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**The Patient-Centered Laboratory:
A Renewed Focus**

Jane M. Hermansen MBA, MT(ASCP)

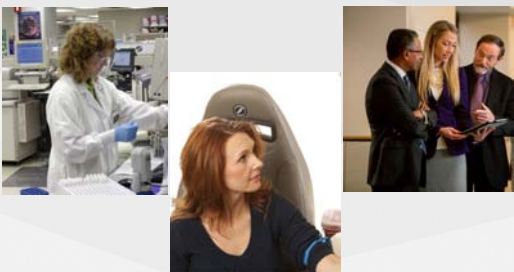
G2 Lab Institute
October 27, 2017


“Have you ever stood there with your hand
on a door handle repeating in your mind
what you’re about to tell someone,
taking a couple deep breaths,
knowing that you’re about to give someone
news that will change their life forever?”

~Jaclyn Haven, Genetic Counselor
TedX Helena

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Will this test result confirm a pre-test
concern for disease?



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Costs of Chronic Disease

- 86% of total healthcare expenditure in US
- Five times higher healthcare costs for patients
- 50% of US population have at least one chronic disease, >65 years, 85%
- Most premature death or disabilities are caused by Diabetes, Cancer and Heart Disease
 - Cancer and Heart Disease 48%
- Causes seven (7) of every 10 deaths

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Centers for Disease Control


Chronic Conditions (CMS)

- Alzheimer's Disease/Dementia
- Arthritis
- Asthma
- Atrial Fibrillation
- Autism Spectrum Disorders
- Cancer (Breast, Colorectal, Lung, and Prostate)
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Depression
- Diabetes
- Heart Failure
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Hyperlipidemia (High cholesterol)
- Hypertension (High blood pressure)
- Ischemic Heart Disease
- Osteoporosis
- Schizophrenia/Psychotic Disorders
- Stroke

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Centers for Medicare and Medicaid Services

Laboratory Role in Healthcare

1. Prevention
2. Diagnosis
3. Treatment
4. Monitoring




Laboratory testing is 2.3% of total healthcare expenditure

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The Triple Aim (Institute for Healthcare Improvement)

- Improving the patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care



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Triple Aim and the Laboratory


Population Health: <ul style="list-style-type: none">• Decreasing risk factors for chronic conditions• Increased prevention strategies• Decrease in Heart Attacks	Experience of Care: <ul style="list-style-type: none">• Fewer hospitalizations (e.g. location of care)• Increased telemedicine• Same day or next day access to providers
Per Capita Cost: <ul style="list-style-type: none">• Decrease in ED visits• Decrease in hospitalization	<ul style="list-style-type: none">• Access to key health services• Diabetes management, best practice

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Triple Aim and the Care Delivery System

1. Design the care delivery system with the whole person at the center
2. Empower people and the care delivery system itself with information, technology and transparency to promote health
3. Build care management and coordination systems



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<http://www.aha.org/content/16/care-payment-models-achieve-triple-aim-report-2016.pdf>


Triple Aim and the Care Delivery System

4. Integrate behavioral health and social determinants of health with physical health
5. Develop collaborative leadership
6. Integrate care delivery into the community
7. Create safe and highly reliable health care organizations.



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<http://www.aha.org/content/16/care-payment-models-achieve-triple-aim-report-2016.pdf>




When Evidence Says No, but Doctors Say Yes

Long after research contradicts common medical practices, patients continue to demand them and physicians continue to deliver. The result is an epidemic of unnecessary and unhelpful treatments.

David Epstein and ProPublica, *The Atlantic* Feb 22, 2017

Care Delivery System Requirements



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Triple Aim: Centered on the Patient

"Bringing medicine back into balance, where everybody gets the treatment they need, and nobody gets the treatment they don't need."
 -David Epstein



"...providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions."
 -Institute of Medicine

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Mayo Medical Laboratories David Epstein and ProPublica, *The Atlantic* Feb 22, 2017
 Crossing the Quality Chasm, the Institute of Medicine (IOM)

Patient-Centered Care Principles

1. Respect for patients' values, preferences and expressed needs
2. Coordination and integration of care
3. Information and education
4. Physical comfort
5. Emotional support and alleviation of fear and anxiety
6. Involvement of family and friends
7. Continuity and transition
8. Access to care

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Patient-Centered Care Delivery

FIGURE 3. TRANSITION TO THE THIRD STAGE OF CARE DELIVERY


	1 st Stage	2 nd Stage	3 rd Stage
Model	Organizational	Community	Person
Organization	Hospital	Networks	Self-directed Virtual
Payer	Government Insurers	Providers Government Insurers	Government Insurers/Providers Patients/Consumers
Patient	Passive Receiver	Activated Consumer	Quantified Informed Purchaser
Focus of Control	Organizational	Retailers New Entrants	Individuals

Source: American Hospital Association, 2016.

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Five Upgrades for a Patient-Centered Laboratory

Status Quo:	Upgrade:
1. Not user friendly	1. Frictionless
2. One size fits all	2. Convenience
3. Ignore quality of service	3. Service and quality focus
4. Premium pricing	4. Price flexibility
5. Relationships are transactional	5. Loyalty


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The Advisory Board Company

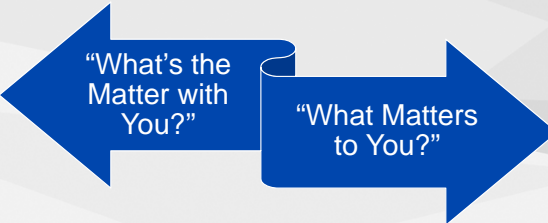
A Quantified, Informed Purchaser


“...meeting patients where they are, providing services that they want in the time frame they want at a price point that they can afford.”

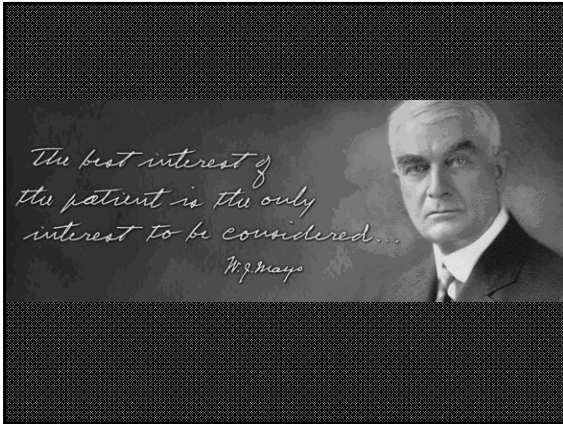
Michael McMurray, COO Mercy Health

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An Enduring Patient-Centric Focus



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