

# The National Pay for Performance Summit

*The Leading National Forum on Pay for Performance and Payment Reform*

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Performance and Payment Reform*

**March 8 - 10, 2010  
Hyatt Regency  
San Francisco, CA**





# **Breakthroughs in Quality Improvement**

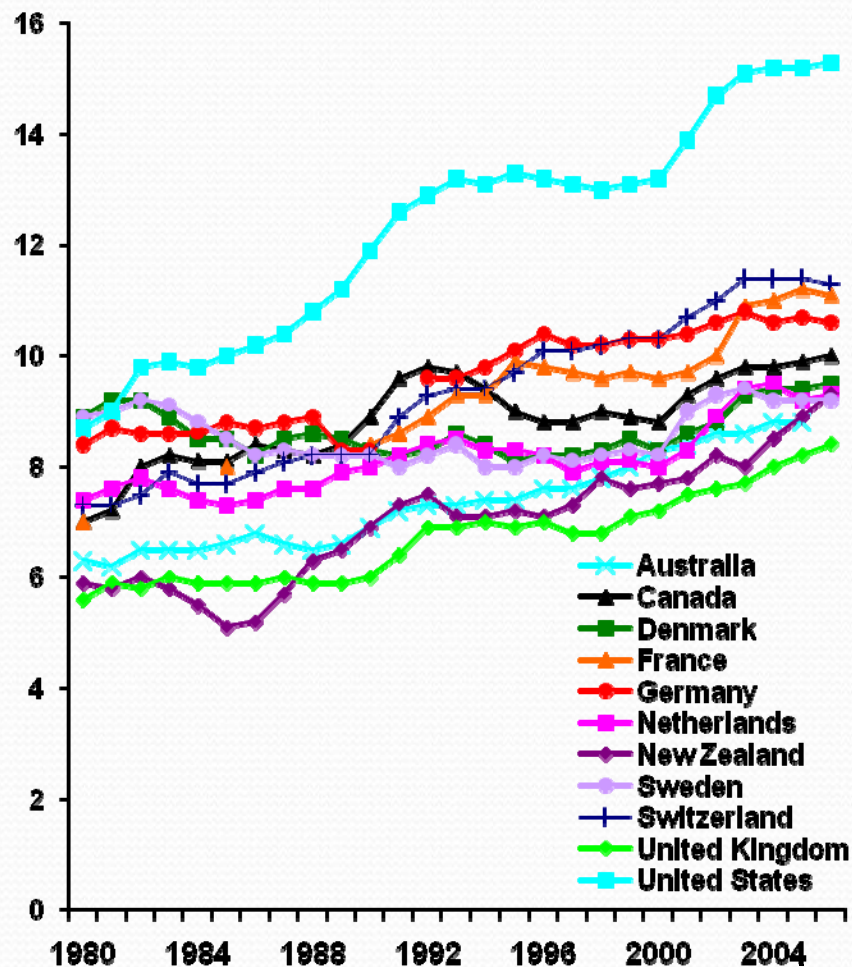
**Getting from Good to High  
Performing**

# Why Is Good Not Good Enough?

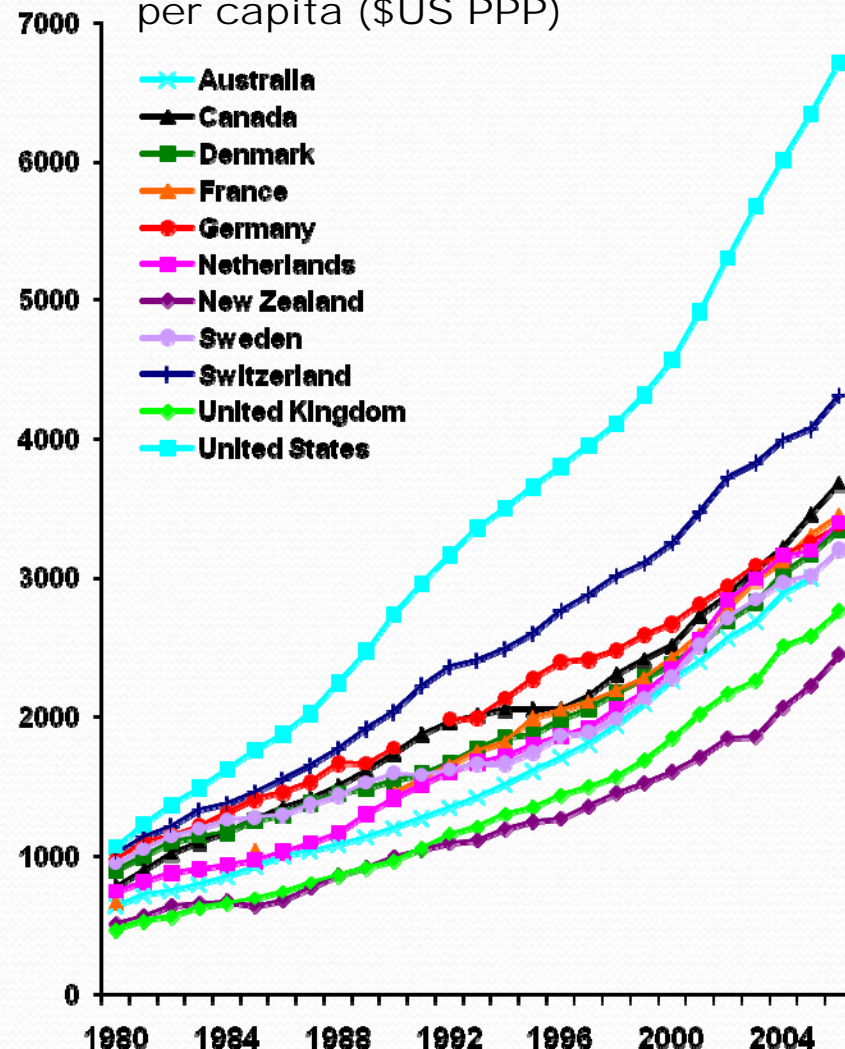
- **Burden of chronic disease is growing**
  - Increasing incidence of disease
  - Increasing number of older patients
- **U.S. Health Care still producing marginal quality**
- **Escalating costs**
  - Driving more uninsured
  - Unaffordable to government and to individuals
- **Primary Care Crisis**
- **Patient care growing increasingly uncoordinated**
  - Consumers “at sea” trying to navigate system
  - Increased fragmentation
- **System lacks an integrator of care with focus on value**

# International Comparison of Spending on Health, 1980–2006

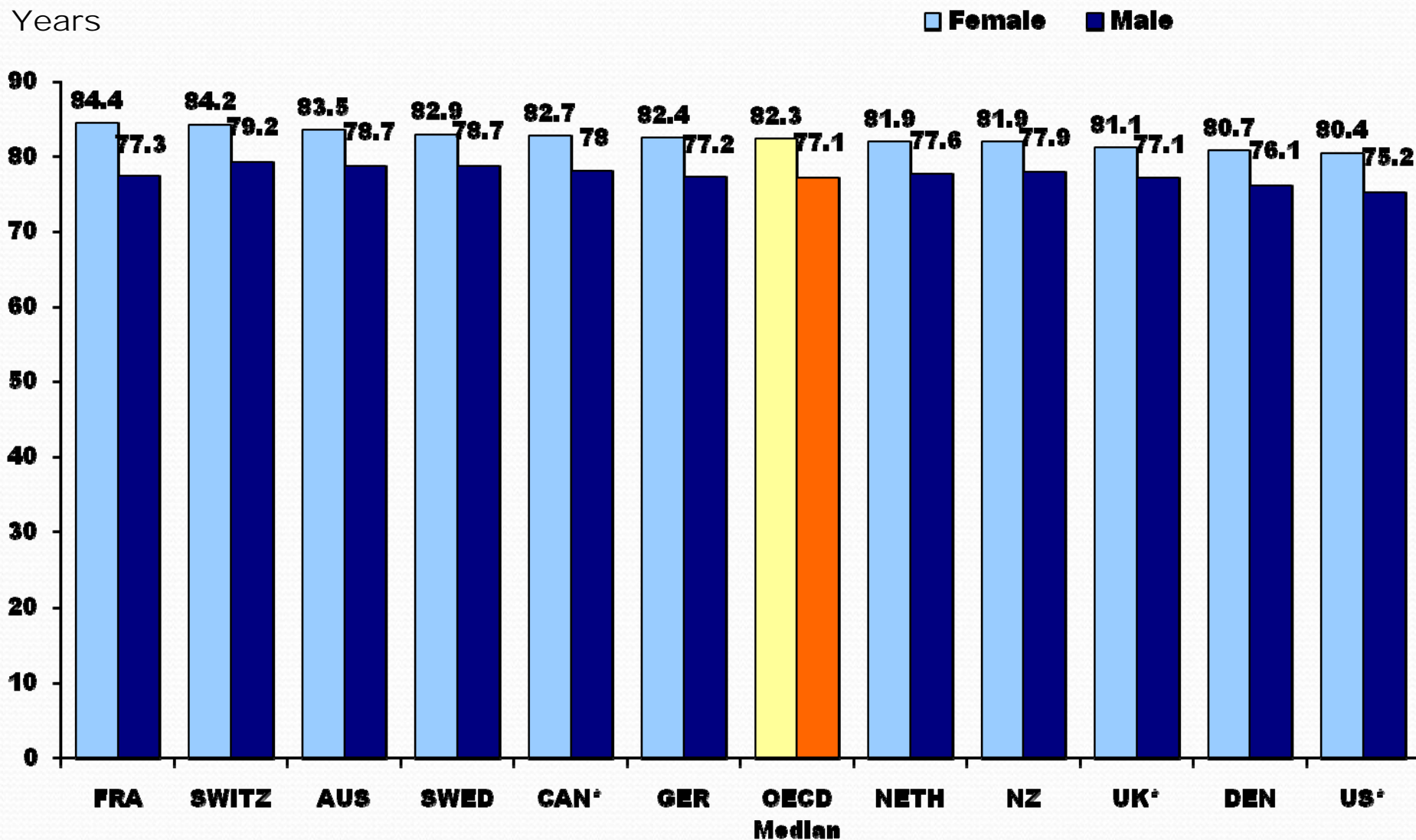
Total expenditures on health as percent of GDP



Average spending on health per capita (\$US PPP)



# Life Expectancy at Birth, 2006



\*2005

Data: OECD Health Data 2008 (June 2008).

# How America's Best Hospitals Manage Chronic Illness

If UCLA adopted the utilization benchmark provided by The Mayo Clinic, per-beneficiary spending would have declined by about 34% for hospital and physician services alone.

**THE DARTMOUTH INSTITUTE  
FOR HEALTH POLICY & CLINICAL PRACTICE**



*Where Knowledge Informs Change*

## Selected Academic Medical Center Data

Cedars-Sinai Medical Center	\$71,637
UCLA Medical Center	\$63,900
Johns Hopkins Hospital	\$63,079
New York-Presbyterian Hospital	\$62,773
UCSF Medical Center	\$54,669
Hospital of the University of Pennsylvania	\$54,455
Brigham and Women's Hospital	\$50,156
University of Washington Medical Center	\$46,891
University of Michigan Hospitals	\$46,397
University of Chicago Hospital	\$45,718
Stanford Hospital and Clinics	\$44,997
UPMC Presbyterian Shadyside	\$43,504
Yale-New Haven Hospital	\$43,325
Massachusetts General Hospital	\$43,058
Barnes-Jewish Hospital	\$40,681
Duke University Hospital	\$37,751
Cleveland Clinic Foundation	\$34,437
Mayo Clinic (St. Mary's Hospital)	\$34,372

<b>Health care resources</b>	<ul style="list-style-type: none"> <li>• Per capita supply of hospital beds 32% higher.</li> <li>• Per capita supply of physicians 31% higher overall: 65% more medical specialists.</li> </ul>
<b>Technical quality</b>	<ul style="list-style-type: none"> <li>• Adherence to evidence-based care guidelines worse.</li> </ul>
<b>Health outcomes</b>	<ul style="list-style-type: none"> <li>• Mortality higher following acute myocardial infarction, hip fracture, and colorectal cancer diagnosis.</li> </ul>
<b>Physician perceptions of quality</b>	<ul style="list-style-type: none"> <li>• More likely to report poor communication among physicians and inadequate continuity with patients.</li> <li>• Greater difficulty obtaining inpatient admissions or high-quality specialist referrals</li> </ul>
<b>Patient-reported quality of care</b>	<ul style="list-style-type: none"> <li>• Worse access to care and greater waiting times.</li> <li>• No difference in patient-reported satisfaction with ambulatory care.</li> <li>• Worse inpatient experiences.</li> </ul>

“Healthcare Spending, Quality and Outcomes”, Fisher E, 2/27/09,

# Time Required for Primary Care of Patients

- Acute Care 4.6 hours/day
  - Preventive Care 7.4 hours/day
  - Chronic Care 10.6 hours/day
- 22.6 Hours/day



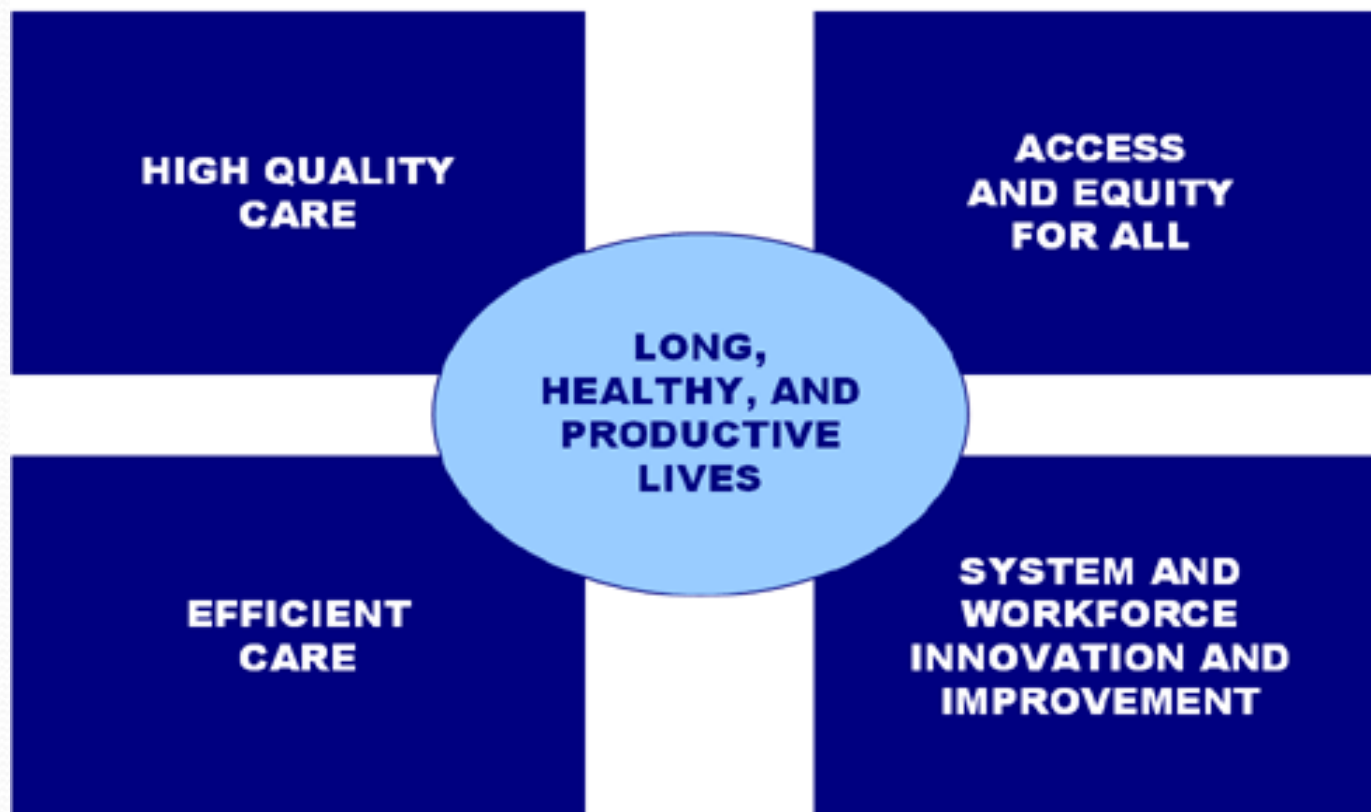
“Today, health care coverage is deteriorating, leaving millions without affordable access to preventive and essential health care. The quality of care is highly variable and delivered by a system that too often is poorly coordinated, driving up costs, and putting patients at risk. With rising costs straining family, business, and public budgets, access to care deteriorating and variable quality, *improving health care performance is a matter of national urgency.*”

***The Commonwealth Fund - 2006***



# Getting from Good to High Performing

# Commonwealth Fund Core Goals and Priorities



## Translating the Commonwealth Fund Vision into Action

- Clinically relevant patient information can be available to all providers at the point of care **and to patients**, preferably through EHRs.
- Patient care is coordinated among multiple providers, and **transitions** across care settings are **actively managed**.
- All members of the care team both within and across settings have accountability to each other, review each other's work, and **collaborate** to reliably deliver high-quality, high-value care.
- Patients have easy access to appropriate care, including after hours; there are multiple points of entry to the system; and providers are **culturally competent** and responsive to patients' needs.
- There is clear **accountability for the total care of patients**.
- The system is **continuously innovating and learning**.

# EHR Adoption

## **Wave of U.S. Physicians Planning to Adopt Electronic Medical Records, Accenture Report Finds – March 02, 2010**

RESTON, Va.; March 2, 2010 – Fifty-eight percent of U.S. physicians who don't use electronic medical records (EMRs) intend to purchase an EMR system within the next two years, according to a new report from Accenture (NYSE: ACN). Well over half of non-users say they intend to implement EMR's within next two years.

Today, just six percent of U.S. office-based physicians use a fully functioning system.<sup>1</sup>

Accenture's Innovation Center for Health and Institute for Health & Public Service Value worked with Harris Interactive to survey 1,000 U.S. physicians from practices of fewer than 10 practitioners to measure their views of EMRs.

# Care Transitions

An IHI Expedition™

## Preventing Heart Failure Readmissions

Begins March 30, 2010

“The aim of this Expedition, titled **Preventing Heart Failure Readmissions**, is to enable participants to help heart failure patients care for themselves after a hospital discharge in ways that can both improve the patient and family experience and reduce readmissions.” ...IHI

# Collaboration

Dr. Mary Johnson PEDIATRICIAN, Board-certified. ASHEBORO, NORTH CAROLINA. Against odds, local girl makes good . . . becomes MD . . . despite bad experience as a child, comes home to work for Randolph Hospital (medical school loans repaid by the Feds for service). In classic, "good-ole-boy" fashion, gets stomped on by the hometown "non-profit" . . . fired after blowing the whistle on bad care in a newborn case. Practice destroyed. Litigation ensued. Hospital sued her for telling the truth about what happened to the state & federal governments she served.

Greensboro, GSN News and Record, December, 2009

# Culturally Competent

**What Does It Take to Achieve Superior Medical Group Quality Performance?**

Jorge Pelayo-Garcia, MD, Family Medicine  
Physician, Sharp Rees-Stealy Medical Group, San  
Diego, CA



# Accountable for Total Care of Patients

- Bundled Measures
  - WHCQ – Population Focused Measures
- Health Care in the Workplace
  - HealthPartners “JourneyWell” wellness solution, partners with Hallmark to give employers and employees options
- Health Coaches to Expand Care
  - Mercy Clinic receives 2008 AMGA Acclaim Award for transforming care delivery through health coaches
- Proven Care
  - Geisinger Health System provides guarantee for heart surgery patients

# Creating a High Performing Health Care System through Continuous Innovation and Learning

In Summary:

- IT Adoption
- Seamless Transitions in Care
- Collaboration Among all Care Providers
- Cultural Competency
- Accountability for Total Care of Patients

Must be “hard wired” into health care delivery to provide the right care to every patient at the right time