited engaging patients as a very important priority, and 88 percent expect this to become or remain a priority in two to three years. Survey respondents identified the most significant benefits for active patient engagement to include improved outcomes (26 percent), reduced costs (24 percent) and decreased readmission rates (18 percent).

“The value equation includes clinical outcomes and cost. To achieve greater value, we need to focus on improving quality and reducing costs. Reducing care variation is the first and most important step. It’s not just lowering costs; it’s lowering costs associated with unwarranted variation of care. If a provider is reducing costs at the expense of clinical outcomes, value is degraded. It’s important to keep both sides of the equation in mind.”

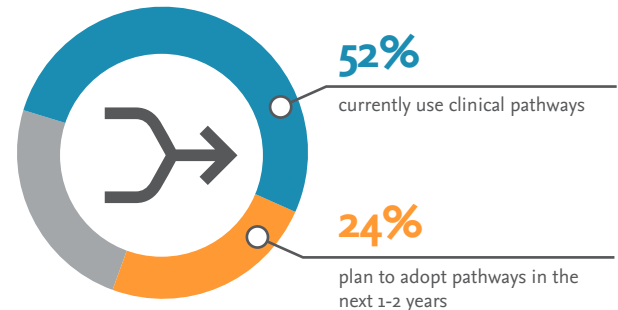
Richard Loomis, MD
Chief Informatics Officer, Clinical Solutions
Elsevier

The right solutions to drive care standardization

Healthcare organizations focused on improving outcomes and meeting the challenges of value-based care should consider the following when evaluating their clinical decisions support roadmap:

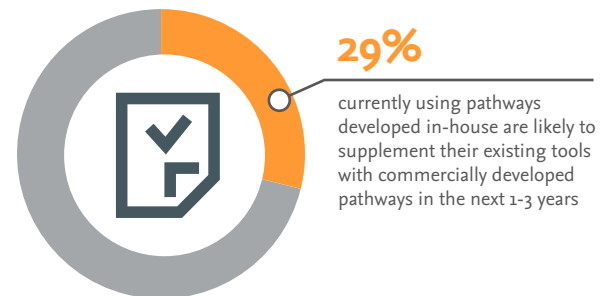
- **Organizations are leveraging pathways to improve care.**

Care variation is multi-faceted and clinical pathways can help providers improve standardization. Adoption of clinical pathways to reduce variation is on the rise. Currently, 52 percent of survey respondents use clinical pathways, and another 24 percent are planning to adopt pathways in the next one to two years.



- **Commercially developed pathways have several advantages over in-house pathways.**

Almost half of the pathways currently in use were developed in-house by healthcare organizations. This process burdens clinicians with the task of developing and maintaining pathways to align with continually evolving evidence. Not surprisingly, then, 29 percent of respondents currently using pathways developed in-house are likely to supplement their existing tools with commercially developed pathways in the next 1-3 years.



- **Pathways, integrated with workflow tools, support clinicians across the patient journey.**

In addition to pathways, tools such as order sets, care plans, alerts and patient education are crucial to supporting clinicians in their ability to deliver care. Such tools amplify the value equation by making it possible to achieve the five rights of clinical decision support (right information, to the right person, in the right format, through the right channel and at the right time in the workflow).

“As health systems acquire different provider organizations, all have existing cultures and practices. The health system is tasked with standardizing care across these once independent organizations. Clinical pathways made available at the point of care are a powerful tool, which can be leveraged to communicate the health system’s care preferences to more effectively harmonize quality and care delivery across settings.”

Richard Loomis, MD
Chief Informatics Officer, Clinical Solutions
Elsevier



How Elsevier Helps

Via Oncology Clinical Pathways – Standardizing cancer care

Elsevier's newest solution, Via Oncology Clinical Pathways, delivers evidence-based clinical decision support integrated within existing clinical workflows. Covering more than 95 percent of cancer types, Via Pathways are evidence-based recommendations, developed by practicing oncologists, based on the latest research. These pathways promote delivery of the highest quality care while reducing variation and associated costs. Learn more at www.viaoncology.com

Clinical Solutions – Supporting clinical decisions across the care continuum

Our workflow-embedded tools and differentiated content promote the standardization of high-quality, cost-effective care. Through our solutions, we aim to improve the patient experience and elevate the competency and skills of the care team. Our core capabilities include patient engagement, diagnostic and point-of-care decision support, learning and competency management, care planning, order sets, drug information and clinical pathways. Learn more at www.elsevier.com/clinical-solutions.



ELSEVIER

Empowering Knowledge™

Elsevier is a global information analytics business that helps institutions and professionals advance healthcare, open science, and improve performance for the benefit of humanity. Elsevier provides digital solutions and tools in the areas of strategic research management, R&D performance, clinical decision support, and professional education; including ScienceDirect, Scopus, SciVal, ClinicalKey and Sherpath. Elsevier publishes over 2,500 digitized journals, including The Lancet and Cell, more than 35,000 e-book titles and many iconic reference works, including Gray's Anatomy. Elsevier is part of RELX Group, a global provider of information and analytics for professionals and business customers across industries. www.elsevier.com

¹ Clinical Pathways. Open Clinical. March 15, 2006, Retrieved March 2, 2018, from <http://www.openclinical.org/clinicalpathways.html>.

² Time to Tackle Unwarranted Variations in Practice, British Medical Journal, March 2011, <http://www.bmj.com/bmj/section-pdf/186247?path=/bmj/342/7799/Analysis.full.pdf>.

³ Bae SH1, Mark B, Fried B, Impact of nursing unit turnover on patient outcomes in hospitals, J Nurs Scholarsh. 2010 Mar;42(1):40-9. doi: 10.1111/j.1547-5069.2009.01319.x.

<https://www.ncbi.nlm.nih.gov/pubmed/20487185?dopt=Abstract>.

⁴ Christine T. Kovner, PhD, RN, FAAN; Carol S. Brewer, PhD, RN, FAAN; Farida Fatehi, MS, BDS; Jin Jun, MSN, APRN, CCRN. What Does Nurse Turnover Rate Mean and What Is the Rate? Policy, Politics, & Nursing Practice Vol 15, Issue 3-4, pp. 64 – 71. August 25, 2014. <http://journals.sagepub.com/doi/abs/10.1177/1527254414547953>.

⁵ Stephen Swensen, MD, MMM, FACP; Tait Shanafelt, MD & Namita Seth Mohta, MD, Leadership Survey: Why Physician Burnout Is Endemic, and How Health Care Must Respond, New England Journal of Medicine, December 8, 2016. <https://catalyst.nejm.org/physician-burnout-endemic-healthcare-respond>.

⁶ Jessica Greene, Judith H. Hibbard, Rebecca Sacks, Valerie Overton and Carmen D. Parrotta, When Patient Activation Levels Change, Health Outcomes and Costs Change, Too, Health Affairs, 34, No. 3 (March 2015): 3,431-3437, <https://www.ncbi.nlm.nih.gov/pubmed/25732493>.