

Improving Health Care Using a Regional Coalition (or a Cluster of Them)

Puget Sound Health Alliance

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U.S. health care is fragmented.

Possible solutions

- Government programs?
- Voluntary coalitions?

Regional Coalition for Healthcare Improvement

- Standing collaboration
- Nonprofit legal entity
- Voluntary members
- Defined geographical area
- Defined program

Some Regional Coalitions

- Institute for Clinical Systems Improvement
- Massachusetts Health Quality Partners
- Pittsburgh Regional Health Care Initiative
- California Cooperative Healthcare Reporting Initiative
- Wisconsin Collaborative for Healthcare Quality
- Northern New England Cardiovascular Disease Study Group
- Colorado Clinical Guidelines Collaborative

Program Options

- Public performance reporting
- Production of evidence-based reports (guidelines and the like)
- Assistance for improvement
- Coordination of pay for performance
- Electronic exchange of information

Why focus on a region?

- Because all health care is local
- Organizations in one region identify with one another; more likely to cohere
- Enables interaction with state, county, or local government

Example: ICSI

- Institute for Clinical Systems Improvement
- A collaboration of 57 medical groups & hospital systems in Minnesota & nearby
 - 60 hospitals with 8,341 beds (60% of state)
 - 56 medical practices with 7,600 physicians (75%)
- Sponsored by all six health plans in Minnesota
- Established in 1993

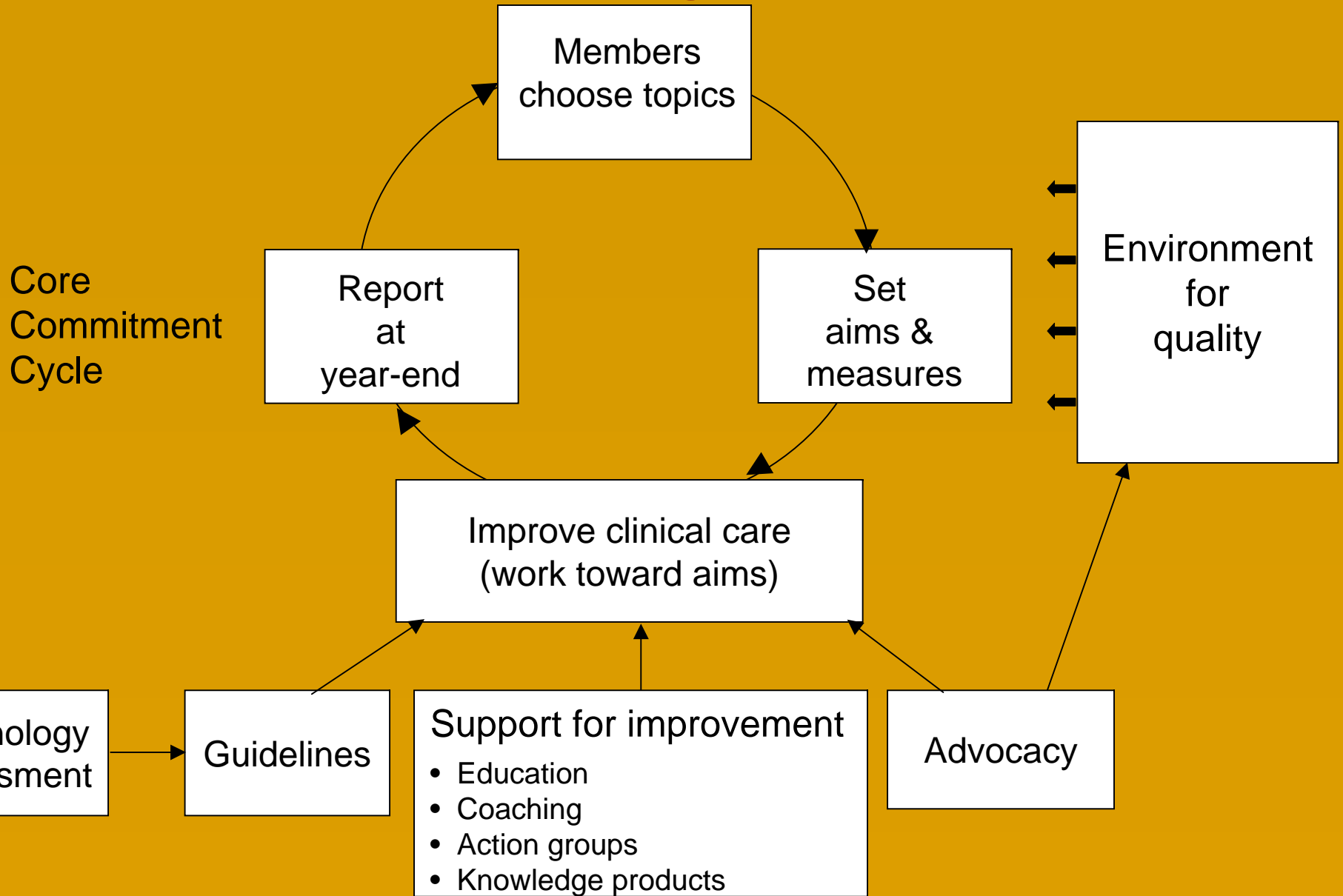
ICSI Governance

- Not-for-profit corporation
- Board of 17
 - 11 representatives from participating medical groups and hospitals (6 from 3 founders)
 - 3 medical directors from largest health plans
 - 1 purchaser, 1 health plan enrollee
 - ICSI president

ICSI's Purpose

- To assist medical groups and hospitals to improve the care they provide their patients (with guidelines & QI methods)
- Not
 - Public reporting
 - Pay for performance
 - Electronic interchange

ICSI Program



ICSI-Wide Topics for Core Cycle

- 2005
 - Diabetes care
 - Primary care for depression
- 2006
 - Primary care for depression
 - Inpatient & outpatient care for heart failure

ICSI Support for Improvement

- Education & training
- Coaching
- Action groups
- Knowledge products

Education

- Cultivating Quality Series (orientation & training)
- Half-day workshops, for example:
 - Crafting aims & measures
 - Rapid cycling for process improvement
 - Using Excel in quality improvement
 - Change management
- Annual clinical improvement colloquium with IHI
- Annual Reinertsen Lecture

Action Groups

- Subgroups of members working on the same topic for 8-12 months
- Topics in 2005: diabetes, depression, access, change management, patient care experience, safe site surgery, medication safety, leading culture change, hospital infections, rapid response teams
- Led by national experts
- Meetings typically for 3-4 hours every 3 months with sharing of successes, failures, data
- Monthly conference calls & progress reports

Requirements of Members

- Initial orientation & training sequence
- Core commitment cycle
- Physician participation in workgroups & committees--as well as other professionals
- Critical review of guidelines
- Team-based continuous improvement
- Staff adequate to support the improvement
- A pattern of improvement over time

So, what is ICSI?

- A state-wide collaboration of medical groups & hospitals
- Funded by six health plans
- Purposes: champion health care quality & accelerate its improvement
- Goal 1: Science in medicine
- Goal 2: Systems in health care

Who provides the other pieces in MN?

- Performance reporting: MN Community Measurement
- Pay for performance: health plans
- Electronic interchange: no one (Dept. of Health beginning)

What has enabled ICSI to endure?

- All parties have received something they value
 - Medical groups: assistance, collegiality, increased control, organized platform
 - Hospitals: assistance, organized platform
 - Health plans: better care, reputation, better relations with medical groups, economy of scale
- Stable, effective steering coalition in the early years
- Presence of well-developed group practices
- Stable and predictable funding
- Effective use of membership requirements

Threats to ICSI as We Have Known It

- No effective connection with employers
- Loss of original compact
 - At onset: sponsors contributed to a charitable venture aimed at community good
 - Now: sponsors see themselves as purchasing services from a vendor
- With success & growth, ICSI has become valued as a political vehicle

Design Considerations for a Region

- One coalition does all?
- Combining different program options, especially reporting & assistance
- Sequence of development
- Funding

One coalition does all?

- Coordination assured
- Multi-stakeholder board may be paralyzed
- People staffing different components have different value sets
- Invites bureaucracy because of size
- No successful precedent

Combining Different Program Elements

- Evidence-based health care & assistance easily combined
- Assistance & performance reporting difficult to combine
- Reporting & pay for performance easily combined
- Electronic interchange involves different mindset

Suggested Sequence

- Performance reporting
- Then pay for performance
- Then assistance for improvement (with or without guideline development)
- Pursue electronic interchange separately

Funding

- Grants are fine for start-up
- Charitable contributions may become payments for service
- Assistance for improvement probably best sold
- Employers sometimes interested, often not

Prospects in Puget Sound Area

- Strong community orientation
- Presence of strong group practices
- Employer interest
- Government support
- But
 - Are competitive barriers low enough?
 - Is long-term funding available?