Quality of Care

2018 TMC Health Policy Course
2/20/2018
Culture

• Presumably all healthcare organizations seek to provide high quality, high reliability, safe, cost effective care. After all most providers and healthcare workers chose this profession because they are compassionate and want to help individuals get and stay healthy. However we know all organizations are not created equal.

1. What is your role in assuring your organization is providing high reliability care (i.e. high quality, safety, efficient, cost effective) particularly in today’s environment when the focus is on achieving metrics.
2. What does it mean to have a culture of quality? What does that look like from an employee (at all levels), or even patient perspective.
Defining Quality vs Cost

• There is a lot of discussions these days on the tradeoff between high quality and cost effectiveness. And, everyone acknowledges healthcare spending is high and some argue quality isn’t. Let’s open the discussion on the relationship between cost and quality.

3. What determines how you choose the quality measures your organization uses to quantify quality and do these measure really assure high quality care? (Please consider including example of screening versus delivering high quality and relationship with cost of care, if any.)
4. How do consumers know if/when they received high quality care?
Value Based Care

• CMS and the State of Texas are not only requiring providers and payers to report quality measures but they are also financially penalizing payers and providers based on these outcomes. Community Health Choice, as one of the largest Medicaid payers, is obviously feeling the impact of the State’s requirements.

5. How do payers and providers respond to these demands and what role does value based purchasing have in defining and or assuring providers are delivering high quality care at the lowest costs?
Alternative Payment Model Framework
Draft White Paper
May 22, 2017
The Healthcare Ecosystem and Associated Challenges of VBP: Many Payers and Multiple Initiatives

Source: HHSC Value-Based Purchasing Roadmap, June 2017
HHSC Initiatives Focused on Improving Access, Quality and Efficiency

Source: HHSC Value-Based Purchasing Roadmap, June 2017
Value Based Care

6. Should CMS or Texas be defining “value” or should value be defined by providers?
The magnitude of healthcare data is growing at a tremendous rate both within organizations and publicly. The VA benefits by having significant volumes of data and having a fairly defined population.

7. How do you/the VA use these data to improve quality both in the short term and long term? What do you envision the future might look like as we become better stewards of the data.
8. With the advent of publicly reported measures on everything from satisfaction, to safety to costs, we have to ask how the information is or will be used. It seems we are in information overload which is both time consuming to produce and overwhelming for the consumer. Given this, is transparency in healthcare beneficial for consumers? What do you expect (ideally) consumers to do with the data?
Improving Quality

• We are often reminded that the responsibility to continuously monitor and improve quality belongs to everyone in healthcare. As a physician, a leader, and an educator how do you see the notion of shared responsibility within the great healthcare environment?

9. Specifically, what can medical students and other providers in training do to improve quality at the level of individual care delivery, and to promote quality improvement on a systemic scale? (Please see if you can integrate this question/answer in as well: Give an example based on a recent improvement project that you have implemented and what did you do to ensure success?)
Improving Quality

10. What are the top five quality/safety issues in modern healthcare?
Providers Role

• The increasing emphasis on containing costs and developing accountable care models has put pressure on administrators as well as physicians. As a physician what are your thoughts on the following:

11. Should physicians, who are primarily responsible for treating each individual patient (based on specific medical history and conditions), also be responsible and accountable for managing and treating populations or defined groups of patients? If so, why?
12. Do you believe global capitation (the assumption of actuarial insurance risk), to be within the control of a physician to adequately manage the health of populations of patients? If so, how? Or should this be someone else’s role and responsibility within society?
Improving the US health care system requires simultaneous pursuit of the three aims: the experience of care, improving the health of populations and reducing per capita costs of health care. However, the greatest barrier to achieving this improved state remain political.

13. Why is it that most health care improvement efforts keep targeting technical measures of healthcare quality (ex. HCAHPS), when the problem with US health care quality are largely political? Recent strides to improve healthcare scarcely address political barriers. Is there hope that this phenomenon will change in the near future?