

NQF
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Health Care at a Crossroads

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1

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Objectives

- Overview -- Quality and Affordability of Health Care
- Health Reform –Major Policy Objectives
- Key Challenges

2

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Improving Quality: Progress is Slow

- 1999/2001 - IOM Wake-up Calls
 - “To Err is Human”
 - “Crossing the Quality Chasm”
- 2007 – AHRQ National Healthcare Quality Report: measures of patient safety showed an average annual improvement of just 1 percent

3

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Health Care Quality and Costs: Growing Sense of Urgency

Much of Health Care is Not Evidence-Based

- 55% overall adherence to recommended care (RAND)
- Only 59% of Medicare patients with cancer received guideline therapy (Harlan, 2005)

4

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Health Care Quality and Costs: Growing Sense of Urgency

- Health care costs rising 1.5 to 2 times the rate of inflation
- Up to 2-fold variation in per capita spending across communities.
- Uninsured now total 45.5 M

5

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Quality and Costs: Two Sides of the Same Coin

- If the everyone received care in organized settings, health care costs would be far less and adherence to guidelines far higher. (Dartmouth)
- Benchmark:
 - Mayo Clinic: 30% reduction in costs
 - Intermountain: 40% reduction in costs

6

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**Quality and Costs:
Two Sides of the Same Coin** **NQF**
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- Clinical decisions often fail to consider patient preferences
- Estimated 30% reduction in Medicare spending on surgery from informed patient choice (Dartmouth)

7

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**Health Reform:
Three Policy Objectives** **NQF**
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- Development of the Science Base Needed for Better Decision-making
- Performance Reporting and Payment Policies to Promote Delivery System Reform
- Broad-based Efforts to Address Population Health Crisis

8

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Evidence Base: Critical Gaps **NQF**
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Chronic wound management

- 20B spent annually
- 6 RCT, all with major methodological problems and 5 having <25 patients

Breast Cancer

- 30k women subjected to ABMT/HDC prior to conduct of RCTs which found traditional therapy to be superior
- 600 women likely died prematurely

9

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**Strengthening the
Evidence Base** **NQF**
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- Proposed Center for Effectiveness Research
- Public and private sector funding
- Systematically identify gaps in evidence, prioritize, and generate evidence

10

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11

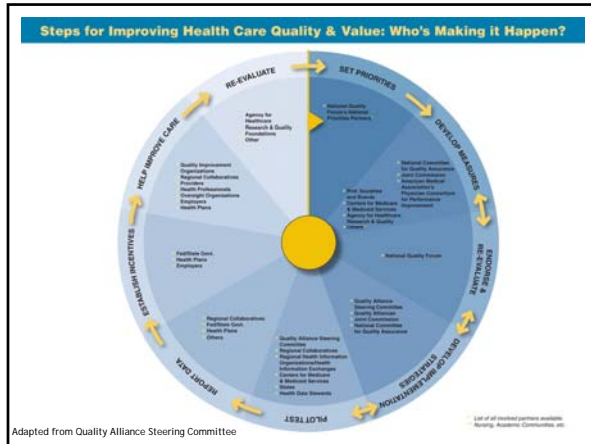
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**New Organizational Models:
Support Care Delivery** **NQF**
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- Investment and use of information technology
- Redesign of care processes based on “best practices”
- Knowledge and skill management
- Deployment of multi-disciplinary teams
- Coordination of care across patient conditions, services, and settings
- Performance measurement and improvement
 - › Crossing the Quality Chasm, IOM, 2001

12

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National Priorities Partnership

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- Who?** 28 national organizations representing multiple stakeholders
- What?** Six national priorities that meet criteria to reduce waste, eliminate harm, eradicate disparities, and relieve burden
- Why?** A shared set of national priorities allows us to focus and align our efforts to accelerate change.

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National Priorities

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- Population health**
 - Key preventive services
 - Healthy lifestyle behaviors
- Safety**
 - Hospital-level mortality rates
 - Serious adverse events
 - Healthcare-Acquired Infections
- Care Coordination**
 - Medication reconciliation
 - Preventable hospital readmissions
 - Preventable emergency department visits
- Patient/family engagement**
 - Informed decision-making
 - Patient experience of care
 - Patient self-management
- Palliative Care:**
 - Relief of physical symptoms
 - Help with psychological, social and spiritual needs
 - Communication regarding treatment options, prognosis
 - Access to palliative care services
- Overuse**
 - 9 major areas

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Performance Measurement and Reporting

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- Evidence gaps impede measurement and accountability
- Examples
 - Obesity
 - Overuse
 - Patient-engagement

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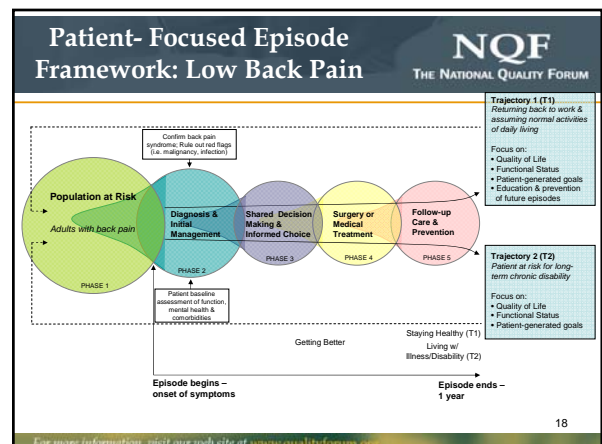
Implications for Payment

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Payment

- FFS rewards volume not value
- "Voltage drops" due to non-billable services
- Options for alignment
 - Expand list of billable services to fill "gaps" (e.g., care coordination, medical home)
 - Bundled payment for patient-focused episode
 - Variations on Capitation

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19

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Population Health

- Lack of a comprehensive strategy and concerted efforts in public and private sectors
- Potential solutions lie mostly outside conventional health care
- Multi-stakeholder community-level initiatives needed
- Lack of a population database and limited evidence on interventions that work

20

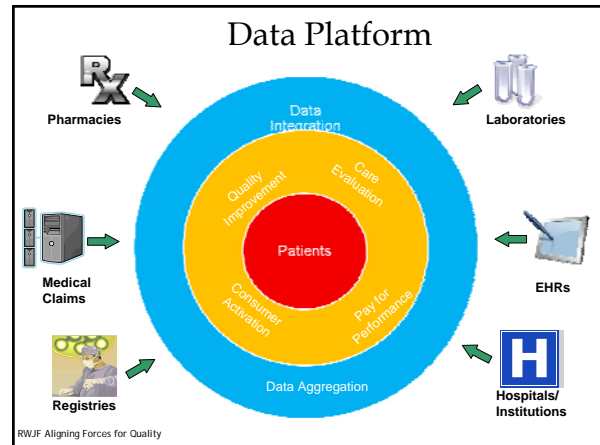
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Key Challenges

- Constructing a Data Platform
- Balancing National vs. Community Control
- Creating a Learning System

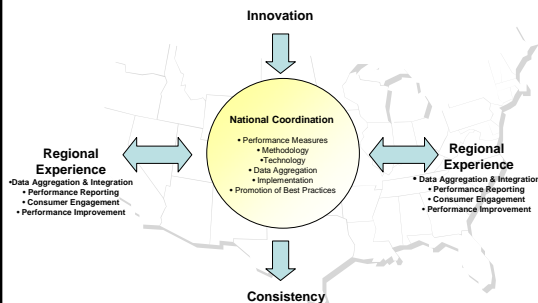
21

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RWJF Aligning Forces for Quality

Regional-National Collaboration is Essential



RWJF Aligning Forces for Quality

23

Creating a Learning System

Evidence is needed to inform

- Patient care
 - What works and for which patients?
- Delivery system redesign
 - Which providers are delivering high quality, affordable care
 - Identify "best practices" and inform patient choice
- Policy
 - Intended and unintended consequences of payment, regulatory and other policies
- Population health initiatives

24

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