

Health Care Leaders and the "Triple Aim"

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BCBSMA

In Pursuit of Health Care's Holy Grail: The Quality Movement That Is Transforming Health Care Boston, MA: September 16, 2008

International Comparison of Spending on Health, 1980–2005



Data: OECD Health Data 2007, Version 10/2007.

2 Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

Difficulty Getting Care on Nights, Weekends, Holidays Without Going to the Emergency Room, Among Sicker Adults

Percent of adults who sought care reporting "very" or "somewhat" difficult



AUS=Australia; CAN=Canada; GER=Germany; NETH=Netherlands; NZ=New Zealand; UK=United Kingdom. Data: 2005 and 2007 Commonwealth Fund International Health Policy Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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Mortality Amenable to Health Care

Deaths per 100,000 population*

* Countries' age-standardized death rates before age 75; including ischemic heart disease, diabetes, stroke, and bacterial infections.

See report Appendix B for list of all conditions considered amenable to health care in the analysis.

Data: E. Nolte and C. M. McKee, London School of Hygiene and Tropical Medicine analysis of World Health Organization mortality files (Nolte and McKee 2008).

4 Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

60 - 20 CH 660 - 60

Infant Mortality Rate

(Infant deaths per 1,000 live births)

^ Denotes baseline year.

Data: National and state—National Vital Statistics System, Linked Birth and Infant Death Data (AHRQ 2003, 2004, 2005, 2006, 2007a); international comparison—OECD Health Data 2007, Version 10/2007.

5 Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2008

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Variations in Spending Across Regions (Elliott Fisher)

Source: The Dartmouth Atlas of Health Care 2005.

What Do Highest Quintile Cost Regions Get for an \$3000 Extra *per Capita* per Year?

COSTS AND RESOURCE USE....

- 32% more hospital beds *per capita*
- 65% more medical specialists
- 75% more internists
- More rapidly rising per capita resource use

QUALITY AND RESULTS...

- Technically worse care
- No more major elective surgery
- More hospital stays, visits, specialist use, tests, and procedures
- Slightly higher mortality
- Same functional status
- Worse communication among physicians
- Worse continuity of care
- More barriers to quality of care
- Lower satisfaction with hospital care
- Less access to primary care
- Lower gains in survival

Aims

- Safety
- Effectiveness
- Patient-centeredness
- Timeliness
- Efficiency
- Equity

What Should We Aim for?

- No Needless Deaths
- No Needless Pain or Suffering
- No Unwanted Waits
- No Helplessness
- No Waste

.....For Anyone

Preventing Central Line Infections

- Hand hygiene
- Maximal barrier precautions
- Chlorhexidine skin antisepsis
- Appropriate catheter site and administration system care
- Daily review of line necessity and prompt removal of unnecessary lines

Central Line Associated Bloodstream Infections (CLABs)

(from Rick Shannon, MD, West Penn Allegheny Health System)

IHI's "Rings" of Activity

The "100,000 Lives Campaign"

100k *lives* Campaign

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

The Campaign "Planks" --Six Changes That Save Lives

- 1. Deployment of Rapid Response Teams
- 2. Delivery of Reliable, Evidence-Based Care for Acute Myocardial Infarction
- 3. Medication Reconciliation
- 4. Prevention of Central Line Infections
- 5. Prevention of Surgical Site Infections
- 6. Prevention of Ventilator-Associated Pneumonias

Ascension Health Mortality Reduction

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An International Movement of Movements?

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Six Additional Planks

7. Prevent Pressure Ulcers

- 8. Reduce Methicillin-Resistant Staphylococcus Aureus (MRSA) Infection
- 9. Prevent Harm from High-Alert Medications
- 10.Reduce Surgical Complications (the Surgical Care Improvement Project (SCIP))
- 11.Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
- 12.Get Boards on Board

As of October, Medicare Will Not Pay for...

- Object left in patient during surgery
- Air embolism
- Blood incompatibility
- Catheter-associated urinary tract infections
- Vascular-catheter-associated infections
- Pressure ulcers
- Mediastinitis after coronary-artery bypass grafting
- Falls from bed

What is Possible

- 150 New Jersey organizations reduced pressure ulcers by 70%
- More than 65 Campaign hospitals report going more than a year without a ventilator-associated pneumonia
- More than 35 report going a year without a central line infection
- Looking elsewhere...Drops in adverse event rates of 51%-75% in four Safer Patients Initiative hospitals

What is Possible

It's no longer possible to say it's not possible...

...and that's our first job.

Does Improving Safety Save Money?

SERIOUS PREVENTABLE INFECTIONS ("PURPLE BUGS")

BUG	CASES PER YR	DEATHS PER YR	LOS	COST PER CASE	TOTAL COST
MRSA	126,000	5,000	+9.1 DAYS	+\$32,000	+\$4 BILLION
C. DIFFICILE	211,000	6,000	+ 3 DAYS	+\$3,500	+\$1 BILLION
VRE	21,000	1,000		+\$12,700	+\$268 MILLION

MRSA, C. difficile, and VRE combined annually infect at least 350,000 people, cause at least 12,000 deaths, and increase care costs by at least \$5 billion

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Does Improving Safety Save Money?

HENRY FORD HEALTH SYSTEM

IMPROVEMENT	COST	SAVINGS	NET
SURGICAL INFECTIONS	(\$110,000)	\$540,000	\$430,000
BLOODSTREAM INFECTIONS	(\$22,500)	\$4,780,000	\$4,757,500
VENTILATOR PNEUMONIAS	(\$1,268,500) (Reduced Revenue)	\$1,166,400	(\$102,100)
RAPID RESPONSE TEAMS	(\$390,000)	?	(\$390,000)
TOTAL	(\$1,791,000)	\$5,320,000	\$4,695,400

Drivers of a Low-Value System

Health Care Costs Are Concentrated in Sick Few— The Sickest 10% Account for 64% of Expenses

28 Zuvekas SH, Cohen JW. Prescription drugs and the changing concentration of health care expenditures. Health Aff. 2007;26(1):249–257.

REDEFINING BOUNDARIES

ProvenCare[™]: Coronary Artery Bypass

GEISINGER

A Provider-Driven, Acute Episodic Care "Pay-for-Performance" Initiative:

A Case Study at Geisinger

*ProvenCare*TM:Coronary Artery Bypass

Go Live 100 Hired performance improvement clinician 80 Documented current processes 60 Engaged remaining stakeholders Confirmed 40 "ProvenCare CABG" processes & 20 accountabilities 0 5-05 6-05 8-05 8-05 9-05 1-05 1-05 1-06 3-06 7-06 7-06 8-06 8-06 8-06

% of patients who receive <u>all</u> components of care

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The "Triple Aim"

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- Improve Individual Experience
- Improve Population Health
- Control Inflation of Per Capita Costs

The root of the problem in health care is that the business models of almost all US health care organizations depend on keeping these three aims separate. Society on the other hand needs these three aims optimized (given appropriate weightings on the components) simultaneously.

--- (Tom Nolan, PhD)

Some System Components to Accomplish the Triple Aim

- Focus on Individuals and Families
- Strong "Primary Care" Services and Structures
- Population Health Management
- Cost Control Platform
- System Integration

AND an "Integrator"

The "Integrator's" Tasks

• Design:

- Care and Finance Models
- Ways to Engage the Population

Establish Essential Business Relationships:

- Specialty Care and High-Tech Care
- Community-Based Services

• Measure Performance in New Ways:

- Track People over Time
- Measure Costs

• Test and Analyze to Learn What Works

- A Learning Community
- Managed Experiments

Develop and Deploy Information Technology

- To Integrate Across Boundaries
- To Give Patients Knowledge and Control

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Conditions for Pursuing the Triple Aim

- Population budget
- Discipline of a cap on total budget
- Population view of health status and care needs
- Measurement capacity
- Capacity to integrate care experience through time and space
- Capacity for proactivity
- "Memory" of the person
- Capacity for system redesign and execution
- Leverage to mold the environment

Some Early Experimentation...

- Vermont! (Blueprint for Health)
- HealthPartners (reduced cost for imaging by using evidenced based prompts in EMR)
- Bellin Health(Primary Care Access Platform)

The Future State – Most Can Be Winners

The Transition State – Hard for All

Key Question for Health Care Systems

Do you intend to solve these problems, and produce a truly high-value care system? • For the Sick? • For Populations?

"The Tragedy of the Commons"

"Each man is locked into a system that compels him to increase his herd without limit – in a world that is limited. Ruin is the destination toward which all men rush..."
- Garrett Hardin

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