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Warranties for Your Flat-Screen – Why Not for Your Bypass Surgery?

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Warranties for your flat-screen – why not for your bypass surgery?

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"Trust your crazy ideas." ~Dr. Doris A. Taylor

Regardless of the 2008 Presidential Election outcome, it seems all but certain that health care reform will be a primary concern for the next administration. Peremptory initiatives must be undertaken to comply with public goals of quality and affordability in a provider-driven manner before such compliance is enforced through less-preferred governmental mandates.

As a profession, health care is based on scientific expertise and the inherent Trust of the Physician-Patient relationship. As a business, health care is based on providing a quality service or product while maintaining a high level of customer satisfaction. These goals are in no way mutually-exclusive. Rather, they are interdependent, with evidence-based medicine improving patient outcomes, which enhances patient trust in both the doctor and the product, providing increased business and customer satisfaction.

Pay-for-performance (P4P) is a system that rewards doctors that demonstrate enhanced quality care through improved patient outcomes. This is in opposition to the current system, which reimburses the volume of care provided, regardless of outcome. The grisly consequence is that poor care requiring additional intervention increases revenue! This has contributed to the uncontrolled rise of health care costs and the plummeting of patient satisfaction, as well as the loss of trust in the Physician-Patient relationship. Continuation of this policy, irregardless of the political climate, is unacceptable.

P4P proposals have been instituted elsewhere with mixed results and, more often, fierce opposition by physicians who feared being forced into "cookbook medicine" that did not account for the uniqueness of each patient. P4P bonuses often represent too small a percentage of physician compensation, and are often incapable of accounting for case variations. This leads to either noncompliance or choosing patients based on reimbursement potential.

Nevertheless, health care should be treated like any other business. Customers should have some minimal expectations of the product they are purchasing, such as compliance with industry standards and protection from financial liability should circumstances warrant additional intervention. Thus was Geisinger Health System's ProvenCare^{SM} formed.

ProvenCare^{SM} is a provider-driven, evidence-based P4P system. However, the incentives are for broader departments and institutions, rather than on individual providers. The system was first applied to acute cardiac surgical care in order to obtain data on a limited, elective service. Surgeons specializing in Coronary Artery Bypass Grafts (CABGs) would offer their patients this elective surgery at a flat rate based on the normal rates for anesthesia, inpatient services, hospital stay, equipment, etc. This fee also included 50% of the mean cost for postoperative care. In exchange, the hospital agreed to pay for any and all postoperative care occurring within 90 days of the surgery. This represents the hospital's financial liability for the quality of CABGs performed by its physicians.

While the institution is made increasingly more liable for the quality of its product, the actual burden for improved performance lies with the individual physicians. However, rather than utilizing the classical P4P method of developing guidelines and paying for compliance, ProvenCare^{SM} sought provider-driven procedures enforced at the intervention level. Cardiac surgeons specializing in CABG were presented the latest guidelines of the American Heart Association and American College of Cardiologists 2004 Update for CABG Surgery. The staff

was assigned guidelines to research and verify source data, with assignment preference given to physicians who expressed opposition to any specific guideline. This Workgroup presented a series of 40 guidelines that had widespread applicability, and which won unanimous approval by the CABG staff. Therefore, individual providers drove the standards they would comply to, with their buy-in coming with the institutional benefits that trickle down.

Because of its relatively recent inception, the results of ProvenCare[SM] have yet to be thoroughly scrutinized. However, I wished to present this P4P system as an example of how innovation should be promoted, not just in pharmaceuticals and medical technologies, but also in health care delivery systems.