

Providing the Highest Quality of Care for the Nation's Veterans

Barbara Fleming, MD, PhD

Chief Quality and Performance
Officer, Veterans Health
Administration



Outline

Historical Perspective

Key Drivers of Change

Key Components of Change

Accountability, EMRs, PMs

Results of Change

Definition of the VA mission began when the Pilgrims of Plymouth Colony were at war with the Pequot Indians. They passed a law stating that members of the colony would provide support for disabled soldiers.

Source: http://www.75anniversary.va.gov/history/history_evolution.htm



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THE MARCH OF MILES STANDISH



Veterans Health Administration Mission

*"To care for him who shall have borne
the battle and for his widow, and his
orphan,"*

Abraham Lincoln

1865

2nd inaugural address



2006 Facts

- 25 million veterans in the U.S. population
- 5.3 million veterans receiving ongoing health care through the VHA; 7.7 million enrollees
- 156 VA Medical Centers from Puerto Rico to Hawaii
- 875 VA outpatient clinics (CBOCs) to improve access to care



VA at a Crossroad 1994 - 1995

Concerns

- Costly inpatient focus

- Poor access to care

- Expressed dissatisfaction with care by veterans

- Variability of VA healthcare across facilities

Questions:

- Was the quality of VA healthcare worth the dollars being spent?



1995: The Transformation Begins

Motivator: Responsibility to veterans to provide the best and most up to date care available

Plan

- ✓ Reengineer the health care system
- ✓ Improve use of Information Technology
- ✓ Measure and report performance
- ✓ Integrate services across geographic areas
- ✓ Realign payment policies

1996: "Prescription for Change" was published as a guide for re-engineering the VA health care system.



Reengineering the system

- Established VISNs
- Moved care out of hospitals
- Established performance measures
- Establish accountability through performance based contracting
- Enhanced the EMR



Established accountability

- VISN Directors contracts/evaluation includes measures of quality, access, satisfaction, and business processes
- VISN Directors hold facility Directors accountable and so on down the line
- 2006 Physician and Dentist pay bill-a new era of accountability



Enhancement of IT

Enhanced EMRs

- Includes development of clinical reminders, “templated” notes, digital imaging of radiologic films and ECGs, etc.
- Includes alerts for out of range lab values, BCMA (bar code medication administration), sharing patient specific information across sites of care and across facilities
- Major new upgrades and integration occurring



Quality Infrastructure

- USH

- Office of Quality and Performance

- Accreditation
 - Credentialing
 - Guidelines
 - Performance Management
 - Patient Satisfaction



Quality Infrastructure at the Network Level

- Deputy Undersecretary for Operations
 - Network Directors
 - Chief Medical Officers
 - Quality Management Officials
 - Facility Directors
 - Chiefs of Staff
 - Quality Managers



Performance Measurement in the VHA

Over 100 measures in quality, access,
satisfaction, financial

Transformative measurement system-
core indicators, floors, ECF contracts

Frequent feedback to facilities/networks



Performance Measurement – the Patient's Viewpoint

- Patient survey to 600,000 patients per year
- Response rate of over 65% with one survey mailed
- Ask about everything from cleanliness of the facility to courtesy of the staff to technical quality



VHA Success Recognized

- British Medical Journal Dec 6 2003
 - Between 1995 and 2000 VA achieved remarkable improvement in quality ...while reducing costs per patient by 25%
- Annals of Internal Medicine Dec 21, 2004
 - Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample
- New England Journal of Medicine May 29, 2003
 - Effect of the Transformation of the Veterans Affairs Health Care System on the Quality of Care



VA's Performance Compared to Non VA

CLINICAL PERFORMANCE INDICATOR	VA FY 05	HEDIS ⁽¹⁰⁾ Commercial 2004	HEDIS ⁽¹⁰⁾ Medicare 2004	HEDIS ⁽¹⁰⁾ Medicaid 2004
Breast cancer screening	86%	73%	74%	54%
Cervical cancer screening	92%	81%	Not Reported	65%
Colorectal cancer screening	76%	49%	53%	Not Reported
LDL Cholesterol < 100 after AMI, PTCA, CABG	Not Reported ⁽¹⁰⁾	51%	54%	29%
LDL Cholesterol < 130 after AMI, PTCA, CABG	Not Reported ⁽¹⁰⁾	68%	70%	41%
Beta blocker on discharge after AMI	98%	96%	94%	85%
Diabetes: Hgb A1c done past year	96%	87%	89%	76%
Diabetes: Poor control HbA1c > 9.0% (lower is better)	17%	31%	23%	49%
Diabetes: Cholesterol (LDL-C) Screening	95%	91%	94%	80%
Diabetes: Cholesterol (LDL-C) controlled (<100)	60%	40%	48%	31%
Diabetes: Cholesterol (LDL-C) controlled (<130)	82%	65%	71%	51%
Diabetes: Eye Exam	79%	51%	67%	45%
Diabetes: Renal Exam	66%	52%	59%	47%
Hypertension: BP <= 140/90 most recent visit	77%	67%	65%	61%
Follow-up after Hospitalization for Mental Illness (30 days)	70% ⁽¹⁰⁾	76%	61%	55%
CLINICAL PERFORMANCE INDICATOR	VA FY 2005	HEDIS ⁽¹⁰⁾ Commercial 2004	HEDIS ⁽¹⁰⁾ Medicare 2004	BRFSS ⁽¹⁰⁾ 2004
Immunizations: Influenza, (note patients age groups) ⁽¹⁰⁾⁽¹⁷⁾	75% (65 and older or high risk)	39% (50-64)	75% (65 and older)	68% (65 and older)
Immunizations: pneumococcal, (note patients age groups) ⁽¹⁰⁾	89% (all ages at risk)	Not Reported	Not Reported	65% (65 and older)

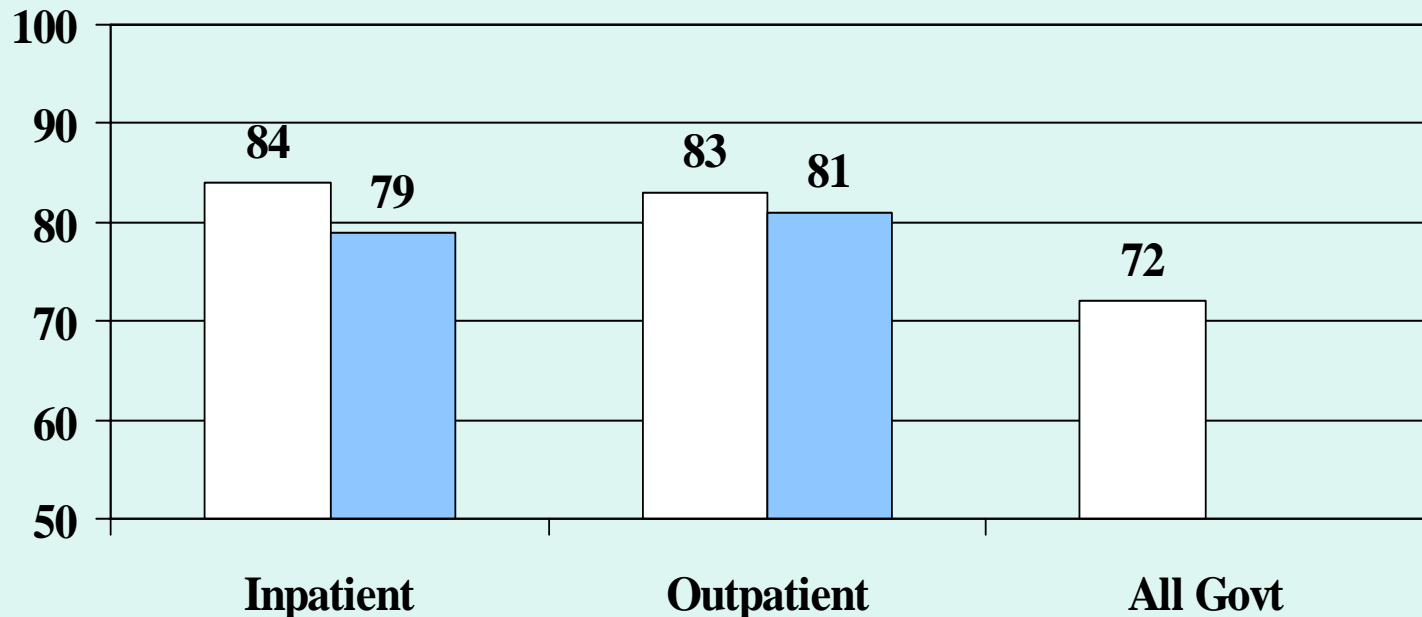
SOURCE: Office of Quality and Performance Updated 11-01-05

VHA JCAHO Core Measures Comparisons - April 2005

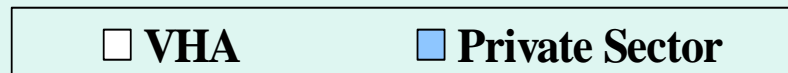
Heart Attack Measures	Number of Score in Category	Total Possible	% in Scored Category
a) Number of times VHA scores 100%: ☀	115	407	28%
b) Number of times VHA scored '+' results: ABOVE	26	407	6%
c) Number of times VHA scored '✓' results: SIMILAR	259	407	64%
d) Number of times VHA scored '-' results: BELOW	7	407	1%
Heart Failure Measures	Number	Total Possible	% in Scored Category
a) Number of times VHA scores 100%: ☀	93	398	23%
b) Number of times VHA scored '+' results: ABOVE	245	398	62%
c) Number of times VHA scored '✓' results: SIMILAR	58	398	15%
d) Number of times VHA scored '-' results: BELOW	2	398	1%
Pneumonia Measures	Number	Total Possible	% in Scored Category
a) Number of times VHA scores 100%: ☀	3	20	15%
b) Number of times VHA scored '+' results: ABOVE	2	20	10%
c) Number of times VHA scored '✓' results: SIMILAR	10	20	50%
d) Number of times VHA scored '-' results: BELOW	5	20	25%
Overall - All Core Measures	Number	Total Possible	% in Scored Category
a) Number of times VHA scores 100%: ☀	211	825	26%
b) Number of times VHA scored '+' results: ABOVE	273	825	33%
c) Number of times VHA scored '✓' results: SIMILAR	327	825	40%
d) Number of times VHA scored '-' results: BELOW	14	825	2%

American Customer Satisfaction Index

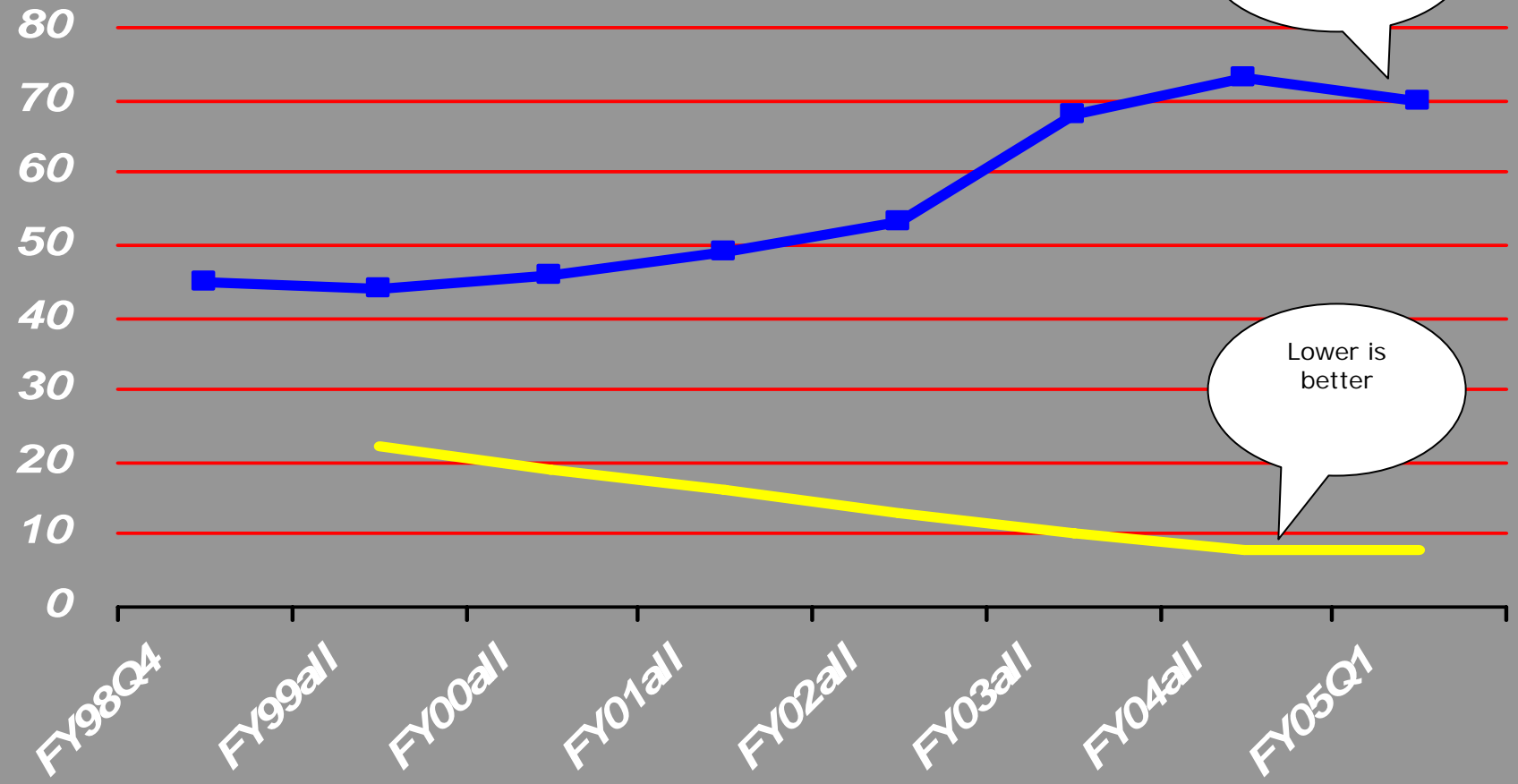
☆ University of Michigan survey was commissioned to compare satisfaction between government and non-government agencies
2004 ACSI Scores – these scores are consistent with the previous three years



Inpatient difference sign at $p < .05$

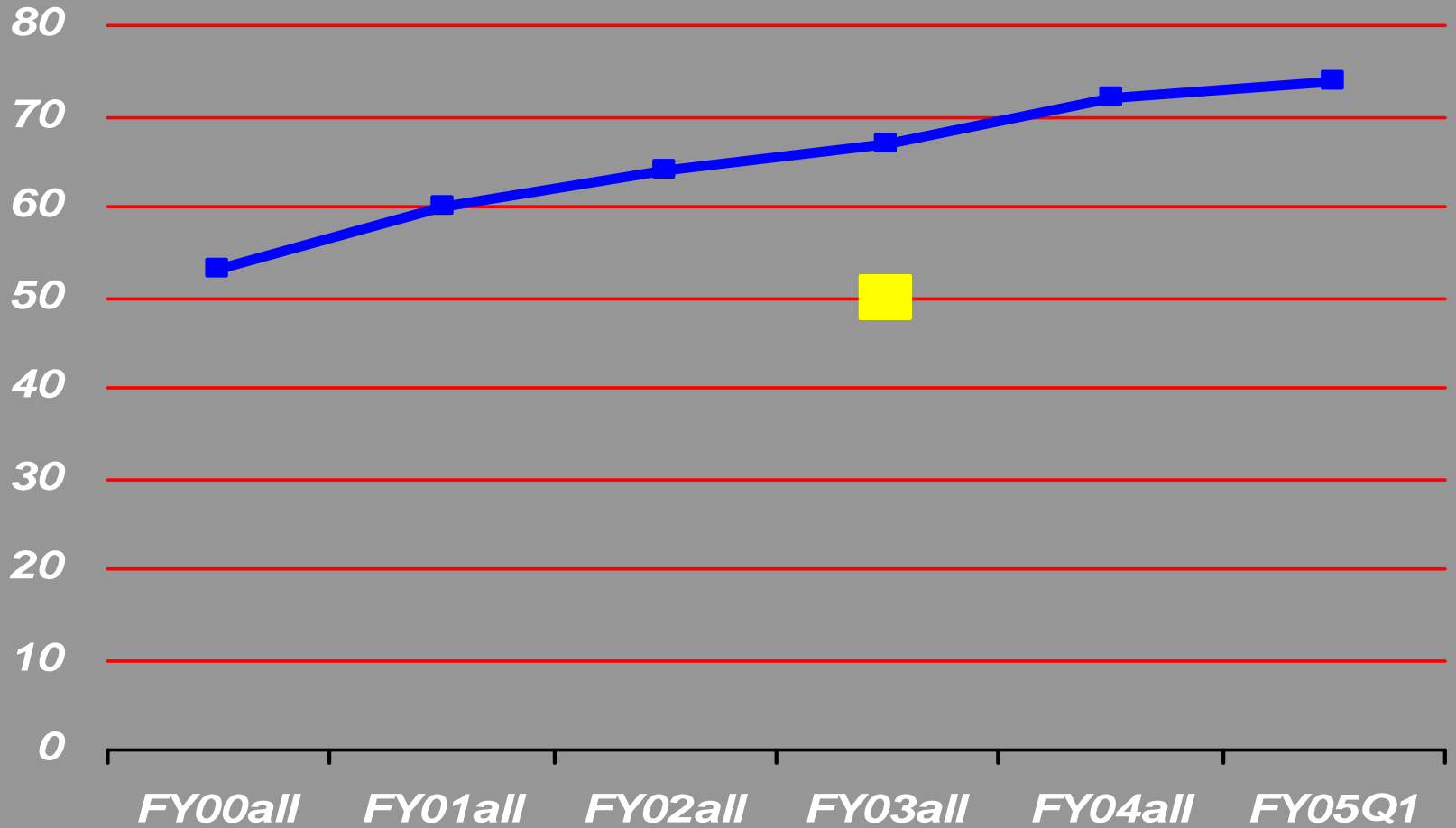


Hypertension - Good Control



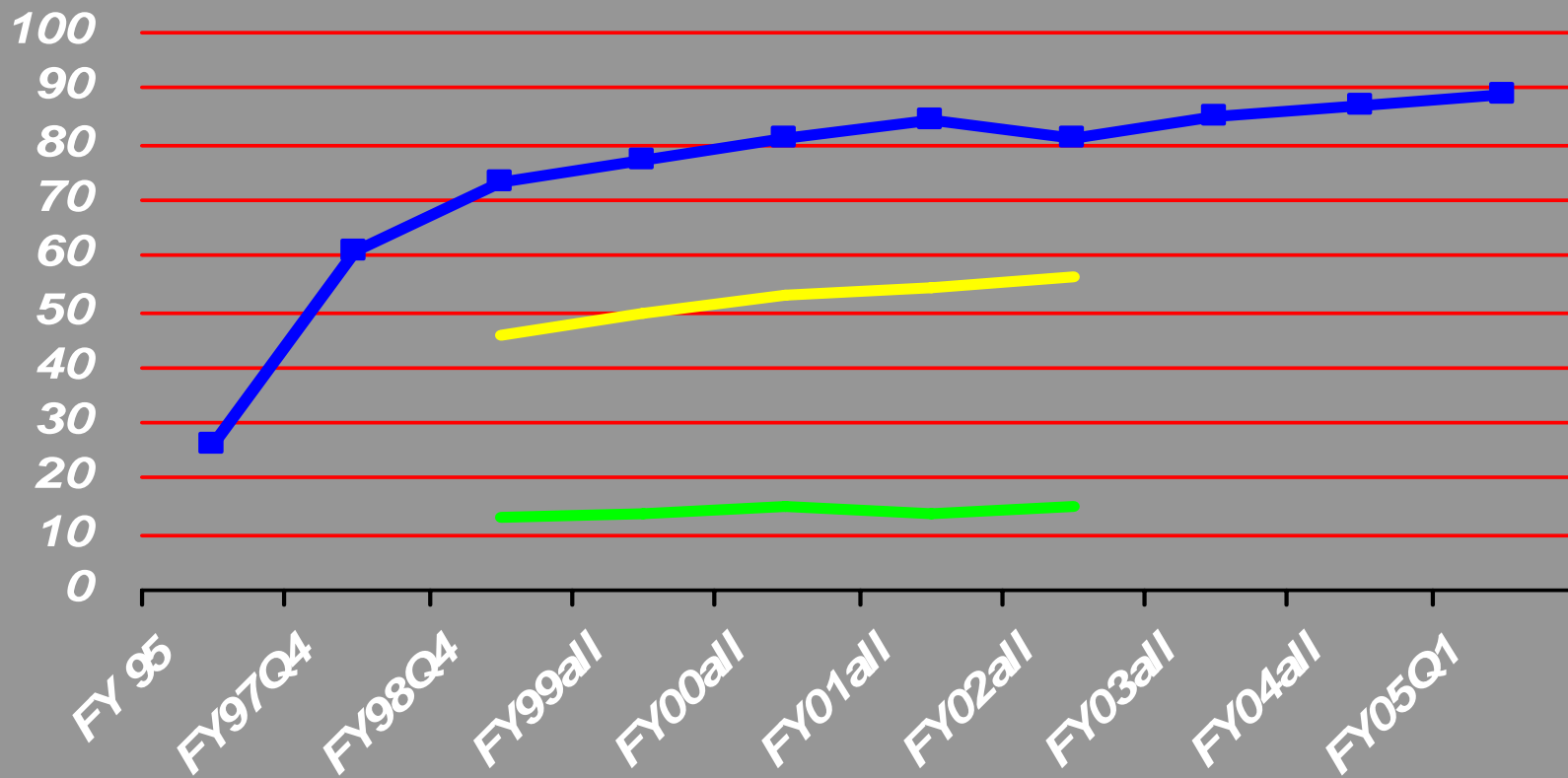
—■— B/P Good Control FY98-99, 03-05 $\leq 140/90$; FY00-02 $< 140/90$
— B/P Poor Control $\geq 160/100$




Screening for Colon Cancer



—■— Colon Cancer Screen —■— Medicare

Pneumococcal Immunizations



-  VHA (High risk or >= 65yrs)
-  NHIS Healthy People 2010 >= 65yrs
-  NHIS HP 2010 high risk 18=64 yrs

Timely Eye Exam for Patients with Diabetes

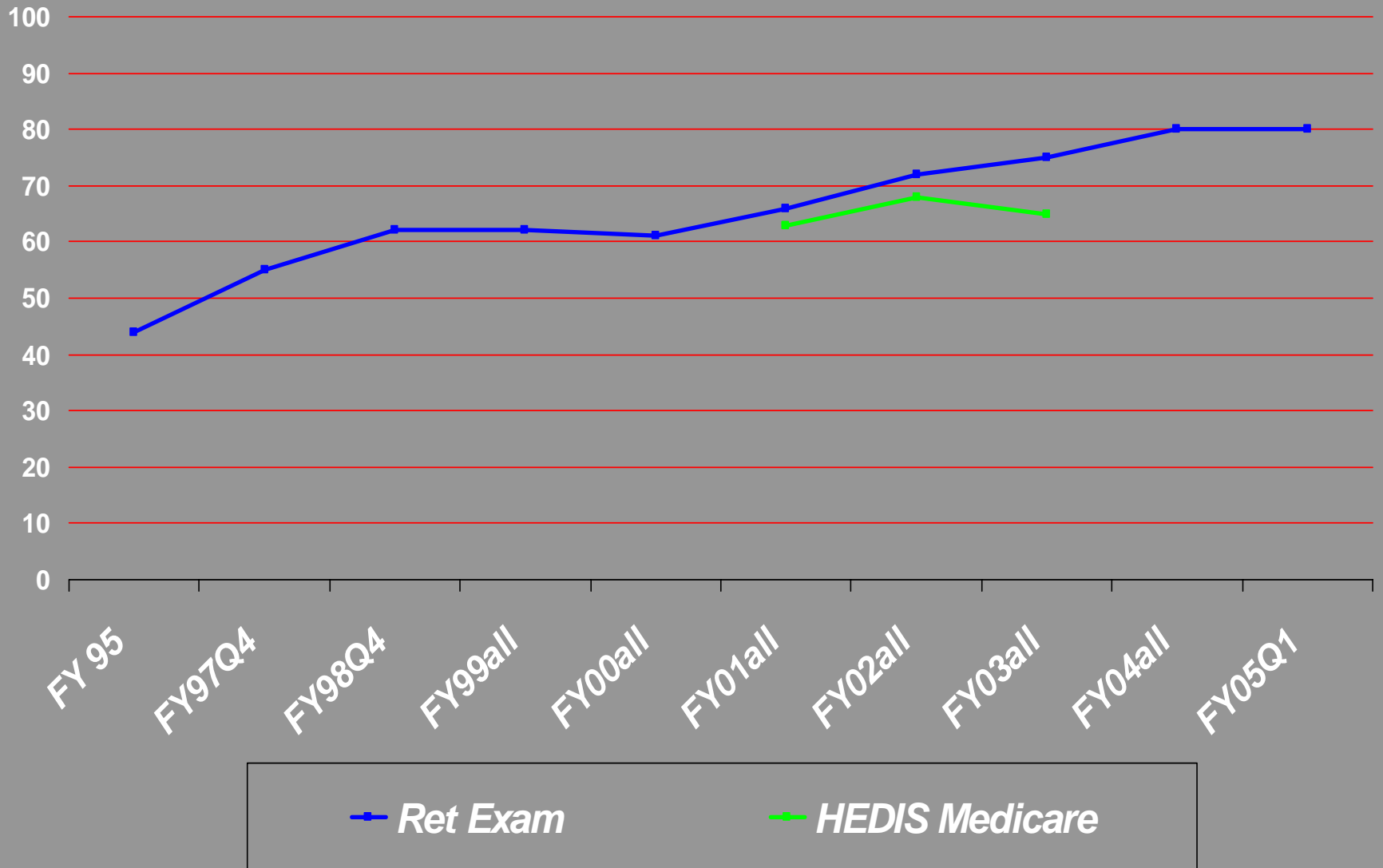


TABLE 12C. National Veterans Health Administration Data. The VA collects national quality performance data related to cardiovascular disease. Aggregate data from 158 VA hospitals for the period between January 2004 and March 2005 are listed below (Office of Quality and Performance, Veterans Health Administration). Only patients who were candidates for each quality indicator were considered (ie, patients with contraindications to a given therapy were not considered).

	Percent of Inpatients
Acute myocardial infarction	
Aspirin within 24 hours of admission	97%
Aspirin at discharge	98%
β -Blocker within 24 hours of admission	96%
β -Blocker at discharge	98%
ACE inhibitor for patients with LVEF <40%	93%
Smoking cessation advice given	93%
Heart failure	
Documentation of LVEF	99%
ACE inhibitor for patients with LVEF <40%	93%
Complete discharge instructions	83%
Smoking cessation advice given	88%
Hypertension	
Blood pressure at goal (<140/90)	72%
Cholesterol	
Cholesterol screening in all patients	94%
Cholesterol measured after acute MI	96%
LDL cholesterol <100 mg/dL after acute MI	60%

Quality Improvement Activities

- We have valid data (who excels over time)
- A variety of models for sharing
 - IHI light- colorectal cancer collaborative
 - National calls with top performers
 - Strong practices assessment and dissemination

The VHA Story

- Success driven by mission
- Success achieved through vision (the EMR, PMs, accountability in contracts)
- The system supports innovation, testing, sharing, integration, and standardization of best practices (e.g. volume purchasing).
- Challenges remain