

Structuring a Healthcare Performance Improvement Process that Results in Incentive Payments

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I'm speaking with Regina Berman, Administrative Director for Performance Improvement with Hackensack University Medical Center. Regina is presenting at HIN's audio conference on, "Structuring a Healthcare Performance Improvement Process that Results in Incentive Payments". Thanks for joining me today Regina.

REGINA BERMAN, ADMINISTRATIVE DIRECTOR FOR PERFORMANCE IMPROVEMENT WITH HACKENSACK UNIVERSITY MEDICAL CENTER: Thank you.

PATRICIA DONOVAN: First of all, HUMC has been the nations top performer for 2 years running in the ground breaking CMS Premier Pay for Performance project, receiving a total reward of approximately \$744,000. How have you leveraged technology to support your quality initiatives?

REGINA BERMAN: I think if I could just make a point of clarification that was the pay off for the second year. The first year we had \$848,000, so that's a total of \$1.15 million.

PATRICIA DONOVAN: Okay. Thank you for clarifying that.

REGINA BERMAN: Okay. And I didn't notice that prior. We have used many forms of technology to help support quality initiatives, some being electronic medical records, some have been remote accessed by physicians to access data and information. We actually used robots both in the OR for robotic surgery. We use robots in the pharmacy for accuracy of dispensing pharmaceuticals and we have something called the Mr. Robot, which is a remote robot that physicians from all over the world can round on their patients even if they're not physically available in the organization. They use a combination of the electronic medical record or the data of diagnostic test

procedures, laboratory data and a visual. They have what would be seen as almost a computer desktop screen that functions as the head of the robot. And they can see and speak directly to the patient from, either their home, which is local, their office, or as far away as Korea.

Initially, we were concerned how the patients would respond to something like that, and they absolutely love it. Their feeling is that they would rather have a remote visit by their physician than by being seen by a stranger. So that was a surprise and very favorable finding. We had the world health organization visit and they had a lot of interest in something similar for doing remote surgery or remote supervision in third world countries, so I think it's something that's very exportable. It's not very expensive and it may be a new way of doing business. We also use the implantable chips, the RFID's, which contain patient information, their medical history, their drug history and allergy history among other things. And that has become more and more popular. And we have patients coming in not only asking for the implant but actually with their chip and we read them and scan them and update them. So those were a couple of examples.

PATRICIA DONOVAN: I see. Could I just follow up on the chips Regina? How many patients have had those chips implanted?

REGINA BERMAN: I don't know the number. It tended to be— initially we were seeing a lot of interest among people who traveled, particularly internationally. They wanted to make sure they had access to their information. I don't know off hand what the volume is. I can find out.

PATRICIA DONOVAN: Thank you. Those are some very interesting developments.

REGINA BERMAN: They really are.

PATRICIA DONOVAN: It's the hospital of the future, but it's happening today. It's exciting.

REGINA BERMAN: It really is. We were highlighted in Business Week last year as particularly about the use of technology in order to enhance patient safety and quality. It's a nice article and it shows a lot of the machines and electronics that we use to achieve that.

PATRICIA DONOVAN: Thank you. I'll certainly take a look at that. Now I notice on your website you have an entire page devoted to national recognition achievements. More than 20 different accolades including the only New Jersey Hospital to get a mention in New York Magazines top 10 hospitals where physicians would go for their own treatment. And I also recently heard on a radio commercial touting your quality ratings. So I wanted to ask you how the success has affected your marketing initiatives.

REGINA BERMAN: Well it's interesting, Hackensack has grown from a small community hospital to a large tertiary sometimes quaternary center and we do look at market share over time, and we do see a lot of reversed migration, for example from New York City. We're 10 miles outside of New York City and compete with the large academic medical centers, Cornell, Columbia, Sinai, NYU etc, and in the past folks in New Jersey felt compelled to travel over the bridge into Manhattan to receive quality care, because the perception was that it was better. I think we've reversed that. We're seeing a lot of reverse migration from New York City and the upper counties of New York State. We have patients coming from all over the country for bariatric surgery. We have a terrific highly rate bariatric surgery program and literally people flying in from all over the country for that. We have a cancer center that was experiencing 100 new patients a week. So I think the quality message has really shifted where people go for care.

PATRICIA DONOVAN: Thank you Regina. That kind of leads into my next question on whether you believe consumers are more attuned to quality information today particularly the web-based information that they can access?

REGINA BERMAN: I think they are. I think there's some generational pieces to that. I think people who are comfortable with accessing information through a computer are actually using it to a great extent. I think there are still some who don't do that and are afraid of going that route. But several of the meetings groups and I think having publicly reported data out there is getting attention and I do think it is helping to shape the decisions that are being made.

PATRICIA DONOVAN: I see. Thank you Regina. You must be very happy with the last 2 years performance. But do you feel there's still work to do? How are you planning to maintain this excellent rating as you move forward?

REGINA BERMAN: Well there's a lot of work to do and I think there's 2 pieces. One is maintaining and the other is spreading to new initiatives. The CMS demo project, I think that covers about 39 or 40 different metrics among 5 different case types that roll up into a composite score. So basically the view is how many patients in those case types got everything they needed or in other words, perfect care? So we have received near perfect results in those areas of focus and now we're spreading the same concept to many of the case types. As you spread you always need to keep your eye on the original work to make sure that it doesn't deteriorate and to see if the concepts are truly those that you can spread into other areas. And so far we're finding that they are. But it is really a matter of having a consistent approach that you consistently apply over time. I don't think it's something you plan once and leave alone and

expect to go on. I think it does need a lot of vigilance over time.

But what we have done and what I would encourage all to do is really involve the frontline staff as much as possible. I don't think you would achieve these results by working with one group or with only your higher level of managers or senior leaders. You really need the front line staff involved and committed.

PATRICIA DONOVAN: I see. Thank you very much Regina. Those are all the questions that I have today. Thank you for being with us. And we're looking forward to hearing more from you during the audio conference. This is Patricia Donovan for the Healthcare Intelligence Network.