AMERICA'S ESSENTIAL HOSPITALS

Delivery System Reform Incentive Pool Plan (DSRIP)

One Hospital's Experience

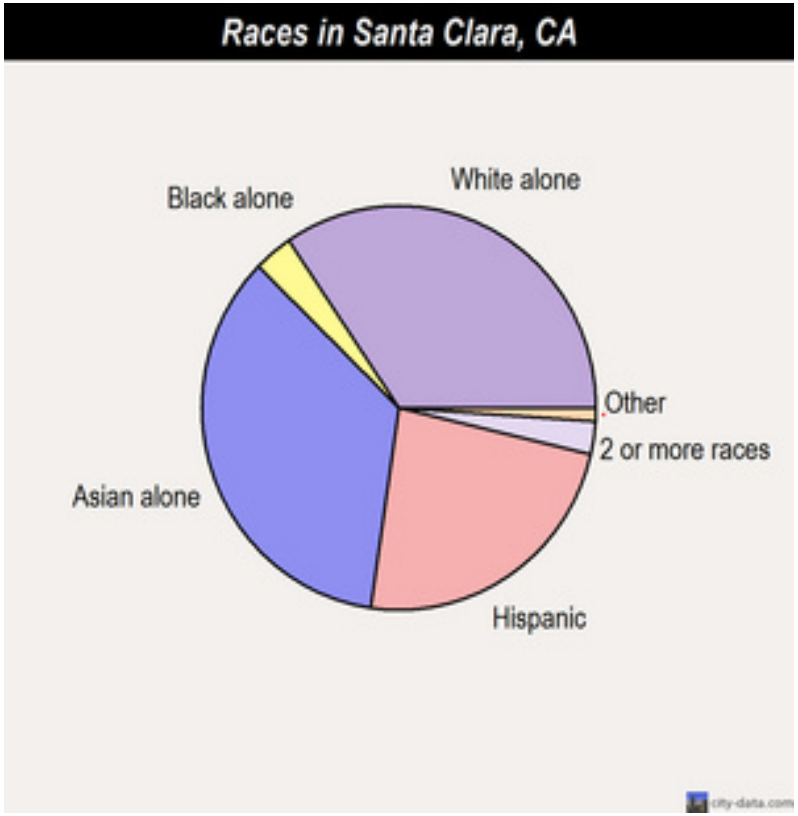
Carolyn Brown, Director Quality and Safety
Vickie Wilson, Manager - DSRIP

SANTA CLARA VALLEY MEDICAL CENTER

ABOUT US

- Santa Clara Valley Hospital and Health System (SCVHHS) is located in San Jose, CA, in Santa Clara County, one of the largest counties in the nation and home to some of the most innovative organizations in the world - Google, Apple and Stanford University
- The County's population is nearly 2 million

DEMOGRAPHICS



A new estimate of poverty in California

Official U.S. government estimate
California Poverty Measure (CPM)

		Average CPM threshold	Total population	CPM population in poverty
Alameda	12.4% / 18.4%	$31,701	1,490,031	274,166
Contra Costa	12.5% / 18.6%	31,743	1,054,441	196,126
Marin	9.3% / 19.0%	35,785	245,183	46,585
Napa	12.4% / 25.5%	31,335	132,710	33,881
San Francisco	12.8% / 23.4%	36,349	788,653	184,387
San Mateo	6.7% / 18.4%	36,504	715,815	131,638
Santa Clara	10.2% / 18.7%	34,377	1,771,786	330,970
Sonoma	11.7% / 17.2%	30,898	477,237	82,323
Statewide	16.2% / 22.0%	**28,652**	**36,582,274**	**8,048,100**

Source: Public Policy Institute of California Todd Trumbull / The Chronicle

ABOUT US

VISION: *Better Health for All*

MISSION: *Dedicated to the Health & Well-Being of Communities in Santa Clara County*

ABOUT US

Santa Clara Valley Medical Center (SCVMC) is comprised of, among others, County-owned-and-operated:

- 524-acute care beds
- Seven Federally Qualified Health Clinics (FQHCs)
- Specialty Centers
- Part of the Santa Clara Health and Hospital System which includes the
  - Department of Mental Health
  - Department of Drug and Alcohol
  - Department of Public Health

** Construction of a new clinic is underway in the downtown area of San Jose

UNIQUE SERVICES

- SCVMC's Rehabilitation Center, known for its outstanding treatment of complex brain and spinal cord injuries
- SCVMC's Burn Center, the only Trauma Burn Center in the region
- The Neonatal Intensive Care Unit providing the highest level of care for the youngest and most vulnerable

WHAT IS DSRIP?

- SCVMC is a participant in the Center for Medicare and Medicaid Services (CMS) Incentive Plan - also known as the Delivery System Reform Incentive Pool (**DSRIP**)
- The DSRIP program is a comprehensive quality improvement strategic plan that involves departments across the Medical Center and Health and Hospital System. The goal is to meet the needs of our patients and our community by meeting the requirements of health care reform

The scope of the DSRIP program per the 1115 Waiver is to:

"Support California's public hospitals efforts by meaningfully enhancing the quality of care and the health of the patients and families they serve"

PROJECTS SELECTION

- CMS allowed flexibility for each safety net institution to respond to its unique circumstances and population

- 2010 SCVMC leadership underwent a process to evaluate our strengths and challenges relative to our readiness for health care reform and choose areas needing enhancement

- The projects selected in our DSRIP proposal were designed to build upon each other over time and promote system transformation

DSRIP PROJECTS SELECTED

Category I INFRASTRUCTURE DEVELOPMENT

- Primary Care Expansion
- Implement and Utilize Disease Management Registry Functionality

Category II INNOVATION AND REDESIGN

- Expand Chronic Care Management Models
- Integrate Physical and Behavioral Health Care
- Improve Patient Experience
- Redesign for Cost Containment

Category III POPULATION-FOCUSED IMPROVEMENTS

- Patient Care Giver Experience
- Care Coordination
- Preventative Health
- At Risk Populations

Category IV URGENT IMPROVEMENTS IN CARE

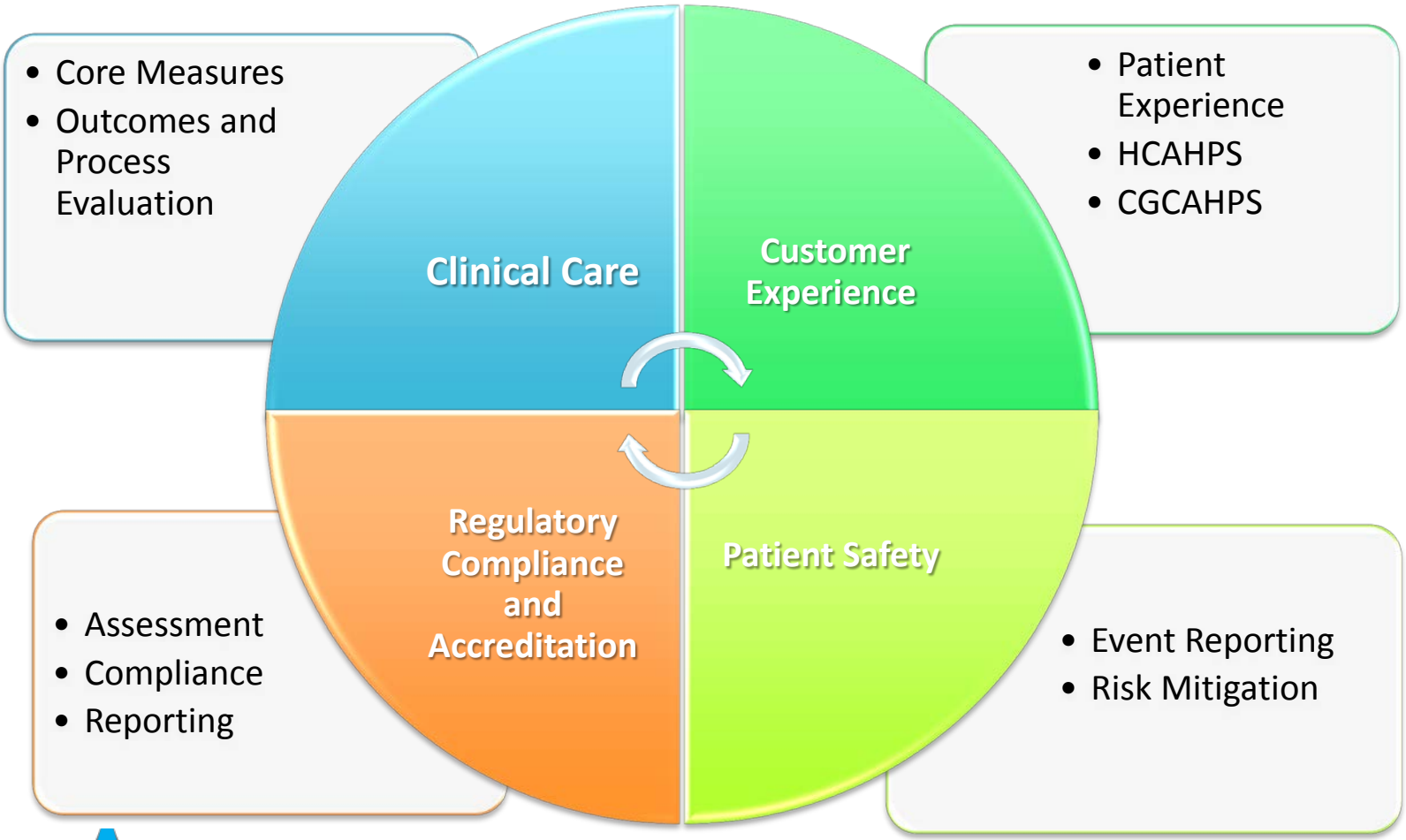
- Severe Sepsis Detection and Management
- Central Line Associated Bloodstream Infection Prevention
- Hospital-Acquired Pressure Ulcer Prevention
- Surgical Complications Core Processes

Category V HIV/AIDS TRANSITION PROJECT

- Empanel Patients into Medical Homes with HIV Expertise
- Develop Retention Programs for Patients with HIV who Inconsistently Access Care
- Ensure Access to Ryan White Wrap-Around Services for New LIHP Enrollees

- *Added Stroke Program Improvement 2013-2014*

Alignment with Organizational Quality



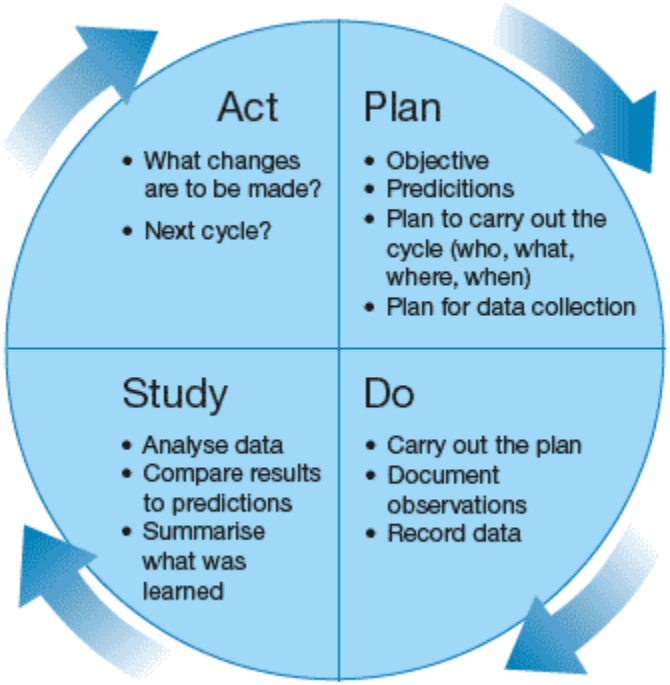
DATA SOURCES

- Administrative Data
- ICD Coding
- Chart abstraction
- Registries
- Patient Survey Results
- Electronic Health Care Records

STRATEGIES FOR MEASURING OUTCOMES

- We use Plan, Do, Study, Act (PDSA) cycles to test an idea by temporarily trialing a change and assessing its impact

- Category 4 – Urgent Improvement



DSRIP – Measuring Outcomes

Milestones and Metrics to quantify the quality of selected criterion

26 milestones

52 metrics

Example

- **Milestone:** Evidence-based clinical protocols - submit new evidence-based clinical protocols for care manager use

Example

- **Metric:** Documentation of submission of new and/or revised clinical protocol for hypertension

COST VS COST SAVINGS - DSRIP COST CONTAINMENT STUDY (CATEGORY 4)

Knowing that all future improvement projects will bring the Triple Aim into focus, we are always interested in opportunities to measure cost savings attributable to our DSRIP quality improvement projects.

DSRIP COST CONTAINMENT STUDY

Through the California Health Care Safety Net Institute (SNI), we participated in a study designed to determine if our efforts to improve Sepsis and Central Line Associated Blood Stream Infections (CLABSI) yielded real cost savings.

- Participants: Three California public hospitals
- Retrospective matched case-control study focusing on:
  - Cost savings with implementing the Sepsis Resuscitation Bundle and CLABSI prevention strategies
- Sample size
  - Sepsis: Cases = 26; Controls = 26
  - CLABSI: Cases = 32; Controls = 32

DSRIP COST CONTAINMENT STUDY: SCVMC SEPSIS RESULTS

Measure	Septic patient who did not receive all elements of the sepsis bundle (Cases)	Septic patient who received all elements of the sepsis bundle (Controls)	Difference	% Difference
Total PHHS LOS (days)	324	227	97	43%
Total PHHS costs	$946,215	$677,496	$268,719	40%
Mean PHHS LOS (days)	12.5	8.7	3.7 p-value <0.016 95% CI: [0.74, 6.72]	44%
Mean PHHS costs	$36,393	$26,058	$10,335 p-value <0.076 95% CI: [-$1,161, $21,831]	40%

DSRIP COST CONTAINMENT STUDY: SCVMC CLABSI RESULTS

Measure	Patients with a central line and a CLABSI (Cases)	Patients with a central line without a CLABSI (Controls)	Difference	% Difference
Total PHHS LOS (days)	1891	851	1040	122%
Total PHHS costs	$6,750,776	$3,443,403	$3,307,373	96%
Mean PHHS LOS (days)	59.1	26.6	32.5 p-value <0.0002 95% CI: [16.7, 48.3]	122%
Mean PHHS costs	$210,962	$107,606	$103,355 p-value <0.001 95% CI: [$43,679, $163,032]	96%

DSRIP COST CONTAINMENT STUDY SUMMARY

Results found:

- The mean difference between patients who developed a CLABSI and those who did not was statistically significant for cost ($103,355) and length of stay (32.5 days)
- The mean difference between patients who received all elements of the sepsis resuscitation bundle and those who did not was statistically significant for length of stay (3.7 days) but not for cost. Statistical insignificance with cost was attributed to a small sample size.
- The greater percentage of costs are incurred for septic patients within the first month, while costs associated with CLABSI cases and controls are more gradual.
- Results are consistent with other studies that show a 10% reduction in CLABSI can result in over $1 million in savings

SUSTAINING RESULTS

- Early stage –engagement of front line staff ~ collaboration stakeholders
- Implementation of evidence-based practices– convey relevancy
- Support improvements with evidence of data
- Systemization of practices i.e. SCVMC Skin Care Program
- End of project transition
- Team determines sustainability methods
- Team members feedback indicating understanding of data and challenges of applying the plan
- Continue training and education

BARRIERS

Barriers

- Data Gaps
- Fragmented databases
- Poorly defined and changing data definition measures
- Competing priorities
- DSRIP fatigue
- Staff resistance – more work

Strategies to overcome barriers

- Communicate, communicate, communicate!
- Persistency
- Leadership support
- Timely sharing of outcome measures
- Training and education
- Promote relevancy of change

LEADERSHIP PERSPECTIVE

- Executive Leadership sponsors for each project
- Nurse Manager assigned to each project
- Physician champions
- Frontline staff
- Dedicated DSRIP staff
- Tracking and reporting of results

CLINICAL PERSPECTIVE

- Our team collaboration has greatly contributed to achieving DSRIP objectives. And it is with that aim that we choose to comprise our teams of physician champions alongside nurse expertise, analysts, and front line staff

CLABSI Team: *Physician, DSRIP Coordinator, Infection Prevention Nurse, PICC Coordinator and Analyst*

CLINICAL PERSPECTIVE

Effective collaboration:

- Promotes rapid transformation
- Increases staff “buy-in”
- Improves job satisfaction

Sepsis Committee: Physicians, Resource Nurse, DSRIP Coordinator, Analyst, Nurse Manager, Clinical Educator & Staff RN

PROGRAM SHARING BEYOND SCVHHS

- Participation with local, State and National organizations, i.e. SCVMC Sepsis Steering Committee are members of both local and national sepsis communities
- Participate with online healthcare communities through webinars, listservs, electronic networking, and newsletters
- Share lessons learned with other California Public Hospitals participating in DSRIP
- Posterboard presentation at the 2012 Institute for Healthcare Improvement National Forum
- Presented seminars featuring national recognized experts
  - » Stroke
  - » Skin care
  - » Sepsis

NEXT STEPS

- Successfully complete present DSRIP plan - concludes 2015
- Midpoint assessment due March 31, 2014

- Preparation DSRIP 2.0
  - » Increasing understanding of national DSRIP trends (webinars, portals, conferences)
  - » Determining implications for SCVHHS
  - » Giving input

NEXT STEPS (CONTD.)

- California was first DSRIP participant – lessons learned
- Other States who have come on board: TX, FL, KS, MA, NJ, NY, NM
- Best models for successive DSRIP: NJ, NY, MA

POTENTIAL IMPLICATIONS FOR CA/SCVHHS

- Demonstrate “ROI”
- Demonstrate more robustness of evidence based practices
- Demonstrate pathways to achieve Triple Aims
- More ambitious plans
- More prescriptive (State & National benchmarks)
- More robustness of evidence based practices
- More outcome based
- More population health focused
- Programs around 10 high cost conditions

POTENTIAL IMPLICATIONS (CONTD.)

- Competition among hospitals
  - » No partial payment for partial achievement
  - » Redistribution $ to high performers
- Collaboration with community partners
- 3 - 5 year participation options
- Alignment with Connections with California Innovation Model (CalSIM)
  - » The Triple Aim: BETTER HEALTH°BETTER HEALTHCARE°LOWER COSTS
  - » ***Goals*** - Reward Value and Innovation °Improve Quality of care °Promote Care Coordination° Create Transparency° Foster Competition

»

Q & A

SANTA CLARA VALLEY MEDICAL CENTER

Dedicated to the Health of the Whole Community