Primary Care and the Perioperative Surgical Home

**AIMS**
- Describe the perioperative surgical home model and its relationship to primary care and the Patient-Centered Medical Home (PCMH)
  - Identify primary care providers’ perceptions and needs around transitions in care during a surgical episode
  - Identify lessons learned and interventions to improve coordination of care across the surgical and primary care teams
    - Intervention
    - Data Collection
    - Analysis

**BACKGROUND**
- A Perioperative Surgical Home (PSH) is a patient-centered, physician-led, multidisciplinary, and team-based system of coordinated care for surgical patients
- The PSH coordinates care and transitions from the decision to operate through the intraoperative course and return to primary care, using the anesthesiologist to coordinate care
- The PSH model has been developed using the guiding principles of the PCMH, which focuses on coordinated care in the primary care practice

**Connection Between PCMH and PSH**

**Introduction PSH™ – A Link**
The objective of the PSH Pilot is to enhance value and help achieve the triple aim:
- Better patient experience
- Better health care
- Lower cost

**VALUE**

**PILOT PROGRAM**

**UMass Memorial Health Care (UMMHC) PSH Pilot**

- **Target population:** Patients undergoing urologic cancer surgery
- **Collaboration between Departments of Urology and Anesthesiology**
- **Quality improvement effort, focusing on each stage of the perioperative process:**
  - Pre-operative, intra-operative, and post-operative
- **Process improvements to standardize care, make care more person-centered, improve communication across stages and with primary care**

**Outcomes**
- Prevention of complications
- Increased operational effectiveness
- Patient satisfaction increased
- Staff satisfaction increased
- Increased coordination of care
- Decreased length of stay

**Driver Diagram**

**Primary Drivers**
- Clinical Intervention for QI
  - Discharge planner and schedule follow-up appointments with PCPs and specialists
  - Prepare for visits
  - Coordinate among and between teams
  - Leverage EHR

**Secondary Drivers**
- Patient-Centered Care
  - Family and patient education for self-management
  - Respond to family issues
  - Shared decision making in all teams
  - Identify possible surgical complications

**Systems Improvement**
- Standard protocols
- Standard orders
- Pain management systems change

**Engaged Leadership**
- Use data transparently
- Set the direction and maintain interest in PSH
- Align policy and procedure

**PRIMARY CARE PHYSICIAN SURVEY**

**Objective:**
Primary care physicians (PCPs) were surveyed to understand how the surgical teams can better coordinate care with primary care

**Methods:**
- Email request to UMMHC primary care physicians to complete a survey on Survey Monkey
- 38 Primary Care Clinicians completed the survey
- Responses were aggregated, analyzed and shared with the PSH Pilot Team

**Survey Question #1:**
What is the current level of communication in perioperative care with you, specifically in regard to pre-operative and post-operative communication about your patient’s planned surgery and the outcome of the surgery?

**Comments:**
- "Would like concise short statements instead of long winded narration."
- "I'm so pleased to have been given the opportunity to participate in the PSH Pilot. It has been helpful to be able to see the process from a patient's perspective and to hear what is most important to patients."

**Survey Question #2:**
What would be the best way to communicate information to you about your patient’s surgery and outcome?

**Survey Question #6:**
When would you prefer to see your patients after major urologic surgery?

**Comments:**
- "Only need to see if there is an issue that requires follow-up."
- "I think it should be tailored to patient need within a week."

**Survey Question #8:**
As part of the Perioperative Surgical Home, pre-operative and post-operative communication will be streamlined and post-operative communication and appointments will be established before discharge from the hospital. How valuable do you think this will be toward maintaining continuity of care?

**RESULTS SUMMARY**
- Concise, useful communication about mutual patients is important to PCPs
- No need for immediate follow-up appointments with PCPs unless necessary, suggest appointments 2–4 weeks post-discharge
- Defining roles of PCP and surgeon is important

**QUALITY IMPROVEMENT INTERVENTIONS:**
- Communication
- Pre-operative: PCP is notified about patient’s upcoming surgery
- Post-operative: Discharge note sent to PCP

**Patient Education**
- Provided at pre-op and post-op
- Patient packet created so patient can carry materials throughout PSH stages
- Calls from Urology Department at 2 and 30 days post-discharge to identify patients’ issues and answer questions

**Follow-up Appointments**
- Prior to discharge, PCP follow-up appointments are made for 2 weeks after discharge

**NEXT STEPS**
- New survey will be sent to PCPs who have patients involved in the pilot
- Questions will be more focused, based on findings from this initial survey
- Continue interventions and measure changes over time
- Add PCP involvement in the Pilot Steering Committee

**PCP Suggestions From the Survey:**
- "I think that there needs to be clarity on whose job it is to do what. That involves reaching out and asking PCPs about their opinions on this."
- "Do not make all contact formularic or a check box, please, one personal communication from the surgeon at least after the operation would be fantastic, and very much appreciated."
- "This is a good start. Some urologists are much better keeping us in the loop and I think tasking* will streamline this and a very brief summary, as opposed to a multi-page document of data, would be most helpful."  *Survey using PSH Pilot

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