Scott Ellner, DO, MPH, FACS

Director of Surgical Quality
Saint Francis Hospital and Medical Center

Assistant Professor of Surgery,
University of Connecticut Medical School

Testimony July 2, 2012

A Surgeon's Perspective on Value Based Health Care Delivery

Value

As a general and trauma surgeon employed at Saint Francis Hospital and Medical Center in Hartford, Connecticut, I am honored to share with the Committee our journey to improve the value of health care delivered to our patients.

Value is equal to health outcomes per health dollars spent (or costs).

This value proposition succinctly redefines the next steps toward health care reform and, importantly, it can be achieved through the full continuum of care as identified by the Triple Aim – that is, simultaneously improving the experience of care for patients and their families, improving the health of populations, and reducing per capita costs of healthcare.

Outcomes

My vision as a health care provider is about improving outcomes. It's a well-known management axiom that if something is not measured then it cannot be improved. At Saint Francis, over the last 5 years my team has collected and reported on 30-day surgical complications through a risk-adjusted, transparent database. Knowing our outcomes has allowed us to realize both "how good we are…and how much better we can be"

Over this time period, using our data, we have implemented specific patient safety initiatives to improve our patient outcomes.

Examples include:
1)Nurse-driven protocols for early removal of catheters to prevent urinary tract infections (Result: 62% reduction in urinary infection rates)

2)Improved care bundles in the intensive care units to prevent pneumonias (Result: 33% reduction in pneumonia rates)

3)Development of an operating room team training program to effectively implement a surgical checklist to prevent safety-compromising events during the peri-operative process (Result:70% reduction in post-op complication rates and recognition by the Joint Commission for demonstrating "Best Practice" for Time-Out in the OR)

Costs

Knowing our outcomes has allowed us develop these performance improvement initiatives to prevent costly readmissions and health care acquired infections---the disutility of care. We found in one study that, on average, an inpatient developing a C. Difficile infection added an excess cost of $54,000 to their care.

By obtaining better outcomes, we can identify opportunities to eliminate waste and reduce costs. Through our electronic health record, information is now streamlined so that we can automate our data collection for real-time monitoring and make adjustments.

The Culture

We have to be prepared to change a culture. The behaviors and actions of the doctors of today come from the core curriculum in the medical schools and residency training programs. We are still taught 19th and 20th century management principles toward human interaction. Consequently, there is a hierarchy or authority gradient in medicine which can impede communication and collegiality among all providers. It's time to level this authority gradient so that we work together as a cohesive unit.

At the University of Connecticut School of Medicine, we have now implemented a patient safety curriculum to teach the future providers of health care how to be the best advocates for their patients and work together as an integrated unit along the continuum of care.

At Saint Francis Care, in March of this, year we had an extremely successful Patient Safety Awareness Day with the goal of collaborating with our patients so we could help them safely navigate the health care system for themselves and their families.