



# HealthTrek

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## Care continues to move outside hospital walls — has your risk management program followed?

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### Why is it important?

The majority of health care organizations have embraced population health management as a key element in the strategy for their own survival. Population health includes management of the clinical and financial risks of defined groups and requires care coordination among hospitals, ambulatory and post-acute care providers. Health care providers develop these care delivery networks by either owning or contracting with them to provide seamless continuity of care. These settings are critical to organizational success, and their exposures must be addressed within a risk management program. This article focuses on the need for and value of an effective risk management program in the ambulatory setting (synonymous with outpatient care).

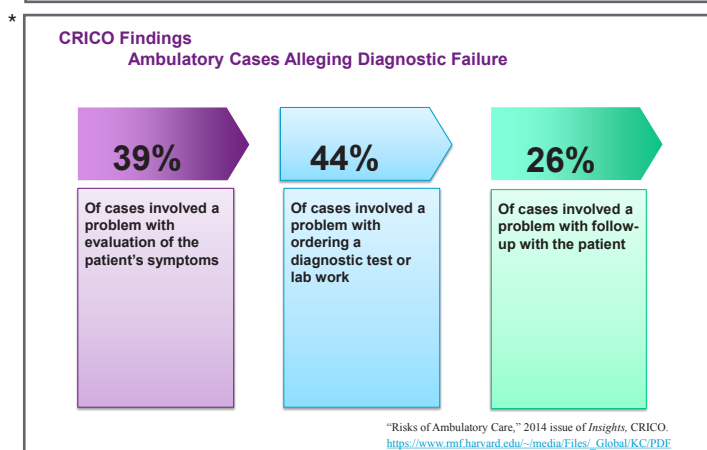
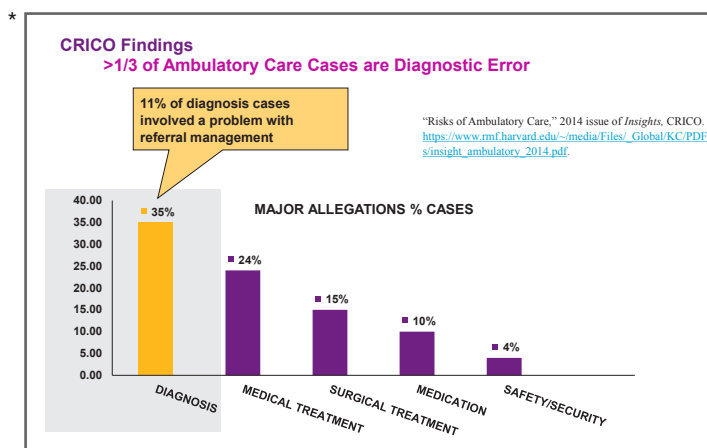
Hospital leadership and boards should be asking, “Do we have an ambulatory risk program in place, and is it effective?” Risk increases when patients do not receive the right care and are not placed in the right setting at the right time.

### *Ambulatory Care*

*Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility. Ambulatory care is provided in settings such as dialysis clinics, ambulatory surgical centers, hospital outpatient departments, and the offices of physicians and other health professionals. CMS*

Reliable processes must be in place in the ambulatory setting to prevent fragmented care, patient harm, dissatisfaction and poor outcomes. This can be challenging when patients and others expect convenience, speed and value to be delivered at an affordable cost. While the needle has definitely moved toward prevention and wellness, we must remain aware that we are treating sicker patients with more complex conditions in the outpatient setting than ever before.

Limited research exists around patient safety and risk management in the ambulatory setting, but we expect that to change as outpatient volumes continue to surpass those of inpatient care. A 2011 malpractice claim study published in *JAMA (The Journal of the American Medical Association)* found the outpatient setting generated as many paid malpractice claims as the inpatient setting. The outcomes of the outpatient events were not trivial — major injury or death accounted for almost two-thirds of paid claims for events in the outpatient setting. Patient safety and risk management in ambulatory care differ from those of acute-inpatient primarily because outpatient care is episodic and therefore any noncompliance, complication or adverse event may take longer to identify, respond to and analyze for mitigation and prevention.



CRICO, a recognized leader in evidence-based risk management, dedicated a 2014 issue of their *Insight* publication to the "Risks of Ambulatory Care." They shared an analysis of their ambulatory care malpractice claims and found diagnosis-related errors the most common allegation.

With the rapid growth in the number and types of ambulatory care and with locations often spread across a large geographical location, implementing a well-integrated, responsive and most importantly effective risk management program can be challenging. Many health care organizations have recognized the benefit of having a dedicated risk manager for this care setting. Since not all outpatient care is associated with hospital ownership we are seeing large continuing care networks and larger ambulatory providers implementing formal risk management programs that can integrate safety, quality, accreditation and compliance into their operations.

## We know there is need and value in a risk management program...but what should be considered when justifying this to leadership?

Health care providers are facing multiple risks on every front and ambulatory care is no different. The entity's ability to identify and manage risk will be critical to sustaining and achieving its goals and mission. Operational, technological, clinical, legal, financial, reputational and many more risks can derail strategy. Some of the more common risks include:

- Non-compliance with regulatory requirements
- Correct strategy selection for reimbursement methods and care delivery models
- Technology risks, including risks of cyber security breaches
- Financial risks, such as how to fund initiatives and fraud risk
- Patient safety and clinical risks

During the planning stages for a new or an improved program, consider holding an interactive brainstorming session; it is paramount to bring together a sampling of key stakeholders and share all the potential risks most relevant to ambulatory care – existing and emerging. Review of any previous risk assessment reports would be beneficial. Keep in mind a large gap exists in the reporting of occurrences, good catches and patient complaint handling in the outpatient setting. Improving event reporting should be a top priority. Access to an electronic Risk Management Information System (RMIS) should be given strong consideration if not already in place.

These risks should then be evaluated in terms of potential impacts and their likelihood of occurring. When these risks are then plotted on a risk map, the high likelihood and impact risks become your top priorities. If previous incident and claim data exists for your outpatient setting it will be useful in monetizing financial loss. The organization will also need to decide whether to avoid, mitigate, retain or transfer certain risk, what benefits are associated with each action and then choose the best method to reduce the risk to acceptable levels.

The majority of ambulatory settings have an office manager. Risk managers should build relationships with these managers, understand their concerns, educate them and include them in development of the risk management program. The result will be a culture centered on patient safety and better outcomes.

Now you have a foundation on which to build your risk management program. The next step is one which has always been the most difficult for risk managers: evidencing the value of investing in effective risk management processes and people. When we are doing our jobs successfully there is normally a reduction in claim frequency and severity. As the quote goes, “How do you measure what you have prevented from happening?” RMIS systems today are capable of providing data reports that help analyze risk and, coupled with population health data management, there is more useful information available to drive decision making. While your own data analytics can yield more persuasive validation of needs and value, you cannot rely solely on your own data. Consider presenting research and data from other organizations as well, where it exists.

Regardless of how your Ambulatory Risk Management program ends up being structured and staffed, you will still need key processes in place. These processes will need consistent monitoring to ensure they are effective at reducing the risk of harm and potential loss. Care delivery model and reimbursement methodology changes are focused on improving the health and wellness of populations by implementing care coordination, using technological resources, lowering costs, improving outcomes and obtaining higher patient satisfaction. Proactively addressing risk and the potential for harm/loss can increase the likelihood of achieving objectives and further contribute to an organization’s success in today’s dynamic environment.

## What are considered ambulatory care?

- Retail Clinics
- Urgent Care Centers
- Free Standing Emergency Centers
- Occupational Health Clinics
- Health Clinics (scheduled visits)
- Public Health Centers
- Primary Care
- Surgery Centers
- Diagnostic Centers
- Cancers Centers
- Wellness Centers
- Physical Therapy Centers
- Dialysis Centers
- Home Health
- Hospice

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## Sources

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