

# DSHS Grand Rounds

Oct. 23

**Lessons Learned  
from a Lifetime of  
Quality Improvement**



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 certificate of attendance through TRAIN at:

<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](mailto:CE.Service@dshs.state.tx.us)

# Logistics (cont.)

**Slides and recorded webinar available at:**

<http://extra.dshs.state.tx.us/grandrounds>

## 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](mailto:GrandRounds@dshs.state.tx.us).

For those in the auditorium, please come to the microphone to ask your question.

**For technical difficulties, please contact:**

GoToWebinar 1-800-263-6317(toll free) or 1-805-617-7000

# 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**

Accredited status does not imply endorsement by Department of State Health Services - Continuing Education Services, Texas Medical Association, or American Nurses Credentialing Center of any commercial products displayed in conjunction with an activity.



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

# 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

# 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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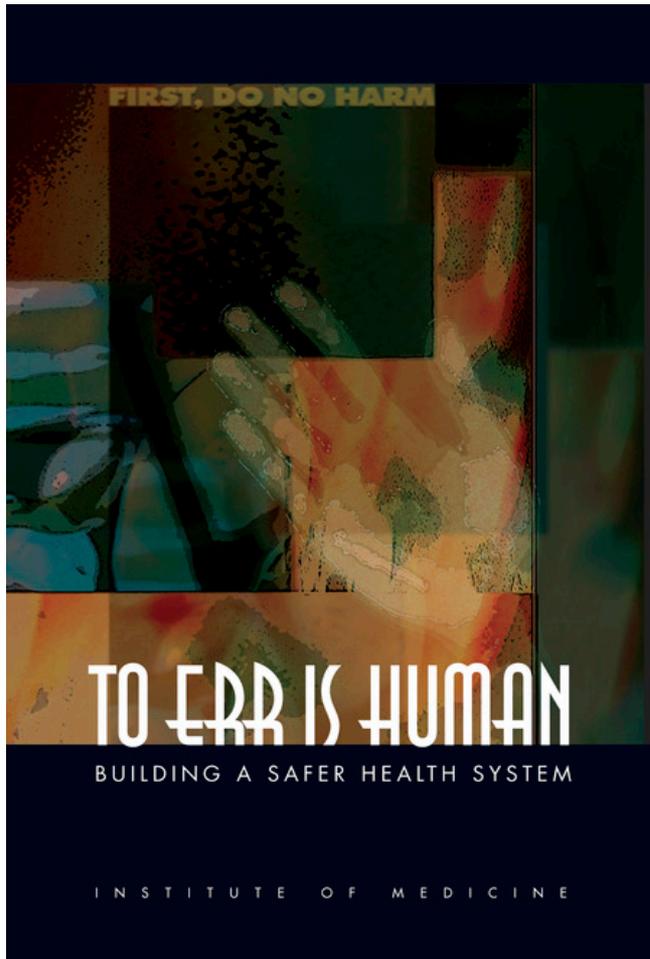
# Disclosure Statement

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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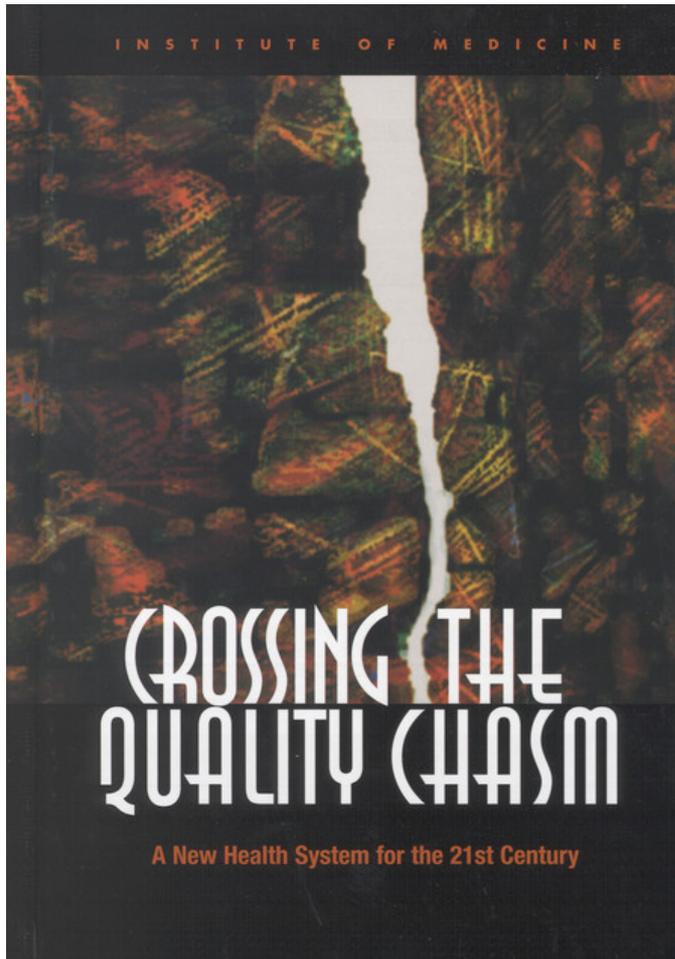
# Medical Errors

- 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



# 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



# 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)



# 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



# 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



# 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”



## 20<sup>th</sup> and 21<sup>st</sup>

### 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.

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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



# U.S. Health Cost Drivers

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



# Health Outcomes

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



# 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



# 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

# Questions and Answers



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

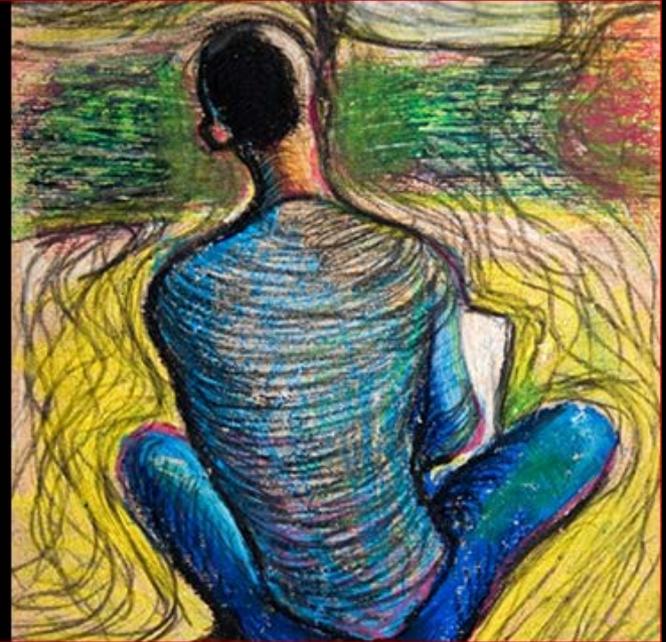
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# Our Next Grand Rounds

Oct. 30

## Person Centered Recovery Planning



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