Transforming Care Delivery to Focus on Patient Outcomes

Trustees will be essential leaders.

To succeed going forward, healthcare must include a delivery system that can provide safe, high-quality care; eliminate inefficient spending; and offer incentives for individuals to take action to improve their health. Leaders must continue to step forward if we are to make progress on goals to offer care that is safe, affordable, coordinated and based on scientific evidence.

Although hospital governing boards can have a significant influence over setting priorities and stretch goals and can emphasize an agenda for improving quality and safety, relatively little is known about trustees’ actual level of engagement in quality-related issues. A survey of 1,000 board chairs revealed that less than half of the boards rated quality of care as a top priority, a minority of board members received any formal training, and a gap existed between board activities in high-performing hospitals and low-performing hospitals, according to the 2010 study, conducted by Harvard University researchers Arnold Epstein and Ashish Jha titled “Hospital Governance and the Quality of Care” published in the January 2010 issue of Health Affairs.

It is understandable that overseeing quality is daunting to board members. However, boards are increasingly being held accountable for the hospital’s performance and improvement of quality and safety. And the Centers for Medicare & Medicaid Services and commercial insurers are moving to have health organizations tie payment to quality metrics, rather than simply paying for the volume of services provided. In addition, they want to see evidence that services provided actually produced desired results: improved patient function, satisfaction and, ultimately, health status.

“Currently, 62 percent of independent Blue Cross Blue Shield (BCBS) plans across the country have started to tie hospital payment to quality,” says Christine Izui, former executive director of quality, Office of Clinical Affairs, Blue Cross and Blue Shield Association, Chicago, and author of a recent monograph for the American Hospital Association’s Center for Healthcare Governance titled “Transforming Care Delivery to Focus on Patient Outcomes: Why Boards Matter.”

“Over time, the emphasis is being placed on performance rather than reporting,” she says. “This means that hospitals need a deep understanding of the outcomes being tracked and the work processes required to produce high quality outcomes.”

Measuring quality, however, is difficult, given the complexity of patient conditions, differences in how individuals respond to treatment and difficulty in linking interventions to improved health. Nonetheless, the healthcare payment and delivery system needs to be organized around improving patients’ current and long-term health status, and trustees will be essential leaders in efforts to transform healthcare delivery.

To help board members oversee their organization’s quality efforts, several resources are available. Many Blue Cross and Blue Shield health plans, for instance, are partnering with hospital associations and hospitals to line up training opportunities, and offer toolkits, data reporting tips and financial incentives to help create a new healthcare delivery paradigm. Among these efforts is the American Hospital Association Center for Healthcare Governance Quality Curriculum, developed with the Massachusetts Hospital Association and BCBS of Massachusetts.

The Quality Curriculum is an interactive education course that
includes simulated learning experiences across six dimensions of governance responsibility (mission, culture, performance, leadership, strategy and resource allocation). The course focuses on helping trustees gain practical experience in overseeing hospital quality and safety performance and in planning for and ensuring patient safety and quality care for the future. It concludes with a learning exercise that involves participants in the work of a board quality committee and how the committee interacts with the full board. BCBS of Massachusetts added this trustee education course to its pay-for-performance program, and a payment was received by participating hospitals after the majority of trustees completed training.

Other collaborative efforts are occurring in Arkansas, Delaware, South Carolina and Idaho, where trustees are being encouraged to attend training and/or certification courses to ultimately provide enhanced guidance for hospital priorities.

Another resource leaders can use as they make a conscious commitment to ensuring safe care within their own organizations is the National Quality Forum (NQF) Safe Practices for Better Healthcare. It lists 34 safe practices, and No. 1 on the list focuses on leadership.

In addition, Charles R. Denham, MD, co-chair of the NQF committee that developed the list of safe practices, and chairman of the Texas Medical Institute of Technology, established a model for creating change, described in an article in the March 2005 issue of the Journal of Patient Safety titled “Patient Safety Practices: Leaders Can Turn Barriers Into Accelerators.” The 4A Model of Adoption includes:

**Awareness**: Leaders must understand performance gaps, national trends and their own potential for improvement.

**Accountability**: Leaders must be personally accountable for improvement by setting goals with a concrete target by a specific date. Trustees can further instill accountability through setting CEO compensation goals based on hospital performance.

**Ability**: Leaders and frontline staff need the education, skills, time, resources and leadership to put changes in place, test the effects and monitor for long-term results.

**Action**: Leaders must insist on change to prevent harm to patients.

Sample goals that illustrate application of the 4A Model of Adoption appear in the chart below.

Boards are uniquely poised to take action using this model on behalf of the communities they serve by committing to ongoing learning, establishing a board quality committee and setting the bar high. The challenges in most of our communities are so large that it makes sense for key stakeholders to work together to set direction for and accelerate change. ▲

Mary K. Totten (megacom1@aol.com) is the content development director and Dan Paloski (dpaloski@aha.org) is a communication specialist for the American Hospital Association Center for Healthcare Governance.

---

### 4A Model of Adoption

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sample Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness</strong></td>
<td>All board members will attend an educational session on their role in overseeing hospital quality and safety performance by the end of 2012. A special briefing will be prepared for the board, highlighting why prevention of infections is a top priority.</td>
</tr>
<tr>
<td><strong>Accountability</strong></td>
<td>The board commits to a hospital quality improvement program to reduce our overall central line infections by 50 percent by the end of the year. Forty percent of executive incentive compensation will be based on achievement of this and other quality improvement goals. Our board will review the results of three hospital quality improvement initiatives each quarter and continue to monitor how resources are needed to achieve goals.</td>
</tr>
<tr>
<td><strong>Ability</strong></td>
<td>Training will be provided to key board members and staff to accomplish goals. Appropriate resources will be allocated to reduce infections.</td>
</tr>
<tr>
<td><strong>Action</strong></td>
<td>Board level commitment to 50 percent reduction of overall central line infections will be made transparent to staff in a company announcement and on the hospital intranet. Oversight of goal will be assigned to the vice president of operations.</td>
</tr>
</tbody>
</table>

*Source: Charles R. Denham, MD*