

FACCT
FOUNDATION FOR ACCOUNTABILITY

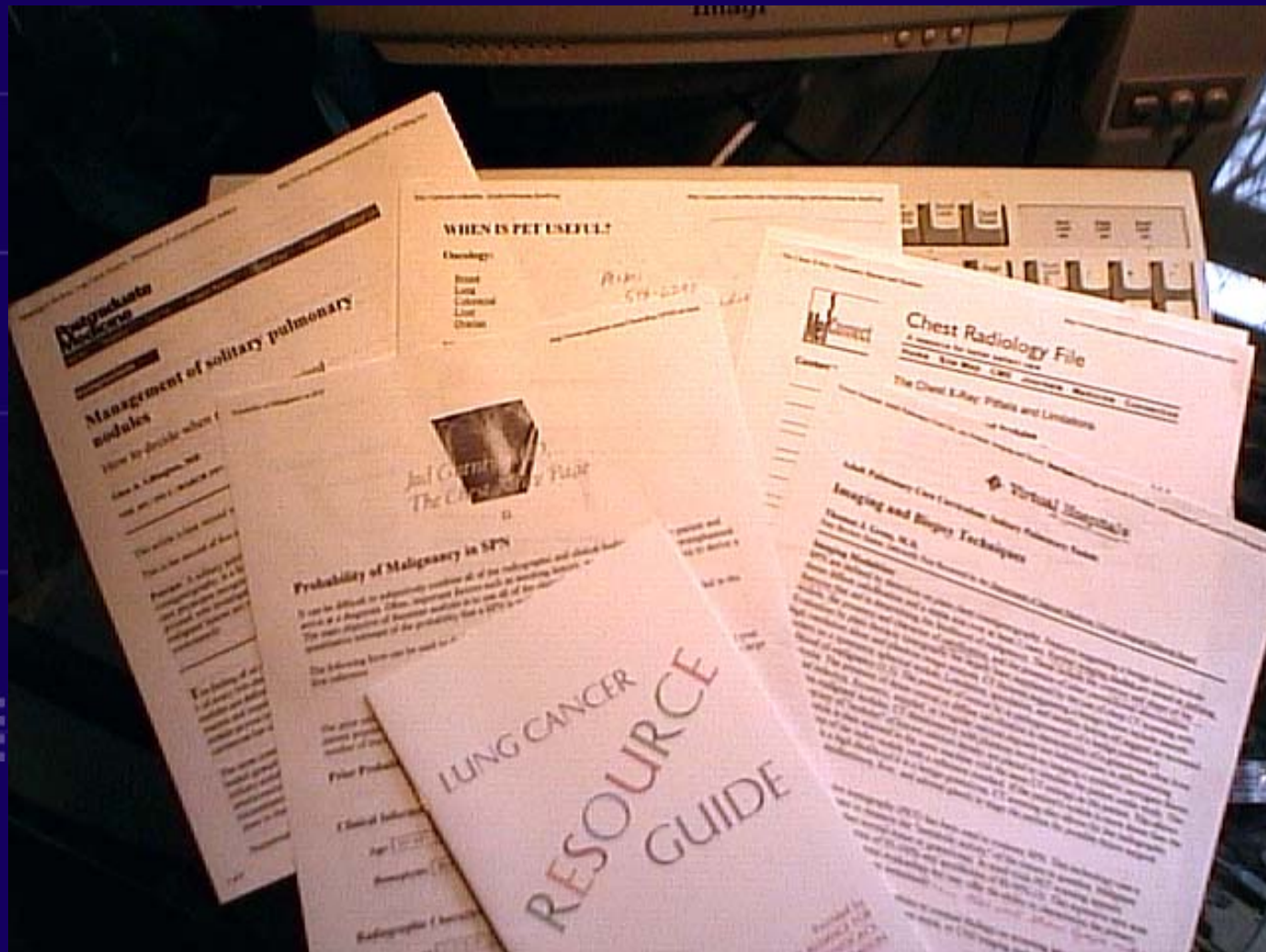
Quality health care
in Oregon:
How can we make a difference?

 Oregon Health Policy Commission
April 15, 2004

Grandma Lou & family



Gayle's Research



Which surgeon should you see?

- *New York state* lung cancer surgery:
 - Surgeon averages 5 cases/year or fewer: (292/373) **2.6% deaths**
 - Surgeon averages 45 cases/year or more: (9/373) **0.9% deaths**

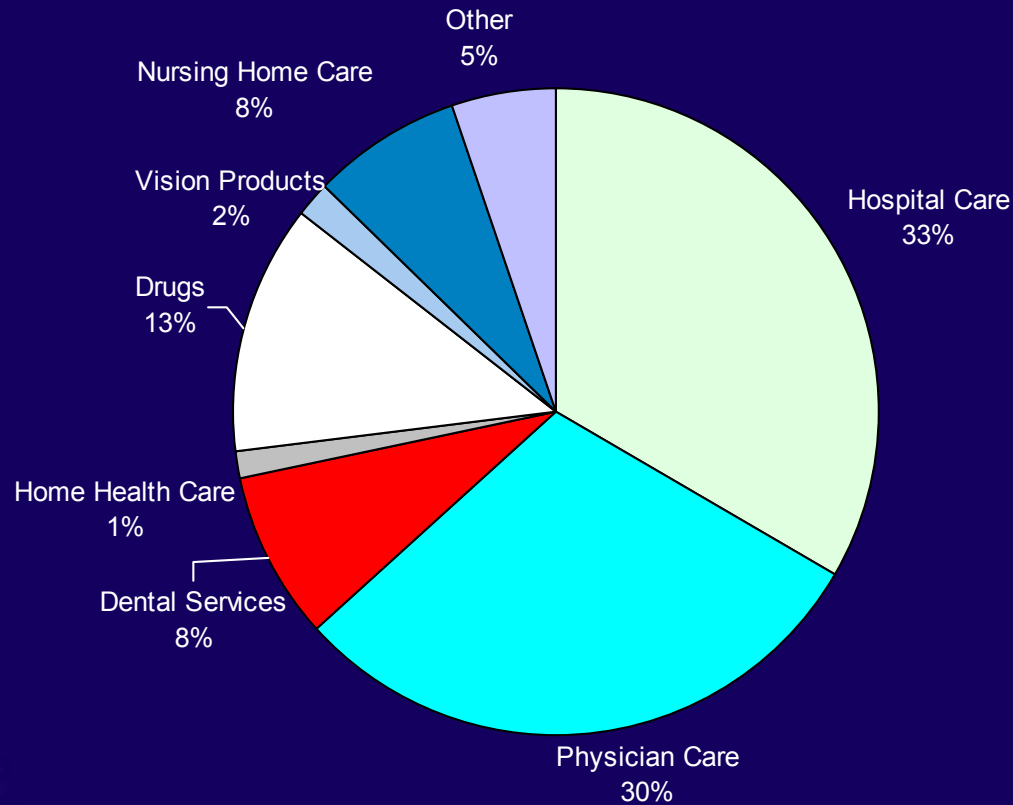
Which hospital should you go to?

Number of lobe resections, Washington State, 1998

Hospital	City	No. of Cases	Hospital	City	No. of Cases
Grays Harbor Community Hospital	Aberdeen	6	Pullman Memorial Hospital	Pullman	1
Island Hospital	Anacortes	1	Good Samaritan Hospital	Puyallup	5
Cascade Valley Hospital	Arlington	1	Group Health Eastside Hospital	Redmond	10
Auburn Regional Medical Center	Auburn	5	Valley Medical Center	Renton	12
Overlake Hospital Medical Center	Belleuve	11	Kadlec Medical Center	Richland	11
Saint Joseph Hospital	Bellingham	10	Harborview Medical Center	Seattle	4
Harrison Memorial Hospital	Bremerton	29	Northwest Hospital	Seattle	9
Highline Community Hospital	Burien	12	Providence Seattle Medical Center	Seattle	16
Providence Centralia Hospital	Centralia	4	Swedish Medical Center	Seattle	27
Stevens Hospital	Edmonds	5	University of Washington Medical	Seattle	28
Kittitas Valley Community Hospital	Ellensburg	2	Virginia Mason Medical Center	Seattle	44
Providence Everett Medical Center	Everett	29	Deaconess Medical Center	Spokane	16
Saint Francis Community Hospital	Federal Way	2	Holy Family Hospital	Spokane	12
Kennewick General Hospital	Kennewick	4	Sacred Heart Medical Center	Spokane	26
Evergreen Hospital Medical Center	Kirkland	10	Saint Clare Hospital	Tacoma	4
PeaceHealth Saint John Medical	Longview	4	Saint Joseph Medical Center	Tacoma	21
Samaritan Hospital	Moses Lake	1	Tacoma Allenmore General Hospital	Tacoma	15
Affiliated Health Services	Mt Vernon	5	Southwest Washington Medical	Vancouver	17
Capital Medical Center	Olympia	4	Saint Mary Medical Center	Walla Walla	4
Providence Saint Peter Hospital	Olympia	19	Central Washington Hospital	Wenatchee	22

Mortality for hospitals > 169 cases: 0.87%
< 37 cases: 3.05%

Oregon's Health Dollar, CY 1998



Total 2002 National Health Spending: \$1.4 trillion
Total 1998 Oregon Health Spending: \$11 billion
Total 1998 Oregon gross state product: \$98.4 billion

**Assume that you have
good "access"**

**Will you get good quality
care?**

Institute of Medicine Definition of Quality

1. **Safety** refers to "avoiding injuries or harm to patients from care that is intended to help them"
2. **Effectiveness** refers to "providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit (avoiding overuse and underuse)". Overuse occurs when "a health care service is provided under circumstances in which its potential for harm exceeds its potential benefit." Underuse "is the failure to provide a health care service when it would have produced a favorable outcome for a patient"
3. **Patient centeredness** refers to health care that establishes a partnership among practitioners, patients, and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care.
4. **Timeliness** refers to obtaining needed care and minimizing unnecessary delays in getting that care.

What is Quality Care?

- Safe
- Effective
 - *Evidence-based*
 - *Necessary (not overused)*
 - *Helpful (provided when needed)*
 - *Produces good result*
- Patient-centered
 - *Respectful*
 - *Empowering*
 - *Values honored*
 - *Family involved*
- Timely

Different “quality” for different needs?

- Prevention and health maintenance
- Acute problems
- Chronic illness
- Disability
- End-of-life care

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Mortality due to...

- Lack of access

- 18,000: estimated adults aged 25 to 64 who die prematurely each year in the U.S. as a direct result of being uninsured and not having access to proper medical care

- Lack of quality

- 100,000: deaths each year due to preventable hospital error
- 106,000: deaths due to outpatient medication errors
- approx. 25% of elderly patients receive inappropriate prescriptions

There are at least 5 times more deaths each year due to bad quality – even when you're covered – than not having coverage alone.



Public is worried about safety

Do you think there are big differences in the quality of care among:

	<u>2000</u>	<u>(1996)</u>
– Family doctors	40%	(37%)
– Specialists	42%	(28%)
– Hospitals	47%	(38%)
– Nursing homes	45%	
– Health plans	55%	(47%)

How concerned about a serious error leading to injury or harm?

	<u>% Very Concerned</u>
– Commercial airlines	32%
– Food from supermarket	30%
– Doctor's office	40%
– Hospital	47%
– Medicine from pharmacy	34%

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Quality care: evidence-based

- Best practices:
 - “I’d still want to know why isn’t that physician following it? If I had asthma and was considering going to this person, the questions I would ask to that physician are: ‘Why aren’t you following the best practices, and tell me why what you’re doing is acceptable.’”

Lung Cancer
Treatment Guidelines for Patients

Version 1/December 2001

Internet Explorer
Address: ih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=8729997&dopt=Abstract

PubMed
National Library of Medicine NLM

Nucleotide Protein Genome Structure PopSet Taxonomy OMIM Books

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Limits Preview/Index History Clipboard Details

Display: Abstract Sort Save Text Clip Add Order

1: Eur Respir J 1996 Mar;9(3):410-4 [Related Articles](#), [New Books](#), [LinkOut](#)

Evaluation of the solitary pulmonary nodule by positron emission tomography imaging.

Bury T, Dowlati A, Paulus P, Corhay JL, Benoit T, Kayembe JM, Limet R, Rigo P, Radermecker M.

Dept of Pneumology, CHU Liege, Belgium.

Current noninvasive imaging methods are not sufficiently reliable for accurate detection of malignancy in most solitary pulmonary nodules (SPNs). Positron emission tomography (PET) using 18-fluorodeoxyglucose (FDG), showing increased FDG uptake and retention in malignant cells, has proved useful to differentiate malignant from benign tissue and could, therefore, contribute to the evaluation of the SPN. We performed a prospective study of 50 patients referred to the Pneumology Department with unclear diagnoses of SPN after conventional radiological screening. PET study was performed on each subject before an invasive procedure was proposed. Thirty three patients had a malignant nodule and 17 had a benign nodule. The mean size of malignant nodule was 3 cm (range 1.5-4.5 cm). All showed a marked increase in 18-FDG uptake. The mean size of benign nodule was 1.8 cm (range 0.5-3.5 cm). PET imaging showed the absence of 18-FDG uptake and correctly identified 15 of 17 benign nodules. There was two false-positive cases with a moderate increase in 18-FDG uptake (1 postprimary tuberculosis; and 1 antitracosilicotic nodule with nonspecific inflammatory changes). The sensitivity and specificity of the method are 100 and 88%, respectively. The positive and negative predictive values of PET imaging for SPNs are 94 and 100%, respectively. Our preliminary results demonstrate that PET-FDG imaging is a noninvasive technique, which appears highly accurate in differentiating malignant SPN from benign SPN.

PMID: 8729997 [PubMed - indexed for MEDLINE]

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Quality care: overuse?

- Back surgery?
 - Bend has highest rate in U.S.: 7.3/1000 people vs. 3.1/1000 in U.S.
- Endoscopy?
 - In U.S., estimated 39% inappropriate (dyspepsia)
- Hysterectomy?
 - In U.S. HMOs, 16% inappropriate
 - S. California study, 70% inappropriate

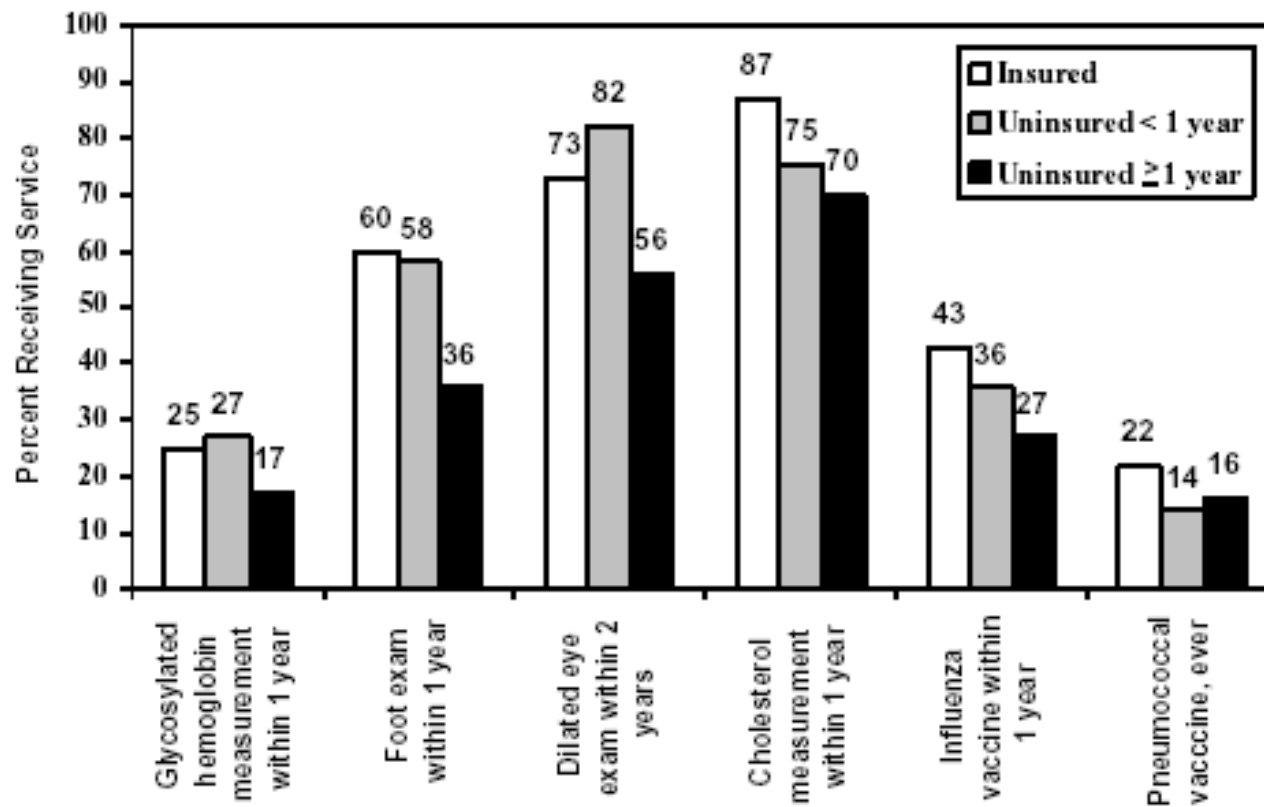
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Quality care: underuse - *Oregon insured, managed care*

	Kaiser	Providence	PacifiCare	Regence
Rate care highly	58.8%	60.1%	62.4%	61.9%
Recent foot exam	78.5%	69.2%	73.8%	72.9%
Recent eye exam	69.5%	74.6%	77.5%	75.0%
All recommended care	55.5%	54.1%	56.0%	57.0%

Quality care: underuse - national data



Diabetes management among insured and uninsured adults, ages 18–64.
NOTE: Proportions adjusted to demographic characteristics of study cohort.
SOURCE: Ayanian et al., 2000; Table 5.

African Americans with health insurance were less likely than whites to receive...

- Breast cancer screening (62.9% vs 70.9%)
- Diabetic eye examinations (43.6% vs 50.4%)
- Beta-blocker medication after heart attack (64.1% vs 73.8%)
- Follow-up after hospitalization for mental illness (33.2 vs 54.0%)

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Public Reporting of Hospital Outcomes - 1752

ABSTRACT of Cases admitted into the Pennsylvania Hospital, from the Eleventh of the Second Month, 1752, to the Twenty-seventh of the Fourth Month, 1754.

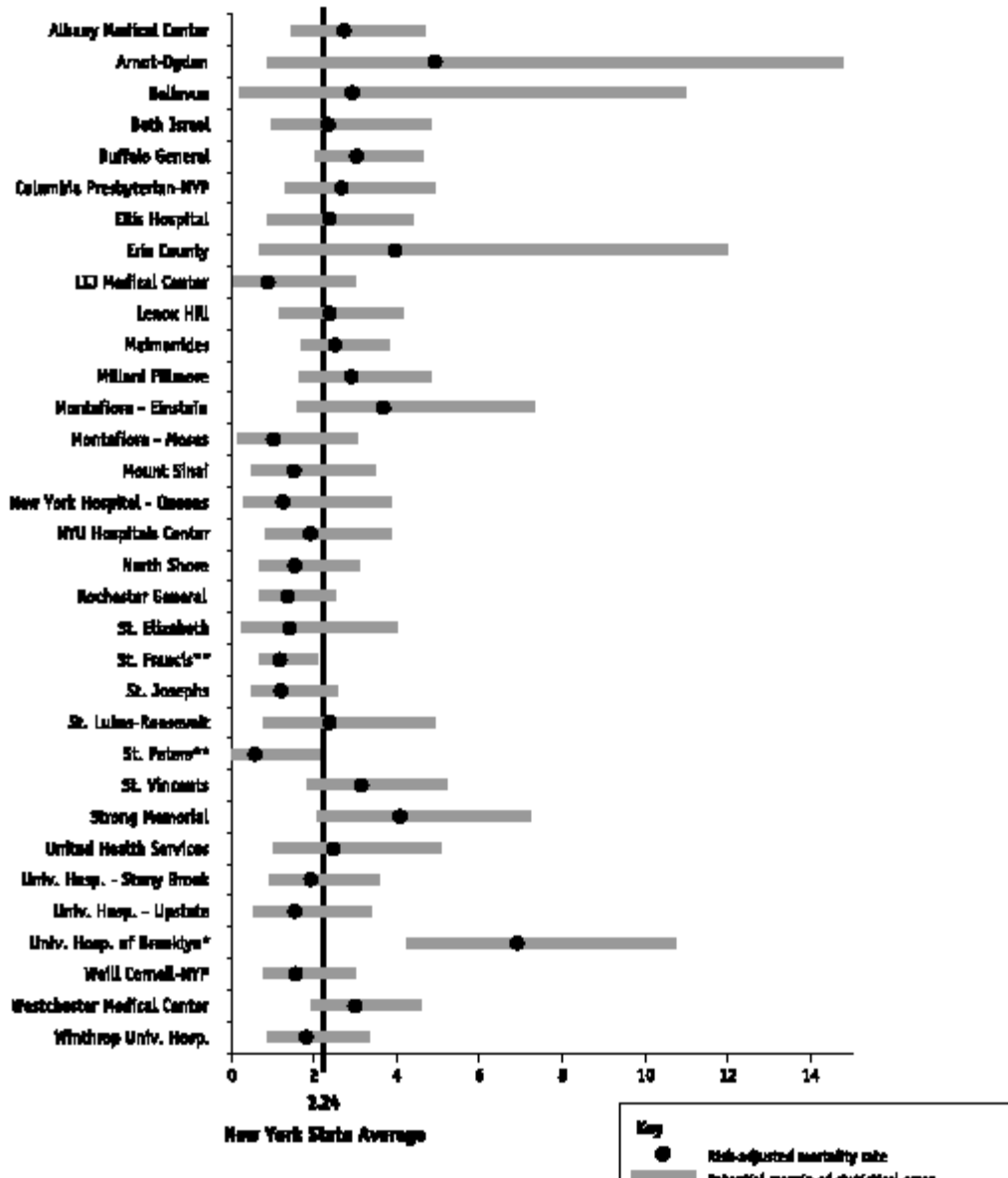
	Admitted.	Cured.	Relieved.	Irregular Behaviour.	Incurable.	Taken away by their Friends.	Dead.	Remaining.
A G U E S — —	3	3						
Cancer, — —	3	2						1
Colliquative Purgings, — —	2	1						1
Consumption, — —	1						2	
Contusion, — —	1							1
Cough, of long standing, — —	1	1						
Dropsies, — —	9	4	1					1
Empyema, — —	1	1					3	
Eyes disordered, — —	2	1	1					
Falling Sickness, — —	3	1			2			
Fevers, — —	2	2						
Fistula in <i>Ano</i> , — —	3	2	1					
— in <i>Perinæo</i> , — —	2	1						1
Flux, — —	1	1					1	
Gutta Serena, — —	1	1						
Hair Lip, — —	1							1
Hypocondriac Melancholy, — —	1							1
Hypopyon, — —	1	1						
Lunacy, — —	18	2	3		4	6		3
Mortification, — —	1						1	
Prolapsus <i>Ani</i> , — —	1	1						
— <i>Uteri</i> , — —	1	1						
Palsy, — —	1	1						
— of the Bladder, — —	1							1
Rheumatism and Sciatica, — —	6	4						2
Scorbutick and scrophulous Diseases, — —	9	6	1	1				1
Ulcers, with Caries, &c. — —	17	21	4	2	1	3	3	3
Vertigo, — —	1	1						
Uterine Disorder, — —	1	1						
Wen, — —	1	1						
Wounded, — —	1	1						
In all,	117	60	11	3	7	10	10	16

N. B. THE Majority of the Lunatics taken in had been many Years disorder'd, and their Diseases become too habitual to admit of Relief; others whose Cases were recent, and might probably have been cured, being put in at private Expence, were so hastily taken away by their Friends, that sufficient Time was not allowed for their Recovery: The Managers have therefore, as well for the Sake of the Afflicted, as the Reputation of the Hospital, resolv'd to admit none hereafter, who are not allowed to remain twelve Months in the House, if not cured sooner, or judg'd by the Physicians to be incurable.

THE Choice of the Sick to be supported on the publick Stock, was confin'd to such only whose Cases could not be heal'd properly in their respective Habitations, but required the extraordinary Conveniences and Advantages of an Hospital; amongst these, several, for want of this noble Charity in Time, had languish'd too long to receive any other Advantage from it than the Relief of their Poverty, and the Satisfaction of being convinc'd they had every Chance for Recovery that Care and Tenderness could afford.

FROM

Figure 1: Risk-Adjusted Mortality Rates for CABG in New York State, 1999 Discharges (Listed Alphabetically by Hospital)



New York Cardiac Surgery Death Rates, 1999 - by hospital

Public access to hospital outcomes - UK

Dr Foster - Nearest 10 Hospitals - Microsoft Internet Explorer

Address http://www.drfooster.co.uk/hospital_guide/main/Compare.asp?HospitalId=98&Compare=900&CompareTo=2

Compare hospitals

Stroke Mortality

Below is graphed how Addenbrooke's Hospital compares to the top 10 hospitals.
(Note that the data is for the hospital's IHS Trust as a whole.)

dr foster
Your Guide to Better Health

[CLOSE](#)

Hospital	Stroke Mortality Rate
St Bartholomew's Hospital	72
Royal London Hospital, The	72
Royal Hallamshire Hospital	73
St Michael's Hospital	74
Bristol Royal Infirmary	74
Bristol General Hospital	74
Nottingham City Hospital	74
Weston General Hospital	76
Middlesex & University College Hospitals, The	77
Friarage Hospital	79
Addenbrooke's Hospital	107

Compare service:
Stroke Mortality Rates

Compare your local hospital to:
Top Ten
Nearest Ten
Nearest Ten with the service
Top Ten
Bottom Ten

[Compare](#)

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What information do consumers want?

- Successful communication:
 - “The doctor listens to me, answers my questions, and gives me information about what he thinks is going on and what he proposes. Also asks if I have further questions or concerns.”

Breast-conserving surgery vs. mastectomy for early stage breast cancer

	BCS Rate	Seen by Medical Oncologist	Never told about BCS
Massachusetts	74%	52%	15%
Minnesota	48%	28%	27%

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Getting needed care quickly...

- Emergency room average waiting time (Calif.) is 56 minutes, with 42% more than an hour
 - For every \$10,000 less income, you wait 10 min. longer
- Stroke best treated within 3 hours or sooner of onset
 - *Median* patient takes 2.6 hrs to get to hospital
 - *Median* patient takes 1.1 more hours to do imaging tests
 - Men, whites, EMS patients treated faster once in hospital

Consumer-centered health system attributes

- Facilitates self-care
- Quality includes appropriate & effective care, partnership, respect, responsiveness
- Health services personalized
- Transparent performance
- Consumer-designed & governed
- Just, fair, equitable
- Person exercises control

Innovators are abundant...

- Electronic medical records
- Personal health records
- Consumer-directed financing
- Centers of Excellence/focus factories
- Idealized practice design
- Evidence-based medicine
- Social HMO

Innovators are abundant... *in Oregon*

- Electronic medical records
 - *Providence Medical Group - Logician*
- Personal health records
 - *Walgreen's medication management*
- Consumer-directed financing
 - *MyHealthBank/BCBS*
- Centers of Excellence/focus factories
 - *Trauma care network*
- Idealized practice design
 - *GreenfieldHealth*
- Evidence-based medicine
 - *Kaiser guidelines program*
- Social HMO
 - *PACE program*

Ideal Primary Care Practice: *Greenfield Health*

- Evidence-based medicine
- Walk-in, same day appointment
- Personal medical assistant
- E-mail, web, phone consultation
- Patient & family has access to *all* medical information & decisions
- Electronic medical records
- ... *\$350 'membership' !*

Personal health information

Walgreens | Your Account - Microsoft Internet Explorer

Address: https://www.walgreens.com/youraccount/default.jhtml?_requestid=36243

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print

Google Search Web Search Site News New! Page Info Up Highlight Links

Walgreens.com [Your Account](#) | [Log Out](#) | [Help](#) Set up automatic prescription refills.

HOME PHARMACY STORE ONLINE HEALTH LIBRARY OUR COMPANY

Your Account Your Local Weekly Ad Find a Walgreens Shopping Cart Check Out Contact Us Help

Search Our Site

 All Areas
 Go >

Your Account

Welcome David!
 Access these features to manage your health care online.


[Edit Your Registration Information](#)

[Check Drug Interactions](#)
 Are you combining prescriptions, over-the-counter drugs, vitamins, supplements, or herbals? [Check for possible interactions.](#)

Advair

Dosage Forms	Qty	Price
ADVAIR DISKUS 500/50MCG 60'S	60 EA	\$203.99
ADVAIR DISKUS 100/50MCG 60'S	60 EA	\$113.99
ADVAIR DISKUS 250/50MCG 60'S	60 EA	\$146.99

Drug Info For: ADVAIR DISKUS 500/50MCG 60'S

Drug Image
 Click on image for larger view.

Generic Name: E: FLUTICASONE (floo-TIK-a-son) andSALMETEROL (sal-ME-te-role)

Drug Manufacturer: GLAXOSMITHKLINE

Common Uses: This medicine is a corticosteroid and bronchodilator combination used to treat and prevent or decrease the symptoms of asthma (e.g., wheezing, trouble breathing), and also chronic lung disease (e.g., emphysema, bronchitis, - COPD). It works by opening the airways in the lungs (decreases bronchiolar swelling and causes muscle relaxation). It may also be used to treat other breathing conditions as determined by your doctor. THIS

Never Miss a Refill!
 Automatically refill your prescriptions with Auto Refill at Walgreens.com. You just set the date you'd like your prescription refilled and we do the rest. [Get started here.](#)

31 FRIDAY Set Your Auto Refill Today!

Overall, side effects can include nosebleed, nasal and throat irritation, and cough. Maximum relief may take 2 weeks to achieve. Effectiveness depends on regular use.

Please see full Prescribing Information.

Your Prescription Tools

- [Access Prescription History](#)
Order refills, set up Auto Refills, or use this page for your personal reference.
- [Activate Auto Refills](#)
Introducing online Auto Refills Prescriptions. Automatically refills on the date and time you request.
- [Print Prescription Records](#)
Print these for your doctor, insurance company or for tax purposes.
- [Check Order Status](#)
Find out if your Pharmacy order is ready to be picked up, or on its way to you.

Your Message Center
[Learn More](#) **Read Confidential Messages**
 Your personal inbox for confidential messages from Walgreens.

[Set E-mail Reminders](#)
 Keep up-to-date with E-mail reminders for prescription refills or special events.


Your Health History
 Keep your health history available any time it current - add conditions, medications you are taking to

Maintain My Health History
 Keep on track. View Records on Walgreens when you're due or even set up an interval. And, get standard recommendations.

Your Store Online
[Manage Shopping List](#)
 Update and include frequently or would like to buy.

[Check Order Status](#)
 Track it here.

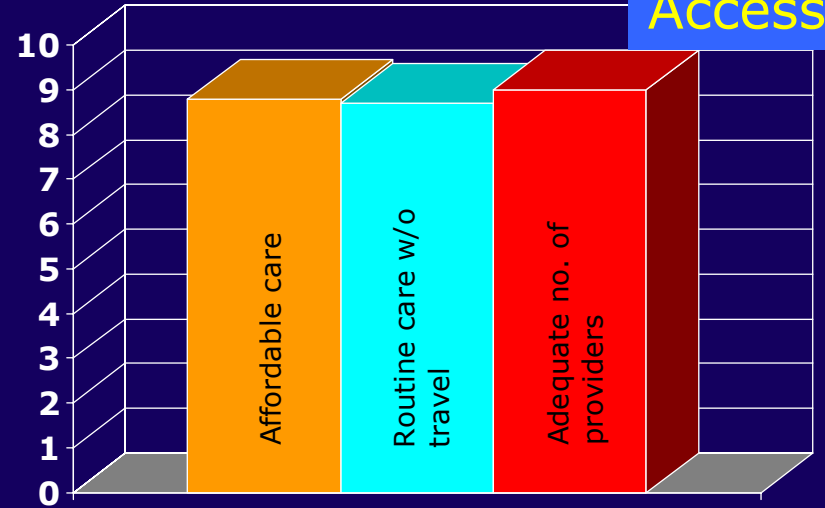
Ask a Pharmacist
 Expert, confidential answers to your questions from a Walgreens pharmacist. Click to ask.



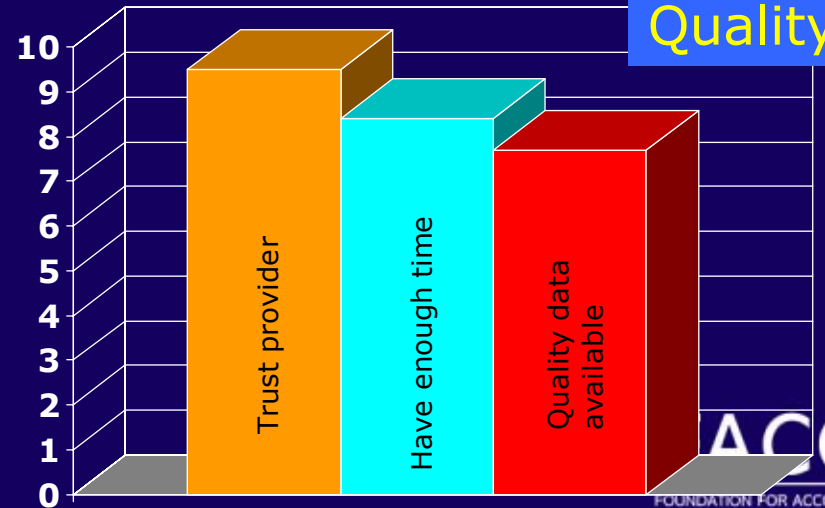


Oregon Health Decisions 1996 Health Care Values Survey

Access



Quality



Shifting work to non-physicians

Entrez-PubMed - Microsoft Internet Explorer

Address: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12148407&dopt=Abstract

Search PubMed for [] Go Clear

Display: Abstract Show: 20 Sort: Send to: Text

1: Hawaii Med J 2002 Jun;61(6):118-20

Outcome of 5,000 flexible sigmoidoscopies done by nurse endoscopists on asymptomatic patients.

Jain A, Falzarano J, Jain A, Decker R, Okubo G, Fujiwara D.

Kaiser Hospital, Northwestern University, USA. amodjain@pol.net

OBJECTIVES: There have been several studies to date establishing the efficacy of flexible sigmoidoscopy. However, no such study has ever been conducted in Hawaii. Utilizing the large endoscopy by nurses as both a safe and cost-effective means of screening for the results of more than 5,000 flexible sigmoidoscopies done by nurse endoscopists at Kaiser Hospital in Honolulu, Hawaii, between November 1995 and February 2001, we screened 5,000 asymptomatic patients for neoplastic polyps, adenomas, and cancer. **RESULTS:** The rate of detection of colon cancer was detected in 15 patients (3% detection rate), of which 8 were B1/B2, and 2 were Dukes C2. Clinically significant lesions (i.e. carcinoma, 1.8% of all patients. There were 8 carcinoids, 1 lipoma, 2 condylomas, and 2 colonoscopies, no other significant lesions were found in the areas examined for perforation, bleeding, infection, and death, in any of the patients. **CONCLUSIONS:** Flexible sigmoidoscopy of being screened for colorectal cancer. Nurse endoscopists can safely and effectively perform sigmoidoscopy, and training more nurse endoscopists, we can increase the rate of colorectal screening.

Entrez-PubMed - Microsoft Internet Explorer

Address: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=11961631&dopt=Abstract

Search PubMed for [] Go Clear

Display: Abstract Show: 20 Sort: Send to: Text

1: Surg Endosc 2002 Jan;16(1):166-9

Nurse-led direct access endoscopy clinics: the future?

Basnyat PS, Gomez KF, West J, Davies PS, Foster ME.

Department of Surgery, Royal Glamorgan Hospital, Llantrisant CF72 8XR, Wales, United Kingdom.

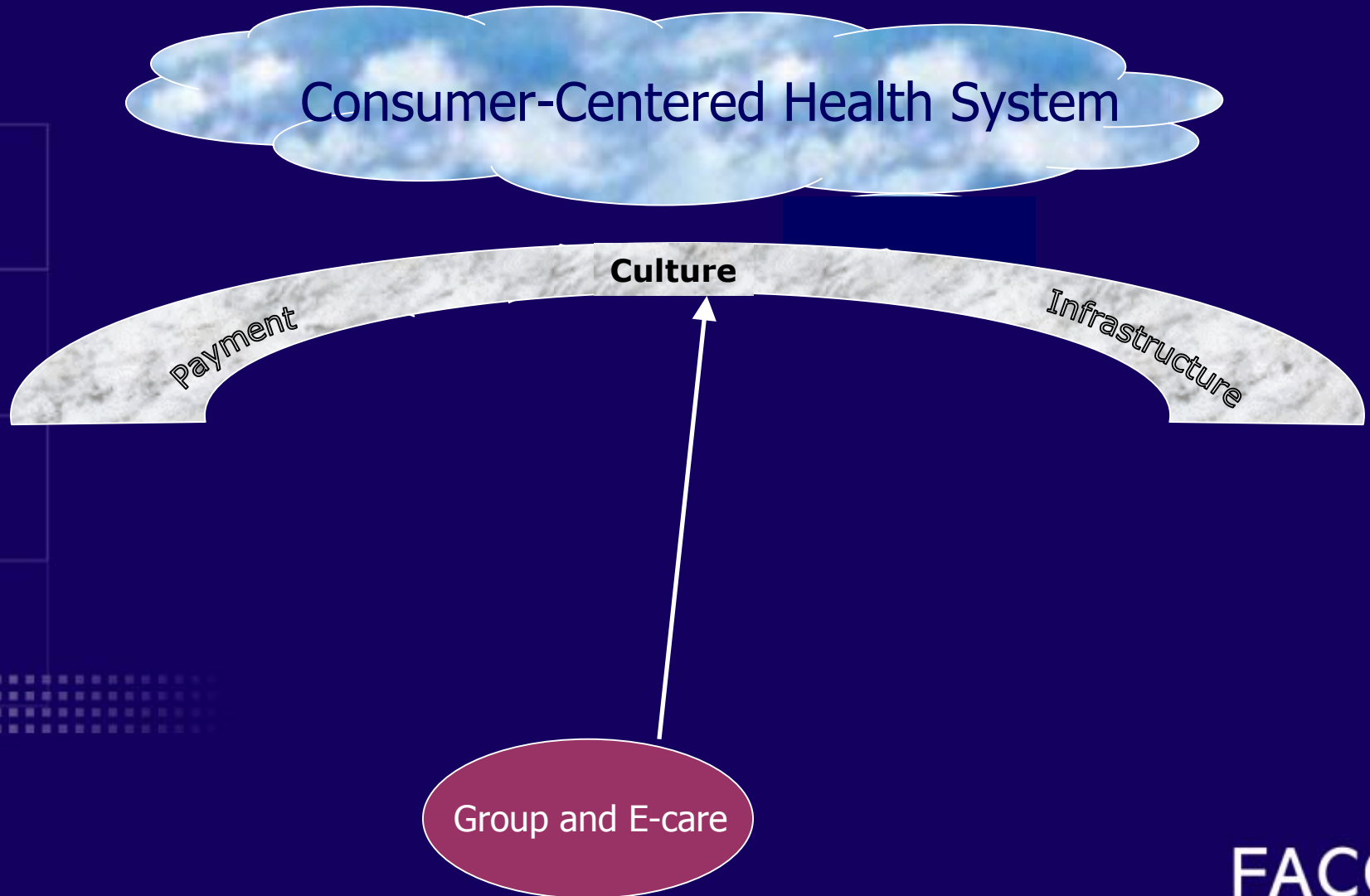
BACKGROUND: Many studies have shown that rectal bleeding is a good indicator of underlying colorectal pathology, and that most of the lesions in patients presenting with rectal bleeding lie in the left side of the colon [1, 5, 9, 12, 23, 26]. The recent acceptance of the nurse-practitioner by the National Health Service may allow the use of nurse-endoscopists to develop throughout the United Kingdom. This study aimed to audit a unique nurse-led direct-access nurse-endoscopy service with regard to its efficacy and cost effectiveness, and to monitor patient satisfaction and direct referrals from the primary health sector. **METHODS:** A nurse-led open-access flexible sigmoidoscopy (OAFS) service for patients reporting fresh rectal bleeding was established at our center in February 1996. A prospective audit of sigmoidoscopic findings and a retrospective analysis of referral patterns from local general practitioners were conducted. A questionnaire survey of both patient and general practitioner satisfaction also was conducted at the same time. **RESULTS:** Since February 1996, 706 patients have been referred to our service. Rectal bleeding was by far the most common cause for referral, representing the dominant symptom in 92% of the referrals received. Although 99% of the patients underwent a complete sigmoidoscopic examination, 16% of these examinations were limited because of several factors combined. A cause for bleeding was identified in 91% of the patients, with 24% of them experiencing subsequent significant pathology. Of the patients surveyed, 99% were satisfied with the service provided. The results also show nurse-led OAFS to be a more effective use of financial resources, costing \$90 less per patient than general practitioner referrals sent to a consultant for further action. **CONCLUSIONS:** Rectal bleeding is a

... and have some impact ...

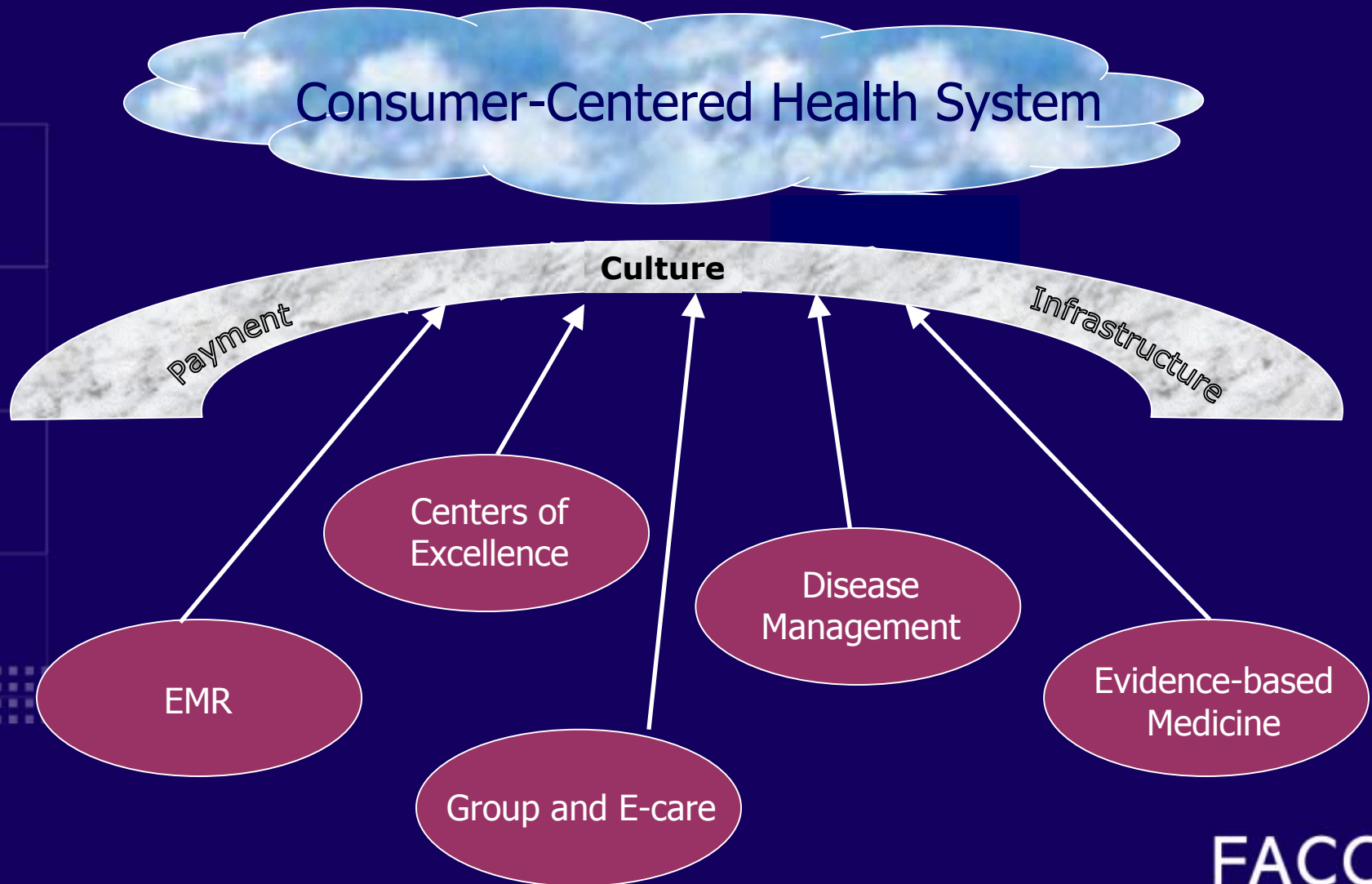
Consumer-Centered Health System

Group and E-care

...but they can't break through



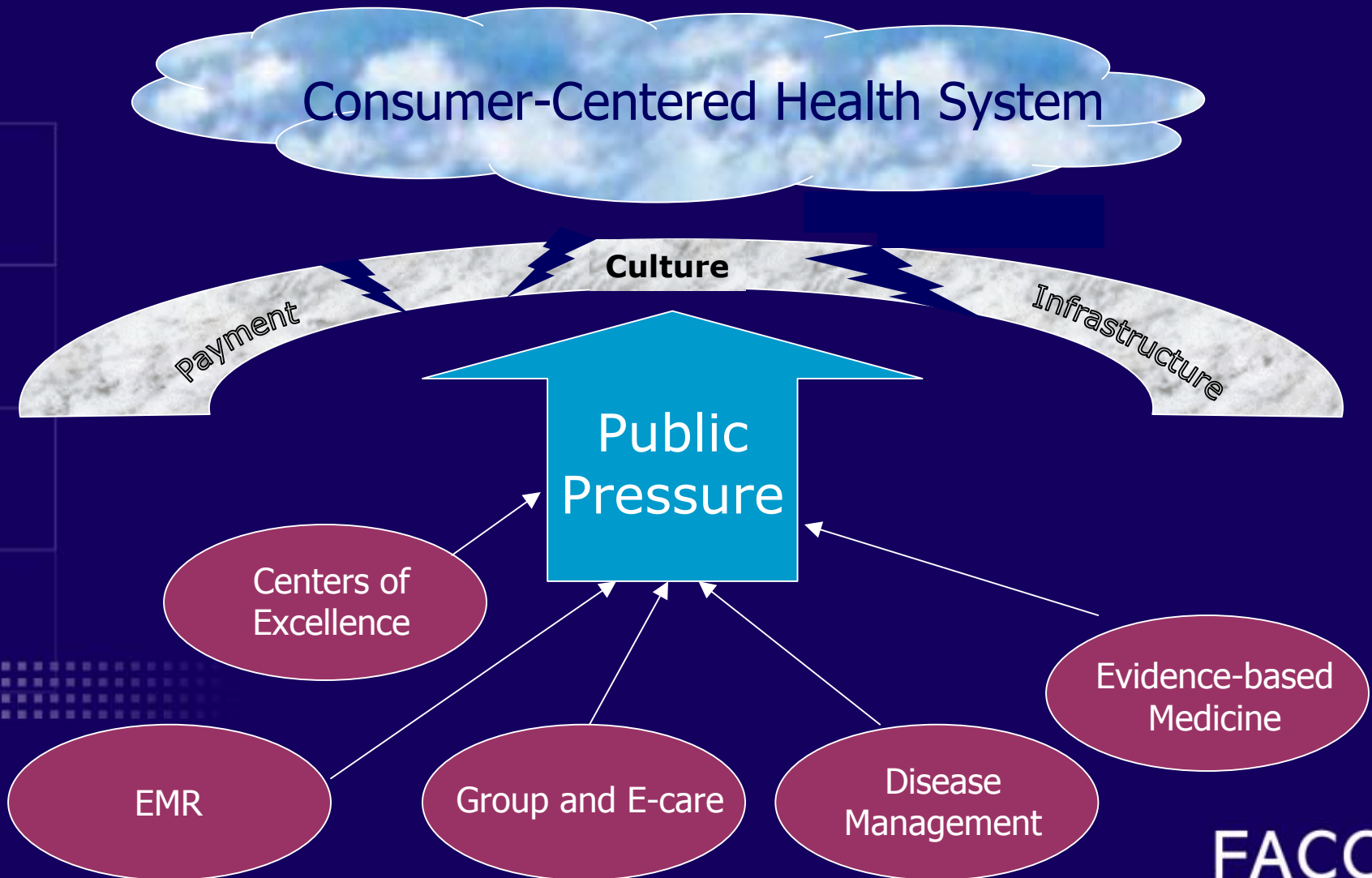
Three barriers to innovation



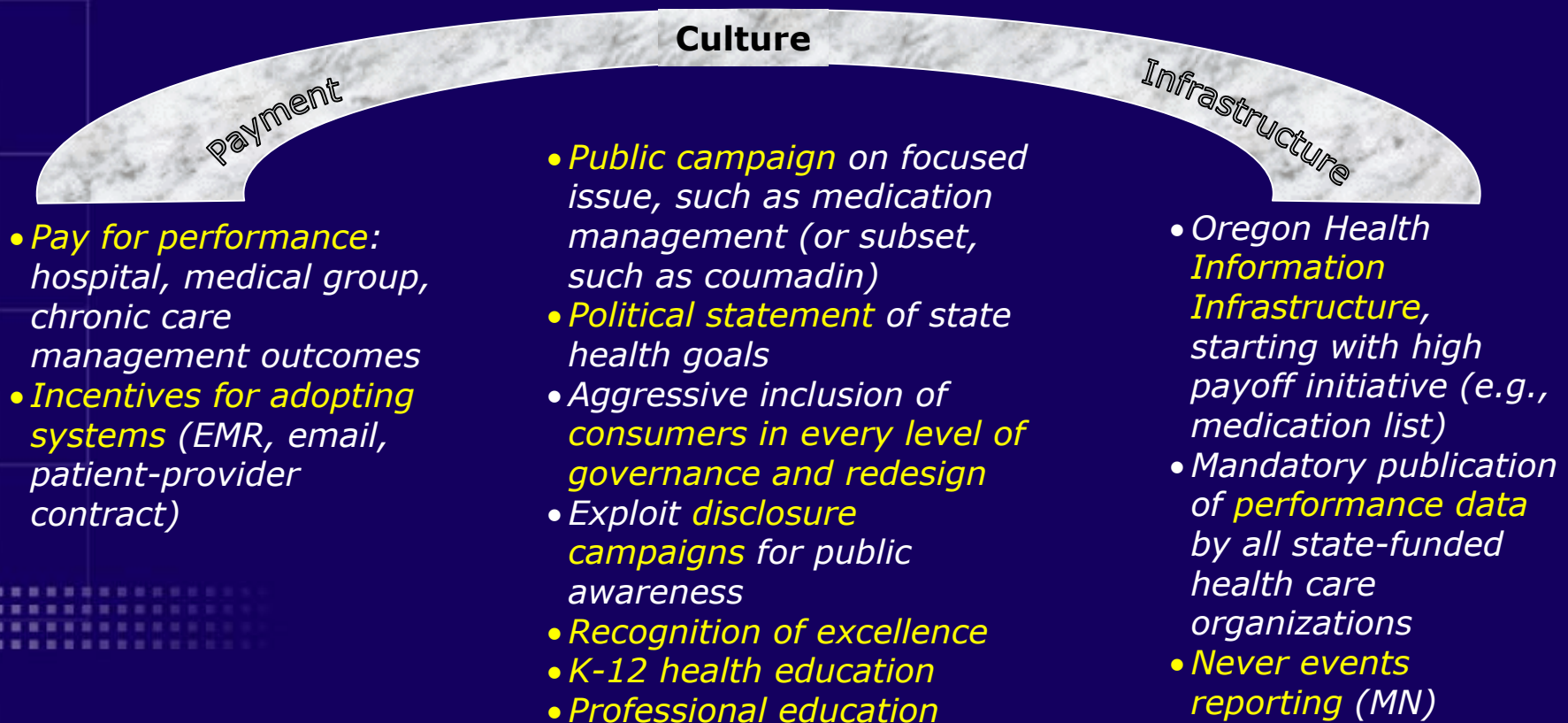
Strategy for consumer-centered health reform

1. Give visibility to innovators:
 - Show the public there's a "better way"
 - Facilitate replication & learning
2. Mobilize public demand for change
3. Identify policy initiatives in diverse spheres
4. Organize support for selected policy initiatives

Breaking the barriers ...



High-leverage Initiatives for Improvement of Oregon Health System

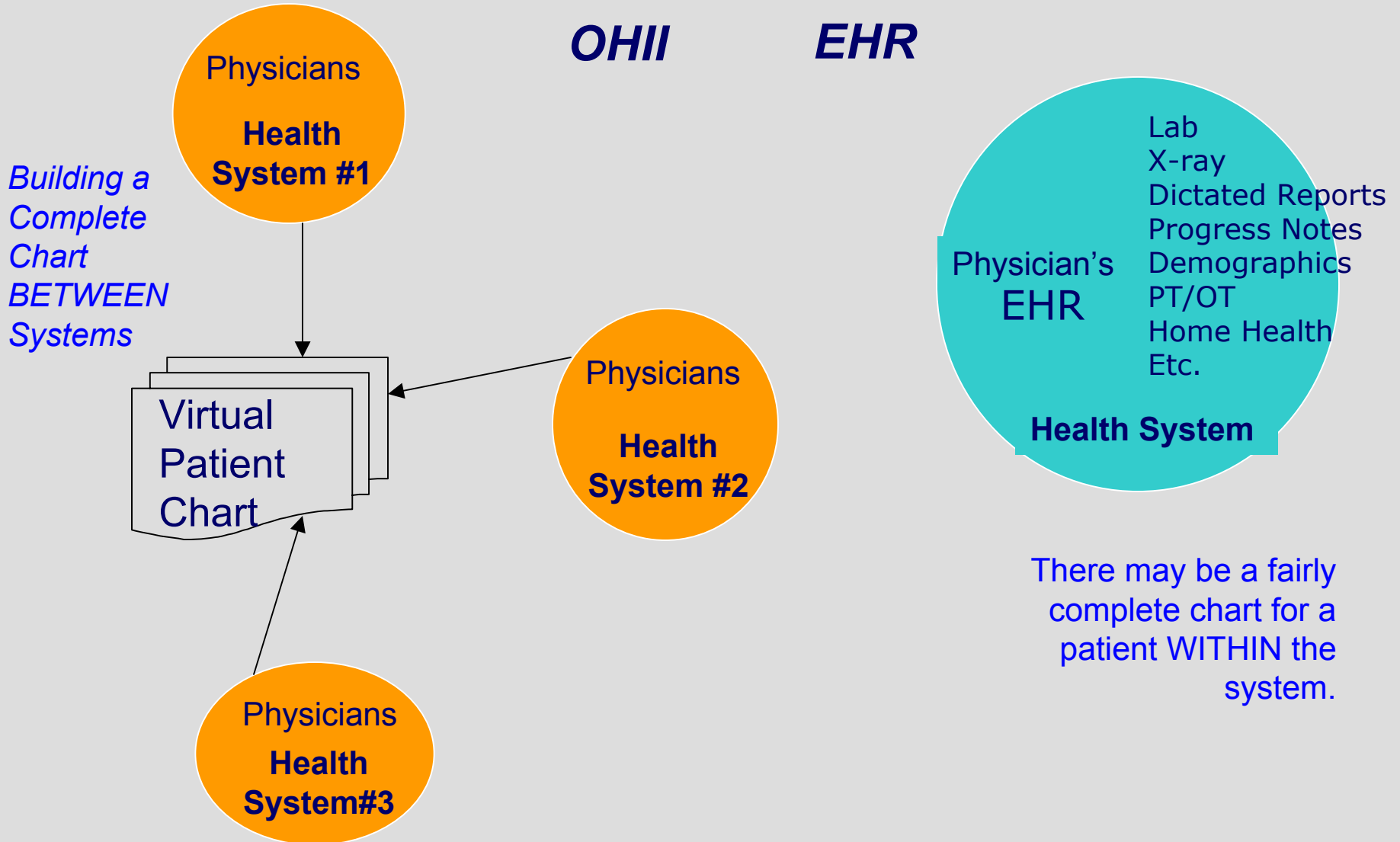




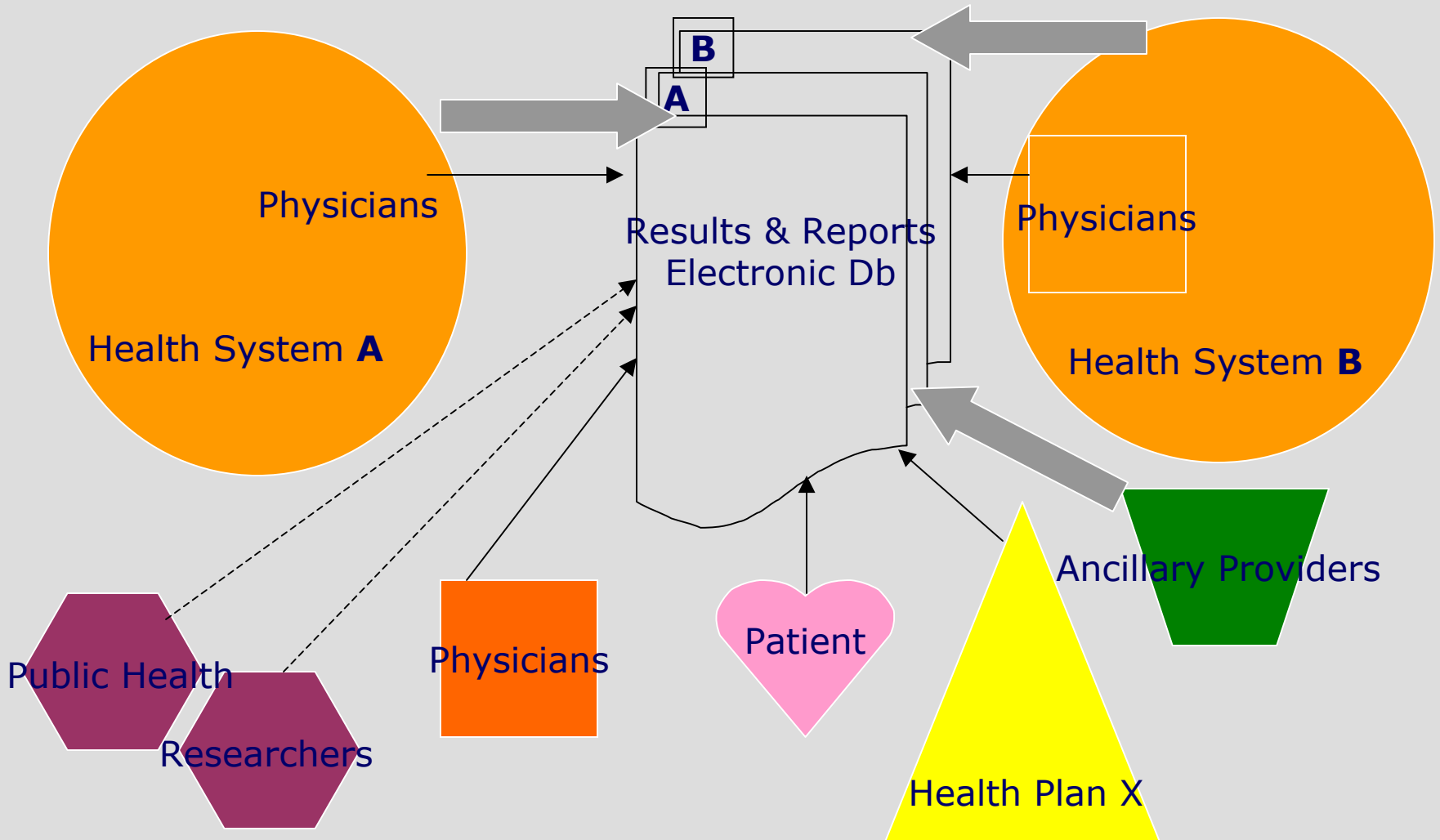
Vision for the Demonstration Project

***A multi-stakeholder collaboration
to demonstrate the application of
healthcare information and
communication technology
to improve the quality, safety,
cost-effectiveness and accessibility
of healthcare for all Oregonians***

The Difference between EHR & OHII



Use Case for Lab, X-ray & Dictated Reports:



Clinical Data Sources:

Administrative Data Sources:

EHR

Practice Management

Eligibility

Provider Data

Claims Data

Formulary

Diagnostic Imaging

Labs

Pharmacy

Dictated Reports

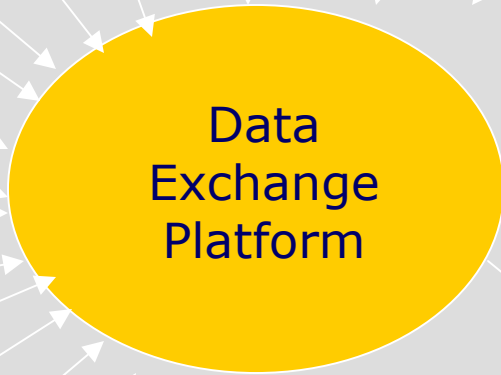
Disease Management

PT/OT/ST

Home Health Reports

Patient

Non-EHR Docs



Decision Support

Dashboards :

Public Views

Patient Views

Clinician Views

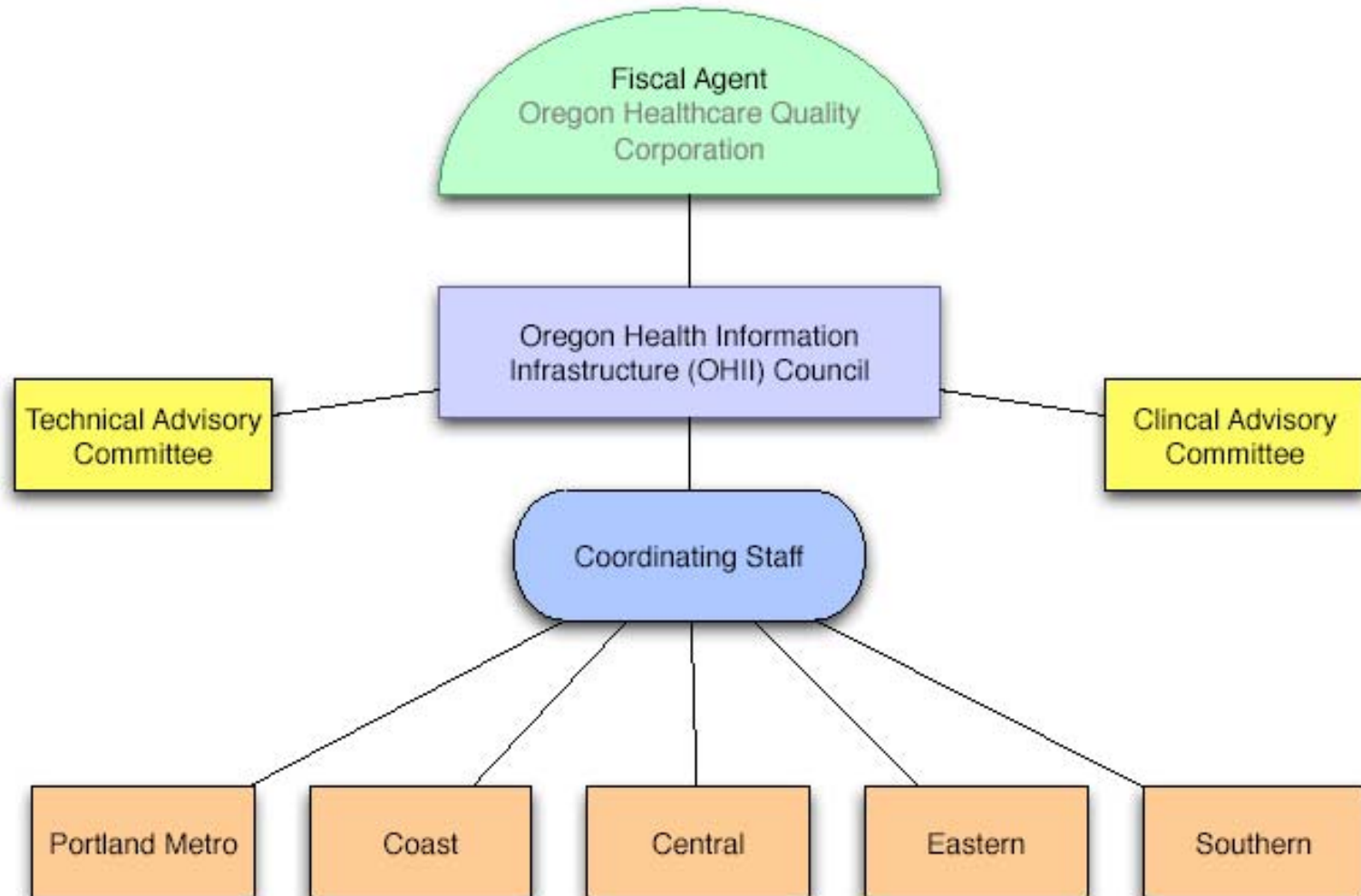
OHII Data Exchange

Strong history of collaborative efforts around data and outcomes

- 1990 - 1999
 - Oregon Cardiac Surgery Registry (HDR)
 - Oregon Cancer Registry (OSCAR)
 - Oregon Childhood Immunizations Registry (ALERT)
 - Oregon Coalition of Health Care Purchasers (OCHCP)
 - Portland Medical Outcomes Collaboration (PMOC)
 - OCHCP CAHPS Score Card
 - Oregon Breast Cancer Outcomes (PMOC)
 - Medicare Diabetes and Preventative Services Outcomes (OMPRO)
- 2000-2003
 - Oregon Stroke Registry (OScPRey)
 - Oregon Health Care Quality Corporation
 - Oregon Practice-Based Research Network
 - Oregon Community Health Information Network (OCHIN)
 - PMOC Oregon Diabetes FACCT Survey
 - Asthma Network Data Workgroup
 - Diabetes Collaborative Outcomes

Draft Organizational Chart

Oregon Health Information Infrastructure Governance Chart (DRAFT)



Frameworks for statewide quality improvement

1. Promote dialogue
2. Choose a population
3. Serve as convenor
4. Fix the worst problem
5. Reset the debate
6. Fix the infrastructure