

Central Florida Health Care Coalition



Celebrating

19 Years of Quality

1984-2003



Central Florida Health Care Coalition



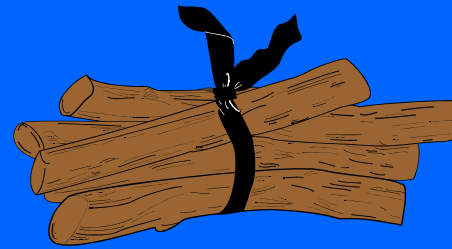


The CFHCC Staff



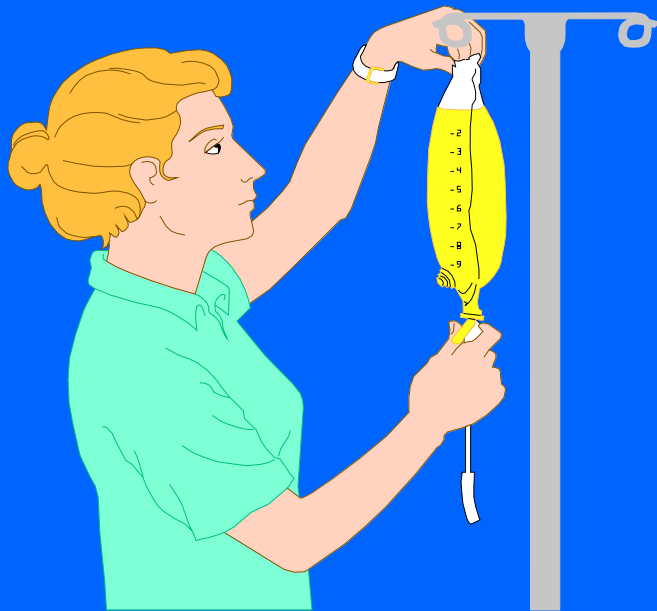


Beliefs



-
- Quality is king; information is the key to the kingdom.
 - If you can't measure it, you can't manage it.
 - The highest quality health care will be the lowest cost.
 - There are not 10 best ways to do anything.
-

The “Q” Word



- First Domain is Safety
 - Then, Evidence-Based Medicine (as applicable)
 - **clinical quality**
- And..
- **functional health status**
 - **patient satisfaction**



Employers' Role

- **Business Case**
 - Supply chain integration
 - Leverage clout
 - Measure
-



Overview

- **Inpatient data**
 - **Outpatient data**
 - **Patient Satisfaction**
 - **Demonstration Projects**
 - **Education**
 - **Community Service**
-



Inpatient Quality Initiative

1991 MediQual - Atlas

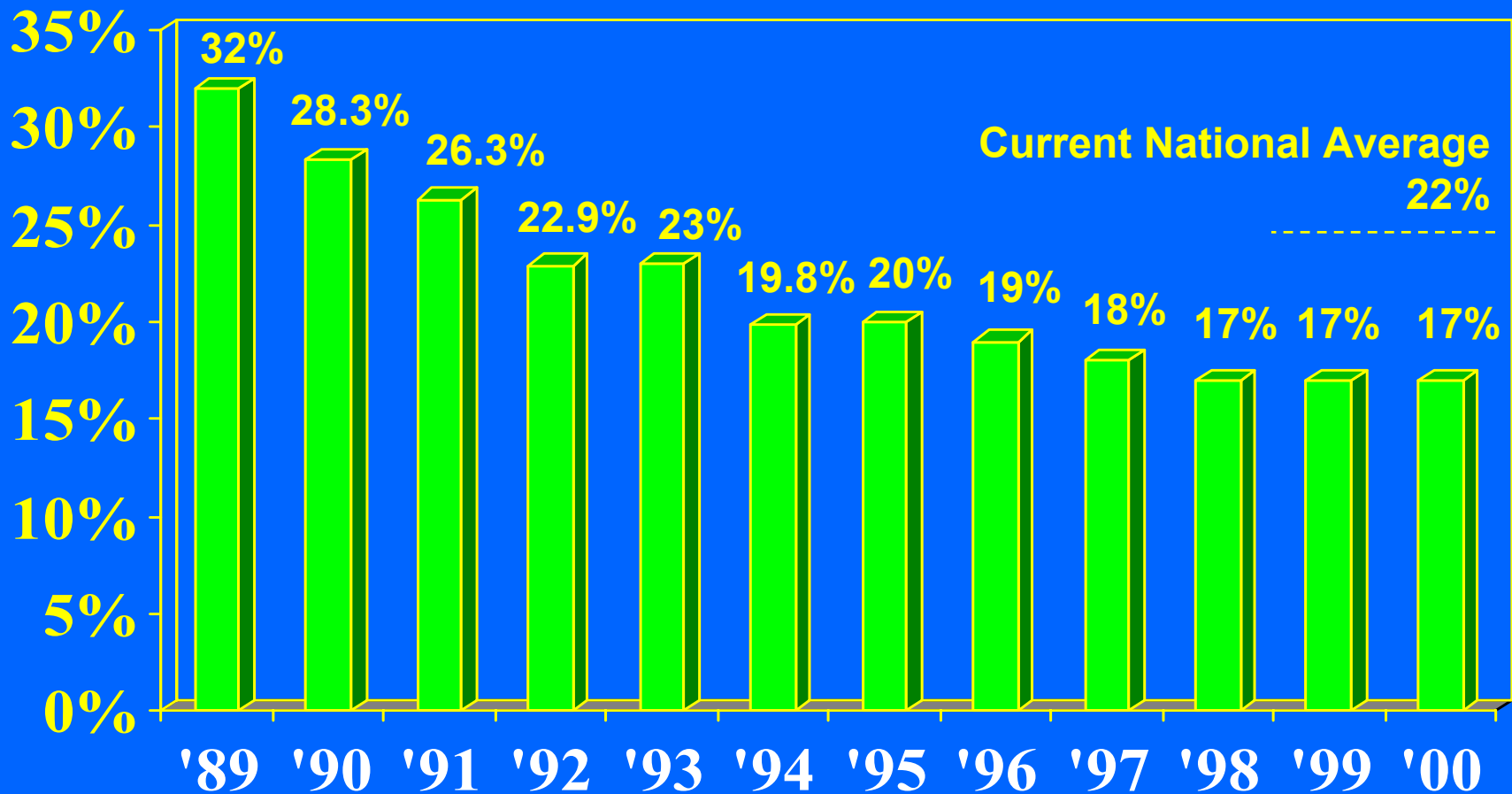
- **Appropriateness**
- **Effectiveness**
- **Efficiency**





CENTRAL FLORIDA HEALTH CARE COALITION

CAESAREAN SECTION RATES





CEA w/o Cerebral Infarction

(less than 2 days pre-op)

	<u>Pre-pathway</u> n = 129	<u>6 Mos</u> <u>Transition</u> n = 66	<u>Post</u> n = 588	<u>Summary</u> n = 733	<u>Now</u>
Pre-op ang.	32%	11%	4%	-28%	2%
ICU adm.	77%	24%	9%	-69%	3%
LOS	2.93	2.12	1.68	-1.25 days	1.4 days
Costs	\$7,798	\$5,750	\$5,387	-\$2,411	-\$6,000
Deaths	0	1	1	2	
				Savings	\$1,767,263



FOCUS DRGs

Normal Delivery

C-Section

Hysterectomy

COPD

Pneumonia

Pediatric Asthma

Total Hip/Knee

Back/Neck Procedure

Open Heart/CABG

PTCA

Acute MI

Chest Pain

~~**Appendectomy**~~

Small/Large Bowel

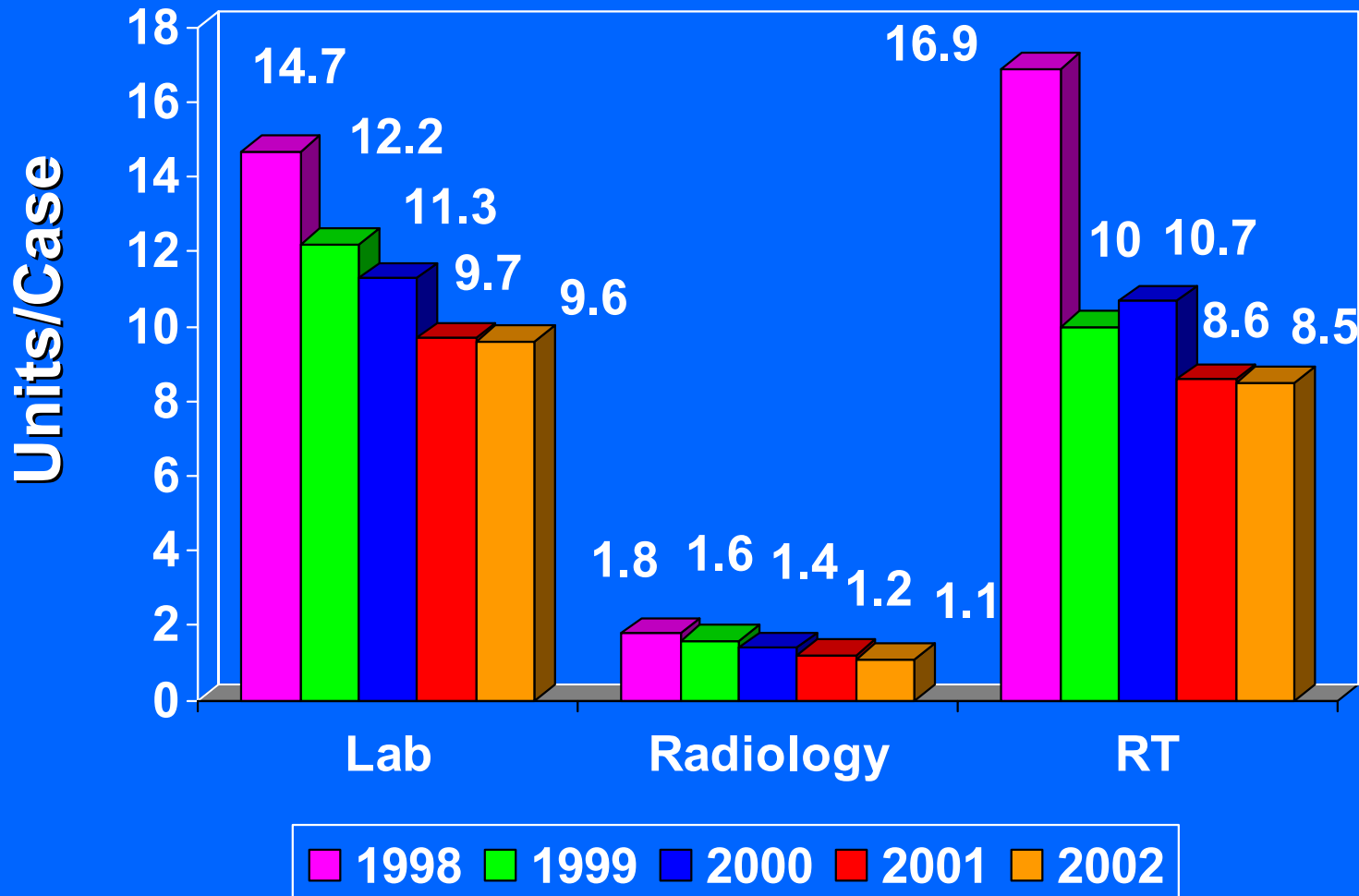
Lap Gall Bladder

Gastroenteritis



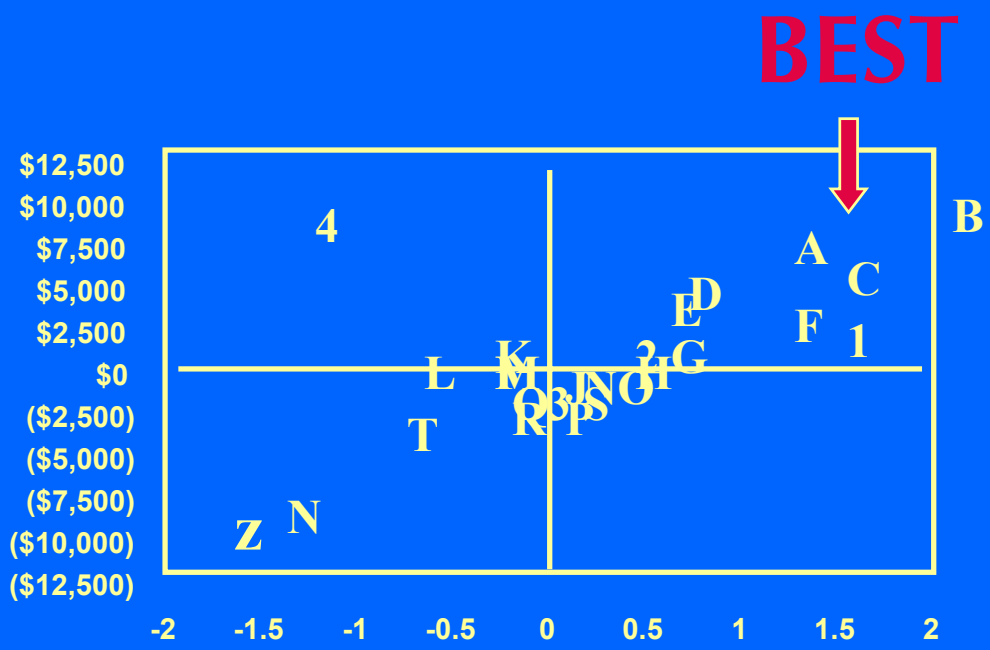
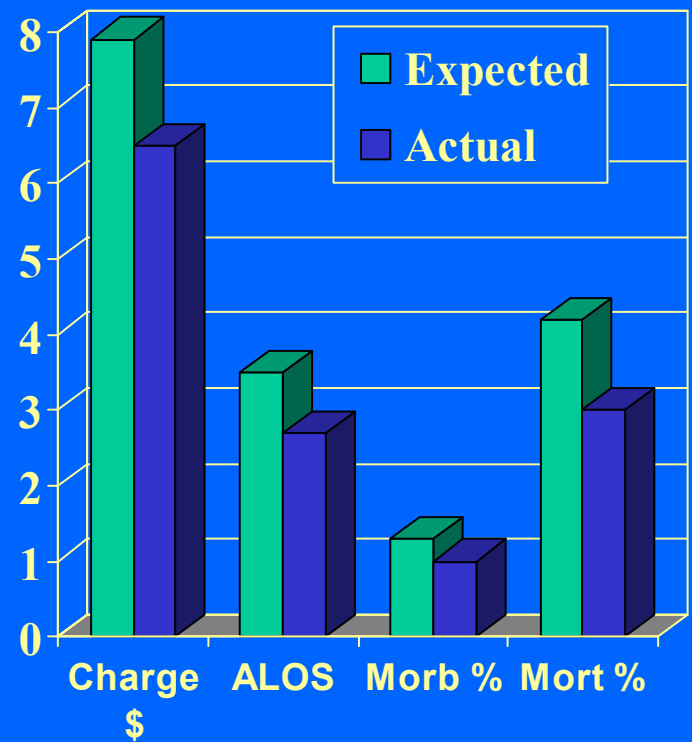
CFHCC Utilization

EXAMPLE





Provider Inpatient Performance



National

Peer



Demonstration Projects

- **determined by data**
 - **benchmark against best practices**
 - **currently 9 underway**
-



Demonstration Projects

- **Arthritis**
 - **H. Pylori**
 - **Hypertension**
 - **Cardiovascular Disease (statin use)**
 - **Lower Back**
 - **Peripheral Artery Disease**
 - **Asthma**
 - **Depression**
 - **Hepatitis C**
-



Regional Hospital Connectivity

SWIFT M.D.

**System Wide Information
at your Finger Tips**

RIFT Pro



Regional Hospital Connectivity

- **Trifecta**
 - **vast patient safety improvement**
 - **cost reduction**
 - **improve physicians quality of life**



Regional Hospital Connectivity

- **Patient Safety**
 - **on-time information**
 - **history of comparisons**
 - **calculators**
 - **EBM**



Regional Hospital Connectivity

- **Cost Reduction**
 - **no duplication**
 - **timely diagnosis**
 - **fewer errors**



Regional Hospital Connectivity

- **Physician Quality of Life**
 - **connect from home**
 - **no reliance on relay**
 - **medical liability relief**



Regional Hospital Connectivity

Benefits

- **No software = access anywhere**
 - **Data displays in real time**
 - **No storage - access legacy systems**
 - **Physician training (1 hour)**
 - **HIPAA compliant**
-



Outpatient Quality Initiative

The Challenges...

- **Multiple Sites**
- **Multiple Specialties**
- **No Communication**
- **Great Variation**



Adverse Effects in Outpatient Care

- Up to 18% of O/P suffer adverse effects
- Cost: \$77 billion annually
- Results in:
 - **8 million hospital admissions**
 - **17 million ER visits**
 - **77 million extra prescriptions**
 - **116 million doctor visits**



Outpatient

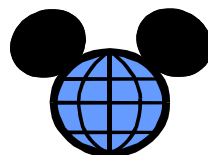
The Participants...

Over 250,000 covered lives



Orange County

Public Schools



WALT DISNEY World Co.



Outpatient Quality Initiative

FIRST MEASURES: TOP 10 CONDITIONS - PHASE I

Data review included most episodes, most costly episodes and roll-up of all costs to determine aggregate costs per condition. Opportunity to educate also considered.

- Lower Respiratory Infection
 - Sinusitis
 - Hypertension
 - Lipid/Cholesterol Disorder
 - Abdominal Pain
 - CHF
 - Arthritis
 - Diabetes
 - Asthma
 - Ischemic Heart Disease/Angina
-



Outpatient Quality Initiative

FIRST SPECIALISTS: PRACTICE EFFICIENCY - PHASE I

- Family Practice *
- Internal Medicine *
- Gastroenterology **
- Cardiology **
- OB/GYN **

* Analysis for all conditions - minimum of 20 cases

** Analysis for specific care for specialty only - minimum of 10 cases



Primary Care Physician Profile

Family Practice

Average Charge Per Episode

<u>Episodes</u>	<u>Number</u>	<u>Provider</u>	<u>Specialty</u>	<u>Network</u>
Hypertension	86	<u>\$933</u>	<u>\$410</u>	<u>\$403</u>
Headache	50	<u>\$297</u>	<u>\$216</u>	<u>\$211</u>
Abdominal Pain	92	<u>\$191</u>	<u>\$291</u>	<u>\$321</u>
Acute Pharyngitis	93	<u>\$132</u>	<u>\$77</u>	<u>\$77</u>
L. Resp. Infection	84	<u>\$278</u>	<u>\$122</u>	<u>\$134</u>



Services Profile

Family Practice

Lower Respiratory Infection

<u>Services</u>	<u>% Used</u>	<u>Provider</u>	<u>Specialty</u>	<u>Network</u>
• Office Visit	100%	1.3	0.8	0.9
• CBC	64.3%	0.9	0.3	0.3
• Chemistry	35.7%	0.4	0.2	0.2
• EKG	35.7%	0.4	0.1	0.0
• Chest X-ray	28.6%	0.9	0.2	0.3
• Pulm. Func.	21.5%	0.4	0.1	0.1
<u>ALL</u>		<u>6.1</u>	<u>2.5</u>	<u>3.0</u>



Medication Profile

Family Practice

Acute Pharyngitis

<u>Medications</u>	<u>Provider</u>	<u>Specialty</u>	<u>Network</u>
• Amox/Ampicillin	14.3%	14%	34.9%
• Pen V & VK	0%	6.5%	6.2%
• Cephalosporin	<u>64.3%</u>	<u>25.2%</u>	<u>27%</u>
• Cough & Cold	<u>7.1%</u>	<u>27.1%</u>	<u>33.6%</u>
• Antihistamines	<u>50%</u>	<u>8.4%</u>	<u>5.8%</u>



Primary Care Physician Profile

Hypertension

Episodes	Average Charge Per Episode			
	Number	Provider	Specialty	Network
Hypertension	86	\$933	\$410	\$403
<i>Services Profile for Hypertension</i>				
Services	Overused	Underused		
Office Visit		X		
Chem/Metabolic Panel Testing		X		
Lipid/Cholesterol Testing		X		
Urinalysis		X		
CBC &/OR Component Count		X		
Electrocardiogram				
Chest X-Ray				
Thyroid Testing				
Cardiovascular Stress Test				
Uric Acid Assay				
Glucose Testing, Any Source				
Heart Echo Exam				



Primary Care Physician Profile

Hypertension

Medication Profile for Hypertension				
Medications	Overused	Underused		
Diuretics		X		
Thiazide & Related Diuretics				
Potassium Sparing Agents		X		
Cardiovascular Therapy		X		
Beta-Blocking Agents				
Cardioselective Beta Blockers		X		
Ace/Angiotensin II Inhibitors	X			
Ace Inhibitors				
Angiotensin II Inhibitors	X			
Ace Inhibitors/Combo				
Calcium Channel Blockers		X		
Lipoprotein Reducing Agents				
Blood Clotting Modifiers	X			
Platelet Aggregate Inhibitors	X			
Anitsecretory/Antiulcer	X			
Hormones		X		
Estrogen		X		



CAPS

(Consumer Assessment of Physicians Study)

- **Core areas**

- **Access** (5)
- **Care** (8)
- **Wellness** (5)
- **Satisfaction** (3)
- **Compliance** (5)
- **Impairment** (7)

- **Parallels from SF36 - 12**
-



CAPS

(Consumer Assessment of Physicians Study)

- **2001 Demonstration Project**
 - **100 physicians**
 - **30 completes**
 - **Post cards**
 - **6000 initial mailings (9/8/01)**
 - **3900 second mailing**
-



CAPS

(Consumer Assessment of Physicians Study)

- **Sampling Issues**
 - **Patient age**
 - **Claim payments... not within 6 months**
 - **Patient knowledge of physician**
 - Radiologists
 - Pathologists
 - Billing doc (same practice but...)
 - **Avoid peak terrorism periods!**
-



CAPS

(Consumer Assessment of Physicians Study)

- **2003**
 - **804 Primary Care physicians**
 - **60 completes**
 - **Post cards**
 - **Electronic surveys**
-



Purchasing

- **Instrument of change**
 - **Partnership**
 - **Align incentives**
-



Purchasing

- **Pay for Performance**
 - **Evidence-based medicine (EBM)**
 - **Identify and communicate best practices**
-



Employers' Role

- **Pay for Performance**
 - **Align incentives**
 - **Collaborate**
 - **“Velvet hammer”**
-



Purchasing

- **Three tier physicians**
 - **Data driven - focus on EBM**
 - **Planned evolution**
-



Purchasing

- **Align Incentives**
 - **financial**
 - **non-financial**
-



Improving Quality

Specific Quality Measures, Data Sources, IT

- **Information Technology**
 - MEDecision's PRS profiler to create physician practice patterns
 - Milliman's MedInsight Information System for actuarial work
 - **data reliability**
 - **clinical acceptability**
 - **impact on cost**
 - **impact on quality**
 - **practice variability**



Purchasing

- **Financial Rewards Rankings**
 - **65% clinical outcomes**
 - **20% patient satisfaction**
 - **15% service & appropriate utilization**
-



Improving Quality

Specific Quality Measures, Data Sources, IT

- **Specific Quality Measures**
 - Work in process
 - 60 initial measures and indicators evaluated (CPT codes, ICD-9 codes)
 - Additional indicators from NCQA, JCAHO, NQF, Leapfrog, Disclosure Project & other research
-



Purchasing

- **Platinum - Initially**
 - **Highest reimbursement rate**
 - **Higher for chronic illnesses**
 - **No pre-certs, pre-authorizations, etc.**
 - **Low co-pay**
-



Purchasing

- **Platinum - One year**
 - **Digital prescribing**
 - **One week mini-residency**
 - **Platinum - Two years**
 - **Common computer systems (EMR)**
 - **Best practices communication**
 - **Platinum - Five years**
 - **On-line profiling**
 - **Electronic payment**
-



Purchasing

- **Gold**
 - **Lower reimbursement rate**
 - **Some managed care controls**
 - **Higher co-pay**
 - **Gold - One year**
 - **Updated profile**
 - **Digital prescribing**
 - **Mini-residency**
-



Purchasing

- **Silver**
 - **Lowest reimbursement**
 - **Allow balanced billing**
 - **Highest co-pay**
 - **training available**
-



Purchasing

- **Non-financial incentives**
 - **Annual performance report received**
 - **Streamlined care processes**
 - **Mini-residency**
 - **Licensing CME requirement met**
 - **Patients have reduced co-pay limits**
 - **Less uncollectable money**
 - **Electronic payment**
 - **Lower malpractice premiums**
-

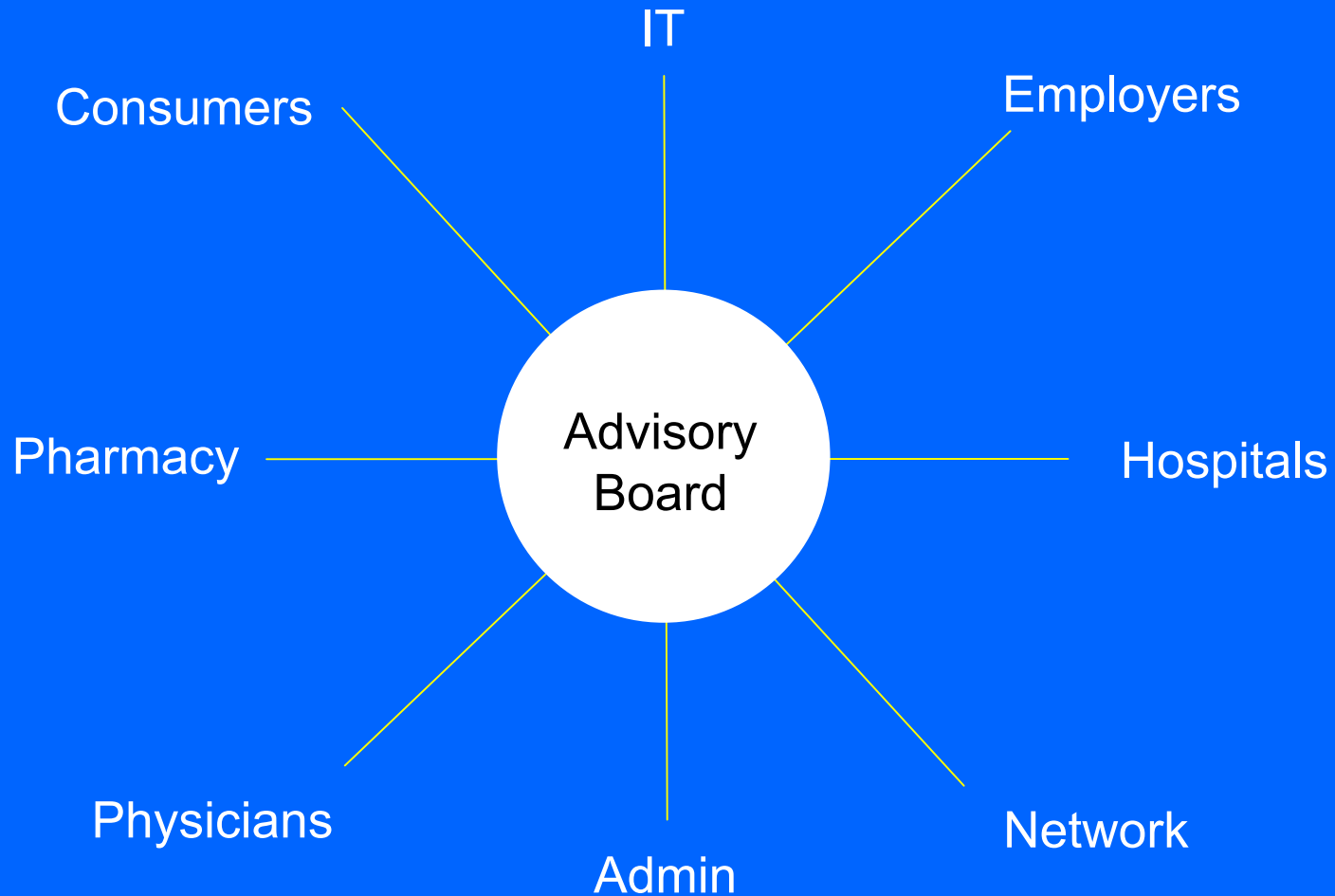


Purchasing

- **Partnerships**
 - **Combining the best of medicine with the best of business.**
 - **Task forces**
-



Purchasing





Purchasing

- **Evaluation**
 - **Office of Health Policy and Clinical Outcomes
Thomas Jefferson University**
 - **David Nash, MD, MBA**
 - **Neil Goldfarb, Director of Research**
 - **Pre-post interventions**
-



Purchasing

- **“Platinum Consumer”**
 - **Improve consumer compliance**
 - **Improve consumer education**
-



Purchasing

- **Consumer communication characters**
 - **Whoknew?**
 - **Ben E. Fit**
 - **Bea Fit**
-



Implementation

- **MEDecision and Milliman markers finalized**
 - **Learning teams consult on final markers (6 to 10)**
 - **Milliman completes actuarial analysis on markers**
-



Implementation

(continued)

Concurrently...

- **Patient Satisfaction survey instrument is completed**
 - **Consumer Education Strategy is defined**
 - **Plan Design and Administration is being finalized**
-



Financial Impact

Considers...

- **Current mix of health plans**
 - **Number of enrollees in each plan**
 - **Number of physicians**
 - **Current reimbursement rates**
-



Financial Impact

Upon ONE General Practitioner

- **35 patients per day (7,000 per year)**
 - **200 days per year**
 - **\$80 average reimbursement per visit**
 - **\$560,000 revenue per year**
-



Financial Impact

Upon ONE General Practitioner

	CURRENT			*FUTURE			
	<u>Average Reimb.</u>		<u>Annual</u>	<u>Average Reimb.</u>		<u>Annual</u>	<u>% Change</u>
	<u>Per Visit</u>	<u>Volume</u>	<u>Revenue</u>	<u>Per Visit</u>	<u>Volume</u>	<u>Revenue</u>	<u>in Revenue</u>
Platinum	\$80	7000	\$560,000	\$88	7,350	\$602,700.00	7.6%
						Additional	\$42,700.00
ASSUMPTIONS:							
Platinum sees 5% increase in volume and 10% higher reimbursement for 25% of all visits							





Savings

- Hypertension

- $\$933 - \$403 = \$530 \times 68 = \$36,040$

- Acute Pharyngitis

- $\$132 - \$77 = \$55 \times 93 = \$5,115$

- Lower Respiratory

- $\$278 - \$134 = \$144 \times 84 = \underline{\$12,096}$

Total Savings: \$53,251



Purchasing

- **THE Q**

Total Healthcare with EBM for Quality

- **Quality First, Always!**



CHAOS!

MALPRACTICE COURT

TEN
TEN
10
10



**“Don’t explain why it can’t be done. Discover
how it can be done.”**

*Mo Tao
(404-319 B.C.)*
