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From the Editor

You Gotta Have HEART!

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From the Editor

You Gotta Have HEART!

It's not often that one gets an opportunity to participate directly in the health policy-making process. State senators and representatives in local government around the nation are heavily engaged in this process. The Commonwealth of Pennsylvania is no exception, and recently, members of the Democratic leadership began holding hearings under the title of the Healthcare Excellence and Accountability Response Team or HEART. Say what you will about the acronym; it means that lawmakers want to have a better understanding of the issues surrounding the complex nature of our delivery system, especially the "quality agenda." As a part of the HEART hearings, I was asked to testify before a key group of Democratic state representatives in Harrisburg, Pa. What follows is an abridged version of my testimony.

"Good morning and thank you for the opportunity to appear before your committee. I would like to acknowledge all of my colleagues who are also testifying today. My goal this morning is to make three main points. First, I will set the context about healthcare quality in the state of Pennsylvania, then, I will review the accomplishments of 10 extraordinary groups of people in our state and, finally, I will point to some future challenges.

In October of 2000, Dr. Stephen Jencks published a significant article in the *Journal of the American Medical Association*, which ranked Pennsylvania number 18 out of 50 states in the overall quality of care delivered to our citizens.[1] In January of 2003, Jencks and his team published a follow-up piece noting that Pennsylvania fell to number 31, using a similar methodology.[2] Admittedly, a great deal of work still needs to be done in our state. While we could quibble about the methods used by Jencks, I believe it is important that we recognize the challenge of improving quality across the Commonwealth.

Recently, *US News and World Report* ranked many Pennsylvania hospitals as best in the nation including our own institution, Jefferson University Hospital.[3] While the published evidence is important to consider, the public perception is also engaging. I believe the 'truth' lies somewhere between Jencks and *US News and World Report*.

Let me now turn to the second part of my comments, namely, pointing to the accomplishments of 10 extraordinary groups working in Pennsylvania to improve the quality of medical care.

One of the most extraordinary groups helping to improve quality in our state is the Pennsylvania Health Care Cost Containment Council or PHC4[4]. For more than a decade, PHC4 has been promoting a public accountability agenda through the publication of a series of outcomes reports. I strongly believe that sunshine is the best disinfectant, and research evidence supports the fact that PHC4 has made an important contribution to promoting self-reflection and quality improvement by provider groups across the state. I am very proud of the work of the Technical Advisory Group of PHC4, a committee I have had the privilege of chairing for the

past seven years. I would urge members of the Caucus to carefully review the most recent annual report from PHC4 to learn more about how report cards have contributed to a decrease in mortality for major surgical procedures and have actually helped to save thousands of lives in our state.

The second extraordinary group is the federally mandated Medicare Quality Improvement Organization (QIO), known as Quality Insights of Pennsylvania.[5] Their staff of 60 individuals has been instrumental in carrying out the federally mandated Center for Medicare and Medicaid Services 'Seventh Scope of Work.' Through its public reporting and learning collaboratives across the state, Quality Insights strives to bring the tenets of measurement and quality improvement to all kinds of hospitals. Their work is particularly helpful to institutions that may not have resources such as a full-time physician leader in this arena. We are lucky to have such a capable QIO in the Commonwealth.

The third group promoting a quality agenda includes the Hospital and Health System Association of Pennsylvania, known as HAP,[6] and its local affiliate in Philadelphia, the Delaware Valley Healthcare Council (DVHC).[7] HAP and the DVHC act as conveners and clearing houses for critical information enabling hospitals to benchmark their performance and share sensitive operational information. Sure, they both have a political agenda, but who doesn't? I am especially proud of the work of the DVHC and the recent production of a high quality videotape concerned with improving patient safety. I was fortunate to be a participant in this project that will bring the safety message to many providers across the Commonwealth.

The fourth extraordinary group is made up of the managed care organizations in Pennsylvania. Again, say what you will, but the evidence about their performance is heartening. The managed care organizations such as Independence Blue Cross (IBC)[8] and Highmark Blue Cross Blue Shield[9] consistently have beaten the national averages for managed care organizations of their size and scope. In fact, a recent publication has called these outcomes the 'Keystone to Good Health in Pennsylvania.'[10] Groups like IBC and Highmark have demonstrated fewer hospitalizations, more attention to preventive care services and high membership satisfaction levels on all major national comparative scales. These groups clearly have a seat at the quality improvement table.

The fifth extraordinary organization is the Institute for Safe Medication Practices[11] in suburban Philadelphia. We are very fortunate to have nationally prominent leaders like Michael Cohen and his staff, who have been laboring in the patient safety arena for decades. Only recently has their work garnered the kind of attention that is reserved for near celebrity status!

Sixth, I would like to emphasize the role that organized medicine in Pennsylvania is playing to improve quality. Specifically, the American College of Physicians (ACP)[12] in Philadelphia, the largest membership organization in the field, is devoted to a quality improvement agenda via their public advocacy work in Washington, DC, and promotion of CME-based quality improvement programming. In addition to the ACP, Philadelphia is fortunate to be the headquarters of the American Board of Internal Medicine (ABIM).[13] The ABIM is the critical organization certifying internists across the country. Via their Performance Improvement Module (PIM) program, the ABIM provides internists an opportunity to self-evaluate the quality of care delivered in the

office setting and to learn new tools and techniques for improving quality. ACP and ABIM are acknowledged leaders on a national scale and are helping to sculpt the field.

Seventh on the list of extraordinary groups in Pennsylvania are some of the leading disease management organizations in the country such as I-trax, Inc.[14] I-trax is a publicly held (AMEX:DMX) disease management vendor in suburban Philadelphia that is implementing population-based care initiatives. I-trax hopes to participate in the Medicare Modernization Act pilot entitled the Chronic Care Improvement Program. I-trax, like many of its sister organizations in the Disease Management Association of America, takes evidence-based practice tools like guidelines and interactive nurse call center technology, blends them together, and works to improve the overall health of a population of chronically ill individuals.

The eighth group includes both the Lehigh Valley Business Conference on Health Care (LVBCHC)[15] and, on the other side of the state, the Pittsburgh Regional Healthcare Initiative.[16] The LVBCHC is one local manifestation of how employers may work together to buy healthcare services based on value. The Initiative has gained national attention because of the leadership of Mr. Paul O'Neill, former Secretary of the Treasury of the United States. Value-based purchasing is sure to gain increasing attention in the near future.

Ninth on the list of extraordinary groups are the many academic medical centers across our state, including Jefferson, and their affiliated schools of public health and health administration. We are lucky that these organizations have identified health services research and research on quality as key strategies for the future. We should celebrate the partnerships that these different schools are undertaking to further the quality agenda.

The tenth and final group of extraordinary people are the members of the Department of Health Policy at Jefferson Medical College, the only medical school-based, bona fide Department of Health Policy in the state.[17] It represents a growing trend across the nation for physician leaders and others to commit themselves to the teaching and research agenda necessary to improve quality.

Let me turn now to the final portion of my presentation, namely, pointing to the challenges of the future.

I support the creation of the Pennsylvania Safety Authority or PSA.[18] Yet, it is simply too early to tell what the impact of this new organization might be. While 22 states are mandating the reporting of medical errors, the research evidence about the impact of such efforts is not encouraging. The question remains: What will we do with the data, how will it be organized and, most importantly, will it be used to improve quality at the individual hospital and doctor level? I want to wish Dr. Muscalus and Mr. Rabinowitz, the leaders of PSA, best of luck in their journey.

Finally, it would be important to recognize many budding partnerships that do not receive a great deal of public attention including the Pennsylvania Palliative Care Network, the University of Pittsburgh NIH-funded EXPORT program, the Advance Committee on Stroke Prevention, the Pennsylvania Medical Society, and dozens of others. In a recent AHRQ-funded state-wide inventory, I was very pleased to learn about these and other unique partnerships across the state.[19]

Thank you again for the opportunity to appear before you this morning. We have a good deal to be proud of in the Commonwealth and much hard work lies ahead. I hope that the Democratic leadership benefits from the HEART hearings, and I look forward to the ensuing dialog."

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