

Improving Health Outcomes

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1

Learning Outcomes

1. Identify drivers of U.S. spending on health care resources.
2. Describe the results of the long-term imbalance between U.S. health care spending and health outcomes.
3. Explain the framework behind improving the health outcomes related to quality and safety including the National Quality Strategy, Triple Aim and Value Based Care.
4. Select value-based characteristics of high performing RNCM practices or programs.



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2

The High Cost of Healthcare

Why Improving Health Outcomes Matters



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3

How Much Does the U.S. Spend on Healthcare?

In 2020:

- U.S. healthcare spending reached \$4.1 trillion
- Average >\$12,000 per person
- COVID Pandemic exacerbated rising costs
- Now 20% of U.S. Gross Domestic Product (GDP)
 - 5% GDP in 1960 increased to 18% in 2019 before COVID-19

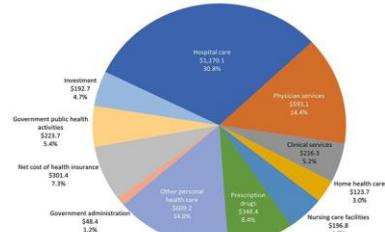
Containing high healthcare costs is important for our nation's long term fiscal and economic well-being



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4

The U.S. spent \$4,124.0 billion on health care in 2020 where did it go?



Source: Trends in Healthcare Spending (American Medical Assoc.) <https://www.ama-assn.org/about/research/trends-health-care-spending>



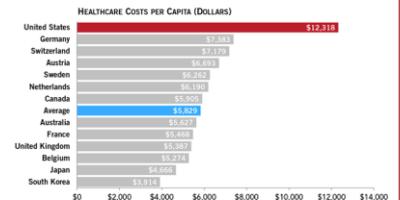
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5

How the U.S. Compares to Other Countries



U.S. per capita healthcare spending is over twice the average of other wealthy countries



NOTE: Data on Korea available, which was 2019, 2020 or 2021. Average does not include the United States. The five countries with the largest economies and those with the smallest median GDP and GDP per capita, relative to all OECD countries, were included. Chart uses purchasing power parities to convert data into U.S. dollars.



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6

Drivers of Healthcare Spending:

- Utilization (the number of services used)
- Price (the amount charged per service)

• Despite spending nearly twice as much on healthcare per capita, utilization rates in the U.S. do not differ significantly from other wealthy countries (Source: 2022 Health Statistics – Organisation of Economic Co-Operation & Development)

Price is the main driver of cost in the U.S.

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Why is the U.S. Spending More on Healthcare?

- Aging population
 - Individuals ages 65 and over account for 17% of the U.S. population in 2022 (20% by 2030)
 - Spend more on healthcare (growth in number of older Americans = increased total healthcare costs over time)
 - Increased Medicare enrollees = increased cost of Medicare over time
- Increasing health care prices
 - Introduction of new healthcare technology = better, more expensive procedures and products
 - Inefficiencies and administrative waste due to the complexity of U.S. healthcare system
 - Consolidation of hospitals resulting in a lack of competition = opportunity to increase prices

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Why Increasing Healthcare Costs Matter

HIGH healthcare costs:

- Are not fiscally good for the country
 - Primary driver of the long-term imbalance between spending and revenues affecting the national budget and economic well-being
- Do not result in better health outcomes
 - The United States lags behind other countries despite spending more

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9

Quality of U.S. Healthcare
Compared to Other Countries

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10

Life expectancy dropped sharply in 2020 within the U.S. and most comparable countries

Life expectancy at birth in years, 1980-2020

Notes: Data prior to 2020 are from OECD. 2020 data are from Our World in Data, the CDC, OECD, and Public Health England. 2019 life expectancy values are used for Australia and Japan in 2020. Life expectancy for the United Kingdom in 2020 was calculated by taking the weighted mean of professional life expectancy values for males and females in England. Data for Canada in 1980, Germany in 1980, Switzerland and Belgium in 2011, and France in 2011.

Source: IFF Analysis of CDC, OECD, StatCan, Office for National Statistics, and Public Health England data.

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11

Disease burden is higher in the U.S. than in comparable countries

Age-standardized disability adjusted life year (DALY) rate per 100,000 population, 2019

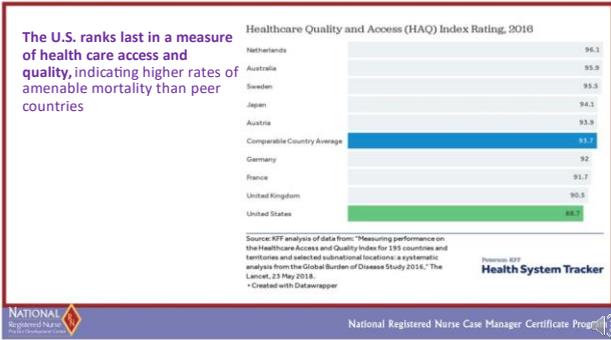
United States	26,067
United Kingdom	20,170
Germany	20,070
Canada	19,484
Australia	19,408
Austria	18,194
Comparable Country Average	18,099
Netherlands	18,000
France	18,762
Sweden	18,099
Switzerland	17,655
Japan	15,986

Source: IFF analysis of IHME GBD data

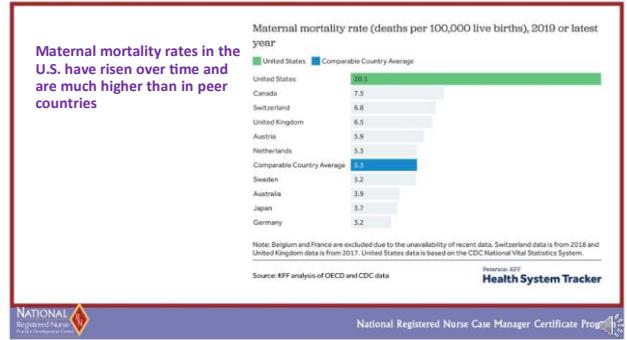
Reference: IFF Health System Tracker

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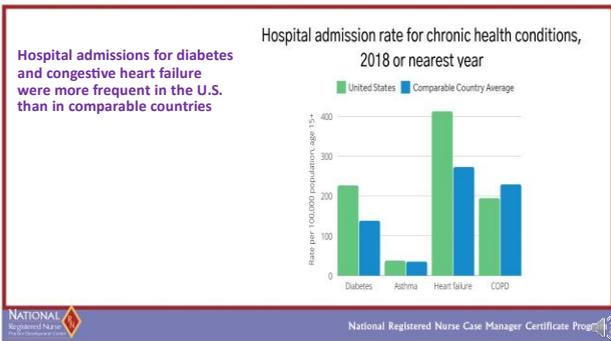
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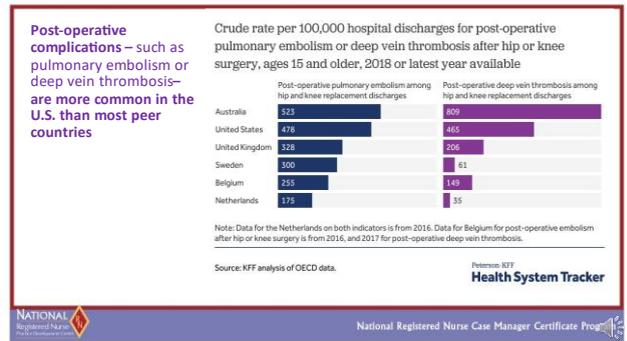
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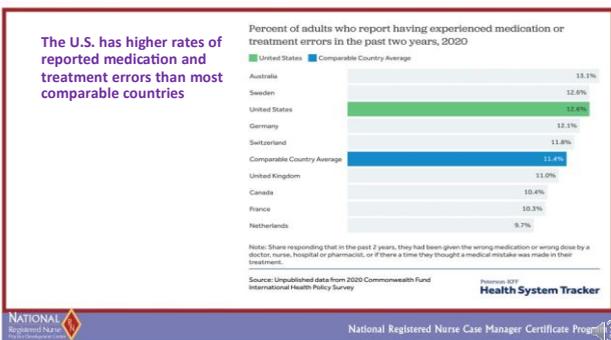
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15



16



17

The Framework for Improving Health Outcomes

Addressing Quality & Safety

Health System Tracker

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18

Defining Quality

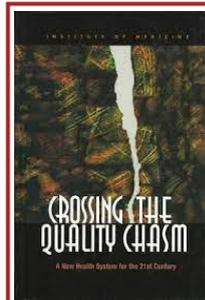
IOM Definition:

“The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” (AHRQ <https://www.ahrq.gov/patient-safety/quality-resources/tools/clinical/understand/index.html>)

.....the patient is given the right care when they need it



19

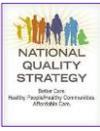


Six Domains for Healthcare Improvement

- **Safe Care**
 - Avoiding injuries to patients
- **Effective Care**
 - Providing care based on scientific knowledge
- **Patient Centered Care**
 - Providing respectful and responsive care that ensure that patient values guide clinical decisions
- **Timely Care**
 - Reducing waits for both patients and providers of care
- **Efficient Care**
 - Avoiding waste
- **Equitable Care**
 - Ensuring that the quality of care does not vary because of characteristics such as gender, race, ethnicity, socioeconomic status or geographic location



20



The National Quality Strategy

- First published in 2011
- Led by the Agency for Healthcare Research and Quality (AHRQ) on behalf of the U.S. Dept of Health and Human Services (HHS)
- Developed through a transparent and collaborative process with input from a range of stakeholders
- Builds on the Institute for Healthcare Improvement (IHI)'s Triple Aim
- Guides all HHS quality improvement programs and regulations



21

The Triple Aim



- **Better Care**
 - Improve the overall quality by making healthcare more patient centered, reliable accessible and safe
- **Healthy People/Healthy Communities**
 - Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and environmental determinants of health in addition to delivering high quality care
- **Affordable Care**
 - Reduce the cost of quality health care for individuals, families, employers, and government



22

Value Based Care

- Links payment to outcomes
- Compensation is based on health outcomes vs amount of services provided

Providers are rewarded for helping patients improve their health, prevent or manage chronic conditions and live healthier lives. (NEJM Catalyst, 2017)



23

VBC relies on:



- **New Patient Centered Models of Care**
 - Accountable Care Organizations (ACOs)
 - Patient Centered Medical Homes (PCMHs)
 - Integrated Healthcare Delivery Systems & Provider Sponsored Health Plans
- **Alternative Models of Payment**
 - Pay for Performance & Bundled Payment
 - Shared Savings & Shared Risk
 - Population-Based Global Payment



24

Goals of VBC

- Improve effectiveness and quality of care across the care continuum
- Adopt and integrate technology to improve processes and outcomes
- Address health equity and reduce disparities of care
- Minimize fragmentation and improve transitions of care
- Expand access to evidence-based care
- Enhance patient and provider experience with care



25

“Requires providers to broaden their focus from individual patients’ disease and episodes of care to patient care needs across the continuum, including the impact of social determinants of health. “

– American Hospital Association, 2019

RNCMs are already well positioned to do this



26

VBC is moving forward

- 2021 CMS Innovation Center Launched New Strategy for Advancing Health System Transformation
 - Designed to achieve equitable outcomes through high quality, affordable, person-centered care
 - Aligned with VBC objectives
 - Accountable Care will drive this vision

CMS has set a goal for all Medicare beneficiaries to be in an accountable (value-based) care relationship by 2030



27

Outcomes Measurement

Improving health outcomes in a transforming system



28

What is a Health Outcome?

“Change in the health of an individual, group of people or population that is attributable to an intervention or series of interventions”

– World Health Organization



29

Outcome Measures

<https://www.ahrq.gov/talkingquality/measures/measure-questions.html>

- The quality and cost targets healthcare organizations are trying to improve
 - Defined and prioritized by national organizations
 - CMS
 - The Joint Commission
 - National Association for Healthcare Quality (NAHQ)
 - National Quality Forum
 - National Committee for Quality Assurance (NCQ)
- Health systems target outcome measures based on:
 - State and federal government mandates
 - Accreditation requirements
 - Financial incentives



30

Data Sources for Healthcare Quality Measures

- **Administrative Data**
 - Uses claims, encounter, enrollment and provider systems - type of service, number of units, diagnosis, procedure codes, location of service, amount billed, amount reimbursed
- **Patient Medical Records**
 - Rich in detail, viewed as credible
- **Patient Surveys**
 - Captures self-reported information from patients about their health care experience
- **Comments from Individual Patients**
 - Anecdotal information patients share on websites
- **Standardized Clinical Data**
 - Reports of detailed information about patient status at specific intervals (i.e., MDS in nursing homes, OASIS in home health agencies)

<https://www.ahrq.gov/talkingquality/measures/understand/index.html>

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31

Selecting Outcome Measures (there are hundreds)

The Top Seven Outcome Measures Used by CMS

- Mortality (22%)
- Safety of care (22%)
- Readmissions (22%)
- Patient experience (PROMs) (22%)
- Effectiveness of Care (4%)
- Timeliness of care (4%)
- Efficient use of medical imaging (4%)



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32

Other Examples

- HEDIS – Health Effectiveness Data and Information Set (NCQA)
- CAPHS – Consumer Assessment of Health Providers & Systems (AHRQ)
- OASIS – Outcome Assessment Information Set (Home Health - CMS)
- MDS – Minimum Data Set (Nursing Homes – CMS)

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33

Process is Important

<p>Outcome Measure</p> <ul style="list-style-type: none"> • Reduce HF readmission rates • Reduce fall rates • Prevent skin breakdown 	<p>Process Measure</p> <ul style="list-style-type: none"> • Conduct med reconciliation system check with HF patients at time of dc • Perform a fall risk assessment on a patient at the time of admission • Use a skin assessment tool to reduce pressure ulcer risk on all appropriate patients
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34

Three Essentials for Successful Healthcare Outcomes Measurement

- **Data Transparency**
 - Publicly reported healthcare outcomes to help patients make educated decisions about their healthcare
- **Integrated Care & Transitions of Care**
 - Whole person care with well managed transition points of care are key to providing the right care at the right time in the right setting
- **Data Interoperability**
 - Ability to share data across clinicians, services, departments and settings

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35

RNCM Role in Improving Health Outcomes

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36

Goals of Value Based Care A Match for RNCM Practice

- Patient centered philosophy and operations
- Coordinated and integrated population health models
- Effective processes for risk stratification, patient engagement and care coordination
- Robust technology for advanced analytics, data integration and reporting
- Identification of targeted populations and opportunities
- Continuous quality improvement mindset

RNCM practice brings value because it delivers on all these factors

37

Key Features of High Performing RNCM Practice/Programs

- Integrated team-based, person-centered approach that addresses physical, behavioral and social issues
- Proactive patient engagement and intervention
- Managing individualized patient health needs and driving active, meaningful engagement
- Addressing social determinants of health and facilitating access to care
- Coordinating care across patients' health care continuum including community resources and providers
- Providing support with self-care management and risk reduction

38

Examples of High Performing RNCM Outcomes

- Reduction of inpatient readmissions, unnecessary ED utilization
- Improvement in access to evidence-based care
- Positive impacts on HEDIS scores, STAR rating results
- Improved patient satisfaction and population health outcomes including health, quality of life and satisfaction

These types of outcomes directly impact population health and deliver significant value

39



40

The Quintuple Aim For health care improvement



41

Additional Resource for Practice Development

Certified Professional in Healthcare Quality (CPHQ)

- Available to Health professionals interested in providing Quality leadership
- Validates knowledge of healthcare quality practices and competencies
- More information available through NAHQ at: <https://nahq.org/individuals/cphq-certification/>

IHI Open School

- Provides CE on topics of quality improvement, patient safety, leadership, person centered care and Certificate in Quality & Safety
- More information at: <https://www.ihio.org/education/ihioopenschool/Pages/default.aspx>

42

Next Steps

- Watch the videos that accompany this lecture
 - Review the posted Resources. Download any you would like to keep.
 - Complete the Practice Development Activity
 - Take the Test Your Knowledge Self-Assessment Quiz.
 - When you're ready move onto the next topic
-
- Questions? Let me know:
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 - (608) 437-6035 CST



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