

**Senate Finance Committee Health Reform Summit
June 16, 2008**

Best Practice

**Appropriately and consistently applying
evidence based care**

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Intermountain Healthcare

www.intermountainhealthcare.org

Salt Lake City, Utah

Intermountain Healthcare is a not-for-profit integrated healthcare delivery system that operates 21 hospitals, 175 clinics, and employs approximately 600 physicians. Intermountain has a health insurance group, SelectHealth, that provides health coverage for approximately 450,000 people.

Our Mission

Intermountain Healthcare is an organization driven by a mission of excellence in the provision of healthcare services to communities in the Intermountain region. The mission of Intermountain includes a commitment to provide care to those who live in communities within this region who have a medical need, regardless of ability to pay.

Our Vision

Intermountain strives to provide:

- *The best clinical practice* delivered in a consistent and integrated way.
- *Lowest appropriate cost* to the population we serve.
- *A service experience*, supported by systems and processes, that focuses on patients, enrollees, families, and one another.
- *A genuine caring and concern* in our interactions with patients, families, and one another.

Our Values

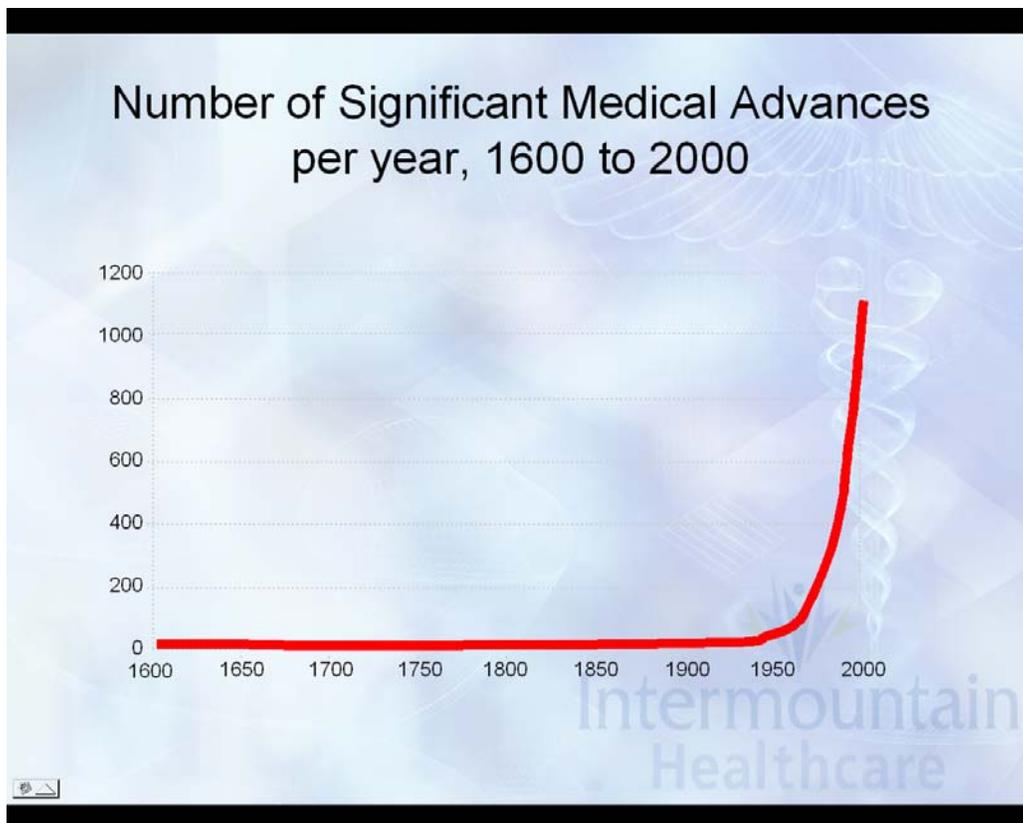
- **Mutual respect.** "We treat others the way we want to be treated."

- **Accountability.** "We accept responsibility for our actions, attitudes and mistakes."
- **Trust.** "We can count on each other."
- **Excellence.** "We do our best at all times and look for ways to do it even better."

What Others Say About Intermountain: System Recognition & Awards

- **The Dartmouth Medical School study** found that Medicare spending could be reduced by a third—while maintaining or improving quality—if the nation provided healthcare the way it's provided in the greater Salt Lake City area. The study specifically cited Intermountain Healthcare, along with the Mayo Clinic in Rochester, Minn., as organizations that provide high quality, highly efficient care.
- **Information Week** ranked Intermountain Healthcare as one of the nation's top 50 innovative users of information technology.
- **Verispan** and **Modern Healthcare** ranked Intermountain Healthcare second in the nation in a study of more than 550 integrated health systems. Intermountain has been ranked first or second in the past nine years.
- **Hospitals & Health Networks**, the journal of the American Hospital Association, named Intermountain Healthcare one of the nation's most technologically savvy hospital systems for the eighth time in nine years.
- **ABC News** profiled Intermountain Healthcare as part of a news series called "Prescription for Change: Fixing American Health Care." The program focused on Intermountain's use of clinical protocols to improve quality and save lives.
- **Newsweek**, in a feature story called "Fixing America's Hospitals," highlighted Intermountain Healthcare's clinical protocols as examples for the rest of the nation.

At Intermountain we take seriously our responsibility to constantly look for ways to improve our performance. Intermountain developed some of the earliest electronic medical records. Our facilities are all on the same electronic medical records system, giving physicians even in the smallest, most remote rural hospitals real time access to the most highly trained sub-specialists in our system. Our electronic medical records and other computer systems have become key components in achieving our mission to provide the best possible health care at the lowest appropriate cost. As I will illustrate, Intermountain uses its computer systems to identify and eliminate inappropriate variation in the delivery of health care. This actually allows Intermountain to provide better quality health care at a lower cost.



This is a Harvard Medical School analysis that came out in 2001. Clearly the amount of new technology and new knowledge is overwhelming. So, given that incredible forward progress in POTENTIAL care advancement...

Have these breakthroughs brought us ideal medical care? No. A study published in the New England Journal of Medicine indicates that American healthcare gets it right only 54.9% of the time.¹

That is, we get it right just over half the time based on our imperfect practice.

So, how can we best move the ball forward? There is lots of discussion about providing best practice...

That is why I am here today. Intermountain Healthcare has focused on taking the existing knowledge and applying it every time. We do some bench research, and a significant number of clinical trials, but we also mine our health plan data and extensive medical records to see what works, and we use a team approach to consistent best practice. There is evidence that this approach works and could be utilized elsewhere.

Last February, TV station KARE in Minneapolis aired a news segment on how to improve healthcare in the US. As part of that segment, they interviewed Dr. Denis Cortese, the President and CEO of the Mayo Clinic. What he said surprised them:

Denis A. Cortese, MD President and CEO, Mayo Clinic



“If I were ever diagnosed with diabetes, I would want to be treated by Intermountain Healthcare in Salt Lake City. They have the best outcomes in the country – and the lowest costs.”

KARE-NBC, Channel 11 (Minneapolis)
“Utah Gets It Right,” February 8, 2008

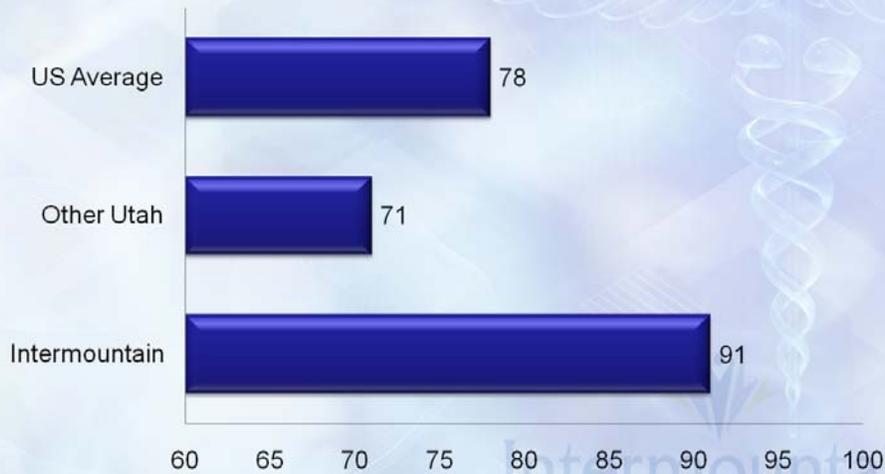
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He said, “If I were ever diagnosed with diabetes, I would want to be treated by Intermountain Healthcare in Salt Lake City. They have the best outcomes in the country – and the lowest costs.”ⁱⁱ

At Intermountain, we are not a diabetic specialty organization. What we have is a system that shares information and focuses on providing best practice every time (we fail to achieve that, but that is our goal). We have a team approach to caring for patients – primary care doctors, nurses, care managers, dieticians and others attempting to practice according to the best current knowledge. The team approach allows specialized skills to be leveraged across all of our patients. As shown here, we are able to get pretty good compliance with needed diagnostic and preventive care. Without this, improving outcomes is a shot in the dark.

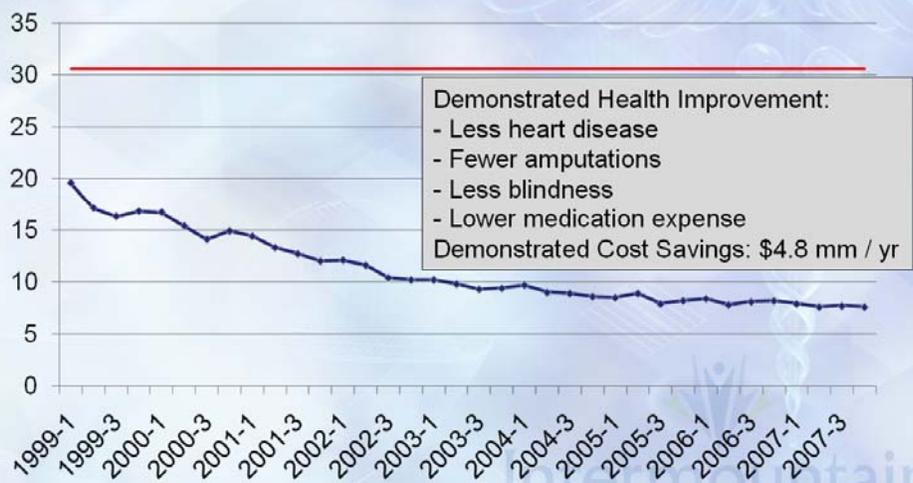
DIABETES CARE:

Hemoglobin A1C test at least once per year



DIABETES CARE:

Percent with Poor Control (HbA1c > 9)

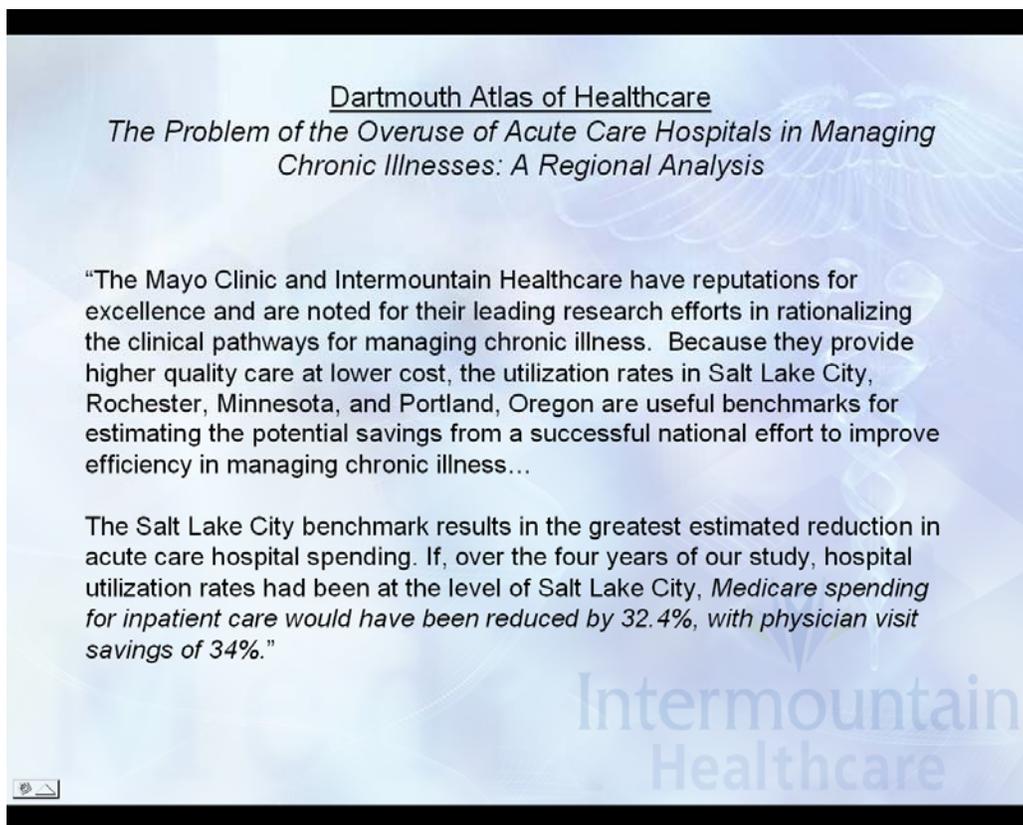


Because we try not to segment individual patients, our primary care doctors can treat all of the needs of the patient, but they work closely with the endocrine specialists to develop a best-practice approach to diabetes.

A diabetic in our system is 75% less likely to have poor blood sugar control than the national average. That translates directly to better health outcomes and lower cost.

Although the graphics show diabetes, we could show similar results for other chronic diseases – asthma, pneumonia, congestive heart failure, and interestingly, depression. The approach is to identify current best practice and implement it with systems – both electronic and organizational – so that it is provided every time.

Jack Wennberg and Elliott Fisher, with the Dartmouth Atlas, looked around the country to see how different geographic areas handled chronic disease, and what the impact was on spending. They normalized for the intrinsic severity of the populations served and concluded that best practices were not frequently followed:



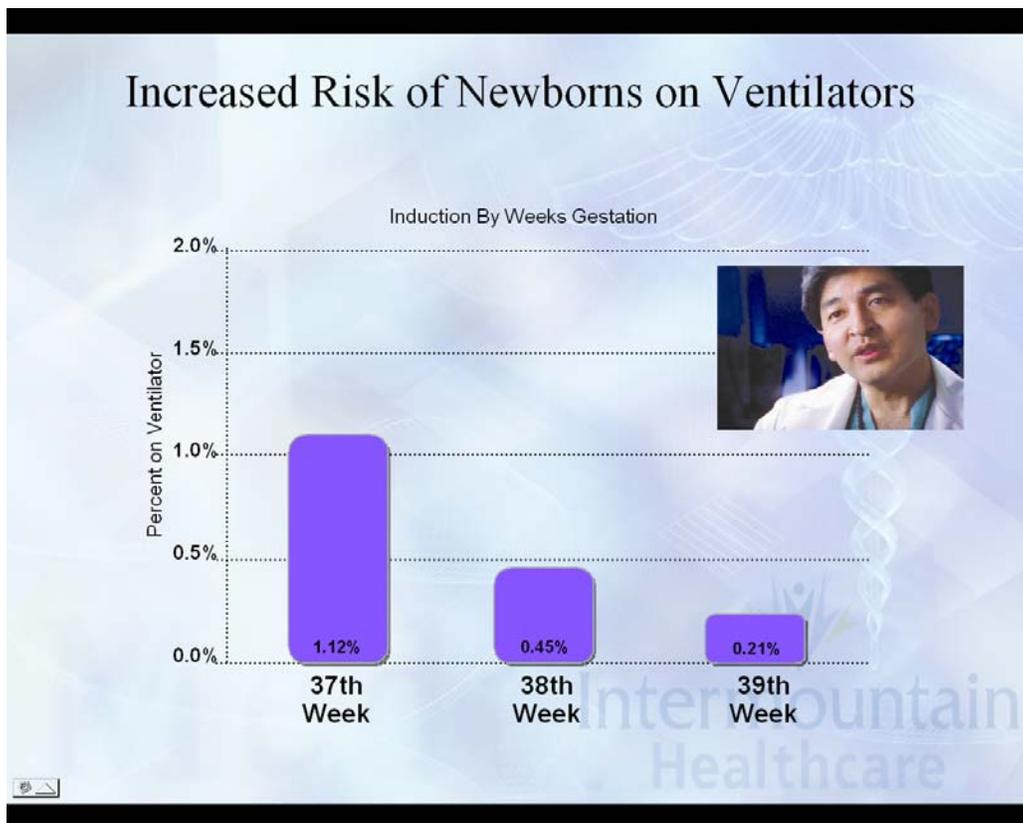
We don't believe that chronic diseases are the only ones that can be treated more effectively by systems that consistently apply best practices. Acute care can also benefit.

Many of you might not know that Utah typically has the nation's highest birthrate. Our obstetricians have plenty of experience delivering babies – and they typically do it well.

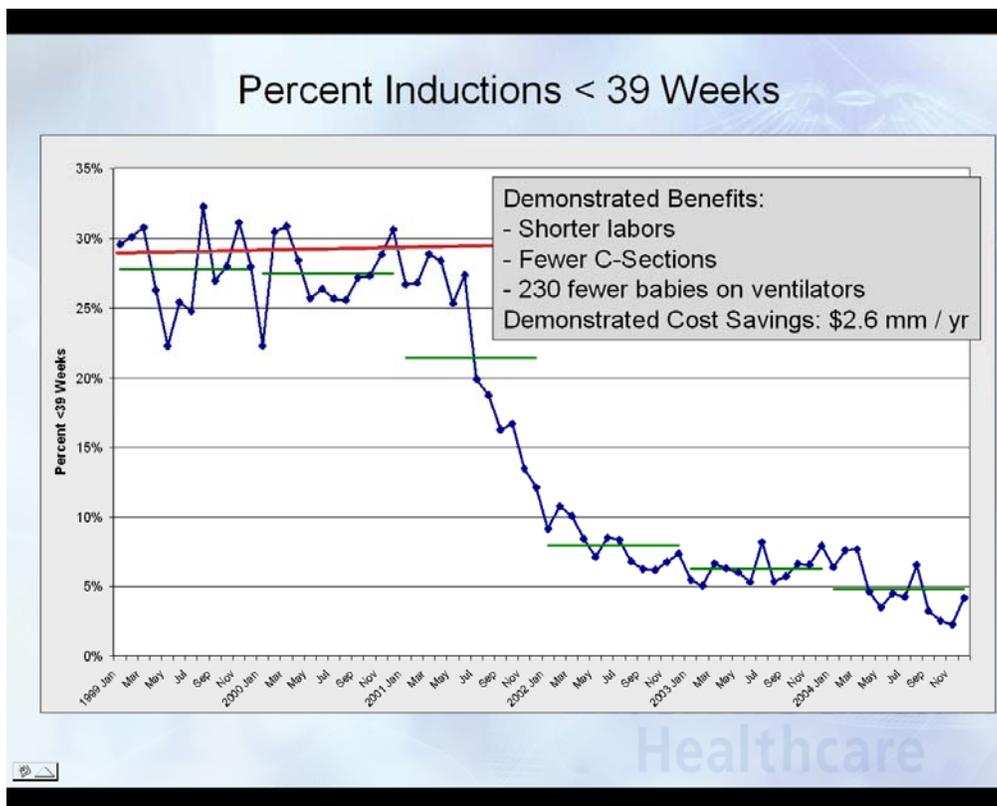
However, a decade ago the American College of Obstetrics and Gynecology issued a recommendation that labor should not be voluntarily induced prior to 39 weeks of gestational age. Practitioners across the country basically ignored the suggestion, and about 1/3 of all inductions took place prior to 39 weeks.

Utah was no different. Our obstetricians believed that they knew enough to know when it was safe and appropriate to begin an induced labor. They were convinced that there were no adverse outcomes associated with this practice. And it goes without saying that there are times when inducing labor earlier is a convenience for the mother, the family or the doctor.

However, using our own information, we were able to quickly show that in our own population, when an induction takes place in the 38th week, the likelihood of a baby ending up in the ICU doubles, in the 37th week it doubles again. This had always been true, but the percentages were small enough that no single doctor could easily see the pattern in her own practice.



Armed with the information, our organization put systems and practices into place that dramatically changed the pattern. You will notice that there has been no change in the national practice.



The beneficial consequences are significant.

Again, we could talk about any number of other case types: open heart surgery in five different hospitals in our system is practiced according to the same techniques and has outcomes that are virtually identical – and mortality rates that all rank in the top 5% in the country. And others, ranging from acute respiratory distress syndrome to simple pneumonia are treated in a similar way.

Because children are generally healthy, and spending on children’s health remains comparatively low, they are often overlooked in the national healthcare debate. Yet, a unique focus on children is essential to improving the quality of their health care services. I would like to highlight just one example of best practice that originated with Intermountain’s children’s hospital, Primary Children’s Medical Center. Because of the extreme variability in the size of pediatric patients, it has long been the practice to customize the dosing for medication based on weight. Since these patients range in size from a couple of pounds for a new preemie, to adult weight, this has led to extreme variability in dosing – and obviously, an increased potential for mistakes.

At Primary Children’s, a multi disciplinary team determined that oral medications in pediatrics could be standardized in many cases. This practice has led to reduced errors, improved quality control, improved patient care and reduced waste – saving thousands of dollars each year. This process is now being duplicated throughout all of Intermountain’s hospitals and in children’s hospitals across the country.

Standard Oral Doses Results

- 82% reduction in # variable dose
 - 329 doses to 59
- 15% reduction in workload hours
 - \$7,200 annual savings
- 90% reduction in oral liquid wastage
 - \$7,300 per year savings
- Less errors and improved patient care

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While this discussion was not meant to focus on financing, payment mechanisms are intrinsic to high-value care. I highlighted cost savings from three examples (diabetes treatment, obstetrical inductions and standardized dosing in pediatrics). What I didn't show you is that from the doctors' and hospitals' perspectives, two of these examples of cost savings are actually revenue reductions. The savings accrue to the payer and to the community through reduced admissions, reduced complications, and reduced charges. In our system, these amount to tens of millions of dollars a year in lost revenues. Because we have our own insurance company, we get some of this back, but it is still a net financial loss for our system.

Keys to Success

- Quality should be defined as consistently providing care in the best possible way, not by maximum use of the latest technology
- Quality and value are compatible when quality is correctly defined
- Measurement systems should focus on outcomes rather than (primarily) processes
- Don't forget pediatrics

“The final section of the chapter illustrates the large savings that could be realized if the rates of admissions to acute care hospitals and physician visits in all regions of the United States could be reduced to the level of regions served by the Mayo Clinic and Intermountain Healthcare, and of Portland, Oregon... The Mayo Clinic and Intermountain Healthcare have reputations for excellence and are noted for their leading research efforts in rationalizing the clinical pathways for managing chronic illness... The Salt Lake City benchmark results in the greatest estimated reduction in acute care hospital spending. If, over the four years of our study, hospital utilization rates had been at the level of Salt Lake City, Medicare spending for inpatient care would have been reduced by 32.4%.

The Dartmouth Atlas of Healthcare, 2007

Intermountain Healthcare appreciates the opportunity to participate in the Senate Finance Committee's "Prepare to Launch" Health Reform Summit 2008. We are committed to working with the committee and all members of Congress to improve our nation's health care. We particularly appreciate the interest and dedication of our Utah Senators, Orrin Hatch and Robert Bennett.

ⁱ McGlynn EA, Asch SM, Adams J, et al. "The Quality of Health Care Delivered to Adults in the United States." *NEJM* 348:2635 (June 2003)

ⁱⁱ KARE-NBC, Channel 11 (Minneapolis) "Utah Gets it Right" Feb 8, 2008