



Partnership for Patients

ADRC Workshop

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November 30, 2011

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- Explore current efforts in Iowa to improve clinical performance and reduce cost
- Discuss efforts to establish medical home capability in Iowa
- Describe the Partnership for Patients campaign and Iowa's response to this national initiative







A New Era...

Era of Transparency & Accountability

- Development of evidence-based medicine
- National definition and standardization of clinical metrics
- Transparency for providers and consumers
- Industry shifts in practice
- Changes in reimbursement
- *Value Driven Health Care*

The Triple Aim



- Better Care
- Healthy People/Healthy Communities
- Affordable Care



“ It’s the economy, stupid.”



“ It’s the economy, stupid.”

“ It’s the care coordination, stupid.”



- Community initiative in 2003, incorporated in 2005
- Provider-convened, community coalition to improve quality, safety and value
- Performance improvement and public reporting



- *Align and equip* Iowa health care providers for continuous improvement
- Promote *responsible public reporting* of healthcare performance information
- *Raise the standard of healthcare* in Iowa



- **Conferences-**

Patient Safety (March), and Annual Conference (Aug)

- **Learning Communities**

Medical Home, Lean, Infection, Hospital Best Practice

- **Website- www.ihconline.org**

- **Toolkits-**

Anticoagulation, Aortic Dissection, CA-UTI, Culture of Safety, Healthcare-associated Infection, Lean in Healthcare, Medical Home, Medication Reconciliation, Narcotics, Obesity, Stroke, Tobacco Cessation, and Wristbands

Responsible Public Reporting

The Iowa Report

- *Objective data (vs. subjective data)*
- *Nationally standardized definitions*
- *Publicly available data sets*
- *Comparative presentation*
- *Transparency for both provider and consumers*



Raise the Standard of Care

- Lean applied to Healthcare
- Promote best practice in the hospital
- Healthcare-associated Infection
- Care Coordination



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Lean in Healthcare

Performance Improvement at all levels...

Over 70% of Iowa hospitals are using Lean

- *Lean Introduction Series*
- *Lean Application Series*
- *Staff Consultant*



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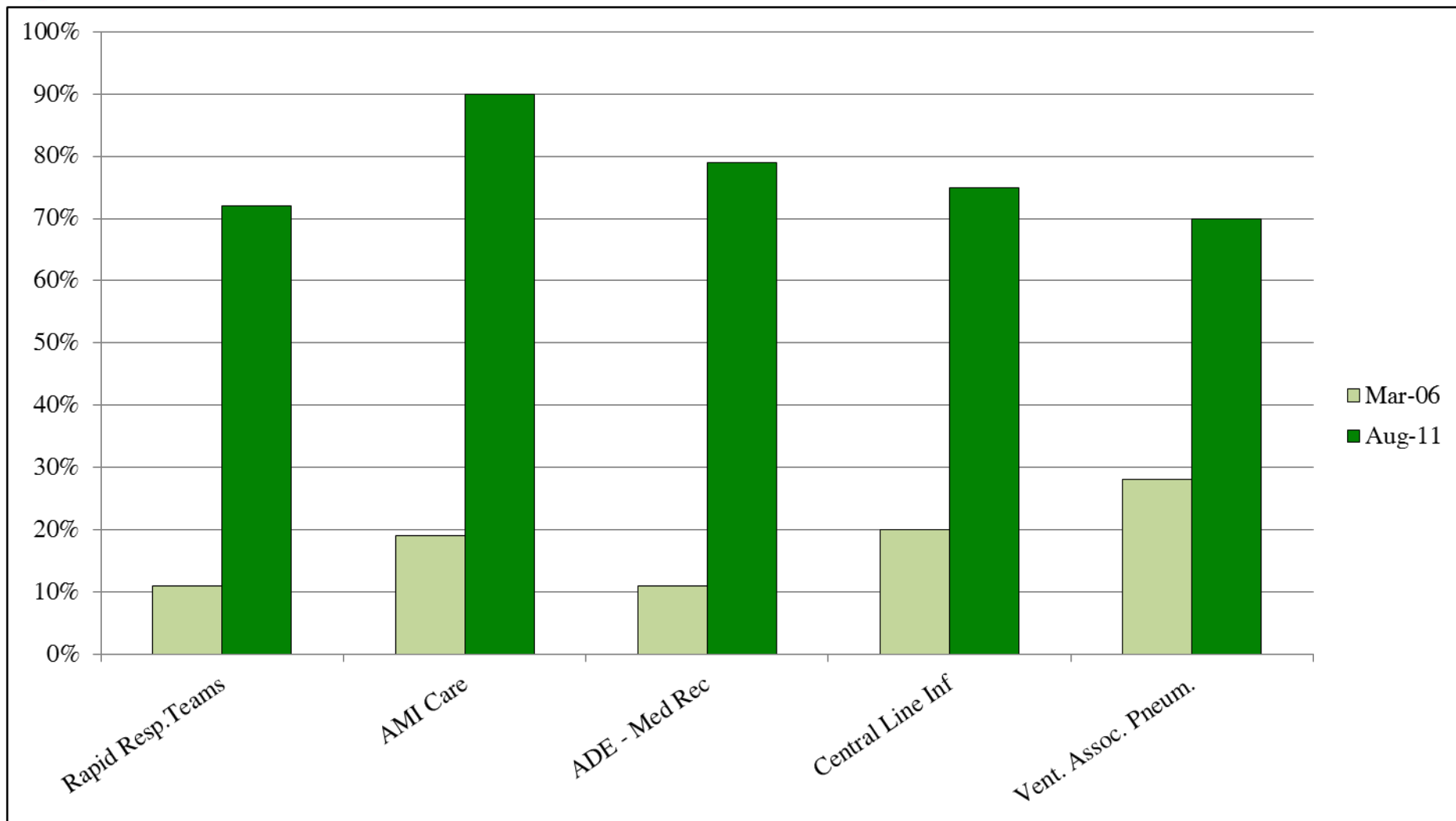


100 Thousand Lives Campaign

- AMI
- ADE
- RRT
- SSI
- CLI
- VAP



100K Lives Campaign: “Getting to Green”



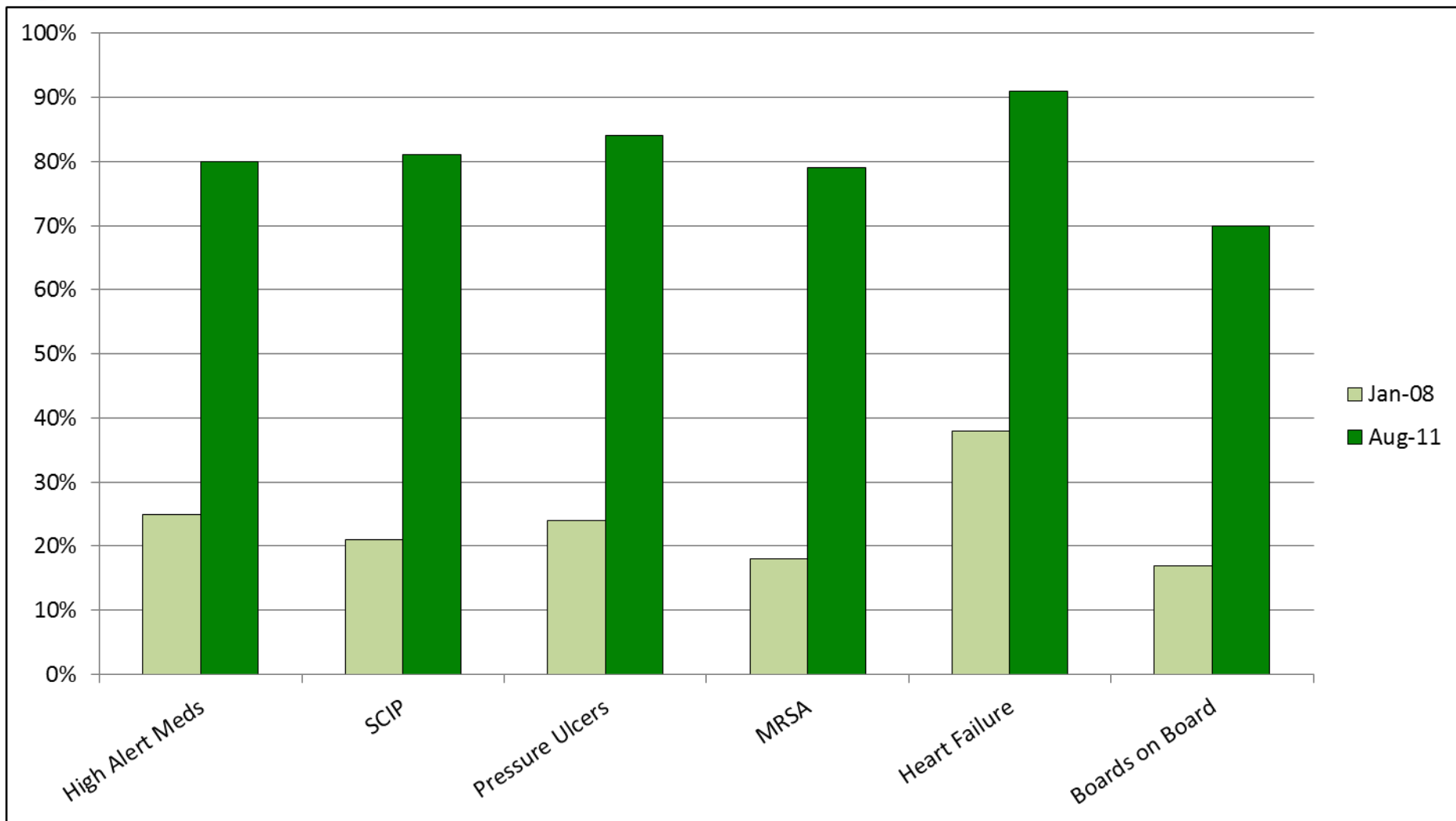
5 Million Lives Campaign

- AMI
- ADE
- RRT
- SSI
- CLI
- VAP
- CHF
- HAM
- PU
- SCIP
- MRSA
- BOB





5 Million Lives Campaign: "Getting to Green"



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- **Healthcare-associated Infection**
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Healthcare-associated Infection

- HAI Voluntary Reporting Initiative
- Iowa Measures (2007)
 - Surgical Site Infection (CABG, Hip, Colon, Hyst)
 - Central line-associated Blood Stream Infections
 - Immunization of Healthcare Workers
- Iowa Measures (2008)
 - MRSA SSI and BSI

Influenza (flu) is an infection of the lungs and always with one of many flu viruses. The flu virus is easily spread from person to person. Some types of flu illnesses can be prevented by getting a flu "shot" or inhaling the flu "mist" (vaccination or immunization) containing flu "medicine" (vaccine). If a healthcare worker is not allergic to the flu medicine, has other illnesses, or other reasons that prevent them from getting the flu medicine, it is recommended that healthcare workers get a flu shot every year to protect themselves and their patients from spread of the flu virus in the hospital.

The Iowa Healthcare Collaborative has set a goal that 95% of Iowa healthcare workers in hospital settings will be immunized by 2010.

In Iowa during the 2008 - 2009 flu season, approximately 79 out of every 100 healthcare workers were immunized with the flu vaccine.

Higher rates for this measure are better.

Performances shaded in green (*) show a "high" (Iowa Top 10th Percentile) rate compared to all other Iowa hospitals reporting this measure within the year.

	Previous Flu Seasons			
	2004 - 2005 Flu Season	2005 - 2006 Flu Season	2006 - 2007 Flu Season	2007 - 2008 Flu Season
Iowa Observed Rate			57.0%	70.0%
National Comparison Rates *	32.6%	41.9%	44.4%	

City	Hospital Name	2008 - 2009 Flu Season			
		Total Employees	Observed Rate	Relative Performance	Footnote
Iowa Observed Rate			70.7%		
Albia	Monroe County Hospital	135	83.0%	○	
Algona	Kossuth Regional Health Center	228	90.4%	○	
Ames	May Greeley Medical Center	1523	87.0%	●	5
Anamosta	Jones Regional Medical Center	135	89.7%	○	
Atlantic	Cass County Memorial Hospital	445	85.1%	○	
Aurikon	Aurikon County Memorial Hospital	51	90.1%	○	
Belmond	Belmond Medical Center	103	94.2%	*	
Bellevue	Trinity at Terrace Park	2520	80.1%	○	1
Bloomfield	Davis County Hospital	228	86.0%	○	
Boone	Boone County Hospital	430	95.3%	*	
Brit	Hancock County Memorial Hospital	152	71.1%	○	
Carroll	St. Anthony Regional Hospital	529	80.3%	○	
Cedar Falls	Stator Memorial Hospital, Inc.	308	80.4%	●	
Cedar Rapids	Mercy Medical Center	2256	75.4%	○	
Cedar Rapids	St. Luke's Hospital	2880	70.1%	○	
Cedarville	Mercy Medical Center	240	53.8%	●	
Chariton	Lucas County Health Center	193	85.0%	○	
Charles City	Royd County Medical Center	218	80.7%	○	
Chariton	Chariton Regional Medical Center	233	93.6%	○	
Clarinda	Clarinda Regional Health Center	225	85.7%	○	
Clarion	Wright Medical Center	337	89.0%	○	
Clinton	Mercy Medical Center	540	69.1%	○	
Corning	Allegheny Health Mercy Hospital	153	85.6%	○	
Corydon	Wayne County Hospital	185	79.5%	○	
Council Bluffs	Allegheny Health Mercy Hospital	776	66.9%	●	
Council Bluffs	Jeanes Edvardson Hospital	783	87.6%	○	
Creco	Regional Health Services of Howard County	240	64.6%	●	
Creston	Greater Regional Medical Center	301	85.0%	○	
Davenport ***	Genesis Medical Center	5447	87.6%	○	
Decorah	Winnebago Medical Center	436	93.1%	○	
DeWaver	Crawford County Memorial Hospital	173	83.2%	○	
Des Moines	Broadview Medical Center	937	71.3%	○	
Des Moines ***	Iowa Methodist Medical Center	5425	74.9%	○	
Des Moines ***	Mercy Medical Center	6358	69.1%	○	
Dubuque	Mercy Medical Center	1150	83.8%	○	
Dubuque	The Finley Hospital	900	86.2%	○	
Dyersville	Mercy Medical Center	77	85.7%	○	
Elkader	Central Community Hospital	78	89.7%	○	
Emmetsburg	Palo Alto County Health System	282	97.9%	*	
Estherville	Avera Holy Family Health	220	82.3%	○	
Fairfield	Jefferson County Hospital	237	80.6%	○	
Fort Dodge	Trinity Regional Medical Center	1048	90.1%	○	
Fort Madison	Fort Madison Community Hospital	469	73.6%	○	
Greenfield	Adair County Memorial Hospital	125	80.8%	●	
Grinnell	Grinnell Regional Medical Center	485	83.7%	○	
Grundy Center	Grundy County Memorial Hospital	149	100.0%	*	2
Guthrie Center	Guthrie County Hospital	128	92.2%	○	
Guthrie Center	Guthrie County Hospital	111	84.6%	*	
Hamburg	Grape Community Hospital	120	74.2%	○	
Hannston	Franklin General Hospital	170	75.9%	○	
Harden	Myrae Medical Center	375	85.7%	○	
Hawarden	Hawarden Community Hospital	59	93.2%	○	
Humboldt	Humboldt County Memorial Hospital	195	85.6%	○	
Ita Grove	Iowa Memorial Hospital	164	86.0%	○	
Independence	Buchanan County Health Center	205	94.1%	*	
Iowa City	Mercy Iowa City	1290	71.3%	○	
Iowa City	University of Iowa Hospitals & Clinics	8223	83.9%	○	4
Iowa Falls	Elworth Municipal Hospital	269	55.9%	●	
Jefferson	Greene County Medical Center	274	92.7%	○	
Keokuk	Keokuk Area Hospital	472	84.7%	○	
Keosauqua	Van Buren County Hospital	222	65.8%	●	

Influenza Vaccination of Healthcare Workers

National: 44% Iowa Goal: 95%

• 2010-11

92%

• 2009-10

91%

• 2008-09

79%

• 2007-08

76%

• 2006-07

68%

Raise the Standard of Care

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- **Care Coordination**



- Originally introduced in 1967 by the American Academy of Pediatrics (AAP)
- Focused on the care of children with special needs
- Refers to a central location for storing a child's medical record for better coordination of care
- In 2002 the AAP expanded the definition of a Medical Home as a model of delivering primary care that is:
 - Accessible
 - Continuous
 - Comprehensive
 - Family-Centered
 - Coordinated
 - Compassionate
 - Culturally Effective

March 2007 the Joint Principles of the patient-centered medical home (PCMH) were established and endorsed by:

- American Academy of Pediatrics
- American Osteopathic Association
- American Academy of Family Physicians
- American College of Physicians

17 specialty healthcare organizations have also since endorsed the joint principles.

The Joint Principles define seven key characteristics of the PCMH:

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Coordinated or integrated care across the system
- Quality and Safety
- Access
- Payment

How is the PCMH model of care different than current primary care?

- “Primary care on steroids” - Raises the bar
- Not about working harder, but smarter
- New responsibilities and capabilities
 - *Population-based medicine*
 - *Electronic Health Record*
 - *Measuring and reporting data to improve care*
 - *Open access scheduling*
 - *Referral and test tracking*
 - *Partnerships with community resources*



Iowa Healthcare Collaborative

Medical Home Initiative

Medical Home Learning Community

- Breakthrough series model since 2008
- Over 90 practices have participated
- 2012 Objectives
 - Data- Meaningful Use and registry use
 - Identify and manage populations at risk
 - Care Coordination across the community (Medical Neighborhood)

Partnership for Patients



The Triple Aim



Keep patients from getting injured or sicker

By the end of 2013, preventable hospital-acquired conditions would **decrease by 40%** compared to 2010.

Achieving this goal would mean approximately 1.8 million fewer injuries to patients with more than **60,000 lives saved** over the next three years.



Help patients heal without complication

By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be **reduced by 20%** compared to 2010.

Achieving this goal would mean more than **1.6 million patients would recover** from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge.

Potential savings: \$35B over three years



Campaign Goals:

Nationwide over three years...

- ***Reduce preventable inpatient harm by 40%***
- ***Reduce readmissions by 20%***

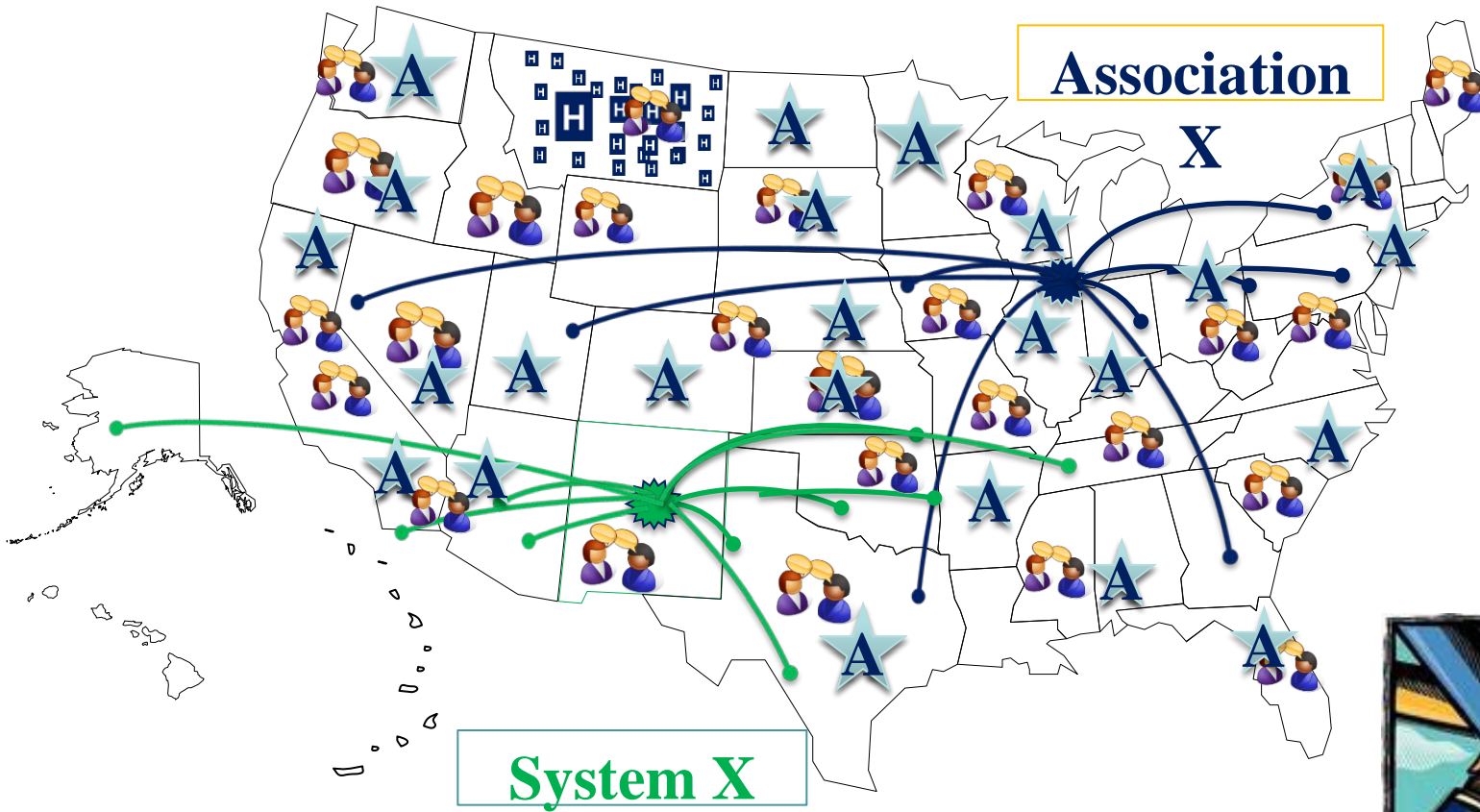


No “silver bullet”

- Apply many incentives
- Show successful alternatives
- Offer intensive supports



Partnership for Patients



How will this happen?

- Deepen incentives and build national awareness, **creating a groundswell for change** from the public and other stakeholders
- Develop a **national learning platform with content and expertise** accessible to all
- Harness attention and energy to create a **national network of learning and improvement**



How will this happen?

- **Support every hospital** and help them master the basics of patient safety
- **Propel a vanguard group** to achieve unseen levels of performance
- **Evaluate our progress** as we go and introduce lessons learned





Iowa Strategy: Hospital Engagement Contractor

Lead organization

- Iowa Healthcare Collaborative

Subcontractors:

- Iowa Hospital Association- *data management*
- Telligen (IFMC)- *technical assistance*

Consultants:

- Iowa Medical Society- *Engagement*
- Others



Readmissions

Falls

OB adverse events

Pressure Ulcers

Adverse drug events

VTE

VAP

SSI

Catheter associated UTI

Central line infection



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