Abstract

This research involved patients in south central Indiana region that live with degenerative joint disease. Using design thinking methods that may apply towards population health management, the main objective was to look for insight from various literature reviews, organization blogs and websites, and family relation interviews to see what quality improvements can be made in the healthcare system. This research included a comparative analysis on 4 well known providers. Originally, this research focused on communities with high rates of joint disease but the patients do as well. Healthcare has certainly evolved over the years, however one-on-one time with a facilitator and the patient. Accreditations and certifications differentiation were also a part of the research.

Epidemiologist Louise Murphy, PhD and Charles G. Helmic, MD have come to a data consensus that joint disease is the most common cause of disability in adults that live in the United States (Population-Health Perspective). In fact, they reported as of 2009 that 27 million United States adults were affected by joint disease. This easily leads to multiple physician visits which can include procedures such as injections as well as surgeries. The services provided by a patient’s facilitator comes down to not only the quality of life, but the cost and time in effect to these services.

Methods Used to Analyze Patient Needs

Feedback: Staying in touch with patients after their appointment and/or doing “call backs” makes the patient feel they are cared for. Automated calling services are not ideal for a true patient centered experience.

Wait time: Implementing a scheduling system that would create less wait time and more one-on-one with a facilitator and the patient.

Billing: Detailed itemization line items on bills would make a patient feel like they spent their money for the right reasons. Also, giving out estimates before booking an appointment or procedure would help a patient understand and prepare for the billing portion.

Deep Dive: Observing patients is critical. A patient can easily come back in numerous times for the same issue if being mis-diagnosed originally. Patient observations creates less work and saves money eventually. Having patient journals or phone apps where a patient can have documentation on their progress for the facilitator would be ideal.

More service offers: Unless seeing a specialist, a general facilitator such as a nurse practitioner is likely not licensed in joint disease specialty. In this case, a facilitator may treat the disease with general knowledge on the subject. If a patient does not go to a specialist due to cost or the commute, brochures on the subject would be ideal for a facilitator to give to the patient. Also, since patient centeredness should be what is focused, a patient should be able to seek out emotional support for such a stressful condition. Other services can include on site physical therapy so a patient does not have to travel to another facility.

Table 1. Measurements of Different Orthopedic Affiliated Organizations in South Central Indiana

<table>
<thead>
<tr>
<th>Measures</th>
<th>CRH</th>
<th>Community Health</th>
<th>OrthoIndy</th>
<th>IU Health</th>
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</thead>
<tbody>
<tr>
<td>Access</td>
<td>1 facility in South Central Indiana</td>
<td>2 facilities in South Central Indiana (other locations offered)</td>
<td>1 facility in South Central Indiana (other locations offered)</td>
<td>5 facilities in South Central Indiana (other locations offered)</td>
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<tr>
<td>Cost</td>
<td>Payment plans offered</td>
<td>Payment plans offered</td>
<td>Payment plans offered</td>
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Results

In closing, based on information provided by similar literature reviews and patient analysis, change is critical to healthcare systems. Patient X, who is a sixty-six year old male in Indiana, communicated the billing was more of a concern to him. He gets a service done at a local hospital, such as an MRI. A month later, he got two bills in the mail. One was a hospital bill and the other was a lump sum from an imaging company he had not heard of. Each of the bills did not have itemized line items, therefore he did not know what he was truly paying for.

In terms of comparative analysis on attributes from 4 popular health care organizations, it is evident that OrthoIndy organization maintains higher ratings and patient satisfaction compared to the other organizations. From perspective, this can be conclusive due to the fact that OrthoIndy has only specialties towards orthopedic treatment and recovery. The other organizations had other concentrations such as cardiovascular, bariatrics, and general surgery. This organization has numerous accreditations including 7 Hospitals in Indiana with top nurse-patient communication scores from HCAGHS.

Discussion

Health care should see critical modifications to create more effective institutions for its patients. Organizational change takes time. However, after patient analysis from comparative and analyzing the interviews, there are obvious changes that can start to be implemented. Robert et. al made known of healthcare implementing empathy within policy. This is a start to healthcare strategies as well as relates to recruiting staff that will sail with the ship. Healthcare facilitators should look deeper into the patient to gather more information on the problem. Along with empathy to improve patient quality care, a range of factors play a role.

The PESTEL (external environmental influences) has a major impact on health care. It is evident that not only do facilitators see local and global constraints on patient care, but the patients do as well. Healthcare has certainly evolved over the years, however proposed challenges such as cost come related to social, environmental, political, economic and legal constraints. All involved with healthcare, especially the patient and physician, must be cost-conscious. Relatively, Institutional Change and Healthcare Organizations referenced organizations being a “multi-resource environment” due to many factors involved. Due to many resources playing a role in health care, in order to achieve quality healthcare improvement, the resources must be adaptable to change.

Conclusions

Plentiful Organizational Challenges:
- Employee regulations can cause constraint between patient empathy
- Government involvement in healthcare systems causes time delay
- Continuous change in medical advancements
- Each patient is unique in beliefs and values potentially increasing costs
- Facility expansions and mergers

References