

Cedar Rapids Health Care Alliance (CRHA) Triple Aim Meeting

September 21, 2010

❖ Reduce Cost of Healthcare

Areas in the Community Where We Can Reduce the Cost of Healthcare

▪ Wellness and Prevention

- ◆ Provision of wellness opportunities
- ◆ Wellness with meaningful carrot and sticks
- ◆ Incorporate wellness programs in businesses
- ◆ Providers encourage patients to participate in the programs
- ◆ Increase physical activity utilization
- ◆ Increase participation in preventative care – early detection = reduction in costs
- ◆ Invest generally more in preventative care and public health vs. primary, secondary and tertiary care.
- ◆ Annual checkups
- ◆ More health screening early detection
- ◆ Promote healthy clinics – educate community, lifestyle choices, (smoking, exercise)
- ◆ Educate community on end of life issues – what is palliative care vs. hospice care?
- ◆ Educate youth and young adults on sexual health issues early
- ◆ Increase consumption of healthy foods (fruits, vegetables, low fat foods vs. normal diets)
- ◆ Community based wellness initiatives
- ◆ Physicians conducting thorough exams
- ◆ Employers offering screenings at little or no cost
- ◆ Employers offer incentives for good attendance
- ◆ Medical screening for early intervention
- ◆ Increase immunization rates
- ◆ Employers/insurance companies could offer discounts for employees to join a gym, lose weight, quit smoking
- ◆ Prenatal care
- ◆ Promote work/life balance – stress increases healthcare
- ◆ Start educating at grade school level about healthy choices for nutrition and need for daily play/exercise.
- ◆ Increase opportunities for mental health care – stress reduction
- ◆ Consolidating services for treatment of diabetes into one community center
- ◆ Increase efforts in health/wellness promotion
- ◆ Transition into an enhanced focus on prevention and wellness
- ◆ Health promotion activities – worksite, school
- ◆ Effective utilization of primary care and integrate wellness
- ◆ Lack of understanding health care consumerism – utilization, options
- ◆ Wellness/prevention emphasis – routine use of HRA and health screenings
- ◆ Increase preventative care
- ◆ Increase efforts in disease prevention

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- ◆ Center for treatment of obesity & changing behaviors improving healthy lifestyles
- ◆ Increase wellness education
- **Information Exchange**
 - ◆ Consolidate the electronic medical records
 - ◆ Data sharing between electronic medical records to reduce potential medication/allergy conflicts and shared problem/procedure lists
 - ◆ Increase intercommunication among providers
 - ◆ Accuracy/sharing of medical information between providers/health care resources
 - ◆ Statewide Health Information Exchange (HEI) – accurate and timely info available to consumers and to providers
 - ◆ Adopt data reporting requirements and publish for community
 - ◆ Sharing of information to reduce duplication of services HIT
- **Non Value Added Paperwork**
 - ◆ Streamlined office/insurance interactions (get rid of those that add no value)
 - ◆ Increase use of palliative care
 - ◆ Reduce futile healthcare (more palliative/hospice care)
- **Decrease Insurance Company Profits**
 - ◆ Insurance Companies cost to employers for employee coverage
- **Cost Transparency**
 - ◆ Transparency of cost information for medical services – consumers need to be able to compare “shop for best quality @lowest price”
 - ◆ Where is money being spent?
 - ◆ Improve coordination to reduce duplicate services (e.g. x-ray @ hospital and physicians office)
 - ◆ Decrease duplication of services
 - ◆ Identify and reduce unnecessary utilization
 - ◆ Appropriate use of imaging
 - ◆ Eliminate duplication of services
 - ◆ Prevent duplication of tests
 - ◆ Duplication of services (labs, imaging, etc.)
 - ◆ Reduce duplicate tests (lab, radiology)
 - ◆ Decrease duplication of services
- **Reduce Duplication of Service**
 - ◆ Reduce duplication of service, imaging and lab
 - ◆ Eliminate unnecessary imaging
 - ◆ Promote and encourage use of primary imaging centers to smaller independent health clinics
 - ◆ Less duplication of diagnostic studies
 - ◆ Assure only the right tests are performed
 - ◆ Duplication of resources
 - ◆ Decrease duplication of resources
 - ◆ Everyone has primary care physician relationship
- **Disease Management**

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- ◆ Chronic disease management
- ◆ Fund asthma management programs
- ◆ Fund more intensive case management services for chronic diseases (diabetes, stroke, heart, asthma)
- ◆ Improve prevention care (access and focus)
- ◆ Better integration of care
- ◆ Invest in public health services
- **Decrease Smoking/Prevention**
 - ◆ Decrease smoking
 - ◆ Decrease tobacco and smoking utilization
 - ◆ Provide community regulations to change health behaviors (trans fats on foods ban, tobacco ads & sales restructures, etc.)
- **Tort Reform Legal/Regulations**
 - ◆ Tort Reform to prevent unnecessary care
 - ◆ Legal – high costs of claims – people suing Drs., court costs
 - ◆ Influence legislation
 - ◆ Influence payment or reimbursement methods
 - ◆ Stop unnecessary regulations
- **Promote Collaborative Care**
 - ◆ Collaborative practice agreements
 - ◆ Centers of Excellence for certain services within the community – more collaborative efforts between providers
 - ◆ Encourage collaborative efforts
 - ◆ Better coordinate social services – public health, free clinics
 - ◆ Collaborate with insurers – demonstrate effectiveness of telemonitoring to prevent admissions
 - ◆ Stop care from leaving CR wherever possible
 - ◆ Have networking socials among health clinics & health to educate new technologies/techniques being offered for high demand surgeries/conditions, etc. to stimulate referral network & facilitate coordination of care among physicians
 - ◆ Continuity of care between acute care and home care
- **More Use of Primary Care**
 - ◆ Greater reliance on primary care
 - ◆ Decrease ER use
 - ◆ Decrease ED visits
 - ◆ Decrease ER visits
 - ◆ Add just 5 minutes to a regular office visit for questions and answers and review time
 - ◆ Medical home for appropriate and coordinated care management
 - ◆ Patient counseling on the importance of wellness tailored to specific person
 - ◆ Improve patient/provider partnership through improved education/communication

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- **Quality**
 - ◆ Focus on quality
 - ◆ Decrease errors
- **Standards of Care**
 - ◆ Evidence based medicine
 - ◆ Provide additional standards of care
 - ◆ Expand chronic disease self management initiatives
- **Decrease High Drug Costs**
 - ◆ Decrease illicit drug use
 - ◆ Medication management
 - ◆ Reduce medication conflicts
 - ◆ Medication access and low cost prescriptions
 - ◆ Generic drugs (prescriptions)
 - ◆ Have government officials help with high drug costs - Pharma
- **Use of Mid Levels**
 - ◆ Promote mid level providers where appropriate
 - ◆ Utilization of all health care professionals

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❖ Experience of Care

Features That Maximize the Experience of Care

▪ Costs Concerns

- ◆ No surprises at billing/expense care
- ◆ Community based services (“Buy local”)

▪ Competent Care

- ◆ Competent Care givers
- ◆ Quality of care
- ◆ Follow up if required by provider
- ◆ Having access to most current innovations/services available (imaging, meds, technology)
- ◆ Dr. has appropriate expertise and experience to deal with illness
- ◆ Perception that healthcare provider is knowledgeable and up-to-date
- ◆ Diagnosis confirmed
- ◆ Accurate diagnosis
- ◆ Competence all the way through
- ◆ Excellent diagnostic equipment
- ◆ Fast diagnosis
- ◆ Skilled competent providers
- ◆ Skilled competent care givers
- ◆ Contact with knowledgeable providers
- ◆ High level of education – How to prevent future recurrence
- ◆ Diagnosis and treatment without hassle
- ◆ A comfortable environment
- ◆ Clean, well lit surroundings
- ◆ Comfortable care
- ◆ Physician Support confidence

▪ Timely Access

- ◆ Easy payment or co-payment at time of service
- ◆ Access to the services needed
- ◆ Accessibility of care
- ◆ Convenient access (physical access)
- ◆ Easy access to my family physician (location, time)
- ◆ Ability to contact doctor/office
- ◆ Prompt time
- ◆ Lower wait times
- ◆ Ability to see Dr. quickly
- ◆ There is access to necessary diagnostic equipment, etc.
- ◆ See your Dr. in timely fashion
- ◆ Being able to see your own physician
- ◆ See your Dr. that you have a relationship with
- ◆ Being seen quickly by a provider (not waiting)

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- ◆ Speed of schedule
- ◆ Access – Ability to pay
- ◆ Easy access to care
- ◆ Access to services
- ◆ Timely communication
- ◆ Timely response to questions and concerns about patient health
- ◆ Short turn-around time for test results
- ◆ Convenience of receiving all necessary, ancillary studies (labs, x-rays) in one location
- ◆ Moving quickly through the system (labs, x-rays)
- **Compassionate Care**
 - ◆ Compassionate individuals in all settings
 - ◆ Compassion of the healthcare providers
 - ◆ Safest treatment
 - ◆ Safety
 - ◆ Quality outcome
 - ◆ Quality of health care providers and system
 - ◆ Your Dr. listens to you
 - ◆ Having caring compassionate providers to see
 - ◆ Perception that care giver respects me and my time
 - ◆ Support Groups
 - ◆ Family/SO support
 - ◆ Involvement of family
 - ◆ Pleasant interactions with nurses, office people, etc.
 - ◆ Personalized attention
 - ◆ Mutual respect
 - ◆ Not feeling rushed by the Dr. or nurse
 - ◆ Attitude of provider, someone who appears genuinely concerned
 - ◆ Positive, upbeat, caring environment and staff
 - ◆ High level of personal attention
 - ◆ Reasonable cost
 - ◆ Affordability of care
 - ◆ Reasonable cost
- **Interested in me as a person**
 - ◆ Personalized care (a doctor who cares and knows about me)
 - ◆ Doctor/Provider that's personally interested
 - ◆ Patient is treated with respect
 - ◆ Dignified Care
- **Coordination of Care**
 - ◆ Provider collaboration
 - ◆ Providers communicate with each other
 - ◆ Physician to Physician communication
 - ◆ Coordination of care givers

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- ◆ Seamless collaboration
- ◆ Good communication from health care providers about condition/illness
- ◆ One stop shopping
- ◆ Coordinated care between departments
- ◆ Important to have coordinated care with specialists and primary care
- ◆ Not spending a lot of time filling out forms
- ◆ Coordinated care if needed
- ◆ Dr. has access to previous health concerns and history
- ◆ Coordinated efforts
- ◆ Continuum of services available
- ◆ Your Dr. has access to your medical history
- ◆ Your team of Dr.'s communicate and touch base to make sure they are on the same page
- ◆ Tests needed are convenient to have done (i.e. labs, scans etc...)
- **Communications**
 - ◆ You get answers to your questions
 - ◆ Straight, honest information
 - ◆ Understanding of condition
 - ◆ Access to questions and answers
 - ◆ That you get to be part of the decision making process
 - ◆ Clear information to make informed decisions
 - ◆ Know what to expect and when (timeline)
 - ◆ Questions Answered
 - ◆ Experienced care provider who can find answers and solutions
 - ◆ Doctor is thorough – asks questions and listens
 - ◆ Information is understandable
 - ◆ Explanations of care gives findings and plan of treatment
 - ◆ Responses from Dr./Nurse are understandable
 - ◆ Clear Communication
 - ◆ Description of treatment and probable outcome
 - ◆ Provider communication
 - ◆ Clear options for treatment
 - ◆ Education about my condition
 - ◆ Get education about your disease/illness
 - ◆ Patient given options for treatment
 - ◆ Self care/home care information
 - ◆ Test results are communicated
 - ◆ Easy to understand and follow discharge instructions
 - ◆ Offices respond to calls
 - ◆ That you get assistance with finding resources available to you
 - ◆ Confidentiality
 - ◆ Physical Privacy
 - ◆ Easy to understand and follow discharge instructions

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- ◆ Offices respond to calls
- ◆ You get assistance with finding resources available to you
- ◆ Privacy in waiting and exam rooms
- Other
 - ✓ Common goals and outcomes
 - ✓ Alternative Services available (option)
 - ✓ Barriers are eliminated – Don't have to fight for care w/ health care community/insurers
 - ✓ Having the ability to make choices about my own health care – working collaboratively with my physician

❖ Make Our Community Healthier (Social, Economic Lifestyle)

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- ❖ What aspects of the community (social economic and lifestyle) do we need to pay attention to in order to make our community healthier?

- **School Based Programs**

- ◆ Promote wellness programs in schools
- ◆ Immunization
- ◆ Healthy snacks at school
- ◆ Establish healthy diets from preschool to college via cafeteria offerings and other venues
- ◆ Childhood obesity
- ◆ Healthier school lunches
- ◆ Better understanding of nutritional value of our dietary habits (start in preschool/elementary)
- ◆ Focus on childhood obesity
- ◆ School based health systems
- ◆ Money, time, focus on early childhood education
- ◆ Look at latch key programs for school age children
- ◆ Stress health (diet and exercise) and healthy lifestyle starting at a you age (3 yrs old)

- **Exercise Fitness**

- ◆ Bike library (exercise equipment library)
- ◆ Trails/Exercise venues
- ◆ Promote/encourage cycling to work
- ◆ Stress Management class
- ◆ Stress value of healthy life style to all new parents for their children and themselves
- ◆ Increase community fitness events
- ◆ Consider the percentage of the community that is overweight
- ◆ Eat less – Exercise more
- ◆ Sports opportunities for low income families
- ◆ Parks
- ◆ Promote healthy lifestyles (diet, exercise, weight loss programs, company wellness programs)
- ◆ Healthy screening (hypertension, diabetes, cholesterol)
- ◆ Increase exercise programs in school systems
- ◆ Promote exercise in schools – redo phys. Ed. Curriculum
- ◆ Bike trails/hiking
- ◆ Become a health conscious community via conspicuous availability of exercise venues and diet info
- ◆ More food choices at restaurants – easy to pick healthy options

- **Collaborative Programs**

- ◆ Diversity in medical care – properly care for minority population – honor traditions/beliefs
- ◆ Community Scorecard – Focused Improvement efforts

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- ◆ Regional/statewide collaboration and programs
- ◆ Volunteer Opportunities
- ◆ Faith Involvement – Jewish/Christian/Muslim promotion
- ◆ Focus on innovation tools and culture
- ◆ Green initiative – reduce carbon footprint
- ◆ Affordable housing
- **Education**
 - ◆ Employee health education
 - ◆ Increase education on health homes air quality
 - ◆ Employer driven wellness initiatives
 - ◆ Community education on specific diseases
 - ◆ Encourage preventative health care services (recommend check ups)
 - ◆ Accident prevention
 - ◆ Texting, helmets, substance abuse
 - ◆ Family unit Health (pregnancy prevention)
 - ◆ Increased birth control – planned parenthood awareness
- **Mental Health**
 - ◆ More mental health services (reduce stigma)
 - ◆ Mental health
 - ◆ Mental health awareness efforts
 - ◆ Increase access to mental health providers
- **Smoking**
 - ◆ Free smoking cessation classes
 - ◆ Awareness of smoking cessation programs
 - ◆ Quit smoking clinics
 - ◆ Increase education and bans on smoking
 - ◆ Better air quality
 - ◆ High employment
- **Weight Management**
 - ◆ Promote weight loss through diet
 - ◆ Consider the cost of choosing healthy foods
 - ◆ Increase disclosure on calorie and fat count on meals in restaurants
 - ◆ Weight management class
 - ◆ Nutrition education for at risk individuals
- **Affordability**
 - ◆ More affordable access to medications
 - ◆ Affordable medications
 - ◆ Access to primary health care
 - ◆ Additional access to primary care, immediate care
 - ◆ Consider the percentage/number of people on Medicaid, food stamps
 - ◆ Figure out a way to fund more free health care clinic availability
 - ◆ Accessible/Affordable health care (or disease) screenings
- **Cost**

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- ◆ Educate consumers on what is causing healthcare costs to rise
- ◆ Better understanding of health care costs (more information available to patients)
- ◆ Focus on dying – anger and denial leads to increased costs
- ◆ Provide affordable health insurance
- ◆ Good health insurance coverage
- ◆ Additional/further care of uninsured population
- ◆ Increased educational focus on appropriate use of emergency departments at hospitals
- ◆ Chronic disease management/compliance
- ◆ Integrated medical records for each patient