

Quality, Healthcare Policy, & Mending the US healthcare system

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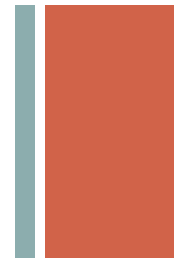
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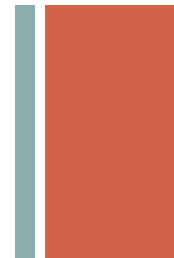


Why quality?

+ Why Quality Is Critical

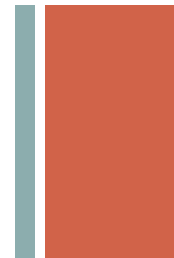


+ Quality as catalyst





What's the problem with quality in the US?



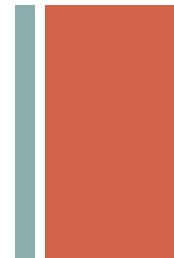
- **Healthcare remains unsafe**
 - Some progress but has been too little, uneven
- **Effectiveness is variable**
 - Large opportunities to ensure consistent care
- **Care not centered around patient needs**
 - Patient needs often an afterthought in our healthcare systems



Why do we have these problems?



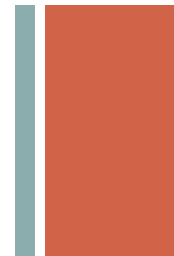
Multiple theories



- Fragmentation
- How we pay for care (FFS, lack of incentives)
- Inadequate transparency
- Inadequate focus by organizational leaders
- Lack of knowledge of how to improve



What are policymakers doing under Obamacare?



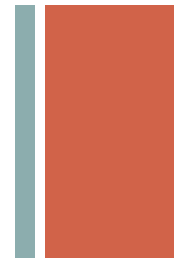
- **Change how we pay for things**
 - Hospital readmissions reduction program
 - Value-based purchasing
- **Hold providers accountable**
 - Patient-centered medical home
 - Accountable Care Organizations
- **New programs for spurring innovation**
 - CMMI



Are these policies working?



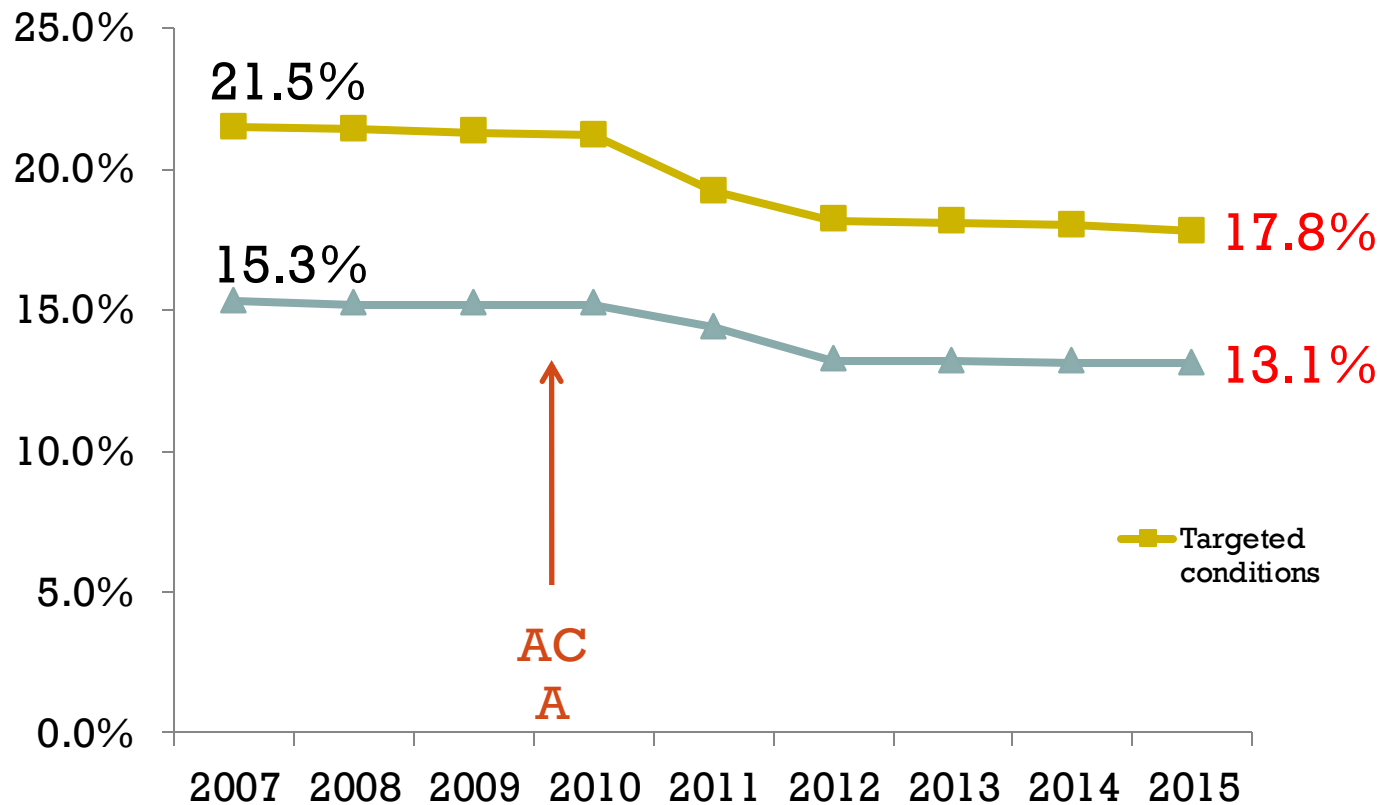
Reform #1: Readmissions Penalties



- Penalties for high readmission rate
- Most hospitals have gotten some penalty
- What have the effects been?



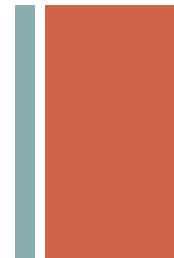
Good News: Readmissions are down



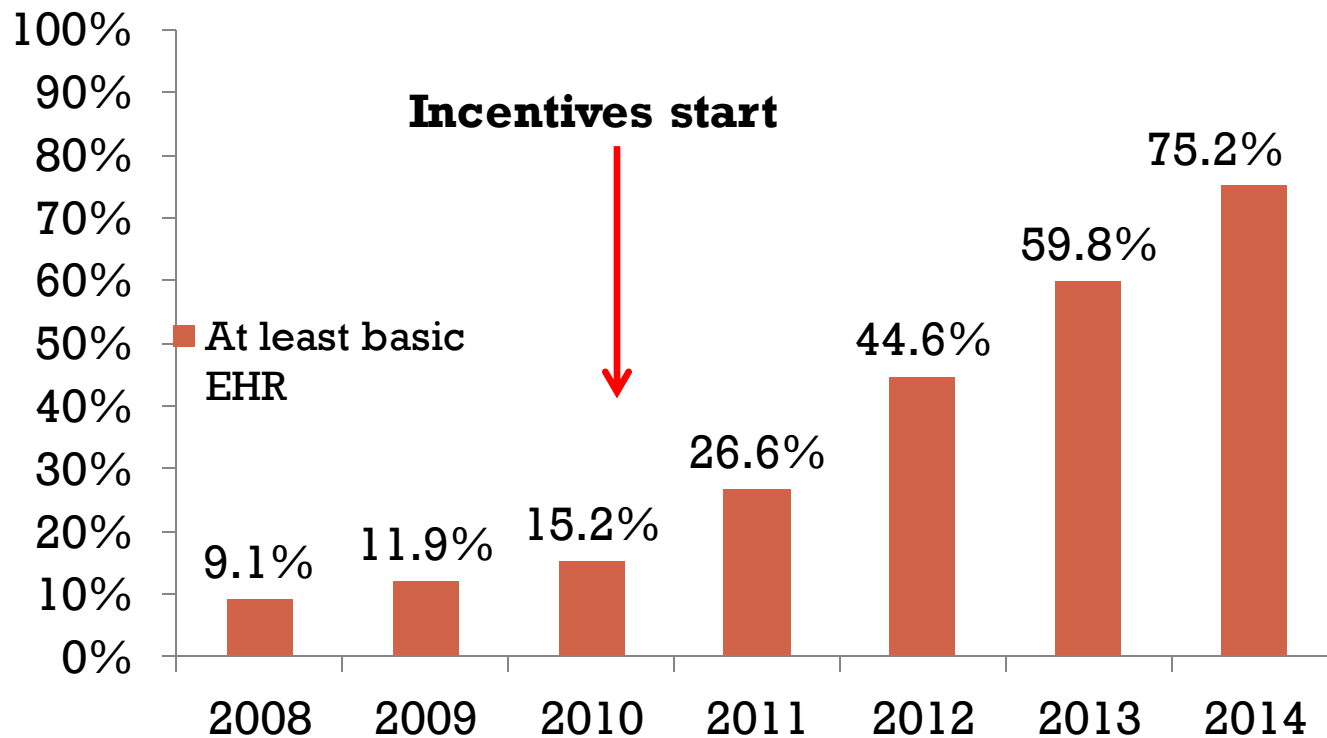
Source: Zuckerman et al., NEJM 2016

+ Incentives for EHR use

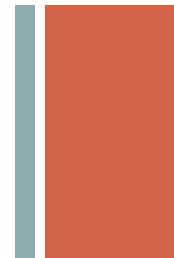
- EHR adoption was very low
- New law in 2009
- Incentives for “meaningful use” of Health IT
- Has it spurred on adoption, use of Health IT?



+ Use of EHRs among U.S. Hospitals



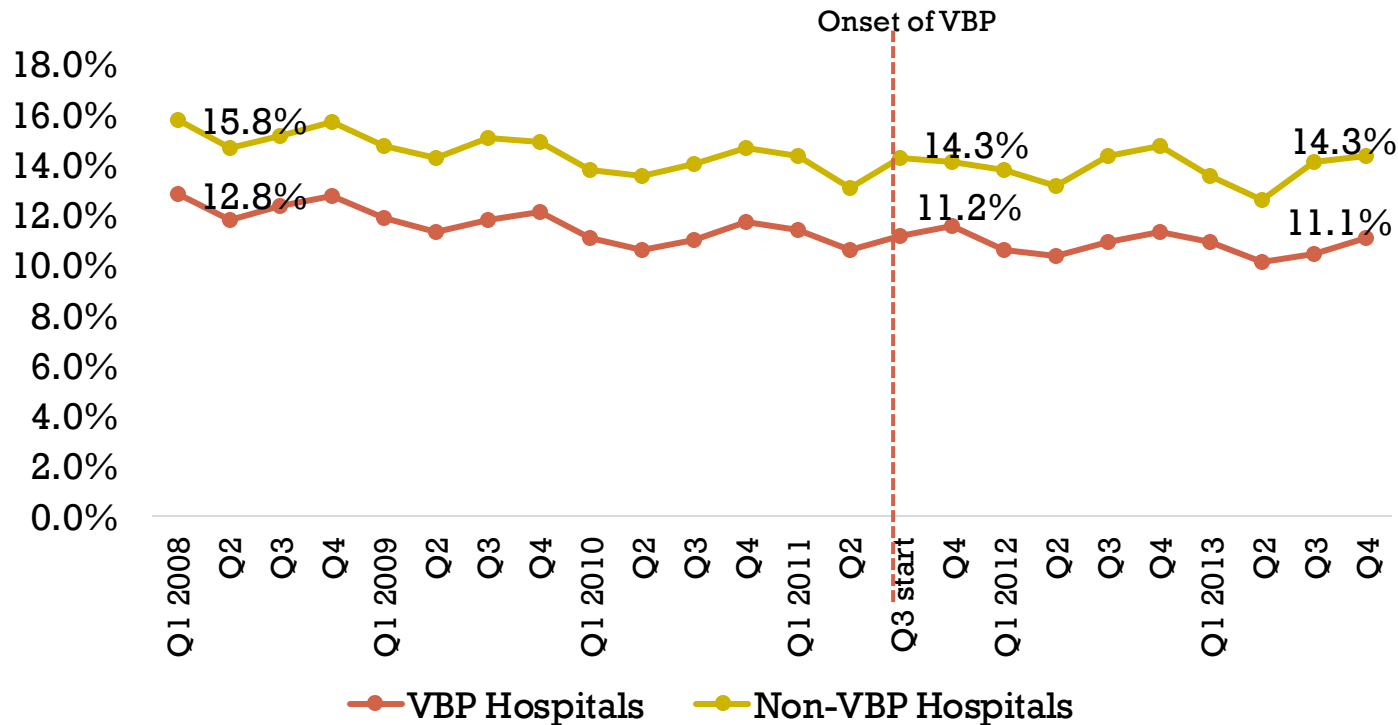
+ National Pay-4-Performance



- Bonuses and penalties tied to:
- Broad set of quality measures:
 - Processes
 - Outcomes
 - Patient Experience
 - Efficiency

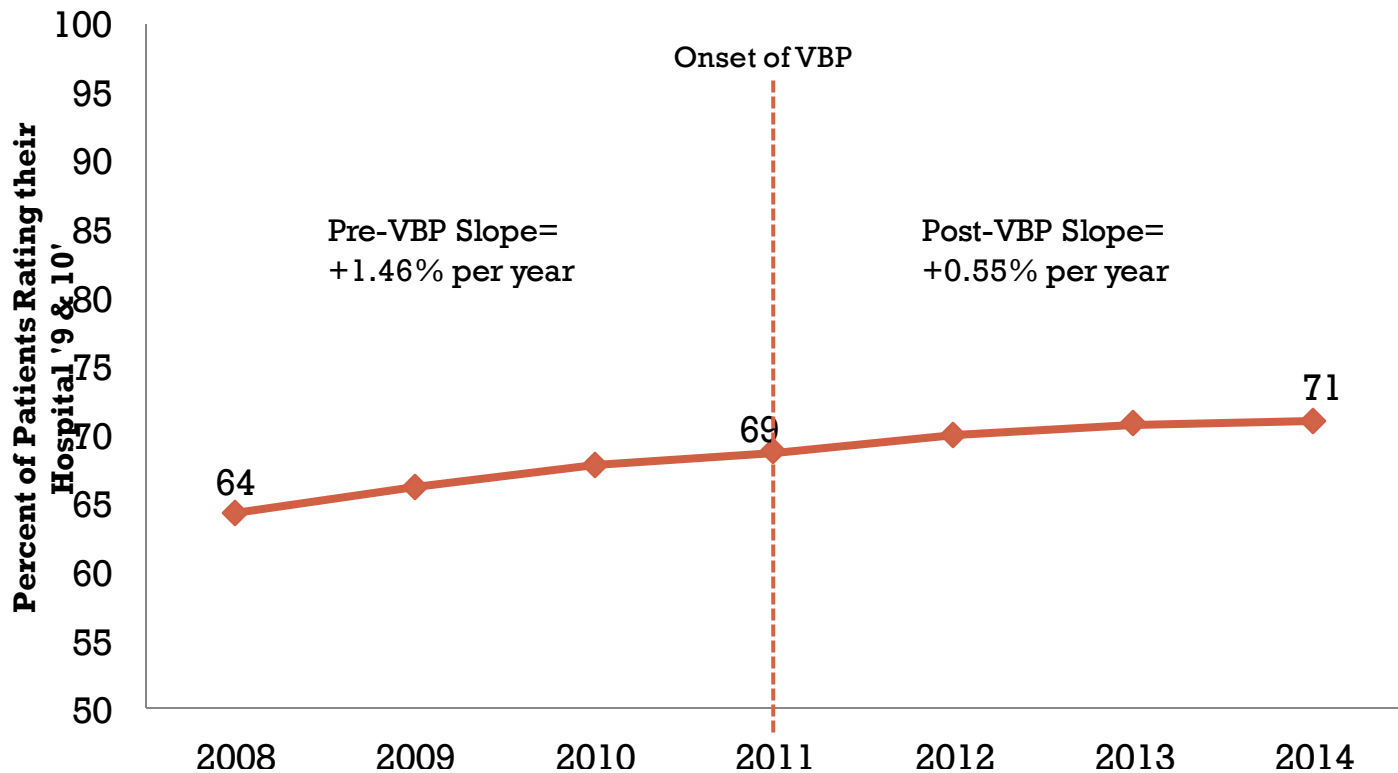


Impact of VBP on Mortality Rate



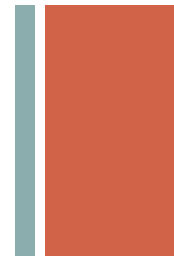


VBP and Patient Experience





Status of national incentives for quality

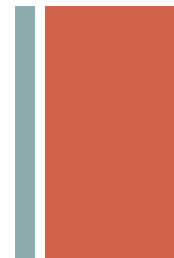


- Incentives can work when:
 - They are sizable
 - For things easily measured
- And they are for structural factors or utilization
 - EHR use
 - Readmissions
- But less when they are for outcomes that matter
 - Mortality
 - Patient experience



National policy and Quality of Care

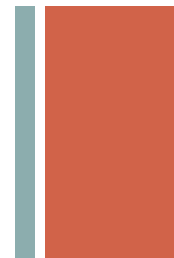
- Obamacare has spurred a lot of activity
 - But the impact on quality of care is so far limited
- Three potential explanations
 - Its early
 - We aren't focused on what really matters
 - We haven't adequately engaged clinicians





National policy and Quality of Care

- What does it take to sustain system-level change?
 - Incentives matter
 - But so does engaging hearts and minds
 - Our national QI efforts have done too little of that
 - Fundamental to improving the care we deliver





Thank you

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