The Partnership for Patients
Rebalancing Health Care 5
Tom Evans, MD
November 13, 2012
IHC
Iowa Healthcare Collaborative

Sustainability Dynamics

- Access-
- Menu-
- Efficiency

Availability
Affordability
Cost
The rate of growth in expenditures on hospital care and physician & clinical services is remarkable.

And while that rate of growth has been on a steep upward curve for two decades, the curve becomes nearly vertical in the last five years.

Data shown is total, inflation adjusted dollars that are going into health care through commercial insurance, Medicare, and Medicaid.

Source: Neal C. Hogan, PhD. BDG Advisors, LLC. The End of the Third Bubble. Winter 2009. Carol Corp. / United Health Group October 2010
Value = \frac{(Access + Quality + Security)}{Cost}
3 Long Term Futures

WE “BEND THE CURVE”
Value-based Reimbursement Reform Works

OR

OUT-OF-POCKET COSTS INCREASE DRAMATICALLY
Red meat (not just skin) in the game

OR

BRUTAL PRICE CONTROLS
“Medicaid prices for all”
Data capture and sharing

Advanced clinical processes

Improved outcomes

From Volume to Value
Convergence on the National Scene…

Health Information Technology

• The HiTech Act

Healthcare Reform

• HR 3590- The Patient Protection and Affordable Care Act
• HR 4872- The Health Care and Education Reconciliation Act
Healthcare Reform
Implications for Hospital Providers: The Reform Continuum

Typical community provider
Low X

Level of hospital/physician integration and care management capability

The Feds want providers here
High

- Geisinger Health System
- Mayo Clinic
- Kaiser Permanente

Critical Questions for Hospitals

- Where are you on the reform continuum?
- Where do you need to be?
- What resources will you need to get there?
- Do you have the size/scale/capital (human and financial) to move along the reform continuum on your own?
“Providers” require new core competencies to thrive in the future…

<table>
<thead>
<tr>
<th></th>
<th>Typical Community</th>
<th>Well-prepared Community</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Integration</strong></td>
<td>• Independent, unaligned</td>
<td>• Economically aligned with “new era” comp models</td>
</tr>
<tr>
<td><strong>Care Coordination Capability</strong></td>
<td>• Limited to no use of protocols/EBM</td>
<td>• Extensive use of protocols and EBM</td>
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<tr>
<td><strong>Cost Management</strong></td>
<td>• Little focus on managing cost</td>
<td>• Robust and ongoing cost containment efforts</td>
</tr>
<tr>
<td><strong>Information Systems</strong></td>
<td>• No EMR, limited connectivity</td>
<td>• Sophisticated and integrated IT platform</td>
</tr>
<tr>
<td><strong>Balanced Service Distribution</strong></td>
<td>• Poor primary care access/ extensive duplication</td>
<td>• Highly accessible primary care, rationalized upper-level care</td>
</tr>
</tbody>
</table>
Reform Potpourri
(PPACA or ACA)

- Primary care bonus 10%
- GPCI increase 3.26%
- Health coverage mandate
- State-based exchanges
- Coverage of pre-existing conditions
- Dependent coverage
- Medicare quality reporting extended
- Fraud and abuse enforcement
- Health plan administrative simplification
Healthcare Reform Overview: 2014 Is When The Major Components Start to Take Hold, But the Preparation Starts Today

- **2010**
  - High risk pools
  - Dependents covered to 26
  - Small business tax credits
  - End rescissions and coverage limits
  - Market Basket productivity reductions begin

- **2011**
  - Report Health Care benefits on W-2
  - Community Health Center Funding
  - No Federal Medicaid matching for Hospital Acquired Conditions (HACs)
  - Innovation center created by CMS
  - Brand-name pharmaceutical assessments

- **2012**
  - Accountable Care Organization (ACO) Pilot
  - Penalties for high readmission rates begin

- **2013**
  - Value Based Purchasing (VPB) program for hospital based payments
  - Bundled Payment Pilot
  - Increased Medicaid Payment for PCPs
  - Administrative Simplification
  - Co-ops established
  - Medical device tax

- **2014+**
  - Guaranteed issue
  - Individual and business mandates
  - Exchanges and affordability credits
  - Medicaid expansion
  - Medicare/Medicaid DSH cuts
  - Independent payment advisory board
  - Reduced payment for high levels of HAC
National Priorities

- Making care safer by **reducing harm**
- Ensuring that **each person and family** are engaged in their care
- Effective communication and **coordination**
- Effective **prevention** and treatment for leading causes of mortality, beginning with cardiovascular disease
- Promote the wide use of **best practices**
- Making quality care more affordable by developing and spreading **new health care delivery models**
Partnership for Patients
• Making care safer by **reducing harm**
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• Promote the wide use of **best practices**
• Making quality care more affordable by developing and spreading **new health care delivery models**
Campaign Goals:
Nationwide over three years...(by 2014)

• Reduce preventable inpatient harm by 40%
• Reduce readmissions by 20%
Falls
OB adverse events
Pressure Ulcers
Adverse drug events
Venous Thromboembolism
Ventilator-associated Pneumonia
Surgical Site Infection
Catheter associated UTI
Central-line infection
Readmissions
Falls
OB adverse events
Pressure Ulcers
Adverse drug events
Venous Thromboembolism
Ventilator-associated Pneumonia
Surgical Site Infection
Catheter associated UTI
Central-line infection
Readmissions
• CMS Contract through Innovation Center (27)
• Work with an identified number of hospitals
• Achieve the aims of the Partnership for Patients Campaign:
  • Reduce Unintended Harm by 40%
  • Reduce Readmissions by 20%
The Iowa HEN

- 128 hospitals: 118 Iowa, 7 Nebraska, 3 Illinois
  - Strong rural flavor (92 are CAH/rural PPS)
  - Traditionally high quality and low reimbursement

- IHC historical focus
  - Transparency and public reporting
  - IHI 100K and 5M campaigns
  - Lean
  - Physician engagement
Iowa HEN Strategy

- Drive rapid cycle improvement
- Align and equip providers
- Align and equip community
- Measurement

- Charter/ Work Plan
- Monthly reporting
- Learning Communities
- Improvement Advisors on site
IHC
Iowa Healthcare Collaborative

Work Plan

- Prepare hospitals for the future…
- Align current work with the goals of the campaign and promote improvement
- Identify gaps and begin to address them
- Develop core competencies needed to be successful in the future
- Identify and share best practices
- Develop staff and medical staff
**TIMELINE:** Iowa Hospital Engagement Network

24 Month Snapshot

**2012**
- **Strategy**
- **Metrics**
- **Charter**
- **Develop work plan**
- **Capability**
- **Monthly Reporting/Improvement Work**

**2013**
- **Monthly Reporting/Improvement Work**

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- **OAT 1**
  - Learning Community Cluster 1
  - Learning Community Cluster 2
  - Learning Community Cluster 3
  - Learning Community Cluster 4

- **OAT 2**
  - Learning Community Cluster 1
  - Learning Community Cluster 2
  - Learning Community Cluster 3
  - Learning Community Cluster 4
Iowa HEN Measure set
• 36 process/outcomes measures
• Web-based reporting portal
• Monthly reporting
Converging national measures
Performance improvement reporting
• Not public reporting
• Rapid cycle improvement
• “Point A to Point B”
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Process Measures</th>
<th>Outcomes Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Readmissions</strong></td>
<td><strong>Numerator</strong> # of patients with community providers included in post-discharge needs evaluation</td>
<td># of hospital-acquired catheter-associated UTIs (per NHSN definition)</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of patients sampled</td>
<td># of inpatient discharges</td>
</tr>
<tr>
<td></td>
<td><strong>Numerator</strong> # of patients with follow-up appointment scheduled before discharge in accordance with risk assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of discharged patients sampled</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Numerator</strong> # of observations of nurses where Teach Back is used to assess understanding</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of observations of nurses teaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Numerator</strong> # of patients where critical information is transmitted to the next site of care (e.g. office, LTC, HH)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of patients in the sample</td>
<td></td>
</tr>
<tr>
<td><strong>Catheter-associated Urinary Tract Infections (CAUTI)</strong></td>
<td><strong>Numerator</strong> # of inpatients with full bundle compliance (catheter insertion)</td>
<td># of acute inpatient housewide cath days OR # of acute inpatient days</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of inpatients with urinary catheter insertion</td>
<td></td>
</tr>
<tr>
<td><strong>Central Line Associated Blood Stream Infection (CLABSI)</strong></td>
<td><strong>Numerator</strong> # of inpatients with full bundle compliance (catheter insertion)</td>
<td># of housewide central line infections (per NHSN definitions)</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of acute inpatients with central line inserted</td>
<td></td>
</tr>
<tr>
<td><strong>Surgical Site Infections (SSI)</strong></td>
<td><strong>Numerator</strong> # of acute inpatient surgical patients with full SCIP (SCIP 1,2,3) measure compliance</td>
<td># of SSI in denominator population</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of acute inpatient surgical episodes</td>
<td># of acute inpatient surgical episodes</td>
</tr>
<tr>
<td><strong>Ventilator-Associated Pneumonia (VAP)</strong></td>
<td><strong>Numerator</strong> # of vent patients with full bundle compliance (ventilator)</td>
<td># of ventilator-associated infections</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of vent patients</td>
<td></td>
</tr>
<tr>
<td><strong>Adverse Drug Events (ADE)</strong></td>
<td><strong>Numerator</strong> # of documented BG values &lt; 50</td>
<td># of adverse drug events</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of measurements/patients/monitored patient-days</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Numerator</strong> # of documented INR &gt; 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> all patients on warfarin for study period</td>
<td># of patient days OR # of doses dispensed OR # of doses administered</td>
</tr>
<tr>
<td></td>
<td><strong>Numerator</strong> # of stat Narcan orders outside of the Emergency Department</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of narcotics ordered outside of the Emergency Department for study period</td>
<td></td>
</tr>
<tr>
<td><strong>Falls &amp; Immobility</strong></td>
<td><strong>Numerator</strong> # of inpatients assessed for fall risk on admission</td>
<td>By severity: # of falls with no apparent injury; # of falls with minor injury; # of falls with moderate injury; # of falls with major injury; # of falls resulting in death (See second page for definitions)</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of inpatient admissions</td>
<td></td>
</tr>
<tr>
<td><strong>Pressure Ulcers</strong></td>
<td><strong>Numerator</strong> # of at-risk patients receiving full pressure ulcer preventative care</td>
<td># of hospital-acquired Stage 3 or 4 pressure ulcers</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of at-risk patients identified</td>
<td># of patient days</td>
</tr>
<tr>
<td><strong>Obstetrical Adverse Events</strong></td>
<td><strong>Numerator</strong> # of patients with elective deliveries</td>
<td>Patients with caesarean sections</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of patients delivering newborns with &gt;37 to &lt;39 weeks of gestation completed</td>
<td>Total # of deliveries</td>
</tr>
<tr>
<td><strong>Venous Thromboembolism (VTE)</strong></td>
<td><strong>Numerator</strong> # of acute surgical inpatients with full bundle compliance recommended</td>
<td># of acute surgical inpatients who develop VTE</td>
</tr>
<tr>
<td></td>
<td><strong>Denominator</strong> # of acute surgical inpatients with VTE prophylaxis recommended</td>
<td># of acute inpatient surgical episodes</td>
</tr>
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</table>
Total Number of IHC HEN Hospitals Reporting Metrics per Month on 10 Focus Areas

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>Aug*</th>
<th>Total # of Hospitals working on Focus Area</th>
<th>% of Hospitals Reporting for Current Period (July)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADE OUTCOMES</td>
<td>37</td>
<td>36</td>
<td>38</td>
<td>77</td>
<td>100</td>
<td>105</td>
<td>112</td>
<td>44</td>
<td>122</td>
<td>91.8%</td>
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<tr>
<td>ADE PROCESS</td>
<td>37</td>
<td>36</td>
<td>37</td>
<td>72</td>
<td>93</td>
<td>98</td>
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<td>44</td>
<td>122</td>
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<tr>
<td>CAUTI OUTCOMES</td>
<td>35</td>
<td>34</td>
<td>35</td>
<td>69</td>
<td>90</td>
<td>96</td>
<td>107</td>
<td>43</td>
<td>122</td>
<td>87.7%</td>
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<td>CAUTI PROCESS</td>
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<td>CLABSI OUTCOMES</td>
<td>22</td>
<td>21</td>
<td>22</td>
<td>47</td>
<td>61</td>
<td>68</td>
<td>74</td>
<td>30</td>
<td>84</td>
<td>88.1%</td>
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<tr>
<td>CLABSI PROCESS</td>
<td>22</td>
<td>21</td>
<td>23</td>
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<td>FALLS OUTCOMES</td>
<td>37</td>
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<td>38</td>
<td>78</td>
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<td>104</td>
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<td>FALLS PROCESS</td>
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<td>77</td>
<td>100</td>
<td>105</td>
<td>112</td>
<td>44</td>
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<tr>
<td>OB OUTCOMES</td>
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<td>19</td>
<td>21</td>
<td>48</td>
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<td>92</td>
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<tr>
<td>VAP OUTCOMES</td>
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*August Reporting Period is Still Active