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High Value Care in the Inpatient Setting

John B. Bulger, DO, MBA

Disclosures

Consultant for ABIM Foundation on grant from Robert Wood Johnson Foundation to test implementation of Choosing Wisely® recommendations.

Objectives

Describe the classic context of Value in healthcare and how it is applied to cost and quality

Appraise key areas to add Value in the inpatient setting

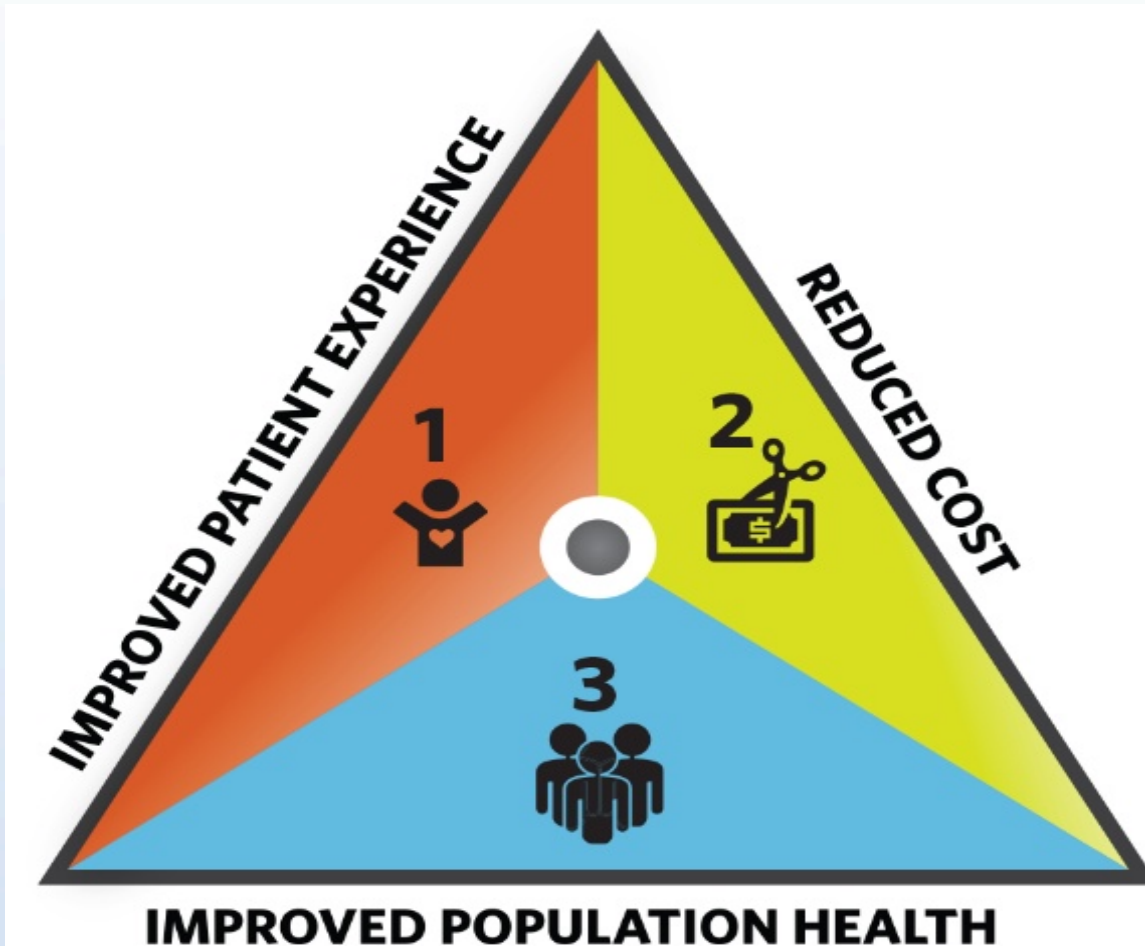
Realize that Value has many manifestations that touch healthcare providers

THE VALUE EQUATION RECONSIDERED FOR HEALTH CARE

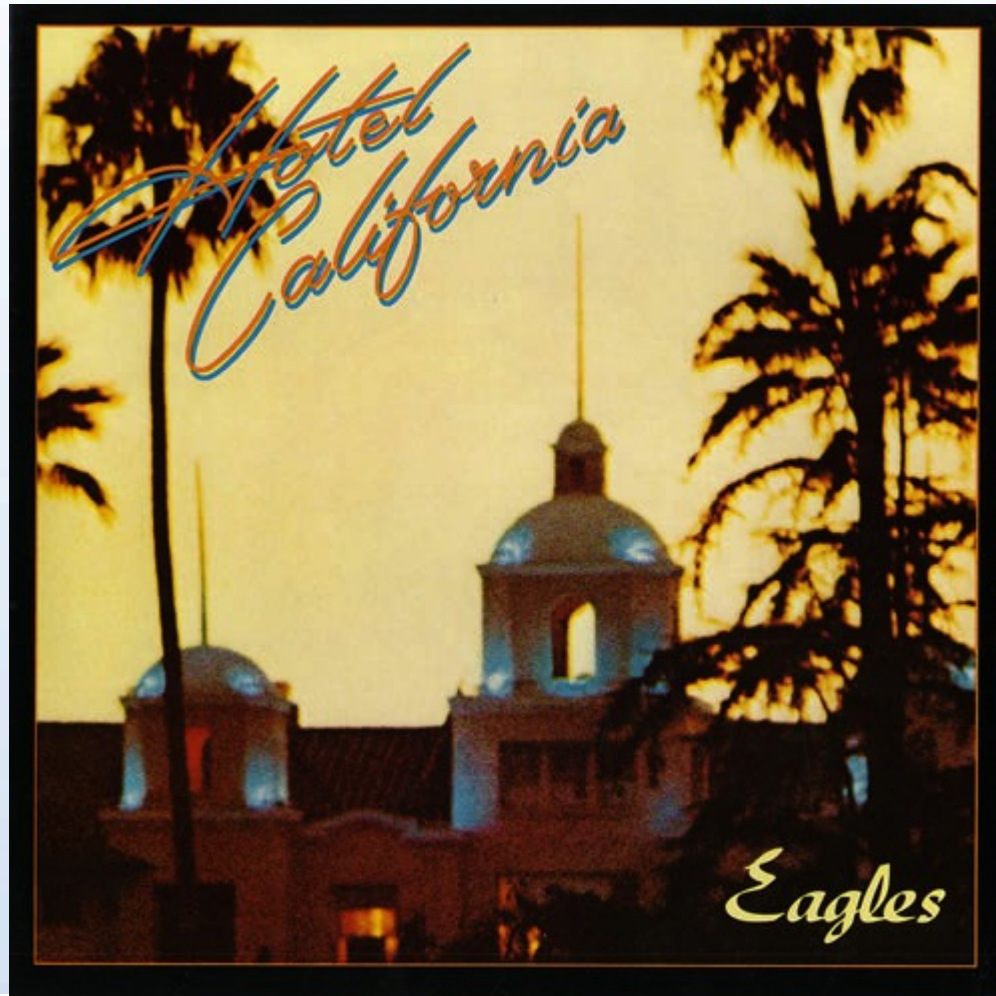
$$\text{Value} = \frac{\text{Quality}^*}{\text{Payment}^\dagger}$$

* A composite of patient outcomes, safety, and experiences

† The cost to all purchasers of purchasing care



You can check out, but you can never leave



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The Eagles, 1976

I think my job ultimately is to close every one of our hospitals.

David Feinberg, MD
CEO, Geisinger Health

Helping the Emergency Department



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**Somewhere over the rainbow...
there's no place like home.**

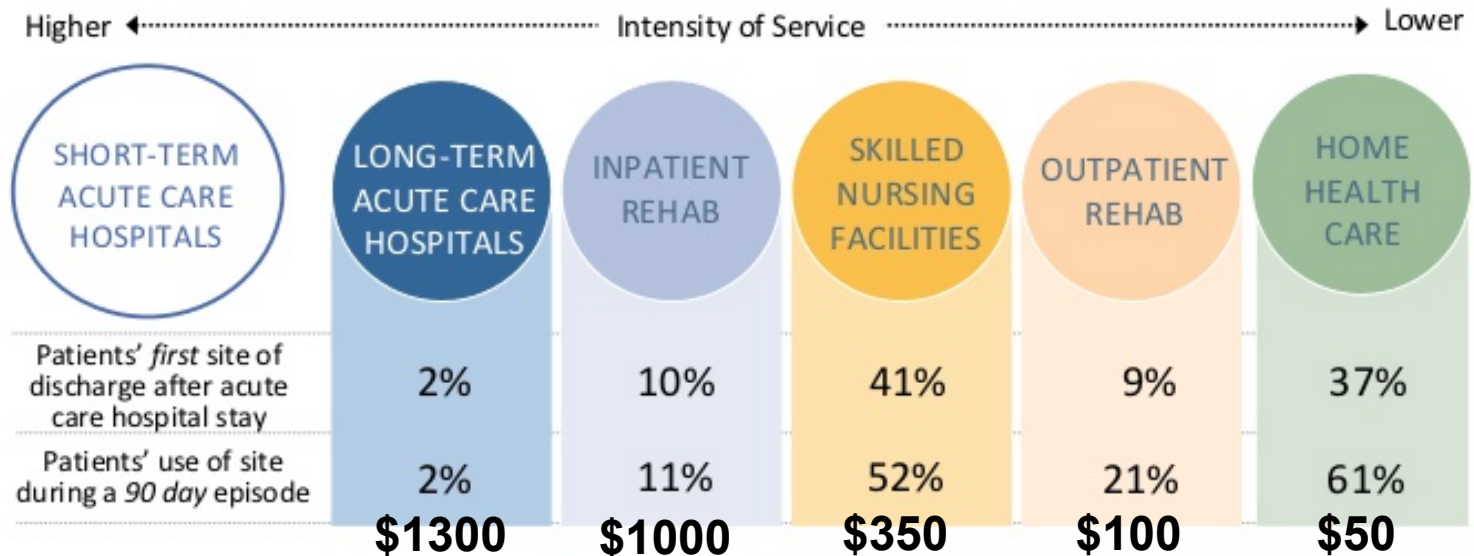


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The Wizard of Oz, 1939

Tremendous Opportunities Exist to Better Manage Patient Care for Patients Discharged to Post-Acute

Medicare Patients' Use of Post-Acute Services Throughout an "Episode of Care" ⁽¹⁾



35% of Medicare beneficiaries are discharged from acute hospitals to post-acute care

⁽¹⁾ Source: RTI, 2009: Examining Post Acute Care Relationships in an Integrated Hospital System



Safety Dance



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Men Without Hats, 1982

Hospital-Acquired Condition (HAC) Reduction Program

In the [FY 2017 Inpatient Prospective Payment System/Long-Term Care Hospital Prospective Payment System \(IPPS/LTCH PPS\) Final Rule](#), CMS adopted the following measures.

FY 2018 Measures

1. Domain 1 – Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) 90 Composite

CMS calculates the AHRQ Modified PSI 90: Patient Safety and Adverse Events Composite using Medicare Fee-for-service claims for discharges from **July 1, 2014** through **September 30, 2015***. The AHRQ PSI 90 Composite includes:

- PSI 03 – Pressure Ulcer Rate
- PSI 06 – Iatrogenic Pneumothorax Rate
- PSI 08 – In-Hospital Fall with Hip Fracture Rate
- PSI 09 – Perioperative Hemorrhage or Hematoma Rate**
- PSI 10 – Postoperative Acute Kidney Injury Requiring Dialysis Rate**
- PSI 11 – Postoperative Respiratory Failure Rate**
- PSI 12 – Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate
- PSI 13 – Postoperative Sepsis Rate
- PSI 14 – Postoperative Wound Dehiscence Rate
- PSI 15 – Unrecognized Abdominopelvic Accidental Puncture/Laceration Rate

2. Domain 2 – Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Healthcare-Associated Infection (HAI) measures

CMS calculates the following CDC NHSN HAI measures using chart-abstracted surveillance data reported to NHSN for infections from **January 1, 2015** through **December 31, 2016**:

- Central Line-Associated Bloodstream Infection (CLABSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Surgical Site Infection (SSI) (colon and hysterectomy)
- Methicillin-resistant Staphylococcus aureus (MRSA) bacteremia
- Clostridium difficile Infection (CDI)

Lose the Tube

Figure 1. Run chart of CAUTI/1000 line-days and infections per month

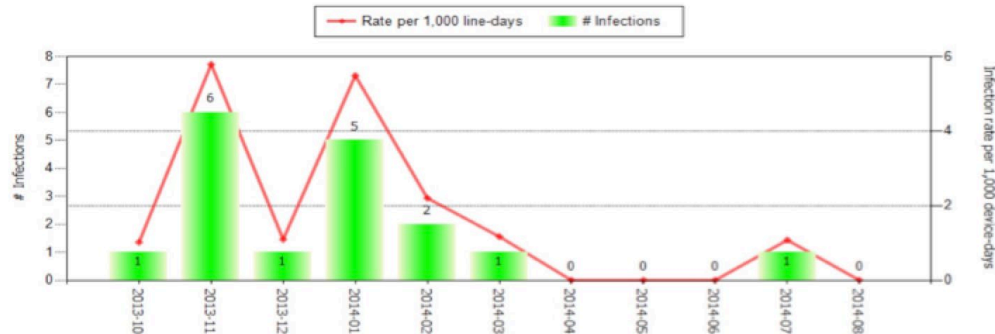
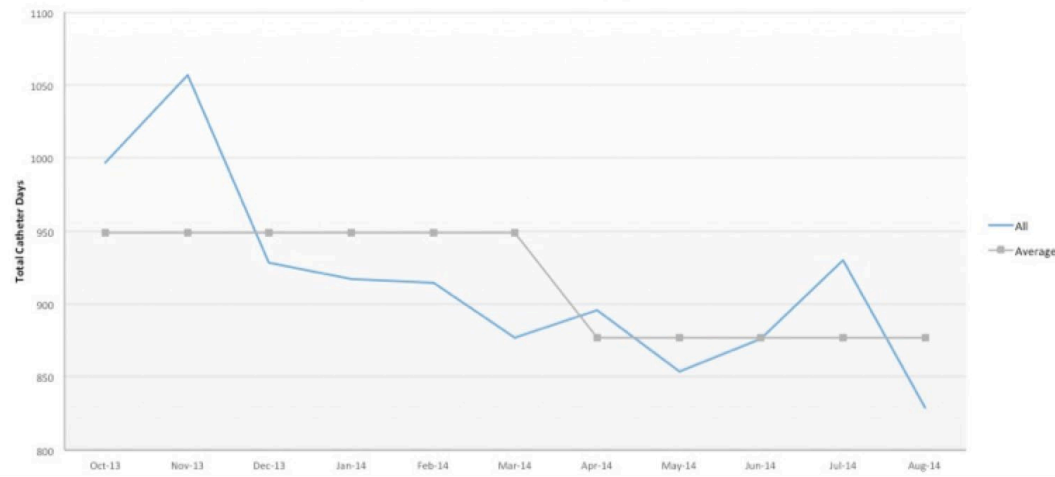


Figure 2. Total Catheter Days per Month



Lose the Tube

Neurologic (spinal/pelvic) trauma
Obstruction/Retention

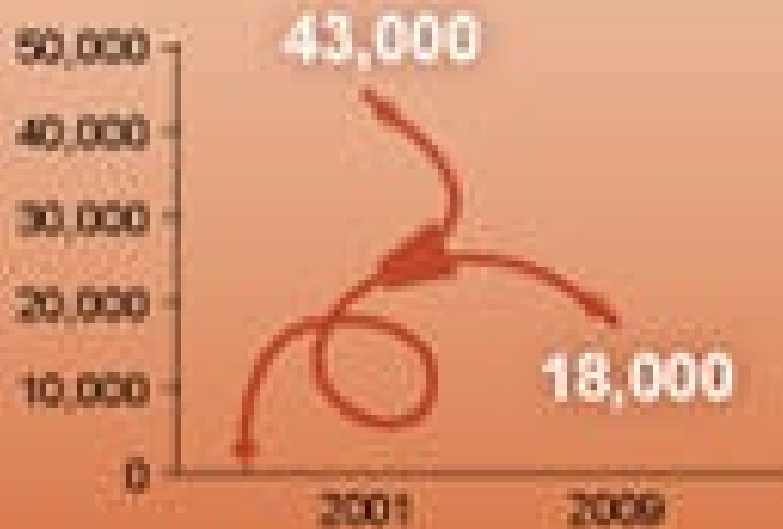
Tenuous (critically ill CHF or AKI)

Urological surgery

Bed sores + incontinence

End of life

Bloodstream Infections in ICU Patients with Central Lines



cdc
Vitalsigns

www.cdc.gov/vitalsigns


Error Reduction Strategy	
Forcing functions and constraints	High Leverage  Low Leverage
Automation and computerization	
Standardization and protocols	
Checklists and double check systems	
Rules and policies	
Education / Information	

Table 1. Rank Order of Error Reduction Strategies.³ Source: ISMP. Reprinted with permission.

Standardization



Sugar

Splenda/
Sucralose

Sweet 'N Low/
Saccharin

Equal/
Aspartame

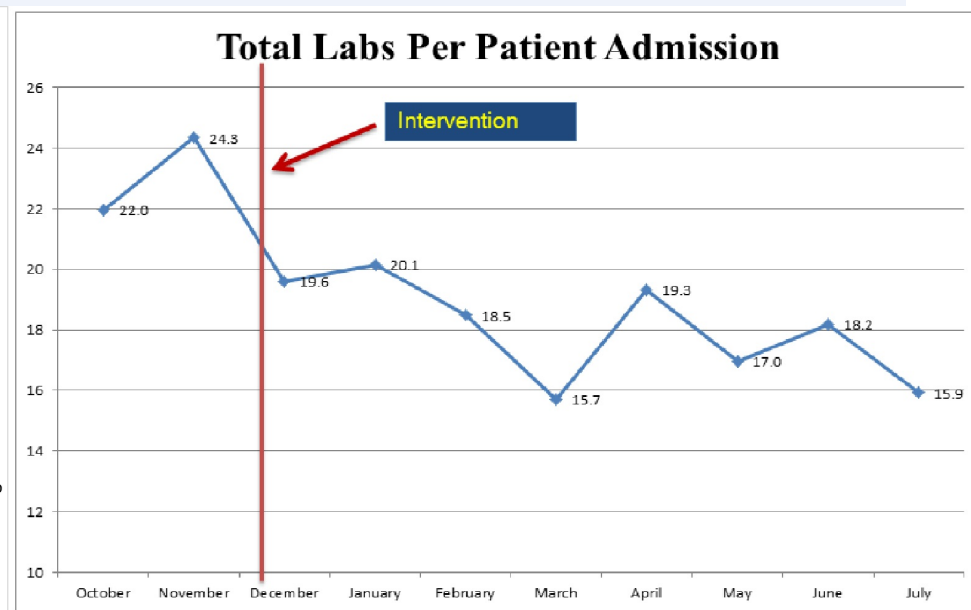
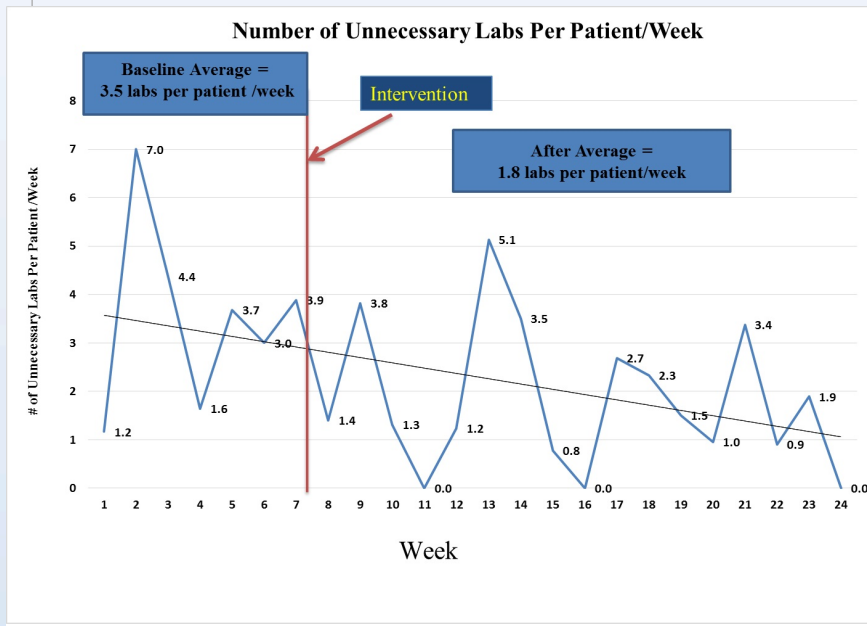


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Let It Bleed



Think Twice, Stick Once



One is the New Two



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New AABB Guidelines

A restrictive RBC transfusion threshold in which the transfusion is not indicated until the hemoglobin level is 7 g/dL is recommended for hospitalized adult patients who are hemodynamically stable, including critically ill patients, rather than when the hemoglobin level is 10 g/dL (strong recommendation, moderate quality evidence).

New AABB Guidelines

A restrictive RBC transfusion threshold of 8 g/dL is recommended for patients undergoing orthopedic surgery, cardiac surgery, and those with preexisting cardiovascular disease (strong recommendation, moderate quality evidence).

New AABB Guidelines

The restrictive transfusion threshold of 7 g/dL is likely comparable with 8 g/dL, but RCT evidence is not available for all patient categories.

These recommendations do not apply to patients with acute coronary syndrome, severe thrombocytopenia (patients treated for hematological or oncological reasons who are at risk of bleeding), and chronic transfusion–dependent anemia (not recommended due to insufficient evidence).

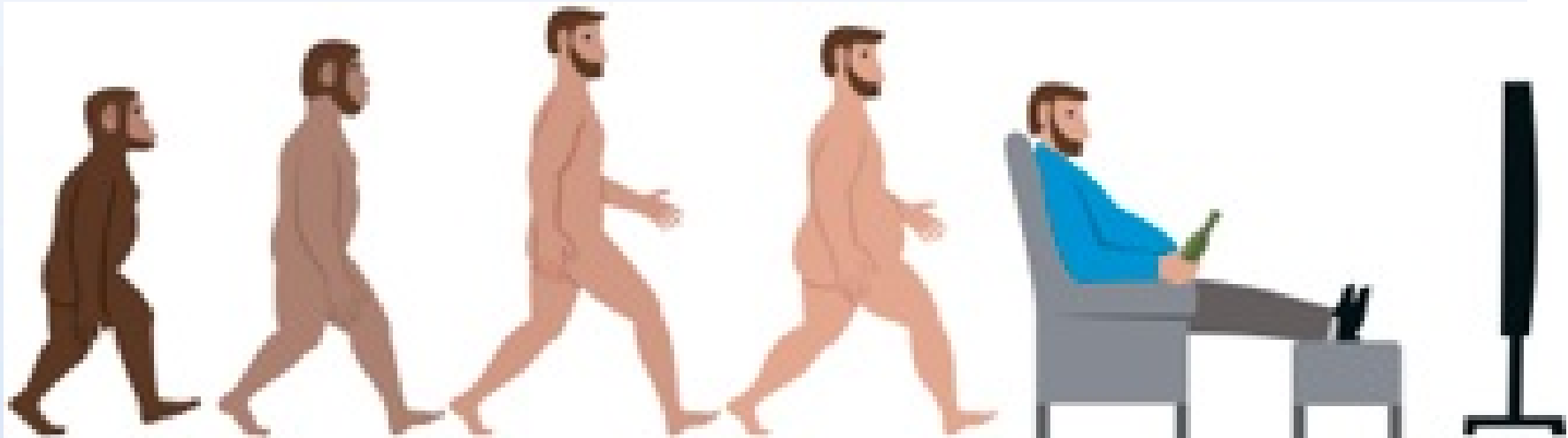
Get Back (to where you once belonged)



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The Beatles, 1969

Sitting is the new smoking



Making America healthier 10 minutes at a time

DECREASE IN

- Appetite
- Weight, blood pressure, waistline
- Percent of body fat
- Fatigue and drowsiness
- Stress and anxiety
- Harmful effects of prolonged sitting
- Urge to smoke



INCREASE IN

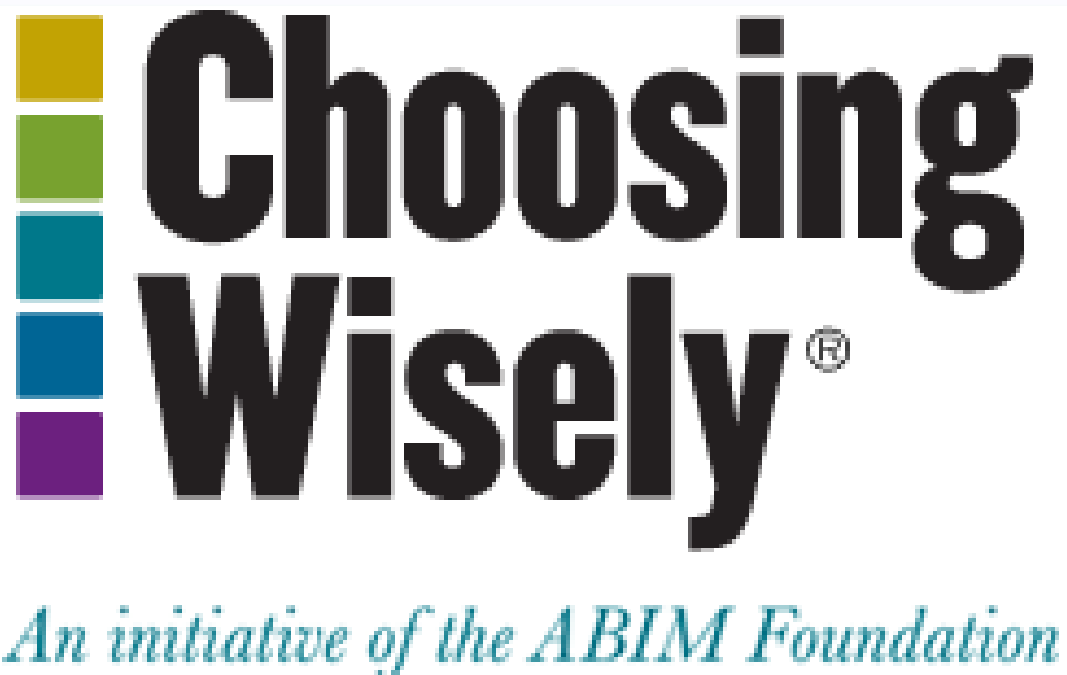
- Self-esteem, self-efficacy
- Energy levels and alertness
- Sleep quality and duration
- Mood, calmness and relaxation
- Speed and accuracy of data-entry
- Engagement of inactive individuals
- Fruit and vegetable intake
- Water consumption
- Overall physical activity
(Including outside of work)
- Supportive work environment



TRADITION

JUST BECAUSE YOU'VE ALWAYS DONE IT THAT WAY
DOESN'T MEAN IT'S NOT INCREDIBLY STUPID.

www.despair.com



<http://www.choosingwisely.org>



#1 NEW YORK TIMES BESTSELLER

Atul Gawande



Being Mortal

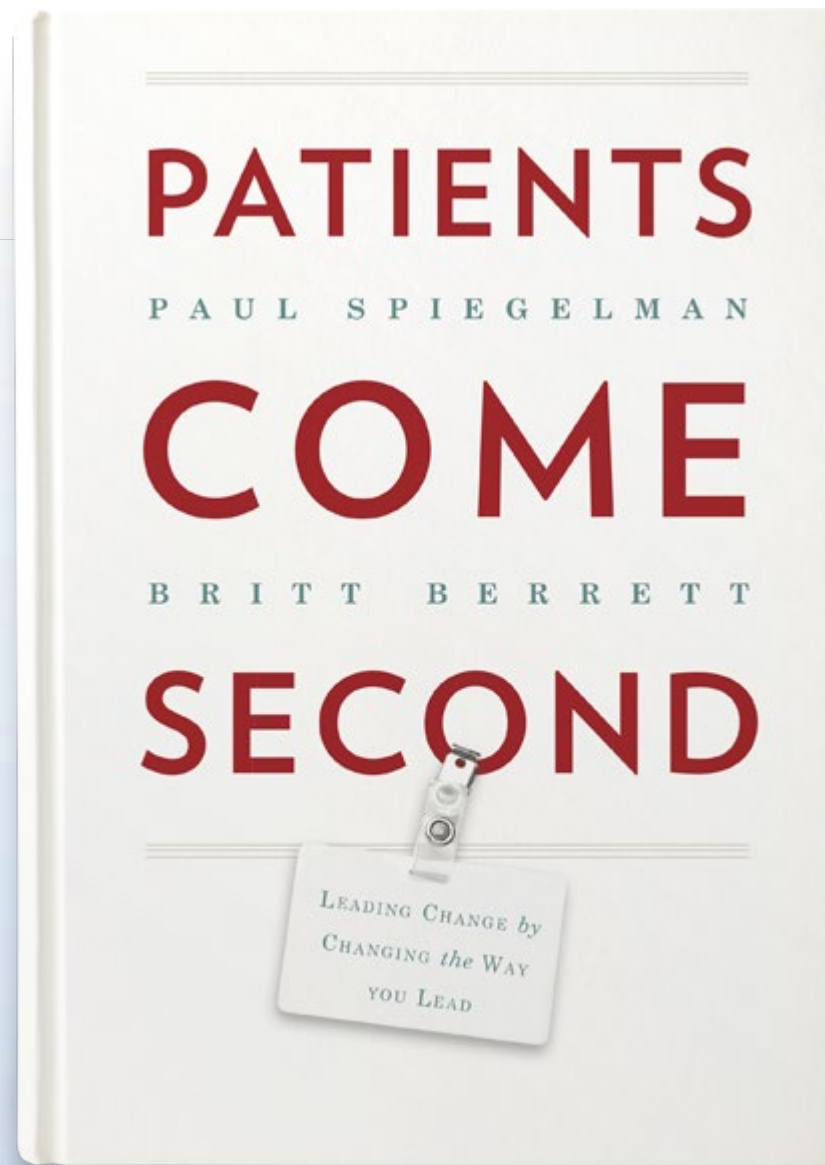
Medicine and What Matters in the End

<http://www.amazon.com/Being-Mortal-Medicine-What-Matters/dp/0805095152>



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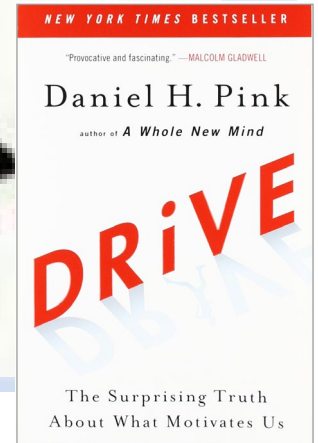
TEAM



What motivates? AKA, what do we value?

3 FACTORS LEAD TO BETTER
PERFORMANCE & PERSONAL
SATISFACTION...

AUTONOMY
MASTERY
PURPOSE



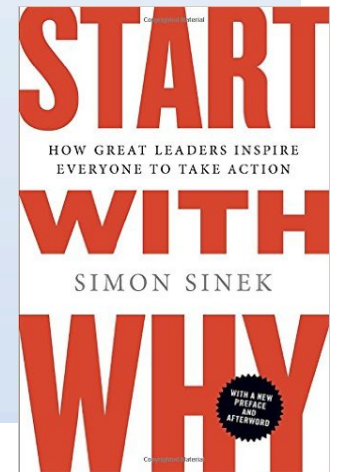


The good physician
treats the
disease; the great
physician treats
the patient who
has the disease.

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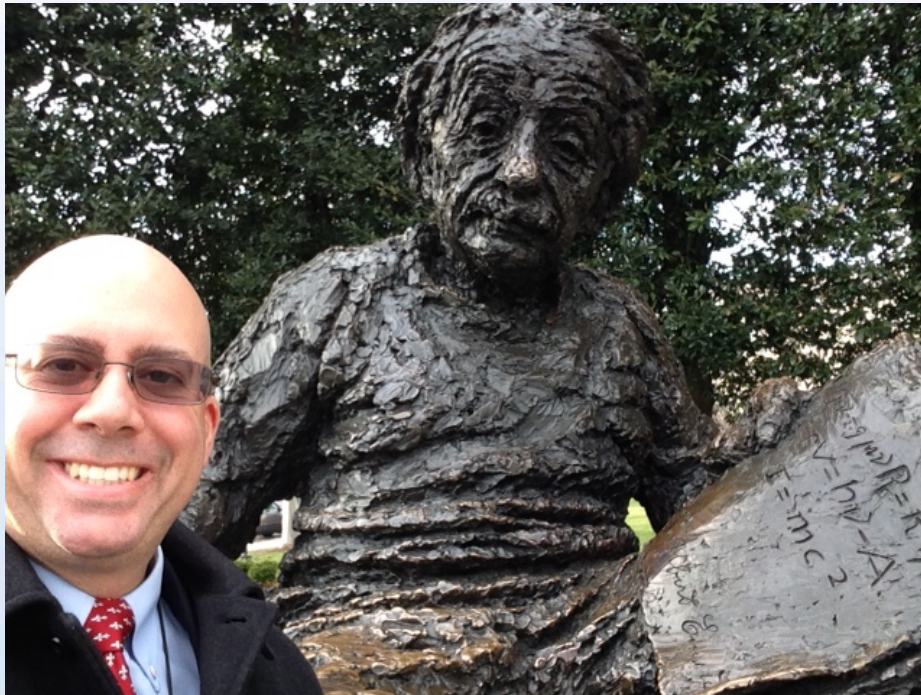
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It's not the what, or the how, it is the why!



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Not everything
that can be
counted counts,
and not
everything that
counts can be
counted





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QUESTIONS?

John B. Bulger, DO, MBA, MACP
Chief Medical Officer Population Health
Geisinger Health System
Chief Medical Officer, Geisinger Health Plan

jbulger@geisinger.edu

@JohnBBulger