The Role of Quality & Patient Safety in Value-Based Health Care

The Past, Present, & Future

Bob Pendleton MD MACP
Chief Medical Quality Officer
Professor of Medicine

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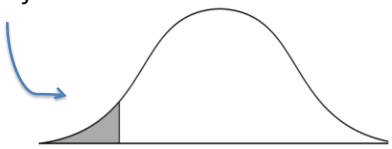
HEALTHCARE QUALITY 1.0: COMPLIANCE & BAD APPLES

Conformance:
A focus on "who"



"Minimum Standards"→
Accreditation

Quality assurance

Medical Licensure
Peer review
M&M Conferences

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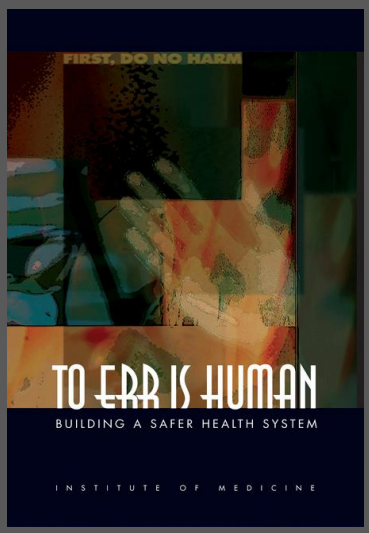

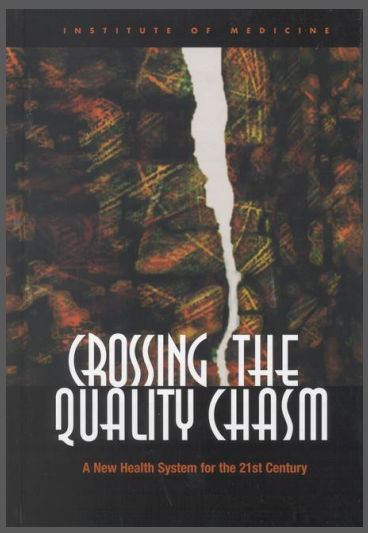

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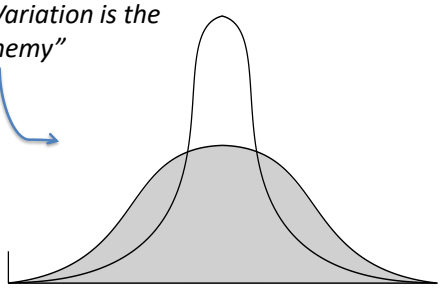
HEALTHCARE QUALITY 2.0: CHECK THE BOX

"Variation is the Enemy"



Quality Improvement (projects)

Standardization

Pay to report

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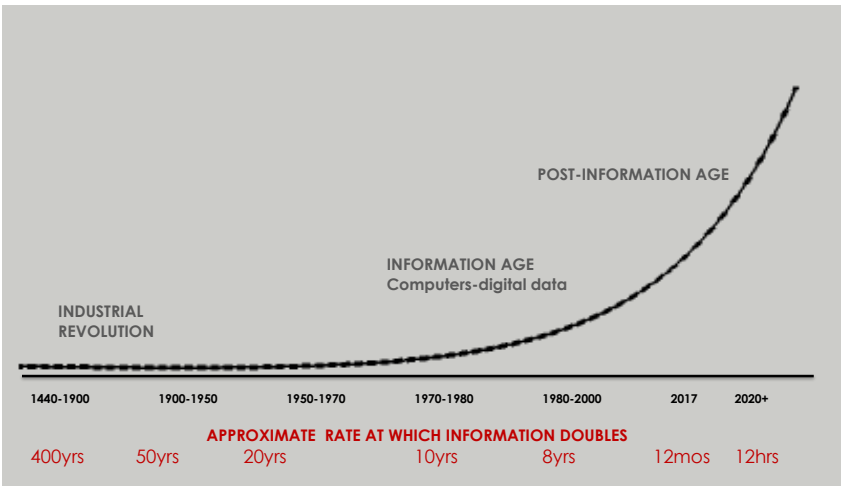
COMPLEXITY OF THE SYSTEM IS INCREASING EXPONENTIALLY



ADAPTED FROM https://www.asm.org/Articles/2019/June/Altering-the-Academic-Ecosystem-Graduate-Education

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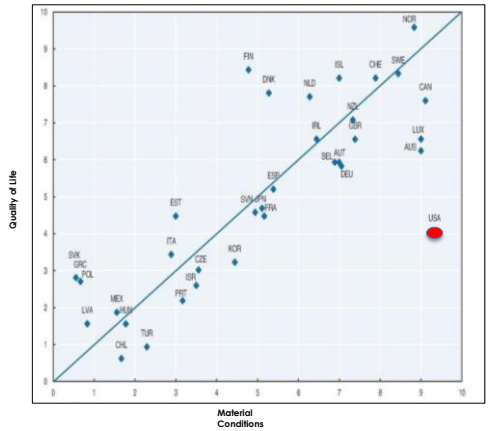
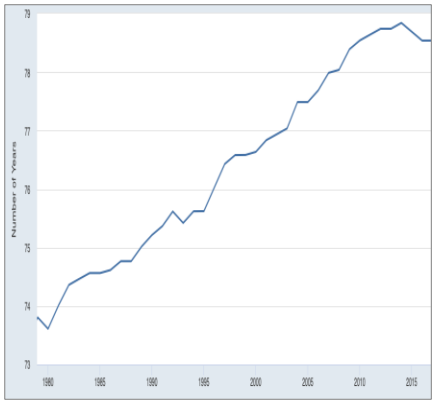
THE OUTCOME GAP: QUALITY & DURATION OF LIFE





https://fred.stlouisfed.org/series/SPDYNLE00INUSA#0 & https://www.europeanbusinessreview.eu/page.asp?pid=2357

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WASTE IN US HEALTH CARE SYSTEM

Administrative Burden	Pricing Failure	Care Delivery Failure	Low Value Care	Fraud & Abuse	Failure of Coordination
Examples of Targeted cost components					
Billing/coding costs, insurance administrative burden	Variability in inflation of pricing of products and services	Inefficient care	Overtreatment /overuse of low value testing & treatments	Fraud and Abuse	Unnecessary ED visits and hospitalizations
Examples of Intervention strategies					
Eliminate useless processing	Price-setting, cost transparency, value-based benefit design	Clinical care re-design. Effective QI	Choosing wisely, generics, integration of palliative care	Legislative and regulatory strategies	Urgent care, telehealth, care transition programs
$266B	$235B	$125B	$85B	$70B	$50B

https://jamanetwork.com/journals/jama/fullarticle/2752664

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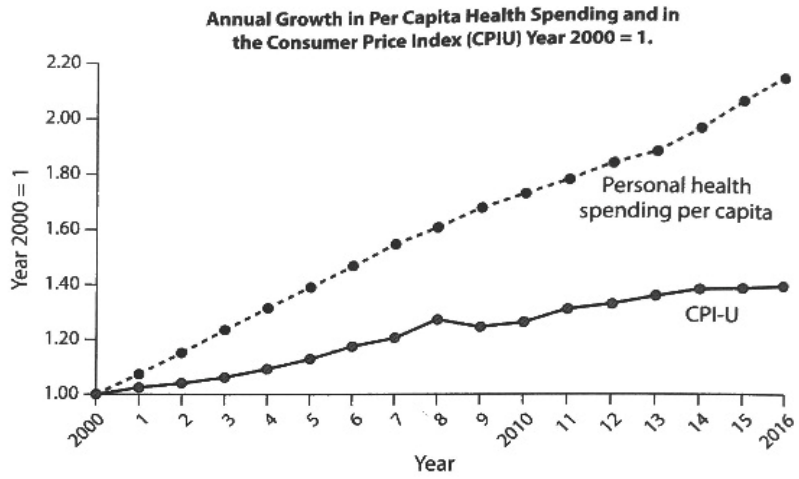
DEVALUING OF THE PERSONAL HEALTHCARE SPEND



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U.S. PUBLIC VIEWS OF THE HEALTH CARE DEBATE

AFFORDABILITY

70% say affordability of health care is a VERY BIG problem in U.S. & 53% say that health care affects household financial situation A LOT.

RELATIVE TO OUTCOMES

76% say that relative to the quality of care received, Americans are paying TOO MUCH& 69% say we spend TOO LITTLE on HEALTH in U.S.

WHO'S RESPONSIBLE?

TOP 3 reasons for high health care costs are high DRUG prices (79%), high INSURANCE prices (75%), and high HOSPITAL prices (74%).

The Upcoming U.S. Health Care Cost Debate — The Public's Views, NEJM, June 27, 2019

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IMPORTANCE OF "VALUE"

85% OF EMPLOYERS

68% OF PHYSICIANS

79% OF AHA SURVEY RESPONDENTS

think an emphasis on value will be extremely or very important to transforming the U.S. health care system.

Source: University of Utah Health Value in Health Care Survey, 2017; AHA Value Survey, 2018

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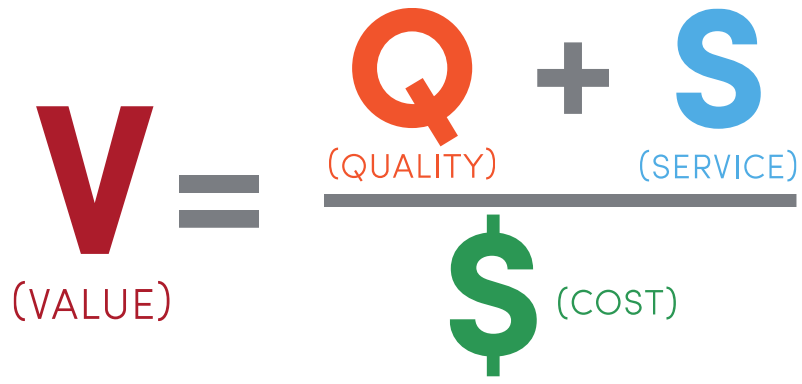

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QUESTION TO CONSIDER:

WHAT IS THE ROLE OF PERFORMANCE MEASURES & P4P INCENTIVES IN HELPING US ACHIEVE VALUE?

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DEFINITION:

$$V_{\text{(VALUE)}} = \frac{Q_{\text{(QUALITY)}} + S_{\text{(SERVICE)}}}{\$_{\text{(COST)}}}$$

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The NEW ENGLAND JOURNAL of MEDICINE

"...only 37% of measures proposed for a national value-based purchasing program were found to be valid..."

"The use of flawed measures is not only frustrating to physicians but also potentially harmful to patients."

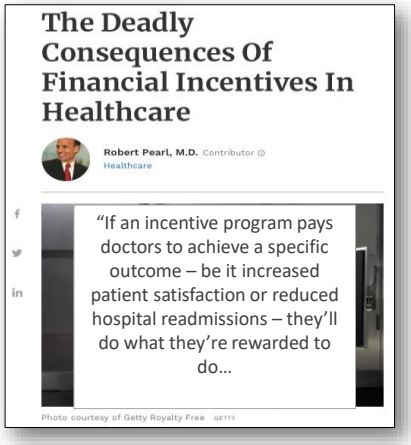
ctive

Time Out — Charting a Path for Improving Performance Measurement

Catherine H. MacLean, M.D., Ph.D., Eve A. Kerr, M.D., M.P.H., and Amir Qaseem, M.D., Ph.D., M.H.A.

Performance measurement in the U.S. health care system has expanded dramatically over the past 30 years. The National Quality Measures Clearinghouse now lists more than 2500 performance

ence to the measured practices would result in improved patient outcomes. Conversely, if some substantial proportion of the measures were deemed not valid, the results would suggest the need to


The Deadly Consequences Of Financial Incentives In Healthcare

Robert Pearl, M.D. Contributor
Healthcare

"If an incentive program pays doctors to achieve a specific outcome – be it increased patient satisfaction or reduced hospital readmissions – they'll do what they're rewarded to do...

Photo courtesy of Getty Royalty Free GETTY

https://www.nejm.org/doi/full/10.1056/NEJMp1802595
https://www.forbes.com/sites/robertpearl/2019/01/28/financial-incentives/#75dc88d65eb9
https://jamanetwork.com/journals/jama/fullarticle/2719307

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SURROGATION

a psychological phenomenon in which the measure(s) of a construct of interest evolve to replace the construct itself.

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Candi's Care

7 surgeries

8 rounds of chemo

6 months off work

5+ years of medications

$500K+ paid by insurance

$20K out-of-pocket costs

Meet my **EXPECTATIONS** for quality/safety

Make it **EASIER** to be a patient

Help me to **LIVE MY BEST LIFE**

Make my care **AFFORDABLE**

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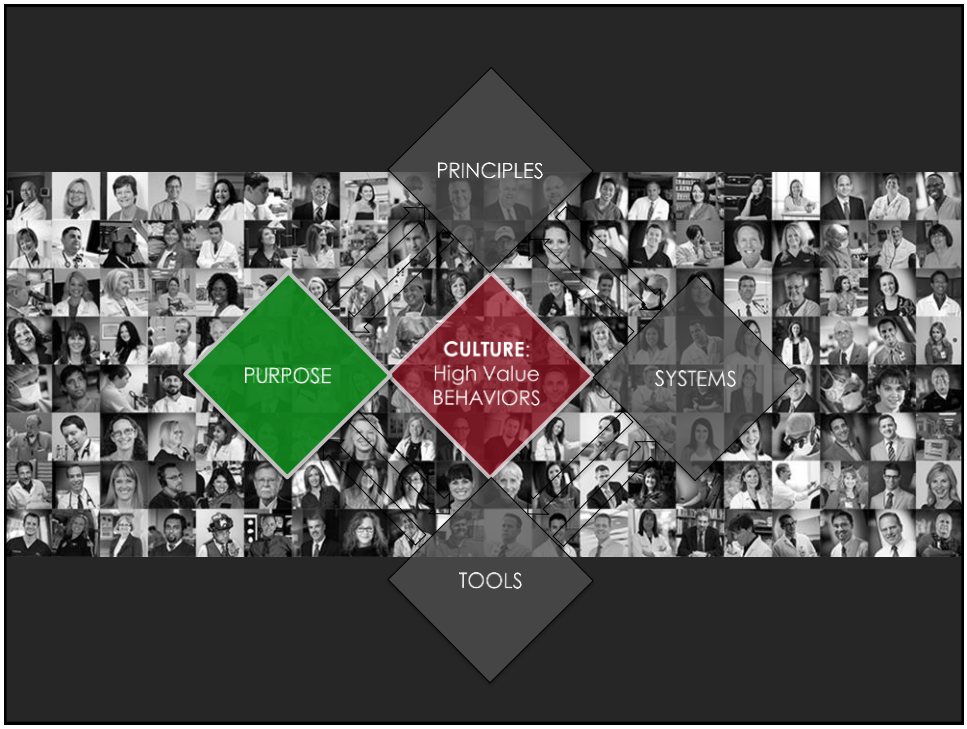
PRINCIPLES
PURPOSE
CULTURE:
High Value
BEHAVIORS
SYSTEMS
TOOLS

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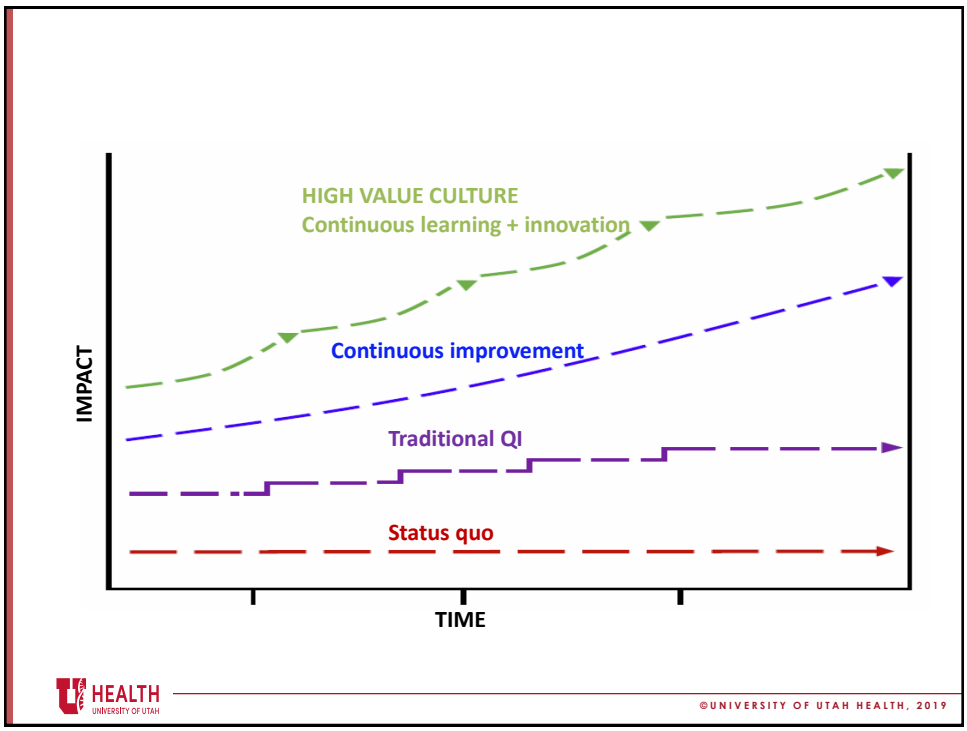
HIGH VALUE CULTURE
Continuous learning + innovation
Continuous improvement
Traditional QI
Status quo
IMPACT
TIME
HEALTH
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HEALTHCARE QUALITY 3.0: ENABLE A CULTURE OF LEARNING

- **Leadership:** humility, servant leaders, *coaches*
- **Structure:** act as a *system* & support *team-of-teams*
- **Data/metrics:** create engagement & understanding
- **Approach to problems**: objective methods broadly used
- **Process goal:** simplify, use variation as a tool to learn
- **When things go wrong:** focus on learning and not blame
- **Celebrate:** team-based learning across the system

Adapted from: Teaming (2012)- Amy Edmonson

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SYSTEMS APPROACH TO MANAGEMENT

In 2012, UUHC decides to move from JC to DNV

- CoPs (called NIAHO requirements by DNV) remain core performance requirements
- But, the quality management system (ISO-9001) helps us turn our accreditation requirement into an actual asset:
  - Supports achieving our goal to be a leading organization of delivering exceptional value to our patients.
  - Gives us the flexibility to set our own value goals and chart our own path
  - Provides a roadmap for the structure/governance, procedures, and skills that foster a culture of continual quality improvement

Principles of our Value Management System (VMS):

1. Focus is on our **patients**
2. **Safety** is our first imperative
3. **Leadership** role is to create a unity of purpose
4. A **systems** (not silos) approach to management
5. Front line **people** drive improvement
6. Improvement is **process** focused
7. Decisions are driven by **data and analysis**
8. Culture of **continual improvement**

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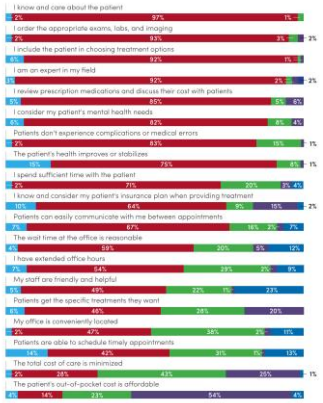
WHO'S RESPONSIBLE?

Who PATIENTS hold responsible:

Who PHYSICIANS hold responsible:



Source: University of Utah Health Value in Health Care Survey, 2017

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ENGAGE EFFECTIVE PHYSICIAN LEADERS

Source: https://uofuhealth.utah.edu/accelerate/cases/how-utah-chief-value-officers-lead-healthcare-transformation.php

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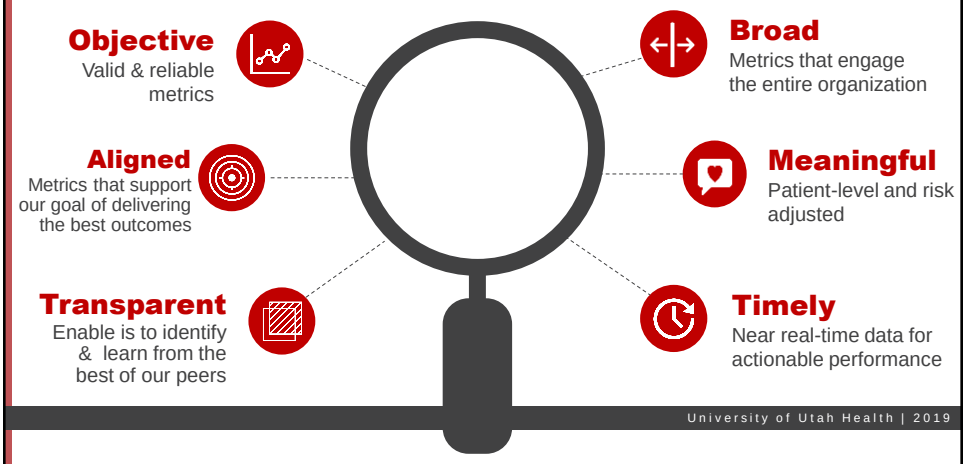
CHARACTERISTICS OF MEASURES & BENCHMARKING THAT SUPPORT A HIGH VALUE CULTURE



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APPROACHES TO EFFECTIVE PROBLEM-SOLVING

JUST DO IT OR RAPID IMPROVEMENT	PLAN-DO-STUDY-ACT (PDSA)	COMPLEX AND STRUCTURED PROBLEM SOLVING	RESEARCH STUDY OR INNOVATION
• Quick action is preferred or necessary • The cause of the problem is self-evident • Proposed solution is small, easily testable, and not risky • Ask: how can I make this process better? • *Example: switching to email instead of bulletin board for communication*	• Application of the scientific method in testing a change • Use of pre and post change to measure success of intervention • Focus on continuous improvement in the process • *Example: testing the impact of new procedure or technology*	• The cause of the problem is unknown • The countermeasures are difficult to adopt • Disciplined approach to problem solving is preferred • Multiple stakeholders or departments needs to be involved • *Example: investigating the cause of an increase in re-admissions*	• New knowledge on how to treat disease or improve patient care • Data and statistical analysis are necessary • Human subjects participation and IRB approval process • Funded by internal or external research grants • *Example: studying the impact of a new treatment on a population*

COMPLEXITY

EASIER HARDER

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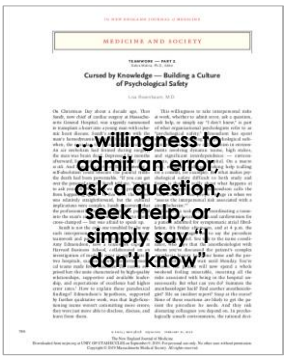
MOVING A CULTURE THAT PRIZES INDIVIDUALISM TO ONE THAT EFFECTIVELY TEAMS



CHARACTERISTIC BEHAVIORS OF EFFECTIVE TEAMING:

EVERYONE:

- Listens
- Speaks up
- Collaborates
- Experiments
- Reflects together

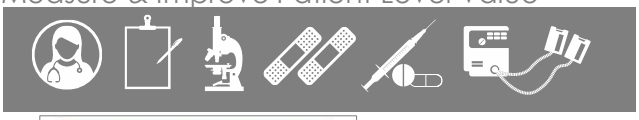
ENABLED BY LEADERS:

- Frame learning
- Create psychological safety
- Learn from failures
- Span boundaries

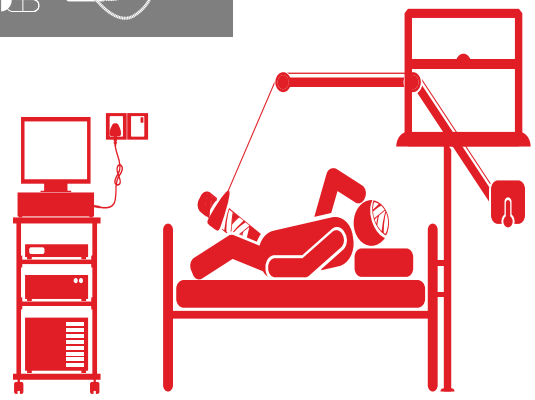
Edmonson AC. Teaming. 2012

UTAH APPROACH: VALUE DRIVEN OUTCOMES (VDO) –

Measure & Improve Patient Level Value



Implementation of a Value-Driven Outcomes Program to Identify High Variability in Clinical Costs and Outcomes Association With Reduced Cost and Improved Quality



Lee VS. JAMA. 2016 Sep 13;316(10):1061-72

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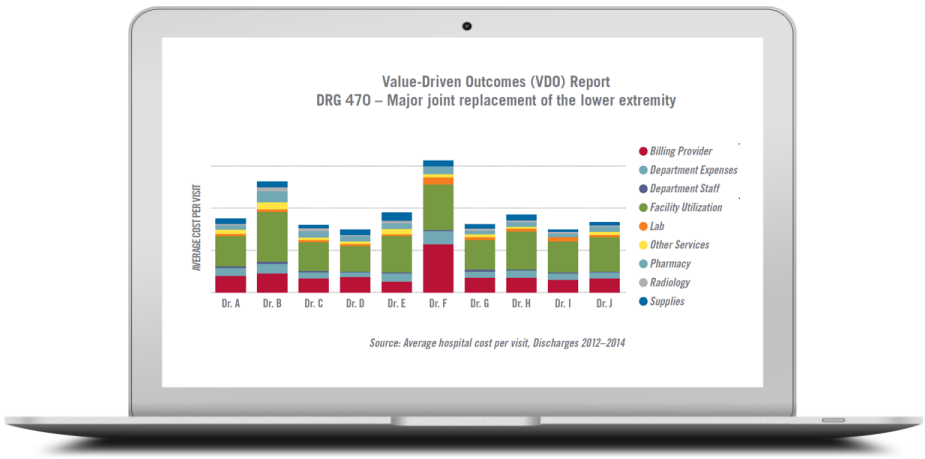
VALUE-DRIVEN OUTCOMES (VDO)

PATIENT-LEVEL COST & QUALITY DATA



How Utah Measures Value: Value Driven Outcomes (VDO). Accelerate. October 7, 2016; How Can we Control Our Costs? Algorithms for Innovation. 2013

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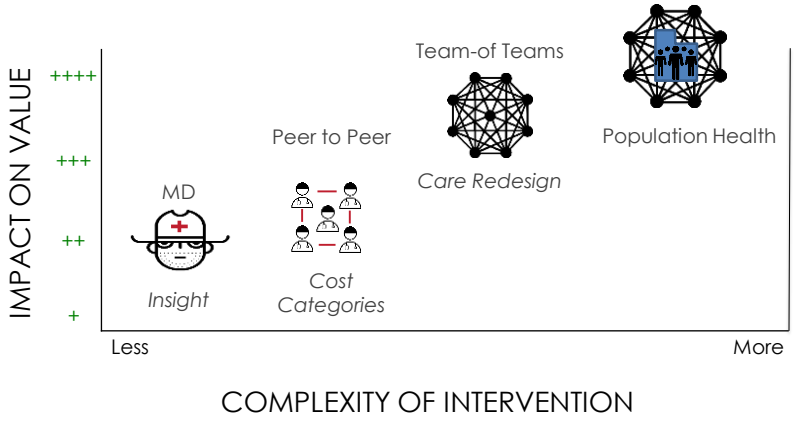
PURSUING VALUE-DRIVEN RESULTS

Potential savings and Complexity of Interventions



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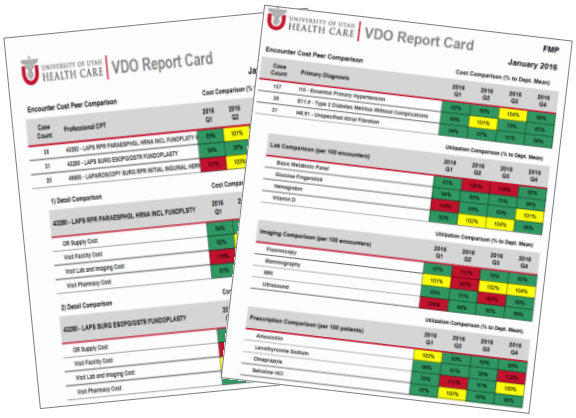
EMPOWERING INDIVIDUAL DOCTORS



1 Drug Welt $100/ dose SAVED

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PEER TO PEER COMPARISON- EXAMPLE ORCA

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VALUE-DRIVEN CARE REDESIGN

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VALUE-DRIVEN ACUTE CARE EXAMPLES

BUNDLE LEVEL TWO **20** percent LESS

1000 PEOPLE **6** LIVES RESCUED **$2.5** million SAVED

3 CYCLES **35%** lower Readmit **$1.0** million SAVED

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"Our larger problem was our culture—it was part of our culture that a veteran nurse would wait on a brand-new resident physician to come up with a plan of care. This change empowered the nurses to practice at the top of their license."

–Bernice Tenort
Nurse manager, Labor & Delivery
Collaborated with interdisciplinary team to tackle wait times and create a standard induction plan

Time For Change: How Reexamining Practice Improved Length of Stay in Labor and Delivery, Accelerate, July 1, 2019
Translating Passion into Individual and System Impact, Accelerate, April 5, 2019

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@BOBPMD @AMYALBO #AHASUMMIT

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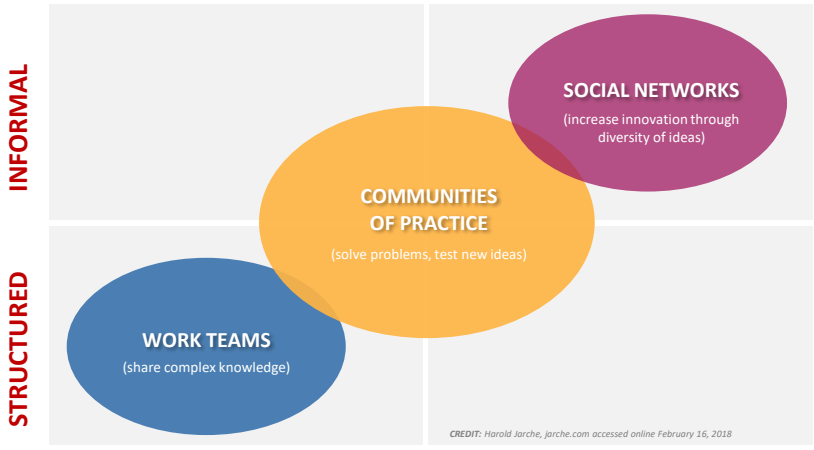
ACCELERATE: THE NETWORK EFFECT



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ACCELERATE
LEARNING COMMUNITY

What happens when you tell the story of U of U Health's frontline community?

65,000 people from across the world tune in to learn.

accelerate.uofuhealth.utah.edu

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Josef Stehlik, MD, *Medical Director of the Heart Transplant Program, Co-chief of the Advance Heart Failure Program, Professor Cardiovascular Medicine*

"Patients want to know not only how the treatment will extend their lives, but how it will affect their ability to be active and enjoy their lives. But how do you assess quality of life in a clinical setting?"

https://accelerate.uofuhealth.utah.edu/connect/how-the-cardiovascular-center-is-implementing-patient-reported-outcomes

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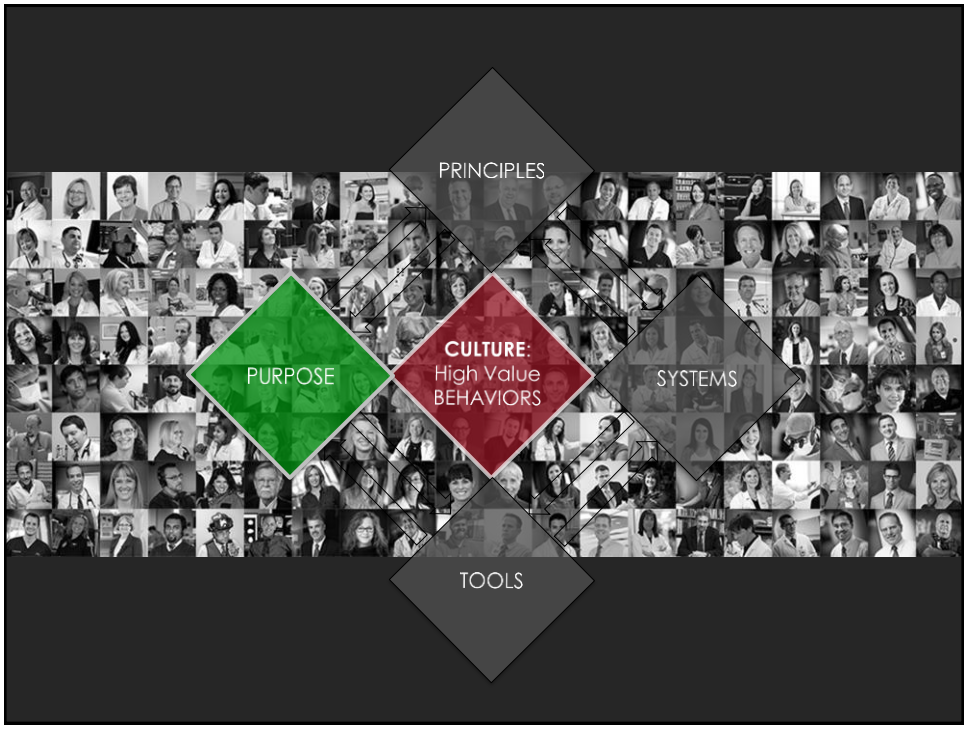

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A CULTURE OF VALUE CHALLENGE

ASK YOURSELF:

1. Am I purpose driven?
2. Who am I not listening to?
3. Am I promoting teaming in my daily work?
4. Am I focused enough on getting better at getting better?
5. If not me, who?

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