Working together toward Excellence

Dee Dee Nelson, MS
Director, Hawaii Office
History of Working together toward Excellence

- First Polynesians arrive
  - Plants (noni, sweet potatoes)
  - Chickens (poultry)
- 1778 – Captain Cook
- 1848 – 1893 – Kamehameha Unification Plan
  - Hawaiian healers/Western Medicine
  - Sugar/Pineapple Plantations established
- 1852 – Chinese arrive
- 1859 – Queen’s Hospital established
- 1868 – Japanese arrive
- 1878 – Portuguese arrive
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- 1893 – 1941 – Annexation/ World War II
  - Military presence
  - Plantation Clinics
  - 1903 – Korean’s arrive
  - 1906 – Filipino’s arrive
  - 1941 – 1959 – Large military presence
    - Hospitals
    - Clinics
    - Private Insurance companies
    - Medicare
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- 1959 – Present
- Medicare establishes Diagnosis Related Groups (DRGs) – cost control
- Professional Service Review Organization’s (PSROs)
  - Cost control – contract opportunities for states
  - Peer Review Organizations – (PROs – 53 established)
  - Cost Control/Some Quality
- Quality Improvement Organizations (QIOs)
  - Quality Improvement/ Some cost control
    - Congestive Heart Failure
    - Acute Myocardial Infarction
    - Pneumonia
    - Diabetes
    - Reduction of surgical site infection
Statutory Mission of the QIO Program

- Cost control – One of the primary statutory missions of the Quality Improvement Organization Program is to improve the:
  - Effectiveness
  - Efficiency
  - Economy
  - Quality

of services provided to the Medicare beneficiary
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- 1996 Mountain-Pacific Quality Health - Hawaii
  - Nonprofit
  - Physician-sponsored
  - Quality Improvement Organization (QIO)
  - Montana Medicaid contractor
  - Private Case Review contractor
  - Regional Extension Center
Our Vision

The best quality health care is provided to every person we serve, every time.
Our Funding Comes From

- The Centers for Medicare & Medicaid Services
- State Contracts
- Private Contracts
Where We are Today in Healthcare

Research shows there are still too many:

• Lives that shouldn’t be lost
• Conditions that shouldn’t develop
• Mistakes that shouldn’t be made
• Costs that shouldn’t be breaking our economy
Where We are Today in Healthcare

High demands on providers:
- Do more for less
- Do it better, faster
- Increase quality
- Increase patient focus
- Use evidence-based medicine
- Use computer technology
National Three Broad AIMS

• Better healthcare
• Better health for people and communities
• Affordable care through lowering cost by improvement
2011 QIO Scope of Work

- Beneficiary- and Family-Centered Care
- Improving Individual Patient Care
- Integrating Care for Populations and Communities
- Improving Health for Populations and Communities
Beneficiary and Family Centered Care

- **Quality of Care Reviews** (beneficiary initiated quality of care concerns, other persons or entities, referral of cases for quality of care review)
- **Emergency Medical Treatment and Labor Act (EMTALA) Reviews** – Potential Anti-Dumping Cases
- **Reviews of Beneficiary Requests of Provider Discharges/Service Terminations and Denials of Hospital Admissions**
- **Higher-Weighted Diagnosis-Related Group (HWDRG) Reviews**
Improving Individual Patient Care

- Reduce the following Healthcare Associated Infections (HAI) in hospitals (ICU and non-ICU units)
  - Central line bloodstream infections (CLABSI)
  - Catheter-associated urinary tract infections (CAUTI)
  - Clostridium difficile infections (CDI)
  - Surgical site infections (SSI)
Oahu Hospitals – Some PFP Addressed HACs

**Estimated CY2010 Costs:** $14.3 Million

<table>
<thead>
<tr>
<th>HAC Measure</th>
<th>HAC Discharges</th>
<th>HAC Rate (per 1000 discharges)</th>
<th>Estimated Cost</th>
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<tr>
<td>Falls and Trauma - Burn</td>
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<td>Vascular Catheter-Associated Infection</td>
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<td>Pressure Ulcer Stages III and IV</td>
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**Total** 148 $14,259,084
Rural Hospitals: Some PFP Addressed HACs

Estimated CY2010 Costs: $2.1 Million

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<td><strong>Total</strong></td>
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<td><strong>$2,107,478</strong></td>
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Improving Individual Patient Care

- Healthcare Associated Conditions (HACs) in Nursing Homes
  - Reduction of Pressure Ulcers
  - Reduction of Physical restraints
  - Consistent Assignment
  - Reducing Adverse Drug Events (ADEs)
  - Reducing preventable harm
  - Patient education
  - Provider communication
FY 2013 Hospital VBP Domains

12 Clinical Process of Care Measures

1. AMI-7a Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival
2. AMI-8 Primary PCI Received Within 90 Minutes of Hospital Arrival
3. HF-1 Discharge Instructions
4. PN-3b Blood Cultures Performed in the ED Prior to Initial Antibiotic Received in Hospital
5. PN-6 Initial Antibiotic Selection for CAP in Immunocompetent Patient
6. SCIP-Inf-1 Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision
7. SCIP-Inf-2 Prophylactic Antibiotic Selection for Surgical Patients
8. SCIP-Inf-3 Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery
9. SCIP-Inf-4 Cardiac Surgery Patients with Controlled 6AM Postoperative Serum Glucose
10. SCIP-Card-2 Surgery Patients on a Beta Blocker Prior to Arrival That Received a Beta Blocker During the Perioperative Period
11. SCIP-VTE-1 Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered
12. SCIP-VTE-2 Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours

Clinical Process of Care Domain (70%)

Patient Experience of Care Domain (30%)

Weighted Value of Each Domain

8 Patient Experience of Care Dimensions

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medicine Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating
Improving Individual Patient Care

- Quality Reporting and Improvement
- Provide technical assistance to hospitals
  - Inpatient Reporting
  - Outpatient Reporting

Establishes Value Based Purchasing for Hospitals
Integrating Care for Populations and Communities

- Care Transitioning between providers
  - Reduce readmissions following hospitalization by 20% over three years
  - Establish provider communities working together
Improve Health for Populations and Communities

- Working with physicians and their staff to:
  - Improve flu immunization
  - Improve pneumococcal immunization
  - Improve the usage of low-dose aspirin therapy in patients with ischemic vascular disease
  - Improve blood pressure control in patients with hypertension
  - Improve cholesterol rates in adults with ischemic vascular disease
  - Improve colorectal cancer screening in patients ages 50-75
Improve Health for Populations and Communities

- Improve breast cancer screening
- Improve tobacco cessation intervention
- Promote Electronic Health Records and reporting of prevention measures in physician offices
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- 2011 CMS establishes Innovation Center for Patient Care
  - Test innovative payment and service delivery models
  - Reduce program expenditures while preserving or enhancing quality of care
  - National Hospital Associations get funding for Quality
  - Hawaii Healthcare Association (HAH) establishes Quality Improvement
  - Department of Health
  - Contract to reduce healthcare infections
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- 2011 – Partnership for Patients established
  - Better Care, Lower Costs
  - Hospital Engagement Networks
    - QI Contract – Same work as QIOs
  - Premier contracted for Hawaii and other states
  - HAH subcontract
  - Affinity group established
    - DOH, HAH, HHIC, QIO
    - 12 PPS hospitals, 9 Critical Access hospitals
Working together toward Excellence

- WE can all make a difference
- Making Hawaii the leader in Healthcare delivery
Thank you!

Questions? Comments?

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