“Integrated system” is a vague term, but a far-reaching concept

In June, Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Clinic became the first members of a new integrated health system called Dartmouth-Hitchcock Health (DHH). It’s a first step, says Dr. Thomas Colacchio, president pro tem of DHH, toward providing more efficient and effective care for residents of New Hampshire and eastern Vermont.

Term: Colacchio concedes that “integrated health system” is a vague term. “It doesn’t describe a thing,” he says. “What it describes . . . is a way that you think about the delivery of care comprehensively.” Patients need any number of services, he explains, from ambulatory care to long-term management of chronic illnesses, so it’s important that the people providing those services work together. As a holding company, DHH is intended to facilitate cooperation among members, making it easier to keep track of the care they’re providing.

Integrated health systems—such as Geisinger in Pennsylvania and Intermountain in Utah—have won praise for high-quality, efficient care. Dr. Robert Berenson, a fellow at the Urban Institute, says there’s evidence that integrated systems can provide better care for less money. “The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

Integrated health systems—such as Geisinger in Pennsylvania and Intermountain in Utah—have won praise for high-quality, efficient care. Dr. Robert Berenson, a fellow at the Urban Institute, says there’s evidence that integrated systems can provide better care for less money. “The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

“The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

“The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

“The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

Term: Colacchio concedes that “integrated health system” is a vague term. “It doesn’t describe a thing,” he says. “What it describes . . . is a way that you think about the delivery of care comprehensively.” Patients need any number of services, he explains, from ambulatory care to long-term management of chronic illnesses, so it’s important that the people providing those services work together. As a holding company, DHH is intended to facilitate cooperation among members, making it easier to keep track of the care they’re providing.

Integrated health systems—such as Geisinger in Pennsylvania and Intermountain in Utah—have won praise for high-quality, efficient care. Dr. Robert Berenson, a fellow at the Urban Institute, says there’s evidence that integrated systems can provide better care for less money. “The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

Integrated health systems—such as Geisinger in Pennsylvania and Intermountain in Utah—have won praise for high-quality, efficient care. Dr. Robert Berenson, a fellow at the Urban Institute, says there’s evidence that integrated systems can provide better care for less money. “The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

Integrated health systems—such as Geisinger in Pennsylvania and Intermountain in Utah—have won praise for high-quality, efficient care. Dr. Robert Berenson, a fellow at the Urban Institute, says there’s evidence that integrated systems can provide better care for less money. “The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

“The standard in the U.S. is to have siloed, individual physicians, whether in solo practice or in single-specialty practice, and independent hospitals,” he says.

Primary care physicians need “a deep sense of comfort with the entire health-care system,” he says. “I don’t know how they do it in other countries. They’re much more comfortable with the system as a whole.”}

To assess patient satisfaction with hospital care, the U.S. Department of Health and Human Services (HHS) asked people who’d experienced an overnight stay between July 2007 and June 2008 if they “would recommend the hospital to their friends and family.” Respondents said that they “would definitely recommend the hospital” as follows:

68% - Percentage of patients at hospitals nationwide

74% - Percentage of patients at hospitals in Vermont and New Hampshire

85% - Percentage at Mary Hitchcock Memorial Hospital (MHHM)

The HHS survey also assessed nine other measures of patient satisfaction, and MHHM matched or surpassed the national average in all but two areas. Here are the responses on a few of those other measures:

59% / 62% - Percentage of patients nationwide / at MHHM who reported that “staff always explained” what a new medicine was for

80% / 85% - Percentage of patients nationwide / at MHHM who reported that upon their discharge “staff discussed help they would need at home” and gave them written information about problems to watch for

56% / 41% - Percentage of patients nationwide / at MHHM who reported that the area around their room was “always quiet at night”

SOURCE: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Each entity is trying to do its best, presumably, but they’re doing it in an uncoordinated fashion.” Integrated health systems, he says, “have the opportunity to bring under one roof—or a virtual roof—all the parties that should be working together.”

Join: Catholic Medical Center in Manchester, N.H., agreed in July to join DHH, though the deal has not been finalized. That agreement calls for the physicians at Dartmouth-Hitchcock Manchester to be integrated into the parent company of Catholic Medical Center, which will then become part of DHH.

All members of DHH will cede authority over some decisions, such as approving budgets and hiring senior leaders. But Colacchio emphasizes that joining DHH “will not change the personality or the identity of those institutions.”

What DHH will do, he says, is help members lower costs and streamline record-keeping. He believes that a unified electronic medical record system will foster collaboration and reduce the risk of error.

Framework: But Colacchio cautions against assuming that mere creation of the organization “achieves what Geisinger and Intermountain have been able to achieve. The integration provides a framework within which the work that Geisinger and Intermountain have done can be accomplished.”

The next step in the process is to clear a number of regulatory hurdles, with final approval possible near the end of 2009.

Amos Esty