

High Performance Healthcare: *Mission, Strategy, & Measurement*

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&

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"High Performance Organizations"

HPO's are outcomes oriented. The *desired outcomes are clearly delineated*, and the organization actively and *continuously assesses its performance* based on outcomes. In addition, HPO's *are customer-focused*.

Michael Edmond, MD, MPH,
ACPE Click;9/2000:www.acpe.org/Click/

Mission

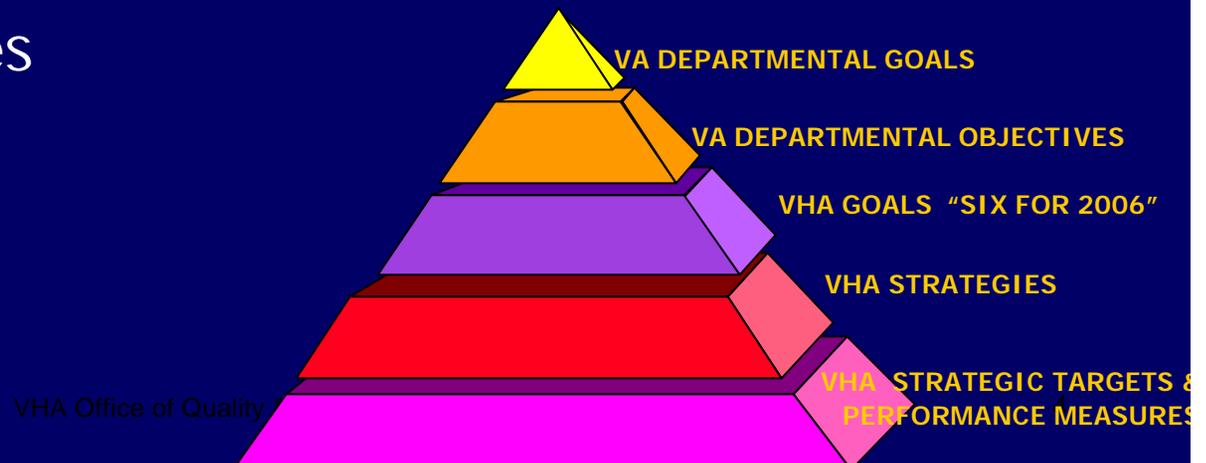
**To Care for Him Who Shall Have
Borne the Battle , and for His Widow
, and His Orphan . . .**

. . . Abraham Lincoln



Mission Assumptions

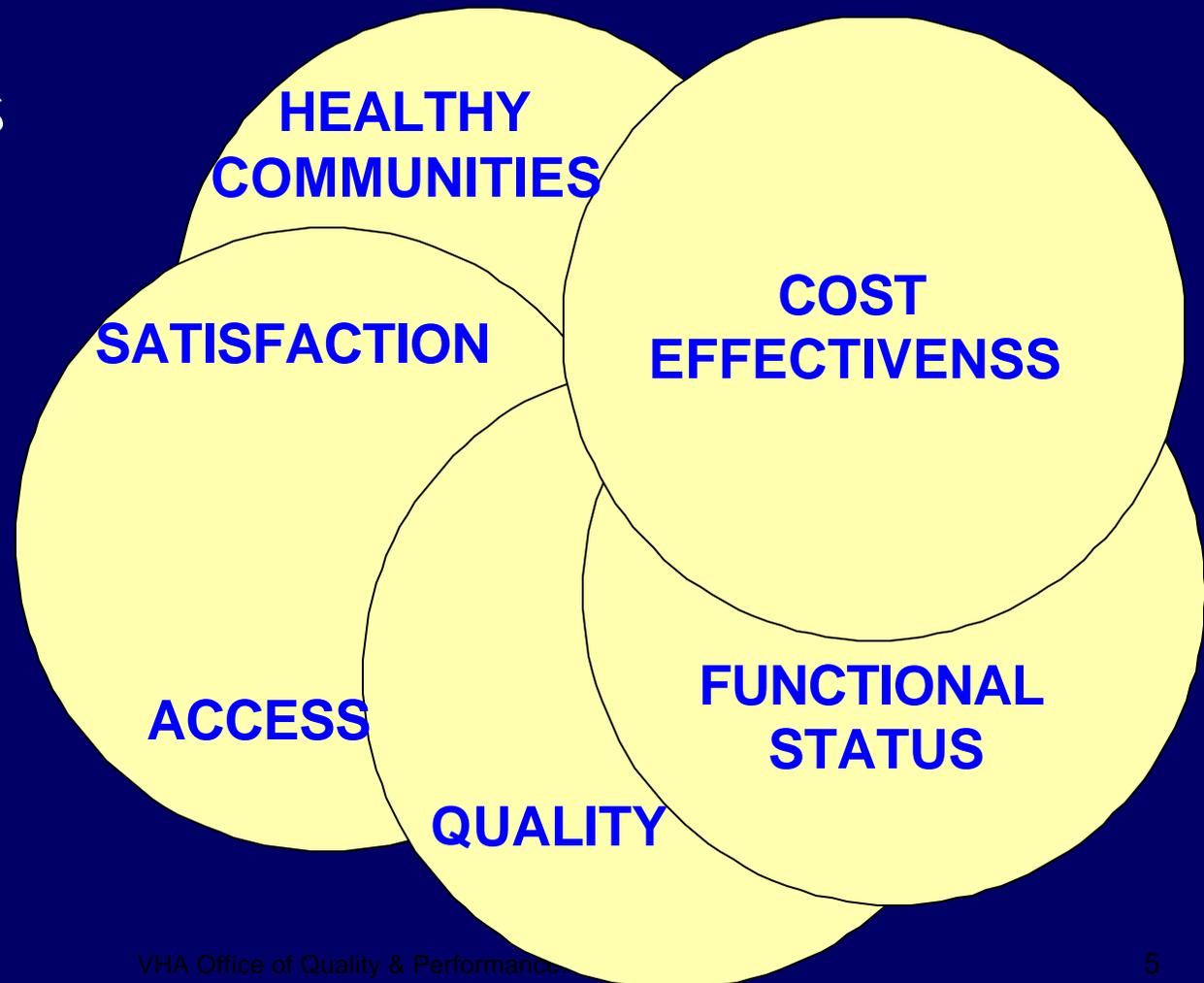
- Effective in serving Veterans health & social needs
- Multiple Stakeholders including:
 - Executive & Legislative Branches of Federal Government
 - Veteran Service Organizations
 - Community (including govt), Healthcare Community, Business (Academic) Partners
 - Fellow Employees





Mission Guides Strategy: Strategic Goal Areas

- Mission drives strategy
- Strategy drives measures
- Measures drive change





Strategic Realities: Planning Assumptions

- Good Management (and Resource Constraints)
Compel Difficult Questions
- Compel Accountability for Performance and VALUE
 - Is VA Care Valuable?
 - | Does VA Provide Quality? Satisfaction? Access? Safety?
 - | Is Care Cost-Effective?
 - Is there (Unacceptable) Variability?
 - How would we know (prove) these things?
 - | How do we measure and manage to create and demonstrate (Health Care) VALUE?

In God We Trust



All Others Bring Data



Challenge: Create Value For Veterans and America

$$\text{Value} = \frac{\text{QUALITY}}{\text{Cost}}$$

$$\text{Value} = \frac{\text{OUTCOMES}}{\text{Cost}}$$



Measuring VAlue

Where the Rubber Hits the Road

- VHA "Domains-of-Value" = Strategic Goal Areas
 - Quality
 - Access
 - Community Health
 - Satisfaction
 - Functional Status
 - Cost-Effectiveness

Challenge: To Create & Communicate VALUE

$$\text{Value} = \frac{\text{Access} + \text{Technical} + \text{Functional} + \text{Satisfaction} + \text{Community Health}}{\text{Cost}}$$

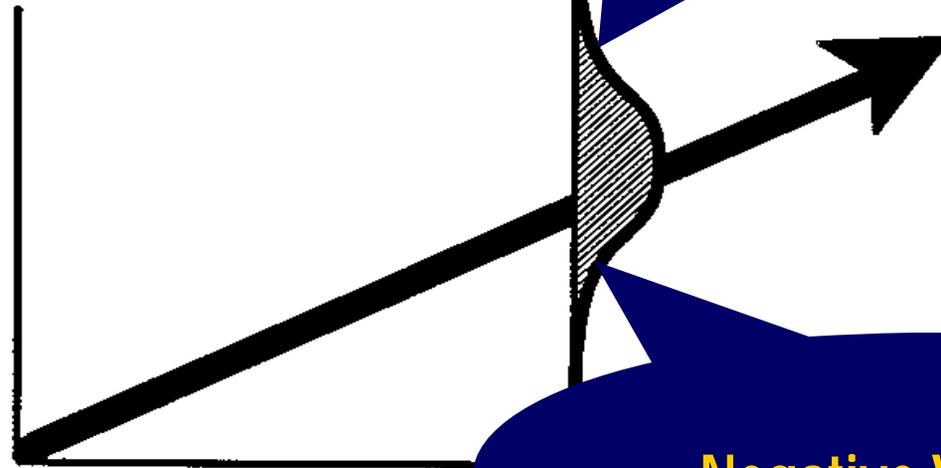
- Provide consistently reliable, accessible, satisfying, high-quality care which maximizes functional status, is cost-effective and fosters healthy communities



Variation Also Occurs at the Facility, Clinic & Practitioner Level

**At Each Level
There Is a Distribution**

Health
Benefits



Utilization
of Care Resources

Positive Variation

Negative Variation

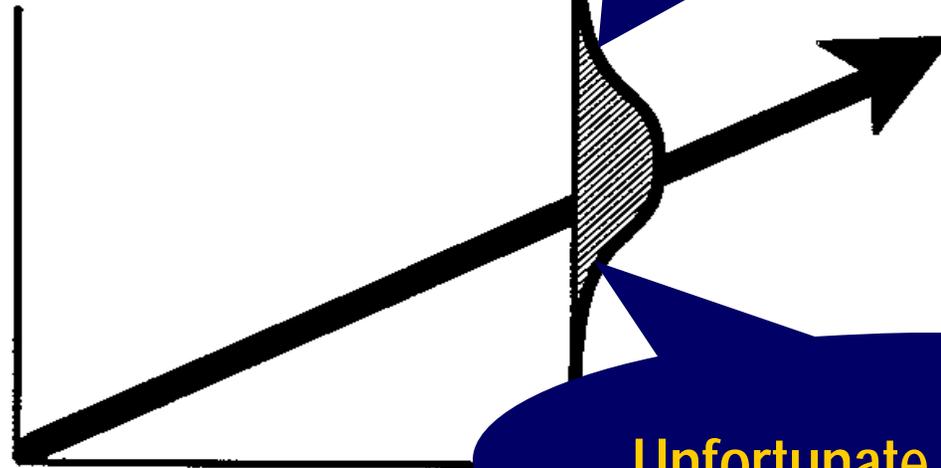
after DA Burnett, ©UHC, 1995



Variation Also Occurs at the Facility, Clinic & Practitioner Level

**At Each Level
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Utilization of
Care Resources

Unfortunate Experience

Reasonable Expectation

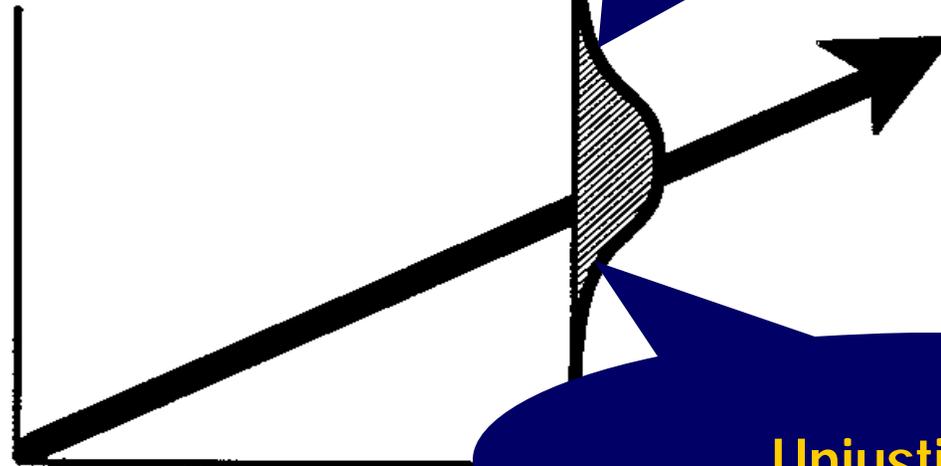
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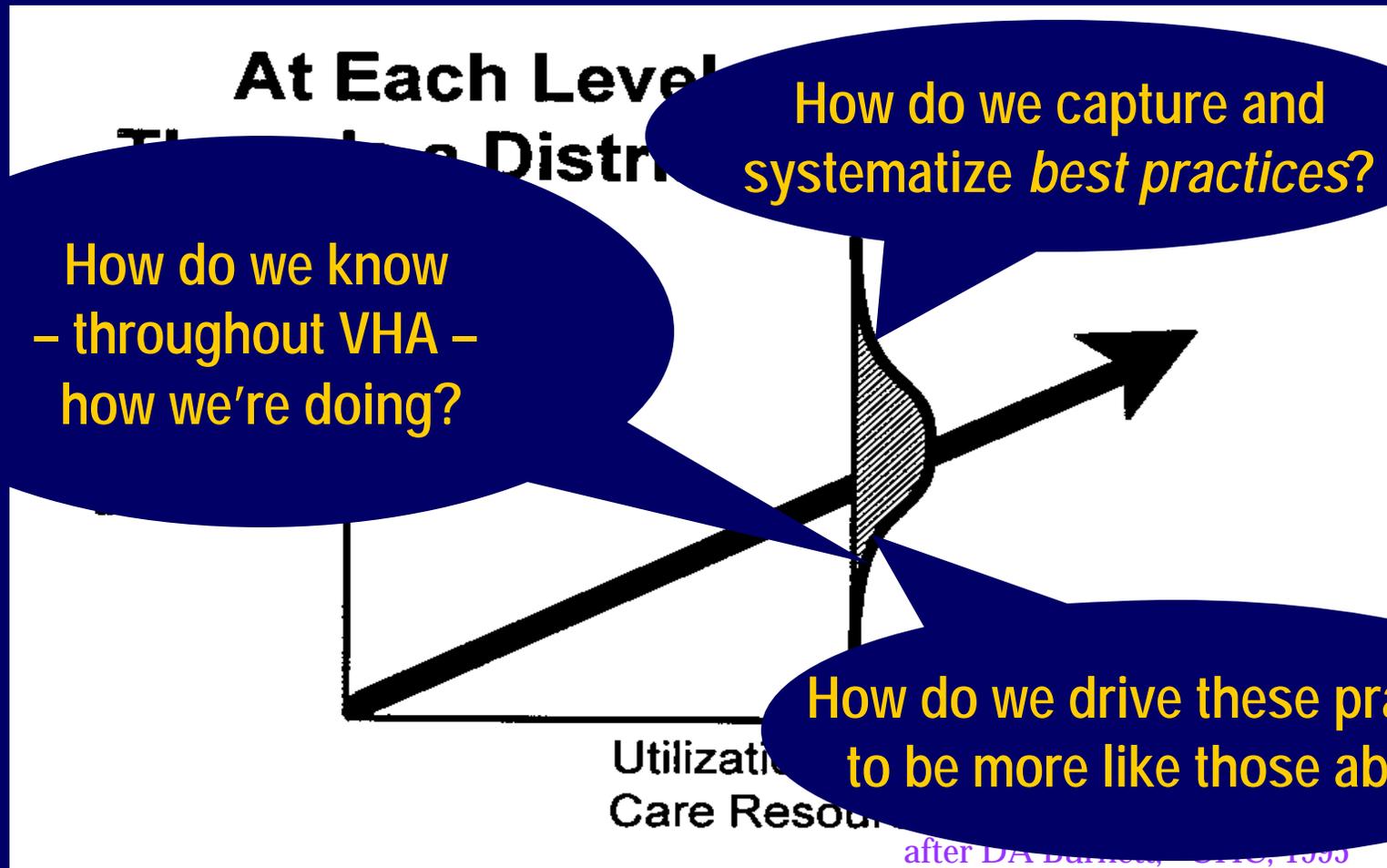
Justifiable

Unjustifiable

after DA Burnett, ©UHC, 1995



Variation Also Occurs at the Facility, Clinic & Practitioner Level





What's Wrong With Variation?

- Not All Variation is Positive
 - Inconsistent Quality
 - Inconsistent Cost (Efficiency)
 - Inconsistent Access
 - Inconsistent Satisfaction

- Inconsistent Outcomes reflect inconsistent processes
- Sub-optimal outcomes reflect sub-optimal processes
 - | A.K.A. *The Quality Chasm*



So, Who is VA, VHA? Veterans Health Administration

- Agency of the Department of Veterans Affairs
 - Veterans Benefits Administration
 - National Cemetery Administration
- Almost 4 million patients, ~ 5 million enrollees
- ~ 1,300 Sites-of-Care, including > 170 medical centers or hospitals, > 600 clinics, long-term care, domiciliaries, home-care programs
- ~ \$21 Billion budget (flat at ~ \$19B from 1995 - 1999)
- 180,000 FTEE (~15,000 MD , 30,000 RN)
- Affiliations with 107 Academic Health Systems
 - | 60% US health professionals with some training in VA
 - | Separate \$1B Research Budget; focus on human DZ / HSR



Quality Access Satisfaction

A "New VA?"

... Back to the Data

Functional Status Efficiency Community Health

VHA Office of Community Care
Please do not state intent to state
jurisdiction for other states.



Vaccine Cuts Pneumonia Risk in High-Risk Patients

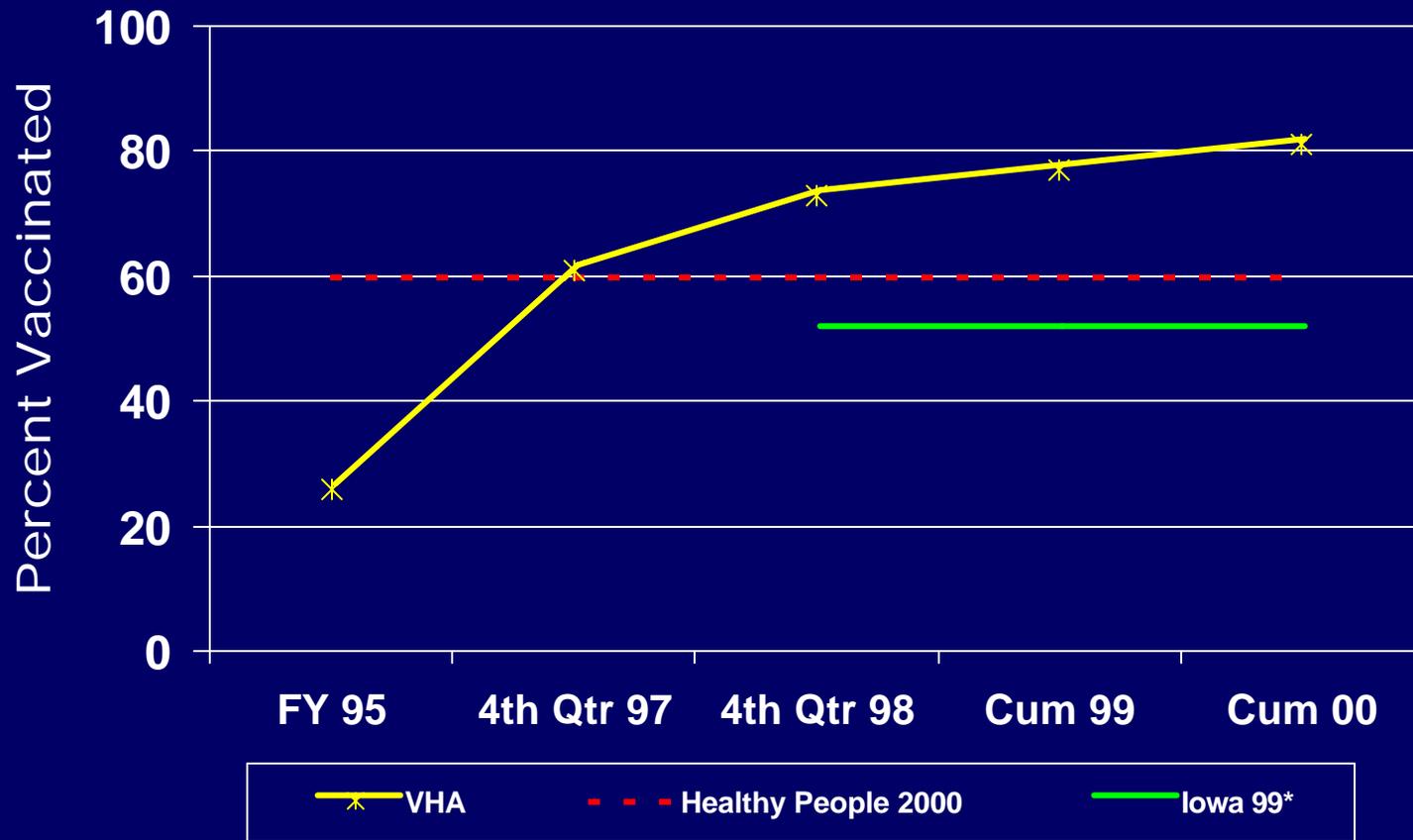
Archives of Internal Medicine 1999;159:2437-2442

Dr. Kristin Nichol, VAMC / Minneapolis

- 50% of elderly Americans / high-risk individuals have not received the pneumococcal vaccine.
 - VAMC study of 1,900 elderly patients with chronic lung disease; 2/3 vaccinated against pneumonia.
- Pneumococcal vaccination:
 - 43% reduction in hospitalizations for pneumonia and influenza, and a 29% reduction in the risk of death.
- Pneumonia and Influenza vaccination:
 - 72% reduction in hospitalizations for these two diseases and an 82% reduction in deaths from all causes.
- Pneumococcal vaccination saved an average of \$294 per vaccine recipient over the 2-year period.



Pneumococcal Vaccination Rates



* Iowa: Petersen, *Med Care* 1999;37:502-9. >65/ch dz

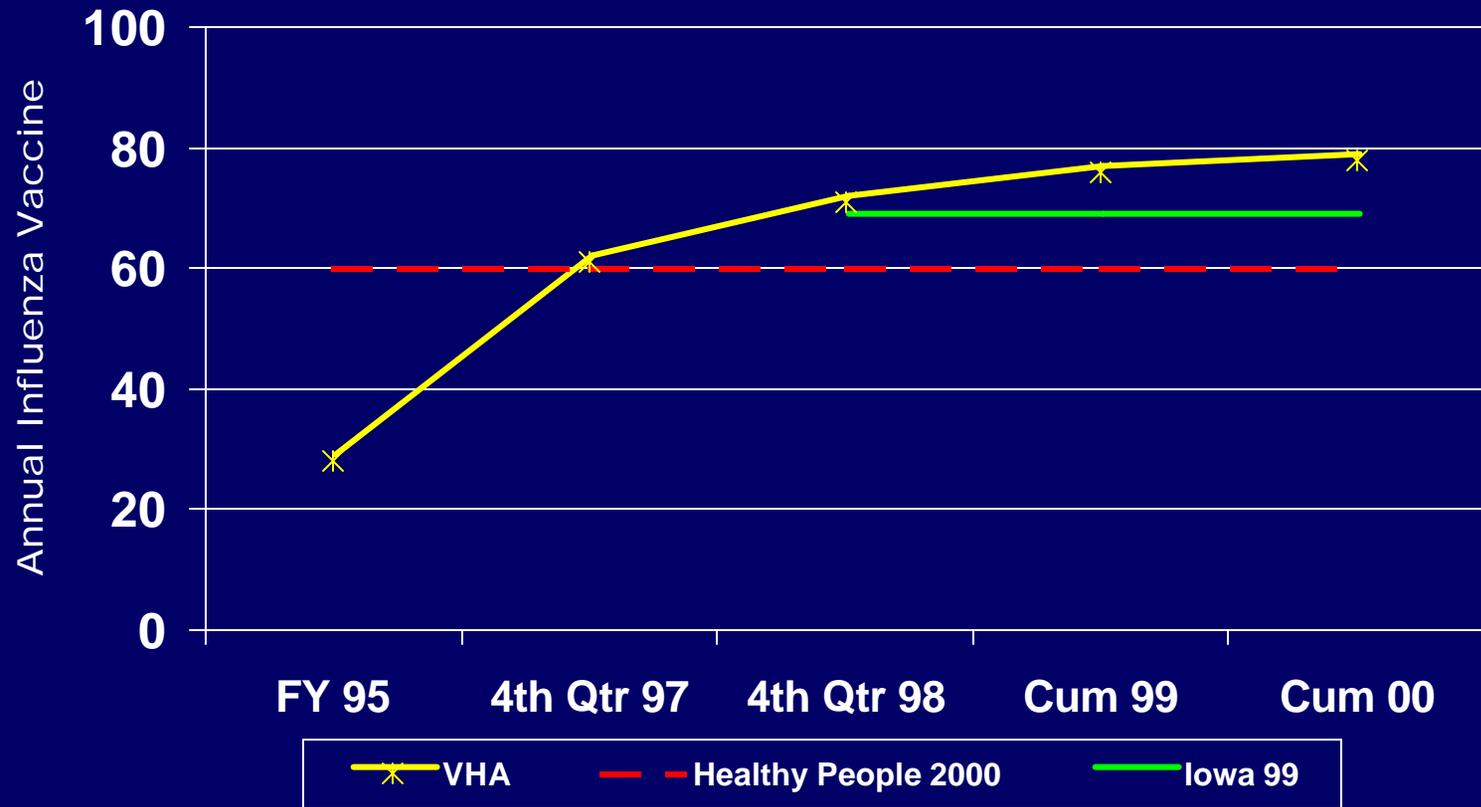


Extrapolating from Dr. Nichol's study:

**Between 1996 and 1998, Increased Rates of
Pneumococcal Vaccination Averted 3914
Excess Deaths Nationally in VA Patients
with Chronic Lung Disease . . .**

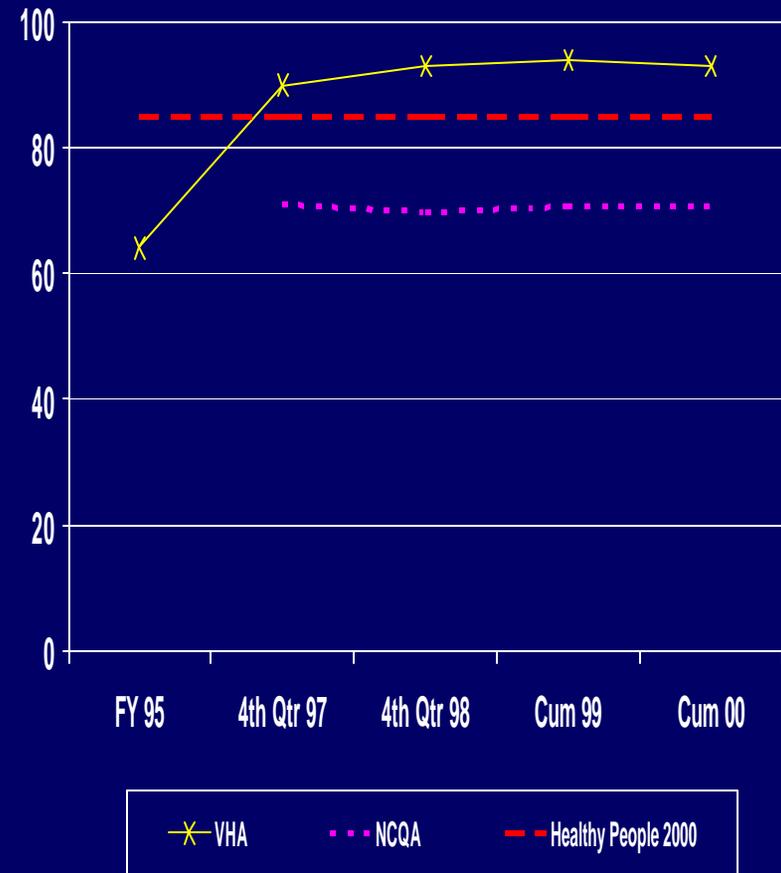
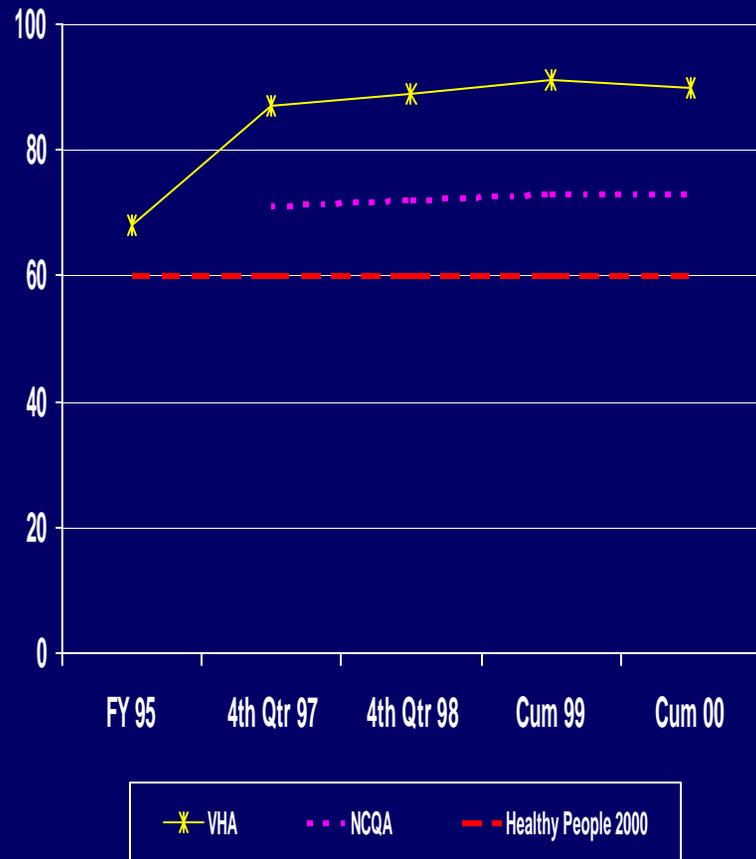


Quality: Influenza Vaccination Rates



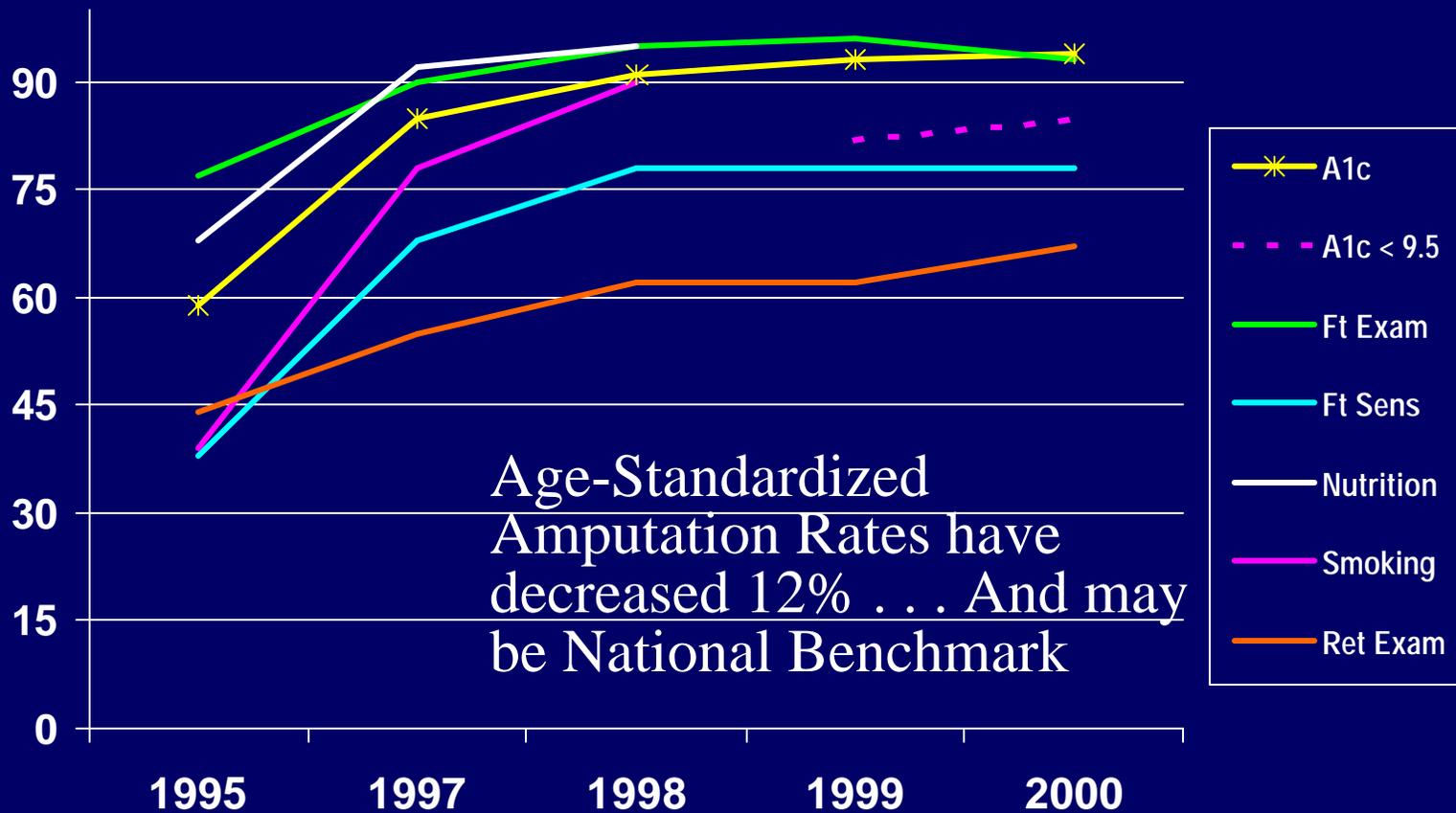


Quality: Gender / Age Approp Care Breast CA & Cervical CA Screen





Quality: Diabetes Measures



Sawin CT, Walder DJ, Bross DS, Pogach LM, "Diabetes process and outcome measures in the VHA," *Diabetes Care*, 1999



Survival after MI

Soumerai SB "Adverse Outcomes of Underuse of Beta Blockers in Elderly Survivors of Acute Myocardial Infarction," JAMA 1997; 277(2):115-21

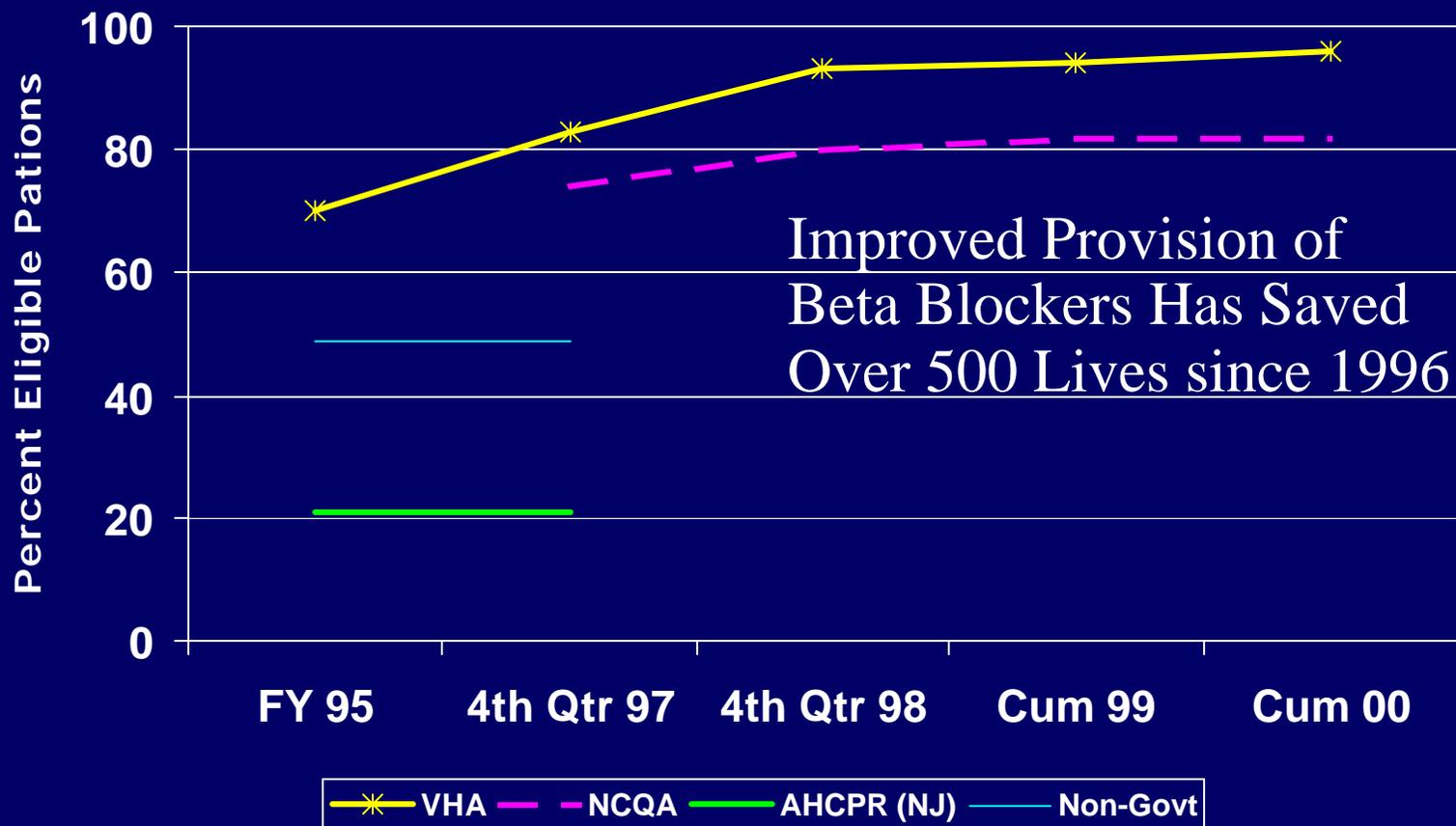
Elderly patients who receive beta blockers following a heart attack are 43 percent less likely to die in the first 2 years following the attack than patients who do not receive this drug, according to a new study funded by the Agency for Health Care Policy and Research (AHCPR), published in the January 8 issue of *The Journal of the American Medical Association* (JAMA).

The study found that patients who receive beta blockers are **rehospitalized for heart ailments 22 percent less often** than those who do not get beta blockers. However, **only 21 percent of eligible patients receive beta blocker therapy.**

Researchers found that these patients were almost three times as likely to receive a new prescription for a calcium channel blocker than for a beta blocker after their AMI. Eligible patients receiving calcium channel blockers instead of beta blockers doubled their risk of death.



Beta Blocker following AMI in VHA Medical Centers



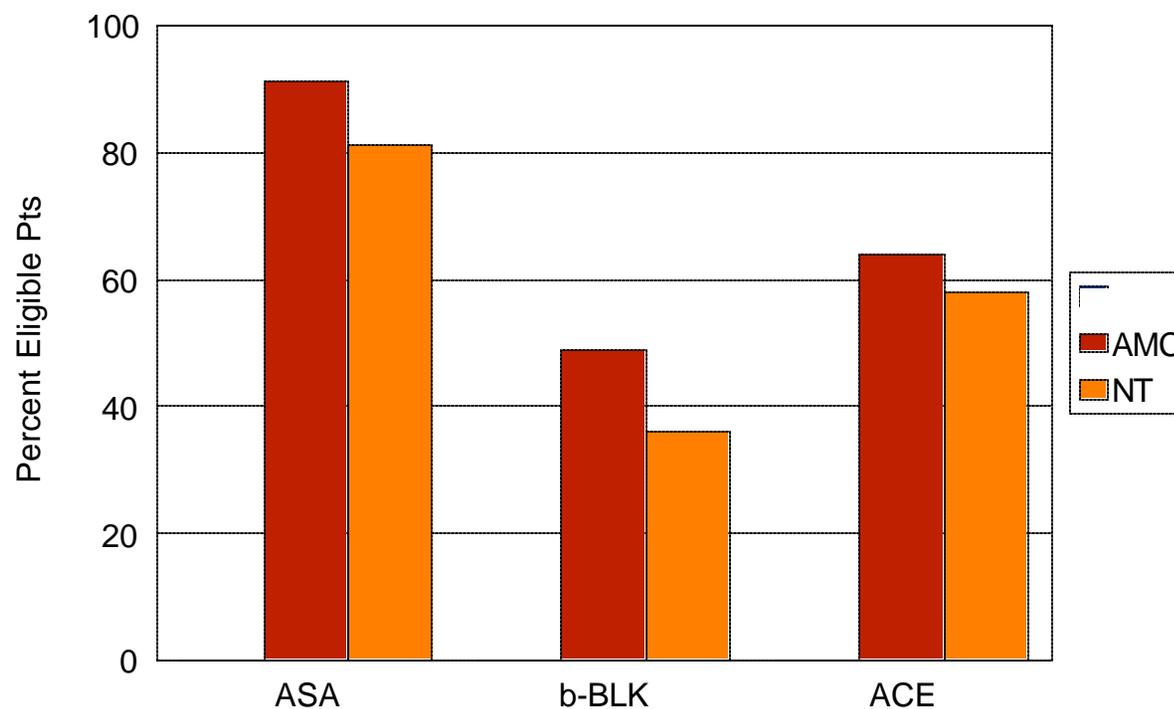
AHCPR: Soumerai *et al.* *JAMA* 1997;277(2):115-21

Non-Govt: Krumholz HM *et al.* *Ann Int Med* 1999;131(9):648-54

VHA Office of Quality & Performance: May, 2001

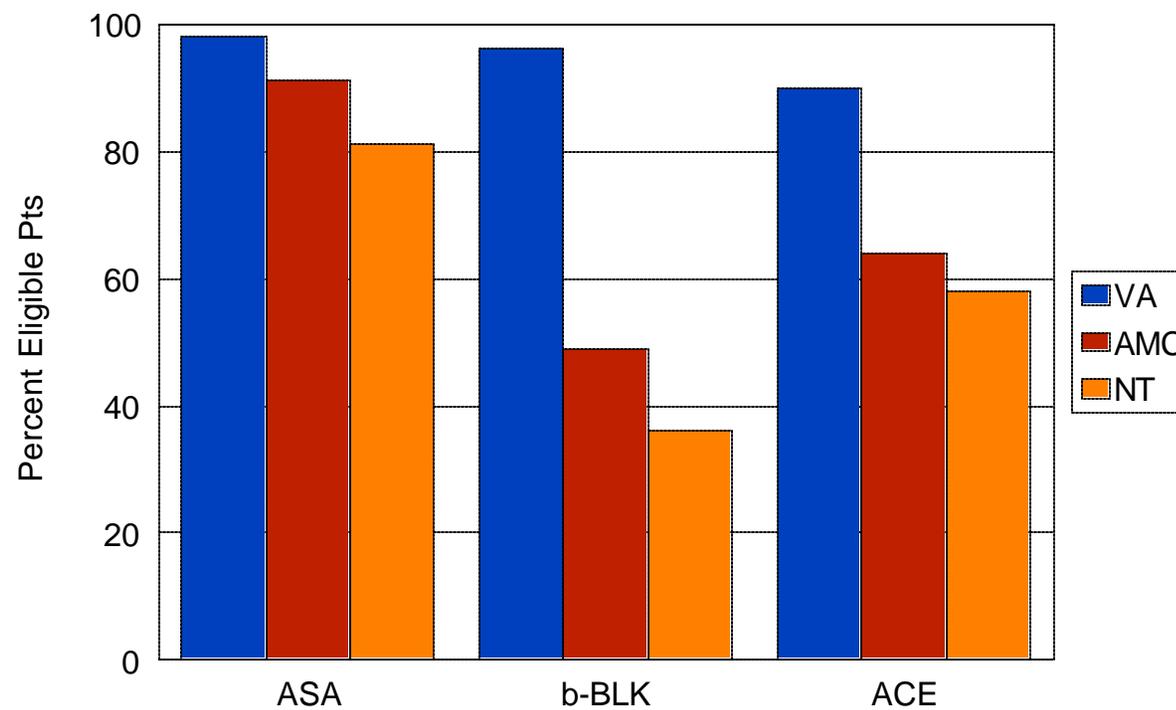


What others are saying: Teaching Status & Cardiac Care





What others are saying: Teaching Status & Cardiac Care

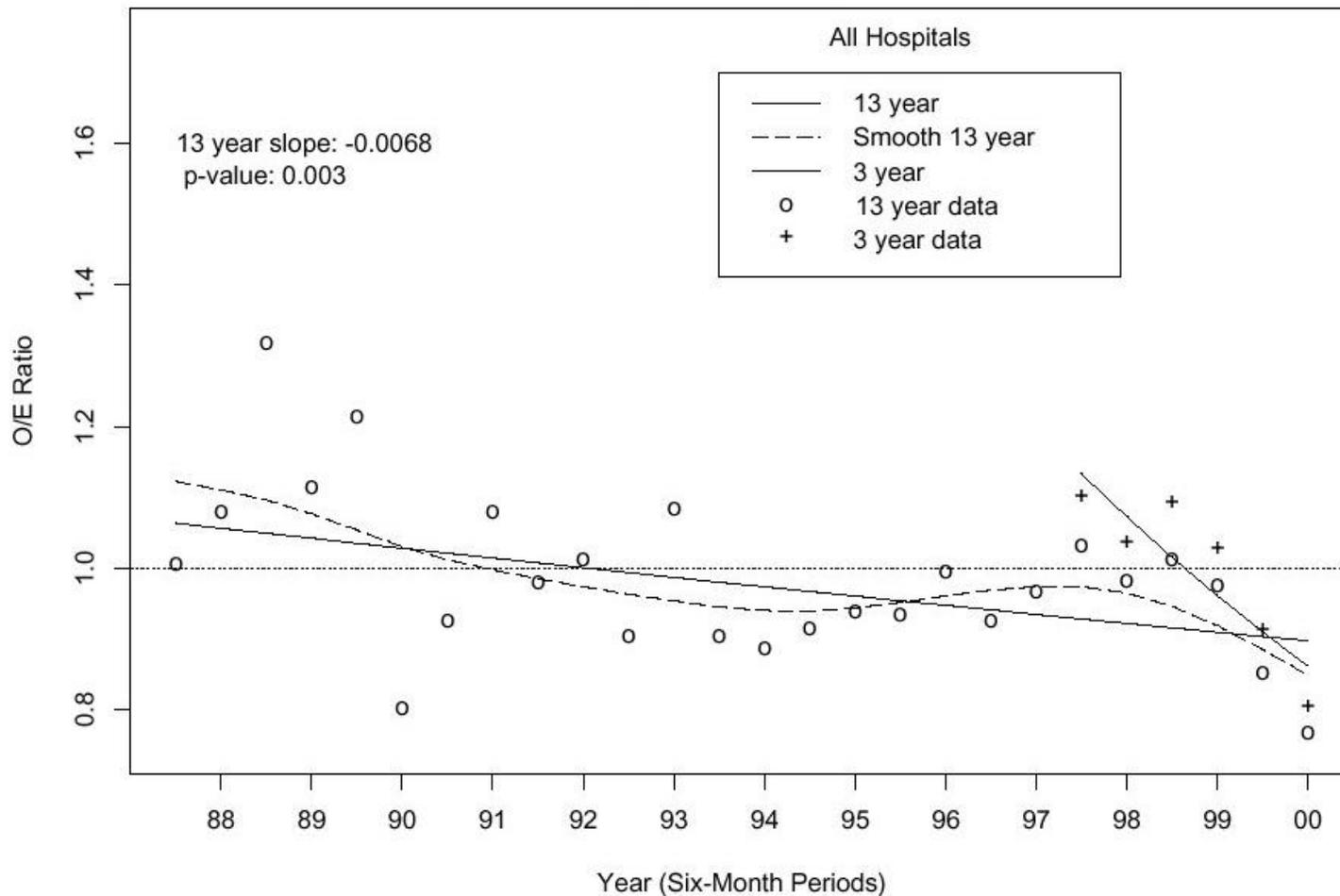




NSQIP: National Surgery Quality Improvement Program

FIGURE 8

System-Wide O/E Ratio Time Trend
(All Patients)





Chronic Disease Index: 1996 - 1999

Chronic Disease Index

Chronic Obstructive Pulmonary Disease (COPD):

- Inhaler Use Observation / Education (Inpatient)
- Inhaler Use Observation / Education (Outpatient)

Diabetes Mellitus:

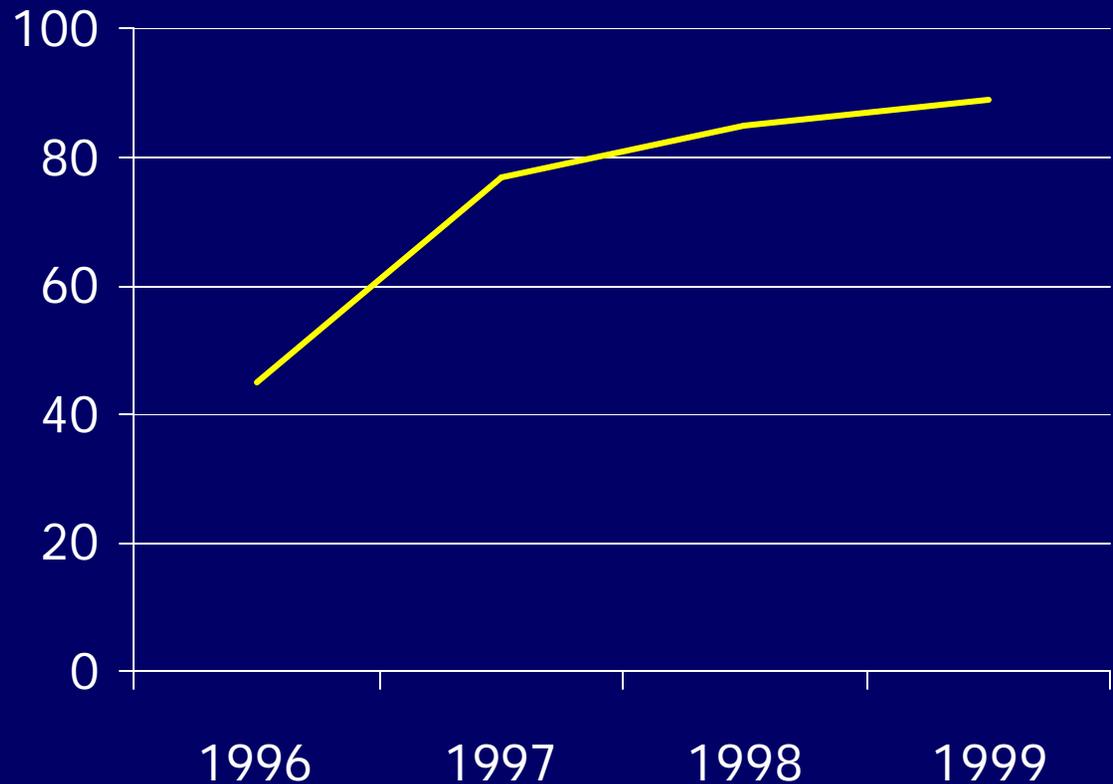
- Annual Pedal Pulse Evaluation
- Annual Sensory examination of Feet
- Annual Visual Foot Inspection
- Annual Hemoglobin A1c
- Annual Retinal Exam

Hypertension:

- Exercise Counseling
- Nutrition Counseling

Ischemic Heart Disease:

- Aspirin Use post-Myocardial Infarction
- Beta-Blocker use post-Myocardial Infarction
- Cholesterol Management post-Myocardial Infarction





Prevention Index

Prevention Index:

Immunization:

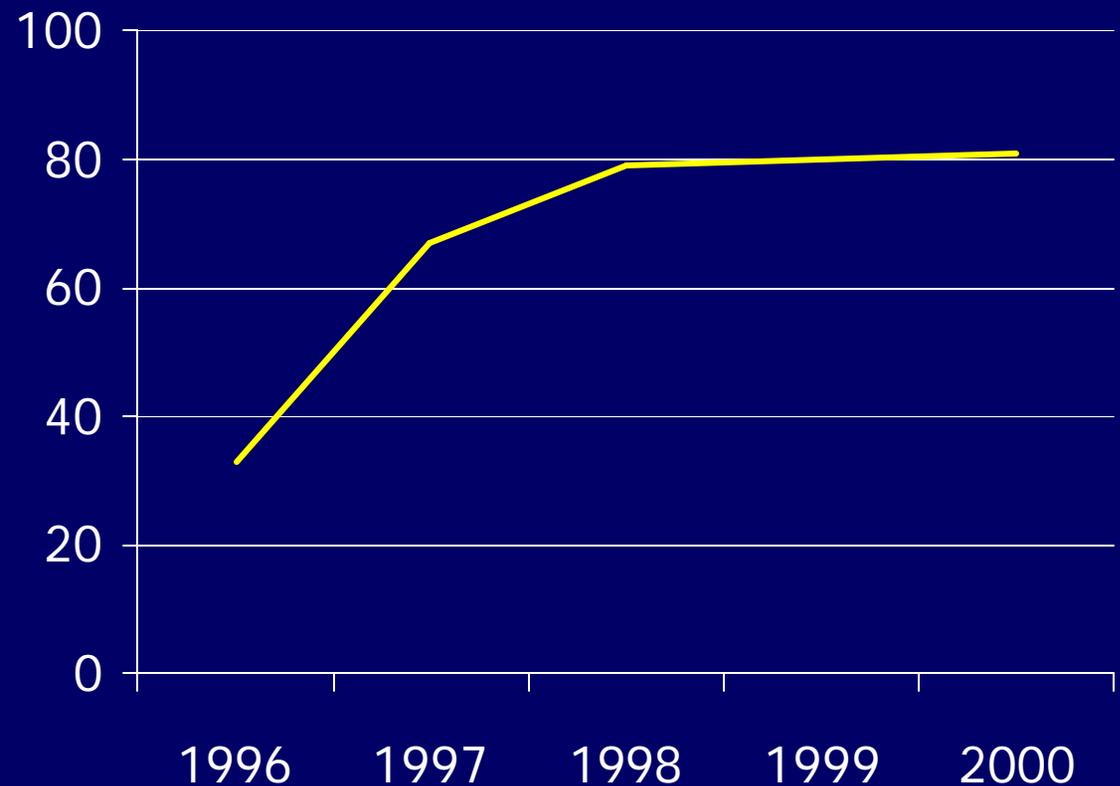
- Influenza Immunization
- Pneumococcal Vaccination

Cancer Screening:

- Breast Cancer Screening
- Cervical Cancer Screening
- Colorectal Cancer Screening
- Prostate Cancer Screening

Substance Use:

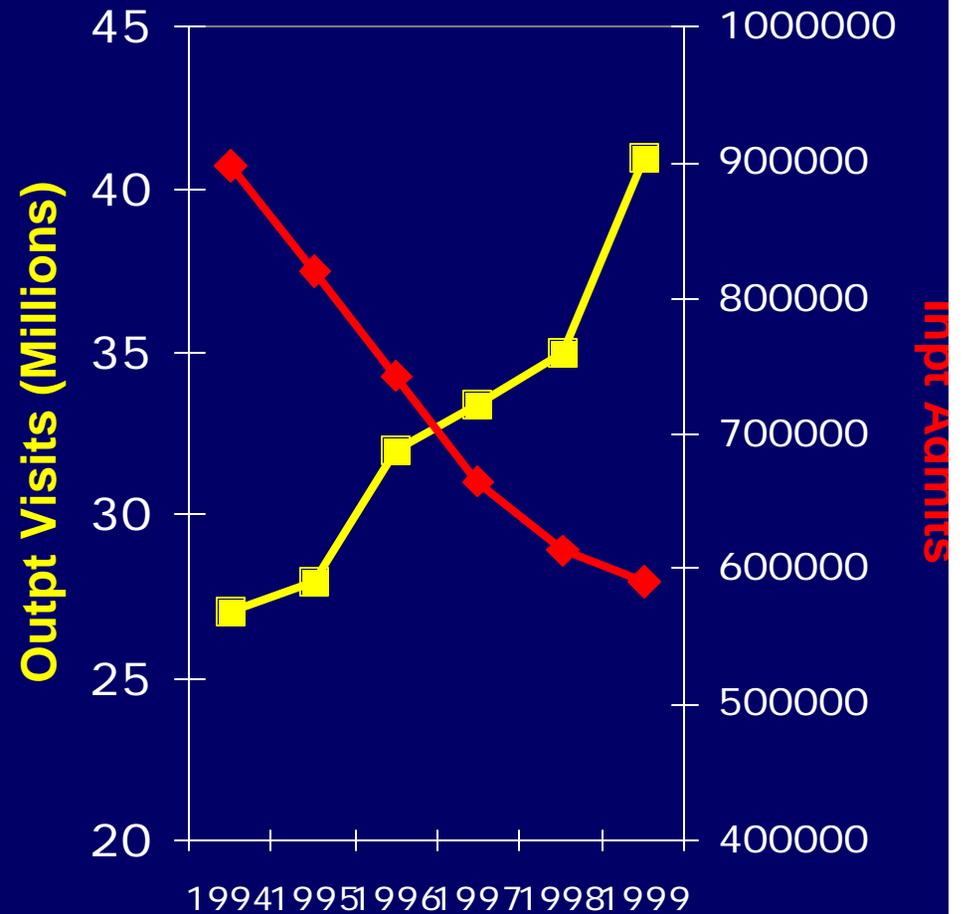
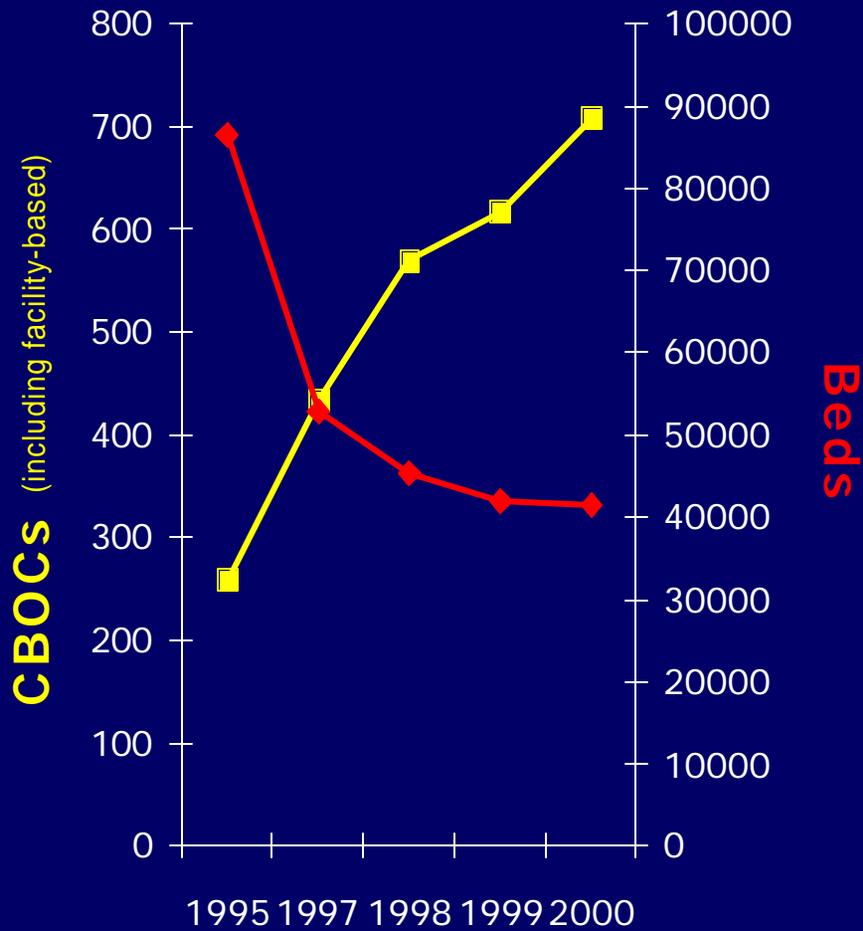
- Alcohol Use
- Tobacco Use
- Smoking Cessation Counseling



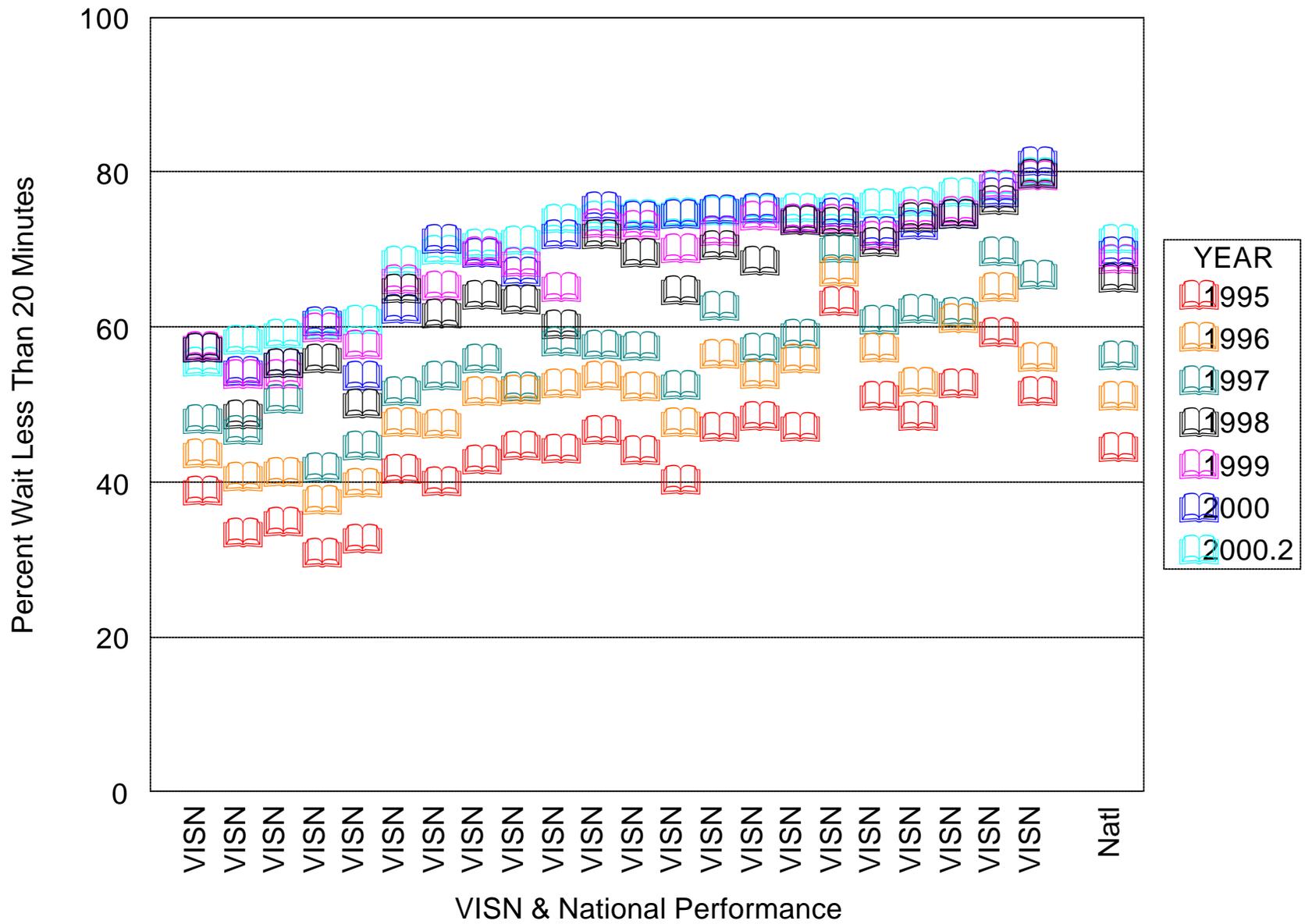


Access: Geographic

Supporting Better Primary Care



Percent Patients Seen in 20 Minutes





Satisfaction: Progress & Opportunity ...

- 2000: 79 of 100 on external American Customer Satisfaction Index (Univ. of Michigan) Outpt 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!
- National VA data: Opportunity for improvement
 - | Priority Areas Identified: Access, Coordination of Care, Health Information, Pain Management



A New VA: New Strategies ... *Outcomes Don't Just Happen*

■ Outcomes Can & Should Be Specified

- Linking Mission & Vision with Measurement & Management of Outcomes

- Identify Variability

- | Assess opportunity (negative variation)

- Risk ("delta" between current and ideal) – "IOM Quality Chasm"
 - Prioritize (e.g. volume, other significant factors)

- Identify and Implement "Best Practices"

- | Spectrum of Outcomes, Spectrum of Measures

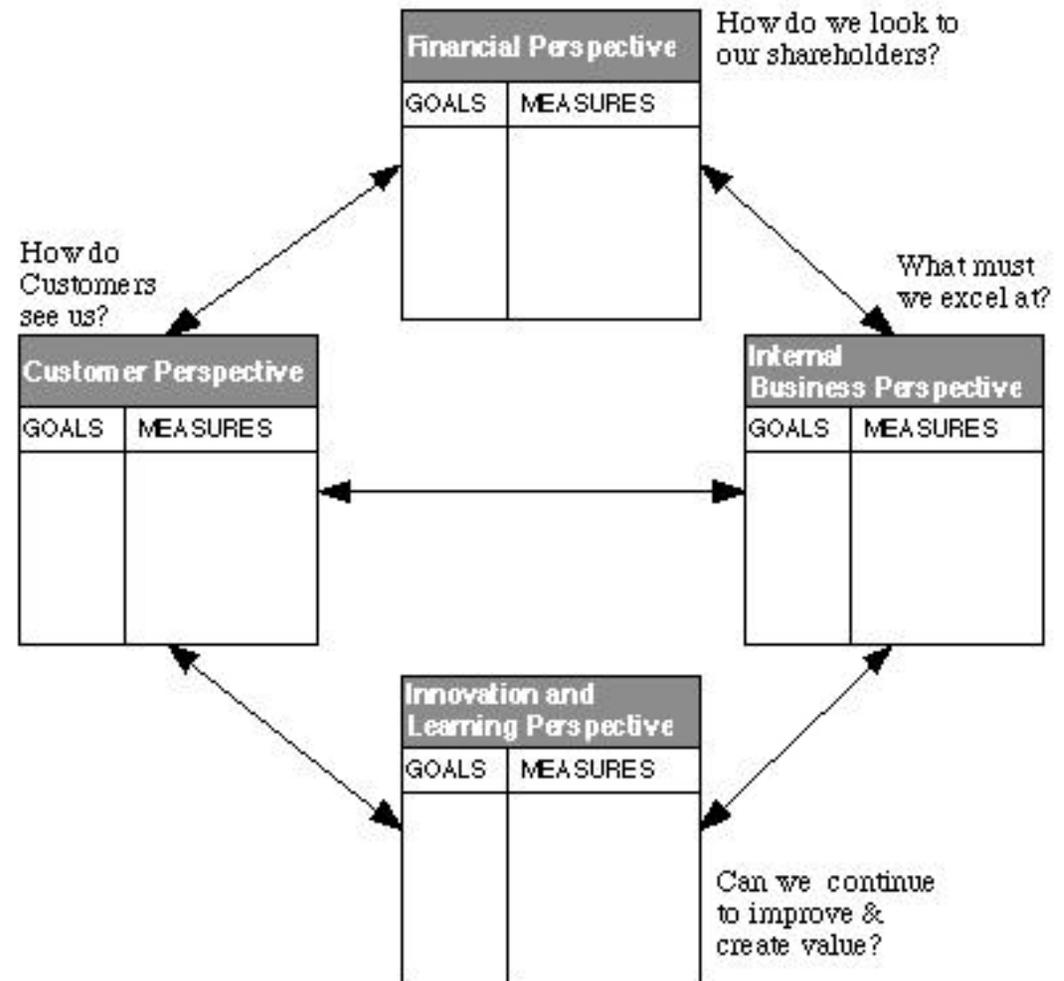
- Measures provide "Tension" - Accountability for Outcomes



Challenge: Identify Needs, Set Direction, Measure Performance & Articulate Outcomes

- Kaplan & Norton
 - Concept of balanced perspective
 - Link of Goals with Measures
 - Real World: Perspectives don't operate in isolation

Balanced Scorecard





Not Necessarily Pretty, But Pretty Effective

VALUES, GOALS, STRATEGIES

Performance Measures





Changing the Paradigm: From HR to Management Support

Thomas J. Hogan

*Director, Management Support
Veterans Health Administration*

VHA Office of [Customer & Personnel Services](#) [Click on state initials to view facilities in that state.](#)



When You Think VA, Think **VA**lue for Veterans

IMPROVING ACCESS

BENCHMARK OUTCOMES in

- **PREVENTIVE HEALTH**

- **DISEASE TREATMENT**

- **CUSTOMER SATISFACTION**

LEADING PATIENT SAFETY