# *Clinical Integration in Health Care: a Check Up*

## *Federal Government Initiatives to Improve Health Care Delivery through Collaboration among Health Care Providers*

# *The Veterans Health Administration Experience*


***Thomas L. Garthwaite, MD***
***Executive VP & Chief Medical Officer***
***Catholic Health East***

***Under Secretary for Veterans Affairs, 1999-2002***
***Deputy Under Secretary for Veterans Affairs, 1995-1999***

*President of the United States*

*Secretary of Defense*

*Asst Secretary for Health Affairs*

*Surgeon General Army*

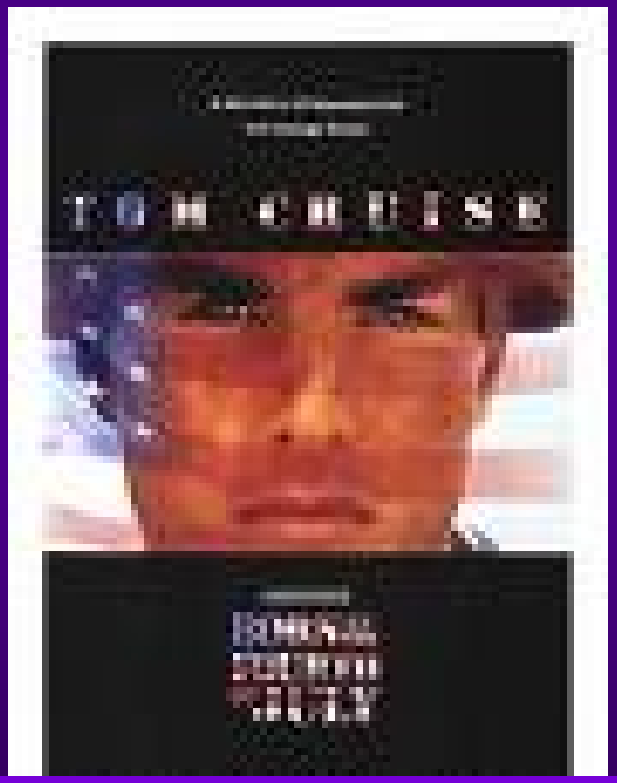
*Walter Reed Army Hospital*

*Secretary of Veterans Affairs*

*Under Secretary for Health*

*21 Veterans Integrated Service Networks*

# What Changed the Veterans Health Administration Beginning in 1995 ?




Born on the Fourth of July 1989

?


How Veterans' Hospitals Became the Best in Health Care

SUNDAY, AUG. 27

2006

***"All organizations are perfectly designed to get the results they get."***

***David Hanna***

***Designing Organizations for High Performance***

***1988***

# VA Structural Advantages

- IT focused on Care not Billing
- 108 Medical School Affiliations (10,000 Residency slots): Faculty, Fellows, Residents, Students
- Strong Clinical and Health Services Research
- Employed physicians
- Saved $$'s stay in VA

***BUT these were true pre-1995, what ELSE changed***

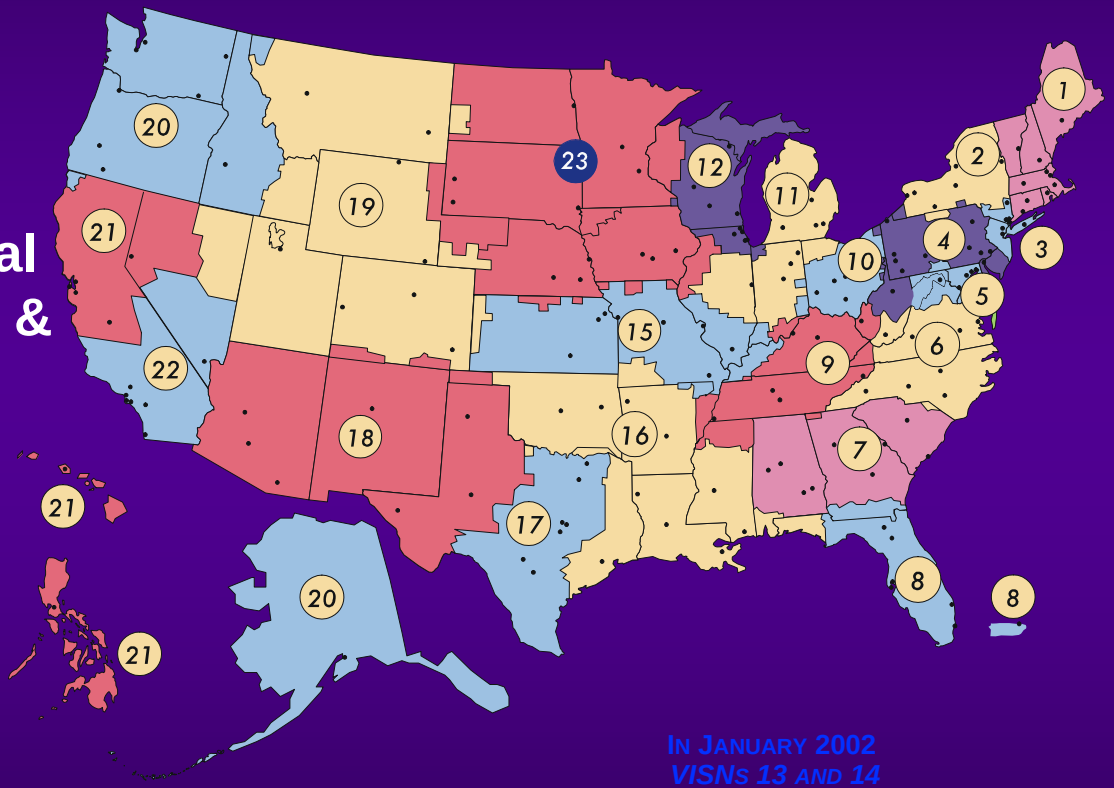
# *The Environment (1994)*

- **President/Vice President**
  - **Healthcare agenda**
  - **Reinventing Government Initiative**
- **Secretary of VA**
  - **Combat injured war veteran**
  - **Demanded change**
  - **New Under Secretary from outside**
- **New Congress – "Contract with America"**
  - **Fewer veterans in Congress**
  - **Continued calls to privatize VA**
  - **Burning Platform**

# 21 Veterans Integrated Service Networks

## *VISNs are the Funding & Accountability Unit in VA*

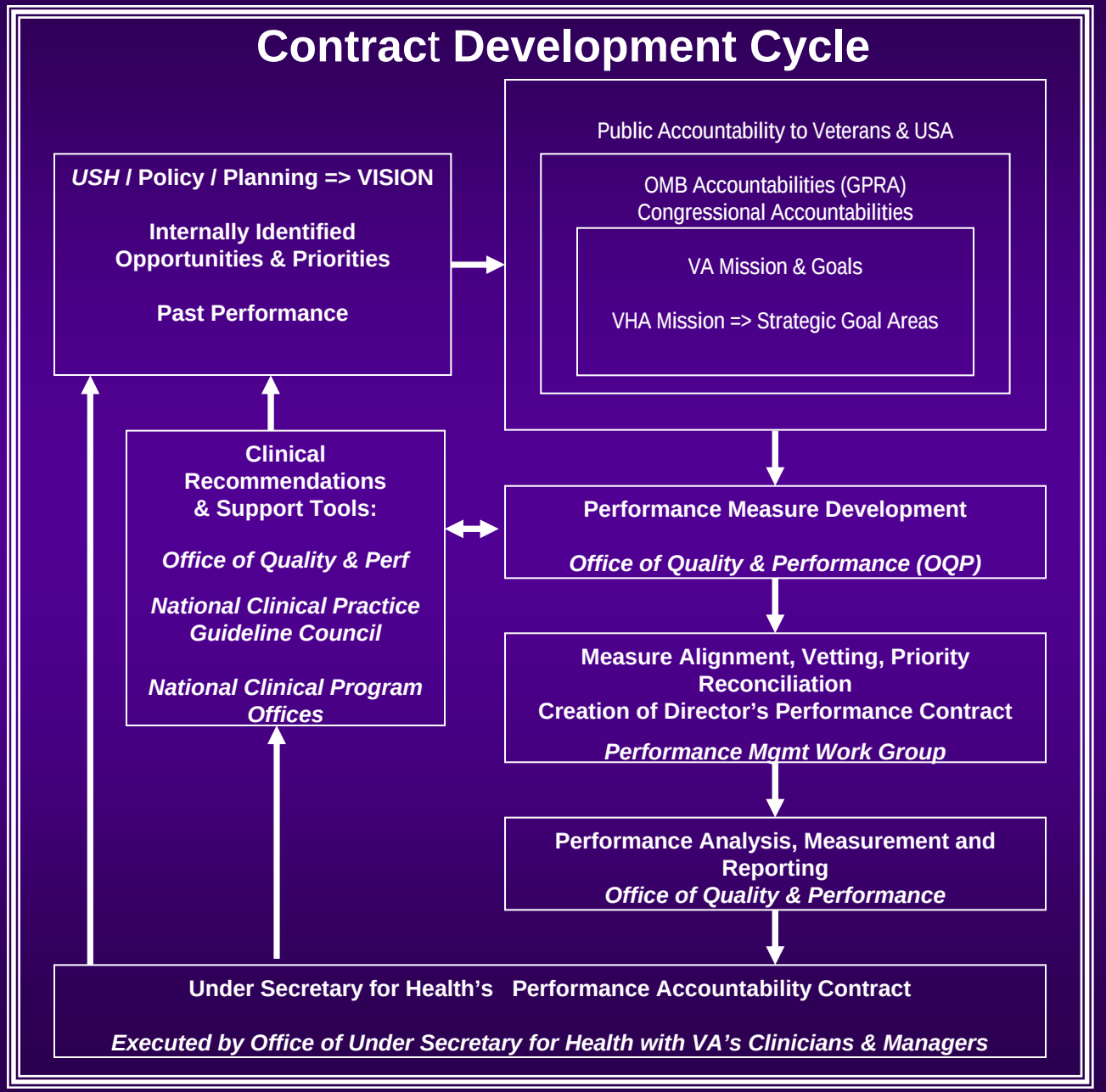
- ***The Structure***
- **Objective was to transform from "Hospital focus" to a "Population & Health System"**
- **From "Safety Net" to "Health Promotion & Disease Prevention"**
- **22 Carefully selected leaders for the new VISNs**
- **Half the beds, twice the access**



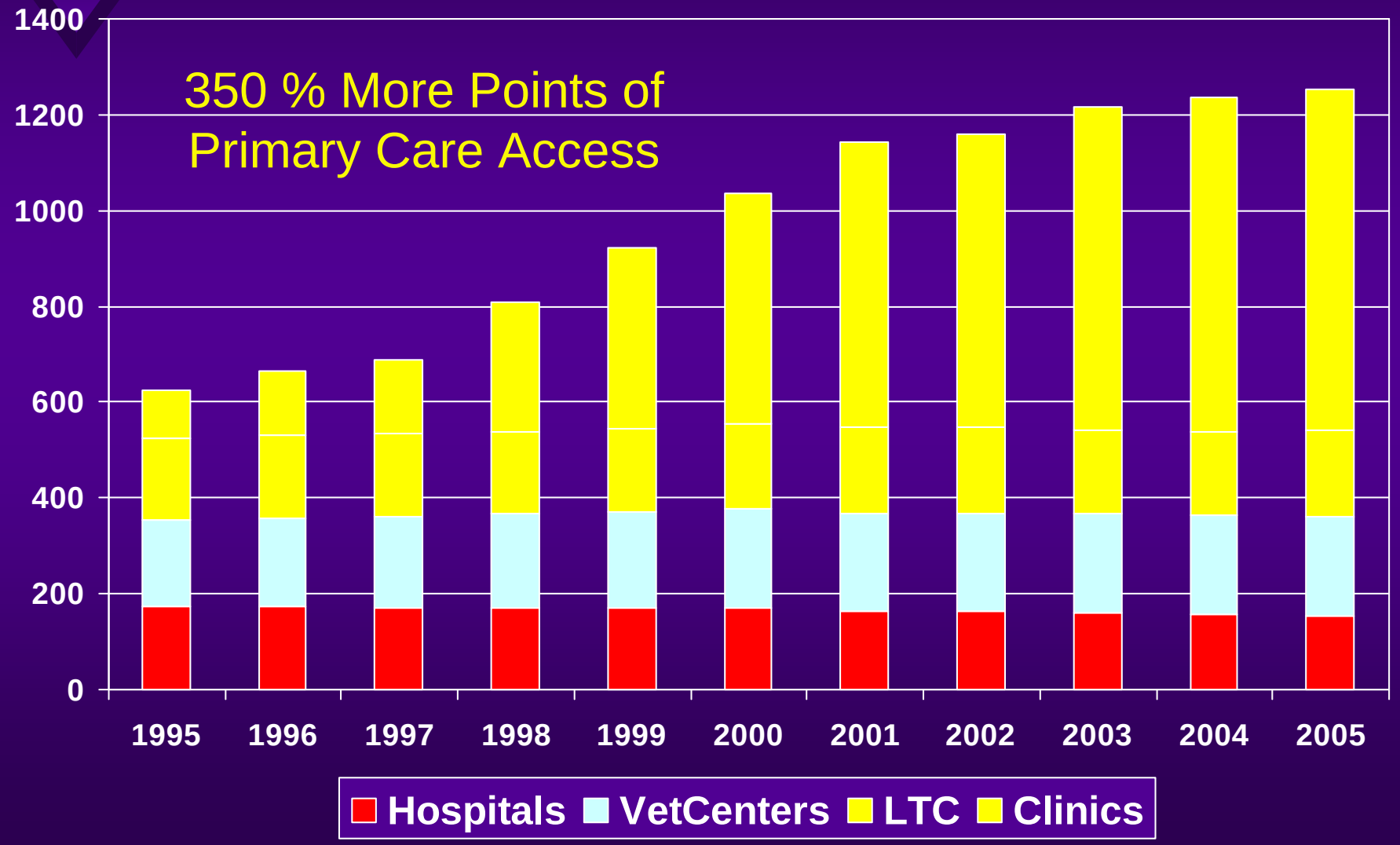

IN JANUARY 2002 *VISNS 13 AND 14* WERE INTEGRATED AND RENAMED *VISN 23*

# VHA's Performance Contract

- Between Under Secretary for Health and Administrative & Clinical Leadership
- Development Involves Clinicians & Managers, HQ & Field
- Supports Strategic Plan (Links Mission, Strategy, Tactics ) – Patient Care Focused
- **Explicit accountability for performance**
- Supported by Information & Advanced Technologies



# 1. ACCESS: Number of VA Hospitals & Clinics Nationally: 1995-2005



# 2. TECHNICAL QUALITY:

**"VA scored significantly higher… on 294 quality metrics"**



*Table 4.* **Adjusted Adherence to Indicators by Category***

| Indicator Category | VHA Sample | | | | National Sample | | | | Difference (95% CI), *percentage points* |
|---|---|---|---|---|---|---|---|---|---|
| | Indicators, *n*† | Patients, *n* | Eligible Events, *n*‡ | Mean Score, % | Indicators, *n*† | Patients, *n* | Eligible Events, *n*‡ | Mean Score, % | |
| Overall | 294 | 596 | 11 449 | 67 | 330 | 992 | 18 961 | 51 | 16 (14 to 18) |
| Chronic care | 202 | 561 | 5924 | 72 | 222 | 824 | 7396 | 59 | 13 (10 to 17) |
| COPD | 17 | 103 | 465 | 69 | 19 | 62 | 668 | 59 | 10 (−2 to 23) |
| Coronary artery disease | 31 | 93 | 557 | 73 | 37 | 179 | 1117 | 70 | 3 (−3 to 16) |
| Depression | 14 | 96 | 266 | 80 | 14 | 131 | 497 | 62 | 18 (11 to 26) |
| Diabetes | 13 | 232 | 1309 | 70 | 13 | 186 | 1683 | 57 | 13 (8 to 18) |
| Hyperlipidemia | 7 | 169 | 256 | 64 | 7 | 204 | 346 | 53 | 11 (1 to 21) |
| Hypertension | 24 | 405 | 1147 | 78 | 24 | 468 | 1681 | 65 | 13 (8 to 20) |
| Osteoarthritis | 3 | 173 | 216 | 65 | 3 | 154 | 236 | 57 | 8 (−1 to 18) |
| Preventive care | 27 | 596 | 4721 | 64 | 32 | 991 | 9169 | 44 | 20 (12 to 28) |
| Acute care | 60 | 153 | 804 | 53 | 76 | 334 | 2396 | 55 | −2 (−9 to 4) |
| Screening | 15 | 597 | 2254 | 68 | 16 | 991 | 5598 | 46 | 22 (20 to 26) |
| Diagnosis | 145 | 594 | 3762 | 73 | 139 | 992 | 6502 | 61 | 12 (8 to 16) |
| Treatment | 103 | 596 | 3155 | 56 | 126 | 992 | 4845 | 41 | 15 (12 to 18) |
| Follow-up | 37 | 477 | 2016 | 72 | 43 | 524 | 2278 | 58 | 14 (10 to 18) |
| VHA performance measures | 26 | 596 | 3976 | 67 | 26 | 992 | 6699 | 43 | 24 (21 to 26) |
| VHA performance conditions | 144 | 596 | 5875 | 70 | 152 | 992 | 8590 | 58 | 12 (10 to 15) |
| Non-VHA performance conditions | 124 | 394 | 1598 | 55 | 152 | 579 | 3672 | 50 | 5 (0 to 10) |

* Adjusted for age, number of chronic conditions, number of acute conditions, and number of outpatient visits. COPD = chronic obstructive pulmonary disease; VHA =

RAND Study - Asch, McGlynn *et al* *Annals Internal Medicine 2004;141:938-945*

**Annals of Internal Medicine**
*Established in 1927 by the American College of Physicians*



IMPROVING PATIENT CARE

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Agency for Healthcare Research and Quality (AHRQ). The opinions expressed in this article are those of the authors and
the position or endorsement of AHRQ or HHS.

## Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample

Steven M. Asch, MD, MPH; Elizabeth A. McGlynn, PhD; Mary M. Hogan, PhD; Rodney A. Hayward, MD; Paul Shekelle, MD, MPH; Lisa Rubenstein, MD; Joan Keesey, BA; John Adams, PhD; and Eve A. Kerr, MD, MPH

21 December 2004 | Volume 141 Issue 12 | Pages 938-945

**Background:** The Veterans Health Administration (VHA) has introduced an integrated electronic medical record, performance measurement, and other system changes directed at improving care. Recent comparisons with other delivery systems have been limited to a small set of indicators.

**Objective:** To compare the quality of VHA care with that of care in a national sample by using a comprehensive quality-of-care measure.

**Design:** Cross-sectional comparison.

**Setting:** 12 VHA health care systems and 12 communities.

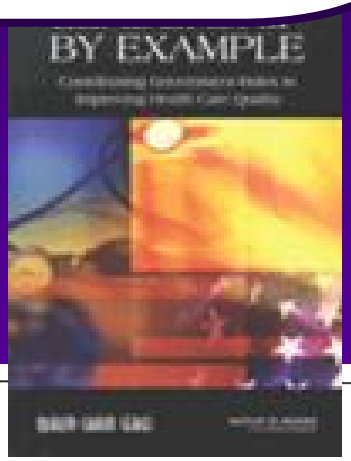
**Patients:** 596 VHA patients and 992 patients identified through random-digit dialing. All were men

**Measurements:** Between 1997 and 2000, quality was measured by using a chart-based quality i
were adjusted for clustering, age, number of visits, and medical conditions.

**Results:** Patients from the VHA scored significantly higher for adjusted overall quality (67% vs. 51
chronic disease care (72% vs. 59%; difference, 13 percentage points [CI, 10 to 17 percentage poi
[CI, 12 to 28 percentage points]), but not for acute care. The VHA advantage was most prominent



***" . . . Overall, VA patients receive better care than patients in other settings"***




EDITORIAL

## Creating a Culture of Quality: The Remarkable Transformation of the Department of Veterans Affairs Health Care System

For decades, fairly or unfairly, the Department of Veterans Affairs (VA) health care system had a suboptimal image in the quality of care it provided and in the evaluation of that care. About 10 years ago, the VA leadership

come, diabetes severity, and other comorbid conditions) uniformly across systems and used these measures to adjust for differences other than sex between the VA and com-

The Veterans Health Administration
Quality, Value, Accountability, and Inform
Transforming Strategies for Patient-Center

*Jonathan B. Perlin, MD, PhD, MSHA; Robert M. Kolodner and Robert H. Roswell, MD*

IMPROVING PATIENT CARE

## Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study

Eve A. Kerr, MD, MPH; Robert B. Gerzoff, MS; Sarah L. Krein, PhD, RN; Joseph V. Selby, MD, MPH; John D. Piette, PhD; J. David Curb, MD, MPH; William H. Herman, MD, MPH; David G. Marrero, PhD; K.M. Venkat Narayan, MD, MSc, MBA; Monika M. Safford, MD; Theodore Thompson, MS; and Carol M. Mangione, MD, MSPH

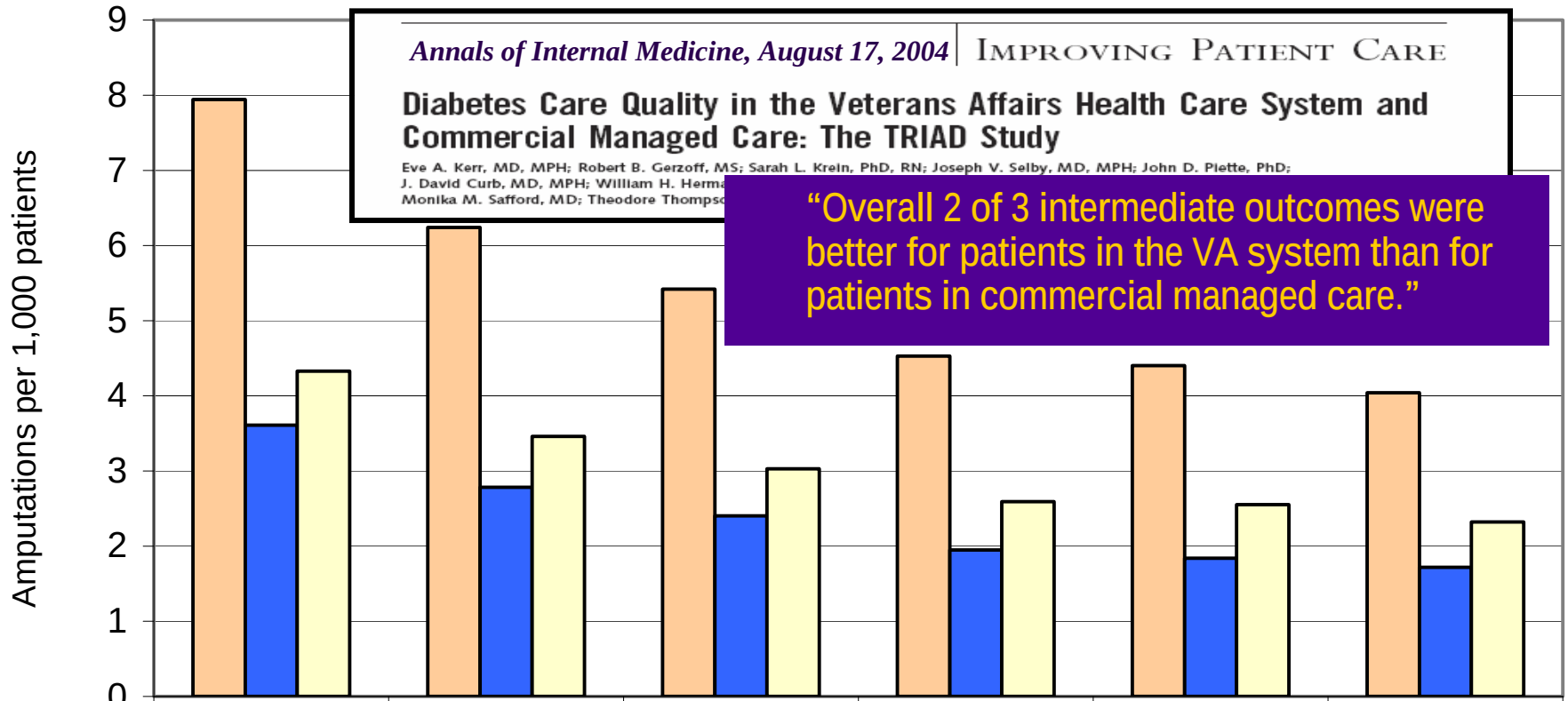
Background: **No studies have compared care in the Department of Veterans Affairs (VA) with that delivered in commercial managed care organizations, nor have studies focused in depth on care comparisons for chronic, outpatient conditions.**

Results: **Patients in the VA system had better scores than patients in commercial managed care on all process measures (for example, 93% vs. 83% for annual hemoglobin $A_{1c}$; $P = 0.006$; 91% vs. 75% for annual eve examination: $P < 0.001$). Blood**

# 3. SATISFACTION:

- 2000: 79 of 100 on external American Customer Satisfaction Index (Univ. of Michigan) Outpatient Care
- 2001: 82/100 Inpatient & 83/100 Pharmacy
  - Significantly better than private health sector average of 68
    - Loyalty Score of 90 and Customer Service Score of 87 were healthcare benchmarks!
- 2002: Repeat Performance – Healthcare Benchmark
- 2003: Repeat Performance – Healthcare Benchmark
- 2004: Repeat Performance – Healthcare Benchmark
- 2005: Repeat Performance – Healthcare Benchmark

# 4. FUNCTION: Reduced Age-Adjusted Amputation Rates in Diabetics




*Annals of Internal Medicine, August 17, 2004* | IMPROVING PATIENT CARE

**Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study**

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"Overall 2 of 3 intermediate outcomes were better for patients in the VA system than for patients in commercial managed care."

| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|
| Overall | 7.94 | 6.24 | 5.42 | 4.53 | 4.4 | 4.04 |
| Major | 3.61 | 2.78 | 2.4 | 1.95 | 1.84 | 1.72 |
| Minor | 4.33 | 3.46 | 3.03 | 2.59 | 2.55 | 2.32 |

# 5. EFFICIENCY:

## *Value for Taxpayers' Dollars: What VA Care Would Cost at Medicare Prices*

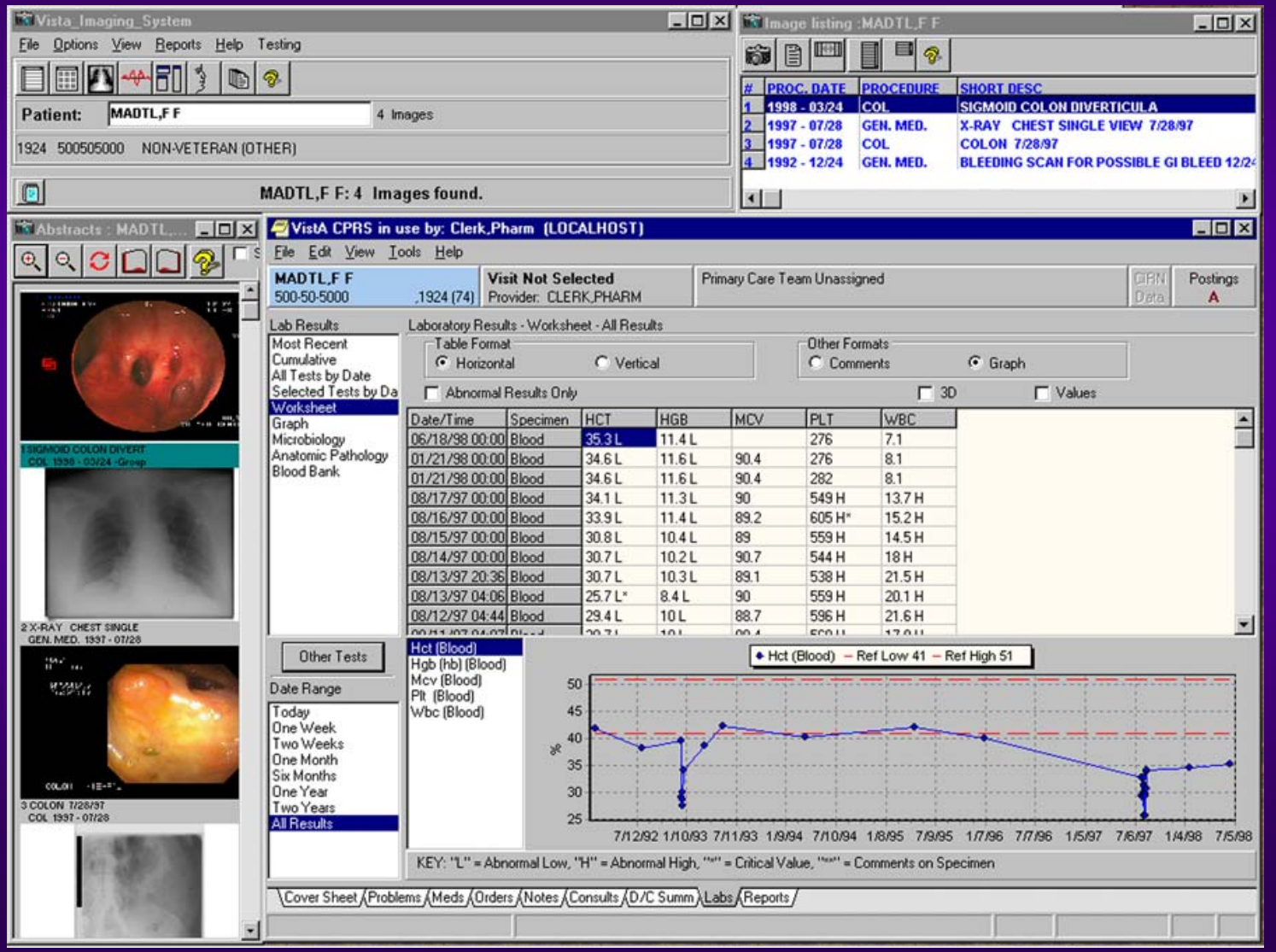
***Nugent GN, Hendricks A, Nugent L, Render ML***

*This analysis compares VA medical care expenditures with estimates of total payments under a hypothetical Medicare fee-for-service payment system reimbursing providers for the same counts of each service VA medical centers provided in fiscal 1999. At six study sites, hypothetical payments were more than 20 percent greater than actual budgets. Nationally, this represented more than* ***$3 billion in 1999 and more than $5 billion in 2003****. Data limitations suggest the estimate is conservative. Less than half of the difference is due to VA's low pharmacy costs. The study demonstrates the potential savings to patients and taxpayers of the VA health care system.*

*Medical Care Research and Review, Vol. 61, No. 4, 495-508 (2004)*

# VA's Electronic Health Record

- VistA in all VA's
- Images
- CPOE >95%
- Bedside Medication Verification in all VA's
- Clinical reminders
- Computerized Mail Out Pharmacies
- HSR&D



# Summary

- Right Environment
- Right Leadership & Support
- Right Structural Design
  - A system focused on a population
  - Performance measurement focused on quality
  - Aligned funding & incentives
  - Employed physicians
  - Automation of the care process
  - Patient - centered care model
  - Evidenced based guidelines
  - Quality Improvement as a System Property (IHI Collaboratives, QUERI)

# *Lessons from VA*

- **Aligned incentives**
- **Supportive information technology**
- **Integrated systems of care**

***Are effective in reducing costs and improving quality and satisfaction.***

# *Relevance to Non-VA?*

- **Aligned incentives**
- **Supportive information technology**
- **Integrated systems of care**

***Other than the various pay for performance initiatives, are there other emerging prototypes.***

*Catholic Health East*

*Catholic Health System, Buffalo*

# *Catholic IPA (CIPA)*

- Joint Venture:  Catholic Health System and its Practice Community
- 750 Unique Physicians
- 60% Specialists/40% Primary Care
- Aim to Close Clinical Quality Gaps and Integrate Care
- Concerned about how to do it right from an antitrust perspective

# *Clinical Integration*

- A 3 part test for clinical integration of a physician network based on advisory opinions of FTC for other models (Advocate Health, Health South and Greater Rochester IPA):
  - Is the networks' clinical integration program real?
  - Are the initiatives of the program designed to achieve likely improvements in health care quality and efficiency?
  - Is joint contacting with fee-for-service health plans "reasonably necessary" to achieve the efficiencies of the clinical integration program?

# *Clinical Integration*

# *CIPA Initiatives*

- Registry and Quality Improvement
  - Registries
  - Provider Reviews, Audits, Tracking of Care
- Care Coordination Program
  - Care Managers (primarily RNs) supported by contract $'s
  - Building an integrated team with physicians
- Patient Education & Self Management Support
  - Emmi program – completion reported to physicians
  - Health Buddy program
- Technology Support
  - Up to $300/physician/month for EMR from contract $'s

# *CIPA EMR Initiative*

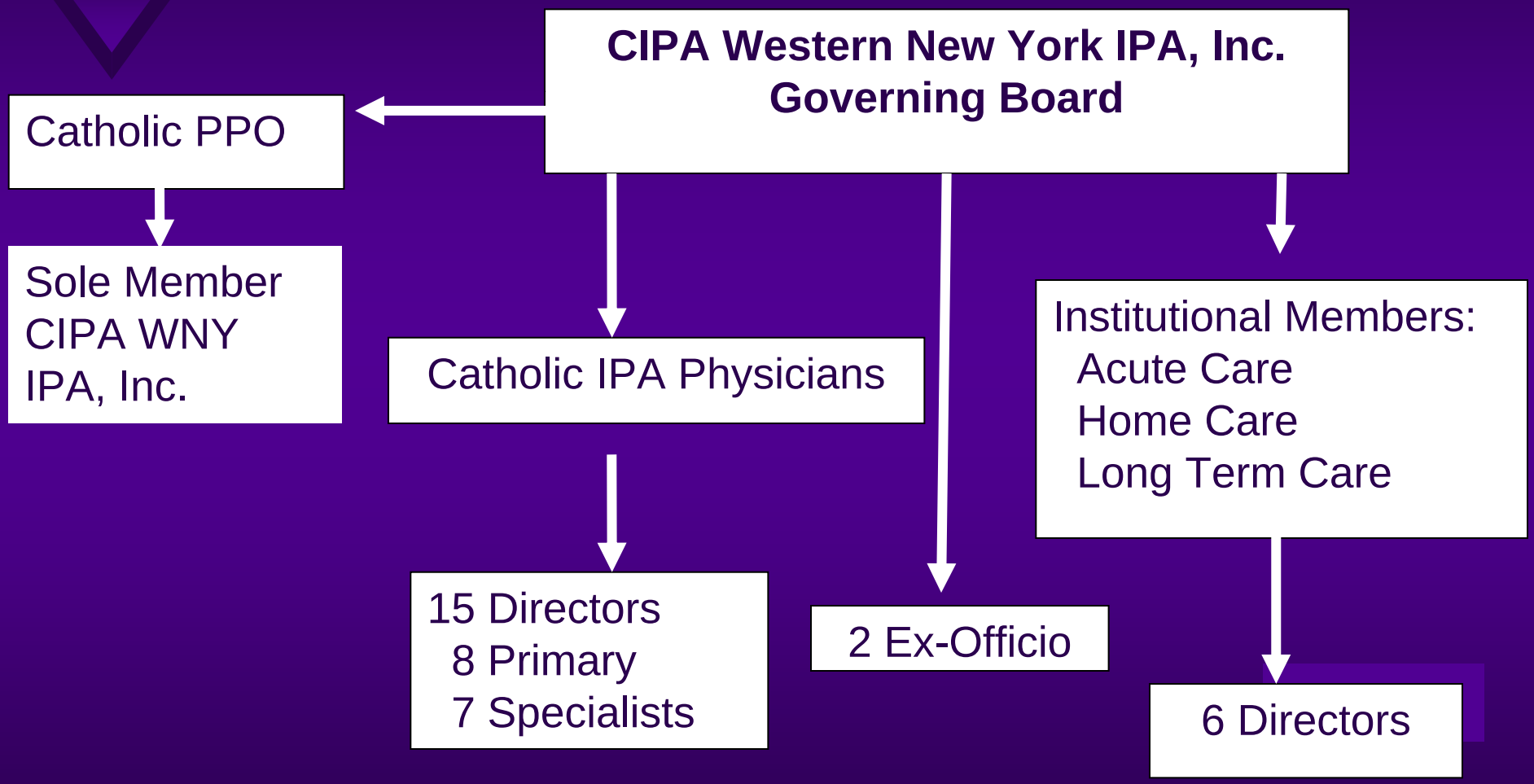
- Electronic Medical Record Initiative
  - EHR adoption program: start at 50 out of 750; currently 250 out of 750; goal of 300 (40%) by end of year
  - Physicians choose their office EMR
  - Hospital - office connections (Novo Innovations)
  - Medical Society of State of NY Grant for EHR interoperability
- Areas targeted
  - Electronic prescribing
  - Performance reporting and Improvement
  - Advanced Electronic Communication
  - Test tracking and referral tracking

# *Alignment of Incentives*

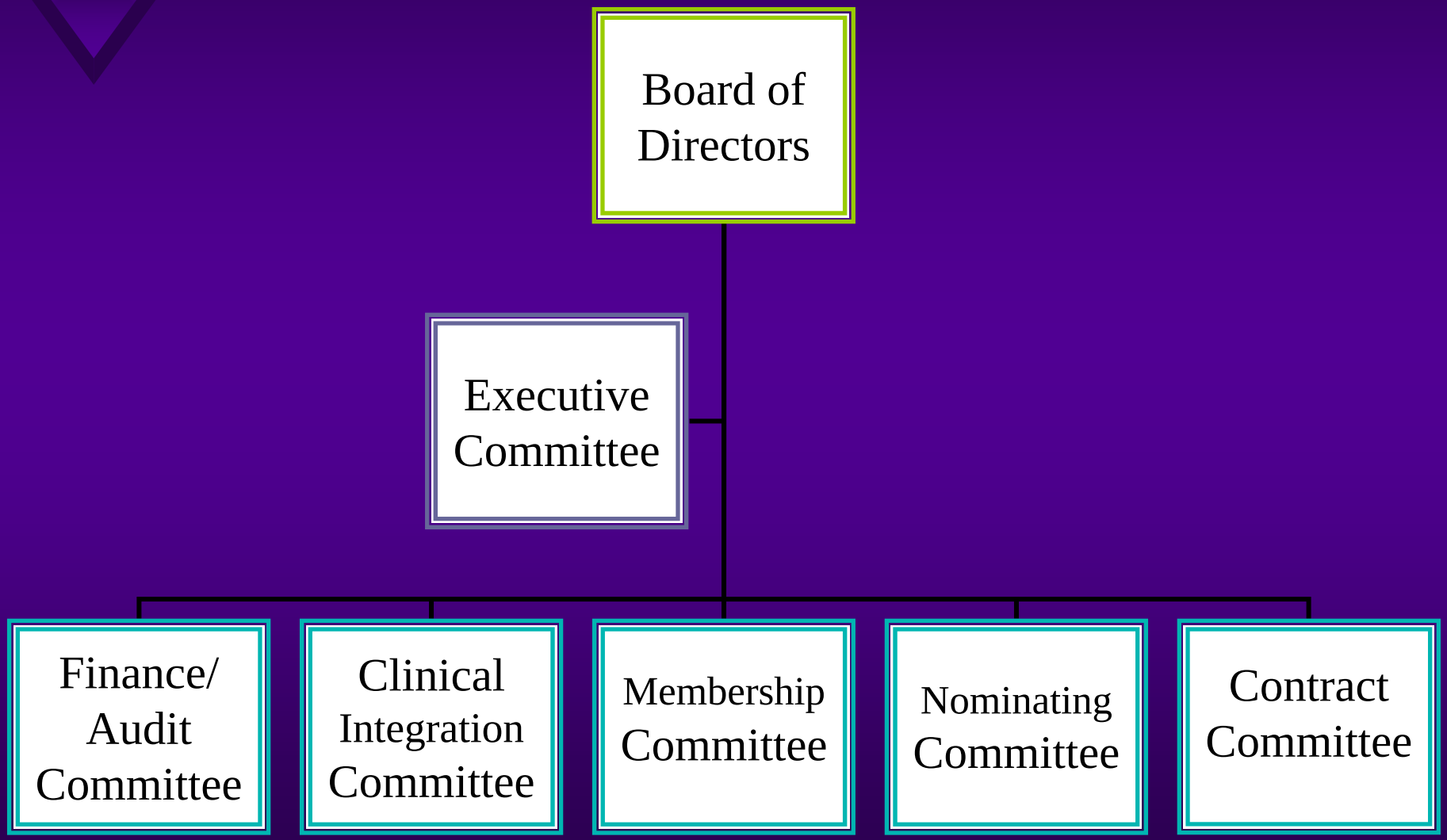
***(Designed to Promote Efficiency & Quality)***

- **Core Measure Indicators ("Perfect Care")**
- **Potentially Avoidable Delays**
- **Medication Reconciliation**
- **HCAPS Overall Patient Satisfaction**
- **Culture of Safety Initiative**
- **MRSA Surveillance Initiative**
- **Registries with patient care review, random audits and tracking**

# *Organizational Structure*



# *Organizational Structure*



# *Governance of the Integration Effort*

Board of Directors Checklist
Components of the Clinical Integration Program

| Infrastructure: | 2007 | 2008 |
|---|---|---|
| Medical Director | ☑ Yes | ☑ Yes |
| Information System | ☑ Yes | ☑ Yes |
| Credentialing Process: | ☐ Yes | ☑ Yes |
| Clinical Protocols | ☑ Yes | ☑ Yes |
| Quality and Cost Benchmarks: | ☑ Yes | ☑ Yes |
| Performance Monitoring | ☑ Yes | ☑ Yes |
| **Corrective Action:** | | |
| Formal Plan | ☐ Yes | ☑ Yes |
| Monitoring | ☑ Yes | ☑ Yes |
| Disease/Case Management | ☐ Yes | ☑ Yes |
| Patient Education | ☐ Yes | ☑ Yes |
| Payor Involvement | ☑ Yes | ☑ Yes |