

Farewell to Hippocrates: Medicine in the Information Age

The Quality Colloquium at
Harvard University Campus

Aug. 21, 2008

Presented by:

Michael L. Millenson, President

Health Quality Advisors LLC and

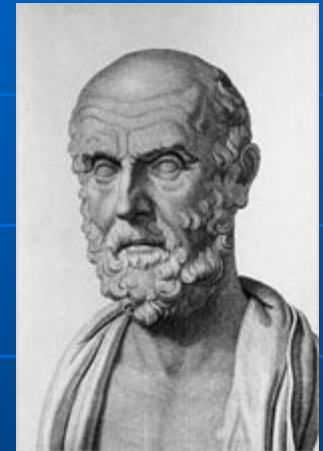
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The Hippocratic Oath

“I will prescribe regimens for the good of my patients according to my ability and my *judgment* and never do harm to anyone...In every house where I come I will enter only for the good of my patients.”



--Excerpt from Hippocratic Oath, c. 300-400 BCE

A Judgment-Based Culture

“The ***social obligation*** for best practice is part of the commodity the physician sells, even though it is a part that is ***not subject to thorough inspection*** by the buyer.”

-- Kenneth Arrow, PhD, *Uncertainty and the Welfare Economics of Medical Care*, 1963

“The application of knowledge at the bedside is largely the function of the ***sagacity*** inherent in or personally developed by the individual physician.”

-- Herman Blumgart, MD, Harvard University Medical School, 1973

Judgment and Sagacity Scorecard

50% “Heads” vs. “Tails” in coin flip



54% Doctors provide acute care indicated by the medical literature



56% Doctors provide chronic care indicated by the medical literature

74% Average airline on-time percentage



Sources: *NEJM*, 2003; DOT 2008 data

A Different Kind of Oath

"In God We Trust - All Others Bring Data"

- **Transparency**
(performance data)
- **Consumerism** (new kinds of information)
- **Value** (quality/cost)



W. Edwards Deming

Why Will the Paradigm Shift?

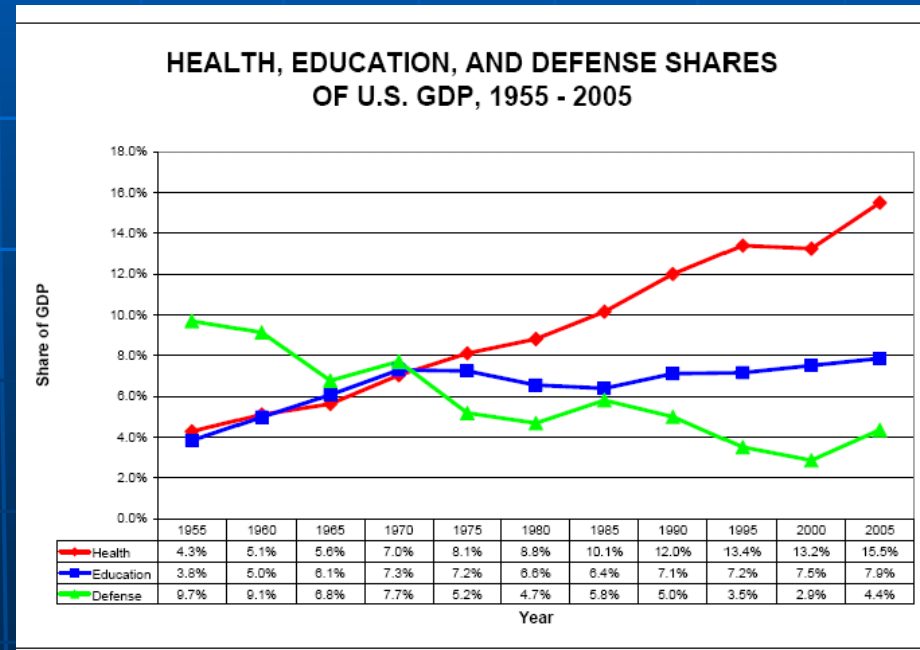
Forces of Change Converge

- *Economics*: Soaring health care costs and global economic pressure make change urgent
- *Technology* (Our era's "movable type"): IT to manage (e.g., point-of-care guidelines) and measure (e.g., "dashboards") brings actionable information
- *Zeitgeist*: Restless consumers and new expectations prompt power shift

A New Social Context (The Hippocratic Loathe?)

“If there's one thing that can bankrupt the country, it's health care. It's out of control...affecting our economic and national security.” – David Walker, Comptroller General, U.S. General Accountability Office

“Improving the performance of our health care system is without doubt one of the most important challenges our nation faces.” – Ben Bernanke, Chairman, Federal Reserve



Federal Clout

- Presidential Executive Order, August, 2006
 - Promoting Quality and Efficient Health Care in Government Administered or Sponsored Health Care Programs
 - Directs Federal Agencies to:
 - Encourage adoption of ***health information technology standards for interoperability***
 - Increase ***transparency in healthcare quality measurements***
 - Increase ***transparency in healthcare pricing information***
 - Promote ***quality and efficiency of care, which may include pay for performance***

Employer *and* Medical Poobahs Concur

VALUE-DRIVEN HEALTH CARE

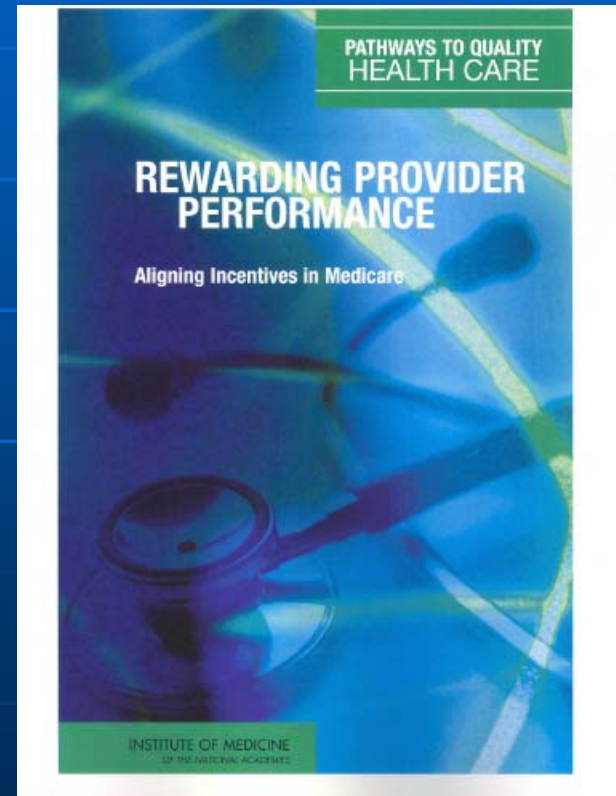
A PURCHASER GUIDE

VERSION 1.0 - FEBRUARY 2007



PREPARED BY BAILIT HEALTH PURCHASING, LLC

Available at http://www.leapfroggroup.org/files/Leapfrog_newy/Purchaser_Guide



An Intellectual Underpinning (Implicit AMA Approval?)

A value-based [health-care] system is grounded in three simple principles:

1. The goal is value for patients
2. Care delivery is organized around medical conditions and care cycles
3. Results are measured

Source: Porter and Teisberg, *JAMA*, 2007

Ideologues Sing Chorus of Agreement (Mostly)

- “That this country tolerates the very worst along with the very best quality of medical care, the poorly trained doctor along with the well-trained, those who overcharge along with those who charge reasonable fees, can best be explained by the total lack of information consumers have about doctors.”
 - Public Citizen Health Research Group, Jan. 17, 1974
- “Medicare has detailed information on nearly every doctor and hospital in the country. Americans have a right to know this information [on performance, cost and quality], and taxpayers must continue to demand its release.”
 - Newt Gingrich and David Merritt, “Renew Milton Friedman’s Conservatism,” *National Review*, Dec. 4, 2006



HIT, Transparency,
P4P, Prevention,
Comparative
effectiveness, Chronic
disease management,
Disparities, Malpractice
reform

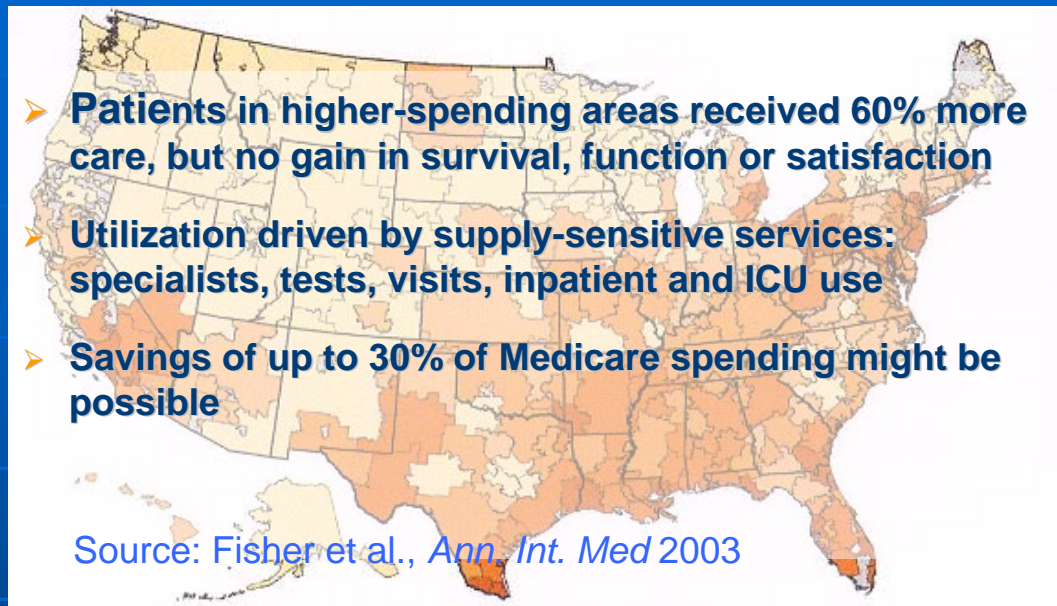
HIT, Transparency,
P4P, Prevention,
Chronic disease
management,
Malpractice reform



The Hard Work of Change

- **“To do things differently, we must see things differently. When we see things we haven’t noticed before, we can ask questions we didn’t know to ask before.”**
 - --John Kelsch, Xerox
- **“To become competent, you have to feel bad.”**
 - --Hubert Dreyfus, Philosopher

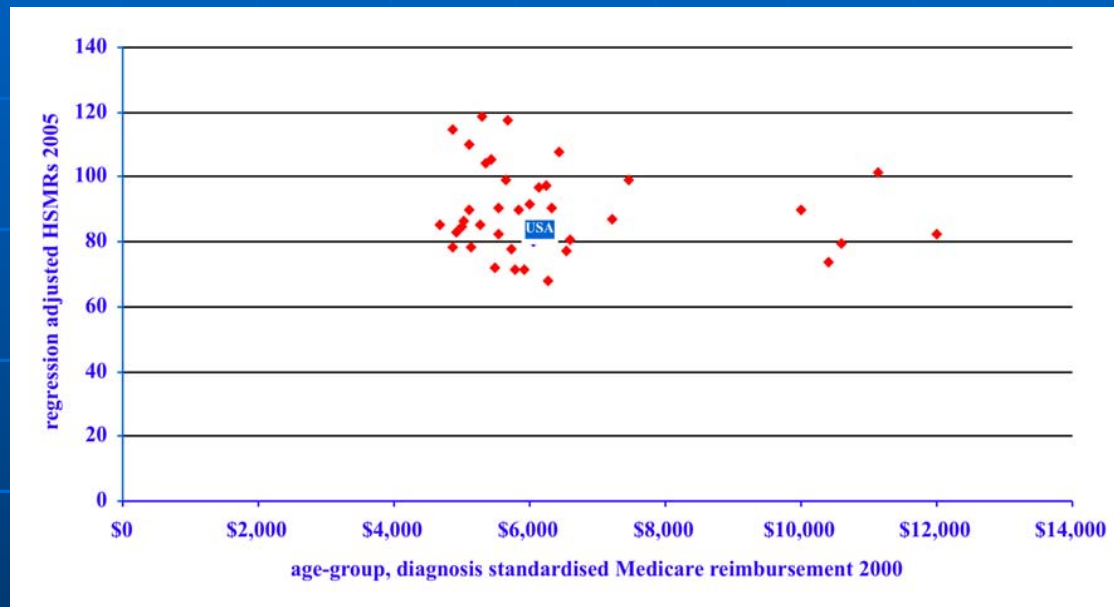
High-Level Data on Waste...



- **\$17 billion - \$29 billion extra costs from hospital errors (IOM, 2001)**
- **Potentially inappropriate medications prescribed to one-quarter of Medicare patients. (JAMA 1994)**
- **177,000 ER visits (2004) by elderly (Ann Int Med 2007) and \$177 billion (2000) in potentially avoidable hospital admissions for all populations due to drug-related problems (J Am Pharm Assoc 2001)**

...Gets Specific

(How many lives per dollar do you save?)



**Massachusetts Hospitals
Hospital Standardized Mortality Ratio (Jarman)**

Premier Hospital Demo

If they can do it, why can't you?

- Hospitals achieving >75% percentile quality scores
 - Fewer complications
 - Fewer readmissions
 - Significantly lower hospital costs
 - Significantly shorter length of stay

If they can tell me, why can't you?

Change Text Size A A A

Quality Report

How to Use This Quality Report

Questions & Answers

Quality Indicators & Safe Practices

- > Patient satisfaction
- > Antibiotic susceptibility
- > Infection control
- > Surgery
- > Pneumonia
- > Heart failure
- > Heart attack
- > Cardiovascular procedures
- > Physician office care
- > Nursing care
- > Patient safety
- > Other indicators
- > Childbirth
- > Childbirth - other
- > Children
- > Safe practices
- > Cancer survival rates
- > Data validity

Technical Notes

Cardiovascular procedures

Cardiovascular procedures include heart and circulatory system procedures. Many indicators in the [surgery](#) and [infection control](#) sections also apply to cardiovascular procedures. These indicators include various complication rates and death rates, and summarize how well certain recommended approaches to these procedures are followed. At Norton Healthcare, only [Norton Audubon Hospital](#) and [Norton Hospital](#) (downtown) perform open heart and interventional cardiology procedures.

Click on the indicator description or on the results to obtain the full report.

Key

better than U.S. average	near U.S. average	worse than U.S. average	# = too few eligible cases to calculate a reliable statistic <i>blank</i> = does not apply <i>italic number</i> = no comparative data
--------------------------	-------------------	-------------------------	---

		Desired Performance	Norton Audubon	Norton Hospital	Norton Suburban	Kosair Children's	Kentucky	U.S.
Cardiac catheterizations - percent of								
procedures that are bilateral	low	3.6	3.5	4.3		3.5	7.1	
procedures showing insignificant heart disease	low	36.5	34.0	38.2				
patients with vascular complications	low	0.5	0.7	0.5				
PCIs (angioplasties) - percent of								
heart attack / PCI patients treated w/in 90 minutes	high	39.0	24.0					

Source: Norton Healthcare, Louisville

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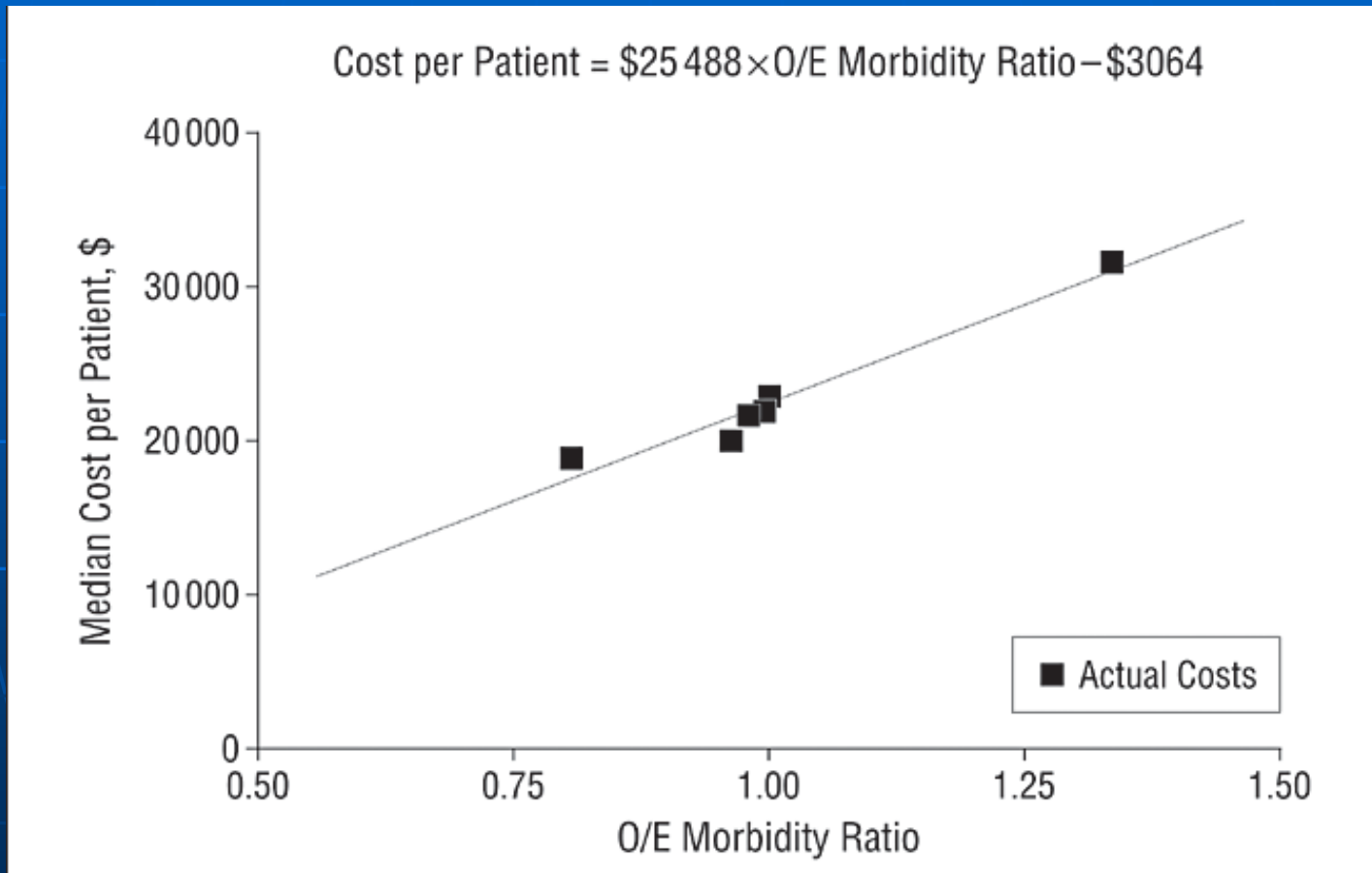
Dollars Per Error (Your Error, My Checkbook)

	Costs: resources used by the hospital (\$)	Reimbursement: amount paid to the hospital (\$)	Hospital profit (profit margin) (\$)
No complications	10,978	14,266	3,288 (23)
With complications	21,156	21,911	755 (3.4)
Increase in reimbursement		7,645 (54)	

Values in parentheses are percentages.

“When surgical complications occur, **hospitals experience a decline in profits and profit margin per case**, but reimbursement usually covers their costs. In contrast, **payors always lose money** with complications.”

Procedure-Specific Transparency (Quality/Cost of Pancreatic Resection)



Source: Vollmer et al. *Arch Surg* 2007

Procedure-Specific Transparency Risk-Adjusted Cost (No Outcomes)

ARIZONA HOSPITAL CHOICE
YOUR CARE - YOUR OPTIONS

Arizona Hospital and Healthcare Association

INPATIENT CONSUMER INFO ABOUT CONTACT AZHHA HOME

ARIZONA ORTHOPEDIC SURGICAL HOSPITAL
2905 WEST WARNER
Chandler, AZ 85224
480-603-9000

Knee Replacement
July 2006 - June 2007

Filter on Severity of Illness: 7
 1 2 3 4
[Update Report](#)

	ARIZONA ORTHOPEDIC SURGICAL HOSPITAL	CHANDLER REGIONAL MEDICAL CENTER Chandler, AZ 85224	ARIZONA SPINE AND JOINT Mesa, AZ 85206	BANNER GOOD SAMARITAN MEDICAL CENTER Phoenix, AZ 85006
Number of Discharges	662	92	381	493
Average Length of Stay	2.7 Day(s)	3.6 Day(s)	3.1 Day(s)	3.4 Day(s)
Average Charge	\$49,886	\$85,624	\$39,096	\$46,474
Average Charge Per Day	\$18,286	\$23,515	\$12,634	\$13,827
Median Charge	\$48,106	\$79,730	\$37,603	\$39,603
Median Age	63	65	70	63
Percentage Male	46.1%	38%	42.5%	39.6%
Percentage Female	53.9%	62%	57.5%	60.4%

[Select New Hospital](#) | [Select New Service at this Hospital](#) | [Back to Standard Hospital Report](#)

NR = 1 - 4 Discharges (Not Reported)
 = Show hospitals in that group

? Notes About this Table
 ? Understanding Facility Charge Information
 ? Why Charges May Differ Between Facilities

Procedure-Specific Transparency

A Different Value Proposition

Carol^{beta}
The Care Marketplace

REGISTER | LOGIN | SHOPPING BAG (0) | SEARCH [] GO

WOMEN | MEN | KIDS | CLASSES & COACHING | CARE PACKAGES A TO Z | CARE MARKETPLACE | CAROL COMMUNITY

SHOP FOR CARE PACKAGES

SELECT ONE: **Women** ▼

SELECT AREA OF BODY:

- Head & Neck
- Eyes
- Ears, Nose & Throat
- Mouth & Teeth
- Chest & Back
- Arms & Hands
- Abdomen & Pelvis
- Legs
- Skin
- Entire Body

SHOP
Finally. Shop for care like you shop for everything else.

COMPARE
Compare offerings from Twin Cities' providers side by side.

BUY
Purchase health care and schedule your appointment.

Welcome to Carol.
Minneapolis/St. Paul

click to watch video

MOHPA
MINNESOTA ONCOLOGY HEMATOLOGY, P.A.
The finest brain cells versus the fiercest cancer cells.

HealthPartners[®] Clinics
Get your care from someone you can trust.

TRIA ORTHOPAEDIC CENTER
Nationally recognized specialists, renowned purpose-built facility, extraordinary state-of-the-science care for everyone. 494 and France.

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All Sorts of Media Are the Message

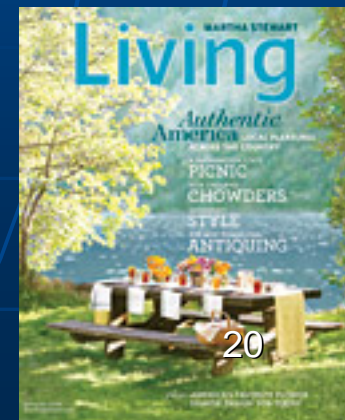


“America’s 50 Best Hospitals”
– *National Examiner*



“America’s Best Hospitals”
-- *US News & World Report*

“Keys to finding the right physician”
-- *Martha Stewart Living*



Humor Sends a Message, Too



Preparing for a Hospital Stay

“When you arrive at your hospital room, decide which item you'd be willing to accept as the final thing you see on this earth.”

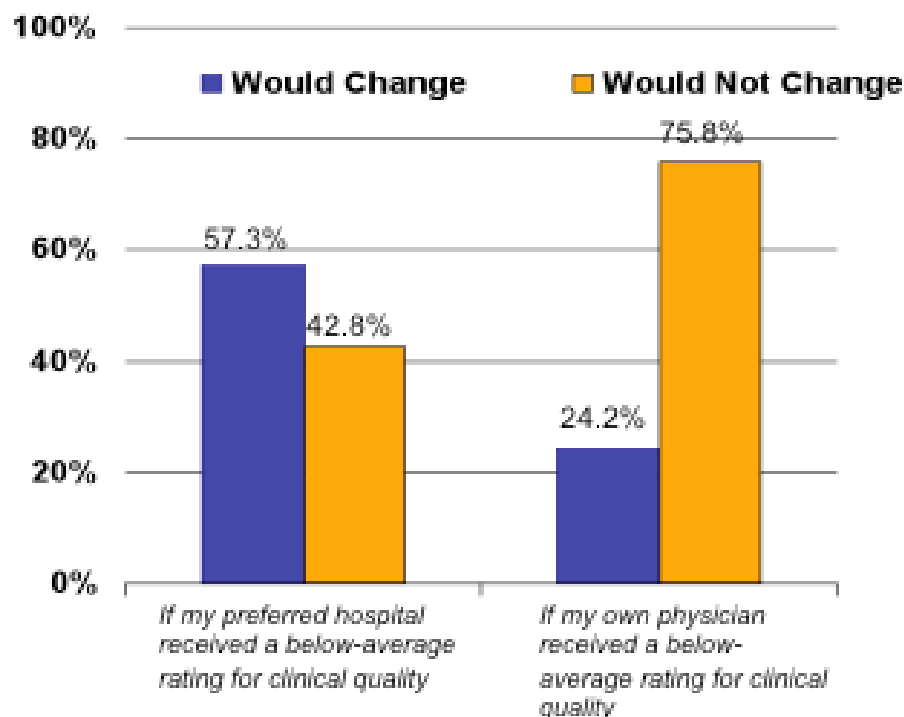
"Would You Rather Die or Switch?"

The geography of life and death

A USA TODAY analysis of government reports to top hospitals shows differences in death rates of Medicare heart attack and heart failure patients who died within 30 days of being admitted to the hospital. **Reported mortality rates¹:**

■ = July 2005 to June 2006 □ = 2003

	Admissions ²	Heart attack mortality ³		Heart failure mortality ³	
		July 2005 to June 2006	2003	July 2005 to June 2006	2003
University Hospital, Cincinnati	135	18.0	18.9	11.8	12.0
University of Pittsburg Medical Center, Shady-side	638	17.9	15.4	9.2	9.9
University of Minnesota Medical Center	91	17.6	16.7	9.8	11.3
The Johns Hopkins Hospital, Maryland	249	16.5	N/A	9.3	N/A
UCSF Medical Center	170	16.2	14.5	10.1	9.5
The Fort Hamilton Hospital, Hamilton, Ohio	175	16.1	N/A	9.7	N/A
The Jewish Hospital, Cincinnati	394	15.9	N/A	9.7	N/A
Atlanticare Regional Medical Center, New Jersey	525	15.5	19.8	12.4	11.4
Cleveland Clinic Foundation, Ohio	486	15.0	15.0	9.4	11.3
UCLA Medical Center	179	14.9	16.1	10.2	9.3
The Christ Hospital, Cincinnati	405	14.6	N/A	9.3	N/A
Yale-New Haven Hospital, Conn.	565	14.4	13.4	10.4	10.4
Mayo Clinic (St. Marys Hospital), Rochester, Minn.	836	14.2	15.3	9.4	9.5
Massachusetts General Hospital	754	14.0	13.8	10.4	9.4
Brigham and Women's Hospital, Mass.	375	13.7	15.1	8.4	10.0
New York-Presbyterian Hospital	1,057	12.3	14.5	8.4	10.0
United States	645,462	16.4	17.8	11.1	11.6



A New Information Environment

Marketing

Data

Consumer Information

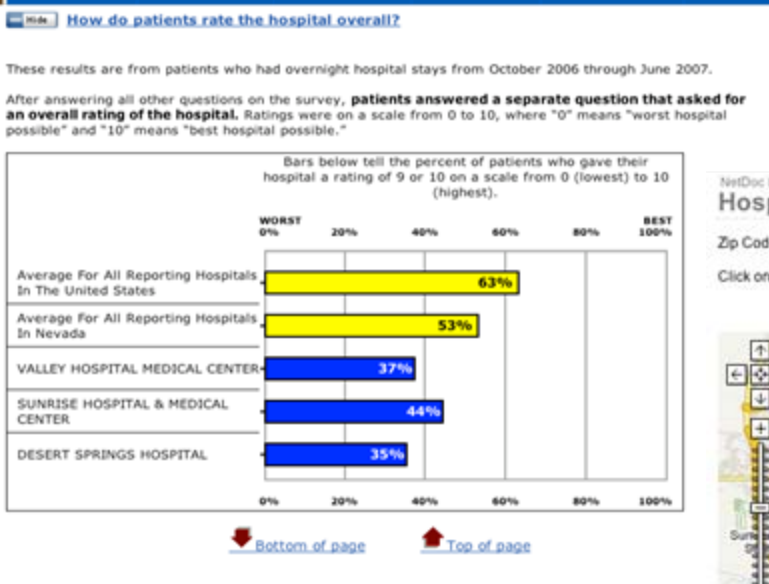
Sunrise Hospital & Medical Center

SUNRISE CHILDREN'S HOSPITAL

SUNRISE HOSPITAL & MEDICAL CENTER

Why We're #1

Consumer Choice #1



NetDoc Home Hospital Rankings

Zip Code: 89119 Within: 25 miles submit

Click on a hospital's marker to get more detailed information.

Best Worst No Rank

Map Satellite Hybrid

Map data ©2008 Tele Atlas

Know Thyself

The Accountability Audit



Source: Health Quality Advisors

Eliminating Avoidable Deaths Ascension Health System

Ascension Health System Observed Minus Expected Mortality Rate per 100 Discharges

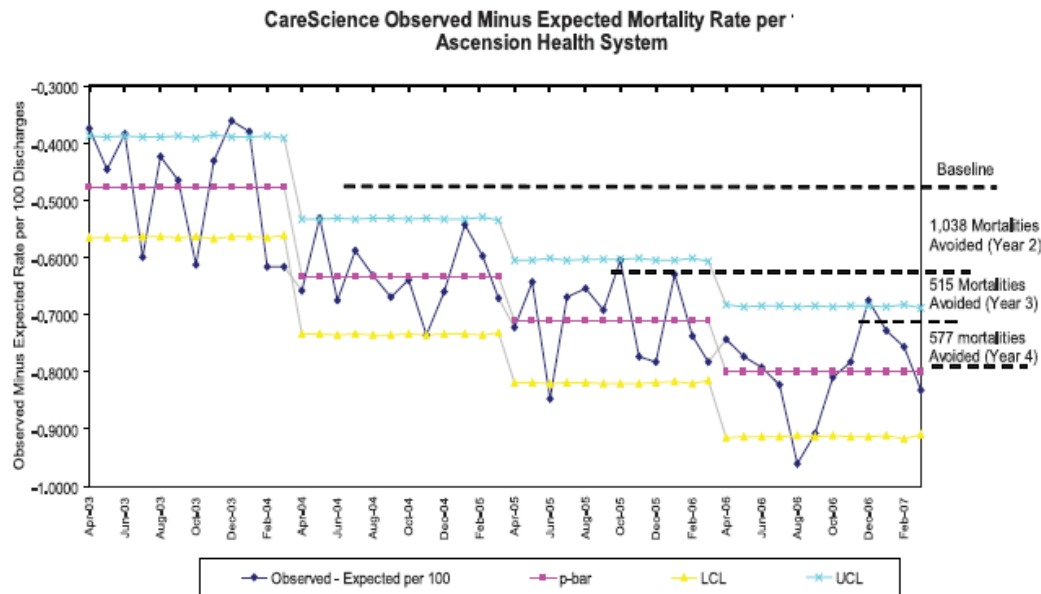
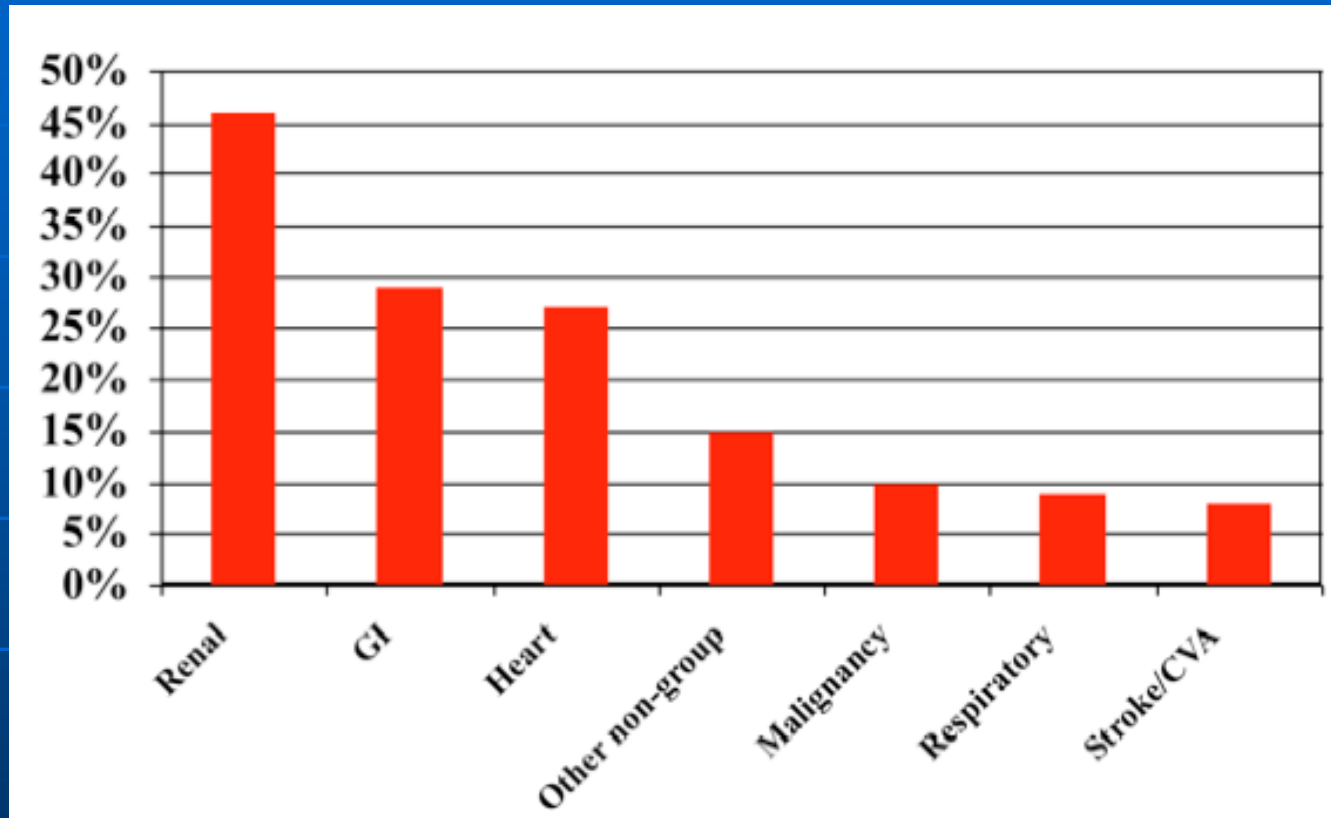


Figure 1. At the current rate, more than 2,000 lives have been saved a year compared to baseline mortality. This figure was developed by Ascension Health using Care Science risk-adjusted data from the Ascension Health Outcomes Measures database.

Source: *Jt Comm Jnl*, Dec., 2007

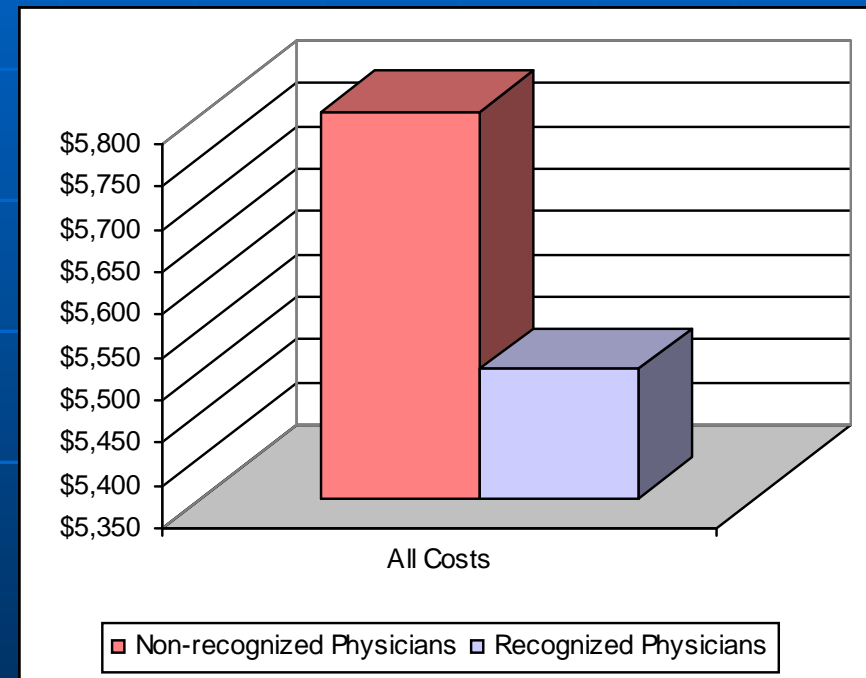
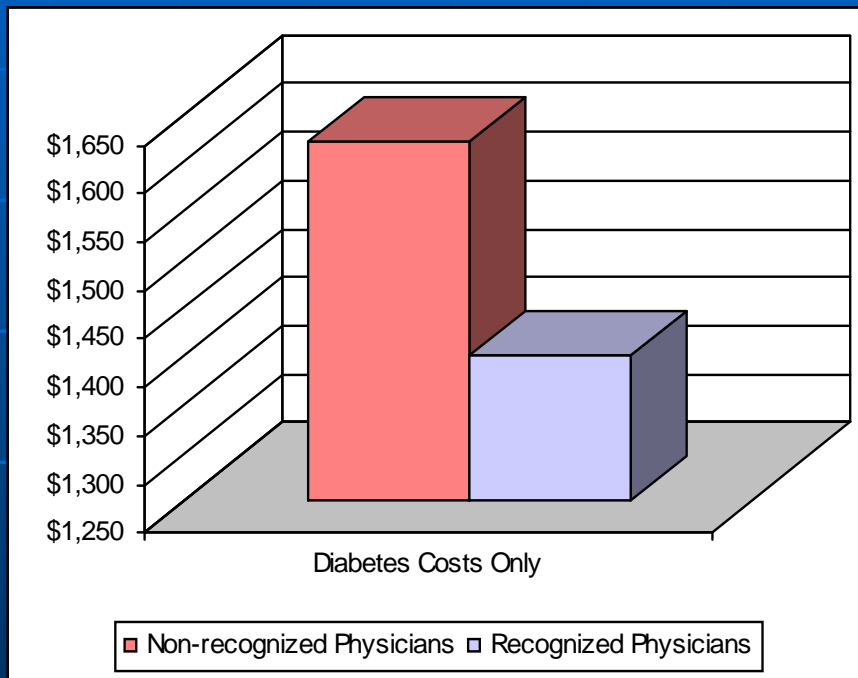
Health Quality Advisors LLC

Eliminating Avoidable Deaths Walsall NHS Hospital















Reduction of Observed-Expected Deaths By
Diagnostic Category, 3-yr. Period

Value of a Primary Care Physician The Employer View



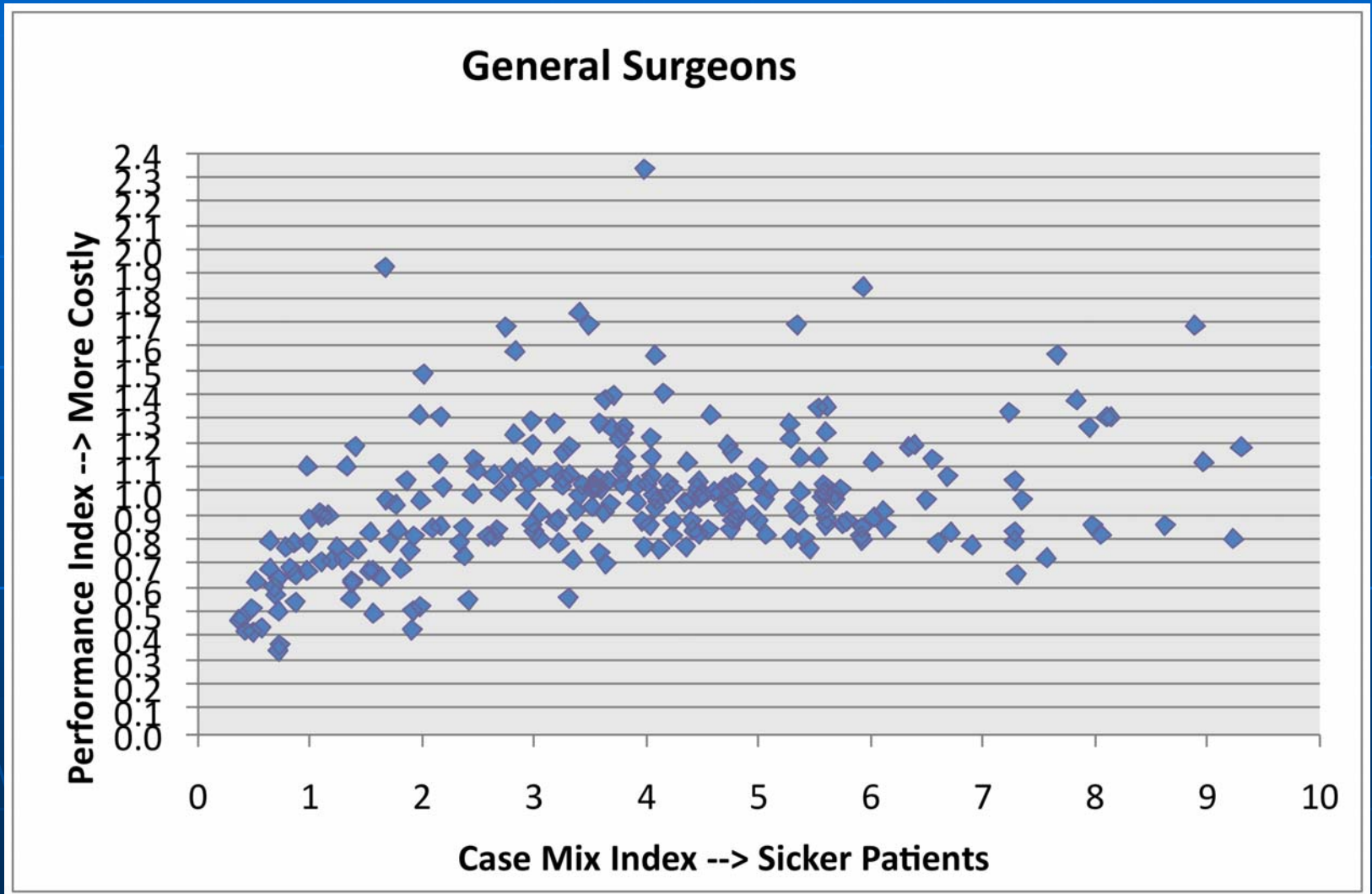
Source: Bridges to Excellence

Value of a Primary Care Physician Sharing the View with the Patient

PROVIDER INFORMATION	
Name:	Shirley Holmes, MD
Gender:	Female
Specialty:	Internal Medicine
Board Certification:	Certified
Group Practice:	Uptown Internal Medicine
ID#:	037625
Office:	5672 Queens Court, NE Grand Rapids, MI 49525 Kent County (616) 555-1212
Get Driving Directions	
Office Hours:	M, W, F 8:30-5; T, Th 9:30-7
Patient Ages Accepted:	All ages
Quality Measures:	
Below are the number of apples this Primary Care Provider (PCP) earned based on his/her individual or group practice quality performance in 2003.	
Quality Measures	2003 Quality Performance
Disease Management	
• Diabetes Care	
• Asthma Care	
• Depression	
• Pediatric Antibiotic Resistance	
Preventive Health	
• Adult Physical Exams	
• Children's Physical Exams	
• Childhood Immunizations	*
• Breast Cancer Screening	
Patient Satisfaction	
• Overall Satisfaction	
This physician has earned 28 out of 32 possible apples in providing quality care to patients. On average PCPs achieved 22 apples.	
Key	
	Met or exceeded Priority Health's target rate
	Scored in the highest 1/3 of performance below the target rate
	Scored in the middle 1/3 of performance below the target rate
	Scored in the lowest 1/3 of performance below the target rate
* This PCP did not have enough Priority Health patients in this category to qualify for measurement.	

Source: Priority Health, Grand Rapids, MI

Value of a Surgeon An Employer View



Source: Mercer HR Consulting

Health Quality Advisors LLC

CIGNA Shows "Value" To Members



Logged in as: | Settings & Preferences | Site Help | Log Out

Member Center
 • Search Physician
 • Estimate Costs

Today is Tue Jan 22 12:54:50 EST 2008

When you receive covered services from a health care provider that is not a "Participating Provider" as defined in your plan, you may be able to reduce your out of pocket costs (i.e. coinsurance) by using a provider that has agreed to provide care to CIGNA HealthCare plan participants at discounted charges. Please look for the Out of Your Network logo on your ID card to see if you are eligible for this program. Click a provider's name for more detail. Please note that the inclusion of a provider in our list below does not guarantee that you will be eligible for a discount when you receive services from the listed provider. In addition, these providers have not been reviewed against our credentialing standards.

Provider Directory - Provider Results by Condition

Revise Search

Print List | Save As PDF

Showing 10 of 261 Providers found Condition : Knee injury Location: Within 25.0 miles of 03038 Show 10

Provider Name	CIGNA Care Designation	Practice Name Address Phone	Distance	Specialty	Quality Distinctions	Cost Value Rating
<input type="checkbox"/> Skeleton, Endo, MD	No	100 Street Avenue Anywhere, CT 12345 (123) 456-7890	1.0 Miles Map	Surgery - Orthopedic	B E	★★
<input type="checkbox"/> Marrow, Molly, MD	No	1 Main Street Anywhere, CT 12345 (123) 100-0000	0.0 Miles Map	Surgery - Orthopedic	B E	★★
<input type="checkbox"/> Patella, Peter, MD	Yes	200 Avenue Road Anywhere, CT 12345 (123) 200-1234	2.5 Miles Map	Surgery - Orthopedic	B E N	★★★
<input type="checkbox"/> Glands, Greg, MD	Yes	5 Main Street Anywhere, CT 12345 (123) 300-0000	0.0 Miles Map	Surgery - Orthopedic	B E	★★
<input type="checkbox"/> Peds, Otto, MD	No	100 Avenue Road Anywhere, CT 12345 (123) 200-2345	2.0 Miles Map	Surgery - Orthopedic	B E	★★

Compare Selected
 Select at least 2 Providers

Compares up to 5 providers

Icon Legend:
 CIGNA Care Designation
 Board Certified
 NCQA Recognition
 EBM top quartile
 Board Certified Practice

Ratings Key:
 ★★★ Top Tier
 ★★ Middle Tier

Cost data helps members understand providers' cost performance in treating entire episodes of care

Looking for More Info

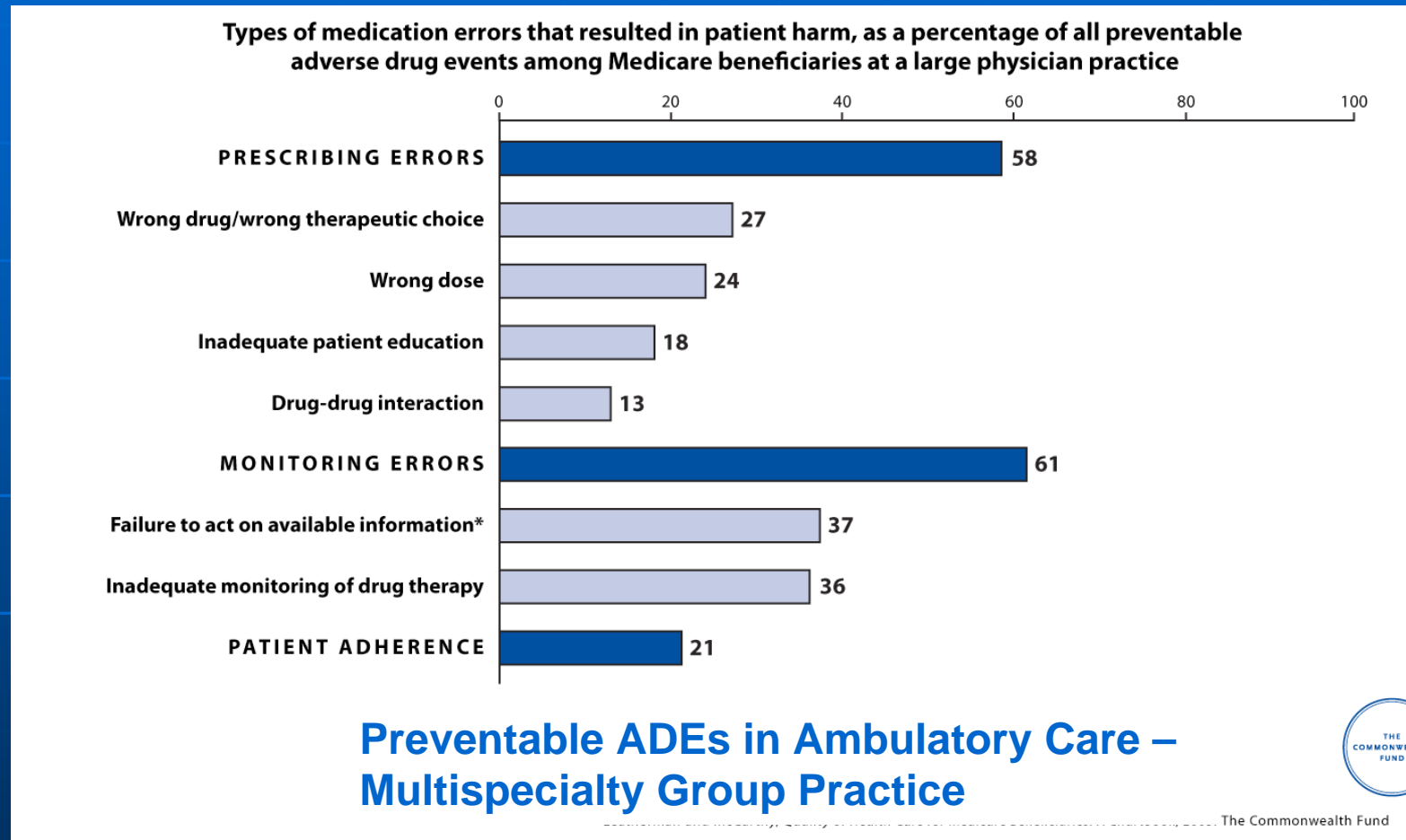
- Learn more about this Condition Knee pain [↗](#)
- Prepare for Physician Visit [↗](#)
- Get Cost for this Condition Knee pain [↗](#)
- Talk to a [↗](#)
- Learn More about Physician Ratings [↗](#)

Detailed quality information. Usability tested with members to ensure understanding

Provider information was last updated on 09/19/2007.

Health Quality Advisors LLC

Safety at the Practice Level



Source: Gurwitz et al., *JAMA* 2003

Types of medication errors that resulted in patient harm, as a percentage of all preventable adverse drug events among Medicare beneficiaries at a large physician practice

- Are your numbers better or worse?
- If you don't know the answer, why not?
- What will you do if “someone” (patient, health plan, employer, CMS, attorney) asks?
- What will be the consequences of your answer?

Money and the New Medicine

➤ “Raise the standard of your work if you are expecting to raise your income.”

-- Charles Elton Blanchard, MD, *Medical Dollars and Sense*, 1912

Medicare Leads the Way

CMS Policy on Value-Based Payment

- Shift payment policy from volume
- Pay for quality care for a specific beneficiary not by provider type
- Pay for services across the continuum and not by location
- Reward systems and providers who efficiently provide service (quality and process management)
- Use IT innovation, traditional administrative data, and focused initiatives to support all three

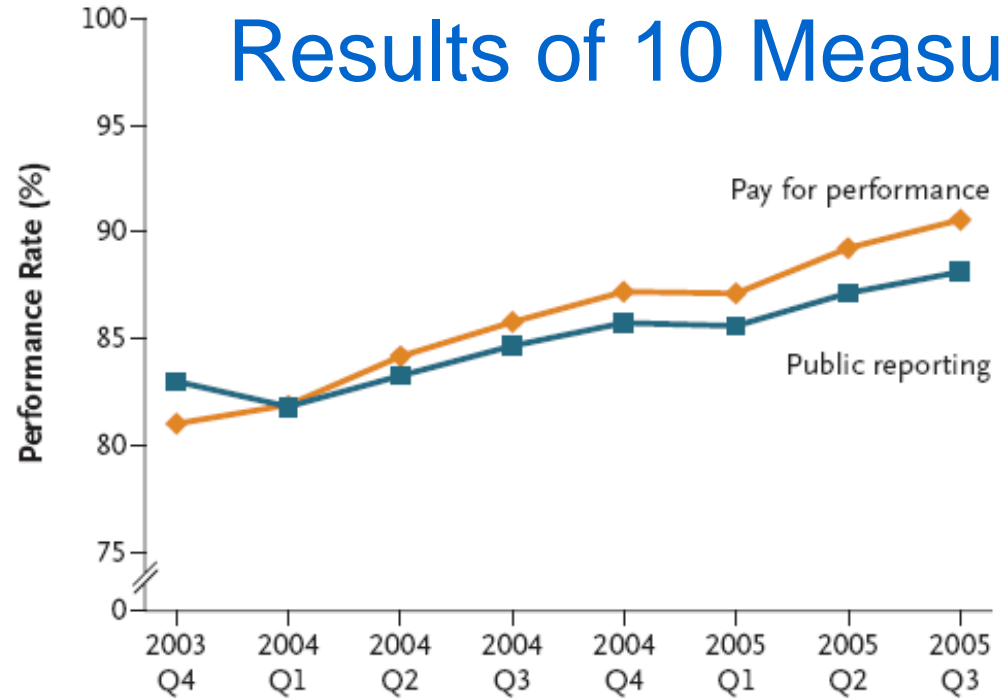
Evidence-Based Policy Disclosure + Pay = Results

What's the Return? Assessing the Effect of "Pay-for-Performance" Initiatives on the Quality of Care Delivery

Stephen R. Grossbart
Catholic Healthcare Partners

This article evaluates the impact of the Centers for Medicare & Medicaid Services/Premier pay-for-performance demonstration project on performance improvement in three clinical areas in a multihospital health care system. The study compares a group of hospitals participating in this project against a control group of similar hospitals that did not participate. Although the incentives are extremely small, the findings show that participation in the pay-for-performance initiative had a significant impact on the rate and magnitude of performance improvement. The project led to marked improvement in the quality of clinical process delivery and accelerated the adoption of evidence-based practices.

Results of 10 Measures



Sources: Grossbart, *Medical Care*, 2006; Lindenauer et al., *NEJM*, 2007

Intelligent Design

The Evolution of Incentives

What is Evidence Based Benefit Design?

Key Principles:

- Individuals need financial “skin in the game,” ideally means tested
- Benefit design should be used to steer individuals towards evidence based medical and pharmaceutical interventions and high performing plans and providers.
- Individuals who reduce risk factors and self manage chronic illness should be rewarded through reduction/waiver of insurance copays
- Basic architecture should rely on broad choice but with differential tiering

Source: National Business Coalition on Health

Marketing "Value" Care

Raising the level of healthcare to save lives.

Recently, Hackensack University Medical Center received some very good news.

We were one of only one percent of the hospitals in the country named to the HealthGrades® America's 50 Best Hospitals list, the only national hospital rating based solely on clinical outcomes.

To be listed among America's 50 Best Hospitals, your clinical outcomes must be among the top five percent in the nation. Not just in one specialty either, but across 27 procedures and diagnoses. And you must continue to perform at those superior levels of care during all the years studied.

HealthGrades America's 50 Best Hospitals have survival rates among the highest in the nation and complication rates among the lowest. And if every hospital performed at the level of HealthGrades America's 50 Best Hospitals, hundreds of thousands of lives would be saved and thousands of complications avoided.

All of which begs the question: Why doesn't every hospital perform at the level of HealthGrades America's 50 Best Hospitals?

Why? Why? Why?

We were the only hospital in New York, New Jersey or New England to make the list. Why? Why wasn't every hospital in New York, New Jersey and New England on that list?

We were one of only one percent of the hospitals in the country to make the list. What happened to the other 99 percent?

The fact that 50 hospitals made the list shows that quality healthcare can be institutionalized and operationalized. It can be done. If hundreds of thousands of lives could be saved, why isn't every hospital doing it? Why just 50? Why not 500 or 5,000?

We made a commitment to quality, safety and service. And that commitment is paying off for our patients. Why can't every hospital make that same commitment?

Make A Commitment

Why can't every hospital communicate better with their patients? So that patients are more knowledgeable about their care, especially after they've been discharged.

Why can't every hospital benchmark outcomes both as an incentive to improve and as a way of providing patients with the objective decision-making data to help them make informed judgments?

Why can't every hospital build a more proactive, ongoing, healing relationship with its patients instead of the occasional visit?

Why can't every hospital create a partnership between caregiver and cared for?

Why can't every hospital invest in technology but only as an answer, not as the only answer?

Why can't every hospital improve internal communication to reduce error?

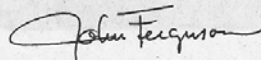
Why can't more than two-thirds of the recently discharged hospital patients in the country recommend their hospital to family and friends?

Why can't we all provide our patients with better value so that we preserve not just their lives but also their lifestyles?

Why can't we all treat our patients better, faster and at lower costs?

Why can't we all have better clinical outcomes?

But maybe the question shouldn't be why, it should be how.



John P. Ferguson
President and Chief Executive Officer
Hackensack University Medical Center

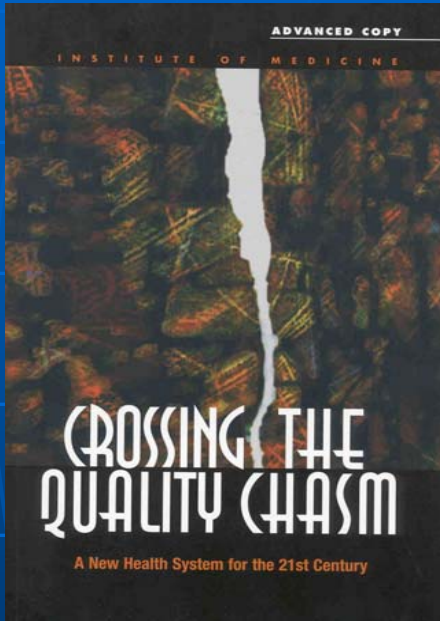
John P. Ferguson has been president and chief executive officer of Hackensack University Medical Center for 22 years and has earned the distinction of being selected as one of the 100 Most Powerful People in Healthcare by "Modern Healthcare" magazine for the past four years.

PROVENCARE™

A COMMITMENT TO REDEFINING
CORONARY ARTERY BYPASS GRAFT SURGERY

GEISINGER
REDEFINING BOUNDARIES

The Choice: Improve Value...



SIX AIMS FOR IMPROVEMENT

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

TEN RULES TO GUIDE THE REDESIGN OF CARE

- Continuous Healing Relationships
- Evidence Based Decisions
- Customized Care
- Patient as Source of Control
- Shared Knowledge
- Transparency
- Safety as a System Property
- Cooperation Among Clinicians
- Needs are Anticipated
- Waste is Decreased

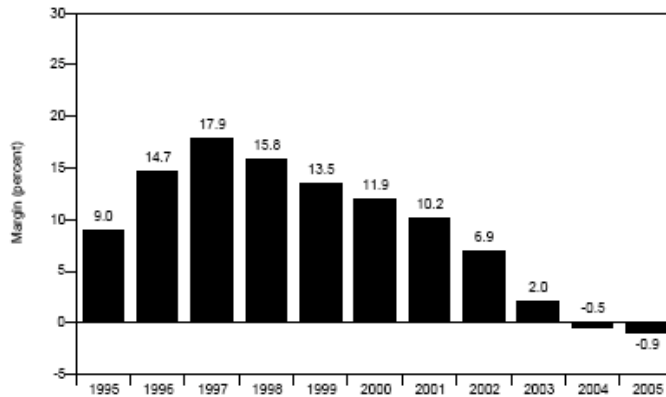
EFFECTIVE ORGANIZATIONAL SUPPORT

- Invest in Information Technology
- Coordinate Care
- Redesign Care Processes
- Manage Knowledge and Skills
- Develop Effective Multidisciplinary Teams
- Measure and Improve Performance and Outcomes

Source: IOM; adapted from
Reed Tuckson, MD

...Or Accept Gradual Decline

Chart 7-11. Medicare acute inpatient PPS margin, 1995–2005



- Squeeze Payments
 - Price controls
 - Rules, rules, rules



- Export jobs to reduce insured employee cost
- Export care

You cannot solve the problems of the present with the solutions that produced them.” -- Albert Einstein

New Expectations, New Rules

➤ “Who measures, matters”

- Consumer-driven measures of clinical and service quality
- Peer assessment
- Payer-driven measures
- Regulators, accreditors, lawyers, reporters

➤ “The customer is always right”

- Physician-patient partnering
- Plan-physician partnering
- Hospital-physician partnering
- More and better team efforts

The Impact

- Transparency is triumphant
 - Physician accountability
 - Plan accountability
 - Patient accountability
- The reality of change is complex
 - Arguments about measures and money
 - IT makes many things better, some things worse
 - “Reform” gives way to uncomfortable transformation
- The Cottage Industry Collapses
 - Paid like everyone else

Professionalism Redefined

“Trying harder will not work. Changing systems of care will.” *Institute of Medicine, 2001*

“As a result of the information revolution, the magic, mystery and power of the profession may be somewhat diminished, [but it] will create unanticipated opportunities for physicians to bolster the cognitive and moral pillars of their professional identities.” *David Blumenthal, Milbank Quarterly, 2002*

Hippocrates Returns (With an Economist)

“Information, in the form of skilled care, is precisely what is being bought [by the patient] from most physicians.”

-- Kenneth Arrow, 1963

“There are, in effect, two things, to know and to believe one knows; to know is science; to believe one knows is ignorance.”

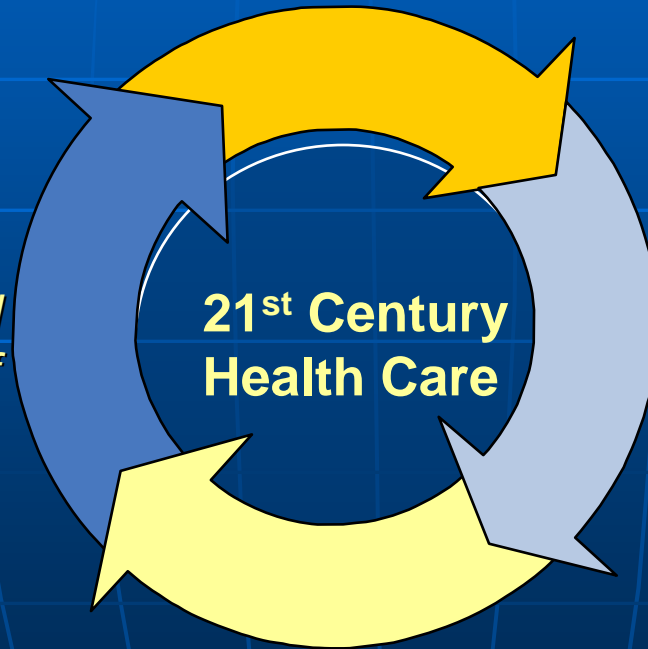
-- Hippocrates

21st Century Health Care

*Improving quality by promoting a culture of safety
through Value-Driven Health Care*

*Information-rich, patient-
focused enterprises*

*Evidence is
continually refined
as a by-product of
care delivery*



*Information and
evidence transform
interactions from
reactive to
proactive (benefits
and harms)*

*Actionable information available – to
clinicians AND patients – “just in time”*
Health Quality Advisors LLC