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Quality Healthcare: Who Will Define It?

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In today's political climate, it seems everyone but physicians knows what quality healthcare looks like. Whether by reading a newspaper article, viewing a website, or turning on the television, it's easy to see that everyone is talking about "quality care." Even the health care reform act is called the "Patient Protection and Affordable Care Act."

One must therefore assume the government feels it can protect our patients and decrease unnecessary spending. Why have the physicians not led

in the search for quality? Or have they? Individually, I'm certain we strive to provide quality care to our patients. I know I do. Unfortunately, nationally as a group, we have not consistently done so.

However, we can re-take the lead in our practices and in our hospitals. First, it is important to know how the government is currently judging our quality. There are core measures –

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now often called "care" measures – that most physicians know very little about. Yet, we must commit ourselves to supporting these measures. Physicians cannot simply dismiss them as "the government's meddling" in our physician-patient relationship.

CORE MEASURES

Core measures are a set of care processes developed by The Joint Commission to improve the quality of health care by implementing a national, standardized performance measurement system. Core measures were derived largely from a set of quality indicators defined by the Centers for Medicare and Medicaid Services (CMS).

First and foremost, we need to remember that the core measures were carefully researched and have been scientifically shown to improve outcomes of patient care. If we do not follow these "best practices," our hospitals – and soon enough, us and our practices – will be seen as providing substandard care. Fortunately, if you explain in writing why, you can vary from the government–mandated protocols without penalty.

PATIENT SATISFACTION

Along with core measures, patient satisfaction ratings can be found in a variety of places on the internet, thanks to the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The intent of the HCAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on hospital care. Previously there was no national standard for collecting or publicly reporting patients' perspectives of care information that would enable valid comparisons to be made across all hospitals.

You, your patients, your community and, in fact, anyone with access to a computer, can see how your

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CONGRATULATIONS TO ...

- Dr. Angela Brown (Olympia, WA)
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- · Dr. Lionel Naylor (Decatur, AL)
- Dr. David Nelson (Russellville, AR) To see why they've been recognized, visit Medical Staff News in the "For Physicians" section of Capella Healthcare's website.

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OUR MISSION

- Together, making health care better for our communities.
- Setting a new standard in patient care excellence.

OUR VISION

Hospitals in the Capella Healthcare family will be the center point for transforming the quality of life in their communities, focusing first on improving the health and well-being of every individual.

CAPELLA HEALTHCARE

Of the millions of stars in the sky, Capella is known as the brightest star closest to the celestial North Pole. Like our name, our vision is to be a reliable and constant resource, enabling our hospitals to be stronger and brighter for those they serve.



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Connections@CapellaHealth.com CapellaHealthcare.com hospital compares to the one down the street. We can complain that the results are old and they don't accurately express quality or satisfaction, but nonetheless, it is how we are being graded. I never saw students get very far who debated the fairness of a test with the teacher.

PAYING FOR QUALITY

Starting in 2012, CMS will adjust some hospital payments based on how a hospital performs on core measures and HCAHPS. This Value Based Purchasing (VBP) methodology will be based 70% on core measures and 30% on HCAHPS. To protect ourselves and improve our practices, we need valid, objective data.

Capella Healthcare is now providing us with that resource – The Advisory Board's Crimson Clinical Advantage – which was selected by our National Physician Leadership Group as the tool through which we would address physician performance improvement. The rollout to all hospitals of the Crimson inpatient tool will be completed by July 1. Later this year, physicians will be asked for input on the outpatient module which will provide data for services such as ambulatory surgery, interventional radiology and ER. Right now, we should all be learning how to use this tool fully to know how we are performing.

WHAT ELSE CAN WE DO?

So how do we as physicians shape this enigma of quality grading? First, we should all learn what the metrics are that we are being judged upon. How many physicians can name the actual core measures or the questions on the HCAHPS survey? Secondly, if we feel that there are patients who should not be treated according to the core measures, we must note this variation in

the chart. There is no reason for – or value to – complaining.

Be proactive, and work with your hospital's Chief Quality Officer and quality committee to think of new ways to improve care. I have always thought any invasive tube in an inpatient that is not absolutely necessary, should be removed. Less infection, less thrombosis, fever, fewer complications and less for me to do. "De-tube them!" Convenience of the nurse or physicians is no excuse for a Foley or central line left in an extra day.

We must be more attuned to service and put ourselves in our patients' shoes. Being a patient is a stressful situation, and satisfaction from your patients is important. Satisfied patients do not generally file lawsuits. If we allow others to lead, physicians will continue to be left on the sideline of this march to improve quality, safety and service.

Due to our training, experience, and commitment, we should be the ones the public looks to for guidance. In our local communities, we can and we should take the lead. We need to dedicate ourselves to working together to ensure that excellent service, safety, and quality care is received by every patient, every time.

Hospital Rating Websites

Here are just a few of the websites where consumers can get information about hospital quality.

www.HospitalCompare.hhs.gov
www.HCAHPSonline.org
www.HealthGrades.com
www.WhyNotTheBEST.org
http://health.usnews.com/best-hospitals
www.ConsumerHealthRatings.com