Pittsburgh Regional Health Initiative: A Catalyst For Change

Presented by Karen Wolk Feinstein, PhD
President and CEO
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Pittsburgh Regional Health Initiative

CHCS Center for Health Care Strategies, Inc.

CHCS WebExchange
October 17, 2 – 3:30 PM ET

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President and CEO
Jewish Healthcare Foundation
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Quality is Local

- $R_x$ for health care begins at the front line
  - Care for every person
  - Honor the work of every caregiver
- Quality, safety, efficiency form foundation of healthcare improvement
1997—Pittsburgh civic leaders unite to create better, less costly health care

PRHI formed to help the Pittsburgh region:
  – Develop the highest value delivery system
  – Reduce costs by improving the quality, safety and efficiency of care

Nonprofit supporting organization of JHF
Convergence: Quality, Safety and Efficiency
Targets: The Frontline

PPC METHODS & Raising an Army

- Physician Champions
- Nurse Navigators
- Long-term Care Workers
- Clinical Pharmacists
- Patient Safety Fellows
- Nurse Managers
- Salk Fellows
- Hospital Trustees
- Team Leaders
- Librarians
Pittsburgh’s Toyota-based prescription for health care:

– Goal of zero (infections, medication errors, deviations from best practice)
– Sharing what we learn
– Finding a way to address safety, quality, efficiency together
• Train entry-level healthcare workers in workplace communication
• Augment with basic PPC training
• Results: 99% report using what they learn
• New CNAs, healthcare workers gain employer-sponsored health insurance
What We’ve Learned

1. Perfecting Patient Care℠ is a versatile tool for addressing quality, safety and efficiency
2. It takes institutional support
3. It takes a champion
4. It must support worker and patient
5. Biggest hurdles: denial, payment system
6. Action group is slim
7. Consumer not activated
8. No clear command and control
9. Middle managers forgotten
10. No quick fix
11. The hidden message

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Trials: Testing Our Tools

- Reducing hospital-acquired infections

- Diabetes—Applying the Wagner Model
  - Lawrenceville Family Health Center (FQHC)
  - East Liberty Family Health Center (FQHC)
  - VA Pittsburgh Healthcare System

- Housekeeping
  - St. Margarets
  - JAA
Do our exam rooms make it possible to deliver perfect care to diabetic patients every time?
Payoff in Outcomes
Lawrenceville FQHC

Application of PPC Has Improved Outcomes at the Lawrenceville Family Health Center

- National Baseline
- Before (2003)
- After (2004)

<table>
<thead>
<tr>
<th>Percent of Patients</th>
<th>Diabetes Education</th>
<th>Annual Glycosated Hemoglobin (ALC)</th>
<th>Annual Dilated Eye Examination</th>
<th>Annual Foot Examination</th>
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<tbody>
<tr>
<td>30%</td>
<td>90%</td>
<td>80%</td>
<td>70%</td>
<td>60%</td>
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Reducing No-shows at East Liberty

Let’s not blame the patient! Let’s ask WHY!

Open access scheduling reduces no-shows from 40% to 15%

In 4 weeks, productivity goes from 1.3 patients per hour to 1.7
Diabetes Appointments at the VA Pittsburgh

A Production Line of Care

- Intensity
- Volume
- Personalized Care

More services rendered, more patients seen

Number of patients seen in 4-hour clinic

6 months of improvement rounds

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Housekeeping
St. Margaret

Finding Time
Finding Time

A linen closet is found to be the root cause of cold breakfast trays at JAA
Payment Reform + PPC University = Progress

Payment System Restructuring

POPULATIONS
Working-age adults w/ chronic illness
• Congestive Heart Failure?
• COPD?
• Diabetes?
• Asthma?
• Depression?
• Other?

PROCESSSES
• Primary care redesign?
• Specialty care redesign?
• Improved discharge planning?
• Improved post-discharge followup?
• Other?

OUTCOMES
• Fewer hospital admissions and readmissions
• Fewer emergency room visits
• Fewer workplace absences
• Improved patient quality of life

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