



Department of Veterans Affairs

Veterans Health Administration

Managing Variation

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Veterans Health Administration

- Largest Integrated Health Care System in the United States:
 - 152 medical centers
 - 951 community-based outpatient clinics
- Healthcare provided to 5.7 million Veterans
- Fully deployed electronic medical record
 - VistA - Veterans Health Information System and Technology Architecture



Veterans Health Administration

- Healthcare is different from Health Care
 - Health Care is what we strive to provide to individual patients
 - Healthcare describes the systems that enable this
- *You can't have health patients without a healthy healthcare system*



Managing Variation

- Standardize clinical practices
 - An SOP for central line insertion decreases infections
 - Using evidence-based practices reduces ICU mortality
- Managing flow reduces length of stay
- Transparency to inspire - ASPIRE
- Facility “privileging” - Operative Complexity
- A system-wide view of efficiency and quality - SFA



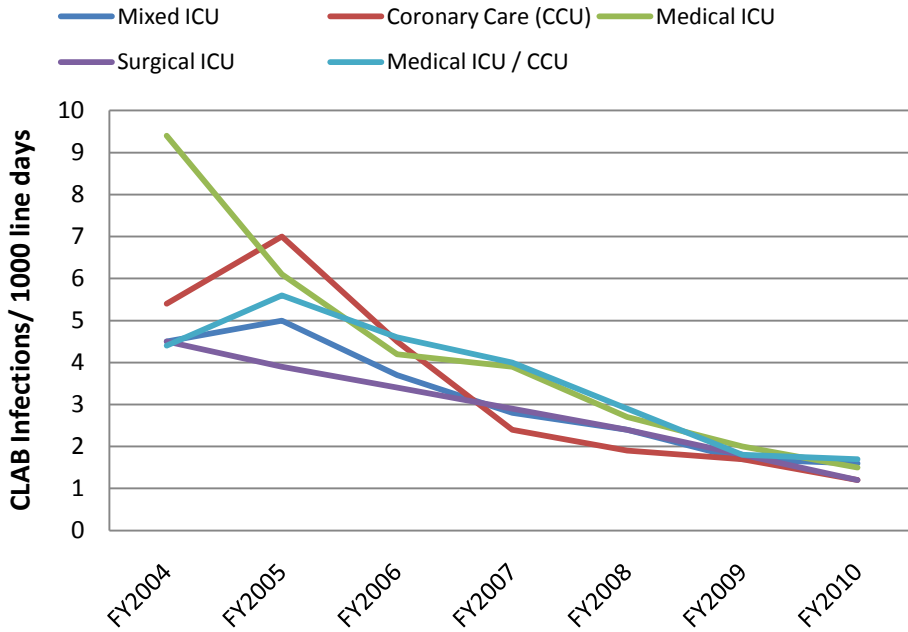
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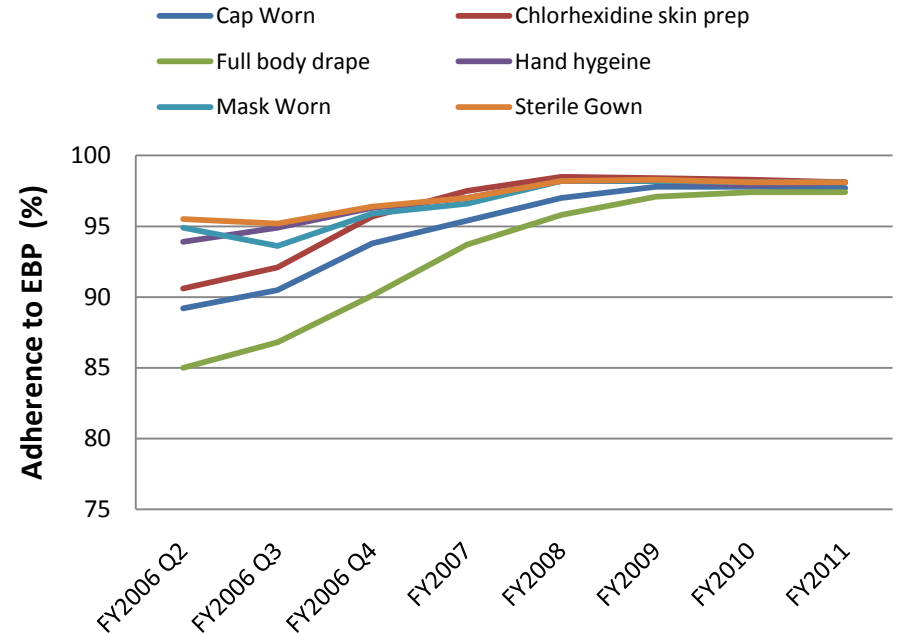


Results: Implementation of Evidenced-Based Practices to Reduce Central Line-Associated Bloodstream Infections (183 ICUs)

Reduction in central line infections



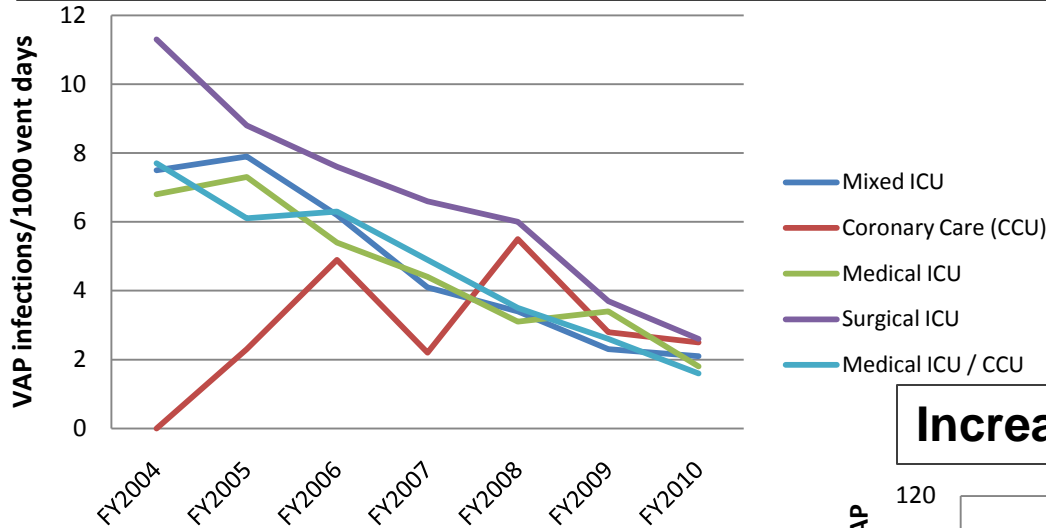
Increased utilization of evidenced based practices



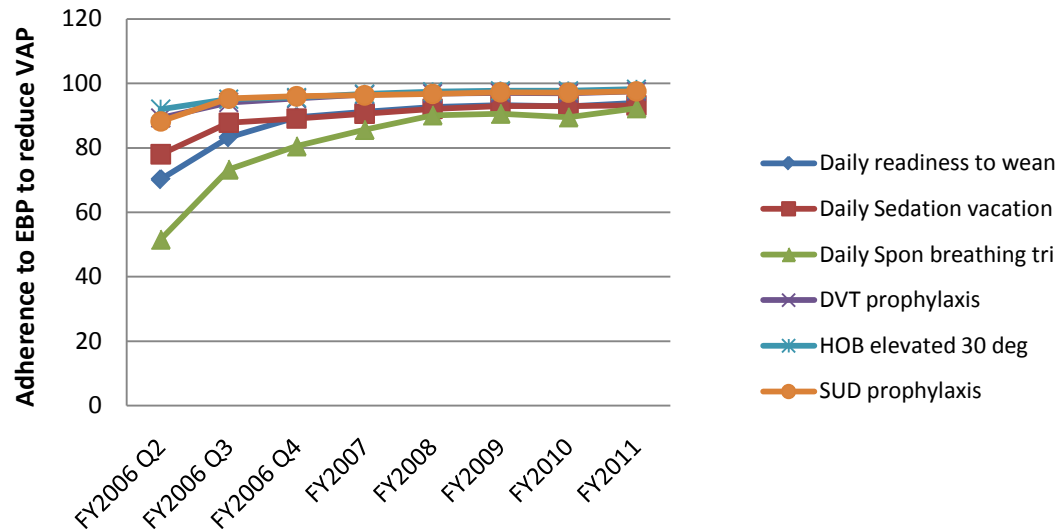


Results: Reduction of Ventilator-Associated Pneumonia

Reduced Ventilator-associated pneumonia rates



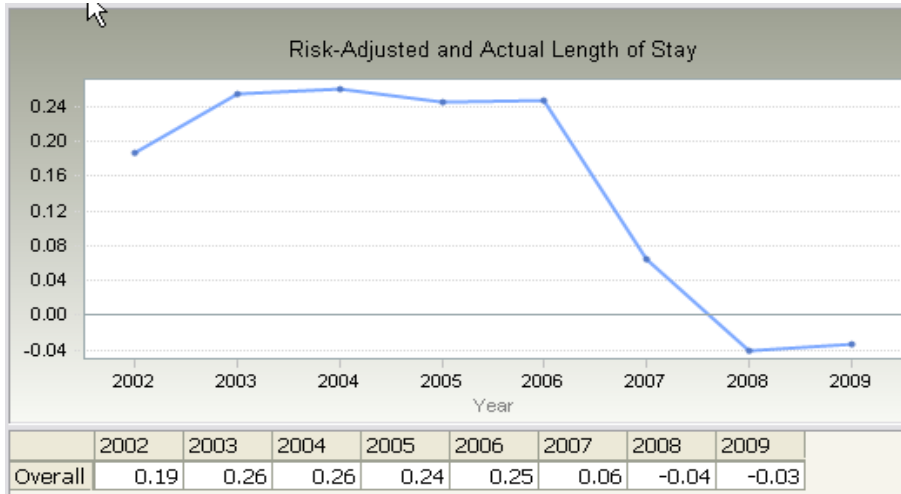
Increased adherence to best practices



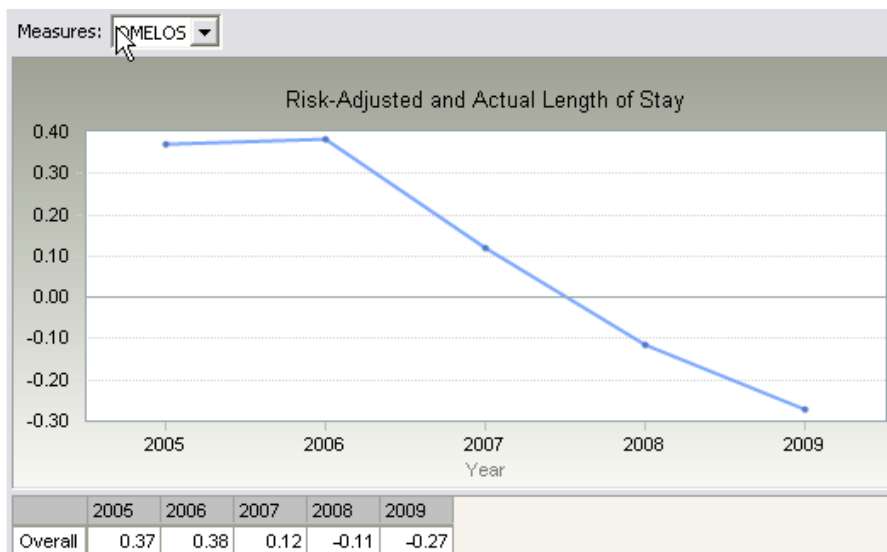


Reducing Length of Stay

The Hospital Flow Collaborative (FIX)



Reduction in risk adjusted length of stay in the ICU, 103,000 patients annually * cost of ICU day \$3500* 0.3 days = \$108 million in cost avoidance



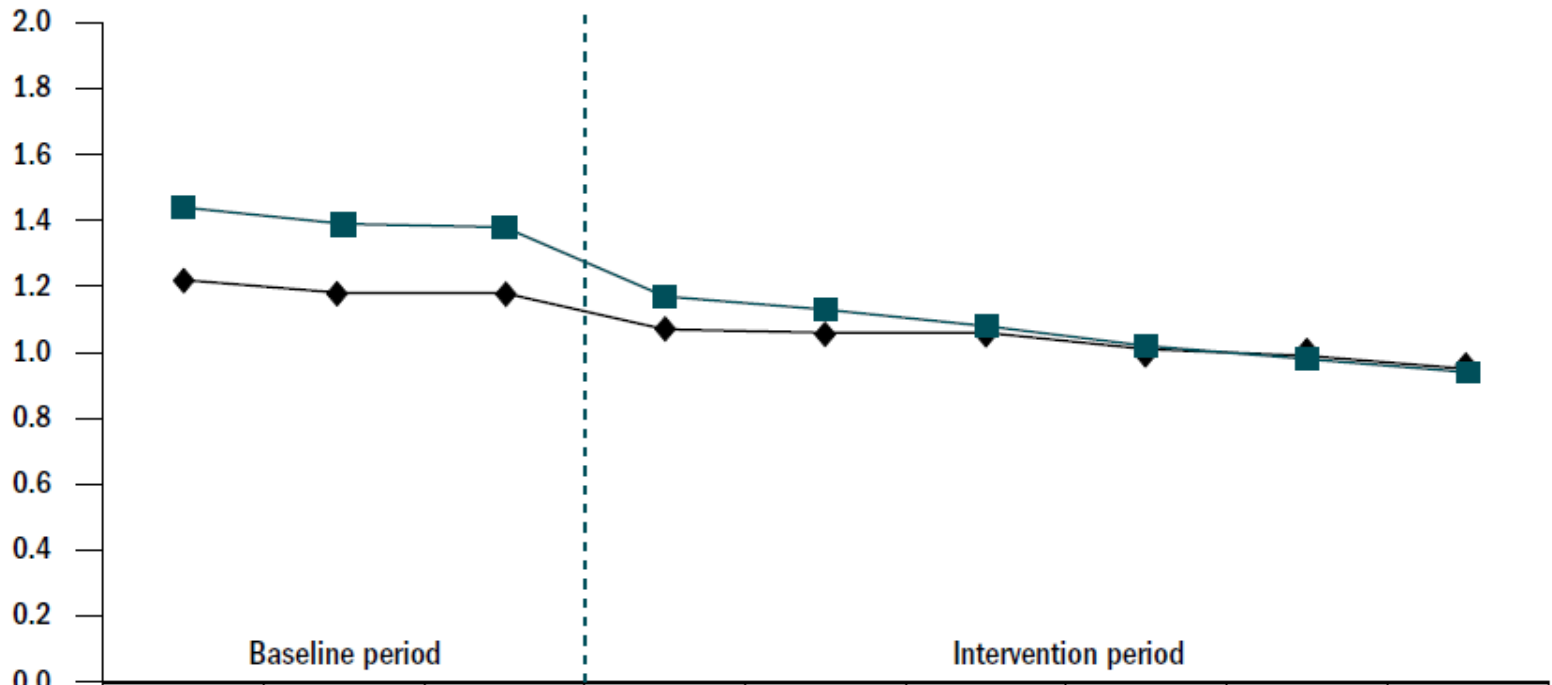
Reduction in risk adjusted length of stay in patients admitted to acute care. 500,000 patient annually *\$1500/ day *.5 days = \$ 375 million in cost avoidance



VA ICU Outcomes Over Time

Exhibit 12. Standardized Mortality Ratios for Patients Treated in Veterans Affairs Intensive Care Units

Ratio of observed to expected deaths



■ In-hospital mortality

2002 2003 2004 2005 2006 2007 2008 2009 2010

◆ Out-of-hospital mortality

1.22 1.18 1.18 1.07 1.06 1.06 1.01 0.99 0.95



Transparency

ASPIRE: Safety Data by VISN



Aspire			Aspirational Goals Met - click VISN (01 to 23) to expand																						
Domains · Measures · Aspirational Goals																									
		Avg.	Goal	01	02	03	04	05	06	07	08	09	10	11	12	15	16	17	18	19	20	21	22	23	
Safety	▲ ?																								
MRSA infection rate	U _s	0.29	0.00	0.71	0.19	0.22	0.16	0.61	0.17	0.63	0.28	0.27	0.22	0.18	0.29	0.17	0.27	0.24	0.15	0.12	0.11	0.24	0.44	0.26	
VAP infection rate	O _s	2.31	0.00	0.80	3.68	2.79	3.22	2.03	3.92	1.07	1.10	1.95	3.23	2.21	1.89	1.15	3.40	1.10	1.71	2.08	0.90	1.63	2.89	3.48	
CLAB infection rate	O _s	1.53	0.00	1.65	1.59	0.74	1.34	1.68	2.24	0.90	0.58	2.03	1.23	1.95	0.95	3.02	2.15	1.17	1.02	3.58	0.16	1.26	3.24	0.70	
Composite SCIP	P ⁺		99	98	97	97	97	98	98	98	98	98	98	97	97	98	98	96	98	96	98	98	99	98	
Hospital acquired pressure ulcer rate	O _s	3.19	0.00	1.88	2.34	3.00	1.85	2.02	2.15	1.89	2.32	2.65	2.22	2.07	2.22	1.71	2.37	1.88	2.48	0.90	2.14	2.19	3.46	1.66	
Incorrect Surgery	P _s																								
Effectiveness	▼ ?																								
Efficiency	▼ ?																								
Timeliness	▼ ?																								
Patient-Centeredness	▼ ?																								
Equity	▼ ?																								

VA's Aspirational goal

VA's current performance

Safety Metrics





Surgical Complexity Initiative

- Procedure Infrastructure Matrix:
 - Designate inpatient surgical programs as standard, intermediate, or complex based on program capabilities
- Operative Complexity Matrix:
 - Designate surgical procedures as standard, intermediate, or complex
- Match facility infrastructure to the procedures performed
 - Standard VHA Surgical Programs are limited to scheduling standard surgical procedures (14 programs)
 - Intermediate VHA Surgical Programs may perform standard and intermediate surgical procedures (33 programs)
 - Complex VHA Surgical Programs perform standard, intermediate and complex surgical procedures (66 programs)



Surgical Complexity

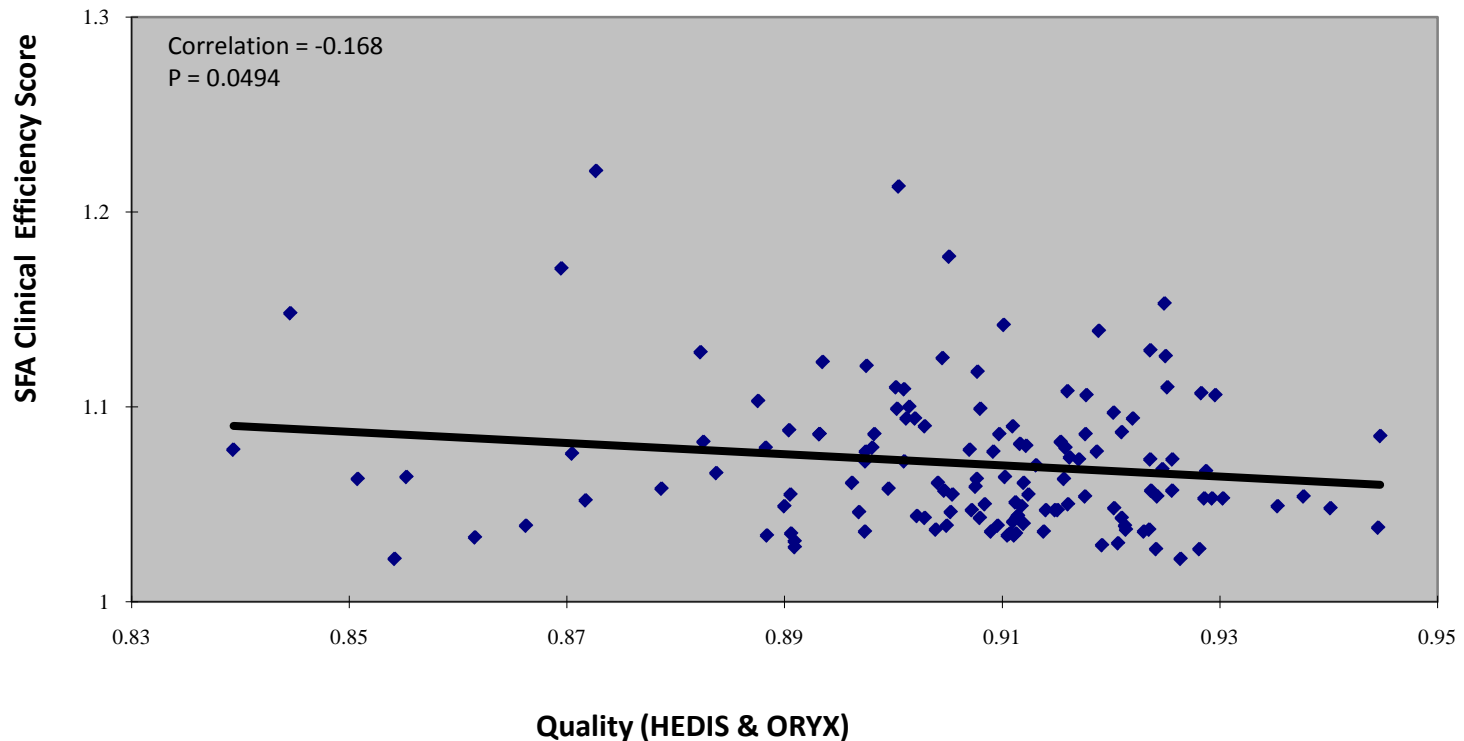
- Surgical Strategic Plan
 - Each facility and VISN has a consolidated plan for the care and treatment of Veterans who present at any VHA Surgical Program regardless of complexity designation.
- The National Surgery Office is responsible for:
 - Monitoring each VHA Surgical Program for compliance with facility surgical complexity designation.
 - Annual review of the Procedure Infrastructure Matrix and the Operative Complexity Matrix, with authority to modify as deemed appropriate.



Relationship of Efficiency to Quality

SFA – Stochastic Frontier Analysis

Correlation between Clinical Efficiency and Quality (HEDIS & ORYX) by Facility (FY09)



Better Quality is associated with better efficiency



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