



# Getting Your Physicians to Succeed in P4P

## Can a Data Driven CQI Process Change Physician Practice?

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Charlotte, NC

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# Getting Your Physicians to Succeed in P4P

Since 1997, SAC has developed, field tested and refined *Quantum*, a data driven CQI program *to reduce medical errors*.


- Real time measurement of over 50 clinical indicators (efficiency, practitioner performance, clinical outcomes and patient satisfaction)
- Provides a continuous real time feedback loop to providers, CQI committees, Department Chiefs, Exec Committee ,Hosp Administration
- Analysis of aggregate data & EBM guide development of system-wide best practices and systems approach to error reduction
- Performance measures/benchmarks facilitates clinician practice change
- Positions our physicians and hospital partners to implement processes and beat benchmarks prospectively for P4P initiatives

# Getting Your Physicians to Succeed in P4P

- What's at stake? P4P covers a wide spectrum
- How do we generate buy-in?
- How do we change physician practice?
- How do we develop a system to achieve customer satisfaction, efficiency, decrease medical errors?
- What is the ROI for stakeholders?

# Managed Care Contracts- P4P


## Nationwide Interest In P4P



53,000 employees in Puget Sound region, 90,000 covered lives  
Boeing pays 100 percent of patient bill for Leapfrog compliant hospitals, 95 percent otherwise  
Program launched June 2004

Patient Out-of-Pocket Expense

Noncompliant Hospital	\$474
Compliant Hospital	\$0



Up to 4 percent of hospital payments tied to quality indicators; 90 hospitals participating  
Reimbursement based on implementation of medication safety improvement initiatives and use of select JCAHO standards  
Hospitals receive reward the year after performance is measured

\$3 M

Average reward in 2002 about \$300K

\$3,000 Low Reward High Reward



Developed the Hospital Quality Program in 1993; more than 340 hospitals participating across Kentucky, Indiana and Ohio

Report card of 100+ clinical quality indicators track individual hospital performance against network performance

Beginning in 2002, report card standings used to implement graduated rate increases during contract renewal




Supermarket chain with 20,000 employees in 5 New England States  
\$250 copay waived for employees going to a "high quality" hospital  
Initially, hospitals adhering to Leapfrog standards considered "high quality"; definition later expanded to hospitals meeting "high quality standards based on HealthGrades measures

Patient Out-of-Pocket Expense

\$250 Noncompliant Hospital  
\$0 Compliant Hospital

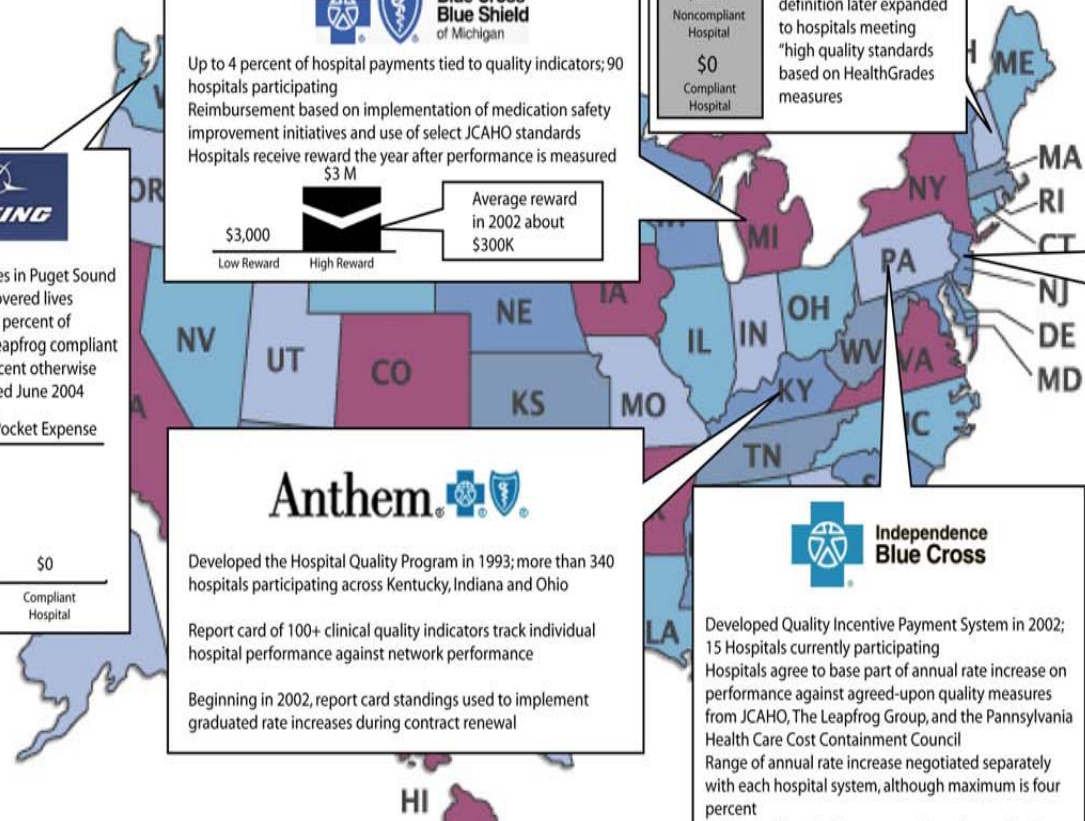


Developed Quality Incentive Payment System in 2002; 15 Hospitals currently participating  
Hospitals agree to base part of annual rate increase on performance against agreed-upon quality measures from JCAHO, The Leapfrog Group, and the Pennsylvania Health Care Cost Containment Council  
Range of annual rate increase negotiated separately with each hospital system, although maximum is four percent  
Additional Hospitals to come on board as contracts are renegotiated



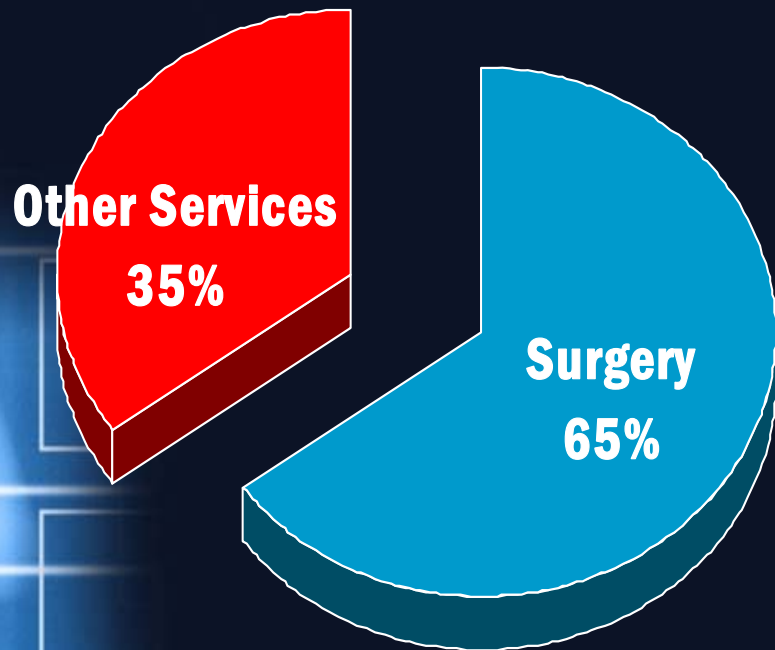
Hospitals eligible for 4 percent incentive payment for "eligible admissions"  
In 2002, 29 hospitals met CPOE and intensivist staffing requirements  
Total bonus payment of \$195,000 for 1,395 admissions across all hospitals

Inpatient Admissions	Typical Hospital Benefit
0.4% "eligible" for bonus	\$3 M
CPOE Cost	Incentive Payment \$6,725

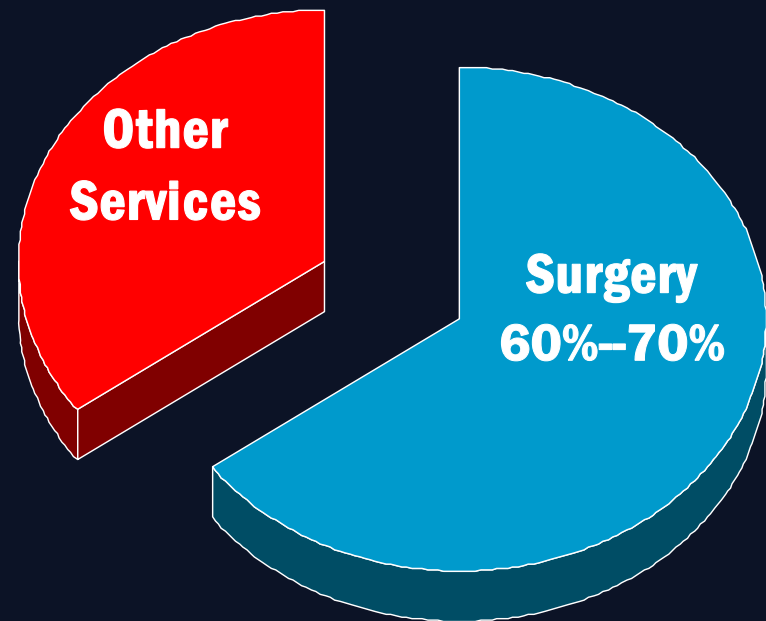


# Hospital 'Revenues and Profits at Stake'

**OR as Source of Hospital Profit**



**OR as Source of Hospital Revenue**



Source: Clinical Advisory Board Flashpoint Handbook "Navigating the Anesthesia Shortage"



# Customer Satisfaction/Transparency

## P4P- Market Share

- HCAHPS *Hospital Consumer Assessments of Healthcare Providers & Systems*
- CMS survey instrument to collect information on hospital patients' perspectives of care received in the hospital. Allows patients and physicians to compare patient satisfaction scores of multiple facilities.
- 2002 Clinical Advisory Board – Surgeon's top ten priorities- skilled anesthesiologists; OR Turnover
- Press Ganey / PRC / HealthGrades / JD Powers

# P4P/Transparency/Certification

n

- CMS-Medicare SCIP Initiatives, Core measures -2% withhold
- JCAHO – CREDENTIALS- demonstration of ongoing competency/sentinel events
- *PQRI 2009-central line protocol; pre-op antibiotics* - Provided 1.5% bonus payment for physicians reporting data on relevant measures- \$1.3 Billion for 2008

# Pay for Performance

- Malpractice Premium Reduction
- MD –Hospital Contract performance criteria
- Lower Costly Complications- CMS Present on Admission, DRG



# How do we Generate Physician Buy-in?

## Committed Leadership



# How do we generate buy-in?

- Real time clinician entered metrics; not claims based data or retrospective chart reviews
- Timely communication of practitioner results
- Transparency—virtually 100% data capture; Audit process assures veracity of data
- Uniform clinical definitions: apples to apples measurements
- Ease of implementation
- Field tested—wide spectrum of clinical settings; >100K patients annually
- Opportunity to achieve substantive improvements in patient satisfaction, efficiency, quality of care
- Practitioner/Site specific
- Ability to benchmark and achieve objective comparisons
- Communicate expectations/ Encourage positive incentives

# How Do We Change Physician Practice?

- We create constant real time positive & negative feedback loops-foster change in physician practice
- Measure a spectrum of relevant parameters-
  - ✓ Patient Satisfaction (Patient Focused)
  - ✓ Efficiency/Timeliness (Value/Productivity)
  - ✓ Practitioner Performance (Individual Accountability)
  - ✓ Clinical Outcomes (Systems Issues)

Challenge

# How Do We Change Physician Practice?

- Constant Re-measuring; Reporting (Hawthorne Effect)
- Benchmarking facilitates appropriate competitive forces
- Alerts allow focus on key metrics
- Real time reporting enables quick analysis; intervention, re-measurement
- We implement Best Practices-review of data in aggregate-along with EBM

Change

# How Do We Change Physician Practice?

This process results in individual and organizational physician practice change; systems approach to decreasing errors yet preserves individual accountability.



# Elements of a Successful Data Driven CQI System-Linkage to The Scientific Method

- Six Sigma-Define, Measure, Analyze, Improve, Control (DMAIC)
- Deming Cycle-Plan-Do-Study (Check)-Act (PDCA,PDSA)
- JCAHO-Plan Design, Measure, Assess, Improve
- SAC CQI System-Metrics, Measure, Feedback, Analyze, Implement, Monitor

# Quantum CNS™

## Continuum of Care

**Indicator  
Input**



**Patient  
Pre-op  
Holding**

**OR**

**Indicator  
Input**



**Indicator  
Input**



**Post Op  
Home  
Floor**

**PARU**

**Indicator  
Input**



# Quantum CNS™

**Data  
Collection  
Tool**

**PCs**      **PDA's/  
Tablets**      **Scanners**

**Data  
Warehouse  
Analysis**

**Performance  
Assessment  
To MD**

**Process  
Assessment  
CQI Committee**

**Best Practices**

**Benchmarks**

**Performance  
Improvement**

**P4P Scorecard**

https://sac.quantumcns.com/QA001\_PC.cfm?Action=Add&FormSelect=QA001&CFID=5229&CFTOKEN=21586961 - Microsoft Internet Explorer pr

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Mail Print

Address https://sac.quantumcns.com/QA001\_PC.cfm?Action=Add&FormSelect=QA001&CFID=5229&CFTOKEN=21586961 Go Links >>

**Update Record**

<u>Positive Indicators</u>	QA		<u>Critical Quality Indicators</u>	QA
9 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Sleep Apnea Pt - OSA Protocol Implemented</a>	<input type="checkbox"/>	32	<a href="#">Death</a>	<input type="checkbox"/>
11 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Perioperative BB Given to Pt on BB</a>	<input type="checkbox"/>	55	<a href="#">Transfusion error (by Anesthesia Care Team)</a>	<input type="checkbox"/>
16 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Antibiotic Initiated w/in 1 Hr Pre-Incision</a>	<input type="checkbox"/>	57	<a href="#">Death r/o Anesthesia (Pending Review)</a>	<input type="checkbox"/>
24 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Normothermia on arrival to PARU</a>	<input type="checkbox"/>	<b><u>Airway/Respiratory System</u></b>		
25 <input type="checkbox"/> <input type="checkbox"/> <a href="#">DM: Glucose/Insulin Protocol for Diabetic Pts</a>	<input type="checkbox"/>	33	<a href="#">Aspiration of Gastric Contents</a>	<input type="checkbox"/>
28 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Site Verification Protocol w/Regional Block</a>	<input type="checkbox"/>	34	<a href="#">Bronchospasm Requiring Treatment (Perioperative)</a>	<input type="checkbox"/>
58 <input type="checkbox"/> <input type="checkbox"/> <a href="#">Central Line Protocol</a>	<input type="checkbox"/>	35	<a href="#">Failed Airway (Req Surgical Trach or Wakeup)</a>	<input type="checkbox"/>
<b><u>Efficiency Measures</u></b>			<a href="#">Laryngospasm</a>	<input type="checkbox"/>
<b><u>Unplanned Case Cancellation Day of Surgery</u></b>			<a href="#">Hypoxemia (Intraop/PARU)</a>	<input type="checkbox"/>
1 <input type="checkbox"/> Abnormal EKG/Labs	<input type="checkbox"/>	37	<a href="#">Pulmonary Edema</a>	<input type="checkbox"/>
2 <input type="checkbox"/> NPO Violation	<input type="checkbox"/>	38	<a href="#">Pneumothorax Due to Mechanical Vent</a>	<input type="checkbox"/>
<b><u>Process Delay (Pre-Op)</u></b>			<a href="#">Surgical Fire</a>	<input type="checkbox"/>
3 <input type="checkbox"/> Anesthesiologist Late > 10 minutes	<input type="checkbox"/>	39	<a href="#">Anaphylaxis (i.e. latex, medication, transfusion)</a>	<input type="checkbox"/>
4 <input type="checkbox"/> Unanticipated Abnormal Lab	<input type="checkbox"/>	54	<b><u>Cardiovascular</u></b>	
5 <input type="checkbox"/> NPO Violation	<input type="checkbox"/>	56	<a href="#">Stroke (dx by qualified MD or radiologic criteria)</a>	<input type="checkbox"/>
6 <input type="checkbox"/> OR Room Delay (turnover > 10 minutes)	<input type="checkbox"/>	52	<a href="#">Cardiac Arrest (Intra-op/Post-op)</a>	<input type="checkbox"/>
7 <input type="checkbox"/> Surgeon Late > 10 Minutes	<input type="checkbox"/>	40	<a href="#">BP Changes +/- 20% Req Treatment (Intra-Op/PARU)</a>	<input type="checkbox"/>
12 <input type="checkbox"/> Holding Area Delay > 10 Minutes	<input type="checkbox"/>	41	<a href="#">EKG Changes Requiring Treatment</a>	<input type="checkbox"/>
<b><u>Practitioner Performance Indicators</u></b>			<a href="#">MI (Perioperative)</a>	<input type="checkbox"/>
<b><u>Airway/Respiratory System</u></b>			<b><u>Perioperative</u></b>	
8 <input type="checkbox"/> <a href="#">Difficult Intubation</a>	<input type="checkbox"/>	44	<a href="#">PONV Requiring Med Treatment in PARU</a>	<input type="checkbox"/>
10 <input type="checkbox"/> <a href="#">Dental Damage/Loss</a>	<input type="checkbox"/>	45	<a href="#">PONV Requiring Med Treatment After Discharge</a>	<input type="checkbox"/>
<b><u>Medication Related</u></b>			<a href="#">Reintubation Unplanned</a>	<input type="checkbox"/>
13 <input type="checkbox"/> <a href="#">Prolonged NM Block - Unplanned</a>	<input type="checkbox"/>	47	<a href="#">ICU Admission Unplanned</a>	<input type="checkbox"/>
14 <input type="checkbox"/> <a href="#">Antagonist Use (Pre-op/Intra-op/PARU)</a>	<input type="checkbox"/>	48	<a href="#">Post-dural Puncture Headache</a>	<input type="checkbox"/>
15 <input type="checkbox"/> <a href="#">Medication Error (by Anesthesia Care Team)</a>	<input type="checkbox"/>	50	<b><u>Other</u></b>	
<b><u>Neurological Block Related</u></b>			<a href="#">Fall</a>	<input type="checkbox"/>
	<input type="checkbox"/>	53	<b><u>PARU Utilization</u></b>	

https://sac.quantumcns.com/indicatordefinition.cfm?IndicatorNumber=50

start | Inbox - Microsoft Ou... | Jeanine Petty - Journ... | OT - Message | Document15 - Micros... | https://sac.quantum... | 1:04 PM



# Electronic Clinical Alert Feedback Loops

## Critical Alert

intranet@seanesthesiology.com

To: Sample Doctor

### Critical Alert

Dr. Sample Doctor,

On 01/24/2008 quality indicator # 23 Awareness under general anesthesia was reported for your patient JOHN SMITH. For your reference, the medical record number for the patient is 0001234567.

To see the QA sheet for this patient you can access your report online at <https://www.seanesthesiology.us/>. Once you are at the site, select Interactive QA reports, then CQI Report. When the report comes up click on the number of patients for this indicator to get a list of patients. Select this patient from that list and click on the medical record number. This will provide you with a copy of the patient's QA sheet. Please let me know if you would like me to walk you through this process or assist you with any problems.

Janet Beck





# CQI Summary Report Facilitates Systems Approach

SAC website - Microsoft Internet Explorer provided by Southeast Anesthesiology

Address: https://www.seanesthesiology.us/reports/cqisummary.cfm

Quantum Clinical Navigation System

Home Input Reports Search Utilities Admin

**Search Criteria**

Start Date: 05/01/2008 End Date: 05/12/2008 Time Period: Month to Date Location: All Locations

Age Range: Minimum age: No minimum age Maximum age: No maximum age Insurance: -- Select Insurance Provider -- CPT Code:

Anesthesiologist: -- Select a Physician -- Surgeon: -- Select a Surgeon -- CRNA: -- Select a CRNA --

Turn Denominator On  Turn Denominator Off **Search**

[Printer Friendly Version](#)

Generated by: janetbeck Date Generated: 05/12/2008

Southwest Anesthesiology Consultants, PA  
Critical Quality Indicators Summary Report  
For All Physicians  
All Locations for 05/01/2008 - 05/12/2008  
All Ages

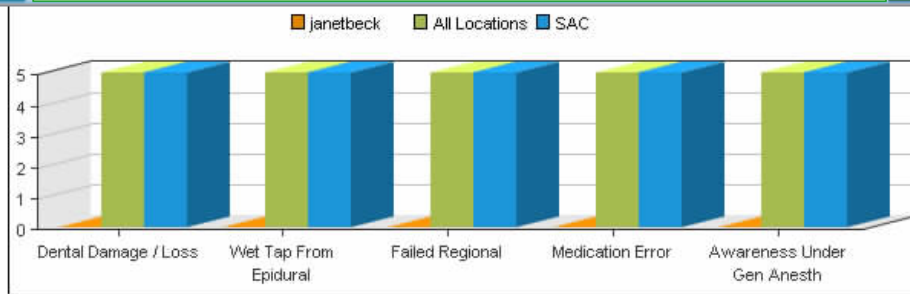
Indicator	Carolina Center for Specialty Surgery	Carolina Orthopedic Surgery Center	Carolina Surgery Center	Carolinas Medical Center	Carolinas Medical Center - Lincoln	Carolinas Medical Center - Mercy	Carolinas Medical Center - Northcross	Carolinas Medical Center - One Day Surgery	Carolinas Medical Center - Pineville	Carolinas Medical Center - Union	Carolinas Medical Center - University	Kings Mountain	Princess Anne Surgery Center	Springs Memorial
1: Abnormal EKG/Labs	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
2: NPO Violation	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
3: Anesthesiologist Late	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
4: Abnormal Labs	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0
5: NPO Violation	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0

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# Positive Incentives Practitioner Scorecard

America Online 9.0 Optimized SE provided by Dell® - [SAC website]

File Edit Mail Community Services Safety Window Keyword Sign Off Help  
Read 154 Write IM People Safety Settings Music Finance Quantum big cht Disney Nancy Beth Bank  
Quick Start https://www.seanesthesiology.us/reports/scorecard.cfm

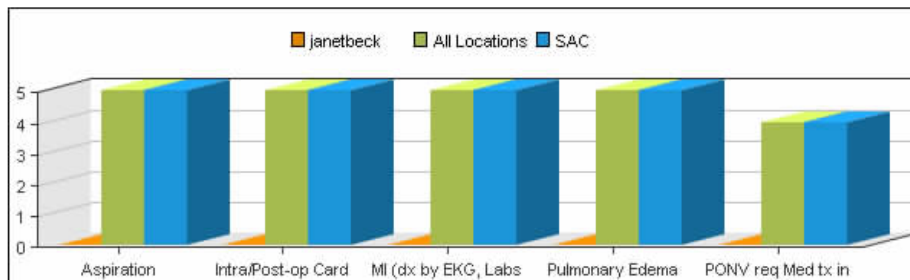


Southeast Anesthesiology Consultants, PA  
Report Card  
All Locations for 01/01/2007 - 12/31/2007

Critical Quality Indicators

(Top Score = 5% for each measure for a total of 25% per category)

janetbeck	0%
All Locations	24%
SAC	24%





# Positive Incentives Patient Satisfaction Award



# Hospital ROI- OR Efficiency

- The High Performance OR- 2007 Clinical Advisory Board  
“Case cancellations -costly in terms of schedule disruption revenue foregone”

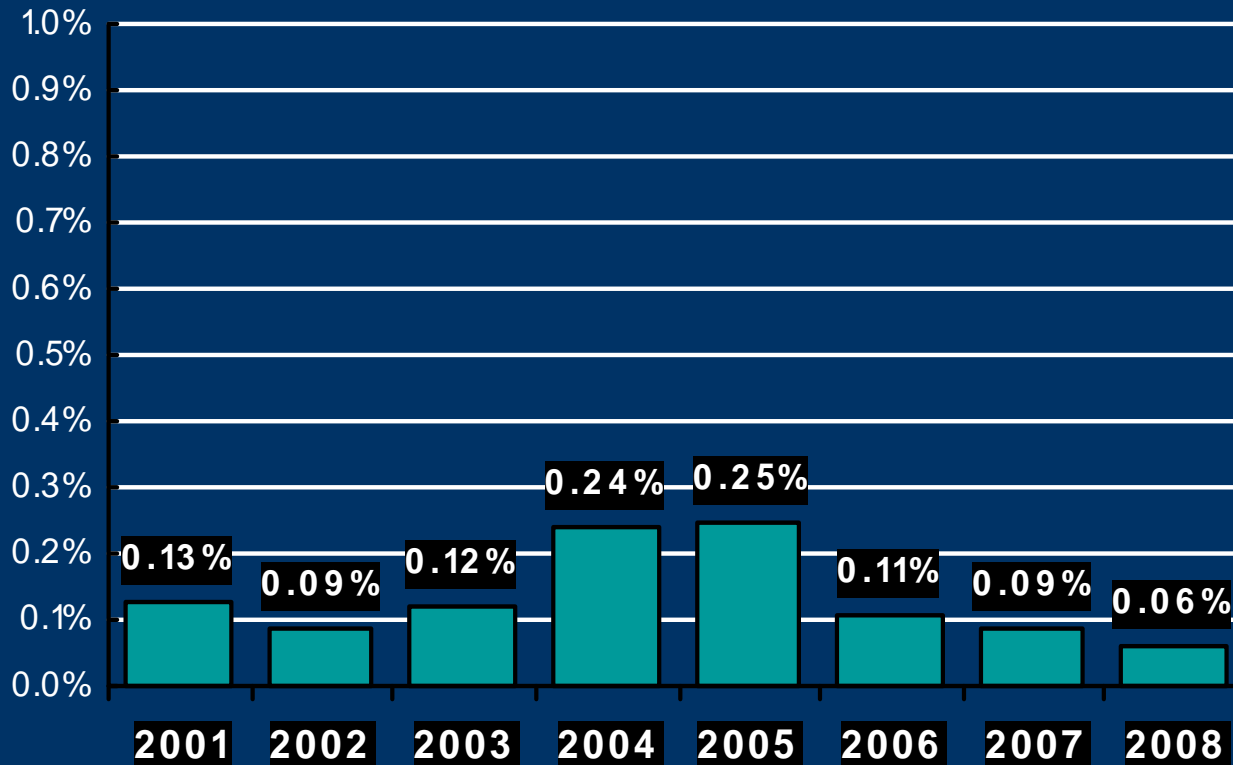


# Efficiency-Consistent Results

## ROI Hospitals/Physicians

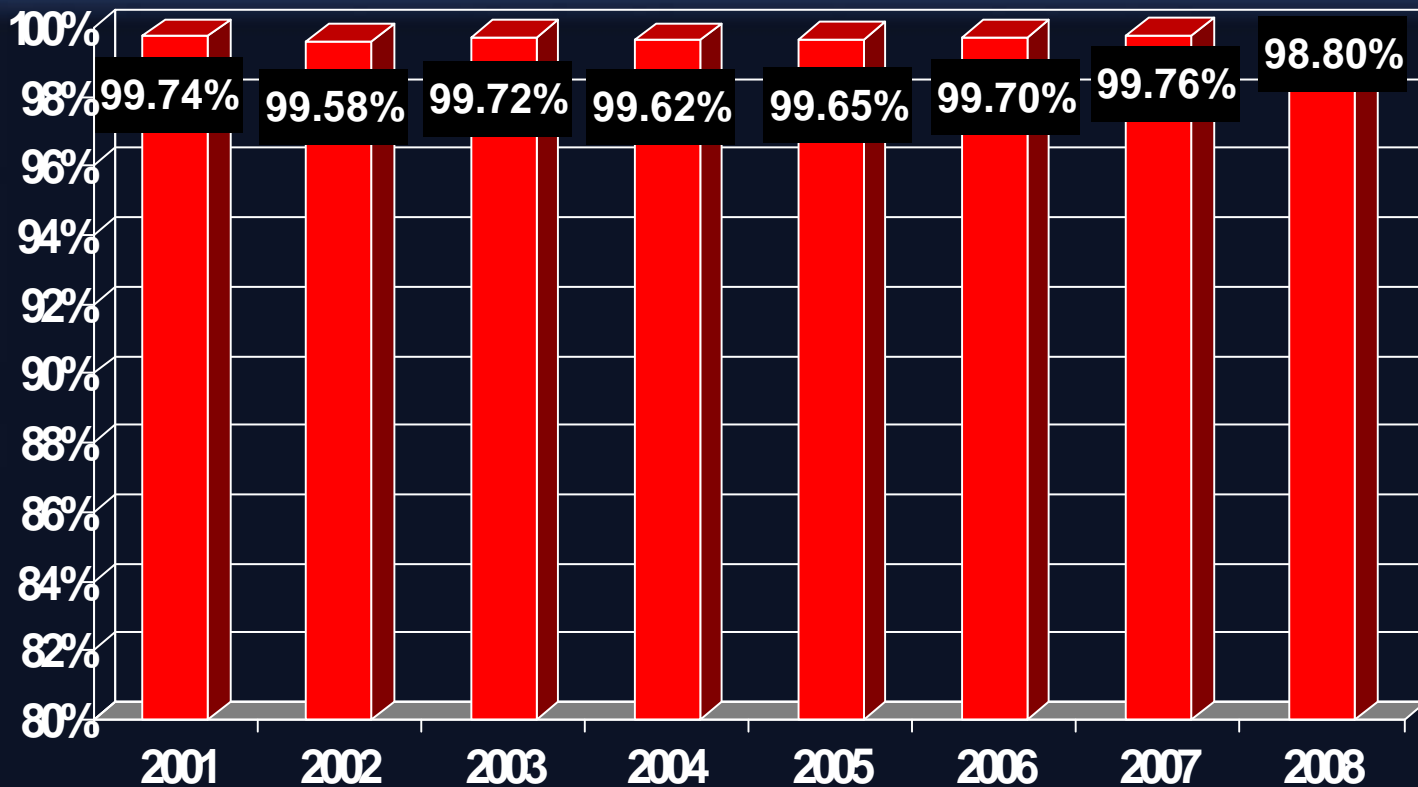
- Practice-wide, less than one fourth of one percent of cases are cancelled because of NPO violations or Abnormal Labs.

### Case Cancellations



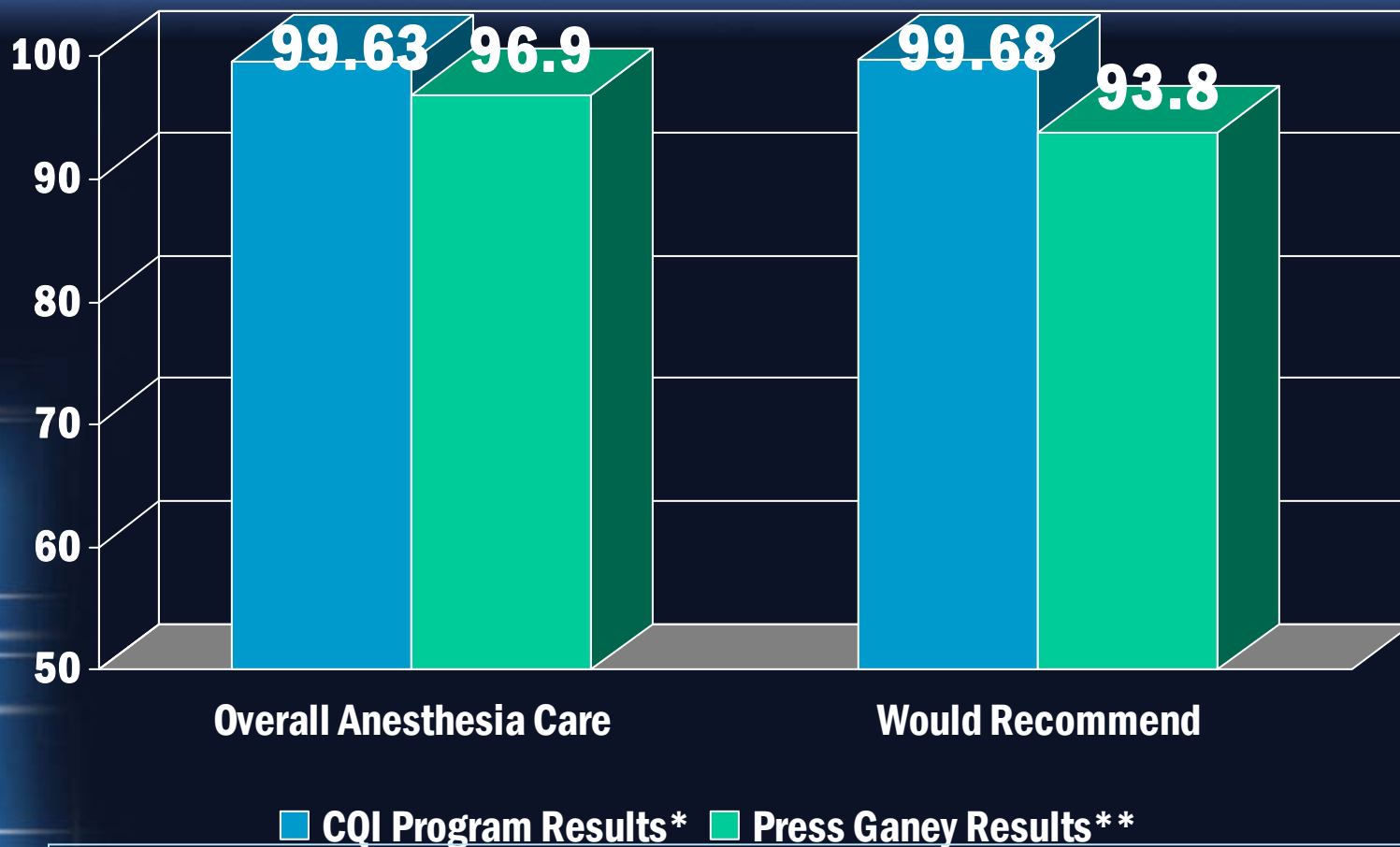
# Overall Surgical Patient Satisfaction

## ROI Hospital/Physicians



\* Confidence Level 95%, Confidence Interval 5.00

# Patient Satisfaction Results Confirmed by Press Ganey



\*29,722 patient surveys received. Confidence Level/Interval – CQI Results 99%±.52

\*\*163 patient surveys received. Confidence Level/Interval – Press Ganey 95%±6.56

# Quantum Clinical Navigation System <sup>TM</sup>



- Out of 50 quality indicators tracked, the incidence of serious adverse events was less than 1%
- In 2007 & 2008, information was collected on 183,423 patients.

Results:	<u>SAC 2007</u>	<u>SAC 2008</u>	<u>National Benchmark**</u>
■ Death	0.09%	0.11%	1.33%
■ Death - Anesthesia	0.002%	0.00%	0.12 – 1.06%
■ Cardiac arrest	0.13%	0.09%	0.44 – 1.72%
■ Failed intubations	0.01%	0.02%	0.05%
■ Myocardial infarction	0.02%	0.03%	0.19%
■ Stroke	0.02%	0.01%	< 1%
■ Recall	0.00%	0.02%	0.2%
■ Pulmonary edema	0.06%	0.04%	7.6%

\*\*National Benchmarks were obtained from the IOM Report, MEDLINE articles, and Evidence-Based Practice of Anesthesiology

# Journal Articles



# Anesthesiology

The Journal of the American Society of Anesthesiologists, Inc.



The February issue of the journal *Anesthesiology* features a new report based on data collected over a three-year period. Findings from the report, *Intraoperative Awareness in a Regional Medical System: A Review of Three Years' Data*, show that the incidence of intraoperative awareness may be as low as 1 in 14,000 surgeries.

*Pollard, Beck, et.al. Anesthesiology February 2007*

anesthesiology.com | copyright © 2007 by the American Society of Anesthesiologists, Inc. Anesthesiology is a peer-reviewed journal.

## *Intraoperative Awareness in a Regional Medical System*

### *A Review of 3 Years' Data*

ROBERT J. POLLARD, MD, FRCPC, JOSEPH A. BECK, MD, FRCA, L. THOMAS L. SHOFF, MD, MRCGP, JAMES H. BARR, MD, FRCPC

**Background:** Intraoperative awareness in patients undergoing general anesthesia is an infrequent but well-documented adverse outcome. The reported incidence of this phenomenon is between 0.1% and 0.6%.

**Methods:** With institutional review board approval, the authors reviewed continuous quality improvement data from 3 yr (2004-2006) at the location where the physician group provided ambulatory, hospital-based ambulatory care, including critical care, regional anesthesia, and sedation. Data from 1000 patients were analyzed. Patients were included in the study if they had undergone a general anesthetic or had a procedure involving deep sedation as part of that process, and were a resident of the academic center. Intraoperative awareness was defined as the patient's awareness of the procedure or the environment. The continuous quality improvement committee is notified of such events and they are included in this study.

**Results:** Over 3 yr, 1113 patients undergoing anesthesia were included. Of these, the continuous quality improvement group followed up 1774 (158.6%). Cases were not included in the study if the patients were younger than 18 yr, did not have a general anesthetic or had a procedure involving deep sedation. By these criteria, a total of 8736 patients followed by the continuous quality improvement process were at risk for awareness. The patients were of various ages.

**Conclusion:** The incidence of intraoperative awareness in this large sample of patients from a regional medical center undergoing general anesthesia was 0.0046%, or 1 per 14,500 patients, which is likely less than that reported in the same literature.

The incidence of intraoperative awareness is reported to occur in between 0.1% and 0.6% of cases.<sup>1-3</sup> The incidence has not been prospectively monitored in a large community-based or population-based study. In a retrospective general anesthesia study of the reported studies have been performed outside the academic center, we report here the results of a study performed at a major regional health-care system looking at data collected over a 3-yr period in a wide variety of patient populations.

The data were collected by the continuous quality improvement (CQI) department of a physician group that provides anesthesiology services to eight locations within a large metropolitan area in the southeastern United States. These facilities consist of an affiliated academic medical center, an ambulatory hospital, and one major cancer center. The physician group uses a CQI system to monitor and improve the performance and outcomes of all anesthesia performed by the group. The authors started the study with two objectives: first, that the academic center would have a similar incidence of awareness to that of other academic centers reported in the literature, and second, that there would be a statistically significant increase in the awareness at the academic center from that of the community hospitals.

### Materials and Methods

After institutional review board approval, (academic medical center, ambulatory hospital, one cancer center) data from patients used in the operating room setting, the group general anesthesia data as based on protocols for specific patients. These are defined as patients that the anesthesiologist completed anesthesia with ambulatory services. This approach can be modified to include the patient's physical status and regional anesthesia services. The sole anesthetic service used, the use of specific agents, such as benzodiazepines, is not reported and is left to the individual practitioner's discretion.

The quality assurance (QA) process collects information on all surgical patients at a number of times during the hospital stay. This data tool represents cases that go through anesthesia and covers the patient's entire anesthetic experience. In every room where an anesthetic procedure is performed, the possibility of recall is the primary concern. The CQI team then interviewed patients within 3-5 days after their procedure. At participating policy, during each interview, the patient was questioned about the anesthesia experience and the possibility of awareness. The questions about recall took the form of a checklist form using open-ended, "yes/no" questions. The survey was also asked to all patients who

The work is based in "The Work in Anesthesiology" Research article section, page 14.

1. Pollard RJ, Beck JA, Shoff TL, Barr JH. Intraoperative awareness in a regional medical center: a review of three years' data. *Anesthesiology*. 2007;106:200-206. doi:10.1097/ALN.0b013e3180141111. Epub 2007 Jan 11. PMID: 17181111.

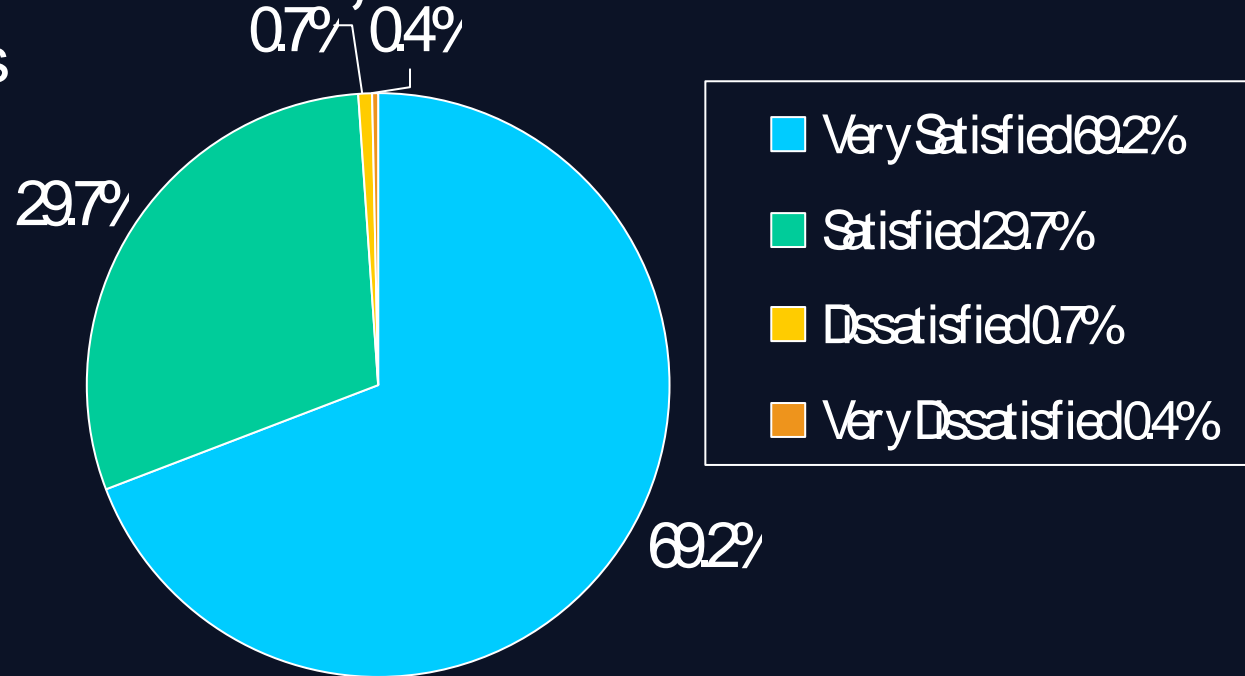
# MD Performance-Skill/Technical Ability

## CHS Medical Staff Survey

2005, 2007

Anesthesiologists:

Skill or Technical Ability



Mean Score:

3.6 2005, 2007

Health stream Survey-99% Satisfied or Very Satisfied



# Physician/Hospital ROI Reduced Malpractice Premiums



- "the group's commitment to quality assurance and patient satisfaction has returned benefits in many areas, not the least of which is a reduction in professional liability coverage premiums"
- "discretionary credits associated with the comprehensive quality/patient satisfaction programs maintained by Southeast...primary professional liability coverage increased from 5%...to 15% this year.
- "total loss-free discount for the group amounts to an 11.1% credit against the total annual premium"
- "we...attribute an 8% to 10% overall net premium reduction...in recognition of the impact of Southeast Anesthesia's quality assurance and risk management programs"

**-Lawrence Jones,  
Sr. VP/ Manager, Special Risk Division**

# Customer Branding Customized Reports



## Efficiency and Patient Satisfaction Results Jan –March 2008 from Southeast Anesthesiology Consultants Patients of Dr. Sample

Southeast Anesthesiology Consultant's CQI program tracks over 50 clinical quality indicators which measure efficiency, patient satisfaction, anesthesiologist's performance and clinical quality outcomes. Please find below scorecards measuring selected Efficiency and Patient Satisfaction indicators for your patients under our care.

Efficiency metrics that track anesthesia related events are completed for virtually every patient that undergoes anesthesia.

	Cases	Anesthesia Related Case Delays	Anesthesia Related Cancellations	Stroke	Awareness Under General Anesthesia
<b>Dr. Sample</b>	716	0.14%	0.00%	0.00%	0.00%
<b>SAC Overall</b>	44,160	0.08%	0.22%	0.02%	0.00%

	Medication Error (by Anesthesia Care Team)	Death	MI (Perioperative)	Wrong-Site Procedure Regional Block
<b>Dr. Sample</b>	0.02%	0.00%	0.00%	0.00%
<b>SAC Overall</b>	0.01%	0.09%	0.02%	0.00%

Patient satisfaction surveys include questions regarding whether the patient's overall anesthesia care was good or excellent and whether the patient would recommend Southeast Anesthesiology Consultants. SAC attempts to contact all anesthesia patients through personal patient interviews by CQI nurses or mailed surveys. Patient satisfaction surveys are completed on over 50% of patients that undergo anesthesia. Audits are performed to assure data capture and accuracy.

	Anesthesia Care Excellent/Good	Would Recommend SAC
<b>Dr. Sample</b>	99.38%	99.69%
<b>SAC Overall</b>	99.67%	99.79%

Your colleagues at Southeast Anesthesiology Consultants are committed to providing your patients with the highest degree of quality and customer focused anesthesia care. If you have any questions regarding these results, please contact your local Chief, Department of Anesthesiology or Janet Beck, CPHQ, Director of Quality Assurance at Southeast Anesthesiology Consultants – 704-377-5772, ext 5402.

### Test Surgeon Efficiency

1/01/08-3/31/08

<b>Total Cases Measured</b>	<b>716</b>
<b>Confidence Level/Confidence Interval</b>	<b>&gt;95%/5.0</b>
<b>Unplanned Case Cancellation Day of Surgery</b>	<b>0</b>
<b>Percent of Cases Cancelled</b>	<b>0.00%</b>
<b>Case Delay Due to Anesthesiologist Late</b>	<b>1</b>
<b>Percent of Case Delayed Due to Anesthesiologist Late</b>	<b>.14%</b>

### Test Surgeon

1/01/08-3/31/08

### Patient Satisfaction

<b>Surveys Received</b>	<b>336</b>
<b>Confidence Level/Confidence Interval</b>	<b>&lt;95%/5.0</b>
<b>Met anesthesia rep before surgery</b>	<b>94.31%</b>
<b>Questions answered prior to surgery</b>	<b>99.40%</b>
<b>Anesthesia team responsive to needs</b>	<b>99.37%</b>
<b>Overall care "excellent" or "good"</b>	<b>99.38%</b>
<b>Would recommend anesthesia services</b>	<b>99.69%</b>

# Facilitates Success- CMS

Medicare Hospital Reporting Program	Year 1	Year 2*	Year 3*
<b>Total Medicare Market Basket**</b>	<b>\$600,000,000</b>	<b>\$630,000,000</b>	<b>\$661,500,000</b>
<b>Deduction for Not reporting</b> <b>2.0%***</b>	<b>\$12,000,000</b> <b>(\$3,000,000)</b>	<b>\$12,600,000</b> <b>(\$3,150,000)</b>	<b>\$13,230,000</b> <b>(\$3,307,500)</b>

*\*Incorporates a 5% increase each year in Medicare reimbursement.*

*\*\*Includes total Medicare Reimbursement for Sample hospital network.*

*\*\*\* SCIP Initiatives approximately ¼ overall reporting requirements.*

## Medicare Won't Pay Hospitals for Errors

By LAURAN NEERGAARD (AP Medical Writer)

From Associated Press

February 18, 2008 10:33 PM EST

WASHINGTON - It's a new way to push for patient safety: Don't pay hospitals when they commit certain errors. Medicare will start hitting hospitals where it hurts in October, and other insurers are hot on the trail.

That has the nation's hospitals exploring innovative programs to prevent injury and infection: Hand-washing spies. Surgical sponges that sound an alarm if left in the body. Even a room sterilizer that promises to wipe out bacteria left lurking on bedrails.

"Money talks," says Dr. Steven Gordon, infectious disease chief at the Cleveland Clinic Foundation. "Every hospital CFO, this gets their attention."

# Payer/Hospital/Physician- ROI

## Post Operative MI

<u>Myocardial Infarction</u>	<u># Patients</u>	<u>% Patients</u>
SAC	19	0.02%
National Benchmark*	205	0.19%

Number of patients undergoing anesthesia annually: SAC-95,205 patients/year  
US approx. 40 million patients/year.

Average cost to traditional health insurer for first 90 days after heart attack per patient	\$ 38,501**
Total SAC patients	\$ 731,519
Total National Benchmark	\$7,894,755

Estimated savings to health plans/patients resulting from SAC reduced events	<b>\$7,163,236</b>
Estimated national savings if benchmark reduced to SAC benchmark levels	\$2.618 Billion

\*Benchmark Source: Chung, Dorothy and Stevens, Robert, "Evidence-based Practice of Anesthesiology," page 379.

\*\* Cost Source: NBER Working Paper No. 6514, nber.org/digest/Oct 98, National Bureau of Economic Research.



# Payer/Hospital/Physician-ROI

## Post-Op Stroke

<i>Stroke</i>	<i># Patients</i>	<i>% Patients</i>
SAC	19	0.020%
National Benchmark*	476	0.5%

Number of patients undergoing anesthesia annually: SAC-95,205 patients/year US approx. 40 million patients/year.

\*Ntl Avg is <1%, so .5% is used for calculation.

Cost at discharge for inpatient care per patient	\$ 9,882**
Total SAC patients	\$ 187,758
Total National Benchmark	\$4,703,832

Estimated savings to health plans/patients resulting from  
 SAC reduced events **\$4,516,074**  
 Estimated national savings if benchmark reduced to SAC  
 benchmark levels **\$1.897 Billion**

\*Benchmark Source: Fleisher, Lee; "Evidence-based Practice of Anesthesiology, page 163.

\*\*Cost Source: Neurology, Vol 46, Issue 3, 854-860, 1996, American Academy of Neurology, "Inpatient costs of specific cerebrovascular events at five academic medical centers"



# Can a Data Driven CQI Process Change Physician Practice?

## QUANTUM Clinical Navigation System

- Facilitates data driven culture of high performance  
Customer Service/Clinical Quality/Efficiency
- Guides the organization to best practices/systems approach to  
healthcare delivery utilizing quantitative real time clinical data  
with reduction in costly medical errors
- Identifies opportunities for Process/Practitioner improvement
- Identifies opportunity for operations efficiency
- Transforms physician practice from episodic to data driven
- Real Time monitoring enhances ability to exceed benchmarks  
and success in the Realm of P4P

# P4P Success

## Hospitals/Medical Staff

- Managed Care Contracts
- MD-Hospital Contract- demonstrate value proposition
- CMS SCIP Initiatives/Core Measures/POA– Hospital P4P
- PQRI Reporting- MD P4P
- Patient Satisfaction- HCAPS, JD Powers, market share
- Decrease Costly Post-op Complications- MCO, Hospital DRG
- Malpractice Premium Reduction- Hosp; MD cost savings

# P4P Success

## Hospitals/Medical Staff

- Monitors-Operating Room Efficiency
- Facilitates Surgeon Satisfaction- market share
- Opportunity for CRM marketing/Branding – market share
- JCAH Compliance-Credentialing/ Re-Credentialing- demonstration of competence/Sentinel events