

Quality Aspect of Health Reform

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October 4, 2009

SAINT
VINCENT

We know how to treat people.™ 

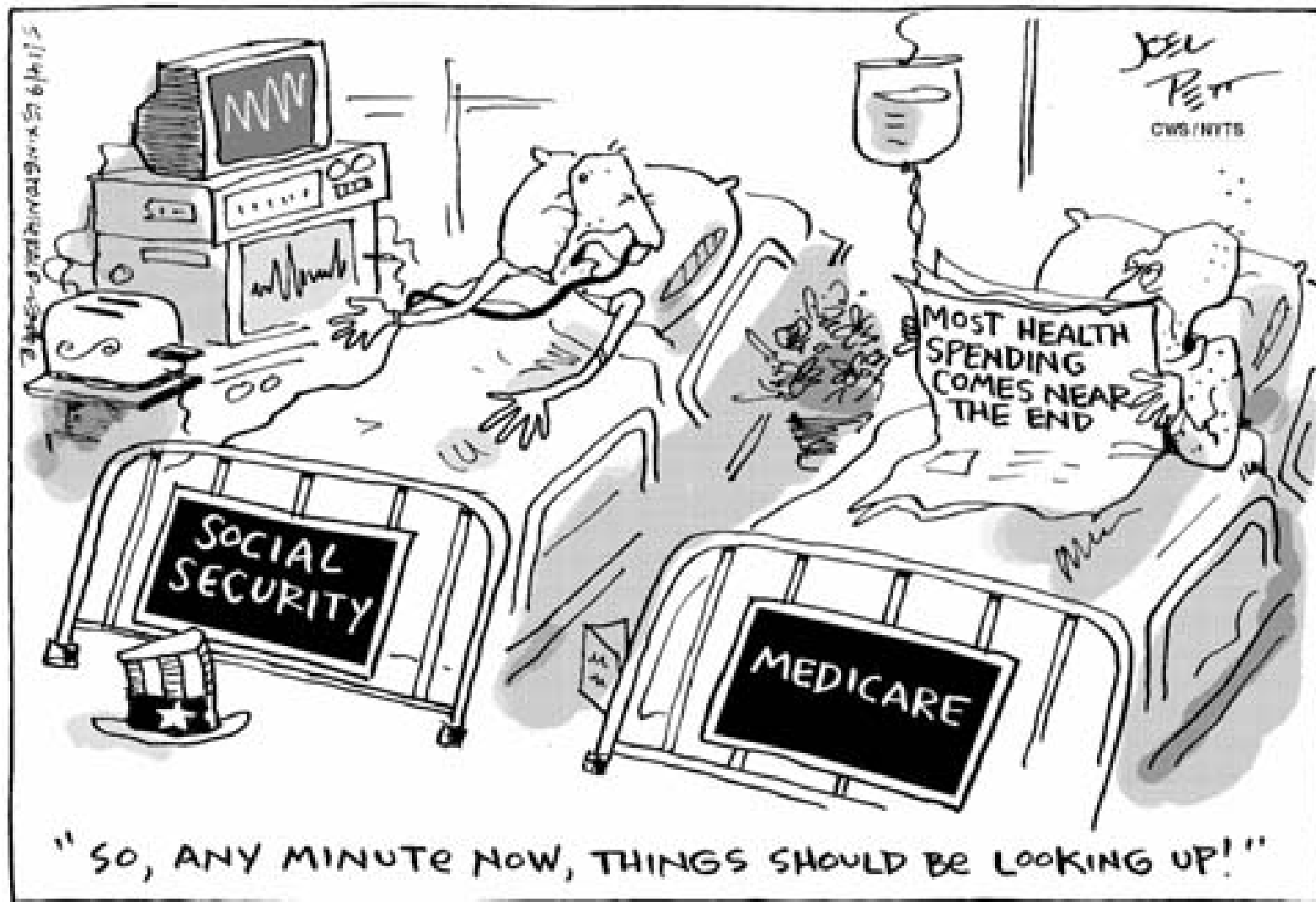
Drivers of Changing Healthcare Environment

- Care Variability
 - Outcomes
 - Cost
- Financial Crisis
- Disparities in care and access
- Social Responsibility



"Remember, we're all in this – not together, but we're all in this."

JOEL PETT
LEXINGTON HERALD-LEADER



"SO, ANY MINUTE NOW, THINGS SHOULD BE LOOKING UP!"

Quality Agencies

- AQA- Ambulatory Quality Alliance
- HQA-Hospital Quality Alliance
- PCPI-Physicians Consortium for Performance Improvement
- QASC-Quality Alliance Steering Committee
- AHRQ-Agency for Healthcare Research Quality
- RHIO-Regional Health Information Organization
- NPP-National Priorities Partnership
- NQF-National Quality Forum

Quality Glossary

- **Performance Measures-** Identifiable metrics that are surrogates for quality performance
- **Cost of Care-** Actual dollars spent
- **Efficiency Care-** Cost of care at a prespecified quality
- **Value of Care-** Efficiency factoring in the patient's perception of care

Quality Glossary

- **Effective Care-** Measure of care that has accepted quality metrics that are being met (performance measures)
- **ETG-** Episodes of Care/ **MEG-**Medical Episode Group
 - Tracking care of prescribed period with regards to cost and/or quality

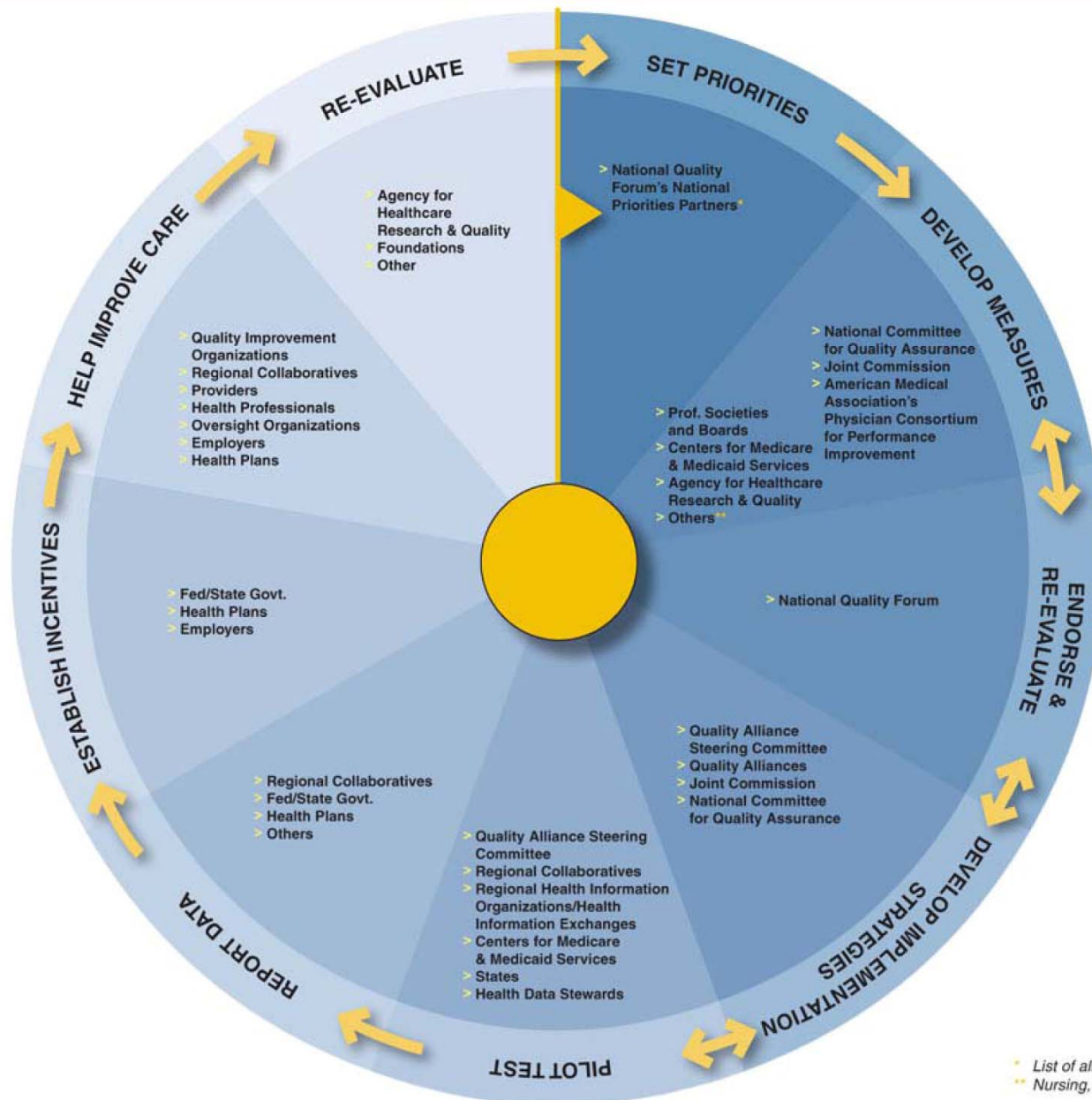
Quality Aspects of Reform

- “Stand for Quality Document” (QASC)
 1. Measure
 2. Improve
 3. Report

Six Key Functions of the Quality Enterprise

1. Set National Priorities
2. Endorse and Maintain National Standards
3. Develop Measures to Fill Gap in Priority areas
4. Effective Consultative Processes So Stakeholders Can Inform Policies on Use of Measures
5. Collect, analyze and make performance information available and abundant
6. Supporting a sustainable information structure for quality improvement

Steps for Improving Health Care Quality & Value: Who's Making it Happen?



* List of all involved partners available.
 ** Nursing, Academic Communities, etc.

Elements of Health Reform

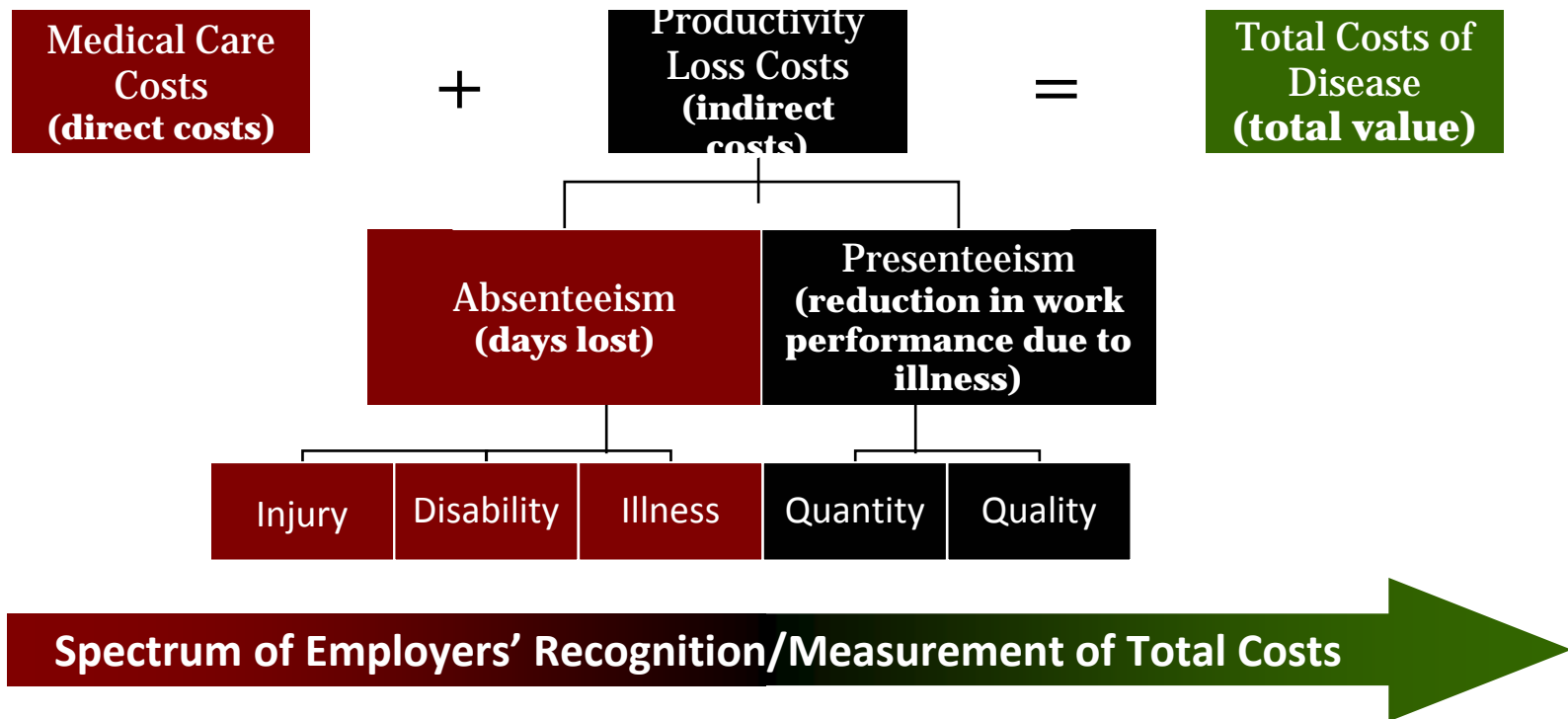
1. Expanding Access
2. Value-Based Purchasing
3. Health IT
4. Developing and applying comparative effectiveness
5. Payment Reform
6. Patient Education & Engagement
7. Reorganization to promote efficiency and coordination
8. Tort Reform
9. Public Reporting

1) Expanding Access

- Massachusetts Experience
- Expanded without significant other elements
- Expensive

2) Value-Based Purchasing

More Employers Focusing on Total Value



3) Health IT

1. RHIO
2. Registries
3. Data Aggregation
4. Point of Care Decision Support

**Web Based
Quality Pages
at 39
Cardiovascular
Clinics or
Hospitals in
Illinois**



Locations

- Anna** - Anna Rural Health
- Arthur** - Arthur Clinic
- Benton** - Franklin Hospital
- Carbondale** - Prairie Cardiovascular Outpatient Clinic
- Carlinville** - Carlinville Area Hospital
- Carrollton** - Thomas H. Boyd Memorial Hospital
- Clinton** - Dr. John Warner Hospital
- Decatur** - St. Mary's Hospital
Decatur Memorial Hospital
- DuQuoin** - Marshall Browning Hospital
- Effingham** - Effingham Medical Center
- Flora** - Clay County Hospital
- Gillespie** - Macoupin Family Practice
- Greenville** - Greenville Regional Hospital
- Harrisburg** - Harrisburg Primary Care
- Havana** - Mason District Hospital
- Herrin** - Herrin Clinic
- Hillsboro** - Douglas-Telfer Outpatient Clinic at Hillboro Area Hospital
- Jacksonville** - Passavant Area Hospital
- Lincoln** - Lincoln Family Medical Center
- Litchfield** - St. Francis Hospital
- Macomb** - McDonough District Hospital
- Olney** - Richland Memorial Hospital
- Pana** - Pana Community Hospital
- Petersburg** - Menard Medical Center
- Pickneyville** - Pickneyville Memorial Hospital
- Pittsfield** - Illini Community Hospital
- Quincy** - Quincy Clinic
- Rushville** - Sarah Culbertson Memorial Hospital
- Shelbyville** - Shelby Memorial Hospital
- Springfield** - Prairie Diagnostic Center
Prairie Heart Institute at St. John's Hospital
Memorial Heart and Vascular Institute
- Stanton** - Community Memorial Hospital
- Streator** - St. Mary's Hospital
- Sullivan** - Fields Wright Medical Center & Sullivan Medical Center
- Taylorville** - Taylorville Memorial Hospital
- Vandalia** - Fayette County Hospital
- West Frankfort** - Miners Memorial Health Center

Blue indicates a full-time clinic location

Compliance

Either prescribing or documenting exception

	EMR Only N=17,037		EMR+QI Tool N=24,425	
ASA	13,867	81.4%	24,425	100%
Beta Blocker	12,935	75.9%	24,425	100%
ACE/ARB	11,776	69.1%	24,425	100%
Statin	12,137	72.3%	24,425	100%

4) Comparative Effectiveness

Unwarranted Variations: cannot be explained on the basis of illness, scientific evidence or well-informed patient preferences

Effective Care: “Proven effectiveness, no significant trade-offs”

Beta blocker use among patients post heart attack varies from 5% - 92%, when it should be ~100%

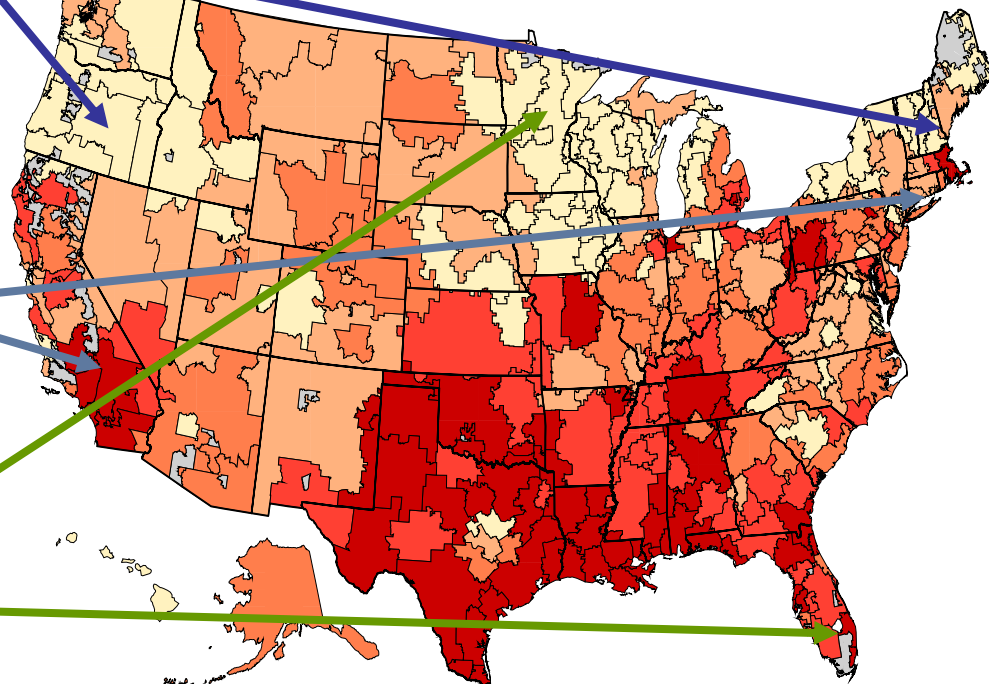
Preference-Sensitive Care:

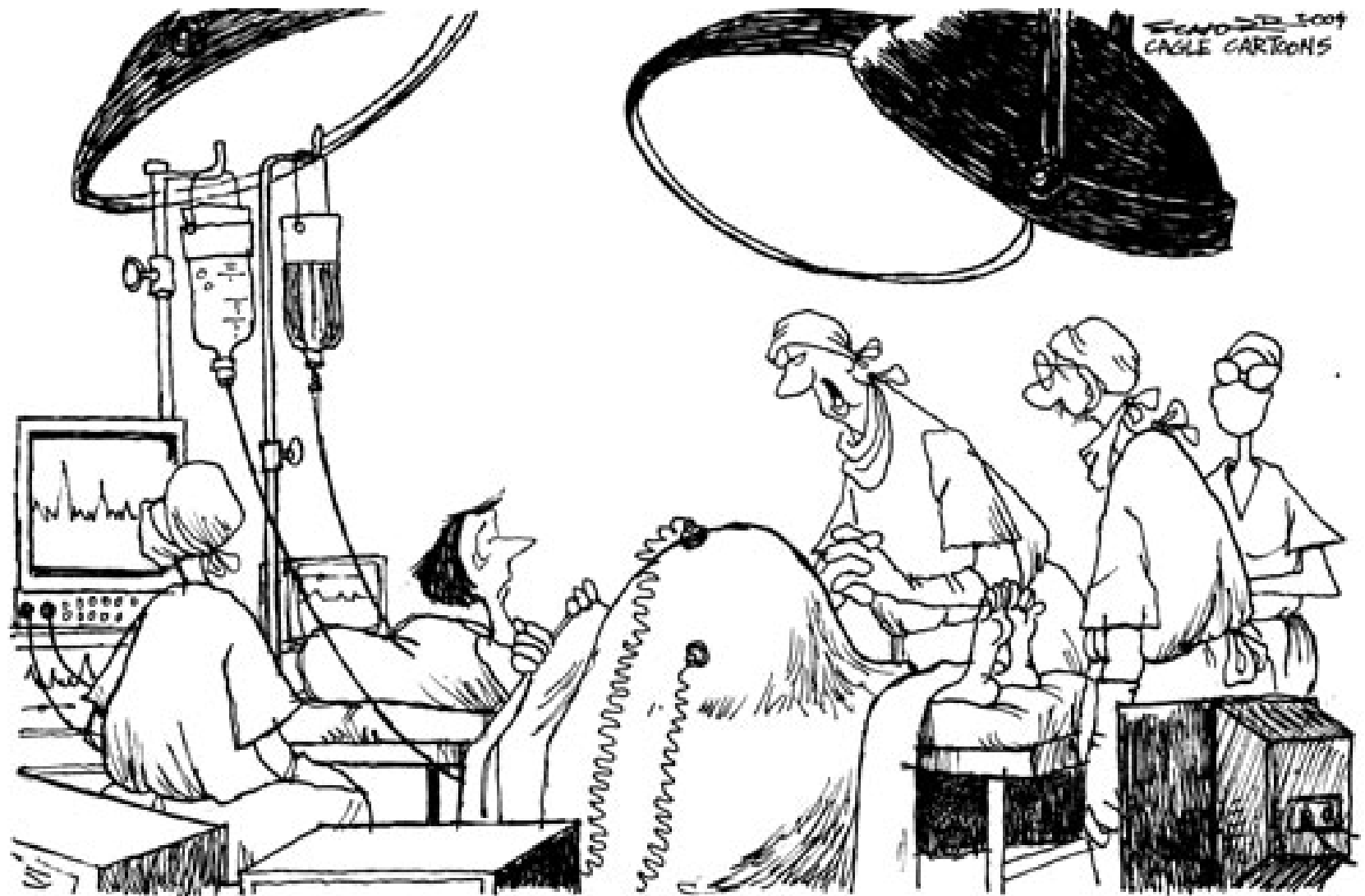
“Involves trade-offs, (at least) two valid alternative treatments are available”

In Southern California, a patient is 6 times more likely to have back surgery for a herniated disk than in New York City

Supply Sensitive Care: “If they build it you will come”

Per-capita spending per Medicare enrollee in Miami, FL is almost 2.5 times as great as in Minneapolis, MN

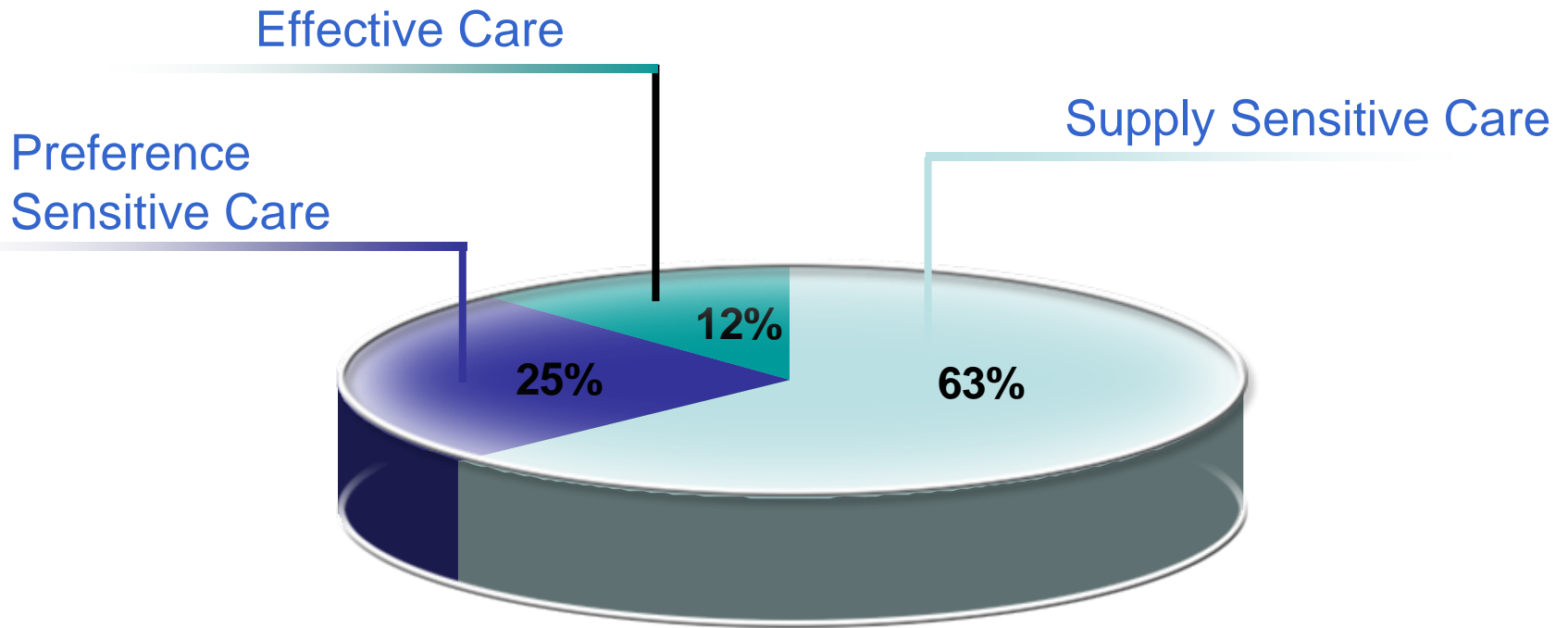




“ SORRY , BUT YOUR PRIVATE HEALTH INSURANCE WON'T COVER A CAESARIAN ...
HOWEVER , IT DOES COVER THE HEIMLICH MANEUVER ... ”

Unwarranted Variations

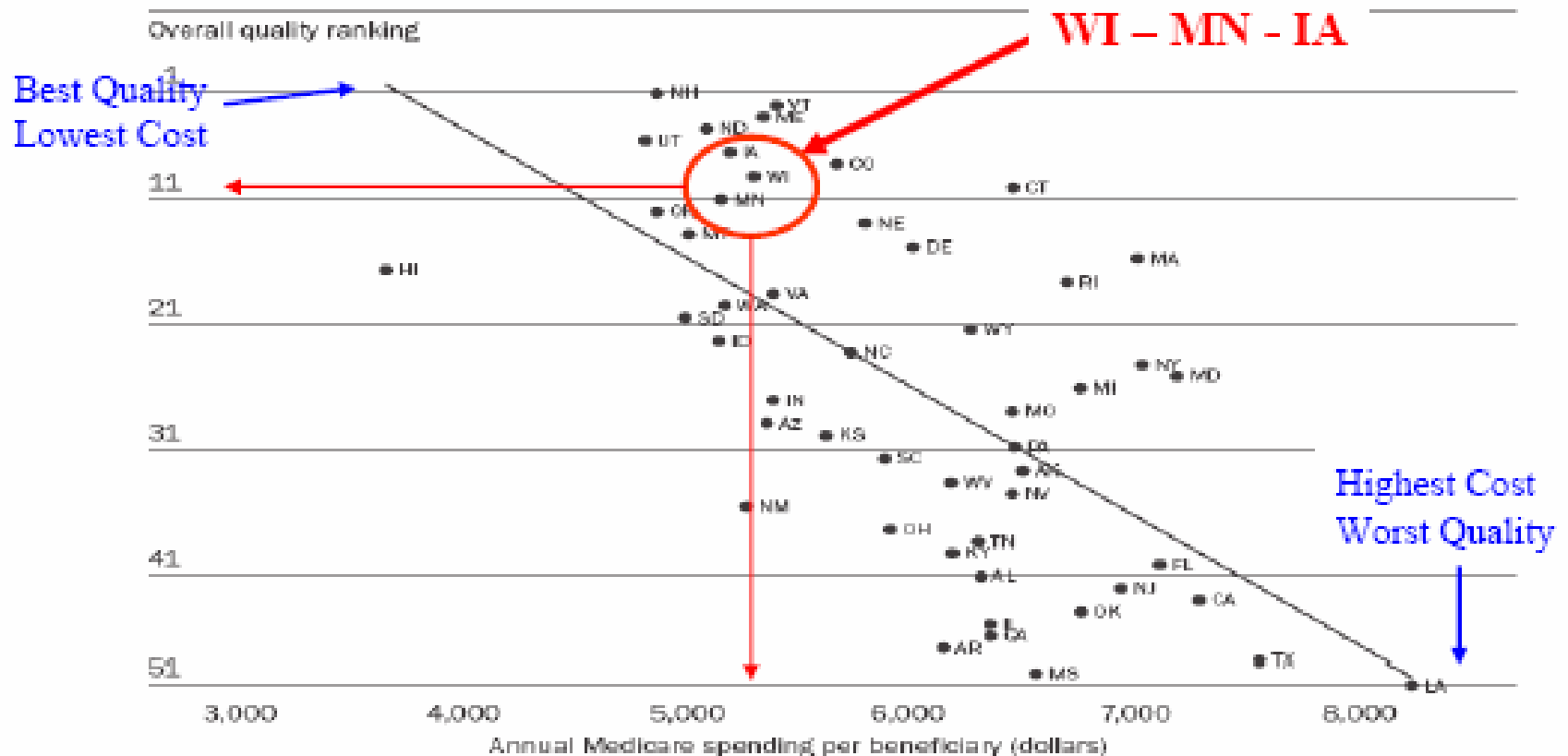
Proportion of Health Care Costs Attributed to the three Categories of Care



Medicare Spending and Quality of Care

EXHIBIT 1

Relationship Between Quality And Medicare Spending, As Expressed By Overall Quality Ranking, 2000–2001



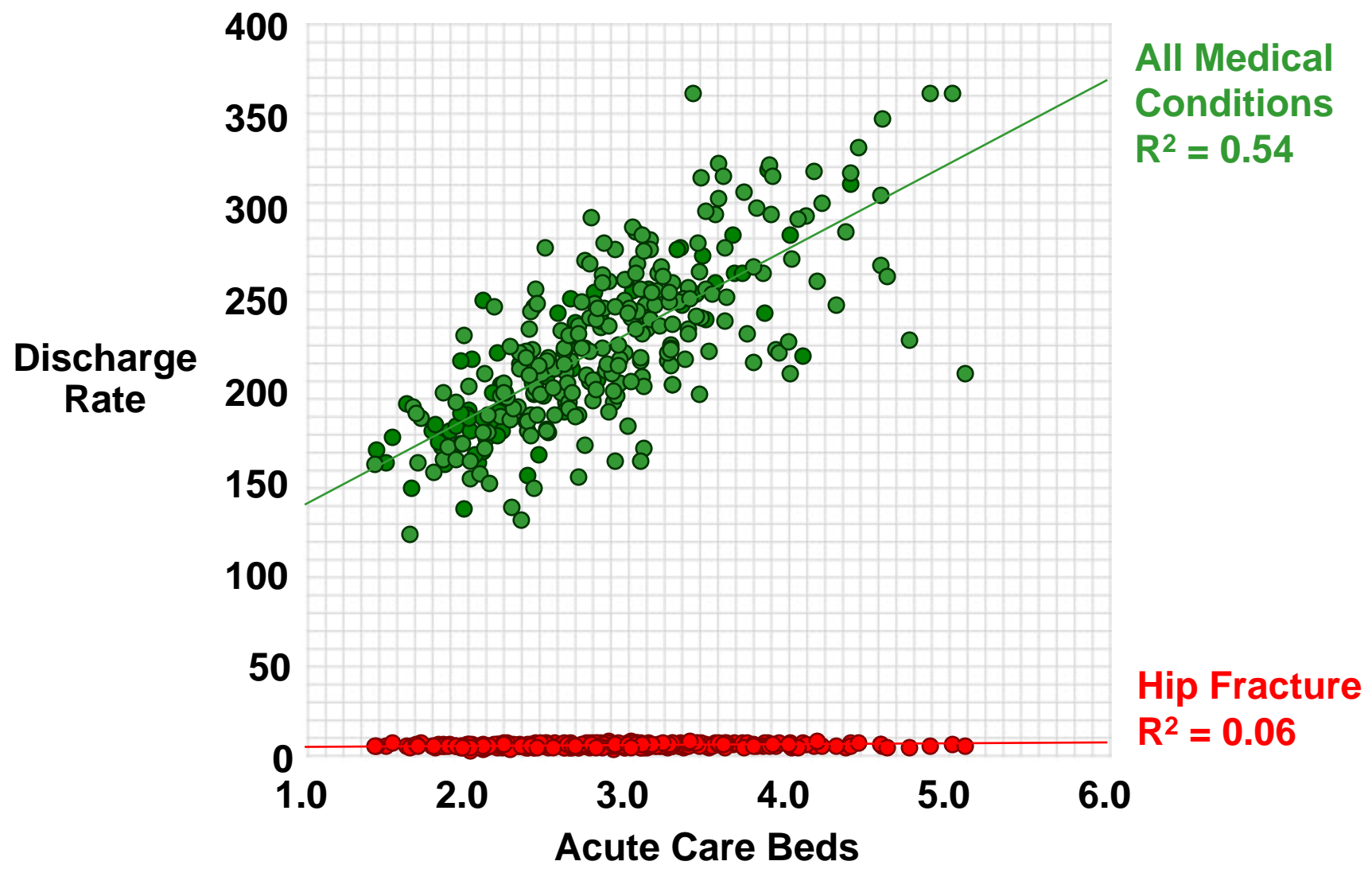
SOURCES: Medicare claims data; and S.F. Jencks et al., "Change in the Quality of Care Delivered to Medicare Beneficiaries, 1998–1999 to 2000–2001," *Journal of the American Medical Association* 289, no. 3 (2003): 305–312.

NOTE: For quality ranking, smaller values equal higher quality.

HEALTH AFFAIRS 07 April 2004

Medicare Spending, The Physician Workforce, And Beneficiaries' Quality Of Care
By Katherine Balcer and Amitabh Chandra

Hospital Utilization and Local Capacity: Effective Care (Hip Fracture) vs Supply- Sensitive Services (Medical Conditions)



5) Payment Reform

Provider risk: is there evidence that it influence behavior?

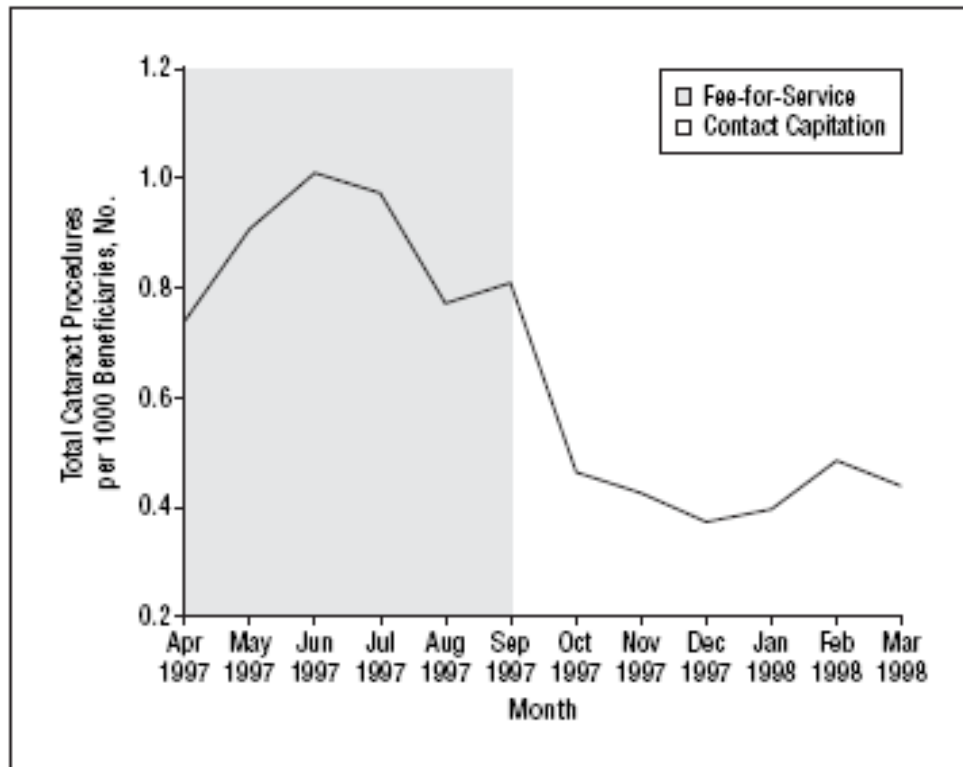


Figure 2. Cataract procedure rates per month per 1000 beneficiaries.

Effect of Physician Reimbursement Methodology on the Rate and Cost of Cataract Surgery

William Shrank, MD, MSHS; Susan L. Ettner, PhD; Philip H. Slavin; Henry J. Kaplan, MD

Arch Ophthalmol. 2005;123:1733-1738

Net Impact of Path Recommendations on National Health Expenditures Compared with Current Projection, 2010-2020 (in billions)

	Total NHE	Private Employers	State & Local Governments	Households	Federal Budget
Total Payment Reforms	-\$1,010	-\$170	-\$10	-\$82	-\$749
Enhanced Payment for Primary Care	-\$71	-\$28	-\$2	-\$11	-\$30
Encouraged adoption of Medical Home model	-\$175	-\$25	-\$13	-\$36	-\$101
Bundled payment for acute care episodes	-\$301	-\$75	-\$4	-\$11	-\$211
Correcting proce signals					
High-cost area updates	-\$223	-\$64	-\$3	-\$29	-\$127
Prescription drugs	-\$76	\$22	\$12	\$5	-\$115
Medicare Advantage	-\$165	\$0	\$0	\$0	-\$165

Data: Estimates by The Lewin Group for the Commonwealth Fund

Source: The Lewin Group, The Path to a High Performance U.S. Health System: Technical Documentation (Washington, D.C.: The Lewin Group, 2009)

Incentives

1. Adoption of EHR (1st generation)
 - Direct rewards for IT provides transition incentives to improve adoption of EHR
2. P4P- 2nd generation

*James C. Robinson, Ph.D., et al., "Financial Incentives, Quality Improvement Programs, and the Adoption of Clinical Information Technology." Medical Care Volume 47, number 4, April 2009

Incentive con't

- Quality Commitment
 - Leadership
 - Culture
 - Market Position
- Engagement in quality improvement stimulates demand for CIT

Incentive Programs

- Pay is not a motivator
- Rewards punish
- Rewards rupture relationships
- Rewards ignore reasons
- Rewards discourage risk-taking
- Rewards undermine interest/motivation

Pitfalls

- General
 - Failure of incentive programs generally not due to the program but to the inadequacy of the psychological assumptions
 - Rewards typically secure temporary compliance; when the rewards run out people revert

Pitfalls (con't)

- General (con't)
 - Several studies from the 1980's revealed positive effect on quantity of performance or speed but not quality

Kohn, A. (1993) Why Incentive Plans Cannot Work. *Harvard Business Review* September-October. 1993.

Provider Engagement

- Incentives in the amount of 5 to 10% of income may be sufficient.
- Physician involvement in program design can help secure buy-in (e.g., selection/modification of measures).
- Conventional forms of communicating with providers appear inadequate (very low physician survey scores regarding understanding of programs).

Provider Engagement

- Physicians appear comfortable with the concept of P4P/Q.
 - Strong preference for incentives linked to quality vs. utilization or productivity

Factors Determining Physician “Buy-in” of P4P/Q Programs

- Awareness and Understanding
- Financial Salience
- Clinical Relevance
- Control
- Cooperation
- Unintended Consequences
- Impact on Quality

Young, G., Meterko, M., Beckman, H., Baker, E., White, B., Sautter, K., Greene, R., Curtin, K., Bokhour, B., Berlowitz, D., Burgess, J. (2007) Effects of Paying Physicians Based on their Relative Performance for Quality. *Journal of Internal Medicine*, 2007:22:872-876

6) Patient Education

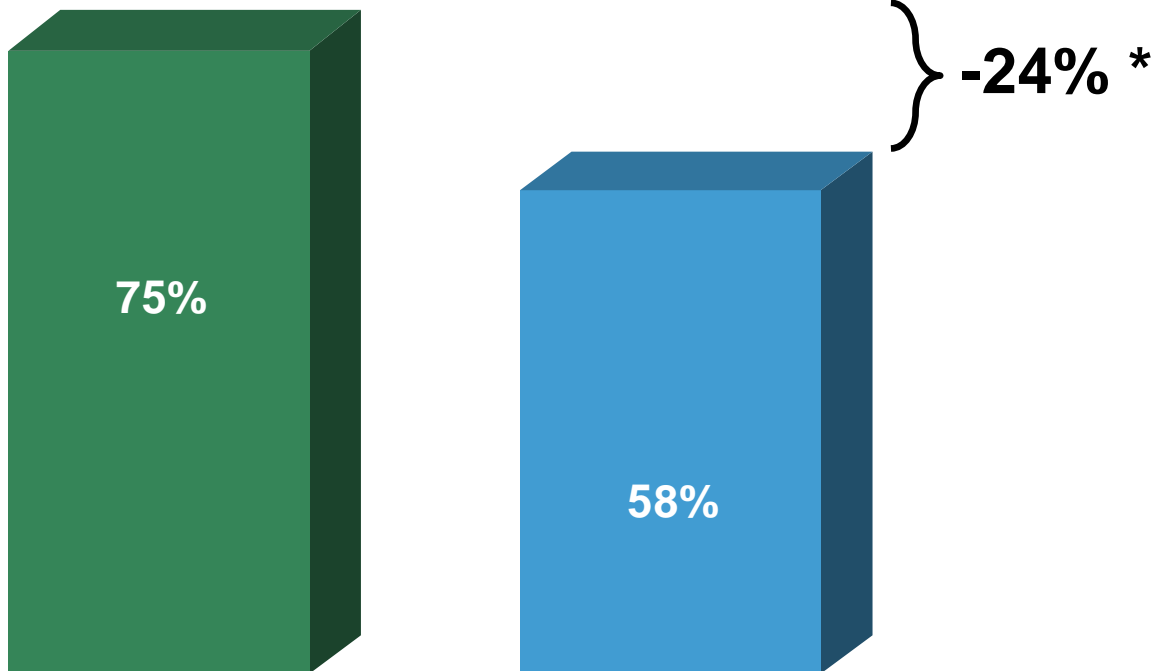


“We wanted to make the stress test as realistic as possible.”

Randomized Trial of the Stable Angina Shared Decision Making (SDM) Video, Ontario, Canada

Revascularization Decision

% Choosing Revascularization



Controls

FIMDM Stable Angina
Video

National Health Care Priority Areas Identified By The National Priorities Partnership

Priority Area	Goal
Patient and Family Engagement	Engage patients and their families in managing their health and making decisions about their care
Population Health	Improve the health of the population
Safety	Improve the safety and reliability of America's health care system
Palliative Care	Guarantee appropriate and compassionate care for patients with life-limiting illnesses
Care Coordination	Ensure that patients receive well-coordinated care across all health care organizations, settings, and levels of care
Overuse	Eliminate overuse while ensuring the delivery of appropriate care

7) Reorganization to Promote Efficiency and Coordination

1. Patient Centered Medical Home
2. ETG;MEG- Episode base care
3. Efficiency measures- resource utilization

“Encouraging New Organizational Models”

Janet Corrigan

President and Chief Executive Officer

National Quality Forum

8) Tort Reform

- Total Healthcare expenditures \$2.24 Trillion
- Malpractice spend \$30.4 Billion (1.3%)
- \$250 Billion Defensive Medicine
- Malpractice reforms could save \$70-126 Billion (5-9%)

9) Public Reporting

Public Reporting

1. Physician Reports
2. Consumer Reports

AQA Principles for Public Reports

1. Content
 - Greatest opportunities consistent with the 6 goals of IOM
 - Individual or group level
 - Standard Measures
 - Composite Assessments
2. Portray performance difference
3. Transparent Methodology
4. Design for Usability
5. Timely

PHC4 Open Heart Report

	Cases	Mortality		Readmissions		LOS
		In Hospital	30-Day	7-Day	30-Day	
<u>Saint Vincent</u>						
<u>Dr A</u>						
CABG wo Valve	346	○	○	⊙	⊙	5.2
Valve wo CABG	11	NR	NR	NR	NR	NR
Valve w CABG	24	NR	NR	NR	NR	NR
Total Valve	35	⊙	NR	NR	NR	6.2
<u>Dr B</u>						
CABG wo Valve	199	⊙	⊙	⊙	⊙	4.9
Valve wo CABG	55	⊙	⊙	⊙	⊙	6.2
Valve w CABG	68	⊙	⊙	⊙	⊙	7.0
Total Valve	123	⊙	⊙	⊙	⊙	6.5

○

Better than expected

⊙

Same as expected

●

Worse than expected

NR

Not rated due to small volume

Public Reporting



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Current Ratings

Previous Ratings

America's 50 Best Hospitals

Clinical Excellence DHA

Patient Safety Excellence

Specialty Excellence

Outstanding Patient Experience

Women's Health Excellence

2009 Hospital Quality Ratings: Coronary Bypass Surgery

★★★★★ Best

★★★ As Expected

★ Poor

Hospital's Name	Location	Inhospital Mortality (Survival)	Inhospital +1 Month Mortality (Recovery +30)	Inhospital +6 Month Mortality (Recovery +180)
High Volume Hospitals				
+	Erie, PA	★★★★★	★★★★★	★★★★★
+	Erie, PA	★★★	★★★	★★★
+	Dubois, PA	★★★	★★★	★★★

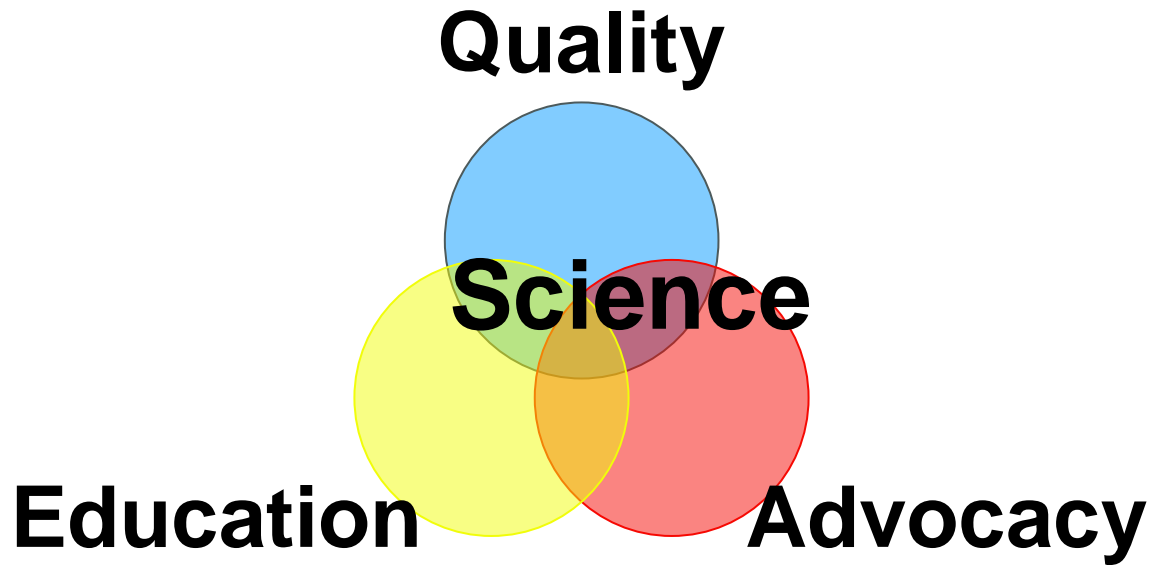
Promote Quality Improvement

- A well-designed public reporting program should be aimed at raising the performance of all providers and thereby increase access to high-quality cardiovascular care for everyone.

“What Can We Do”

- Organized Medicine Response
- Individual Practitioner Response

The Venn of ACC



Quality

- Registries
- Comparative Effectiveness Research
- Appropriate Use Criteria
- PCMH
- Performance Measures

Advocacy

- Payment Reform/Value-Based Purchasing
- Tort Reform
- CardioSmart

Education

Practice Response

SWINE
FLU?...

SORE THROATS FROM
SCREAMING ABOUT
HEALTH-CARE REFORM...

EMERGENCY
↓ ROOM ↓



Cardiovascular Practice Recognition Program (CVRP)

Goals of CVRP

- Establish relevant goals and targets for cardiovascular specialists and their practices to achieve
- Provide a road map to guide performance improvement and practice transformation strategies
- Bring consistency to market by standardizing the methodology for how cardiovascular practices are assessed and recognized

“ Many of life’s failures are people who did not realize how close they were to success when they gave up”

Thomas A. Edison