

Health Policy 201– quality of care

Ellen Andrews, PhD
CT Health Policy Project
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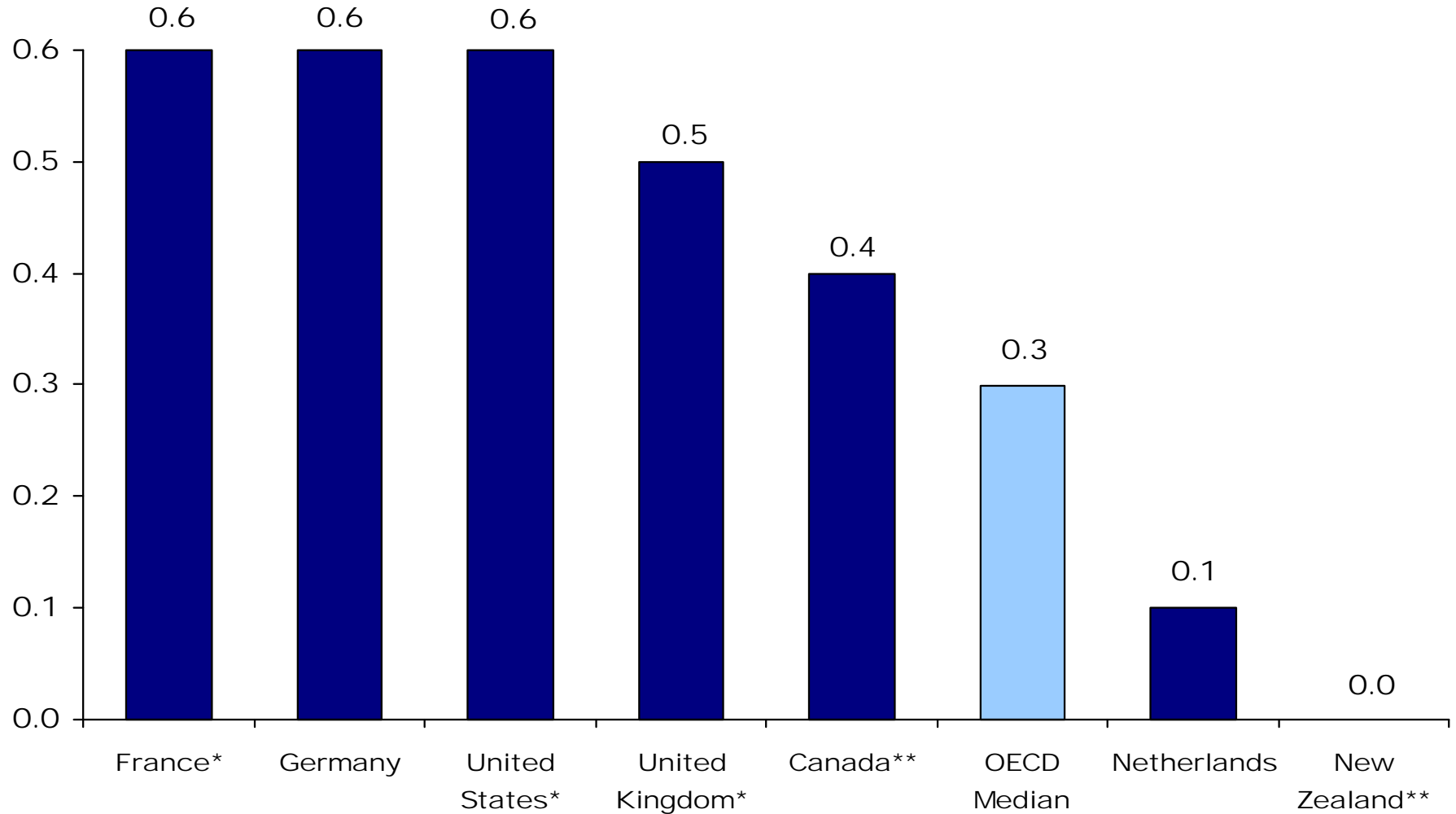
The problem: quality

- In 1999, IOM study found that 44,00 to 98,000 Americans die in hospitals each year due to medical errors
- CDC estimates 99,000 die each year of hospital-acquired infections
- Three problems –
 - Over use
 - Under use
 - Mis use
- <http://freakonomics.blogs.nytimes.com/2007/09/21/video-do-doctors-wash-their-hands/>

The problem: quality

- Only 51% of CT adults over age 50 receive recommended screenings and preventive care
- 16.6% of CT residents with asthma had an ER or urgent care visit in the past year
- In 2008 there were over 47,000 hospitalizations in CT that could have been prevented with better access to adequate primary care
- From July 2004 through Sept 2009 and there were 1224 adverse events in CT hospitals, 116 of those patients died
- It is estimated that CT would save \$80 million if we could reduce preventable readmissions among Medicare patients to the rate of the five best states

Deaths Due to Surgical or Medical Mishaps per 100,000 Population, 2006

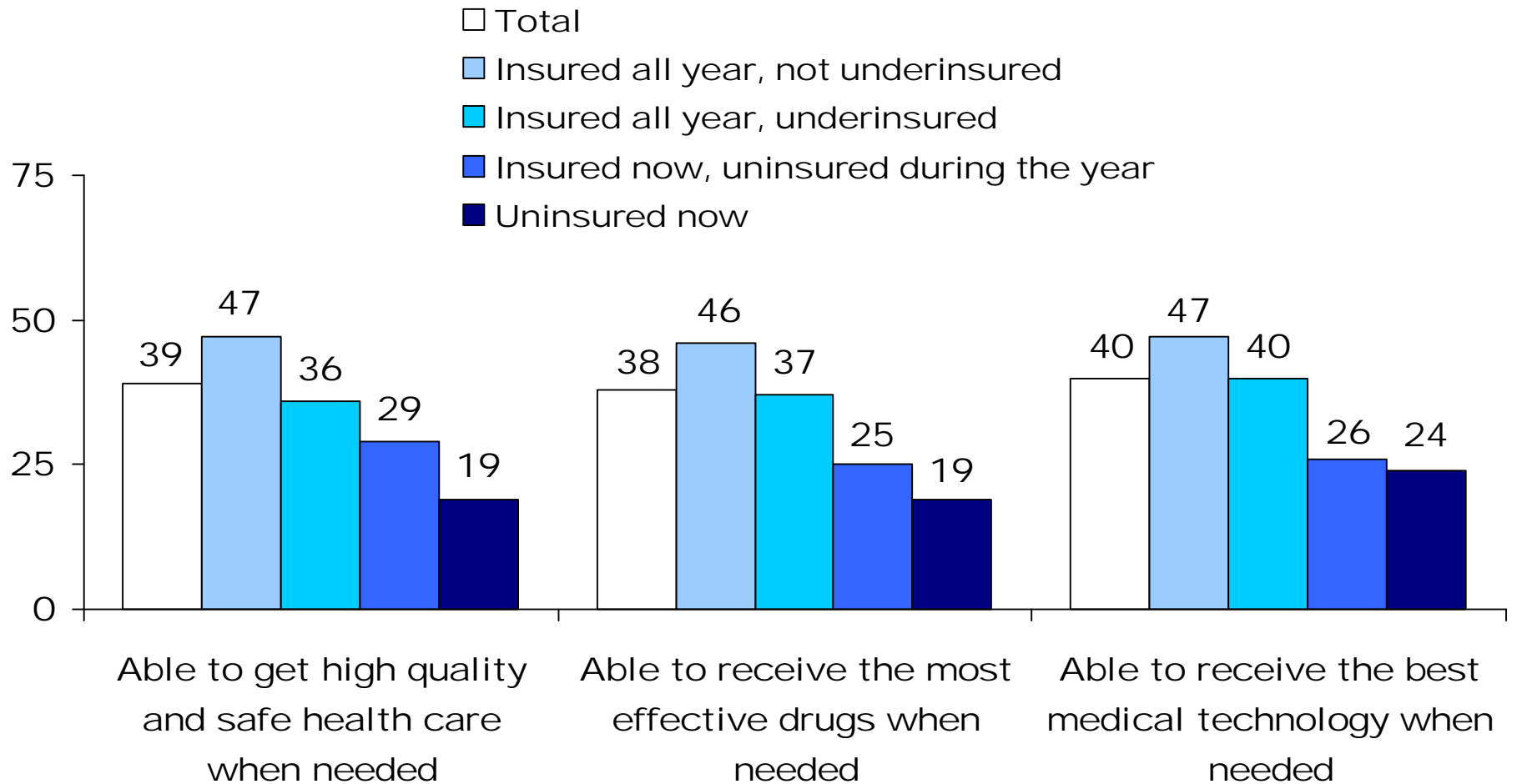


* 2005

**2004

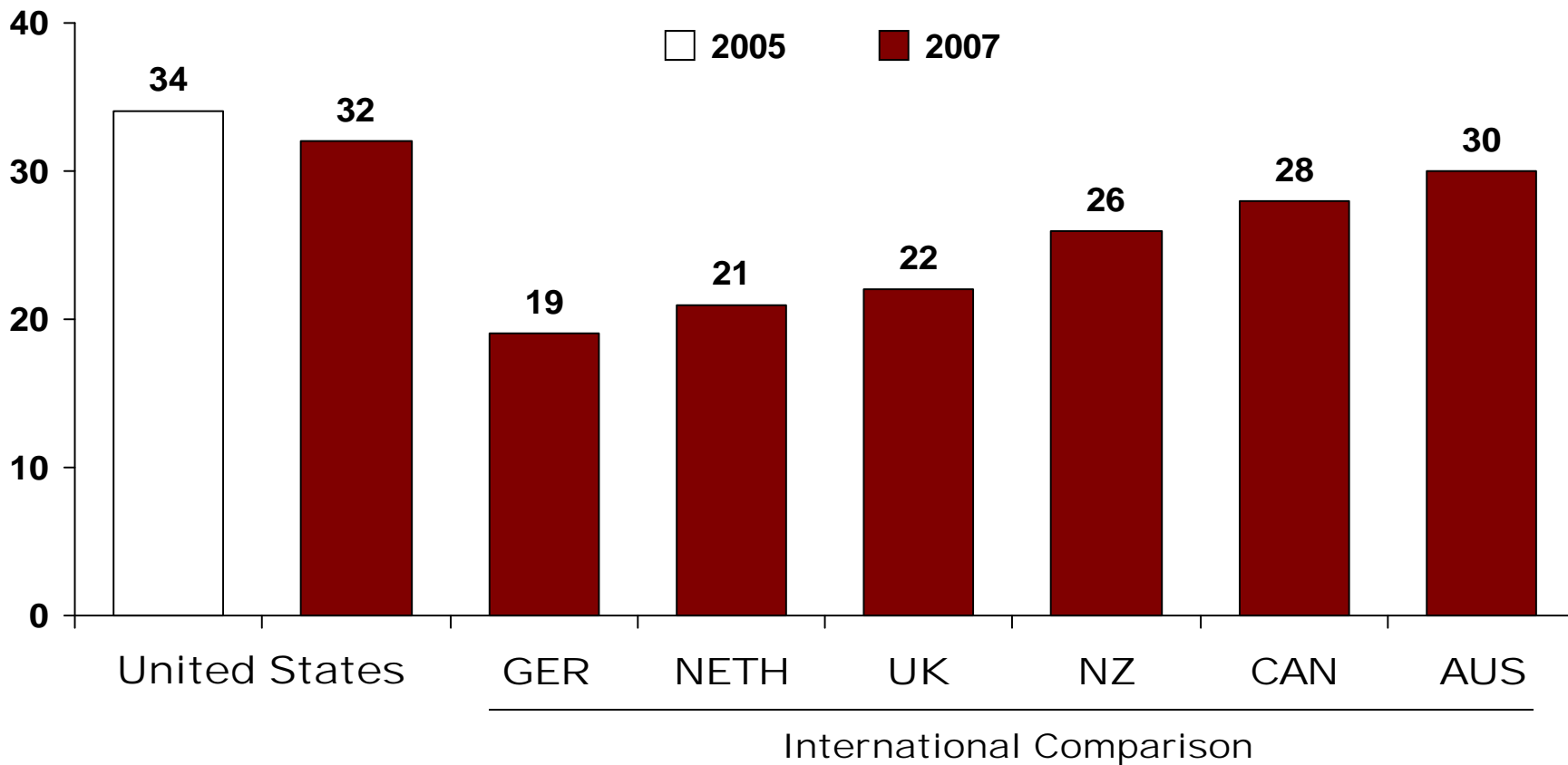
Only Four of Ten Adults Are Very Confident in Their Ability to Get Safe, Effective Care

Percent of adults ages 19-64 who are very confident that they will be:



Medical, Medication, and Lab Errors, Among Sicker Adults

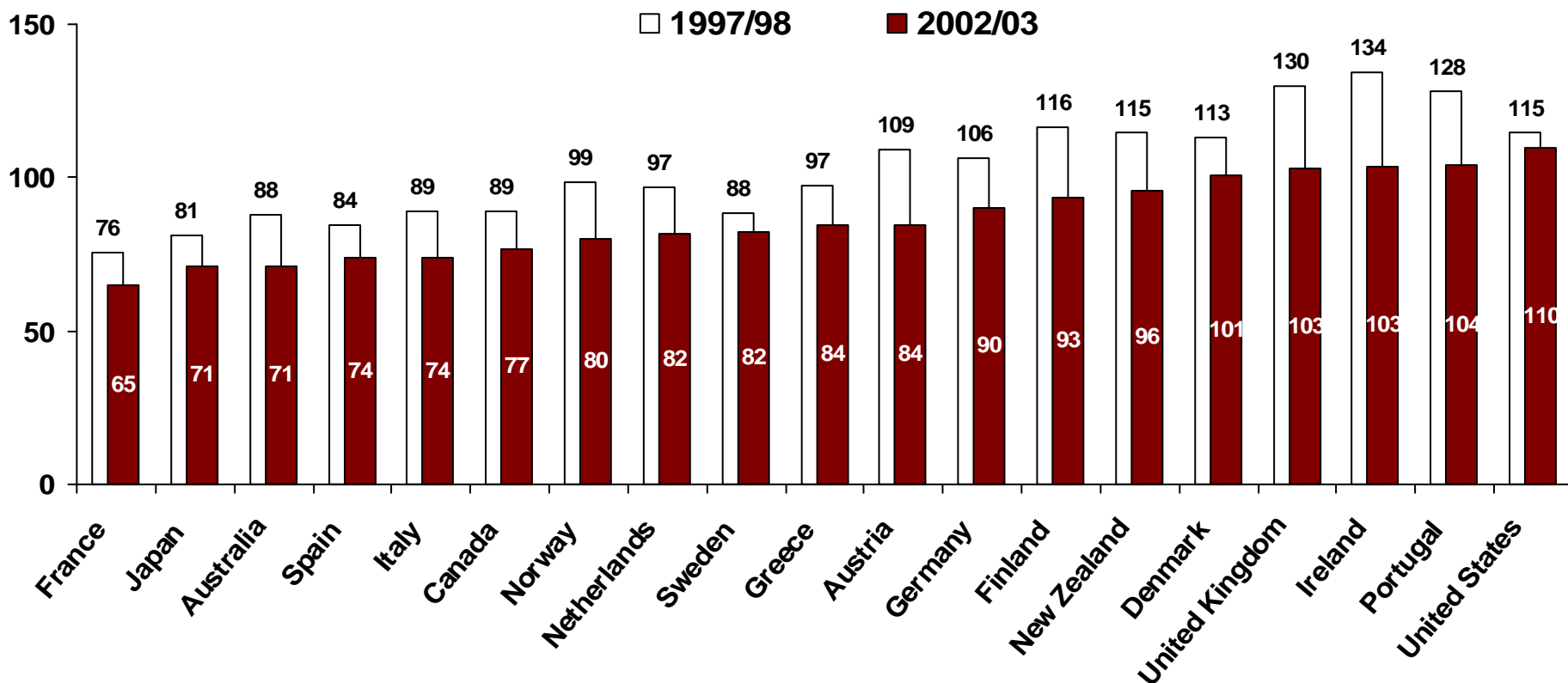
Percent reporting medical mistake, medication error, or lab error in past two years



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

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).

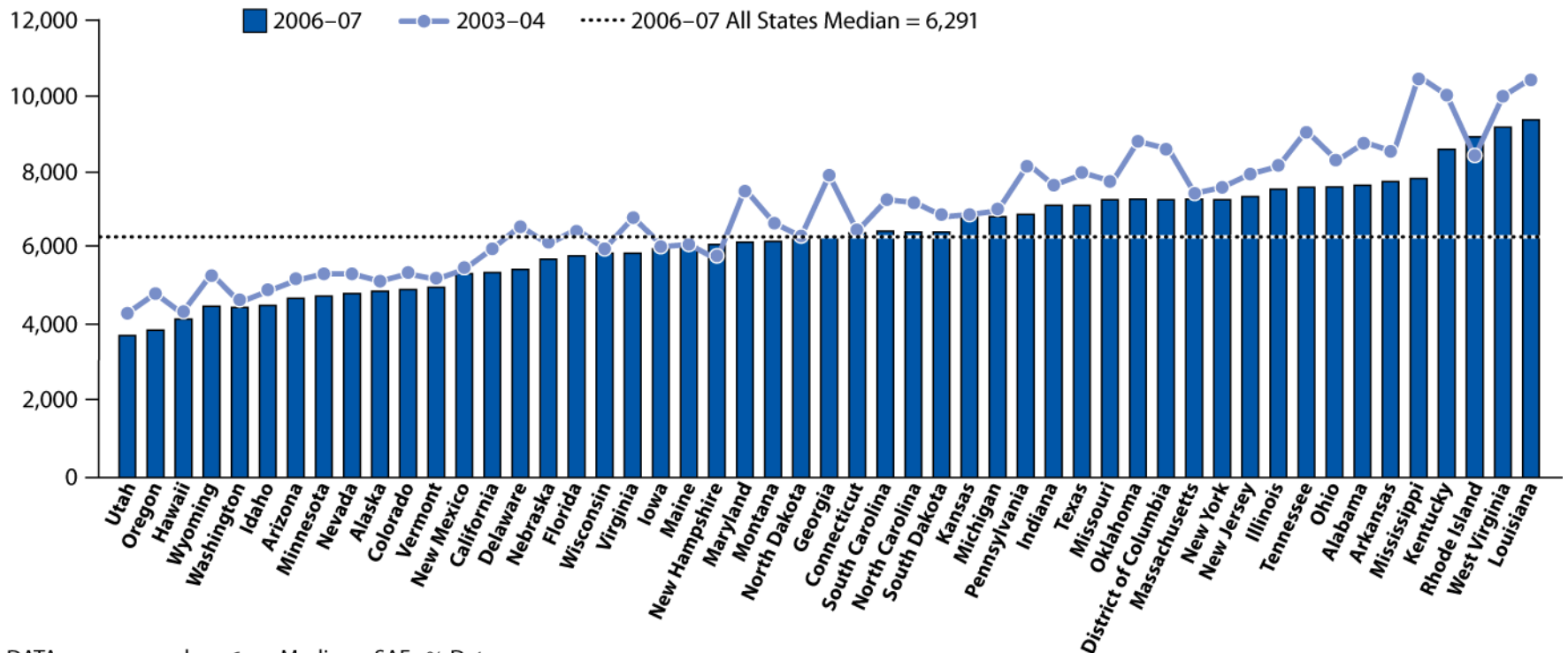
quality

Mortality amenable to health care among CT residents: (deaths/100,000 population)

White	72.3
Black	136.6

State Rates of Hospital Admissions for Ambulatory Care Sensitive Conditions Among Medicare Beneficiaries

Admissions per 100,000 beneficiaries



DATA: 2003-04 and 2006-07 Medicare SAF 5% Data

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2009



Care coordination

CT adult asthmatics with an ER or urgent care visit in the past year:

< 200% FPL	32%
> 200%	12.5%

Care coordination

US patients whose doctor has not reviewed all their medications:

Below US average income	29%
Above income	21%

Care coordination

US patients who report receiving conflicting information from different doctors :

Below US average income	21%
Above income	14%

The problem: quality

% CT adult diabetics who did not receive recommended preventive care

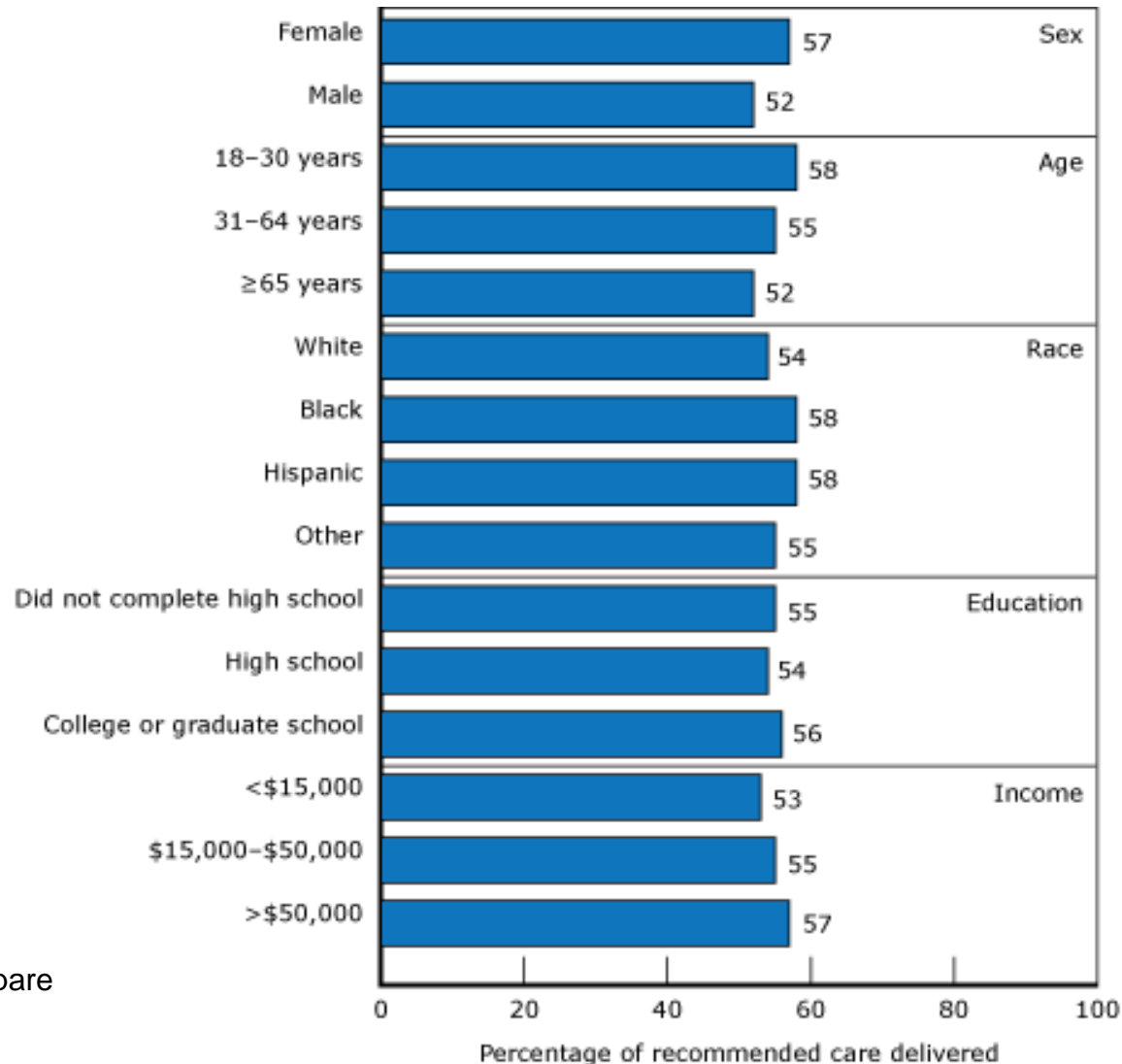
< 200% FPL	63%
> 200%	48%

The problem: quality

CT adults age 50 and over who did not get recommended screening and preventive care :

<200% FPL	62%	Insured	48%	White	48%
> 200%	44%	Uninsured	62%	Black	55%
				Hispanic	52%

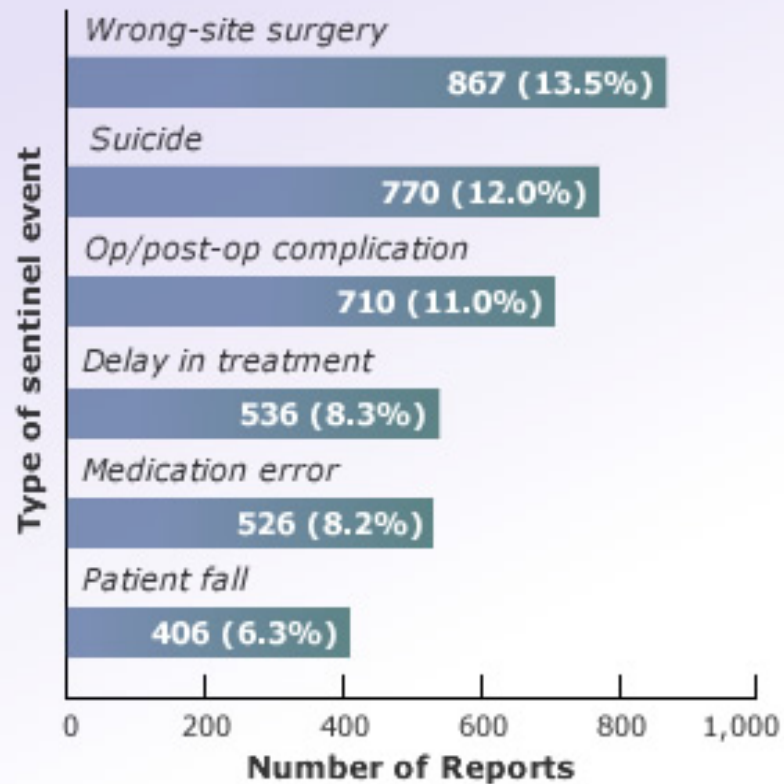
We are all getting less care than we should



Source:
RAND Compare

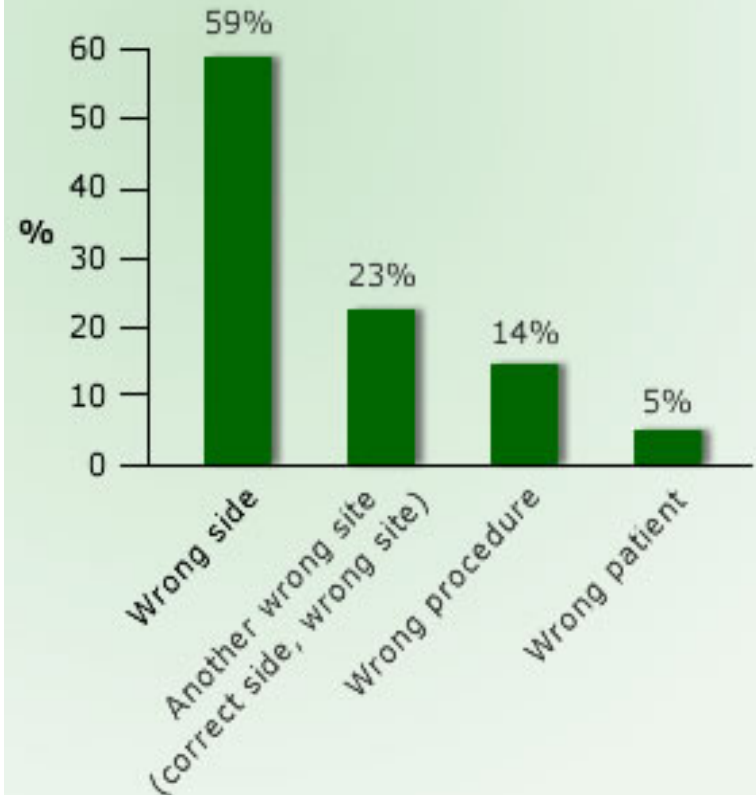
Types of errors

Sentinel events most frequently reported* to The Joint Commission



*6428 total reports as of September 30, 2009

Types of wrong-site surgery observed in the previous 6 months by orthopedic surgeons



The problem is both underuse and overuse of care

- Studies found that one third or more of common surgeries were not medically supported and may have harmed patients
- It is estimated that underuse of appropriate care is a larger problem (46% of recommended care delivered) than overuse (4%)
- Adherence to quality care standards varied significantly by condition from 78.7% of recommended care delivered for senile cataracts to only 10.5% for alcohol dependence

Overuse

- 70% of children who received ear surgeries in one study did not meet the AAP criteria for surgery
- 67% of workers with low back pain who got pain mgmt and PT returned to work by 2 years, vs. 26% who had spine surgery
 - PM and PT \longrightarrow 316 days off work
 - Surgery \longrightarrow 1140 days off work, 27% reoperation
- Lung cancer patients who received early palliative care and less aggressive treatment lived 2.7 months longer than patients receiving usual oncology care
- In 2007, the 70 million CAT scans performed in US will cause 29,000 cancers and 15,000 deaths

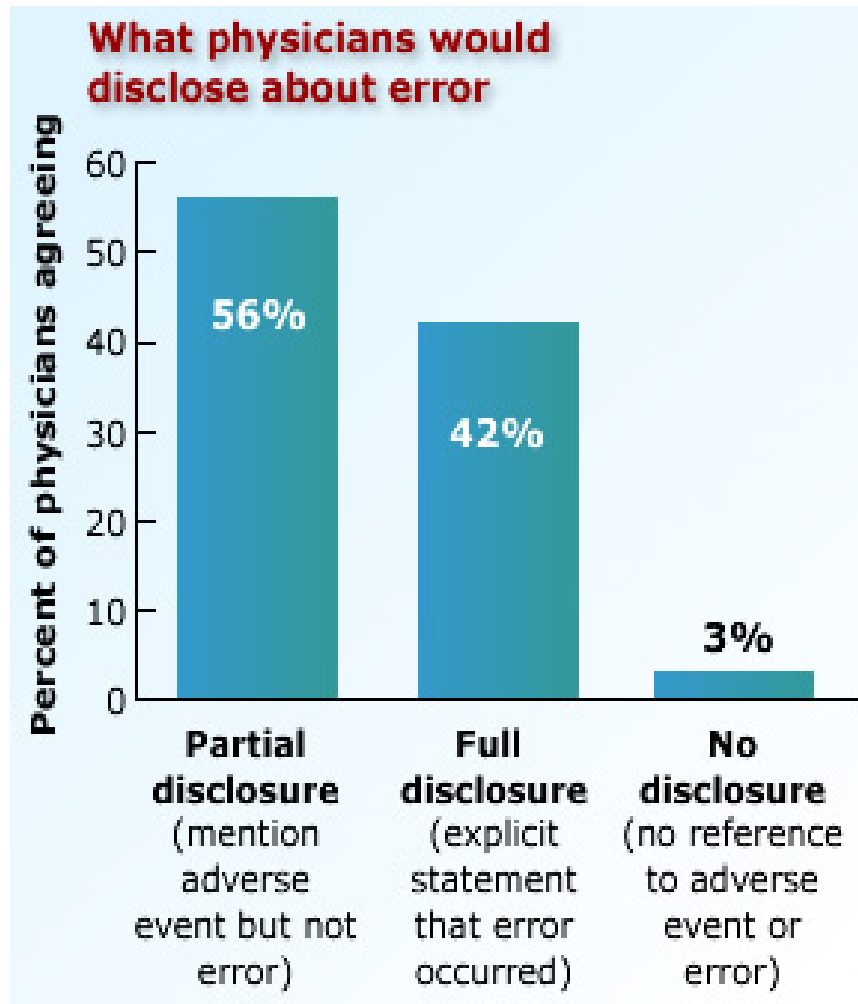
Medical malpractice

- Emphasized by providers as reason for
 - over-treatment
 - inability to apologize
 - Duplication of care
 - overtreatment
- Offered as major driver of health care costs
 - New report finds liability costs, including defensive medicine, constitutes only 2.4% of health care spending total
 - Another study found that reducing med mal premiums 10% would reduce costs less than 1%

tools

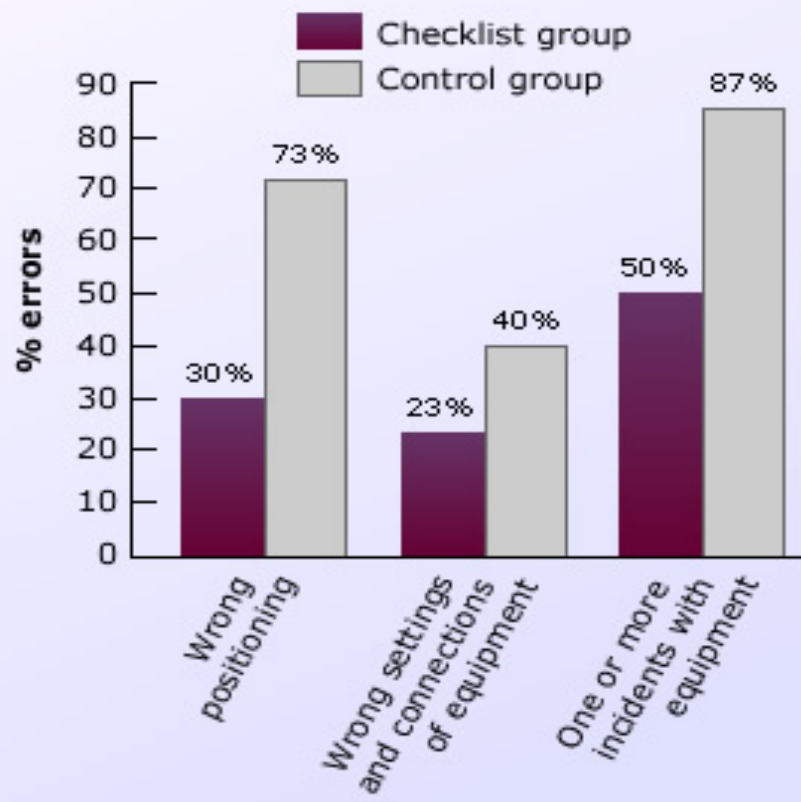
- Apology laws in 34 states, including CT, allow doctors and nurses to say they are sorry without it being used against them in court
 - New study found that a quick apology and an offer of compensation reduced lawsuits 40%
 - However most states' laws have flaws
- Checklists, redundancy
- Improved coordination of care
- Communication across provider sites
- Everyone can speak up, teams
- Handoffs, transition planning
- Reduce liability if using evidence based medicine

disclosure



checklists

Surgeons experienced 50% fewer positioning errors with laparoscopic procedure equipment when they used a structured checklist.



tools

- Faster dissemination of research into practice
 - Takes 17 years
 - Evidence based medicine, comparative effectiveness research
- Health information technology
- Public reporting – quality report cards on hospitals, providers
- Hand washing
- Medication reconciliation
- Teamwork training
- Patient empowerment
 - Ask questions, lots of questions, trust your instincts, empower your family to ask questions
- Reduce long shifts for residents, doctors, nurses
- Do not leave supervision of doctors to other doctors

trends

- Nonpayment for readmissions
- Nonpayment for errors
- Health IT
- Comparative effectiveness research
- Value based purchasing
- Pay for Performance (P4P)