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The role of internists for bridging the gap between Inpatient and Outpatient Care

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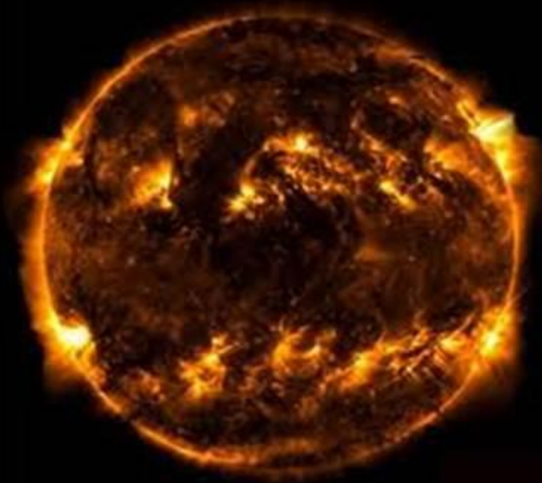
Barcelona, Spain

The Earth is Forever Changing

4.6 billion years ago



Today

The Earth is forever changing… and we are on it !

climate.nasa.gov

Summer 1917

Summer 2005

Last century

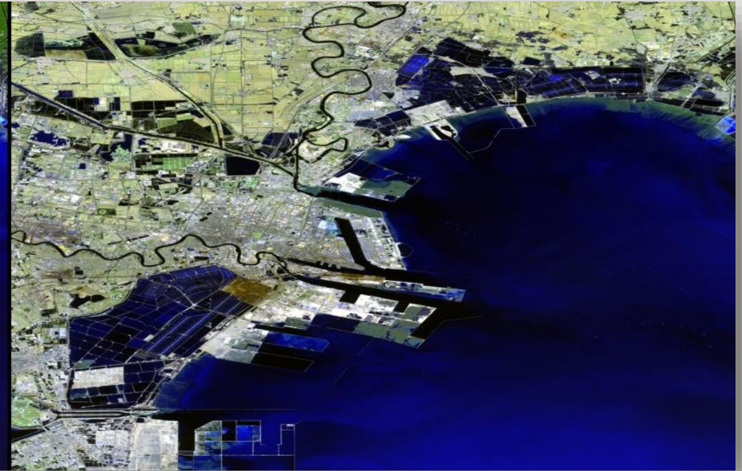
Pedersen Glacier, Alaska

Climate change

The Earth is forever changing… and we are on it !

climate.nasa.gov

July 30, 1992



April 8, 2012

Last two decades

The Binhai New Area, China

Urban growth

The Earth is forever changing… and we are on it !

climate.nasa.gov

August 25, 2004

August 19, 2014

Last 10 years

Shrinking lake, central Asia

Drought

The Earth is forever changing… and we are on it !

new changes…
new problems…
new needs…
new challenges…
to face and solve !

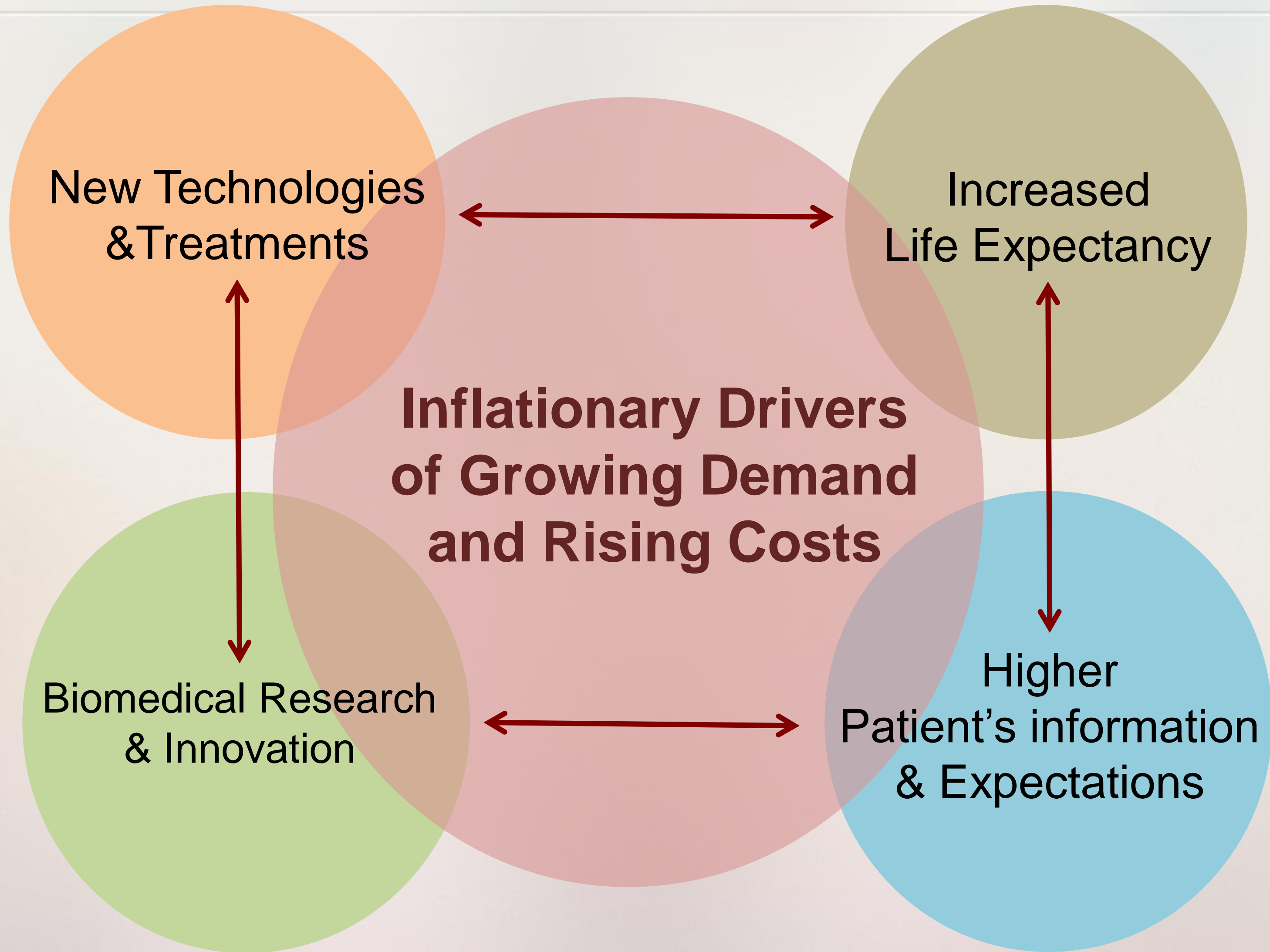
Overpopulation
Poverty
Urban growth
Deforestation
Pollution
Climate change
Pandemics …
…

Health care is forever changing… and we are on it !

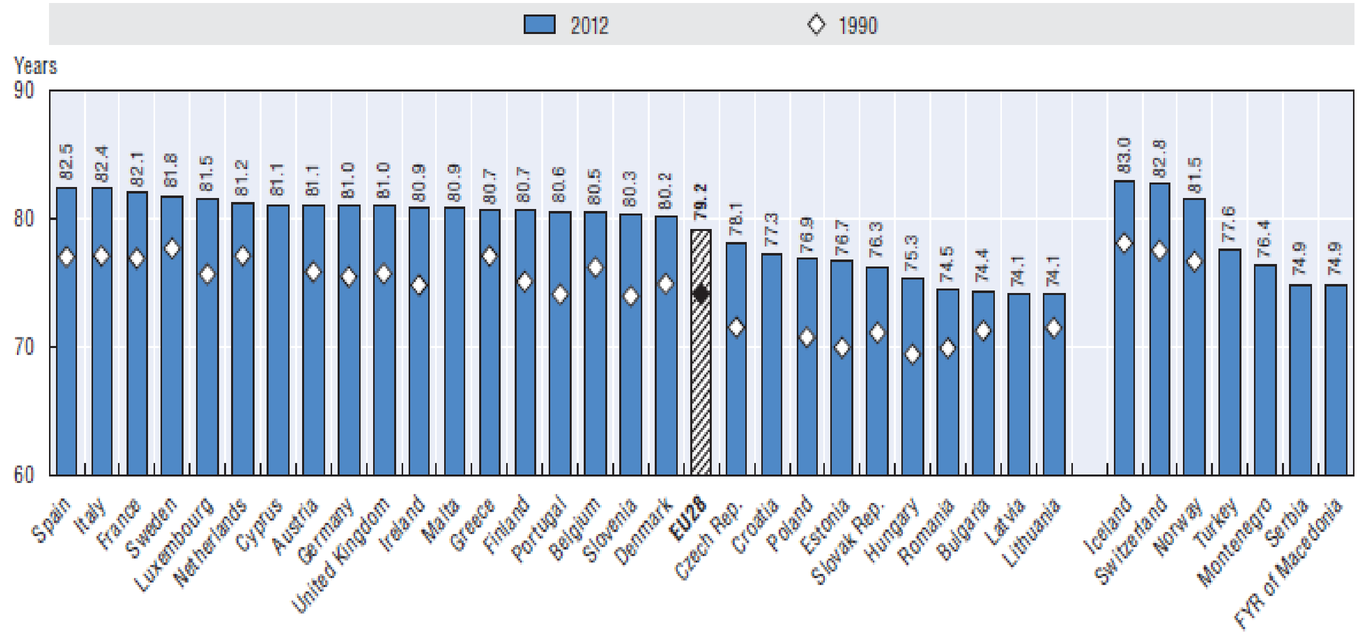
new changes…
new problems…
new needs…
new challenges…
to face and solve !

Aging
Chronicity
Multi-morbidity
Social changes
New diseases
Role of patients
Higher information
More expectations
Growing demand
Rising costs

Health care is forever changing… and we are on it !



Health care is forever changing… and we are on it !



Health care is forever changing… and we are on it !

Rising Patient Needs and Costs

For years, hospitals responded to increasing demands by adding more beds, more buildings, and more staff

Health care is forever changing… and we are on it !

Rising Patient Needs and Costs

For years, [...]nded to incre[...]

beds, [...]

Limited Financial Resources

However, in the past decade, **the global recession** limited hospital resources, and many administrators **reduced beds and staff** for balancing the bottom line

Health care is forever changing... and we are on it !

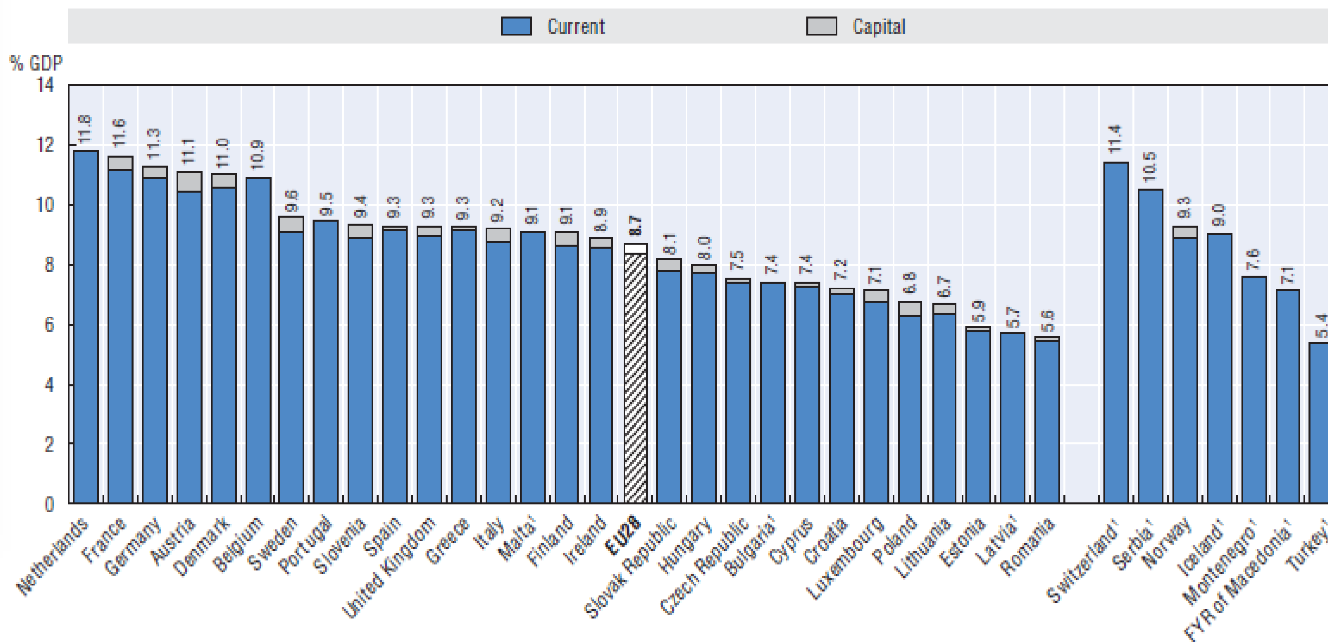
Rising Patient Needs and Costs

Limited Financial Resources

Health care is on a collision course with economic reality

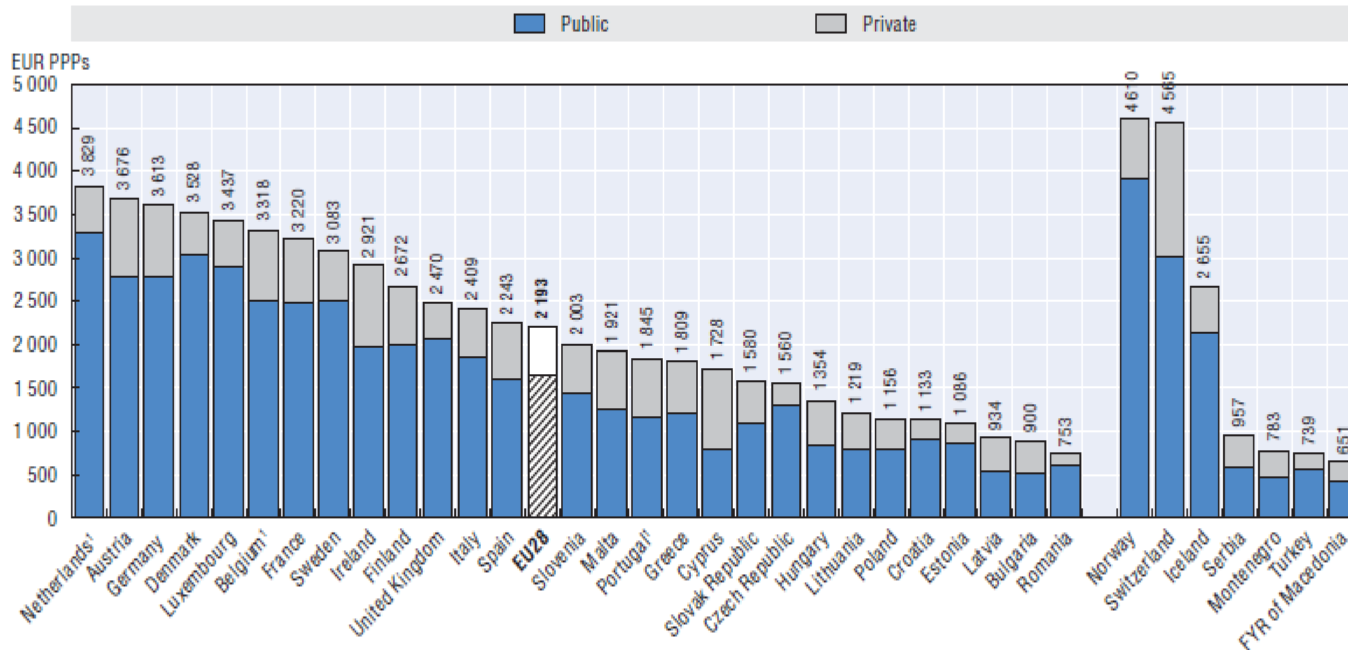
Health care is forever changing… and we are on it !

6.2.1. Health expenditure as a share of GDP, 2012 (or nearest year)

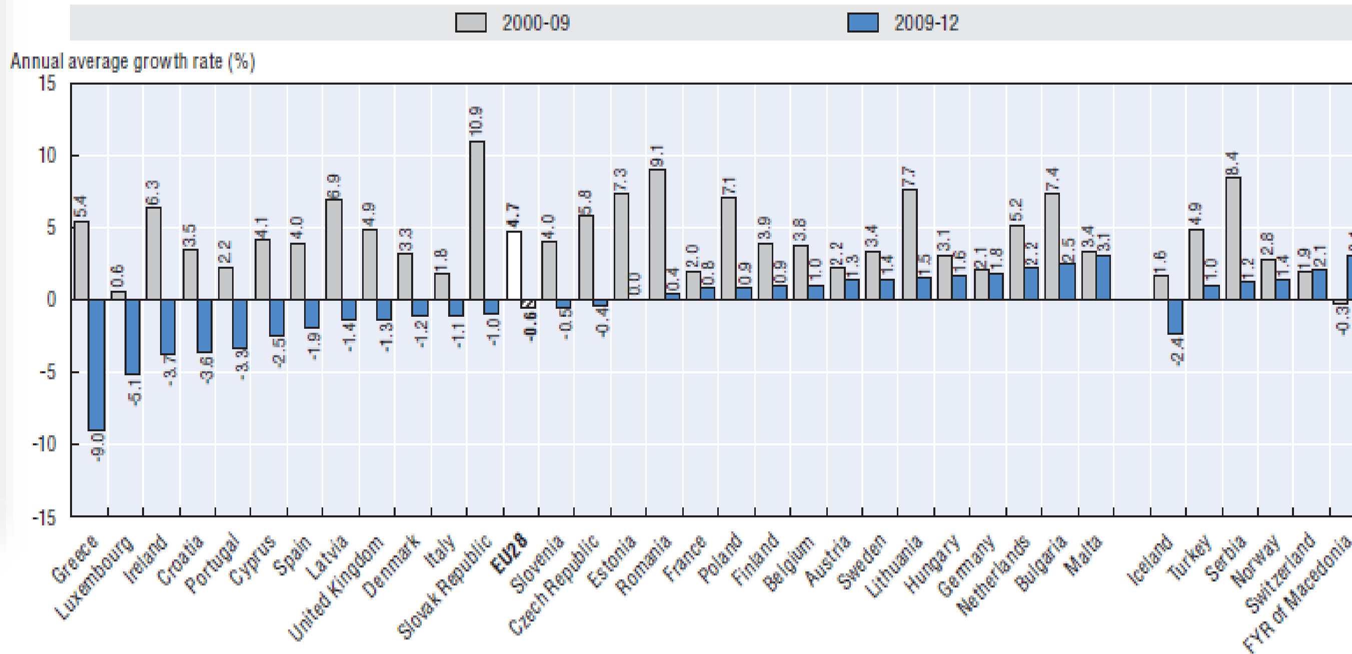


1. Total expenditure only (no breakdown between current and capital spending available).
Source: *OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en; Eurostat Statistics Database; WHO Global Health Expenditure Database.*

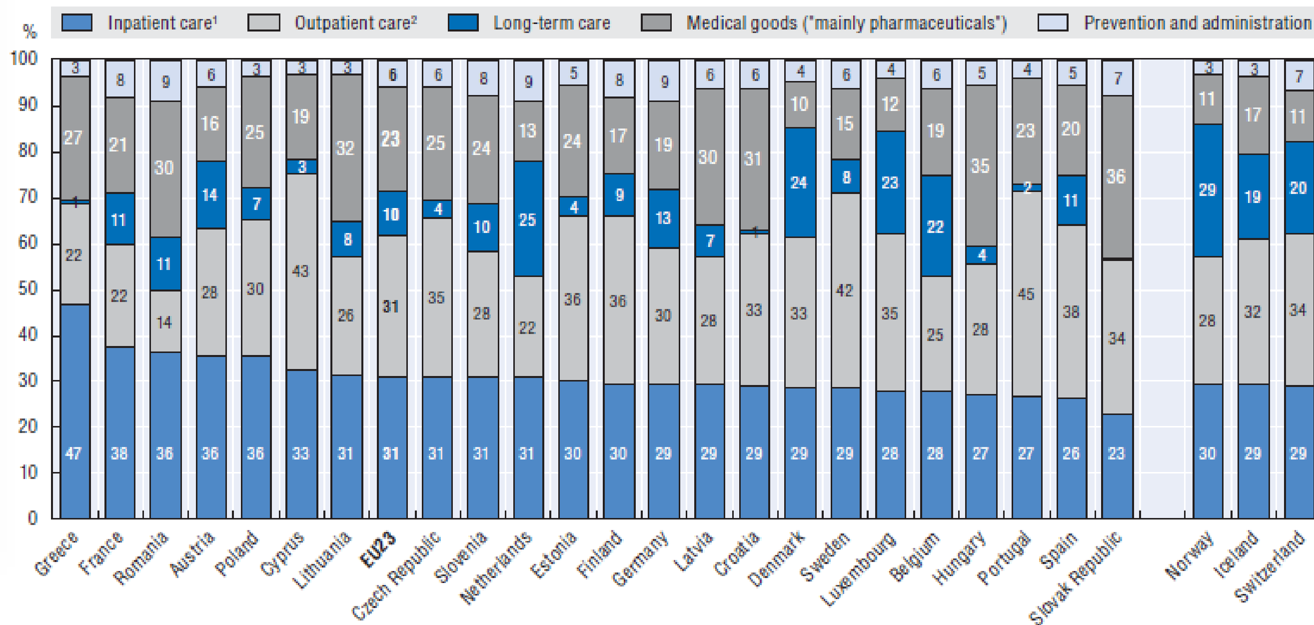
Health care is forever changing… and we are on it !



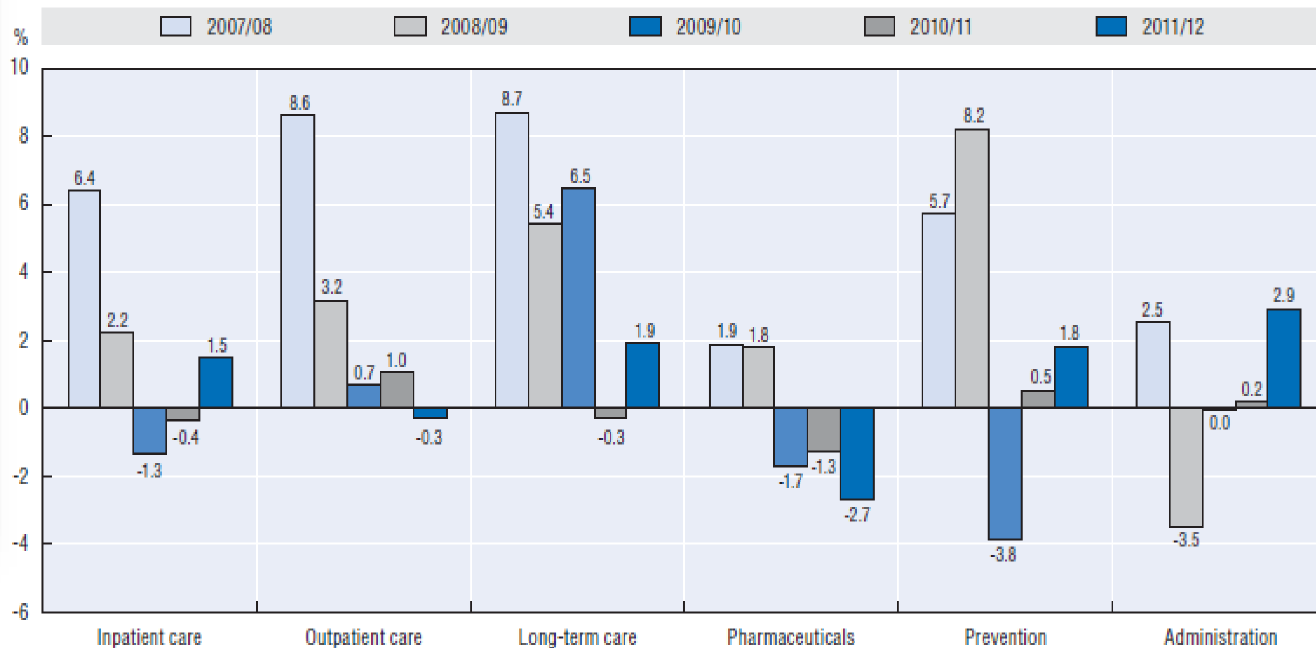
Health care is forever changing... and we are on it !



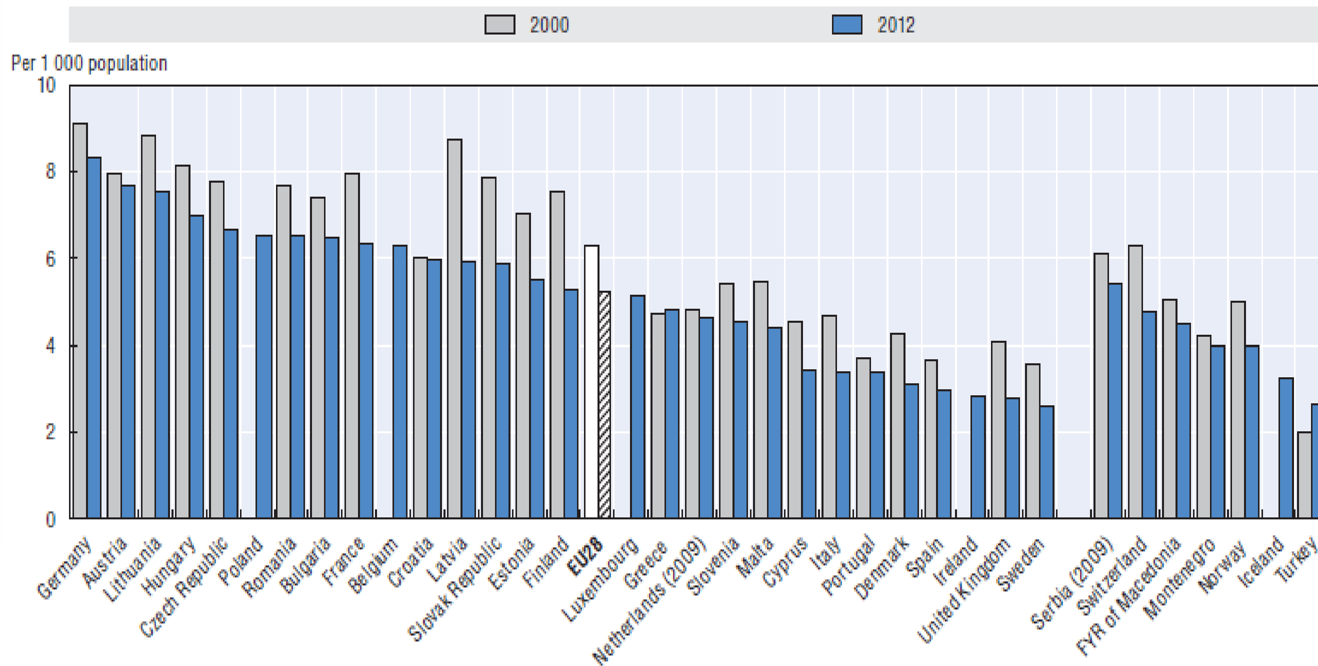
Health care is forever changing… and we are on it !



Health care is forever changing... and we are on it !



Health care is forever changing... and we are on it !



Hospital Restructuring

Almost all European countries reduced inpatient beds during the last 10 years !
Hospital beds are still the cornerstone of traditional internal medicine,
but they are expensive and may be more scarce in the coming years…

traditional

expensive

scarce

Hospital Restructuring

After reducing beds, most hospitals have begun to operate **at or above capacity**, with a **dysfunctional bed "competition"** between **emergency** and **scheduled** inpatient admissions.

Physicians face daily with "**boarded patients**" waiting for a free bed in the ED, lack of ICU beds, theatre cancellations, and hospital diversions

Dysfunctional Inpatient Bed Competition

Dysfunctional Inpatient Bed Competition

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

"Lack of access to inpatient beds is the **main factor for hospital crowding**"
(US GAO 2003, 2009 and IOM 2006)

In 2006, the **Institute of Medicine** reported that **when hospitals are full**, hospital executives might prefer **scheduled** to **emergency** patients, since emergency admissions tend to be for **medical conditions**, which are considered **less profitable** than is elective surgery

Dysfunctional Inpatient Bed Competition

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

"Lack of access to inpatient beds is the **main factor for hospital crowding**"
(US GAO 2003, 2009 and IOM 2006)

Hospital executives
not only prefer
scheduled over **emergency** admissions,
but still **consider normal to force**
Emergency Departments
to absorb the excess of demand
for **medical admissions**
of the entire hospital.

the "Revolving Door" syndrome

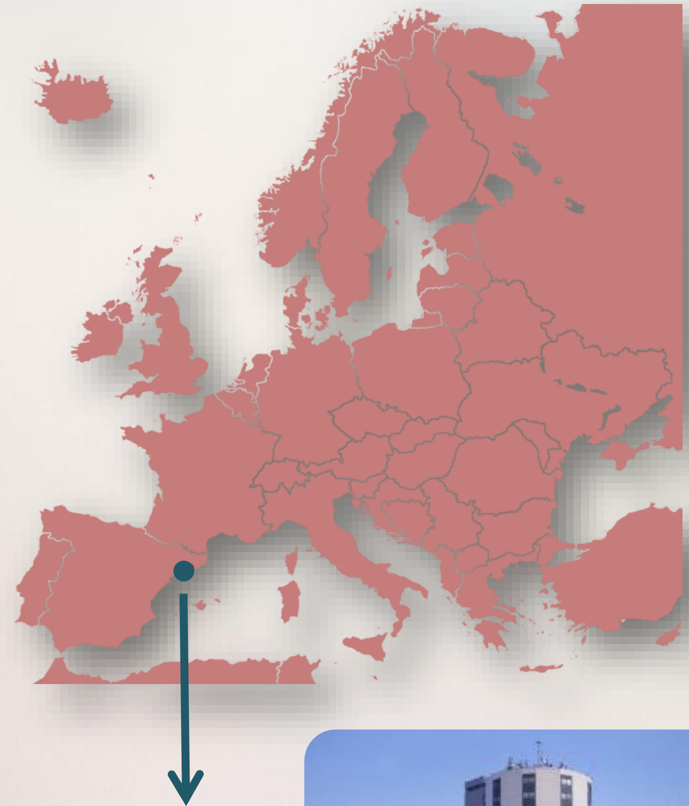
Physicians regard
Inpatient Access Block
with enormous **concern and pessimism.**

This phenomenon leads hospitals to suffer waits, cancellations, and diversions that **negatively affect** patient **safety and quality** of care.

Inpatient Access Block

In the late 90's,
one decade before
the Global Financial Crisis…

… our daily hospital routine was → how to face the lack of free inpatient beds, → how to avoid cancellations in elective surgery, and → how to get ED "boarding" patients upstairs



Barcelona

Inpatient Access Block

monthly number of patients waiting for a free inpatient bed in the ED at 8.00 am

Addressing the lack of inpatient beds
at Bellvitge University Hospital:
Clinician-Administrator collaborative approach

Bellvitge
Hospital Universitari

Our 10-step process

1. **Something wrong we were doing**
2. Literature review
3. New approach
4. Hospital Board Commitment
5. Financial support
6. Multidisciplinary taskforce
7. Multifaceted intervention
8. Communication strategy
9. Implementation
10. Monitoring & Evaluation

Literature Review

"Inpatient Access Block" is a well known phenomenon in many hospitals worldwide…

Several experiences demonstrate that this is **not only** a **"financial resource problem"** since it often reflects a larger failure of "**hospital-wide operational processes**"

Forero R, McCarthy S, Hillman K.
Crit Care. 2011;15(2):216. doi: 10.1186/cc9998.

REVIEW

Access block and emergency department overcrowding

Roberto Forero[1]*, Sally McCarthy[2], Ken Hillman[1]

Inpatient Access Block

Scheduled patients

Surgical

Waiting list for elective surgery

Access Block

Emergency patients

Medical

"Inpatient Boarding" in the ED

Alternatives to Standard Hospitalization

Surgeons

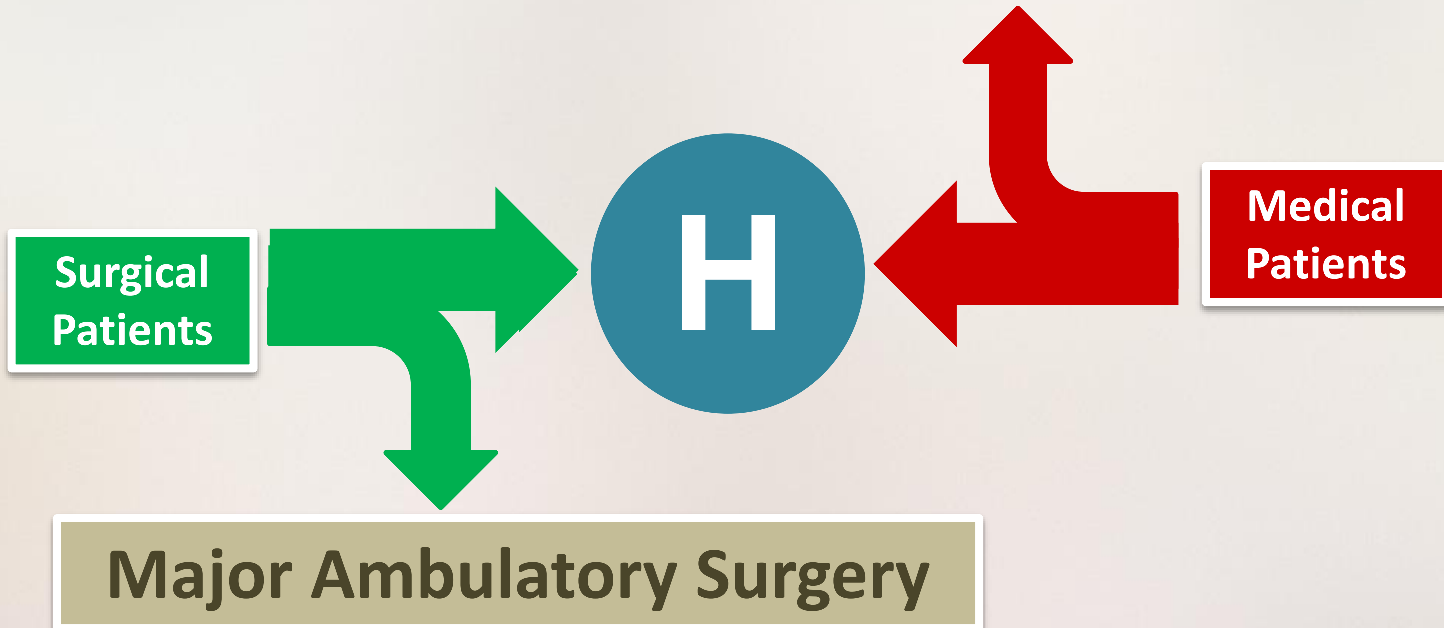
Internists

Surgeons
have been more willing than internists to introduce **inpatient care alternatives** in their clinical practice

During the past 30 years, "**Major Ambulatory Surgery**" has grown steadily and has become a totally accepted modality of delivery.

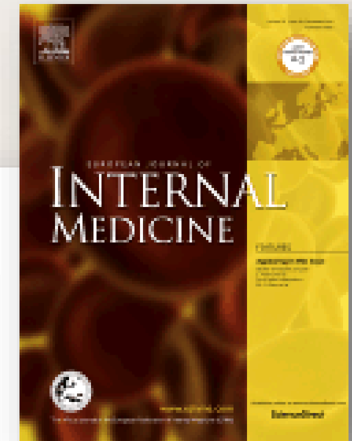
Internists
should be firmly interested in leading this **change** also in medical patients, and they should consider this an opportunity and not a loss.

Alternatives to Standard Hospitalization



"Major Ambulatory Medicine"

Corbella X, Salazar A, Pujol R.
Major Ambulatory Medicine. *Eur J Intern Med* (2012), http://dx.doi.org/10.1016/j.ejim.2012.09.003



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journal homepage: www.elsevier.com/locate/ejim

ELSEVIER

Major ambulatory medicine

Keywords:
Ambulatory care
Patient admission
Hospitalization

For years, as long as payment for health care services covered the costs, hospitals responded to increasing demands by adding more

to patients and reduce costs. While it has not been clear how to define these transiti0n of care units between inpatient and outpatient care for non-surgical patients, our proposal is to unify the sort of these alternatives to traditional hospitalization under the unique denomination of "Major Ambulatory Medicine" (MAM). The idea is to offer a conceptual framework useful for physicians and policymakers, and help further development and evaluation of such initiatives.

When a new wave claims for 'generalism' in Europe and in the U.S. [5], internists should be interested in leading this strategic change, especially in large teaching hospitals, and they should consider this an opportunity and not a loss. Hospitalists and accountable care organi-

New Approach

Multidisciplinary Taskforce

Our Aim

To guarantee free hospital beds for inpatient admission

→ to eliminate the "inpatient boarding" in the ED

→ to increase hospital throughput

Our Strategy

To Relieve Pressure on Hospital Bed Availability

→ by Reducing Avoidable Inpatient Admissions

→ by Reducing Unnecessary Hospital Stays

Our Action

To Change our Traditional Clinical Practice

→ by using Alternatives to Standard Hospitalization and **"Major Ambulatory Medicine"**

Major Ambulatory Medicine

Short Stay Units
Medical/ Surgical

Day Hospitals
Medical/Surgical

Hospitals in the Home
Medical/Surgical

Alternatives to
Standard
Hospitalization

Integrated Care Units
Medical

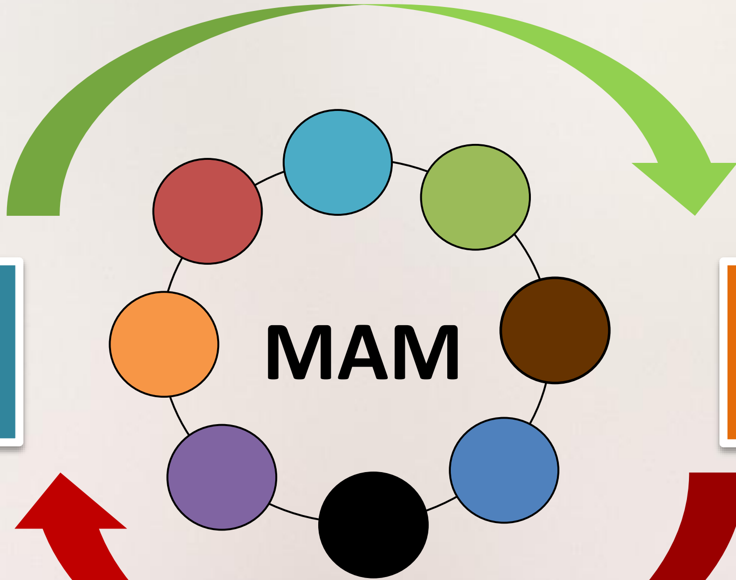
Quick Diagnostic Units
Medical

Same-day Admission Units
Medical/Surgical

23-h Surgical Units
Surgical

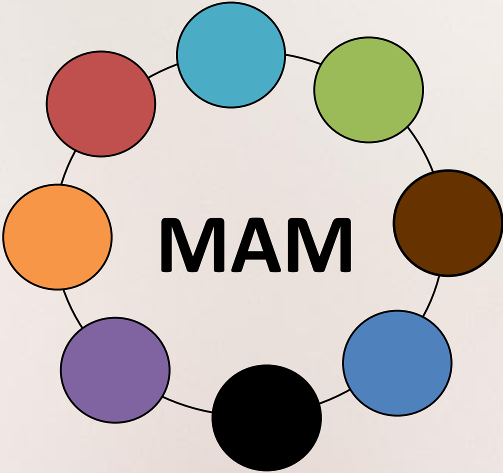
ED Observation Units
Medical /Surgical

Major Ambulatory Medicine



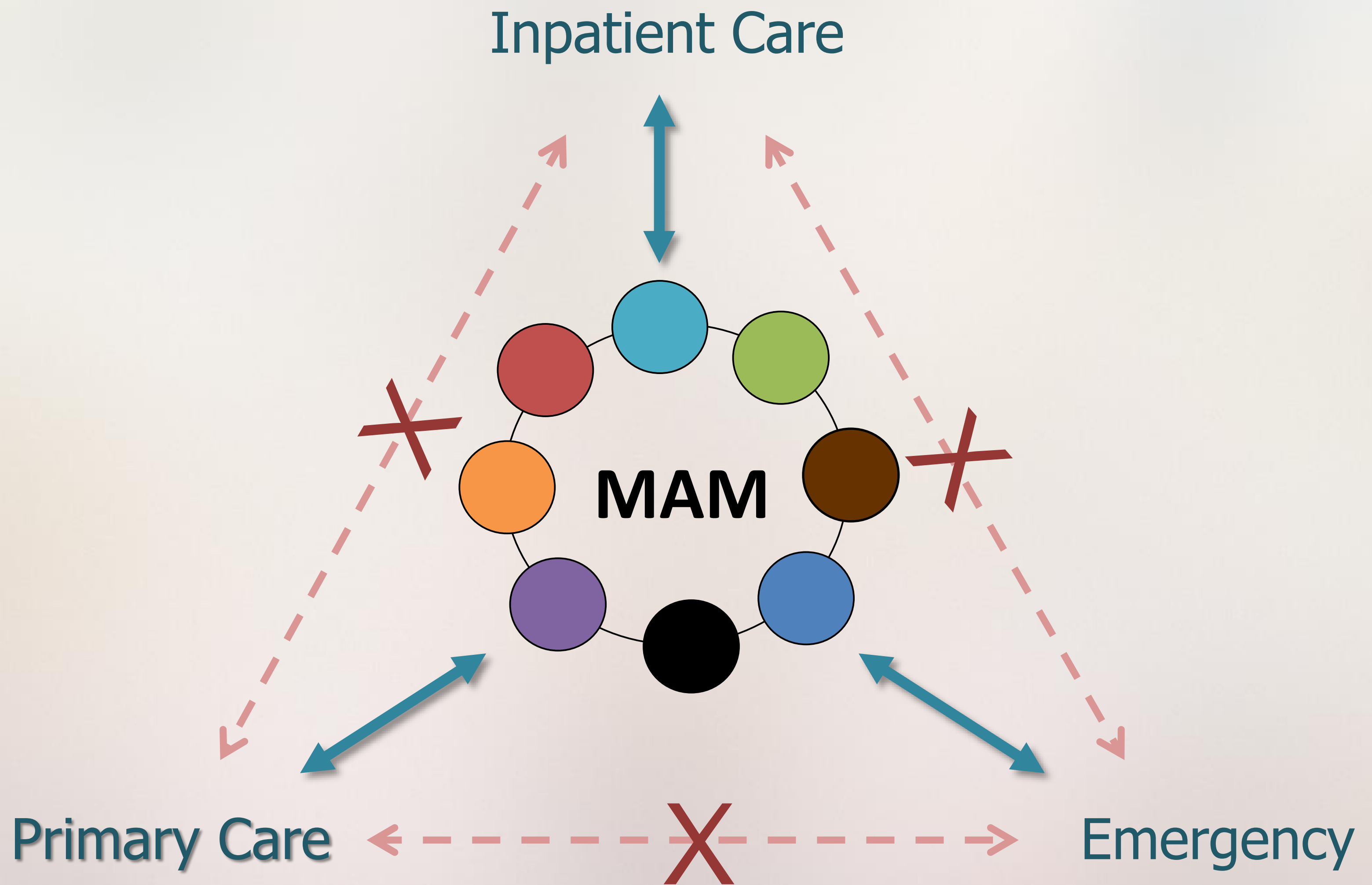
A new Hospital Integration Strategy for Internal Medicine

Inpatients

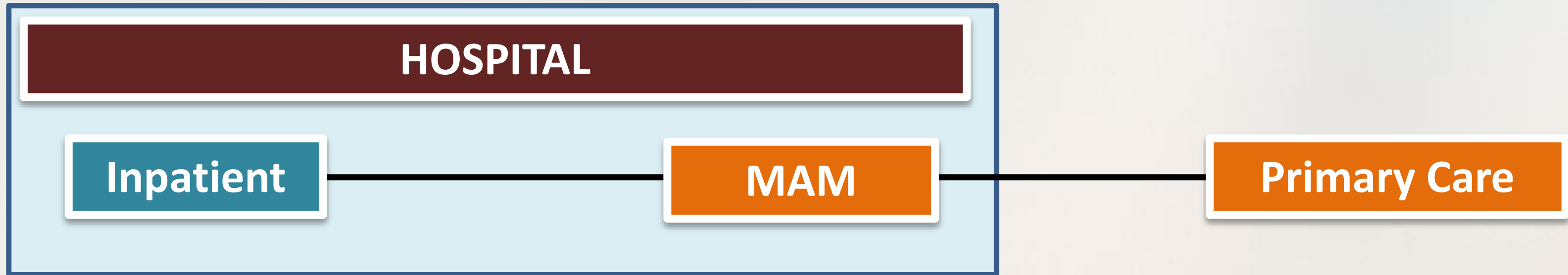


Outpatients

to bridge the gap between

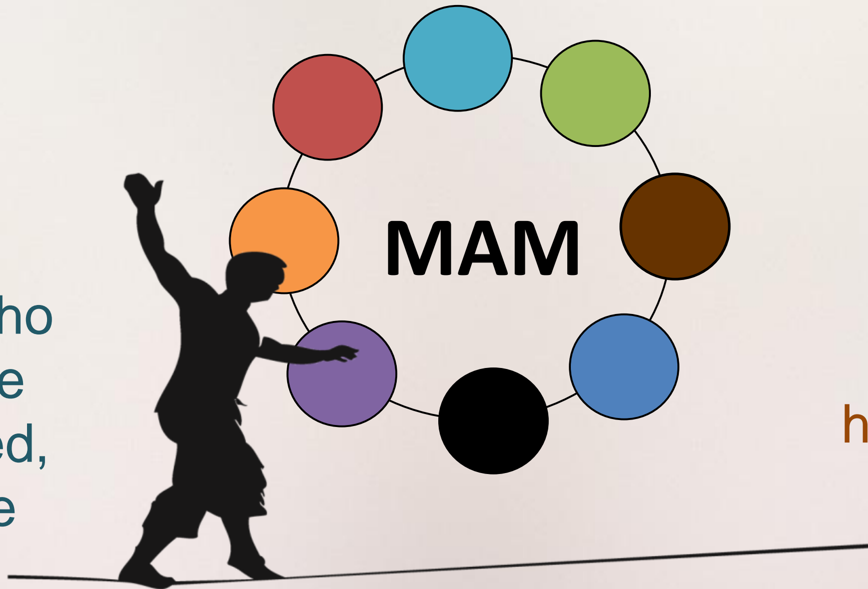

Inpatient Care
MAM
Primary Care
Emergency

bridging Inpatient and Outpatient care



In

Patients who have to be hospitalized, should be there



Out

Patients who do not have to be hospitalized, should not be there

implementing change at Bellvitge Hospital

www.sciedu.ca/jha Journal of Hospital Administration, 2013, Vol. 2, No. 2

ORIGINAL ARTICLE

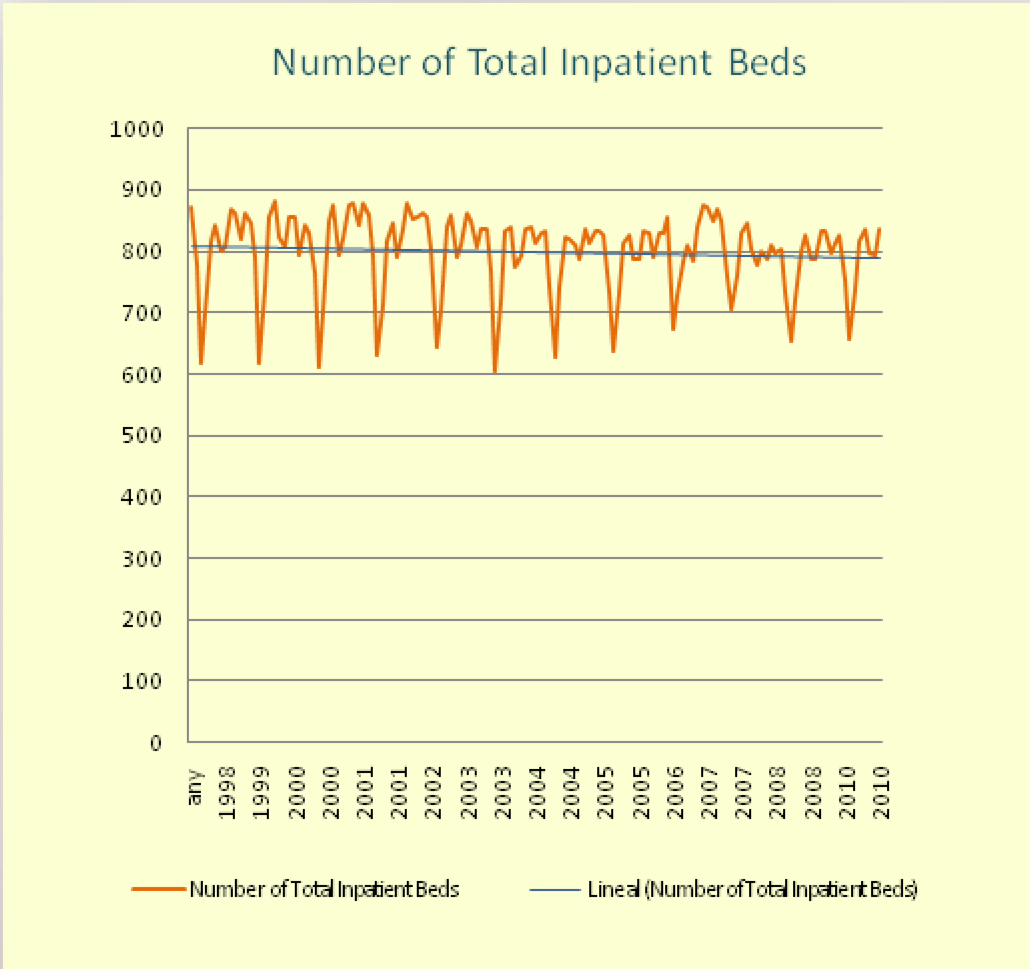
Alternatives to conventional hospitalization for improving lack of access to inpatient beds: A 12-year cross-sectional analysis

Xavier Corbella, Berta Ortiga, Antoni Juan, Nuria Ortega, Carmen Gomez-Vaquero, Cristina Capdevila, Ignasi Bardes, Gilberto Alonso, Carles Ferre, Maria Soler, Rafael Mañez, Eduardo Jaurrieta, Ramon Pujol, Albert Salazar

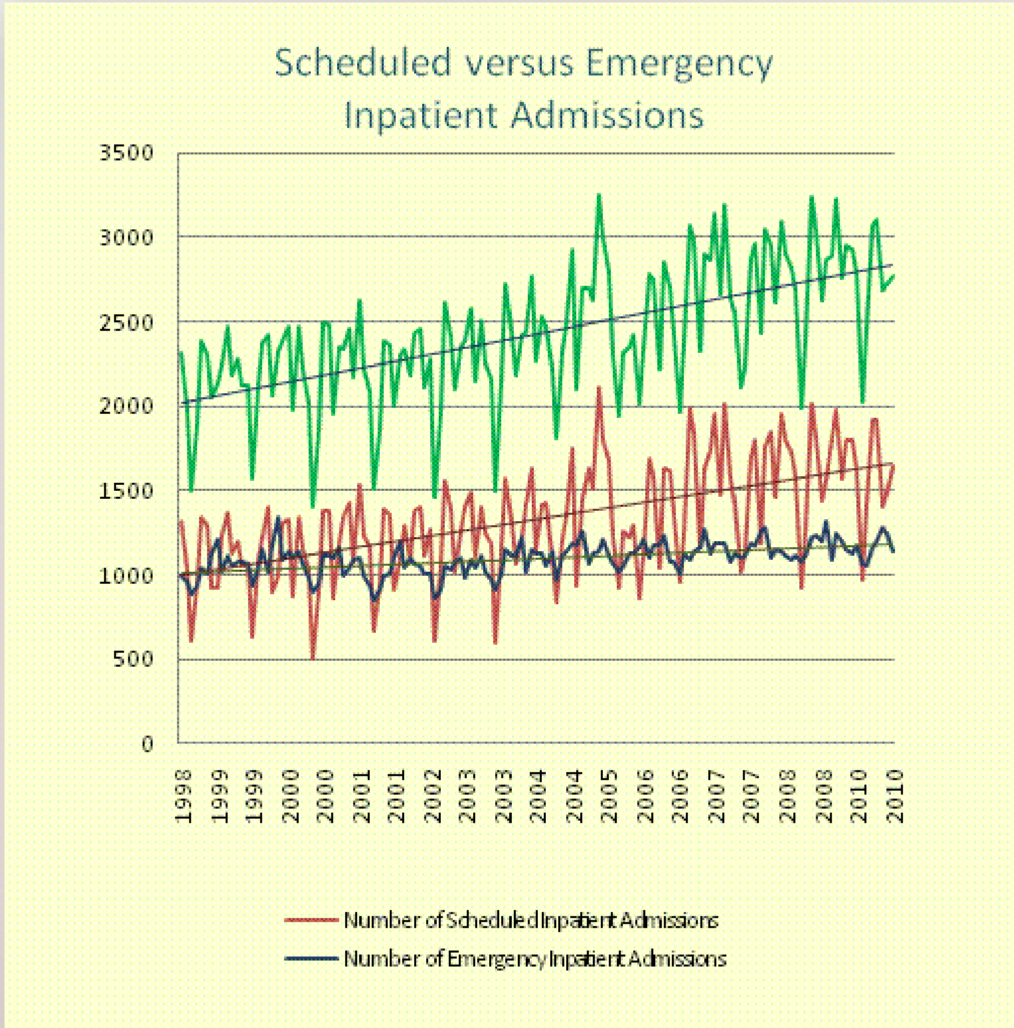
Bellvitge University Hospital and Bellvitge Biomedical Research Institute (IDIBELL), University of Barcelona, L'Hospitale de Llobregat, Catalonia, Spain

DOI: 10.5430/jha.v2n2p9

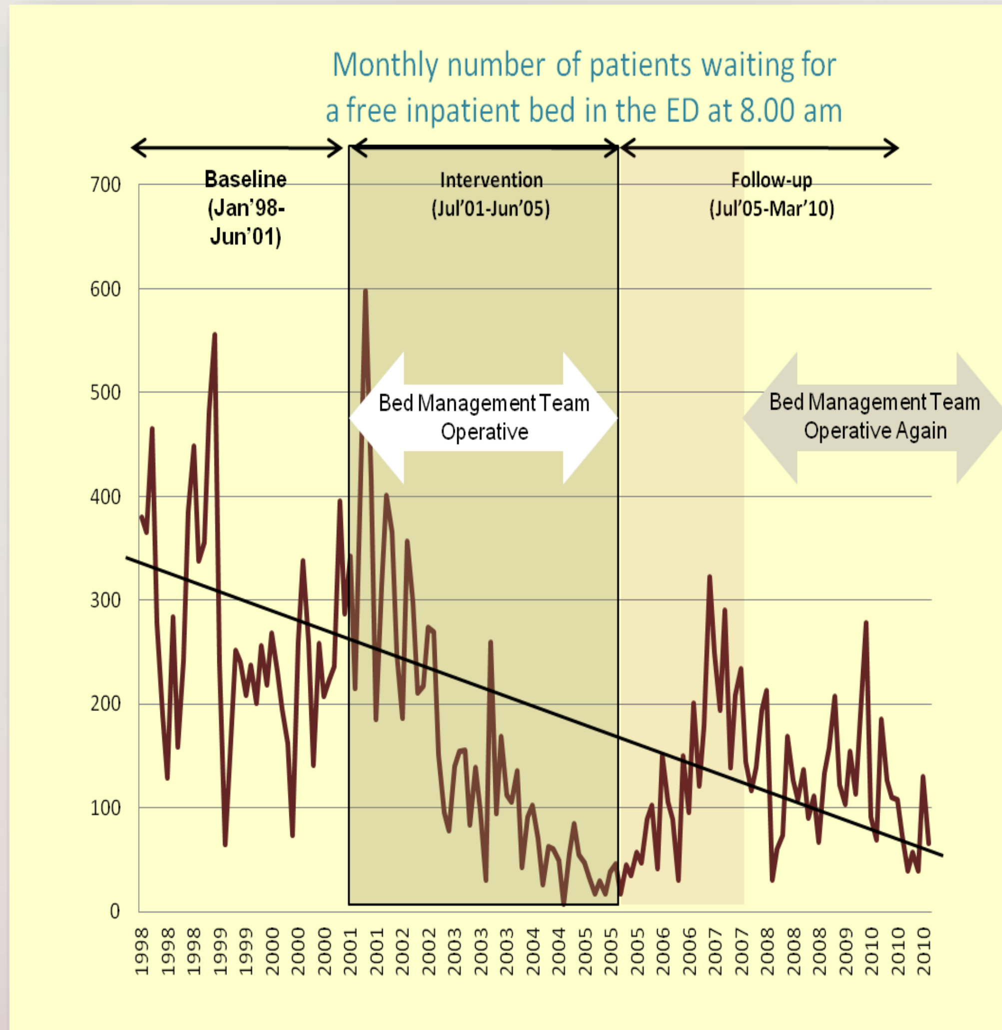
implementing change at Bellvitge Hospital



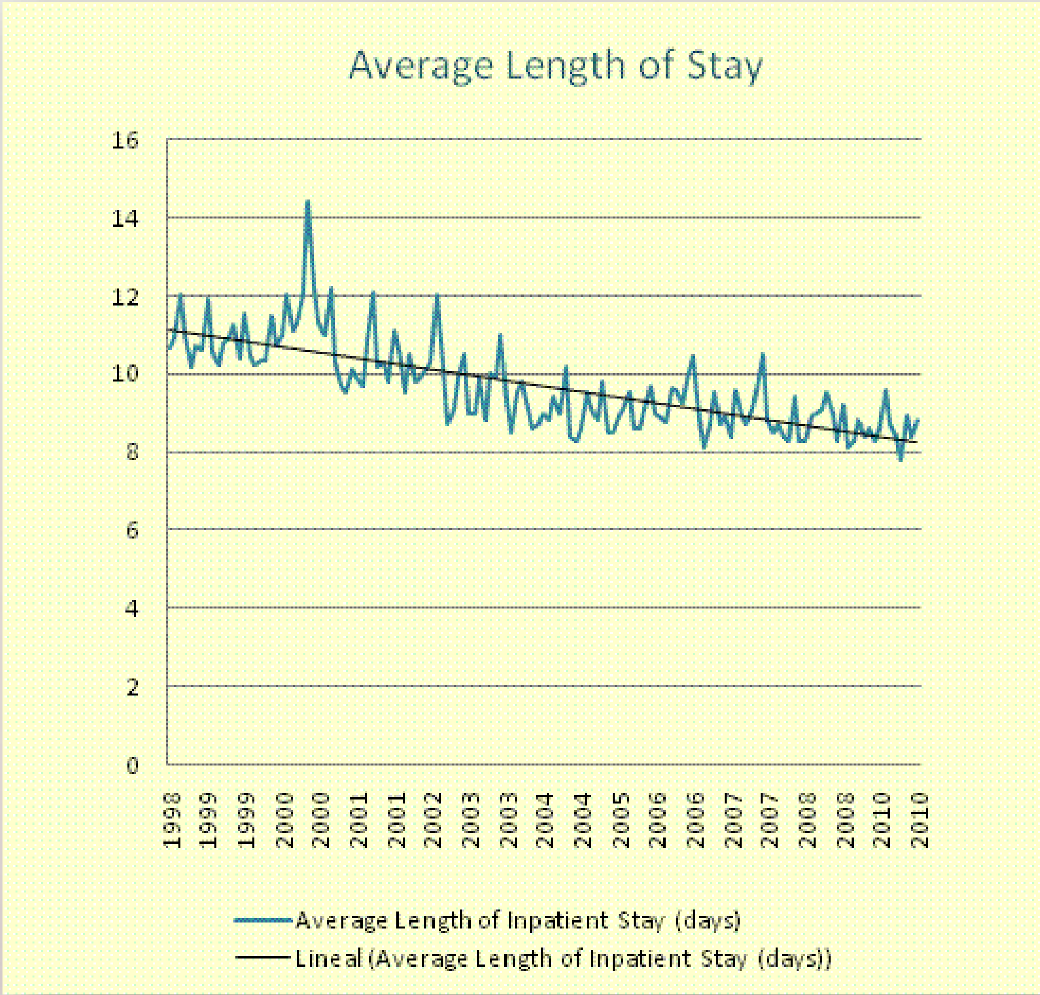
implementing change at Bellvitge Hospital



implementing change at Bellvitge Hospital



implementing change at Bellvitge Hospital



- In our setting, **Major Ambulatory Medicine** provided a means of **quality and efficiency** for managing the rapid growth in inpatient care demand.

- A contentious issue was whether the growth of Major Ambulatory Medicine will translate into reductions in bed numbers in our hospital.

- There is a strong consensus among the hospitalist leaders involved in our research that Major Ambulatory Medicine strategies should be implemented **within existing bed capacity**, rather than achieving any significant reductions in bed numbers.

- However, this conclusion has important financial implications as it reduces the ability of hospital executives to achieve savings in the short or medium term after implementing Major Ambulatory Medicine.

Conclusions (I)

1. Healthcare costs have risen faster than levels of available funding.

2. **Healthcare spending will continue to rise** because of **inflationary drivers** such as increased life expectancy, chronicity, multi-morbidity, social changes and patient's expectations.

3. Growing demand and rising costs have put **healthcare on a collision course with economic reality**, since it cannot be met with current levels of public funding.

4. Accordingly, almost all **European hospitals have reduced the number of inpatient beds** and begun to operate at or above capacity, with a dysfunctional bed "competition" between emergency and scheduled inpatient admissions.

Conclusions (II)

4. Addressing the lack of inpatient beds, internists from different European countries have begun to be firmly interested in leading the **development of new organizational models of care**, based on inpatient-outpatient **integrated care strategies**.

5. For avoiding unnecessary admissions, hospital stays, and readmissions in medical patients, many **alternatives to standard hospitalization** have been proposed in recent years, such as:

> *Quick diagnostic units, Day care hospitals, ED Observation units, Extended evaluation and treatment units for chronic and cancer patients, Short-stay units, or Hospital-at-the home.*

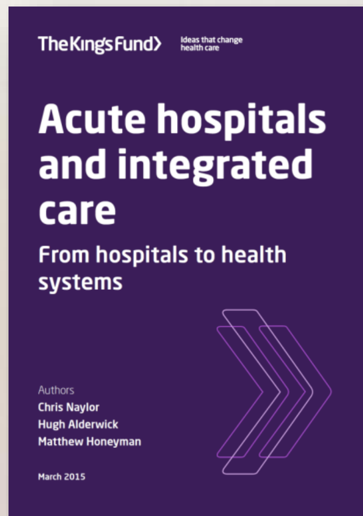
Conclusions (III)

6. While it has not been clear how to define these transition of care units between inpatient and outpatient care for medical patients, our proposal was to unify the sort of these alternatives to standard hospitalization under the denomination of "**Major Ambulatory Medicine**".
(*Eur J Intern Med (2012), http://dx.doi.org/10.1016/j.ejim.2012.09.003*)

7. Drawing upon these trends, we encourage more internists to be interested in **leading new integration strategies** for bridging inpatient and outpatient worlds, considering it an **opportunity and not a loss**.

Internal Medicine Department

New Approach: Acute Hospitals and Integrated Care



Inpatient Care

Leadership in the attention to severely ill admitted patients

→ Acute exacerbation of Multi-morbidity & Geriatrics
→ Active medical support to Surgical Departments
→ Chronically critically patients after ICU admission
→ Complex and Rare Diseases

Outpatient Care

Leadership in the use of **"Major Ambulatory Medicine"** by using **"Alternatives to Standard Hospitalization"**

Primary Care

Leadership in the prevention and continuum care of adult patients with various medical conditions and chronic diseases.

Thank you very much for your attention

The role of internists for bridging the gap between
Inpatient and Outpatient Care