Healthcare Reform and You: Get on Board

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April 5, 2013
“Why the U.S. Spends $750B on Unnecessary Care”
September 8, 2012
“The only way we can rescue American healthcare is to improve it...We know what to do - **better care**, **better health**, **lower cost**.”

Donald Berwick, MD
Founder, Institute for Healthcare Improvement

Better Care = Quality, Access
Better health = Outcomes
Lower Cost = Lower Cost
Institute of Medicine 2001: Six Aims for 21st Century Healthcare

• Safe
• Effective
• Patient-Centered
• Timely
• Efficient
• Equitable

Affordable Care Act-March 23, 2010

Provisions

• Enables coverage for about 30 million more patients (Access)
• Reduces reimbursement for readmissions (Quality)
• Eliminates reimbursement for hospital-acquired infections (Quality)
• Supports patient-centered medical homes (Access and Quality)
• Creates Accountable Care Organizations (ACOs) (Cost)
• Moves toward paying for full episodes of care rather than fee for service (Cost)

Potential Outcomes

• Providers focus on outcomes, perform fewer unneeded activities
• Providers increase productivity
• Demand for hospitals declines
• Patients become sensitive to value
Impact of ACA on Medicaid Enrollment by 2022

<table>
<thead>
<tr>
<th>State</th>
<th>New Medicaid Enrollment</th>
<th>Reduction in Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>200,000</td>
<td>44.6%</td>
</tr>
<tr>
<td>Delaware</td>
<td>37,000</td>
<td>39.5%</td>
</tr>
<tr>
<td>Maryland</td>
<td>209,000</td>
<td>42%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>152,000</td>
<td>17.8%</td>
</tr>
<tr>
<td>New Jersey</td>
<td>441,000</td>
<td>41.7%</td>
</tr>
<tr>
<td>New York</td>
<td>1,026,000</td>
<td>36.8%</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>719,000</td>
<td>52%</td>
</tr>
<tr>
<td>Mid-Atlantic Region</td>
<td>2,463,000</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

Under the Affordable Care Act, health plans cannot limit or deny benefits or deny coverage for a child younger than age 19 simply because the child has a “pre-existing condition” — that is, a health problem that developed before the child applied to join the plan.

“The cost and coverage implications of the ACA Medicaid Expansion: National and State-by-State Analysis”
John Holahan, Matthew Buettgens, Stan Dorn - The Urban Institute
Health Insurance Exchanges
Accountable Care Organizations

- On March 31, 2011, HHS released proposed rules to help providers coordinate care for Medicare patients through Accountable Care Organizations (ACOs)
- ACOs create incentives for health care providers to work together to treat an individual patient across care settings – including doctor’s offices, hospitals, and long-term care facilities.
- Improving coordination and communication among physicians and other providers and suppliers through Accountable Care Organizations will help improve the care Medicare beneficiaries receive, while also helping lower costs.
Hospital Value Based Purchasing Program

- Established in the ACA and further defined in Section 1886(o) of the Social Security Act
- Incentive program built on the Hospital Inpatient Quality Reporting (IQR) measure reporting infrastructure
- Designed to promote higher quality care for Medicare beneficiaries
- Pays for care that rewards better value and patient outcomes instead of just volume of services
- Funded by a 1% withhold from participating hospitals’ DRG payments
- Hospitals excluded from the program: Psych, Rehab, LTC, Children’s, Cancer, Critical Access
2013 Value Based Purchasing Measures

1. Nurse Communication
2. Doctor Communication
3. Hospital Staff Responsiveness
4. Pain Management
5. Medication Communication
6. Hospital Cleanliness & Quietness
7. Discharge Information
8. Overall Hospital Rating

- How quickly do heart attack patients receive potentially life-saving surgery on their arteries?
- How often do surgery patients receive the right treatment at the right time to prevent blood clots?
- How often do patients with heart failure get the discharge instructions they need to care for themselves?
- How often do surgery patients receive the right treatment at the right time to prevent infection?
- How satisfied are patients with their experience of care at the hospital?
2014 Value Based Purchasing Measures

Outcomes Domain
AMI 30 day mortality
HF 30 day mortality
PN 30 day mortality
2015 Value Based Purchasing Measures

- **Outcome Measures**: 30%
- **Clinical Process of Care**: 20%
- **Experience Measures**: 30%
- **Efficiency Measures**: 20%

Efficiency Measures: Medicare spending per beneficiary
What does that mean for Children’s Hospitals?

- Ohio Children’s Hospitals’ Solutions for Patient Safety (OCHSPS)
  - Developed 2009 to improve quality and decrease cost of care for Ohio children
  - 2011 Grant awarded by CMS and expanded to 26 CH (phase 1)
  - 2013 added 50 CH (phase 2)

ONLY pediatric focused CMS contract
2009-2011

- Initiative proposed
- Eight CH in Ohio participated

- Expected Outcomes
  - 60 percent reduction in surgical site infections
  - 34.5 percent reduction in adverse drug events
  - Reduction of $11.8 million in HC Costs
2011-2012

Phase I

• 33 Children’s Hospitals

• One of 26 contracts with “Partnership for Patients” (CMS)

• Expected Outcomes
  
  – 60% reduction in inpatient harm
  
  – 20% reduction in readmissions
  
  – Bundles created
Phase II

- 50 Children’s Hospitals added
- Intended to grow the program (more data)

2013

Expected Outcomes

- Committed to quality and safety improvements
- Share data transparently
- Participate in network programs
- Reduce inpatient harm by 60% and readmissions by 20%
Focus and Metrics

- Adverse Drug Events
- Catheter Assoc Urinary Tract Infection (CAUTI)
- Central Line Assoc Blood Stream Infections (CLABSI)
- Falls w/ injury
- Pressure Ulcers

- Surgical Site Infection
- Vent Assoc Pneumonia (VAP) (VAE)
- Prev Readmission
- OB Adverse Events
- Venous Thrombosis
- Serious Safety Events (SSE)
Anticipated Next Steps

• Payment for Quality
• Children’s HCAHPS
• Value Based Purchasing Outcomes
• Value Based Purchasing Efficiencies
How does any of this related to ME?

• Child Life Specialists Role
  – Reducing infections
    • Hand hygiene
    • Parent and child education (medical play – share what to expect)
    • Accountability of others
  – Reducing Readmissions
    • Parent/patient understanding of discharge plan
    • Understand and assurance of bundle
    • Question others when not following protocol
– Know your numbers
– Know what children are at risk for falls
– Assist with screening of siblings and visitors
– Know your organizations practice on isolation
The Price Is Right...or is it?

- Box of Masks
- Box of Gloves
- 60 cc Syringe
- One L bag of IV-NS
- One patient day
- One stay lengthened because of a HAI
- One fall with injury
- One serious event

- $.06 each
- $6.35 per box
- $.29 each
- $1.10 per bag
- $1552.93
QUESTIONS?