

Capsule Commentary on Mandl et al., Provider Collaboration: Cohesion, Constellations, and Shared Patients

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This study by Mandl et al.¹ examined how often patients in a commercial health care plan were shared by providers in the network. The authors found that while only 13% of patients were seen by a single provider, among the 87% of patients who were seen by more than one provider, there was little evidence of cohesive coordination or communication, and 73 % of these provider pairs shared only one to two patients. Among constellations with three providers, nearly 100% shared just one patient. This study describes how often patients are “shared” among groups of providers, but provides no data on the nature of the interaction between these providers or what the “sharing” comprised. For example, one of the most common forms of sharing was between a primary care physician and a gynecologist; both were seeing the same female patient, but it is unclear from the data whether the two providers communicated at all. The fact that there were so few shared by any set of unique providers suggests minimal communication.

There is a growing body of research on patient care teams demonstrating that greater team cohesiveness is associated with better clinical outcomes and higher patient satisfaction.² Poor coordination of care within the hospital is associated with higher costs.^{3,4} In these studies, definitions of sharing and collaboration constitute close communication and coordination of care among providers. Mandl examines only whether the patient is being seen by more than one provider. The fact that there are so few “constellations,” and that so many of the combinations of sharing are unique suggests that there is not a

great deal of communication or cohesiveness in the sense of providing improved patient outcomes.

Other studies have shown that within a single year, primary care physicians for Medicare patients coordinated with an average of 229 other physicians working in 117 practices.⁵ As was illustrated in the Mand study, the current healthcare system is not structured to foster outpatient care coordination. Until methods can be engineered to efficiently enhance coordination, improvements in collaborative healthcare efforts are unlikely.

Conflict of Interest: The author declares no conflict of interest with regard to any material presented in this article.

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