



Whitepaper

# Ending Fragmentation and Improving Collaboration In the Healthcare Industry

There's a lot of uncertainty in the American healthcare system these days, driven by a groundswell of economic, market and social forces. But one thing isn't in doubt: the future of healthcare is collaborative. All of the changes sweeping the industry have that in common. They all require a new level of teamwork and communication, within and across provider organizations.

#### CONSIDER THE TRENDS:

- **The shift to value-based care.** Reimbursement models increasingly emphasize value (the best outcomes at the lowest cost) over volume (payment based on quantity of services). That demands much tighter coordination among multiple clinicians and provider organizations to ensure effective, efficient treatment.
- **Increasing specialization and distribution of functions.** Care and accountability are spread across so many practitioners and organizations that improved communications are needed to keep everyone in sync and facilitate timely, informed treatment decisions.
- **Changes in care delivery, regulations, insurance and medical technology.** Healthcare organizations need better, faster ways to inform, align and work with staff to ensure successful adoption of new policies, practices and systems.
- **Electronic health record (EHR) systems.** Successfully implementing EHR systems, rolling them out, and training and supporting users requires closer communication and collaboration with stakeholders across the organization.

## The Malady: Fractured Systems, Functions and Information.

Unfortunately, “efficient communication and collaboration” aren't the first words that come to mind when describing the state of American healthcare today. “Fragmentation and disconnection” is more like it. The problem is partly structural, a result of the sheer complexity of the healthcare landscape and the number of entities involved (patients, providers, insurers, multiple regulatory bodies, governmental layers and political factions). As a report from the Commonwealth Club put it, “There is no single national entity or set of policies guiding the health care system; states divide their responsibilities among multiple agencies, while providers practicing in the same community and caring for the same patients often work independently from one another.”<sup>1</sup>

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“Close coordination is problematic in the U.S. healthcare system because the financing and delivery of care is distributed across a variety of distinct and often competing entities, each with its own objectives, obligations, and capabilities. These fragmented organizational structures lead to disrupted relationships, poor information flows, and misaligned incentives that combine to degrade care quality and increase costs.”<sup>2</sup>

Organizational Fragmentation and Care Quality in the U.S. Healthcare System  
*Journal of Economic Perspectives*

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The problem is also due in large part to fractured and aging technologies, including:

- Siloed, specialized medical information systems: clinical communication tools, patient management systems, billing and reporting systems, EHRs, document management systems, secure texting and chat platforms, learning management software, intranets, CRMs, etc. Some are mobile-enabled, while others are desktop-only.
- Outdated media and tools: handwritten forms and other paperwork, fax, phone, email, pagers.
- Ad-hoc fixes and shadow IT: frustrated by official solutions, many users are taking matters into their own hands and resorting to unsanctioned, insecure tools such as texting and other consumer communication apps.

Vital information and communications are scattered across these systems, apps and platforms, and piecing it all together into a coherent picture is simply more than busy clinicians and administrative personnel have time for. It's hard enough to communicate effectively within a single organization (even a small clinic). Things get exponentially worse when multiple providers are involved – not to mention insurers, employers and other stakeholders.

## The Symptoms: Higher Costs, Reduced Quality of Care.

The impacts of disconnection are numerous, and painful. The inability to collaborate smoothly is the source of massive inefficiencies, inflated costs and lower quality of care.

Fragmentation directly affects a health system's bottom line by driving up spending, reducing income (through denied or missed reimbursements, for example), and delaying or prolonging treatment. It makes it much more difficult to coordinate care, and to implement the practices and policies needed to improve coordination.

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“Even among patients with the same chronic condition, care quality is lower and costs are higher in those who receive more fragmented care.”<sup>3</sup>

Care Fragmentation, Quality, and Costs Among Chronically Ill Patients  
*American Journal of Managed Care*

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Worse yet, poor communications result in many medical errors, with consequences ranging from patient inconvenience to heightened mortality. Patients and families navigate unassisted across different providers and care settings, leading to frustrating and occasionally dangerous experiences.

According to a recent study in the Journal of Patient Safety, “Between 210,000 and 440,000 patients each year who go to the hospital for care suffer some type of preventable harm that contributes to their death.”<sup>4</sup> Another recent study, from researchers at John Hopkins Medicine, concluded that **“medical errors are the third leading cause of death in the U.S.”**<sup>5</sup>

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“Based on an analysis of prior research, the Johns Hopkins study estimates that more than 250,000 Americans die each year from medical errors. On the CDC’s official list, that would rank just behind heart disease and cancer.”<sup>6</sup>

**Medical Errors Are No. 3 Cause Of U.S Deaths, Researchers Say**  
[NPR Report](#)

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EHR systems alone are costing healthcare orgs many millions of dollars in cost overruns, expensive upgrades, lost productivity and penalties for incorrect use. Professionals across the health system are confused, frustrated and overwhelmed by lengthy EHR implementations and feel their feedback is not considered throughout the process. Over half of physicians report that they’re not kept informed of their organization’s strategic plans.<sup>7</sup>

## The Remedy: One Platform for Everybody

Jive is a single, secure, out-of-the-box mobile and browser-based collaboration and communication platform that meets all of the above requirements.

- **Care collaboration:** Jive delivers one seamless environment where all caregivers and other stakeholders – internal and external – can share information and collaborate on patient care, quickly and securely with full HIPAA compliance. This results in improved patient outcomes, reduced readmissions, improved efficiencies, and greater satisfaction of care coordinators.

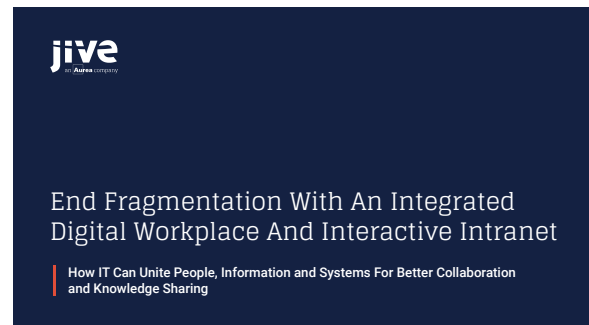
- **Organizational communications:** Jive is a single, engaging desktop and mobile channel for strategic communication and collaboration between organizations and physicians—helping health systems drive greater adoption of value-based payment models, new policies and practices among physicians. Jive delivers highly relevant, compelling communications that are easy to consume – and easy to respond to with questions and feedback that increase understanding and buy-in. Jive also provides real-time metrics on readership, impact and engagement, so organizations know their message is getting through and have the insight they need to continue improving communications.
- **EHR support:** Jive streamlines and improves EHR implementation and management by enabling better communication and collaboration among IT teams, users and other participants. It provides a platform for engaging, time-saving EHR support. Using Jive, IT teams can educate physicians and answer questions, making EHR systems easier to use, improving physician productivity and reducing financial penalties for meaningful use violations. Jive has helped major health systems save millions of dollars on their EHR optimization efforts.

## SOME OF THE NATION'S LEADING HEALTHCARE NETWORKS HAVE ALREADY USED JIVE TO DRAMATICALLY IMPROVE CLINICAL COLLABORATION AND SPEED THEIR DIGITAL TRANSFORMATION.

Jive is exceptionally easy to use – so intuitive it's largely self-explanatory. It's also easy to connect to external systems of record and applications, with many pre-built, ready-to-run integrations. These integrations free siloed content and bring it into Jive's open, collaborative environment, where it's easy to find, share and work on together. Content can continue to live in external systems, but users can search, view, discuss and interact with it transparently just as if it resided in Jive.

The examples above are just a few of the healthcare use cases Jive supports. It's also used for residency program support, nursing onboarding and continuing education, communities of practice, clinical research collaboration, HR support and more. In fact, its capabilities are so comprehensive it often serves as an intranet modernization solution, replacing traditional intranets with a next-generation "interactive intranet" that functions as a unified digital workplace and collaboration hub. In a healthcare system plagued by disconnects, that's just what the doctor ordered.

Interested in learning more? Be sure to read the eBook – [\*End Fragmentation With An Integrated Digital Workplace: How IT Can Unite People, Information and Systems.\*](#)



### Notes:

1. The Commonwealth Fund, 2008. - [www.commonwealthfund.org/publications/fund-reports/2008/aug/organizing-the-u-s-health-care-delivery-system-for-high-performance](http://www.commonwealthfund.org/publications/fund-reports/2008/aug/organizing-the-u-s-health-care-delivery-system-for-high-performance)
2. American Economic Association, 2008. - [www.aeaweb.org/articles?id=10.1257/jep.22.4.93](http://www.aeaweb.org/articles?id=10.1257/jep.22.4.93)
3. American Journal of Managed Care, 2015. - [www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-qualitycosts-among-chronically-ill-patients](http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/care-fragmentation-qualitycosts-among-chronically-ill-patients)
4. Journal of Patient Safety, 2013. - [journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A\\_New\\_Evidence\\_based\\_Estimate\\_of\\_Patient\\_Harms.2.aspx](http://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A_New_Evidence_based_Estimate_of_Patient_Harms.2.aspx)
5. British Medical Journal, 2016. - [www.bmj.com/content/353/bmj.i2139](http://www.bmj.com/content/353/bmj.i2139)
6. NPR, 2016. - [www.npr.org/sections/healthshots/2016/05/03/476636183/death-certificates-undercounttoll-of-medical-errors](http://www.npr.org/sections/healthshots/2016/05/03/476636183/death-certificates-undercounttoll-of-medical-errors)
7. The Advisory Board Company, 2017. - [www.advisory.com/-/media/Advisory-com/Research/PEC/Resources/2014/29782\\_PEC\\_Communication\\_Brief\\_Web.pdf](http://www.advisory.com/-/media/Advisory-com/Research/PEC/Resources/2014/29782_PEC_Communication_Brief_Web.pdf)



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