

ECRI's *Strategic Insights for Ambulatory Care* newsletter is being offered to CAPIC insureds at no cost. If you are interested in visiting any of the links in this edition, please contact Brad Dunkin, Assistant Vice President, at BDunkin@CAPphysicians.com.



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Strategic Insights for Ambulatory Care is a biweekly service provided by ECRI and the Cooperative of American Physicians. We welcome your comments; please send them to AmbulatoryCareRM@ecri.org.



Spotlight on Communication

Start 2024 with a focus on ensuring effective communication in your organization. Results from the Agency for Healthcare Research and Quality's [Surveys on Patient Safety Culture Hospital Survey 2.0: 2022 User Database Report](#) indicate that although staff gave high scores in many domains, some dimensions regarding effective communication scored less favorably. For example, staff responses indicated that important information was left out during shift changes (63%) and during patient transfers to another unit (56%). See these HSRM resources for more details on building effective communication among healthcare workers:

- [Care Coordination and Transitions](#)
- [Communicating Medication Orders](#)
- [Reality Check: I Need to Work on My Communication???](#)
- [Safe Patient Discharge from Ambulatory Care](#)
- [What Does a Culture of Safety Look Like?](#)



Healthcare Team Communication: All Resources

Patient Safety & Relations

Telehealth Visit with Regular Primary Care Provider Less Likely to Lead to ED Visit

What's the news. Patients who had telehealth visits with someone other than their usual primary care provider were 66% more likely to visit the emergency department (ED) within seven days compared with patients who saw their regular primary care provider via telehealth, according to a [study published December 27, 2023, in *JAMA Network Open*](#). In this study of more than five million telehealth visits in Ontario, Canada, researchers matched 942,983 patient pairs who saw either their own regular provider or an outside provider. Of those who saw their regular provider, about 2% went to the ED within seven days, compared to 3.3% of those who saw an outside provider; patients were even more likely to visit the ED when their virtual visit was with a direct-to-consumer telemedicine provider.

Why it matters. As the study's authors note, the findings suggest that telehealth services in the context of primary care may be most effective when they occur within an existing clinical relationship.

How ECRI can help. The training program [Telehealth For Clinical Support Staff Part 2: Telehealth Teams and Workflows](#) can help organizations understand the roles and responsibilities of everyone on the telehealth team and, in particular, the roles of clinical support staff (e.g., medical assistants).

Care Managers Key to Improved Coordination under Comprehensive Primary Care Plus Model

What's the news. A four-year trial of the Comprehensive Primary Care Plus model showed reductions in outpatient emergency department visits, in acute inpatient hospitalizations, and in Medicare costs for acute inpatient care, but did not achieve net cost savings because of increased costs in other areas, including increased payments to participating practices, according to a [report from the Centers for Medicare and Medicaid Services](#) (CMS). Participating practices demonstrated changes in patient access, care continuity, care management and coordination, and patient and caregiver engagement, among other domains. Much of the improved care, particularly during the height of the COVID-19 pandemic, was attributed to the addition of care managers to the patient care team, but this will require additional funding after the conclusion of the full five-year program.

Why it matters. The program, which included more than 3,000 primary care practices, indicates that use of hospital services can be reduced with effective care coordination—and that such coordination was attributable in large part to dedicated staff support.

How ECRI can help. The guidance article [Care Coordination and Transitions](#) highlights strategies for managing effective coordination among primary care practices, other outpatient providers, and hospitals.

Study Links Eyesight-Limiting Conditions with Risk of Falls and Fractures

What's the news. Individuals with one or more eyesight-limiting conditions such as cataracts, age-related macular degeneration (AMD), or glaucoma have a higher risk of falls and fractures than individuals without these conditions, according to a [study published December 28, 2023, in JAMA Ophthalmology](#). The authors evaluated the cases of more than 500,000 individuals with at least one of these conditions, comparing them to nearly three million patients without the corresponding condition. They found that the risk of falls increased by 38% for those with glaucoma, 36% for those with cataracts, and 25% for those with AMD; increased risk for fractures, which affected nearly all body sites, was 31% for glaucoma, 28% for cataracts, and 18% for AMD.

Why it matters. While previous studies suggested an increased risk of falls or fractures associated with these eye conditions, this study strengthens the evidence for the scope of increased harm and supports the need for increased intervention in patients with cataracts, AMD, or glaucoma.

How ECRI can help. The guidance article [Care Coordination and Transitions](#) provides strategies for coordinating with providers in other care settings, which will be necessary for primary care providers referring patients with eyesight-limiting conditions for further assessment and treatment.

Legal & Regulatory

Potential Advantage to Competitors Alone Will Not Satisfy "Good Cause" for a Protective Order

When a hospital did not have on-call cardiothoracic physician coverage for emergencies, it went on divert status. The divert procedure was implemented and communicated to the emergency department (ED) staff. An ambulance contacted the hospital on its way to deliver a patient that had a cardiac catheterization emergency. By mistake, a nurse told the ambulance to bring the patient to the hospital. Once the nurse realized their mistake, they attempted to contact the ambulance to divert it, but the ambulance arrived at the ED before the message was received. The nurse met the ambulance outside the ED and directed the ambulance to take the patient to another hospital; this happened without assessment or stabilization. The patient was transported elsewhere and survived a five-vessel coronary artery bypass. The plaintiff sued the hospital for negligence, negligence per se, and violations of the Emergency Medical Treatment and Labor Act (EMTALA).

During the course of the litigation, the defendant hospital entered into a private protective agreement with the plaintiff wherein the hospital produced documents it considered confidential with the understanding that the plaintiff would maintain their confidentiality unless and until he filed a notice of intent to challenge the categorization; ultimately, the plaintiff filed a notice to remove 25 documents from under the protective agreement. These documents included "policies and procedures, nurse training documents, job descriptions, physician schedules and employee lists." In response, the defendant filed a motion for a protective order. In deciding on the motion, the court conducted an *in camera* review of the documents at issue, after which the motion for a protective order was denied; the defendant filed the instant appeal.

Pursuant to Federal Rule of Civil Procedure 26(c)(1)(G), "the court may, for good cause, issue an order to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense, including . . . requiring that a trade secret or other confidential research, development, or commercial information not be revealed or be revealed only in a specified way." There are several factors to consider when evaluating the applicability of confidentiality protections, including the extent to which the information is known outside of the organization, by employees, and by others involved in the organization; the extent of measures taken to protect the information; the information's value to the organization and its competitors; the effort or money put into developing the information; and whether others could properly acquire or duplicate the information.

The defendant hospital objected to the court's denial of the protective order, arguing that disclosure of the protected documents would yield an opportunity for competing hospitals to improve their policies and procedures, thereby undercutting the defendant's business advantage.

On appeal, the defendant's objections to the denial of the protective order were overruled. The court upheld the original judge's decision, noting that a more specific and concrete harm is necessary to justify a protective order. The denial of the protective order was allowed to stand. [*Williams v. Baptist Healthcare Sys., Inc.*, 2018 U.S. Dist. LEXIS 26723, 2018 WL 989546, No. 3:16-CV-00236-CRS (W.D.Ky. Feb. 20, 2018)]

ECRI Resources:

- [Resource Collection: Laws, Regulations, and Compliance](#)
- [Legal Basics](#)

ECRI Commentary: Discovery is an important part of the litigation process in which the parties exchange information through formal legal mechanisms. The Federal Rules of Civil Procedure (Fed. R. Civ. P.) and most state rules of civil procedure allow parties to make broad requests for discovery of paper records and electronic information. In recent years, changes in the federal rules and similar changes in some state rules increased the burden on organizations to have strong information-governance

practices in place that foster an efficient and effective discovery process.

This abstract is a summary of a recent court decision, verdict, settlement, or other action affecting healthcare organizations and their risk management programs. When reviewing this abstract, keep in mind that laws and court decisions vary among jurisdictions and that decisions of lower courts may be overturned on appeal. For specific legal guidance regarding the significance or applicability of this decision, contact legal counsel.



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