



GEISINGER

REDEFINING BOUNDARIES

**Bipartisan Congressional Health Policy Conference**

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**Aiming for the Best: Scorecard of U.S. Health Care  
System Performance**

***What Is Doable Now?***

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Strategic Targets – Can We Prioritize?

Who?

How?

## Suggested Criteria

What works now, somewhere?

What is translatable?

What can produce recognizable improvement?

# Learn From Best Practice

## **Go for Perfection**

Model Reimbursement to Achieve:

- Optimum chronic care
- Optimum acute care
- Population health goal

# Pay-for-Performance (P4P) Initiatives

- Chronic care (PGP demonstration and beyond)
- Episodic care (e.g., CABG, joint replacement, cataract surgery, EPO)

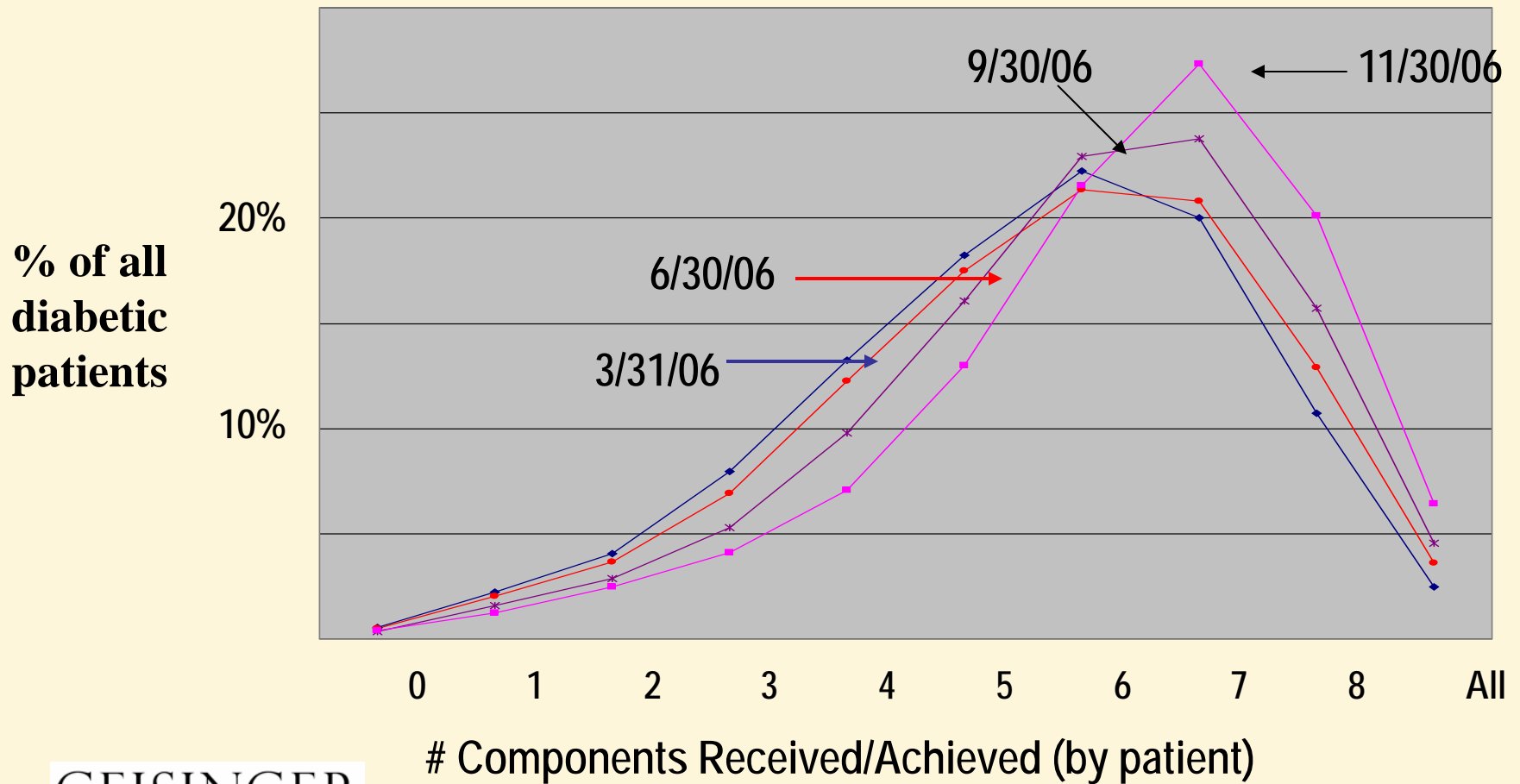
# Highly-Reliable Diabetes Care

## ("All or None" Composite Measure)

Component Measures	Quality Standard	FY07
HgbA1C measurement	Every 6 months	X
HgbA1C control	< 7	X
LDL measurement	Yearly	X
LDL control	< 100	X
Blood pressure control	< 130/80	X
Retinal exam	Yearly	
Urine (protein) exam	Yearly	X
Foot exam	Yearly	
Influenza immunization	Yearly	X
Pneumococcal immunization	Once	X
Smoking status	Non-smoker	X
Use of ACE/ARB for microalbuminuria/DM nephropathy	Yes	
Use of ACE/ARB for hypertension	Yes	
Patients who receive/achieve ALL of the above	Within prior 12 months	X

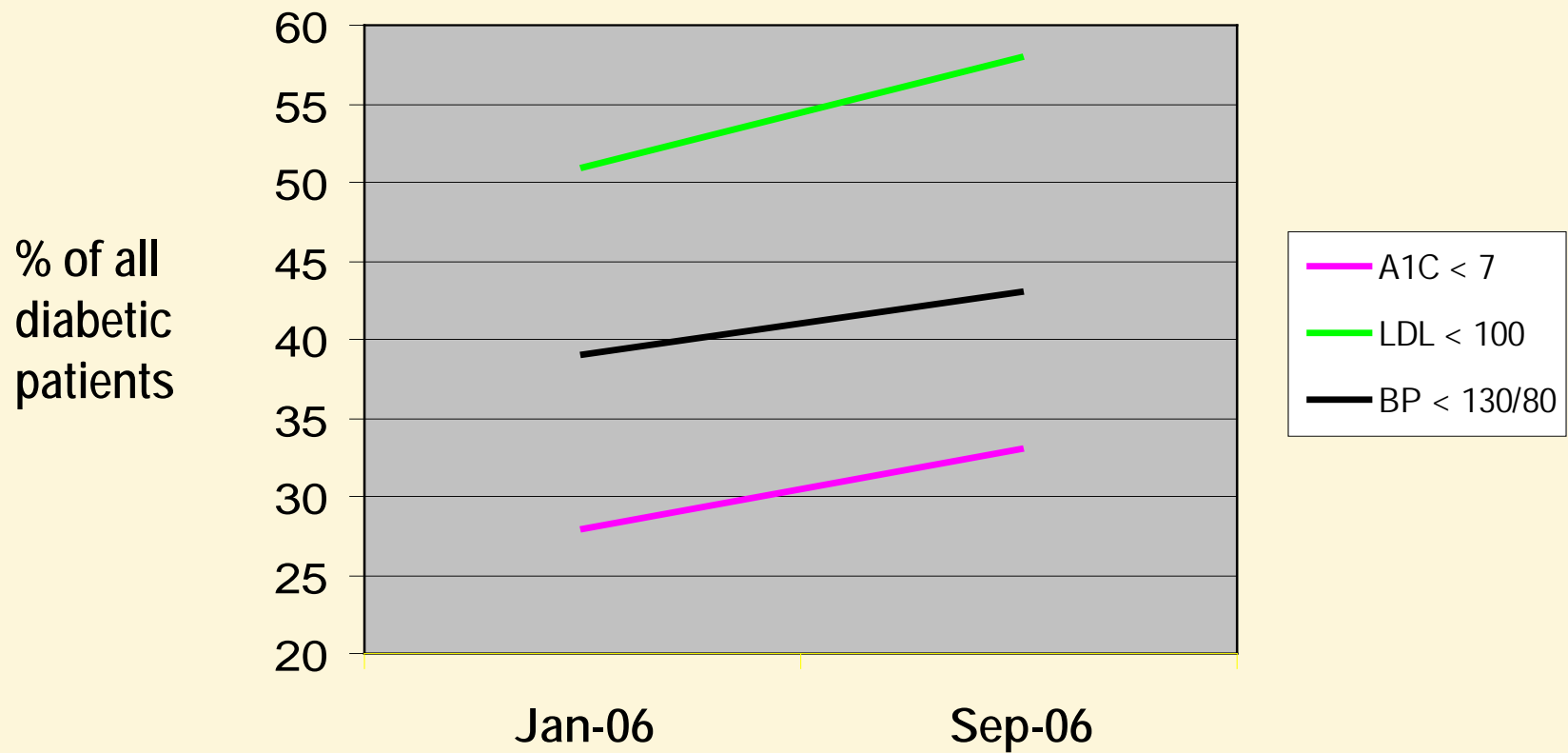
# ProvenCare<sup>SM</sup> - Diabetes

(Comprehensive Care; System-wide; >20K patients)

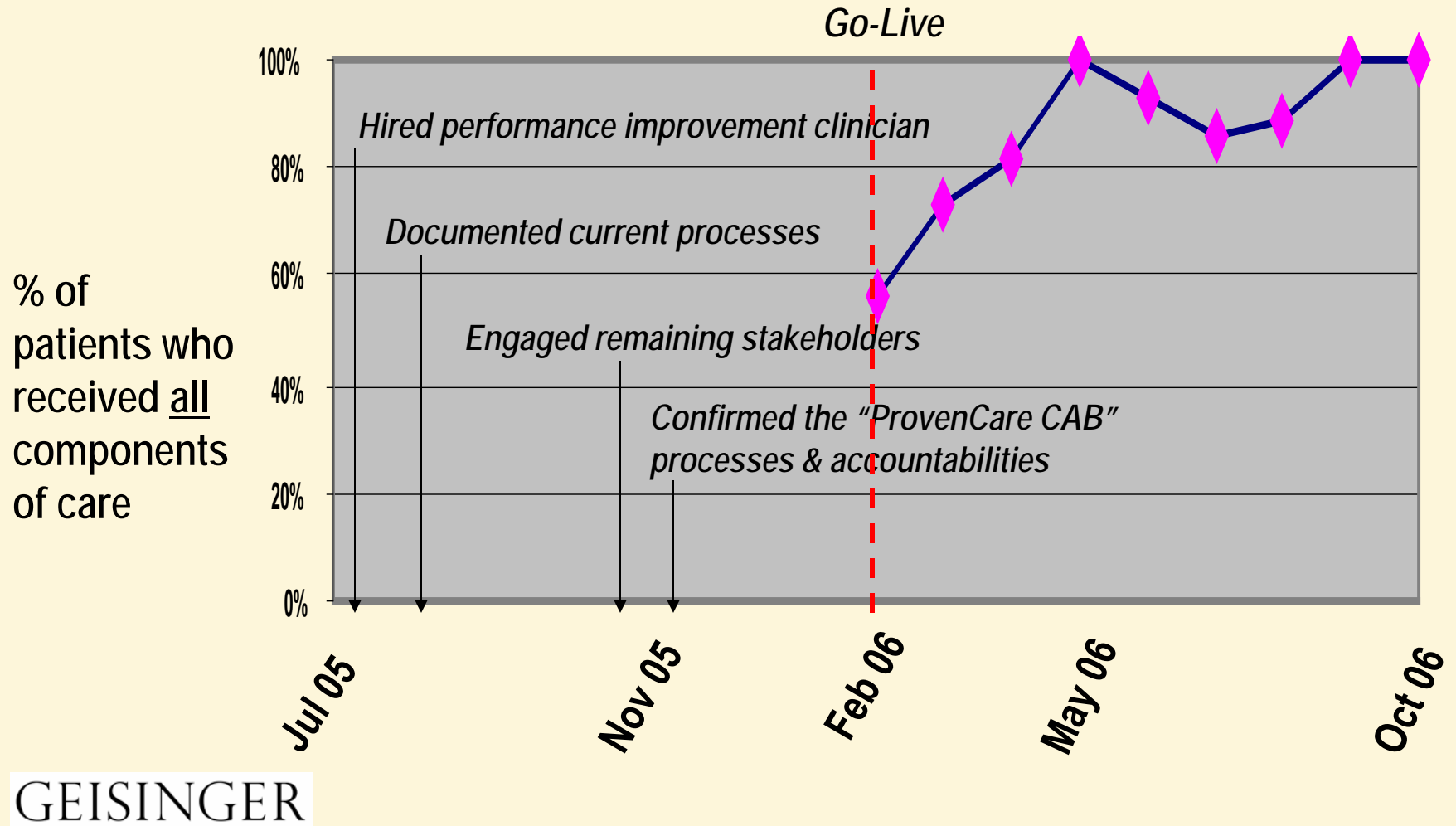




# Diabetes Outcomes (resulting from *ProvenCare*<sup>SM</sup>)



# Coronary Artery Bypass: *Reliability*



# Coronary Artery Bypass: *Outcomes*

	Before ProvenCare <sup>SM</sup> <u>(n=143)</u>	With ProvenCare <u>(n=81)</u>	Improvement (% reduction)
Patients with <u>any</u> complication	38%	30%	21%
Patients with <u>major</u> complication	9.8%	6.2%	37%
Atrial fibrillation	22%	19%	15%
Any pulmonary comp	6.3%	2.5%	60%
Re-admit ICU	2.8%	0.0%	100%
Blood use	25%	19%	27%
Re-operation for bleeding	4.2%	3.7%	12%
In-hospital mortality (death) 1.4%	0.0%	100%	
Deep sternal wound infection 0.7%	0.0%	100%	
Discharged <u>not</u> to home	19%	7%	63%
Charges per patient	\$61,176	\$58,117	5%

# First Principles

Pay for *best practice*

– Don't pay for *less than best practice*

Focus on systems of care\* as best model for testing new delivery incentives

- \* Hehrotra A, Epstein A, Rosenthal B. Do Integrated Medical Groups Provide Higher-Quality Medical Care than Individual Practice Associations?, Ann Intern Med, 2006, 145 (11): 826-833
- \* Casalino L. Which Types of Medical Group Provides Higher-Quality, Ann Intern Med, 2006, 145 (11): 860-861