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

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Veterans Health Administration

… But There's No Time to Waste

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

– Stephen Sondheim

Good News Story from VA

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."*

Good News Story from VA

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

VA | U.S. Department of Veterans Affairs

News Release

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
August 4, 2016

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

Surveys Note Challenges and Improvements

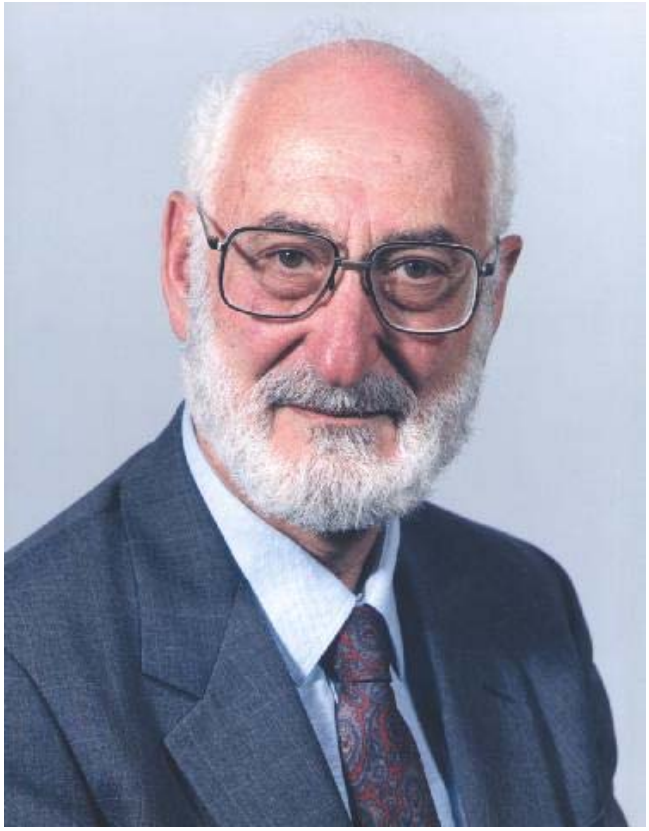
Note: *This release was updated on August 5 and now contains a link to the report.*

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"

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.

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

[1]Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys

Common Challenges:
Access

Agency Priority Goal:
Improve Access to Health Care as Experienced by the Veteran

Measure	FY15 Q1 Actual	FY15 Q2	FY15 Q3	FY15 Q4	FY16 Q1 Actual (Target)	FY16 Q2 Actual (Target)	FY16 April Actual
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.	*NA**	*NA*	*NA*	*NA*	77.6 (87)	77.4 (87)	77.1 (87)
Percent of Primary Care Patients able to get an appointment for needed care right away	69.5	68.6	70.2	68.8	73.3	72.0	70.2
Percent of Specialty Care patients who are able to get an appointment for needed care right away	*NA*	*NA*	*NA*	*NA*	71.6	72.2	72.3
Percent of Primary Care patients who are able to get an appointment for a routine checkup as soon as needed	81.2	80.8	81.7	80.8	84.5	83.1	83.1
Percent of Specialty Care patients who are able to get an appointment for a routine checkup as soon as needed	*NA*	*NA*	*NA*	*NA*	81.1	82.3	82.8

*specialty care survey is new for FY16

Access

SELECTED VHA STATISTICS: FY 2015—2016 2ND QUARTER

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

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*

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

Common Challenges:
The Shift from Inpatient to Outpatient Care

Common Challenges:
New Approaches to Emerging Needs & Patient Expectations

INSIDE HIGHER ED

(https://www.insidehighered.com)

Kaiser Permanente Will Open Medical School

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

Kaiser Permanente on Thursday announced [1] 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

.

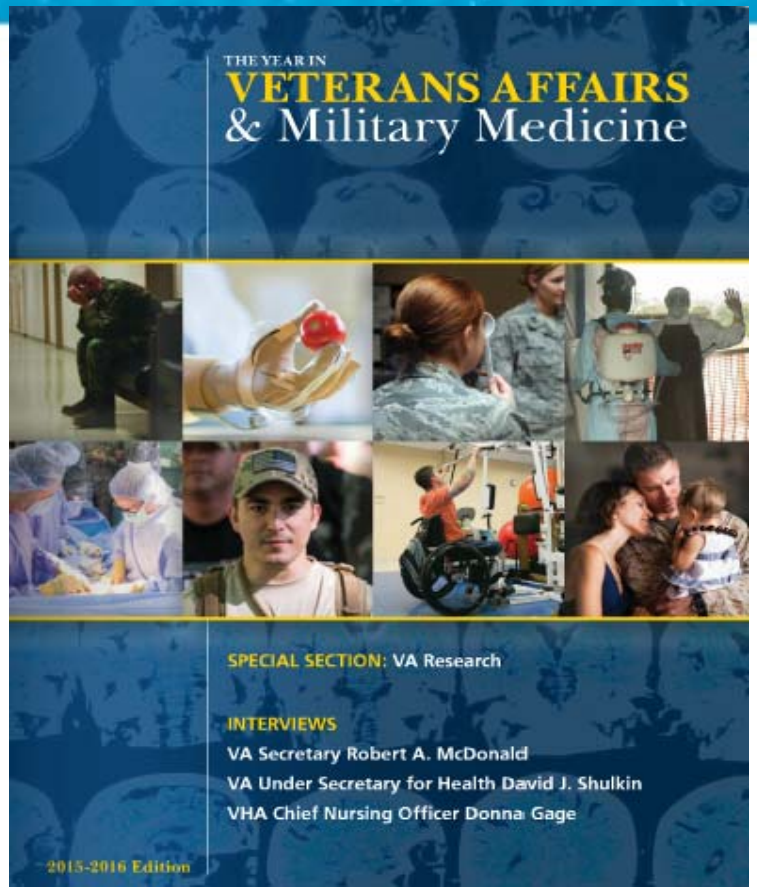
***Move knowledge, not people*:** Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

***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, his condition 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 take place.

■ **THE ABOVE SCENARIO,** where clinicians communicate effectively as a team, apply expert clinical knowledge, and enlist resources to effectively manage a patient's care, shows what "high-reliability health care" looks like. The nurse on duty was open to feedback from a team member. Focused and aware, she recognized vital changes in the patient's condition. She then processed new information on the spot, and clear about her 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 three skillsets 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 VHA overall is working to transform patient care, CTT is already sparking culture change and creating engaged providers at VA hospitals nationwide.

ORIGINS OF CHANGE

"High-reliability," a term also found in the "Blueprint for Excellence" (VHA's strategic document for transformation), is a driving principle of CTT. HROs are organizations that have designed their systems to expect human error and, to

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."

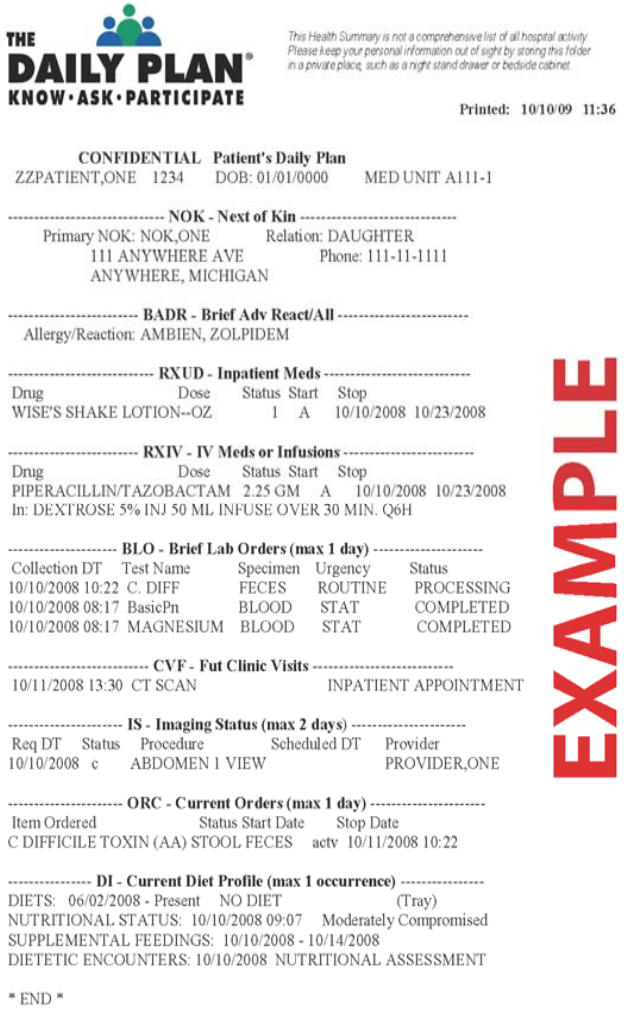
I’m good.
But are you ready to listen?

https://www.youtube.com/watch?v=YPFo9EvUUvA#action=share

Veteran and Family Engagement Reduces Risks

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.



THE DAILY PLAN®
KNOW • ASK • PARTICIPATE

This Health Summary is not a comprehensive list of all hospital activity. Please keep your personal information out of sight by storing this folder in a private place, such as a night stand drawer or bedside cabinet.

Printed: 10/10/09 11:36

CONFIDENTIAL Patient's Daily Plan
ZZPATIENT,ONE 1234 DOB: 01/01/0000 MED UNIT A111-1

NOK - Next of Kin
Primary NOK: NOK,ONE Relation: DAUGHTER
111 ANYWHERE AVE Phone: 111-11-1111
ANYWHERE, MICHIGAN

BADR - Brief Adv React/All
Allergy/Reaction: AMBIEN, ZOLPIDEM

RXUD - Inpatient Meds

Drug	Dose	Status	Start	Stop
WISE'S SHAKE LOTION--OZ	1	A	10/10/2008	10/23/2008

RXIV - IV Meds or Infusions

Drug	Dose	Status	Start	Stop
PIPERACILLIN/TAZOBACTAM	2.25 GM	A	10/10/2008	10/23/2008
In: DEXTROSE 5% INJ 50 ML INFUSE OVER 30 MIN. Q6H				

BLO - Brief Lab Orders (max 1 day)

Collection DT	Test Name	Specimen	Urgency	Status
10/10/2008 10:22	C. DIFF	FECES	ROUTINE	PROCESSING
10/10/2008 08:17	BasicPn	BLOOD	STAT	COMPLETED
10/10/2008 08:17	MAGNESIUM	BLOOD	STAT	COMPLETED

CVF - Fut Clinic Visits
10/11/2008 13:30 CT SCAN INPATIENT APPOINTMENT

IS - Imaging Status (max 2 days)

Req DT	Status	Procedure	Scheduled DT	Provider
10/10/2008	c	ABDOMEN 1 VIEW		PROVIDER,ONE

ORC - Current Orders (max 1 day)

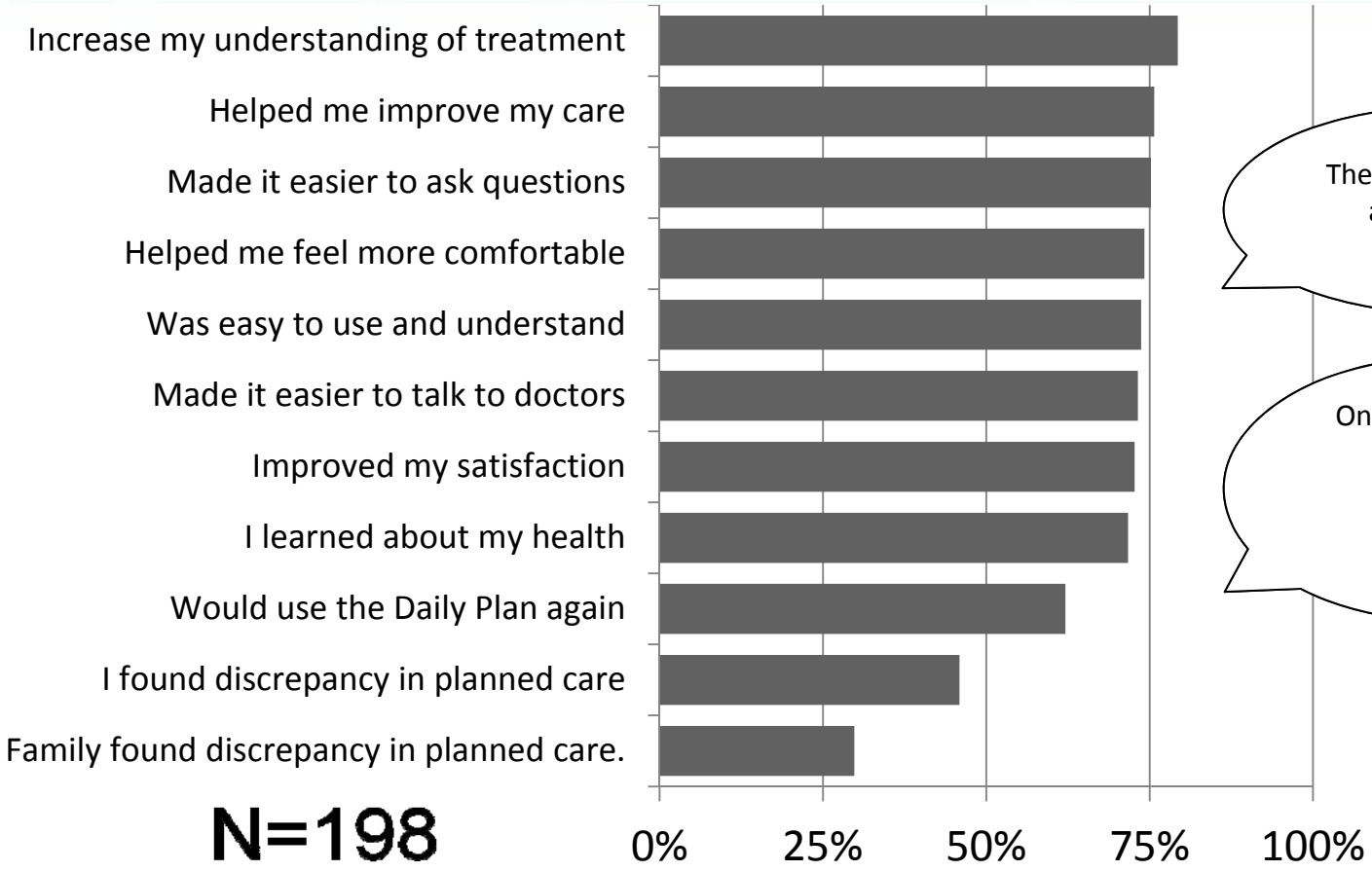
Item Ordered	Status	Start Date	Stop Date
C DIFFICILE TOXIN (AA) STOOL FECES	actv	10/11/2008 10:22	

DI - Current Diet Profile (max 1 occurrence)
DIETS: 06/02/2008 - Present NO DIET (Tray)
NUTRITIONAL STATUS: 10/10/2008 09:07 Moderately Compromised
SUPPLEMENTAL FEEDINGS: 10/10/2008 - 10/14/2008
DIETETIC ENCOUNTERS: 10/10/2008 NUTRITIONAL ASSESSMENT

* END *

EXAMPLE

Hospitalized Patient Results Using The Daily Plan



N=198

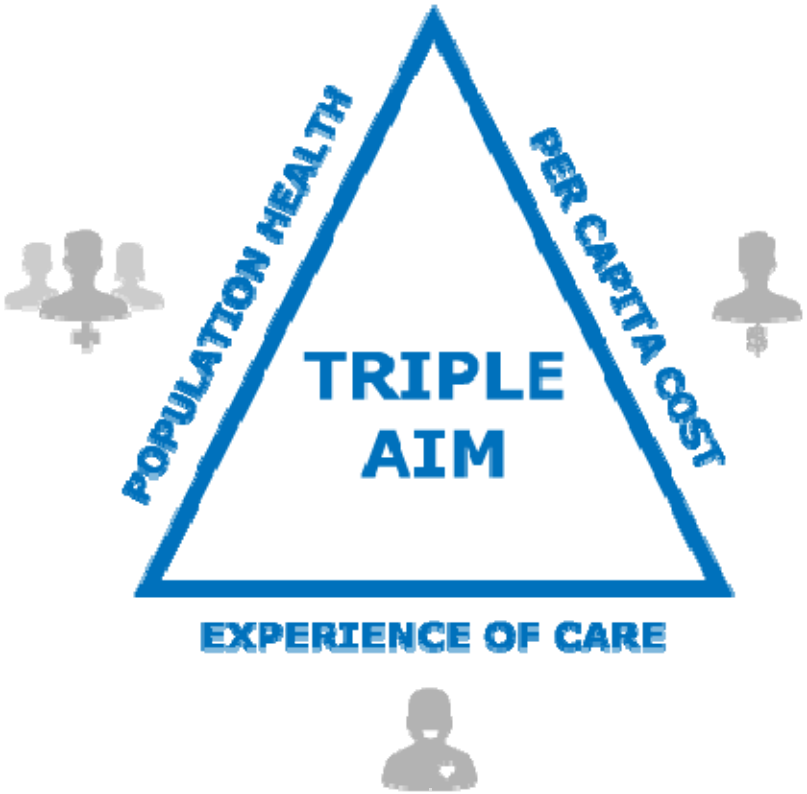
The more informed I am, the higher my comfort level.

One day I learned that I had an allergy, previously undetected.

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 Triple Aim



… But There's No Time to Waste

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

– Stephen Sondheim

Questions?