Using benchmarking to improve Quality

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DANISH HEALTHCARE SYSTEM IS BETTER THAN THE SWEDISH HEALTHCARE SYSTEM

• Pride – Complacency
• Insult – Resentment – Denial
• Curiosity
  – I wonder why this difference in numbers
  – What is the cause of this difference
  – Relevant to challenge data and interpretation
• Contention 01: This curiosity can be piqued in clinicians
  – Behavioral change of clinician or patient/citizen is key
AGENDA

• Two Accenture cases of Quality improvement by Benchmarking and conclusions
• Tool with holistic approach
• Plea of a clinician
• Change is constant
• How – Quality improvement
• New bench and questions
OPERATIVE LEVEL
O-HEALTH

• 580 bed, 4600 emp., Not-for-profit, 2 acute care teaching campuses
• Problem with throughput of these 2 acute care EDs
• LOS > national benchmarks
• To counter: Redesign of patient flow to increase Quality of Care (QoC)
• 10 month, Client and ACN physicians, nurses
TRANSFORMATION AND RESULTS

• New Case management model with new function, processes and tech
• New role of Care coordination, focus on patient progression and proactive discharge planning
• Training, new tools & using existing tools more completely
• Evidence based clinical practise: Order sets and protocols
• Electronic Patient Flow Dashboard
• Proactive discharge planning, short meetings of 48 hour dis. candidates & obstacles
• LOS reduced from 5,2 d to 4,8 – High adherence to order sets and protocols
• Structure to continue this work
STRATEGIC S-HEALTH

- 49 hospitals, 432 outpt., 32 long-term, Home health, Hospice and senior housing
- Pending payment reform
- Improve Quality, leverage EMR to automate and standardise workflow
  - Optimise clinical decision support and tools
  - Medication reconciliation patient-centric, reduce mortality and LOS for sepsis, Reduce inpatient falls
- 2 year program; system wide evidence-based condition management & clinical workflow, improving quality & safety
TRANSFORMATION AND RESULTS

• Establish vision, shape concept
• Launch multiple collaborative clinical care optimisation efforts
• Design and implementation of standardised clinical care improvement
• 12 month post implementation
  – 406 lives saved
  – 18% reduction of mortality of sepsis, 1 day decrease in LOS
  – 62% increase in medication reconciliation for admitted patients
  – 5% reduction in adverse drug events
TWO ENGAGEMENTS - CONCLUSIONS

• “Accenture worked side by side with us. A lot of consultants say, ‘Here are the best practices’ and leave it to you to implement them. Accenture helped us implement them.” - Chief Operating Officer

• “Accenture gave us a road map and measures for evaluating progress,” said COO. “We have a structure to go back to that can help us continue to make progress.”

• Building an organization with the capacity to change, the confidence to change and a culture that embraces change.
BENCHMARKING ANALYSES ARE EFFECTIVE TOOLS ACROSS BOTH CLINICAL AND NON-CLINICAL AREAS

- Inpatient / Patient Flow
- Perioperative Services
- Imaging / Ancillary
- Laboratory
- Emergency Department
- Supply Chain
- Pharmacy
- Facilities
- Biomedical Technology
- Human Resources
- Finance
- Information Technology
- Labor Management
- Patient Access
- HIM
- Billing & Collections
- Physician Operations
- Clinical
- Revenue Cycle
- Support Functions
- Physician Ops.
BENCHMARKING IS ONLY AN INITIAL STEP IN IDENTIFYING IMPROVEMENT OPPORTUNITIES

Identifying & Assessing Opportunities

Benchmarking
- Data Analysis
- Insight Development
- Opportunity Detailing
- Roadmap and Value Proposition

Value Targeting

Designing Solutions & Implementing

Multiple approved projects run in parallel

- Project 1
- Project 4
- Project 6
- Project 2
- Project 5
- Project 3

Quick Wins

Program check point to get organizational commitment and approved resources to execute design

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Accenture and Health Catalyst Working Together to Improve Outcomes

A Scalable Platform for Outcomes Improvement as a Service
SYSTEMITIZING OUTCOMES IMPROVEMENT

Best Practice

Analytics

Adoption

Outcomes Improvement

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DATA OPERATING SYSTEM PLATFORM

Subject Area Data Marts

Linking & Standardization
Common Linkable Identifiers, Patients, Labs, Encounters, Diagnoses, Medications, etc.

Content
Population Definitions (800+), Hierarchies, Comorbidities, Risk Stratification, Attribution

Source Marts

EMR  Financial  Patient Sat.  HR  Administrative  Claims

e.g. Cerner, Allscripts  e.g. EPSi, Peoplesoft, Lawson  e.g. Press Ganey, NRC Picker  e.g. Peoplesoft, Ultipro  e.g. API Time Tracking  e.g. Medicare Private Payers

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Heart Failure Outcomes Improved

- **29% reduction** in 30-day readmits
- **14% reduction** in 90-day readmits
- **120% increase** in follow-up appointments
- **78% increase** in medicine reconciliation
- **87% increase** in follow-up phone calls
- **84% increase** in Teach Back

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Care Process Variation Analysis

Registries

KPA

Evidence-based Best Practices

Improvement Teams

Outcomes Improvement

Adoption

Analytics

Best Practices

Heart Failure Outcomes Improved

Enterprise Data Warehouse

Subject Area Marts

Source Mart Designer

Explore Cohort

Population Explorer

Heart Failure Application

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VARIATION ANALYSIS BY TOTAL COST: SEPTICEMIA

Risk Level 4
HEART FAILURE DASHBOARD
CONTENTION 02:

We believe evidence-based best practices, analytics to measure performance, combined with a methodology to inspire change, will improve outcomes.
DATA OPERATING SYSTEM PLATFORM – VALUE BASED HEALTHCARE

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- e.g. Cerner, Allscripts
- e.g. EPSi, Peoplesoft, Lawson
- e.g. Press Ganey, NRC Picker
- e.g. Peoplesoft, Ultipro
- e.g. API Time Tracking
- e.g. Medicare, Private Payers
THE PLEA OF A CLINICIAN

• Gathering data
  – A separate (double) registry besides the Electronic Medical Record (EMR)?
  – Or extractions of relevant data from the EMR

• Executing change
  – A new set of instructions besides EMR?
  – Best practise advisories inside the EMR and nudging
• 50 major health system CEOs
• Their vision for the future of healthcare and how their systems are responding

...change is constant
“FOUR HORSEMEN” DRIVE SYSTEMIC CHANGE

“We are the corner bookstore of 50 years ago.” – CEO
HOW – QUALITY THROUGH BENCHMARKING

• Inspiration from US
• Inspiration from European Peers
  – We can not afford not to
• Contentions
  – Pique clinician curiosity
  – Provide conditions
    • Analytics, Evidence-based best practise
    • Methodology and leadership
    • Team and resources to execute change
Thank you!

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