“Prescription for Pennsylvania”

A set of integrated practical strategies for

Improving the health care of all Pennsylvanians,

Making the health care system more efficient, and

Containing costs.
PA Family Health Insurance Premiums vs. Inflation and Median Wages 2000-2006

The increase in health insurance premiums in Pennsylvania is six times the rate of inflation and wages.
• 8% of Pennsylvanians are uninsured

• 6.5% of Pennsylvanian’s health insurance premium goes toward uninsured

• Cost to the state – $1.4 billion
What PA has done . . .

• Created Advisory Councils and Commissions:
  – Pennsylvania Chronic Care Management, Reimbursement and Cost Reduction Commission
  – Patient Safety Authority
  – Pennsylvania Health Care Cost Containment Council
• New patient safety regulations
• New cost and quality reporting requirements
• New requirements for consumer Information
• Expanded scope of practice for primary care providers and require insurance reimbursement for that care
• Expanded nursing schools and programs in the state.
Pennsylvania Chronic Care Management, Reimbursement and Cost Reduction Commission
Chronic Care Commission

- Includes representatives from labor, health care providers (major health systems and primary care practitioners), health insurers, and state government.
- Office of Healthcare Reform [http://www.ohcr.state.pa.us/ohcr_index.htm](http://www.ohcr.state.pa.us/ohcr_index.htm)
- Adopted a plan to enable primary care practices to deliver care in accordance with the Chronic Care Model.
- Ultimate goal is to create a comprehensive pay for performance system to reduce ER and hospital utilization by managing chronic diseases and reducing healthcare costs.
Commission’s Four Strategic Goals
Designed to change the paradigm for the receipt of medical care by persons with chronic diseases, as well as their ability to obtain support in self-management of their conditions.

- The widespread use of a new primary care reimbursement model;
- Broad dissemination of the Chronic Care Model to primary care practices across Pennsylvania;
- Achievement of tangible and measurable improvement in the quality of care for chronically ill patients; and
- Reduction in the cost of providing chronic care and mechanisms to ensure that savings are realized by those paying for health care.
Five core elements of the strategic plan

- The establishment of primary care learning collaboratives and disease registries, as well as practice redesign and support.
- Insurer-provider incentives aligned with the Commission’s parameters.
- Insurer-consumer incentive alignment with Commission parameters.
- Community support resources.
- Measurement and evaluation.
Patient Safety Requirements

Requirements for health care providers to reduce medical errors and improve patient safety and quality outcomes.
Requires health care facilities to focus on patient safety, quality and patient-centered care by requiring:

- Adoption and implementation of system-wide quality management and error reduction systems.
- Training of hospital boards, patient safety committees, administration, and management in patient safety.
- Adoption and implementation of standard, evidence-based protocols and safe practices to reduce hospital-acquired infections, medical errors, and adverse events.
Reduction of health care acquired infections

• Establishes requirements for health care providers to eliminate health care acquired infections and improve patient safety and quality outcomes.
• Requires hospitals to implement proven, effective infection control procedures to prevent most HAIs.
• Prioritizes elimination of MRSA, surgical site infections, ventilator-associated pneumonia and central-line bloodstream infections that cause loss of life or disability and that are most costly.
Reduction of health care acquired infections

• Hospitals and nursing homes
  – Universal screening of patients, residents and staff for MRSA.
  – Isolate and prevent the spread of MRSA to other inpatients, residents and staff in the event of a positive culture.

• The Department of Health
  – Establish standardized best practices for eliminating health care acquired infections and reducing medical errors.
  – Ensure that licensed health care facilities demonstrate that a reduction in health care acquired infections and medical errors has occurred.
Reporting Requirements
Pennsylvania Health Care Cost Containment Council (PHC4)

- National leader in public health care reporting and transparency since 1986.
- Reports on hospital performance, hospital-acquired infections, physician-specific cardiac surgery results, quality of services of PA providers.
- Cardiac surgery reports link cost of services to quality outcomes.
- In 2006-2007 visitors downloaded more than 440,000 reports from the PHC4 website.
- www.phc4.org
Patient Safety Authority (PSA)

- Charged with taking steps to reduce and eliminate medical errors by identifying problems and recommending solutions that promote patient safety in hospitals, ambulatory surgical facilities, birthing centers, certain abortion facilities, and nursing homes.
- More than 400 healthcare facilities submit reports.
- Pennsylvania was the first state in the nation to require the reporting of both actual events and "near misses".
- All information submitted through PA-PSRS is confidential, and no information about individual facilities or providers is made public.
- http://www.psa.state.pa.us/psa/site/default.asp
New Reporting Requirements

- Hospitals – Use uniform electronic surveillance system certified by PHC4 to report health care acquired infections and emergency department data.
- Nursing homes – Report information on health care acquired infections similar to hospital.
Hospitals must submit an annual report that:

- Identifies three-year trends in reducing health care acquired infections, medication errors, readmissions and procedure complications, failures to rescue, and falls.
- Specifies which safe practices the hospital has adopted.
- Specifies a plans for adopting and implementing facility-wide, data-driven error-reduction, and quality improvement programs.
Nursing Homes:

- Must report patient safety improvements to PSA.
- Must report health care acquired infections to PHC4.
- Must appoint patient safety advisories.
- Staff must attend patient safety training conducted by PSA.
Consumer Information for making informed health care choices
PHC4 provides data on provider quality and procedure costs to allow consumers to make informed health care choices.

- User-friendly web site that inform consumers on health care costs and quality and prescription drug cost information including:
  - Hospitals - annual information of the 150 most admission diagnoses and drugs.
  - Ambulatory surgery facilities and imaging centers- annual information of 50 most common procedure by revenue.
  - Retail drug stores- monthly information of the 150 commonly prescribed drugs.
Addressing workforce issues
Expanding scope of practice

- Defines PCP practice to include certified RN anesthetists, clinical nurse specialists, pharmacists, dental hygienists and independent dental hygiene practitioners to encourage excellence for all health care providers.
- Permits licensed health care providers to practice independently.
- Prohibits the exclusion of licensed health care providers.
- Requires insurers to credential individual licensed health care providers based on the person’s clinical experience, education and licensure status.
Scope of practice legislation

- Increases the number of nursing education programs in PA.
- Provides new funding for nursing education.
- Establishes the Office of Health Equity in the Department of Health to help address diversity issues in the workforce.
- Implements the education of school children on the variety of health professions.
Scope of practice legislation

- Expands access to clinics as medical homes by providing start-up funding for federally qualified health centers (FQHCs), nurse-managed health care centers.
- Promotes the use of sites, to increase primary/preventive care services on evenings and weekends. i.e. nurse-managed care centers.
- Requires insurers to pay financial incentives to PCP’s to increase access to primary care services for patients on weekends and evenings as walk-ins.
Improves access to services from all levels of licensed health care providers in state-funded programs by:

- Requiring all such programs to use advanced practice nurses, including clinical nurse specialists, certified registered nurse anesthetists, certified registered nurse practitioners, nurse midwives, physician assistants and dental hygienists.
- Supporting the use of chronic care teams, rapid response medical teams and other evidence-based disease management teams.
Requires the Insurance Department to work with insurers to ensure that provider networks include:

- Urgent care centers
- Convenient care centers
- Nurse managed care centers
- Other sites using health care providers other than physicians
What are the results?
Unclear, but the state estimates a savings of $7.6 billion over the next few years as a result of:

- Reducing unnecessary and avoidable health care costs.
- Eliminating hospital acquired infections.
- Reducing medical errors.
- Reducing avoidable hospitalizations for chronic disease.
- Avoiding unnecessary duplicate services.
- Covering the uninsured.
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