Carolyn M. Clancy, MD
Deputy Under Secretary for Health for Organizational Excellence

21st Century Health Care Challenges:
What the Private Sector Can Learn from VHA

Intermountain Healthy Dialogue Series
August 25, 2016
... But There’s No Time to Waste

“Everything depends on execution; having just a vision is no solution.”

– Stephen Sondheim
Mortality rates for older men treated for AMI or heart failure at VA hospitals were lower compared with those treated at non-VA hospitals

Nuti et al. in 2/9/2016 JAMA

“These findings are important because they suggest that despite all of the challenges that VA hospitals have faced, they are still able to deliver high-quality care for some of the sickest, most complicated patients.”
The quality of mental health care provided by VA is superior to that provided to a comparable population in the private sector.

Watkins et al. 4/01/2016 Psychiatric Services

- “In every case, VA performance was superior to that of the private sector by more than 30%. Compared with individuals in private plans, Veterans with schizophrenia or major depression were more than twice as likely to receive appropriate initial medication treatment, and Veterans with depression were more than twice as likely to receive appropriate long-term treatment.”
“Every report on the VHA over the past two years has documented that the system provides care equal to or superior to private-sector care…”

Suzanne Gordon, 8/16/26, The American Prospect
FOR IMMEDIATE RELEASE
August 4, 2016

The Joint Commission Releases Results of VA Health Care Surveys to VA

Surveys Note Challenges and Improvements

Note: This release was updated on August 5 and now contains a link to the report.

WASHINGTON - The Joint Commission today provided the results of its Special Focused Surveys of the Department of Veterans Affairs (VA) healthcare facilities to VA leadership. The special focused surveys, prompted by reported allegations of scheduling improprieties, delays in patient care and other quality-of-care concerns, were conducted October 2014 to September 2015 and focused on measuring the progress VA has made to improve access to care and barriers that might stand in the way of providing timely care to Veterans.

“One of my top five priorities is to seek best practices in research, education, and management. We invited The Joint Commission in to conduct these unannounced focused surveys at 139 medical facilities and 47 community based outpatient clinics (CBOC) across the country, to give a better understanding of areas for improvement and areas where the processes are worth replicating,” said VA Under Secretary for Health Dr. David Shulkin.
“Health care … is a moral enterprise and a scientific enterprise, but not fundamentally a commercial one. We are not selling a product. We don’t have a consumer who understands everything and makes rational choices – and I include myself here.”

(Health Affairs -2001)

Avedis Donabedian
Health Care Is at a Critical “Fork in the Road”

Do we continue down a path that frustrates clinicians, confuses patients and doesn’t consistently align incentives with improving quality and value?

Do we align quality and value efforts with care where it matters, at the front line with clinicians and patients?
VA and Private Sector Health Care Face Similar Challenges

- Access
- The Shift from Inpatient to Outpatient Care
- New Approaches to Emerging Needs & Patient Expectations
- High-Reliability Health Care
- Patient Engagement
- The Triple Aim
VA Healthcare?
Common Challenges: Access
What Patient Surveys Tell Us:
*VA is significantly better in comprehensiveness, but lags in access.*

<table>
<thead>
<tr>
<th>Private Sector (CAHPS Composite)(^1)</th>
<th>(adjusted for differences in age, education, and health status)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (based on % always getting care when needed)</td>
<td>6 points lower than private sector</td>
</tr>
<tr>
<td>Communication</td>
<td>About the same</td>
</tr>
<tr>
<td>Provider Discusses Medical Decisions</td>
<td>About the same</td>
</tr>
<tr>
<td>Self-Management Support</td>
<td>About the same</td>
</tr>
<tr>
<td>Comprehensiveness (attending to mental and emotional health as well as physical health)</td>
<td>6 points higher than private sector</td>
</tr>
<tr>
<td>Office Staff</td>
<td>About the same</td>
</tr>
</tbody>
</table>

\(^1\)Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys
Common Challenges: Access

Veterans Choice Program
Access health care closer to home
Agency Priority Goal: Improve Access to Health Care as Experienced by the Veteran

<table>
<thead>
<tr>
<th>Measure</th>
<th>FY15 Q1 Actual</th>
<th>FY15 Q2</th>
<th>FY15 Q3</th>
<th>FY15 Q4</th>
<th>FY16 Q1 Actual (Target)</th>
<th>FY16 Q2 Actual (Target)</th>
<th>FY16 April Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average of the percent “always” or “usually” responses for four access measures found in the Patient Centered Medical Home (PCMH) survey and the Specialty Care Consumer Assessment of Health Providers and Systems (CAHPS) Survey.</td>
<td>NA*</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>77.6 (87)</td>
<td>77.4 (87)</td>
<td>77.1 (87)</td>
</tr>
<tr>
<td>Percent of Primary Care Patients able to get an appointment for needed care right away</td>
<td>69.5</td>
<td>68.6</td>
<td>70.2</td>
<td>68.8</td>
<td>73.3</td>
<td>72.0</td>
<td>70.2</td>
</tr>
<tr>
<td>Percent of Specialty Care patients who are able to get an appointment for needed care right away</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>71.6</td>
<td>72.2</td>
<td>72.3</td>
</tr>
<tr>
<td>Percent of Primary Care patients who are able to get an appointment for a routine checkup as soon as needed</td>
<td>81.2</td>
<td>80.8</td>
<td>81.7</td>
<td>80.8</td>
<td>84.5</td>
<td>83.1</td>
<td>83.1</td>
</tr>
<tr>
<td>Percent of Specialty Care patients who are able to get an appointment for a routine checkup as soon as needed</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>81.1</td>
<td>82.3</td>
<td>82.8</td>
</tr>
</tbody>
</table>

*specialty care survey is new for FY16
<table>
<thead>
<tr>
<th>STATISTIC</th>
<th>EOY FY 2015</th>
<th>2ND QTR FY 2015</th>
<th>2ND QTR FY 2016</th>
<th>QTR TO QTR CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits (includes fee visits)(^5)</td>
<td>92.4 M</td>
<td>46.1 M</td>
<td>48.7 M</td>
<td>5.4%</td>
</tr>
<tr>
<td>CBOC Visits (included above)(^5)</td>
<td>21.9 M</td>
<td>12.1 M</td>
<td>12.3 M</td>
<td>1.3%</td>
</tr>
<tr>
<td>Outpatient Surgeries</td>
<td>312.0 K</td>
<td>149.1 K</td>
<td>83.0 K</td>
<td>44.4%</td>
</tr>
<tr>
<td>Inpatient Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Operating Beds(^5)</td>
<td>16,801</td>
<td>16,671</td>
<td>16,104</td>
<td>-3.40%</td>
</tr>
<tr>
<td>Admissions(^5)</td>
<td>707.4 K</td>
<td>347.0 K</td>
<td>176.8 K</td>
<td>-49.0%</td>
</tr>
<tr>
<td>Bed Days of Care (BDOC)(^5)</td>
<td>4.36 M</td>
<td>2.17 M</td>
<td>1.05 M</td>
<td>-51.7%</td>
</tr>
<tr>
<td>Acute BDOC per 1000 Uniques(^5)</td>
<td>664</td>
<td>372</td>
<td>189</td>
<td>-49.2%</td>
</tr>
<tr>
<td>Nursing Home Care: Avg Daily Census(^6)</td>
<td>35,442</td>
<td>35,307</td>
<td>38,318</td>
<td>8.53%</td>
</tr>
</tbody>
</table>

1. Includes: non-enrolled Veteran patients; source: ADUSH consolidated enrollment data file
2. Includes: enrolled / non-enrolled Veterans and non Veterans; EOY also includes: State Home, CHAMPVA and Readjustment Counseling only patients
3. From VHA Office of Finance (10A3) Obligations and FTE; FY15 includes the VACAA Choice Act
4. From VA Site Tracking System (VAST); FY15 includes Primary & Specialty CBOC
5. From VSSC (items without source footnote are reported by respective service)
6. From VSSC (VA and Community ADC); From State Home Division (10NB3C) (State Nursing Home ADC)
## VHA Scorecard – Draft

<table>
<thead>
<tr>
<th></th>
<th>2015 (or prior)</th>
<th>2016 (current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unscheduled STAT Consults</td>
<td>20,893 (Feb 2016)</td>
<td>1230 (June 2016)</td>
</tr>
<tr>
<td>Urgent Appointments pending &gt; 30 days</td>
<td>80,810 (Feb 2016)</td>
<td>68,685 (June 2016)</td>
</tr>
<tr>
<td>% Veterans saying they can Always or Usually get Care Needed Right Away</td>
<td>69%</td>
<td>73%</td>
</tr>
<tr>
<td>% Veterans saying they can Always or Usually get Routine Care when they want</td>
<td>81%</td>
<td>85%</td>
</tr>
<tr>
<td>% Veterans satisfied with Care in the Community</td>
<td>n/a – new survey!</td>
<td>85%</td>
</tr>
<tr>
<td>New Staff Hired (*Net *)</td>
<td>12,090 (not sure of source)</td>
<td>12110 (not sure of source)</td>
</tr>
<tr>
<td>% Engaged Index from AES (8 items)</td>
<td>40% (field) 35% (VHACO)</td>
<td>pending</td>
</tr>
<tr>
<td>System Wide Best Practices</td>
<td>tbd</td>
<td>tbd</td>
</tr>
<tr>
<td>Trust and Confidence</td>
<td>47% (VIP Panel Oct 2015)</td>
<td>81% (inpatient) 68% (specialty care) 69% (primary care)</td>
</tr>
<tr>
<td>Selected Quality and Safety Metrics:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Care SMR 30</td>
<td>1.01</td>
<td>0.82</td>
</tr>
<tr>
<td>CLABSI rate</td>
<td>0.91</td>
<td>0.76</td>
</tr>
<tr>
<td>CAUTI rate</td>
<td>0.95</td>
<td>0.84</td>
</tr>
<tr>
<td>Hypoglycemia &lt;45</td>
<td>0.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Hospital Onset C Diff (Clinically Confirmed)</td>
<td>8.21</td>
<td>7.04</td>
</tr>
</tbody>
</table>
Common Challenges: The Shift from Inpatient to Outpatient Care
Kaiser Permanente Will Open Medical School

Submitted by Scott Jaschik on December 18, 2015 - 4:06am

Kaiser Permanente on Thursday announced plans to open a medical school in California in 2019. The nonprofit insurance and hospital system plans for the medical school to reflect what it considers to be evolving needs for doctors. "The school will redesign physician education around strategic pillars that include providing high-quality care beyond traditional medical settings, acknowledging the central importance of collaboration and teamwork to inform treatment decisions, and addressing disparities in health," said the announcement.
Common Challenges: “Cowboys and Pit Crews”

The New Yorker
May 26, 2011

Cowboys and Pit Crews
By Atul Gawande

(2011 Harvard Medical School Commencement Address, as reprinted by The New Yorker)

This afternoon, Atul Gawande delivered this year’s commencement address at Harvard Medical School.

In his book “The Youngest Science,” the great physician-writer Lewis Thomas described his internship at Boston City Hospital in pre-penicillin 1937. Hospital work, he observed, was mainly custodial. “If being in a hospital bed made a difference,” he said, “it was mostly the difference produced by warmth, shelter, and food, and attentive, friendly care, and the matchless skill of the nurses in providing these things. Whether you survived or not depended on the natural history of the disease itself. Medicine made little or no difference.”
New Rules for Radical Redesign

**Change the balance of power:** Co-produce health and well being in partnership with patients, families, and communities.

**Standardize what makes sense:** Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

**Customize to the individual:** Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of what matters to the person in addition to “What’s the matter?”

**Promote well being:** Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require healthcare.

**Create joy in work:** Cultivate and mobilize the pride and joy of the healthcare workforce.

**Make it easy:** Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.
New Rules for Radical Redesign

*Move knowledge, not people:* Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

*Collaborate and cooperate:* Recognize that the healthcare system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

*Assume abundance:* Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

*Return the money:* Return the money from healthcare savings to other public and private purposes.
Common Challenges: High-reliability Health Care

Creating High-reliability Health Care for Veterans

Robin R. Hemphill, MD, MPH
Acting Assistant Deputy Under Secretary for Health
Office of Quality, Safety and Value
VHA Chief Patient Safety and Risk Awareness Officer

Gary L. Sculli, MSN, ATP
Director Clinical Training Programs
Patient Safety Program Manager

At a Department of Veterans Affairs (VA) hospital unit, a nursing assistant notices a change in a veteran’s condition and immediately notifies a nurse. The nurse listens carefully to the assistant’s observations, then promptly assesses the veteran’s status. She detects low blood pressure, a rapid heart rate, changes in mental status, and a fever. Considering these elements together, she forms a “big picture” view of the veteran’s condition that indicates severe infection. She projects that, without immediate intervention, the veteran will deteriorate rapidly. This process leads the nurse to contact a physician and request that the veteran be immediately transferred to a higher level of care, where specific drugs can be administered and intensive monitoring is possible.

In the above scenario, where clinicians communicate effectively as a team, apply expert clinical knowledge, and adapt resource to effectively manage a patient’s case, short what “high-reliability health care” looks like. The nurse on duty was able to feedback from a team member. Focused and aware, she recognized vital changes in the patient’s condition. She promptly processed new information on the spot, and alert about his hospital’s protocol, immediately arranged for transfer, thereby preventing further deterioration in the veteran’s condition, and, quite possibly, saving his life.

This heightened state of awareness, or situational awareness, is one of the skills taught in Clinical Team Training (CTT), developed by the VA National Center for Patient Care units (ICUs), operating rooms (ORs), and other hospital units. CTT has improved patient care, prevented adverse events, and saved veterans’ lives. At a time when VA overall is working to transform patient care, CTT is already spurring culture change and creating engaged providers at VA hospitals nationwide.

Origin of Change

“High reliability” is also found in the “Blueprint for Excellence” (VHA’s strategic document for transformation), as a driving principle of CTT. These are organizations that have designed their systems to expect human error and re
High-Reliability Health Care: Quality & Patient Safety at VA

- VA is transparent in reporting its quality and safety performance to the public.

- VA is initiating major efforts to address diagnostic error, the latest frontier in the journey to high-reliability.

- Independent reviews of VA effectiveness report that VA generally does well, but not all Veterans receive high quality care across all VA facilities.
High-Reliability Health Care: Quality & Patient Safety at VA (cont’d)

- VA outperforms private health plans in most quality indicators.
- For hospital care:
  - VA has lower mortality rates
  - Readmission rates are higher
  - Patient experience can be improved
- VA has been a leader in reducing hospital acquired infections and in improving patient safety.
- VA outperforms private sector in every domain except environment of care (aging infrastructure) (Joint Commission).
Common Challenges:
How Do We Engage Patients?

• Patient-centeredness is the most challenging of the IOM’s six domains of quality
• But it’s the most important, because it contains elements of all other domains
• Two requests to make of patients:
  o “Tell me your goals.”
  o “Tell me what you heard.”
I’m good.
But are you ready to listen?

https://www.youtube.com/watch?v=YPFo9EvUUvA#action=share
The Daily Plan Reviewed Daily With The Veteran

If patients know what to expect, they are more likely to identify and question an unexpected or unplanned event.
Hospitalized Patient Results Using The Daily Plan

- Increase my understanding of treatment
- Helped me improve my care
- Made it easier to ask questions
- Helped me feel more comfortable
- Was easy to use and understand
- Made it easier to talk to doctors
- Improved my satisfaction
- I learned about my health
- Would use the Daily Plan again
- I found discrepancy in planned care
- Family found discrepancy in planned care.

N=198

Overall, 17.6% of nurses found at least one error per shift among their patients by using The Daily Plan®

N=85 end of shift evaluations

The more informed I am, the higher my comfort level.

One day I learned that I had an allergy, previously undetected.
... But There’s No Time to Waste

“Everything depends on execution; having just a vision is no solution.”

– Stephen Sondheim
Questions?