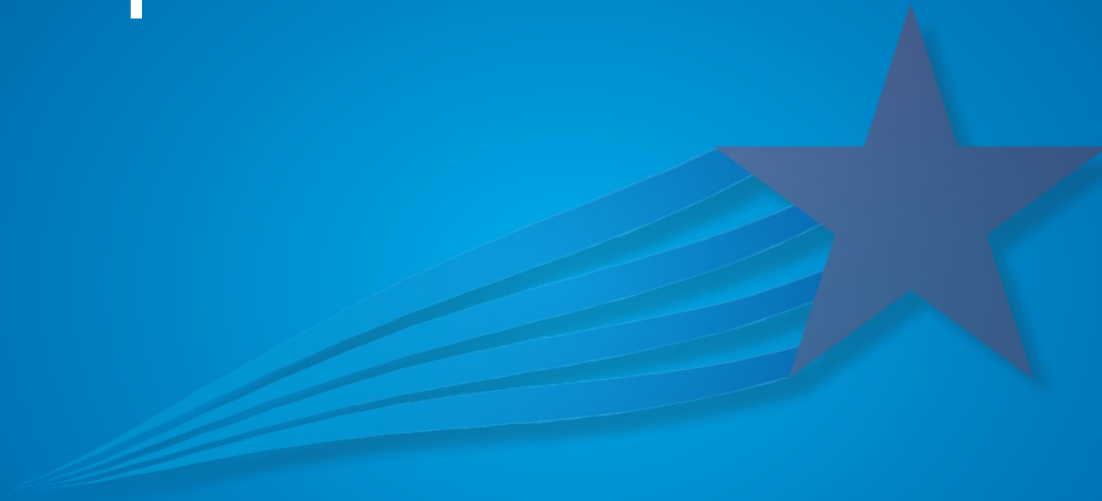


Ohio Health Quality Improvement Summit



Improving Chronic Disease Management	Improving Efficiency and Decreasing Cost in the Healthcare System	Patient Safety	Promoting Health/Preventing Disease and Injury
<p>Summary: Chronic diseases, such as, cancer, diabetes, hypertension, stroke, pulmonary conditions, heart disease, and mental illness are the leading causes of death and disability in Ohio and account for the vast majority of health care spending. The majority of cases of chronic disease could be prevented and/or better managed. Chronically ill patients receive only 56% of the clinically recommended prevention health care services. Discussion in this focus area will identify strategies and tactics that:</p> <ul style="list-style-type: none"> •focus on the essential elements of high-quality chronic disease care including the community, the health system, self-management support, delivery system design, decision support and clinical information systems •foster productive integrations between informed patients who take an active part in their care and providers with resources and expertise 	<p>Summary: Much healthcare spending in Ohio and the United States creates no value or may create negative value. Discussion in this focus area will identify strategies and tactics that:</p> <ul style="list-style-type: none"> •Create incentives for provider efficiency and disincentives for wasteful spending •Address both clinical and administrative efficiencies •Result in coordinated care so that duplicative and unnecessary tests, procedures and prescribing do not occur •Provide patients with the tools they need to make informed decisions based on cost-effectiveness and quality •Focus on primary care and public health as cost effective delivery systems •Evaluate the cost effectiveness, in addition to clinical effectiveness, of new technologies 	<p>Summary: Health-associated infections, prescription and medication errors, wrong-site surgeries, and other medical errors cause thousands of deaths annually in Ohio. Reducing these infections and errors can not only save lives, but also substantially reduce health costs. Discussion in this focus area should identify strategies and tactics that would substantially reduce health-associated infections, medication errors, or other medical errors throughout Ohio's health system.</p>	<p>Summary: Investment in strategies to promote healthier lifestyles (physical activity, better nutrition, freedom from tobacco use) in order to reduce the incidence of chronic disease and injury is essential to transform a system focused on treatment to one focused on health. The increase in chronic diseases, such as diabetes, can be attributed in large part to the rise in obesity and overweight, while injury is associated with more risky behaviors. Discussion in this focus area should explore and identify the approaches that would most efficiently - - in terms of time, resources, and potential impact - - move Ohio to a healthier state.</p>

VOTING INSTRUCTIONS

- **Distribute 20 votes** (in whole number increments) among the strategies you wish to support on the ballot. You must **vote for at least one strategy in each strategic focus area.**

Criteria for Strategy Evaluation

Please use the following criteria to evaluate the potential strategies:

- Cost vs. benefit OR Return on Investment potential
- Time to realize an impact (short term or long term)
- Potential for and extent of impact
- Resource intensity
- Political feasibility
- Availability of evidence-based tactics; demonstrated success
- Degree of innovation
- Readiness of implementation or expansion; does the strategy already exist
- Potential for Sustainability
- Replicability and adaptability (to larger and/or different target populations)
- Level of stakeholder interest and support

Improving Efficiency and Decreasing Cost in the Healthcare System



Improving Efficiency and Decreasing Cost in the Healthcare System

Strategy 1: Transform healthcare delivery through patient centered primary and preventive care

Tactic 1: Promote expansion of clearly defined medical homes including:

- Payment reform to align incentives across payors (public and private)
- Delivery system redesign including evaluation of existing sites.
- Explore different sites of care such as employer sites
- Issue RFP for medical home development regionally and to evaluate outcomes
- Include consumer education on the importance of a medical home.

Tactic 2: Expand and develop primary care workforce including physician, APNs and other medical care professionals. Provide education in medical home principles and focus on care coordination.

Tactic 3: Focus on health information technology to support clinical outcomes, care coordination, and prevention guidelines including funding to support electronic health record expansion in primary care.

Tactic 4: Expand sites of care for patient centered, community based primary care including FQHCs

Tactic 5: Promote clinical effectiveness Care coordination through primary care sites to reduce overuse of ineffective care.

Improving Efficiency and Decreasing Cost in the Healthcare System

Strategy 2: Decrease the non-value added administration & transaction costs of financing & delivering healthcare

Tactic 1: Develop web-based portal capacity through which providers, payers and patients confirm eligibility, coverage, formulary and other administrative information.

Tactic 2: Increase the use of health information technology and health information exchange

Tactic 3: Encourage provider/plans/government coordinated operating rules and definitions to avoid duplication of activity, such as with audits, etc.

Improving Efficiency and Decreasing Cost in the Healthcare System

Strategy 3: Create an environment for patient-centered informed decision-making around end-of-life care

Tactic 1: Education of patient and family through provider interaction and supportive, understandable communication and tools.

Tactic 2: Education of providers through mandated CEs.

Tactic 3: Require advanced directives/durable power of attorney and facilitate availability for a target population.

Tactic 4: Implement related recommendations of ULTCB

Tactic 5: Cross cutting payment reform

Tactic 6: Strengthen advanced directives through provider immunity for following directives or other legislation if necessary.

Improving Efficiency and Decreasing Cost in the Healthcare System

Strategy 4: Utilize evidence-based medicine and management to reduce unnecessary and non-value added care.

Tactic 1: Decrease rate of preventable hospital readmission

Tactic 2: Revising healthcare reimbursement across payors to incentivize evidence based practice and disincentivize everything else, allowing a small percentage of payments for innovation.

Tactic 3: Provide narrowly crafted evidentiary presumptions against medical malpractice claims to physicians who comply with recommended treatment protocols.

Tactic 4: Provide patient with full disclosure of treatment options (transparency)

Improving Chronic Disease Management System



Improving Chronic Disease Management

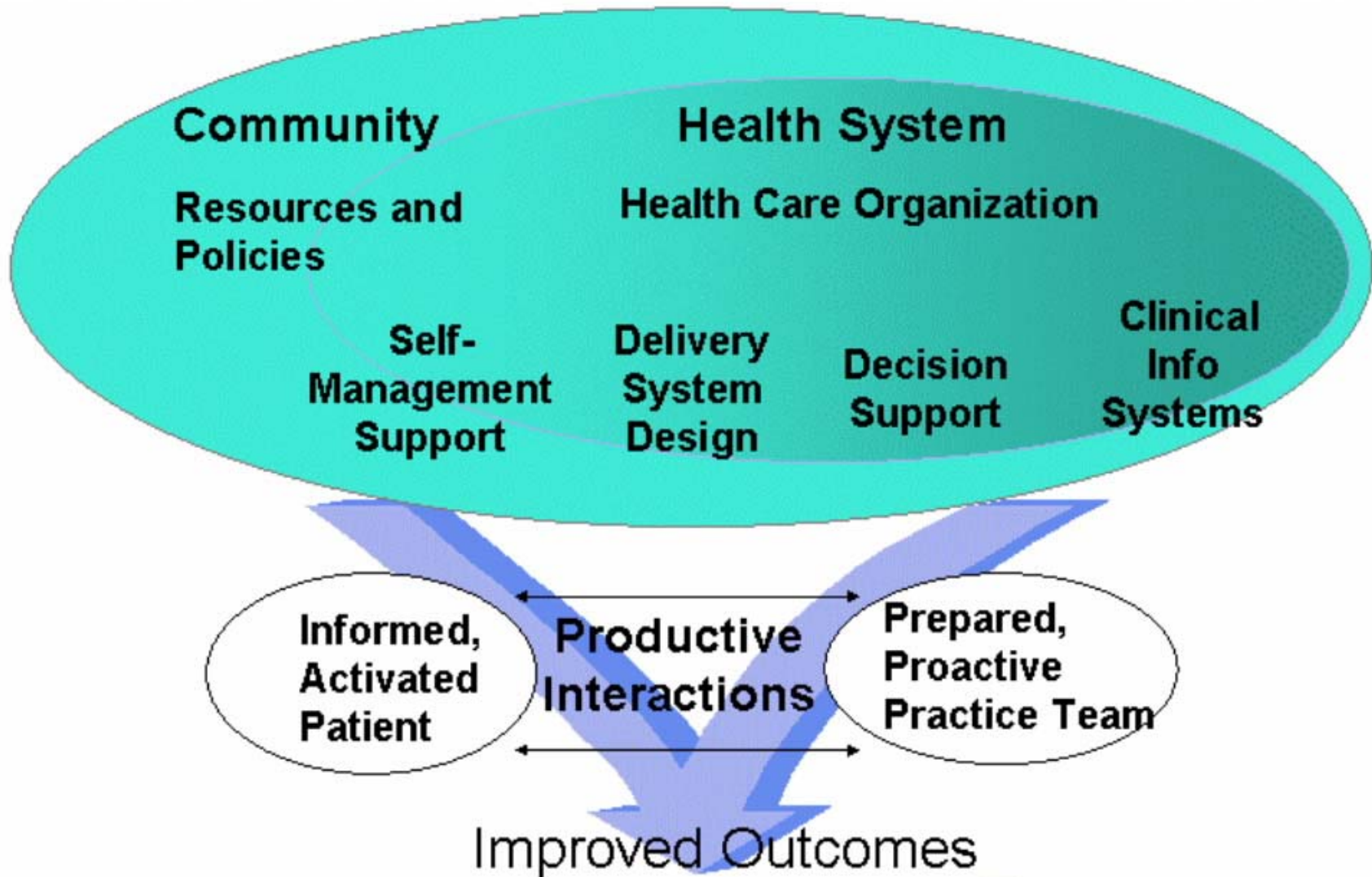
Strategy 1: Advance a sustainable, community-specific Chronic Care Model with a prepared, proactive practice team and an informed activated patient focused on improved outcomes.

Tactic 1: Promote use and increase the number and distribution of evidence-based patient centered/medical homes in Ohio

Tactic 2: Expand the use of care management models that support the acute, chronic and long-term care needs and preferences of consumers and facilitate transition between settings

Tactic 3: Recognize and promote the centrality of self-management to good patient care, and incorporate this recognition into the health care culture.

The Chronic Care Model



Promoting Health through Personal Responsibility and Disease and Injury Prevention

Promoting Health through Personal Responsibility and Disease and Injury Prevention

Strategy 1: Promote a culture of physical and emotional health and wellness through lifestyle options that comprehensively address decreasing the prevalence of the most pressing population health issues: Depression, Obesity and Tobacco use

Tactic 1: Depression

- Increase awareness of the signs and symptoms of depression by improving early and accurate screening and diagnosis
- Promote, expand, and/or develop innovative treatment programs

Tactic 2: Obesity

- Create environments and education conducive to improved nutrition and increased physical activity focusing on homes, schools, workplaces, communities, and restaurants
 - i.e. provide healthier food options, nutritional/life coaching programs, community launched food markets, etc.

Tactic 3: Tobacco use

- Create/Strengthen incentives/disincentives to promote tobacco-free lifestyles by:
 - Subsidizing and/or promoting tobacco cessation programs offered through employers, schools, providers, and communities
 - Reducing youth access to tobacco products through new laws/policies and/or greater enforcement of existing policies/laws

Promoting Health through Personal Responsibility and Disease and Injury Prevention

Strategy 2: Increase the percentage of Ohioans receiving the recommended primary and secondary preventive health services appropriate to an individual's age, gender, and condition

Tactic 1: Increase the number of children 0-21 that receive developmental screenings (i.e. behavioral/emotional, oral, vision, BMI, physical, hearing, and lead) and immunizations according to the American Academy of Pediatrics (AAP) periodicity schedule; Medicaid – fully utilize the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit

Tactic 2: Increase the number of Ohioans who receive prenatal care in the first trimester

Tactic 3: Increase the number of Ohio adults that receive the recommended screenings according to the U.S. Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP)

Tactic 4: Encourage employers and other payors to incorporate incentives (for patients and providers) for preventive screenings and preventive care into programs and plans (learn from and replicate existing initiatives demonstrating a return on investment)

Tactic 5: Establish medical home and insurance coverage that ensures adequate access for all Ohioans

Promoting Health through Personal Responsibility and Disease and Injury Prevention

Strategy 3: Prevent injuries with specific emphasis on: fall related injuries, poisoning, youth injuries, and motor vehicle injuries

- Tactic 1: Reduce the rates of fall-related injury among Ohio adults aged 65 and older
- Develop and offer a comprehensive fall injury prevention program as part of health insurance benefits package
 - Conduct “fall screenings” to determine fall risk at provider offices, ERs, etc.
 - Support home visit programs
 - Develop and encourage review of a “fall risk prevention check list”

- Tactic 2: Reduce death rates from unintentional poisoning among 35 - 54 year olds
- Refine collection of data and continue analysis to determine how to best impact this emerging issue
 - Improve Health Information Technology including a statewide linkage program

- Tactic 3: Reduce unintentional injury rates among 1 - 19 year olds
- Increase availability of safety devices (i.e. car seats, helmets and smoke alarms, etc.)

Improving Patient Safety and Reducing Errors



Improving Patient Safety and Reducing Errors

Strategy 1: Reduce (eliminate) preventable error rates/improve communication during handoffs and transitions

Tactic 1: Convene a statewide group/task force to develop a list of best practices for implementation to address care transitions within six months.

Tactic 2: Address unnecessary readmissions within 30 days (steps: use of transition care, timely access to next level of care, cultural competence, patient family education).

Tactic 3: Develop patient-centered and community-based health IT infrastructure with focus on information needed at points of care including standards for access, interoperability, and portability.

Tactic 4: Promote medication reconciliation at admission and discharge across points of care and between practitioners.

Tactic 5: Promote academic medical education and workforce development training for all types of providers on appropriate handoffs and on risks associated with care transitions.

Improving Patient Safety and Reducing Errors

Strategy 2: Promote a system-wide culture of safety

Tactic 1: Promote “just culture” through education (e.g., CME web module), team-building, and ongoing measurement.

Tactic 2: Promote alignment of state regulations as well as institutional bylaws and rules toward adoption of safety culture and non-punitive event reporting.

Tactic 3: Identify and promote adoption of best safety practices for different institutional and other constituents (e.g., hospitals, long term care facilities, etc.).

Tactic 4: Promote team-based and collaborative care throughout the medical education continuum (e.g., student through faculty).

Tactic 5: Develop financial incentives/disincentives to promote safety culture.

Improving Patient Safety and Reducing Errors

Strategy 3: Reduce (eliminate) preventable adverse drug events

Tactic 1: Create a collaborative/task force to develop a plan for (1) universal adoption of e-prescribing across the continuum, (2) multi-payor involvement.

Tactic 2: Identify patients at risk (e.g., polypharmacy) and develop interventions such as medication therapy management.

Tactic 3: Drive active and safe surveillance of adverse drug events (IHI model) across the system.

Tactic 4: Encourage patient empowerment and accountability through, e.g., standard medication cards.

Tactic 5: Identify, prioritize, and facilitate best practices implementation across the care continuum for error prevention (e.g., heparin, insulin).

Improving Patient Safety and Reducing Errors

Strategy 4: Reduce (eliminate) preventable healthcare associated infections

Tactic 1: Implement evidence-based practice guidelines, including bundles, checklists, standardize order sets, and nursing care protocols across the care continuum (e.g., hospitals, neo, pediatrics, nursing homes, home health).

Tactic 2: Identify solutions to functional challenges/implement “forcing” functions such as automated prompts.

Tactic 3: Develop payment incentives for positive outcomes and publicly celebrate success.

Tactic 4: Promote regional/statewide quality collaboratives.

Tactic 5: Standardize reporting definitions (but not necessarily expand reporting).

Improving Chronic Disease Management	Improving Efficiency and Decreasing Cost in the Healthcare System	Patient Safety	Promoting Health/Preventing Disease and Injury
<ol style="list-style-type: none"> 1. Advance a sustainable, community-specific Chronic Care Model with a prepared, proactive practice team and an informed activated patient focused on improved outcomes. 	<ol style="list-style-type: none"> 1. Transform healthcare delivery through patient centered primary and preventive care 2. Decrease the non-value added administration & transaction costs of financing & delivering healthcare 3. Create an environment for patient-centered informed decision-making around end-of-life care 4. Utilize evidence-based medicine and management to reduce unnecessary and non-value added care 	<ol style="list-style-type: none"> 1. Reduce (eliminate) preventable error rates/improve communication during handoffs and transitions 2. Promote a system-wide culture of safety 3. Reduce (eliminate) preventable adverse drug events 4. Reduce (eliminate) preventable healthcare associated infections 	<ol style="list-style-type: none"> 1. Promote a culture of physical and emotional health and wellness through lifestyle options that comprehensively address decreasing the prevalence of the most pressing population health issues: Depression, Obesity and Tobacco use 2. Increasing the percentage of Ohioans receiving the recommended primary and secondary preventive health services appropriate to the individual's age, gender and condition 3. Preventing unintentional/intentional injuries with specific emphasis on: fall related injuries, poisoning, youth injury prevention, and motor vehicle injuries

Voting Results: A Place to Start



