

Testimony of Laura L. Adams
President and CEO
Rhode Island Quality Institute
Providence, Rhode Island

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Co-Chairs: Senator Debbie Stabenow and Senator Robert Bennett

Senate Finance Committee Chairman Senator Max Baucus
and Ranking Member Senator Chuck Grassley

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Senator Stabenow, Senator Bennett and distinguished colleagues, thank you very much for the privilege of participating in this important event. My name is Laura Adams and I'm the president and CEO of the Rhode Island Quality Institute. The Institute was founded as a multi-stakeholder organization six years ago by a pragmatic and driven visionary--then RI Attorney General--now U.S. Senator, Sheldon Whitehouse along with George Vecchione and John Hynes, the CEOs of the two largest health systems in the state. Our mission is to significantly improve the quality, safety and value of health care in RI.

I'll describe how we have achieved the collaboration necessary to improve quality in an intensely competitive environment, the barriers that slow our rate of achievement and what federal action might be taken to accelerate the pace and broaden the scope of quality improvement.

To provide some context, we have the CEO-level leadership of every health care stakeholder required to remake this system at the table and actively participating. These are people with very different viewpoints—some even fierce competitors, yet we have consistently reached consensus on some very tough issues. As our first initiative, we were the beta test site of the SureScripts' e-prescribing system and currently rank #2 nationally in e-prescribing. We expanded our goals to include full health IT adoption and use, recognizing the potential of health IT to power not only innovation but virtually all major health care reform ideas on the table today. We're implementing a statewide health information exchange in a public-private partnership with the RI State government. In two weeks I hope to report that the RI legislature passed a landmark bill to safeguard the privacy and security of those who use RI's health information exchange.

We have every single ICU in every single hospital in the state participating in an improvement collaborative that has lowered deadly and costly central line infections by 47%, and ventilator-associated pneumonias by 20%. These complications add an average of \$35,000 to a hospital stay and can more than triple the risk of death. Safety climate has improved in over 90% of our hospitals. These results were achieved through a partnership with a number of RI organizations—the hospitals and the Hospital Association, BCBS, UnitedHealthcare and Quality Partners, our QIO. We subcontracted the project management work to our QIO based on their resources and strong relationships with healthcare providers.

For people in our state with behavioral health needs, we launched the Rhode Island Network of Care for Behavioral Health, part of the Trilogy Network of Care. Trilogy's family of sites was a finalist for last month's 2008 Stockholm Challenge Award, chosen from entries representing 50 different counties. This prestigious international award is for information and communication technologies that demonstrate the most convincing benefits to people and communities.

The key elements that produced these results include: 1) **top** leadership engagement – public **and** private and not merely participating, but actually leading; 2) a governance structure based on inclusiveness, transparency, commitment to cooperate and a level playing field – the consumers' votes count the same as the CEOs of our largest organizations and our Board meetings are open to the public; 3) acting as a neutral convener to bring together those accountable for our health system's performance in the state and to collectively set priorities for improvement; 4) measurement of results; and 5) taking a cue from Roger Bannister and breaking through our own versions of the 4-minute

mile psychological barriers that fool us into believing that a tragedy of the commons is inevitable and real change impossible.

Michigan was our ICU project's Roger Bannister—breaking through the idea that infections are an undesirable but natural outcome of being on a ventilator. When Michigan hit and sustained zero we knew the theoretic limit was possible and we could no longer accept anything less. The existence of the Quality Institute permitted Rhode Island to take action quickly to replicate Michigan's project when we called to do so by Congressman Patrick Kennedy. Not all of our hospitals are at zero yet but we're determined to get there.

These elements encourage the setting aside of individual interests to contribute to the collective good. We aren't against competition, but we make distinctions between competition that benefits our community and that which inflicts harm. Our agreement to share clinical information statewide is an excellent example. Organizations in Rhode Island compete on many fronts, but withholding essential clinical data for competitive advantage when this can mean someone's life isn't one of them. We're trying to create an environment based on Donald Berwick's assertion that the enemy is disease, error and waste and not each other.

This model isn't perfect and we have a long, long way to go to create a health care system in that reliably delivers the highest levels of quality, safety and value. The greatest barriers we face include 1) the toxic payment system which fails to reward quality improvement, investment in IT infrastructure, effective coordination of care, prevention and outcomes; 2) insufficient federal participation in and support for on-the-ground research and development efforts in care delivery and payment innovation including replication of successful models; 3) the fragmented funding of key elements required for transformation. To paraphrase my testimony to the Senate Budget Committee in February of this year, achieving the significant and sustained improvement we need in health care requires the simultaneous implementation of the essential elements of: 1) health IT adoption, 2) work on prevention and quality improvement and 3) reform of the toxic payment system ***at the same time - in the same location.***

Some groups are funded to implement health IT, others are funded for prevention and improvement projects and some to test new payment structures—each struggling independently and all with the knowledge that their piece is not enough. Now it's time to fully fund and support initiatives that include all three essential elements in the same geographic location with leadership that's up to the task.

There are a number of organizations across the country similar to the Rhode Island Quality Institute with their own unique strengths and lists of impressive accomplishments. We ***have*** the R & D laboratories that the nation needs. Let's formally recognize their role and potential and support them in creating the transformation upon which the lives of our businesses and our citizens literally depend.