



# Quality 2020

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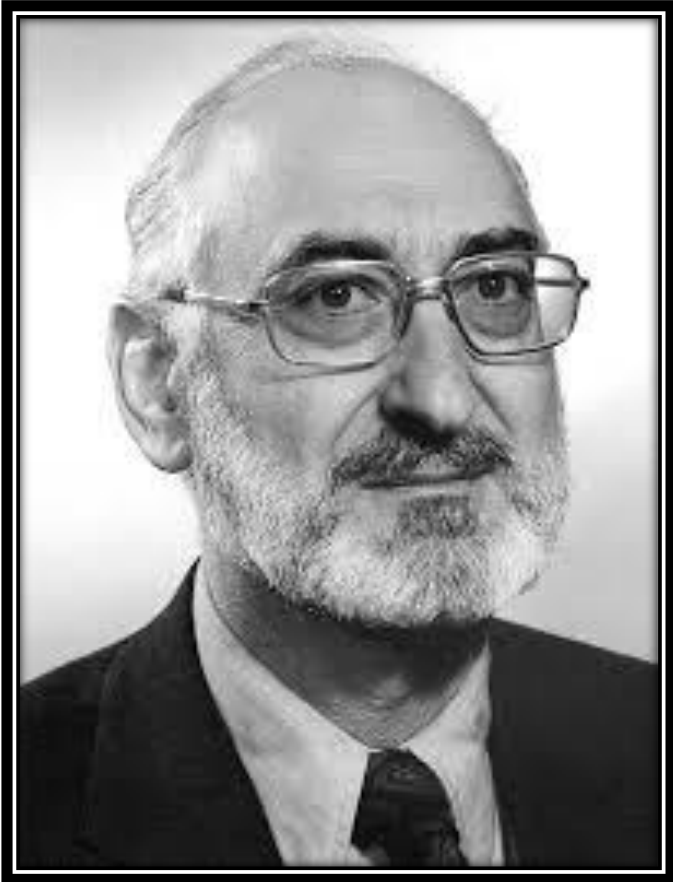
**Teresa Anderson PhD RN**

**Lou Reida MSN RN**

# Objective

Participants in this session will learn what's new in the national healthcare environment and how that informs creation of our Enterprise Quality plan for 2020. Participants will brainstorm quality strategies and priorities.


# Reflection



“Ultimately, the secret of quality is **love**. You have to love your patient, you have to love your profession, you have to love your God. If you have love, you can then work backward to monitor and improve the system.”

- Avedis Donabedian

# Reflection



**Talk at your  
tables about  
your response  
to this quote?**

# Who do you love?



# Take out your phones.....



What is the ONE word that describes what you want for your loved one in their healthcare experiences?



# Environmental Scan

# New leadership at the Federal Level

## Alex Azar HHS Secretary –

### March 5, 2018

“There is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward — for HHS to take bolder action, and for providers and payers to join with us. This administration and this President are not interested in incremental steps.



# Alex Azar HHS Secretary – March 5, 2018

We are unafraid of disrupting existing arrangements simply because they're backed by powerful special interests accelerating value-based transformation, and creating a true market for healthcare: 1) giving consumers greater control over health information through interoperable and accessible health information technology; 2) creating pricing transparency from payers and providers; 3) accelerating new Medicare and Medicaid payment models to drive value and quality, and 4) removing government burdens .”

# Medicare Value Based Programs across the Continuum



Pay-for-  
Performance

**Hospital VBP Program**

**Hospital Readmission Reduction Program**

**HAC Reduction Program**

**Merit-Based Incentive Payment System**



Bundled  
Payments

**Bundled Payments for Care Improvement Initiative (BPCI)**

**Comprehensive Care for Joint Replacement (CJR) Model**

**Episode Payment Model**



Shared  
Savings

**MSSP Track 1 (50% sharing)**



Shared  
Risk

**MSSP Track 1+<sup>1</sup>**

**MSSP Track 2 (60% sharing)**

**MSSP Track 3 (up to 75% sharing)**

**Next Generation ACO Model (80-85% shared savings option)**



Full  
Risk

**Next Generation ACO Model (full risk option)**

**Medicare Advantage (provider-sponsored)**

**Increasing Financial Risk**

# Employers Innovating

**Apple to run its own health clinics for employees, CNBC reports**

10:59 AM - February 27, 2018

The Advisory Board Daily Briefing

# Changing Consumers

Figure 1: Consumers are ready to embrace a new era of care delivery



**78%**

of consumers are interested in having a “menu” of care options offered by multiple providers, allowing them to choose care from local providers or virtual care from specialists across the country.



**78%**

who had a hospital stay in the last two years believe at least a few of their recent in-person interactions with providers could have occurred virtually.



**54%**

would choose to receive hospital care at home if it cost less than the traditional option.



**54%**

of consumers surveyed by HRI said they would be somewhat or very likely to try an FDA-approved app or online tool for treatment of a medical condition.



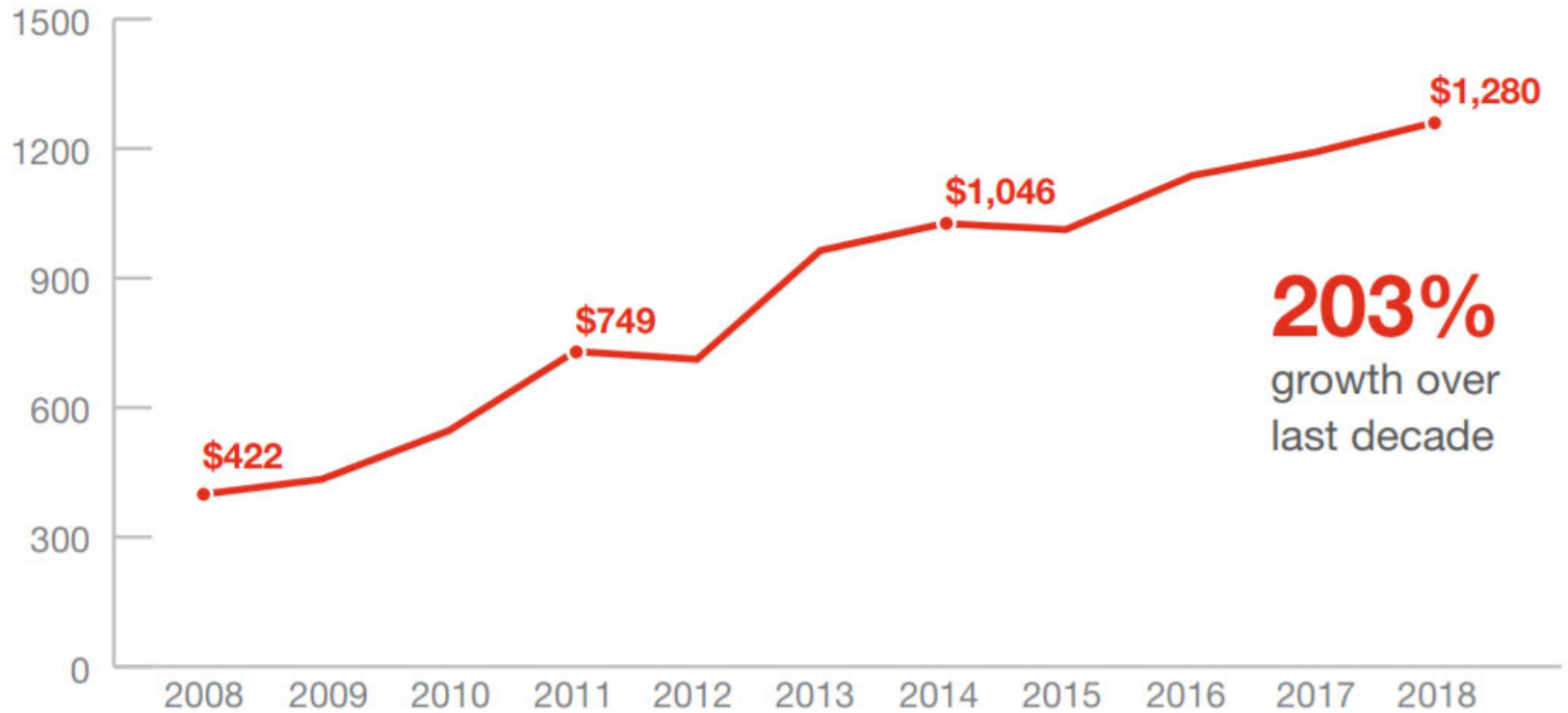
**47%**

would be comfortable receiving health services from a technology company such as Google or Microsoft.

Source: PwC Health Research Institute consumer survey, May 2018

# Cost of Care

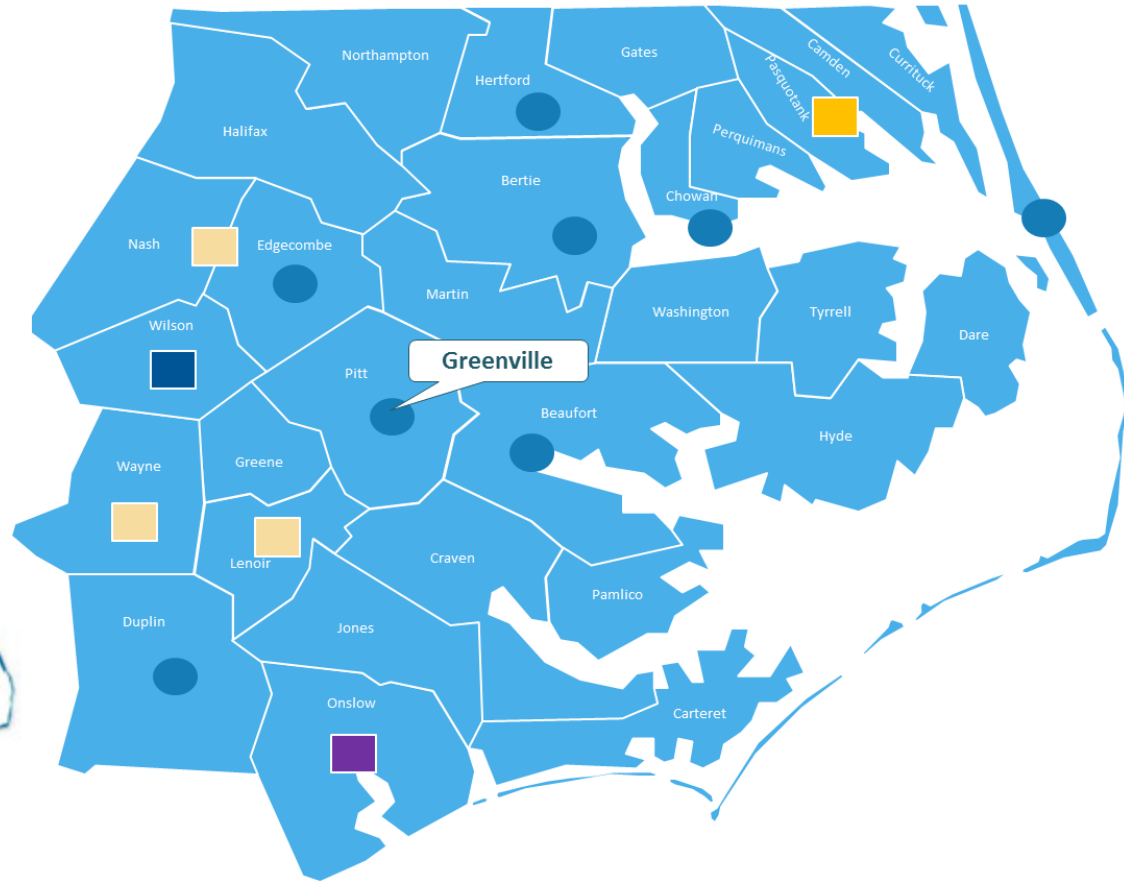
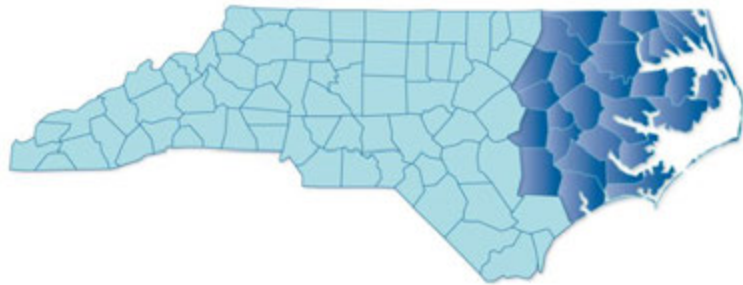
Figure 10: Average deductible for employer-sponsored plans over the past decade



Source: PwC Health Research Institute analysis of Health and Well-being Touchstone survey, 2018

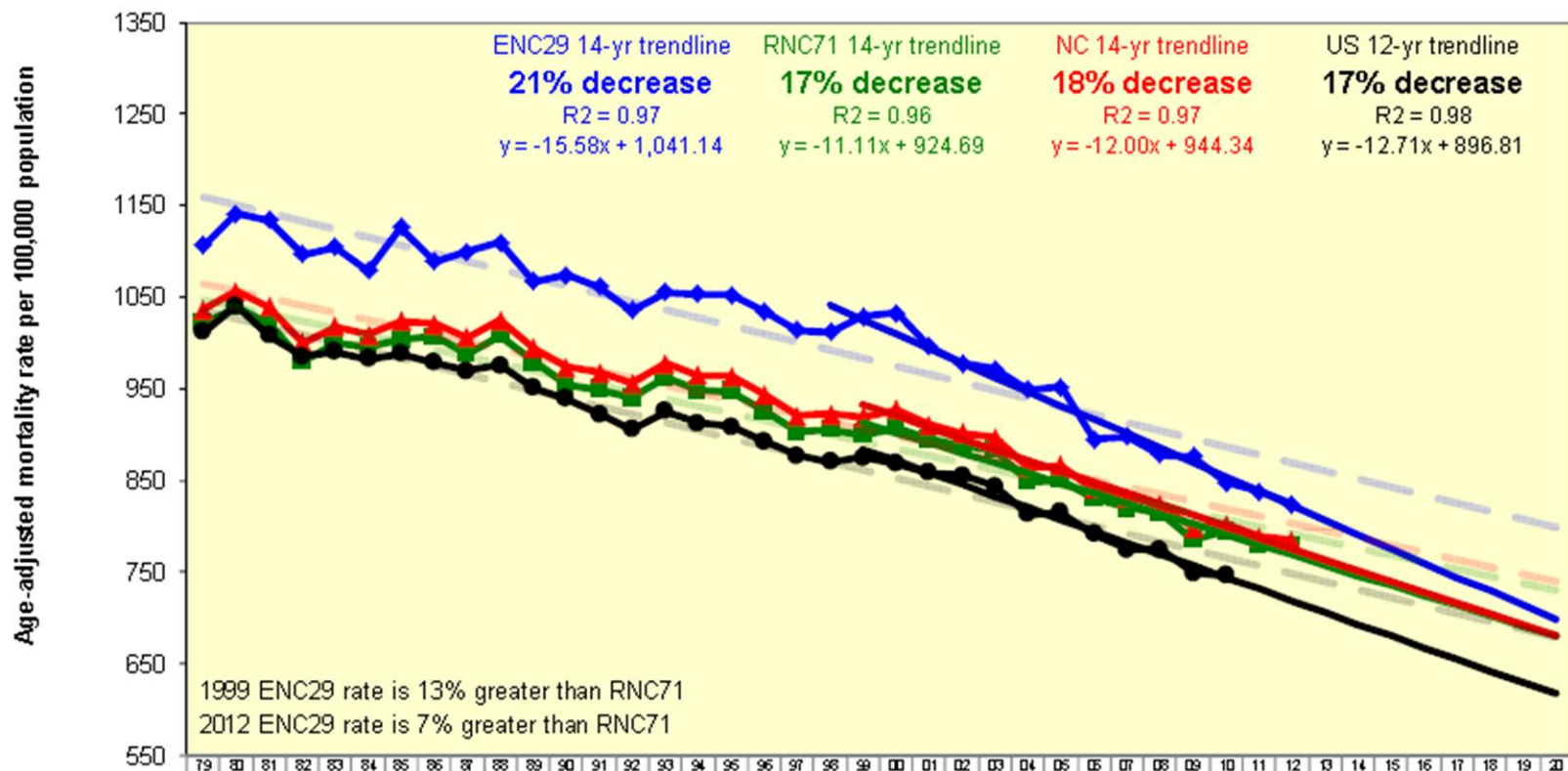
# Market Competition

- UNC Health
- DukeLifePoint
- Sentara
- New Hanover
- Vidant Health Hospitals



# Health Disparities in the East

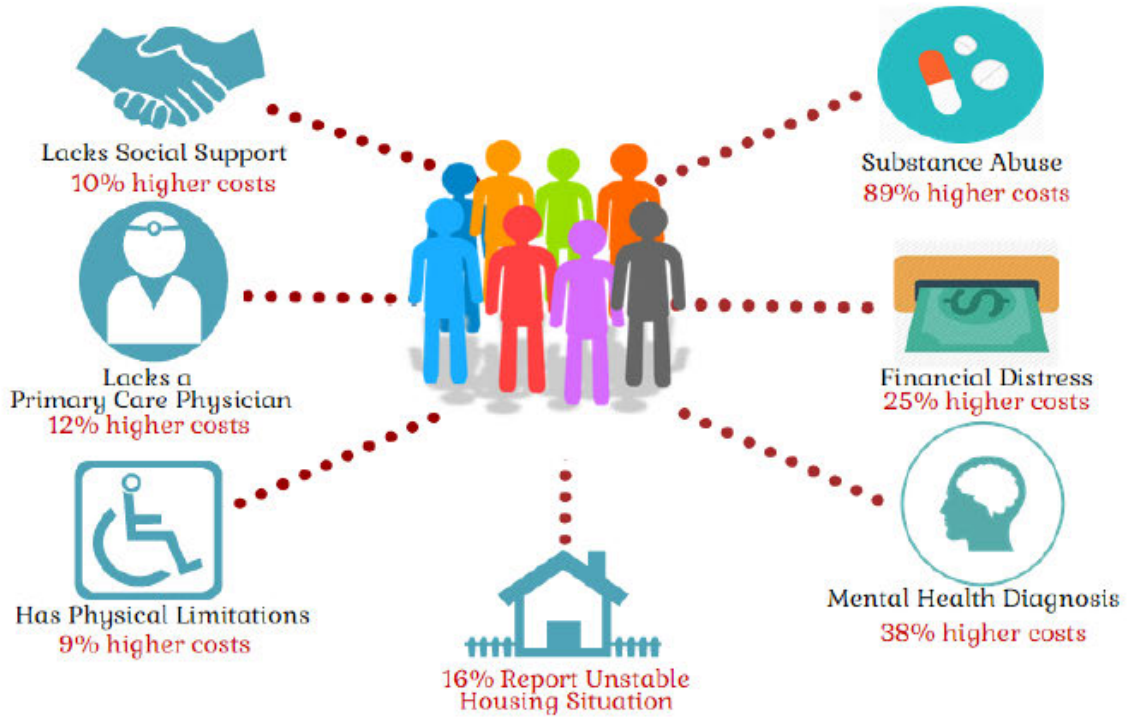
Figure 5.1 ii. All Causes of Death:  
Trends in age-adjusted mortality rates for ENC29, RNC71, NC, and US,  
1979-2012 with projections to 2020



# Social Determinants

## Montefiore Health System

### Drivers of Health Care Costs



Source: Montefiore Medical Center

Based on results of over 4,000 assessments of high-risk patients conducted at Montefiore CMO





# Required Quality Measures

- Meaningful measure alignment by CMS
- Ambulatory measures continue to grow in number

# Summary

High value organizations will be successful

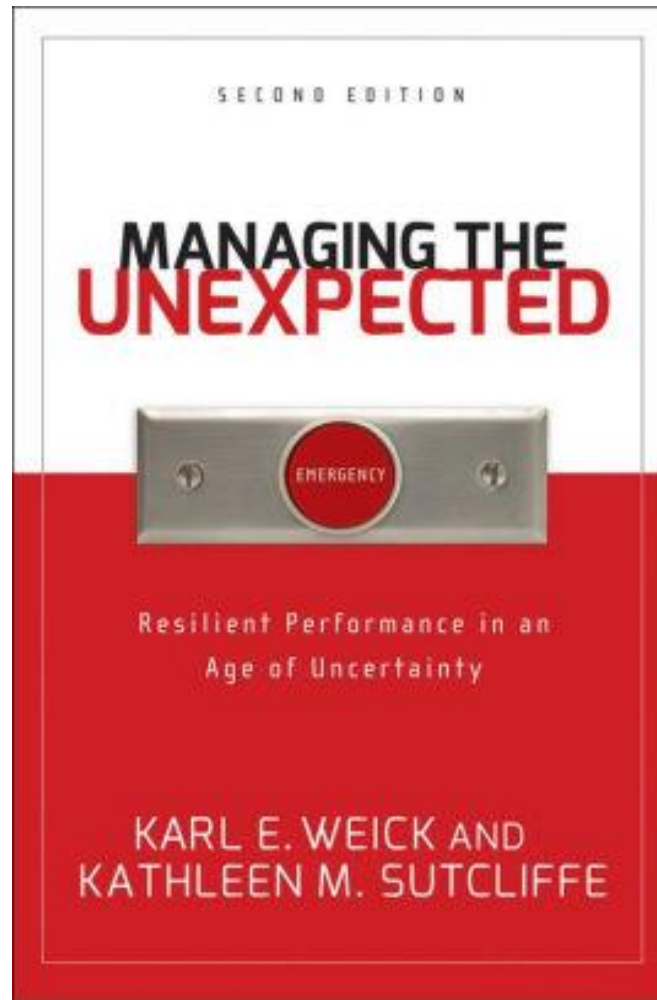
$$\text{Value} = \text{Quality} / \text{Cost}$$

(Quality = care that is safe, timely, efficient, effective, equitable, patient centered)



# Creating the Annual Quality Plan

# High Reliability Operating System





# Cultural Transformation Theory



Power  
**OVER**

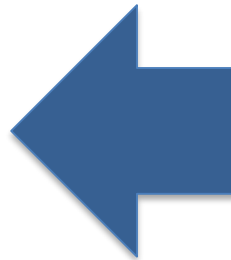


Silos  
Shame  
-isms  
Retribution  
Blame  
Fear

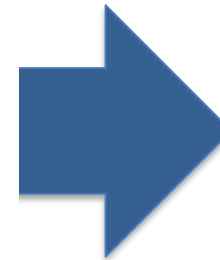
Power  
**WITH**



Inclusiveness  
Compassion  
Respect  
Empathy  
Safety  
Trust



How we Experience  
each other is how  
our patients  
Experience us



# An example

## Mission –Why?

- Improve the health and well being of eastern North Carolina

## Goal – Where to?

- Zero harm and exceptional experiences - STEEEP

## Strategy – What?

- Advance Safety Culture

## Tactics/Initiatives/ Priorities– How?

- Expand meaningful partnerships with patient family advisors

## Introduction

Vidant Health (VH) is a private, not for profit health system organized beginning in 1997 through mergers and acquisition of not for profit entities located in eastern North Carolina (NC). VH serves 29 counties and more than 1.4 million people in eastern NC. VH consists of a full continuum of services including acute inpatient care, home health, hospice, rehabilitation, physician office practices, wellness, and outpatient services and is affiliated with the Brody School of Medicine at East Carolina University.

VH uses the Institute of Medicine dimensions to define quality: safe, timely, efficient, effective, equitable, and patient centered. In order to determine the annual scope of work, VH conducts a critical review of the internal and external environment, key services, stakeholder expectations, regulatory standards, and patient/family feedback. This document establishes the quality scope of work for fiscal year 2018 and outlines methods used in quality initiatives.

The VH Board of Directors (BOD) has two distinct obligations with respect to patient safety and quality improvement: decision-making and oversight functions. The decision-making function involves the BOD making specific decisions or taking a particular board action. The oversight function includes general activity of the board in overseeing the operations of the corporation. The VH BOD retains ultimate responsibility for monitoring and evaluating overall effectiveness of quality initiatives at each VH entity. The BOD delegates the responsibility for implementing quality plans to the medical staff and administration of each entity. Individual accountability for quality rests with every team member and member of the medical staff. Reports of progress toward annual quality goals are made to the Quality Improvement Committee of the VH BOD. At least annually, the governing body receives a report of system and process failures/events, staffing effectiveness, number/type of events, disclosure to patient/family, and actions taken in response to these events.

## Background

The National Quality Strategy (Department of Health and Human Services, 2011) defines the triple aim as: better care, healthy people & communities, and affordable care. To acknowledge team members' critical role in transforming healthcare, the quadruple aim has emerged and emphasizes team member wellbeing and joy in work. The VH Imperative Compass (Figure 1) depicts the quadruple aim by defining attributes of a quality experience, emphasizing team member wellbeing and highlighting VH values as the required behaviors to achieve excellence.

The VH annual quality plan outlines priorities and measures that drive us to achieve the quadruple aim and supports the mission of the organization which is to improve the health and well-being of eastern North Carolina. VH leadership assures that processes are examined, opportunities for improvement identified, and necessary changes made to support quality as identified by internal and external experts.

## Introduction

ECU Physicians, the medical practice of the Brody School of Medicine at East Carolina University, is a leader in patient care, research and education. In partnership with affiliated teaching hospital Vidant Medical Center, we're dedicated to improving our region's health with superior medical care in Greenville and throughout eastern North Carolina. ECUP is a group practice with 36 locations. Currently, East Carolina University Physicians is comprised of approximately 550 Physicians/Advance Practice Providers across 11 clinical departments who serve our patients.

ECU Physicians uses the Institute of Medicine dimensions to define quality: safe, timely, efficient, effective, equitable, and patient centered. In order to determine the annual scope of work, ECU Physicians conducts a critical review of the internal and external environment, key services, stakeholder expectations, regulatory standards, and patient/family feedback. This document establishes the quality scope of work for calendar year 2019.

The ECU Physicians's Board of Directors (BOD) has oversight of patient safety, quality improvement, and patient experience. The oversight function includes general activity of the board in overseeing the operations of ECU Physicians. The office of Quality and Analytics monitors and evaluates overall effectiveness of quality initiatives in each clinical location of ECU Physicians. The ECU Physician's Clinical Management Team delegates the responsibility for implementing quality plans to the medical staff and administration of each clinical department. Individual accountability for quality rests with every employee and member of the clinical staff. Reports of progress toward annual quality goals are made to the ECU Physicians Quality Committee of the ECU Physicians BOD. Each quarter the ECU Physicians BOD receives a quality report from the Office of Quality and Analytics at ECU Physicians.

## Background

The National Quality Strategy (Department of Health and Human Services, 2011) defines the triple aim as: better care, healthy people & communities, and affordable care. To acknowledge team members' critical role in transforming healthcare, the quadruple aim has emerged as the gold standard. The quadruple aim emphasizes the goal of improving the experiences and well-being of the care team as well as patients.

The ECU Physicians' annual quality plan outlines priorities and measures that drive us to achieve the quadruple aim and supports the mission of the organization which is to improve the health and well-being of eastern North Carolina. ECU Physician leadership assures that processes are examined, opportunities for improvement identified, and necessary changes made to support quality as identified by internal and external experts.





# Small Group Work

# Let the fun begin – 20 minutes

- Think about the “one word” exercise – consider these the “outcomes” we want in 2020
- Brainstorm at your table what tasks/initiatives/priorities we need to undertake in 2020 quality scope of work to achieve these outcomes
- Prioritize your list

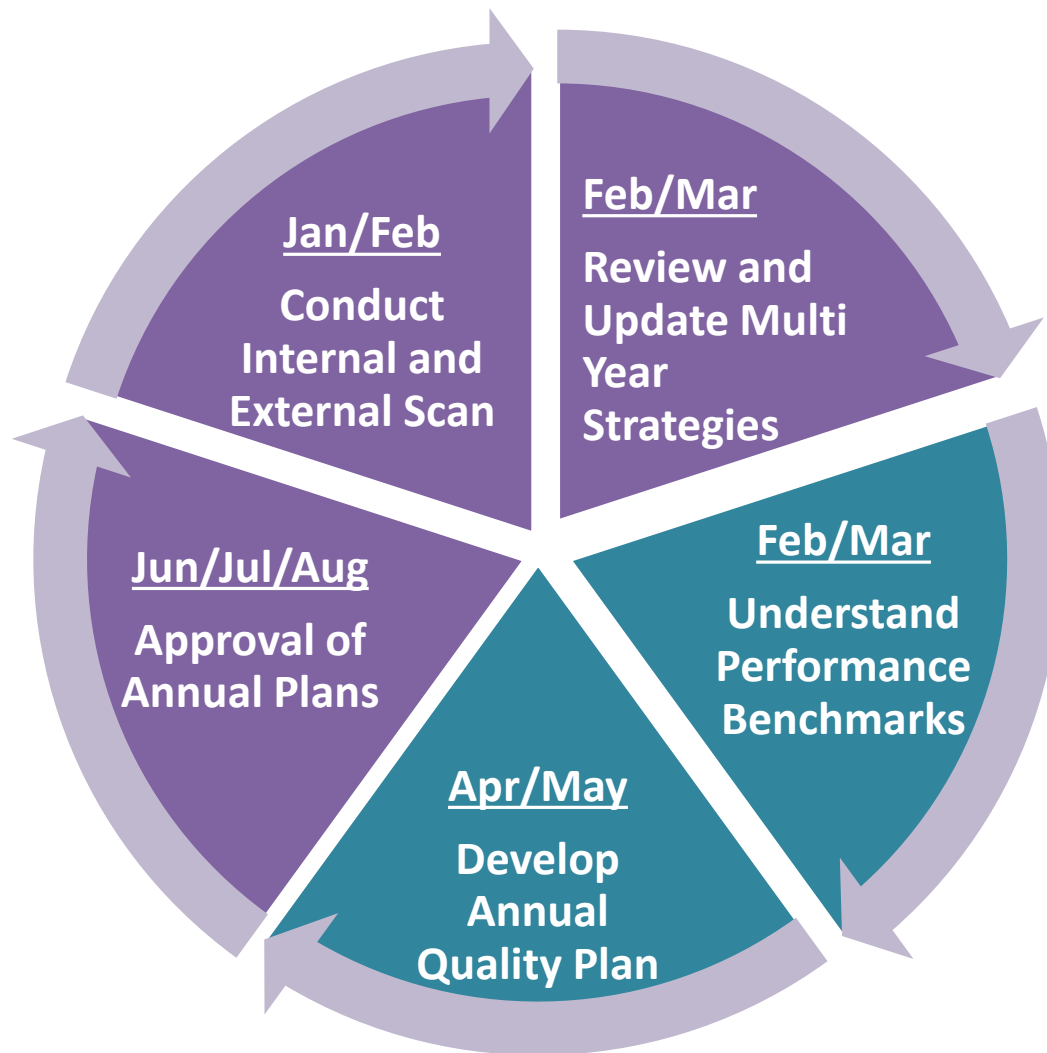


# Small Group Reports



# Next Steps

# Quality Planning – Annual Process



# Sources

- Hospitals and Health Networks 2019 Environmental Scan
- Becker Hospital Review Takeaways from 2019 JP Morgan Healthcare Conference
- TAB National Nurse Executive Center Briefing 2017-2018
- Center for Medicare and Medicaid Services (CMS)
- HFMA Healthcare 2020 – Part 1 Transition to Value
- <https://www.pwc.com/us/en/industries/health-services/pdf/pwc-us-healthcare-top-health-industry-issues-2019.pdf>



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