Importance & Imperatives of Improving Healthcare Quality

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Chicago, Ill
HealthPartners

- Not-for-profit, consumer-governed
- Integrated care and financing system
  - A team of 21,000 people
  - Health plan
    - 1.4 million health and dental members in Minnesota and surrounding states
  - Medical Clinics
    - 1 million patients
    - 1,700 physicians
      - HealthPartners Medical Group
      - Stillwater Medical Group
      - Park Nicollet Health Services
    - 35 medical and surgical specialties
    - 40 primary care locations
    - Multi-payer
  - Dental Clinics
    - 60 dentists
    - Specialties: oral surgery, orthodontics, pediatric dentistry, periodontics, prosthodontics
    - 20 locations
  - Five hospitals
    - Regions: 454-bed level 1 trauma and tertiary center
    - Lakeview: 97-bed acute care hospital, national leader in orthopedic care
    - Hudson: 25-bed critical access hospital, award-winning healing arts program
    - Westfields: 25-bed critical access hospital, regional cancer care location
    - Methodist: 426-bed acute care hospital, featuring the Jane Brattain Breast Center
Quality of Care is Poor in the United States*

54.9 % Received recommended care*

PERCENT OF DIABETIC MEDICARE ENROLLEES RECEIVING APPROPRIATE MANAGEMENT, BY RACE AND TYPE OF SCREENING

Minneapolis/St. Paul
86.9% HbA1C

Albuquerque, NM
66.9% HbA1C

Variation in Care is Universal (Wennberg)*
For the US Population about $4,000 per capita or about $1,246,367,668,000 in the aggregate.

(US Population as of July 2011 = 311,591,917)
Treatment for chronic diseases is not optimal. Too many persons are admitted to hospitals for asthma ...

Asthma admission rates, population aged 15 and over, 2009 (or latest year available)

Note: Rates age-sex standardised to 2005 OECD population. 95% confidence intervals represented by H.

Source: OECD Health Data 2011, OECD (http://www.oecd.org/health/healthdata)
Quality Essentials: Health care is getting more expensive

Health care expenses for U.S. families: 2002-2021 (projected at present growth rate)

Source: 2011 Milliman Medical Index
... and eating up a larger share of national resources.

With Median Household Income (projected to 2021)

- Median household income (adj to 2009)
- Health care costs (8% growth rate)
- Health care costs (5% growth rate)
- Health care costs (3% growth rate)

Cost: $41,868
Income: $59,858

Source: Alliance of Community Health Plans
Can Quality be improved?
**NCQA - Controlling High Blood Pressure**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>2010</th>
<th>2011</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO</td>
<td>61.9</td>
<td>64</td>
<td>2.1</td>
</tr>
<tr>
<td>PPO</td>
<td>55.7</td>
<td>60.6</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Saves 387 Hearts, 69 Legs & 770 Pairs of Eyes Each Year
Better Health for Patients with Diabetes

The % of patients whose diabetes is well controlled:

- Blood pressure under control (≤ 139/89)
- Blood sugar under control (A1c ≤ 7.9)
- Healthy cholesterol (≤ 99)
- Non-smoker
- Regular aspirin user

From <5% in 2004, to 45% today
What does this mean for patients?

- Better health, better experience
  - 364 fewer heart attacks
  - 68 avoided leg amputations
  - 625 prevented eye complications
  - 1,200 less visits to the ED

- Lower costs
  - $18,500 saved for patients with optimally managed diabetes

- Learnings spread to the community
  - Statewide average now reached 37%

*Annual Results*
Actual Causes of Death in the U.S.

4 Behaviors cause nearly 40% of all deaths in the U.S. (year 2000)

Treating Tobacco Addiction Works!

50% Fewer Adults Smoke, 80% Fewer Children Exposed

- Ask: 49% in 1998, 97% in 2010
- Assist: 26% in 1998, 11% in 2010
- Tob Prev: 23% in 1998, 11% in 2010
- 2nd Hand Tob: 4% in 1998, 4% in 2010
HealthPartners Health Driver Diagram*

Key Outcome  Health Determinant  Primary Drivers  Alignment with Mission, Capabilities, and Degree of Control

- Improved Health (As Measured by a Summary Measure of Health)
  - Health Care (20%)
    - Preventive Services
    - Acute Care
    - Chronic Disease
    - End of Life
    - Cross Cutting Issues
    - Central to Mission
    - Many Capabilities
    - High Control

- Health Behaviors (30%)
  - Tobacco Non-use Activity
  - Diet/Nutrition
  - Alcohol Use
  - Central to Mission
  - Shared Capabilities
  - Shared Control

- Socio-economic Factors (40%)
  - Community Identified Drivers (Advocacy and Participation)
  - Aligned with Mission
  - Limited Capabilities
  - Limited Control

- Environmental Factors (10%)
  - Community Identified Drivers (Advocacy and Participation)

Can Quality of care be improved in small care settings?
The Care Team at the Ellsworth Clinic in Ellsworth, WI
### Ellsworth Clinic Patients in Control by Category, September 2012*

<table>
<thead>
<tr>
<th>Category</th>
<th>In Control</th>
<th>Total Patients</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td>100</td>
<td>102</td>
<td>98.0%</td>
</tr>
<tr>
<td>Hb A1c</td>
<td>83</td>
<td>102</td>
<td>81.4%</td>
</tr>
<tr>
<td>LDL</td>
<td>83</td>
<td>102</td>
<td>81.4%</td>
</tr>
<tr>
<td>ASA</td>
<td>102</td>
<td>102</td>
<td>100.0%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>83</td>
<td>102</td>
<td>81.4%</td>
</tr>
<tr>
<td>Pts All Items in Control</td>
<td>57</td>
<td>102</td>
<td>55.9%</td>
</tr>
</tbody>
</table>

… and by the way, Ellsworth Clinic was just named one of two Health and Human Services Million Hearts 2012 Hypertension Control Champions with control rates improved from 68% to 90% from 2007 to 2012.

The other winner was Kaiser Permanente Colorado which improved from 61% to 82.6% from 2008 to 2012.  

*Data provided by Dr. Christopher Tashjian
“The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”*

Quality Essentials: Avedis Donnabedian

- Structure
- Process
- Outcome*

Quality Essentials  – Quality Problems

• Overuse
• Underuse
• Misuse*

Quality Essentials – The IOM Six Aims

• Safe
• Timely
• Effective
• Efficient
• Equitable
• Patient Centered*

Quality Essentials – The Triple Aim (... and the National Quality Strategy)* **

To simultaneously...

- Improve the health of the population
- Improve the experience of the individual
- Improve affordability


<table>
<thead>
<tr>
<th>Health Success</th>
<th>Experience Success</th>
<th>Affordability Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved health for our customers and community as measured by:</td>
<td>Deliver an exceptional experience that customers want and deserve at an affordable cost as measured by:</td>
<td>Lower health care costs for our customers as measured by:</td>
</tr>
<tr>
<td>• Better well being, more satisfied and healthy lives.</td>
<td>• The best performance on customer’s willingness to recommend our clinics, hospitals and health plan to family and friends.</td>
<td>• Cost trends that are at or below general inflation (Consumer Price Index, a leading economic indicator).</td>
</tr>
<tr>
<td>• The best local and national health outcomes and the best performing health care costs in the region.</td>
<td>• Feeling well-supported, respected and cared for throughout life.</td>
<td>• The best performing overall health care costs in the region.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• HealthPartners clinics and hospitals will be in the best 10 percent in the region in overall costs of health care.</td>
</tr>
</tbody>
</table>

* HealthPartners, Bloomington, MN
Triple Aim: Transformation Elements*

- Set goals; aim high
- Redesign Care
  - Reliability
  - Customization
  - Access
  - Coordination
- Align compensation, payment, and plan benefit design with Triple Aim goals
- Transparently report results
- Provide actionable Triple Aim data
- Support healthy lifestyle choices
- Proactively identify and engage high risk populations

Culture

*HealthPartners, 2012
Establishing Our Physician Culture*

Escape Fire
LESSONS FOR THE FUTURE OF HEALTH CARE
Donald M. Berwick, MD, MPP
PRESIDENT AND CEO
INSTITUTE FOR HEALTHCARE IMPROVEMENT
THE COMMONWEALTH FUND

*HealthPartners

Zen and the Art of Physician Autonomy Maintenance
James L. Reinertsen, MD

The miracles of scientific medicine propelled physicians to an unparalleled level of clinical autonomy during the 20th century. During the past 20 years, physician autonomy has been declining, in part because the public has become aware that physicians are not consistently applying all of the science they know. One of medicine’s most cherished professional values, individual clinical autonomy, is an important cause of the sometimes suboptimal performance in the timely and consistent application of clinical science; thus, it contributes to the decline in overall professional autonomy. This paper calls for physicians to practice the science of medicine as a profession so that society will allow physicians to continue practicing the art of medicine as individual professionals. In a Zen-like paradox, physicians must give up autonomy in order to regain it.
<table>
<thead>
<tr>
<th><strong>ORGANIZATIONAL GIVES</strong></th>
<th><strong>PHYSICIAN &amp; DENTIST GIVES</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involves and engages doctors</strong></td>
<td><strong>Be involved and engaged</strong></td>
</tr>
<tr>
<td>• Involve doctors in strategy, business, and marketing</td>
<td>• Participate in departmental and medical/dental group meetings and activities</td>
</tr>
<tr>
<td>• Include doctors in the development of patient centered and doctor efficient practices</td>
<td>• Engage and participate in partnership with practice teams, and with clinical and administrative colleagues</td>
</tr>
<tr>
<td>• Provide opportunities for leadership training</td>
<td>• Champion processes to improve care systems service and quality</td>
</tr>
<tr>
<td>• Promote partnership between doctors, staff, and organization</td>
<td>• Provide input to strategy, marketing, and operations development</td>
</tr>
<tr>
<td>• Listen to and be influenced by doctors, assume good intentions, and foster opportunities and forums for doctors to discuss and deliberate important issues</td>
<td>• Develop understanding of the business aspects of care delivery</td>
</tr>
<tr>
<td><strong>Support a practice that works for both patients and doctors</strong></td>
<td>• Raise issues and concerns respectfully</td>
</tr>
<tr>
<td>• Be Patient Centered</td>
<td>• Seek to understand the organizational perspective, assume good intent, and collaborate effectively</td>
</tr>
<tr>
<td>• Support 6 Aims practice and remove barriers at the point of care</td>
<td>• Demonstrate ownership of your practice and clinic</td>
</tr>
<tr>
<td>• Provide an environment and tools to ensure satisfying and sustainable practices</td>
<td><strong>Excel in clinical expertise and practice</strong></td>
</tr>
<tr>
<td>• Promote trust and accountability within teams and the medical/dental groups</td>
<td>• Be Patient Centered</td>
</tr>
<tr>
<td>• Create opportunities to educate physicians, dentists and staff about 6 Aims centered care</td>
<td>• Pursue clinical practice consistent with the 6 Aims</td>
</tr>
<tr>
<td>• Provide support for a healthy and balanced work life for doctors</td>
<td>• Advance personal and care team expertise and excellence</td>
</tr>
<tr>
<td>• Respect physicians’ and dentists’ time to allow care of patients</td>
<td>• Seek and implement best practices of care for patients</td>
</tr>
<tr>
<td><strong>Grow strong and sustainable clinical practice</strong></td>
<td>• Reduce unnecessary variation in care to support quality reliability, and customized care based on patients needs</td>
</tr>
<tr>
<td>• Recruit and retain the best people</td>
<td>• Create innovations for care and care delivery and be open to innovations and ideas for improvement needed in our environment</td>
</tr>
<tr>
<td>• Market HP’s multi-speciality medical and dental groups aggressively</td>
<td>• Show flexibility and openness to change</td>
</tr>
<tr>
<td>• Provide market based, and performance linked compensation</td>
<td><strong>Support our multi-specialty group practice</strong></td>
</tr>
<tr>
<td>• Acknowledge and reward contributions to patient care and the organization’s goals</td>
<td>• Demonstrate passion and commitment for your practice and our multi-specialty medical and dental group</td>
</tr>
<tr>
<td>• Create an environment of innovation and learning</td>
<td>• Collaborate within and across disciplines and partners to improve patient care</td>
</tr>
<tr>
<td>• Support teaching and research</td>
<td>• Promote, refer and communicate with colleagues effectively</td>
</tr>
<tr>
<td><strong>Demonstrate accessible, accountable, responsive and empathetic leadership</strong></td>
<td>• Use resources responsibly and support care delivery systems that improve care and reduce costs effectively</td>
</tr>
<tr>
<td>• Understand the complexity of health care delivery and apply best management practices</td>
<td>• Participate in teaching and research</td>
</tr>
<tr>
<td>• Seek to understand the clinical perspective</td>
<td><strong>Be a Leader</strong></td>
</tr>
<tr>
<td>• Communicate coherently our mission, vision, direction, and strategy;</td>
<td>• Demonstrate commitment to the organization’s mission and vision</td>
</tr>
<tr>
<td>• Help us to understand the complexity of our dynamic business challenges</td>
<td>• Lead as a role model</td>
</tr>
<tr>
<td>• Provide performance feedback communicated in the spirit of improvement and learning</td>
<td>• Support colleagues and partners</td>
</tr>
<tr>
<td>• Recognize the leadership, professionalism, and contributions of doctors</td>
<td>• Communicate respectfully and thoughtfully</td>
</tr>
<tr>
<td>• Resolve conflict with openness and empathy</td>
<td>• Use a problem solving approach when identifying issues</td>
</tr>
<tr>
<td></td>
<td>• Provide leadership to the care team and delegate effectively</td>
</tr>
<tr>
<td></td>
<td>• Provide recognition and feedback to other doctors and staff</td>
</tr>
<tr>
<td></td>
<td>• Participate in and support medical/dental group decisions</td>
</tr>
<tr>
<td></td>
<td>• Seek ways to continually develop leadership and influence skills</td>
</tr>
</tbody>
</table>
Partnership Agreement Example*

**ORGANIZATION GIVES**
Support a practice that works for both patients and doctors
- Be Patient Centered
- Support 6 Aims practice and remove barriers at the point of care
- Promote a team oriented practice
- Promote practice and groups
- Create an environment centered on patients and families
- Provide the resources and tools needed to ensure a practice is satisfying and sustainable

**PHYSICIAN & DENTIST GIVES**
Excel in clinical expertise and practice
- Be Patient Centered
- Advance personal and care team expertise and excellence
- Seek and implement best practices of care for patients
- Reduce unnecessary variation in care to support quality, reliability, and customized care based on patients' needs
- Create opportunities to educate physicians, dentists and staff about 6 Aims centered care
- Provide support for a healthy and balanced work life for doctors
- Respect physicians' and dentists' time to allow care of patients

**EMR Design Principle**
- “With any changes: simplify”
- Quantify “click reductions”
  - 2010: 2 million
  - 2011: 6.7 million

*HealthPartners*
AMGA Correlation with Overall Satisfaction

**Dimension Percentile Ranking**
- 25th
- 50th
- 75th

**2005 AMGA Physician Satisfaction Survey 2005**

*HealthPartners

- Preauthorization
- Computers
- Colleagues
- Resources
- Compensation
- Staff
- Adm
- Patient
- Time Working
- Quality
- Leadership

**AMGA Correlation with Overall Satisfaction**

Low → High
AMGA Physician Satisfaction Survey 2011*

- Dimension Percentile Ranking

- 25th
- 50th
- 75th

- AMGA Correlation with Overall Satisfaction

- Preauthorization
- Computers
- Resources
- Staff
- Colleagues
- Quality
- Administrators
- Compensation
- Leadership
- Patients
- Time Working

- 2011

- *HealthPartners
Quality Essentials: Levels of Measurement

- State and Federal Gov’t
- Public and Private Health Orgs.
- Coalitions
- Private Organizations
- Individuals

Modified from the briefing book material for the IOM Workshop on Core Metrics for Better Care, Lower Costs & Better Health
Institute for Clinical Systems Improvement (ISCI)

- Independent, non-profit healthcare improvement organization
- Sponsored by 5 non-profit health plans; comprised of 50+ medical groups representing 9,000 physicians
- Shared protocols, standards of care
- Initiatives to reduce readmissions, high-tech imaging, improve depression screening, many more
- May be found at ICSI.org
• Minnesota Community Measurement
  – Statewide collaborative to accelerate the improvement of health by publically reporting health care information (mandatory, 2010)
  – Transparent results by medical group and clinic
  – Sub-report on socioeconomic disparities
## Minnesota Community Measures High Performing Medical Groups in 2011 (Primary Care)

<table>
<thead>
<tr>
<th>Measure</th>
<th>HealthPartners Clinics</th>
<th>CentraCare Health Systems</th>
<th>Health East Clinics</th>
<th>Park Nicollet Health Services</th>
<th>Affiliated Community Medical Centers</th>
<th>HealthPartners Central MN Clinics</th>
<th>Allina Medical Clinic</th>
<th>Family Health Services of Minnesota</th>
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<tbody>
<tr>
<td>ADHD</td>
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<td>Breast Cancer Screening</td>
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<tr>
<td>Bronchitis</td>
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<tr>
<td>Cervical Cancer Screening</td>
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<td>●</td>
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<td>Childhood Immunization Status (Combo 3)</td>
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<td>●</td>
<td>●</td>
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<tr>
<td>Chlamydia Screening</td>
<td>●</td>
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<tr>
<td>Colorectal Cancer Screening</td>
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<tr>
<td>Controlling High Blood Pressure</td>
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<tr>
<td>COPD</td>
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<tr>
<td>Pharyngitis</td>
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<tr>
<td>Optimal Asthma Care-Children</td>
<td>●</td>
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<td>Optimal Asthma Care-Adults</td>
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<tr>
<td>Optimal Diabetes Care</td>
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<tr>
<td>Optimal Vascular Care</td>
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<td>URI</td>
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</tr>
</tbody>
</table>

● = Medical Group rate and Confidence Interval fully above average
Blank = measure reported but rate was average or below average
Quality Essentials: Incentives to Act*

- Moral – e.g. public reporting of performance
- Coercive (or regulatory) – e.g. laws limiting tobacco use in public spaces
- Remunerative (or financial) – e.g. Shared savings arrangements for Accountable Care Organizations

Quality Essentials: Accountability in Medical Care

- HealthPartners example: Physician Compensation
  - All specialties have patient experience metrics
  - Some have quality: inpatient or outpatient metrics
  - Primary Care:
    - 80% Productivity
    - 10% Participation (medical group or clinic)
    - 5% Performance (patient experience/quality)
    - 5% Care Coordination
Quality Essentials: Involving Providers

• Standing committees
  – Compensation
  – Pharmacy
  – Process “upgrades”
  – Peer review
• Expert Panels
  – Clinical
  – Process
• Improvement Rapid Design Sessions
• Electronic medical record
• Local pilots
There are no standard measures of affordability today. We are trying to close this gap. Total Cost of Care compliments the robust standard measurement approaches and benchmark information in the quality and experience domains. The commercial health care market measures this routinely (detailed specs currently vary).
Quality Essentials: Context for Quality

- Benefit design
- Consumer cost and quality info
- Analytics and data to support provider improvement

Cost/Quality/Experience Transparency
Key infrastructure for quality

- National Committee for Quality Assurance
  - State of Health care quality annual report (HEDIS)
  - Medical home & Accountable care certifications
  - Accreditation
- Joint Commission of Accreditation of Health Care Organizations
- Standard Measures (National Quality Forum)
Key infrastructure for quality

• Federal
  – Standard Experience Measures (HCAHPS, CGCAHPS, CAHPS) Federal Agency for Health Care Quality
  – Meaningful Use Measures (Information Technology) (Federal)
  – Pioneer ACO (Incentive structures) (Federal)

• Private Payer Resources

• Institute for Healthcare Improvement

• Institute for Medicine

• Many other resources
Quality Problems: Implications

• National Defense
• Economic Competitiveness
• Lost Human Capital
• Equity and Fairness
• Impacts on your family and mine
• Impacts on our legacy (... my grandchildren and yours)
Why is quality important?

• It’s the right thing to do
• It’s the reason we went to dental & medical school
• It’s an important tool for improving the outcome of care
• Patient’s will choose you for quality
• It’s just good business
Quality: What Can We Do about it?

• Realize it’s important and step up to the challenge.
• Adopt a broad perspective.
• Understand our role in improving it.
• Acquire Quality Improvement Skills. (Plan, Do, Check, Act)
• Think “Team”
• Use Measurement to Generate Data and Information
• Focus relentlessly on understanding the needs of our patients.
Challenges for Improved Oral Health

- Information on the state of Oral Health Care Quality
- Motivation for Quality Improvement (creating a modern sense of “professionalism” in dentistry)
- Data, Skills and Tools for Quality Improvement
- Incentives for Quality Improvement
- A robust context for quality improvement
- A partnership with medicine
Questions? Thank you

George.J.Isham@HealthPartners.com