

DSHS Grand Rounds



Presenter: Ken Shine, MD, Executive Vice Chancellor (retired),
University of Texas System, Past President of the Institute of Medicine

Logistics

Registration for free continuing education (CE) hours or
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<https://tx.train.org>

Streamlined registration
for individuals not requesting CE hours
or a certificate of attendance

1. webinar: <http://extra.dshs.state.tx.us/grandrounds/webinar-noCE.htm>
2. live audience: sign in at the door

For registration questions, please contact Annette Lara,
CE.Service@dshs.state.tx.us

Logistics (cont.)

Slides and recorded webinar available at:

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Questions?

There will be a question and answer period at the end of the presentation. Remote sites can send in questions throughout the presentation by using the GoToWebinar chat box or email GrandRounds@dshs.state.tx.us.

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Disclosure to the Learner

Requirement of Learner

Participants requesting continuing education contact hours or a certificate of attendance must register in TRAIN, attend the entire session, and complete the online evaluation within two weeks of the presentation.

Commercial Support

This educational activity received no commercial support.

Disclosure of Financial Conflict of Interest

Dr. Shine serves on the Board of Directors at United Health Group.
Planning committee members have no relevant financial relationships to disclose.

Non-Endorsement Statement

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David Lakey, MD
DSHS Commissioner
is pleased to introduce today's
DSHS Grand Rounds speaker

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Lessons Learned from a Lifetime of Quality Improvement



Kenneth I. Shine, M.D., Executive Vice Chancellor
(retired), University of Texas System
Past President of the Institute of Medicine

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Lessons Learned from a Lifetime of Quality Improvement

Kenneth I. Shine, M.D.

October 23, 2013



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**DSHS
Grand Rounds**



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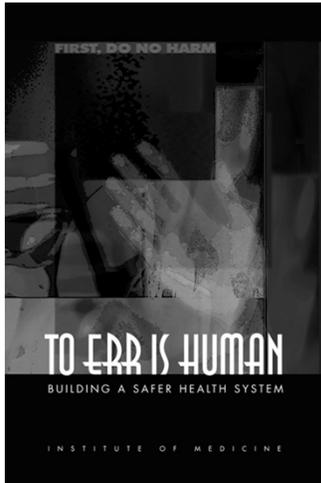
Disclosure Statement

Member, Board of Directors,
United Health Group



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To Err is Human: Building a Safer Health System



First Report

Committee on
Quality of Health
Care
in America

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Key Findings

- Errors occur because of system failures
- Preventing errors means designing safer systems of care

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Medical Errors

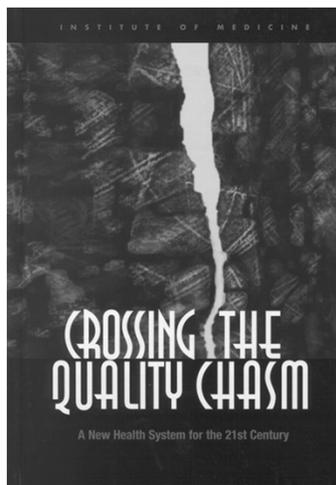
- Early recognition
- Early acknowledgement
- Prompt apology
- Early settlement

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Crossing the Quality Chasm



Second Report

Committee on
Quality of Health Care
in America

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Studies Documenting the “Quality Gap”

- Literature review conducted by RAND
 - Over 70 studies documenting quality shortcomings
- Large gaps between the care people should receive and the care they do receive
 - True for preventive, acute, and chronic
 - Across all health care settings
 - All age groups and geographic areas

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Increased Chronic Care Needs

- About 100 million people (40% of population) have one or more chronic conditions
- Chronic conditions account for more than two-thirds of health care expenditures (Robert Wood Johnson Foundation, 1996)
- 80/20 Rule: Limited number of conditions account for most of these health care expenditures (Ray et al., 2000)

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Chronic Care Delivery Models

- Planned, systematic approach
- Attention to information and self-management needs of patients
- Multi-disciplinary teams
- Extensive coordination required across settings, clinicians, and over time
- Unfettered and timely access to clinical information is critical

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Aims for Improvement

- Safe
- Effective
- Patient-centered
- Timely
- Efficient
- Equitable

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Ten Rules to Redesign Care

1. Care based on continuous healing relationships
2. Customization based on patient needs and values
3. Patient as source of control
4. Shared knowledge and free flow of information
5. Evidence-based decision making

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Ten Rules to Redesign Care

6. Safety as a systems property
7. Transparency
8. Anticipation of needs
9. Continuous decrease in waste
10. Cooperation among clinicians

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Important Tools

- Computerized physician order entry (CPOE)
- Electronic medical record
- Patient safety indicators (AHRQ)
- Voluntary national reporting systems
- Proprietary error reporting systems

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FDA Responses

- Bar codes (VA)
- 15 day reporting
- Safety center

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Education Implications

- Multi-disciplinary learning
- Effective use of IT
- Continuous quality improvement
- Joint problem solving
- Team management
- Understand the “10 rules”

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20th and 21st

20th

- Autonomy
- Solo practice
- Continuous learning
- Blame / Shame
- Knowledge

21st

- Teamwork
- Systems
- Continuous improvement
- Problem solving
- Change

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Value Definition

The relationship between cost and the quality of care provided.

cost / outcomes
process

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UT System Health Institutions

- Six campuses
- Five hospitals/50 affiliated
- \$7.5 billion budget
- \$4.5 billion patient income
- Potential laboratory!!

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UT System Clinical Safety and Effectiveness Program

- 980 participants
 - 360 projects
- Quality improved
 - Who receives the savings??

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Value Definition

The relationship between cost and the quality of care provided.

cost / outcomes
process

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U.S. Health Care

- Most expensive in the world by any parameter
- 17.6% of GDP
- 1 ½ - 2 X other OECD countries

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U.S. Health Cost Drivers

- Fee for service
- Third party payment system
- Technology
- Chronic illnesses
- Aging population
- Fragmentation of care
- Defensive medicine??

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Health Outcomes

- Life expectancy at birth
78.3 years
36th in the world
Tied with Denmark and Cuba
- Infant mortality
Deaths - 6.3/1000 live births
33rd in the world
- Under five mortality
Deaths – 7.8/1000 live births
32nd in the world

United Nations Population Division

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Imperatives for Change

- Delivery systems
- Reimbursement methodology
- Moving from processes to outcomes
- Paying too much for too little health

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Systems Characteristics

- Population-based/Patient-centered
- Continuity of care 24/7
- Team care - multiple players
- Realigned incentives
- Outcomes vs. processes
- Quality measures
- Technology
- Evidence-based

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Aligning Incentives

Alternatives to fee-for-service reimbursement

- Capitation – full or partial
- Bundled/Episode payment
- Gain sharing and shared savings
- Pay for performance incentives
- Decreased/No pay for preventable events
 - Birth trauma/injury; pre-term inductions, cesareans
 - Hospital acquired conditions and infections
 - Admissions for ambulatory sensitive conditions
 - Readmissions

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Opportunities

- Health homes
- Accountable care organizations
- Bundling
- Gain sharing
- Time/Effort reporting
- Systems engineering
- Outcomes
- Comparative effectiveness research

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Systems Approaches

- Emergency room care
- Operating rooms
- Perinatal care
- Clinic functions
- Care models – health homes, ACOs
- Reimbursement model

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Systems of Care

- Our healthcare system is not a system
 - Physician practice as a cottage industry
 - Burdened by myth of the doctor-patient relationship (in 15 minutes?)
 - Fragmented, siloed, contradictory, causing harm
- Goals for a high performance healthcare system
 - Improve the patient's care experience
 - Improve health for the community population
 - Reduce the cost of care
- Systems thinking is the critical innovation
 - The human body is a system of systems, so too the healthcare system

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UT's Success Stories

- Clinical safety & effectiveness program
- Patient safety grants
- HIT grants focus on applications to improve care
- Meaningful use as a path for clinical quality reporting initiative
- Bundled payment developments
 - Begin with analysis of patient-centered outcomes
 - Refine protocols, processes to increase reliability and control risk
 - Analyze costs, set a price
- Systems engineering initiative

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Questions and Answers



Ms. Olga Rodriguez,
Director of the Center for
Program Coordination and
Health Policy, DSHS

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Our Next Grand Rounds



Presenters:

Anna Jackson, Deputy Director, Via Hope, Univ. of Texas at Austin

Diane Grieder, MEd, CEO, AliPar, Inc.

Tracy Abzug, LCSW, Recovery Program Manager, Austin State Hospital

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