

“Comment ressusciter un système de santé publique?” Editions Institut Montaigne



eHealth Partners

Qualité des soins et TIC

Etude de cas : « Veterans* »



Denise Silber

Etude de cas

VHA (Veterans Health Admin.)

La Population (2006)

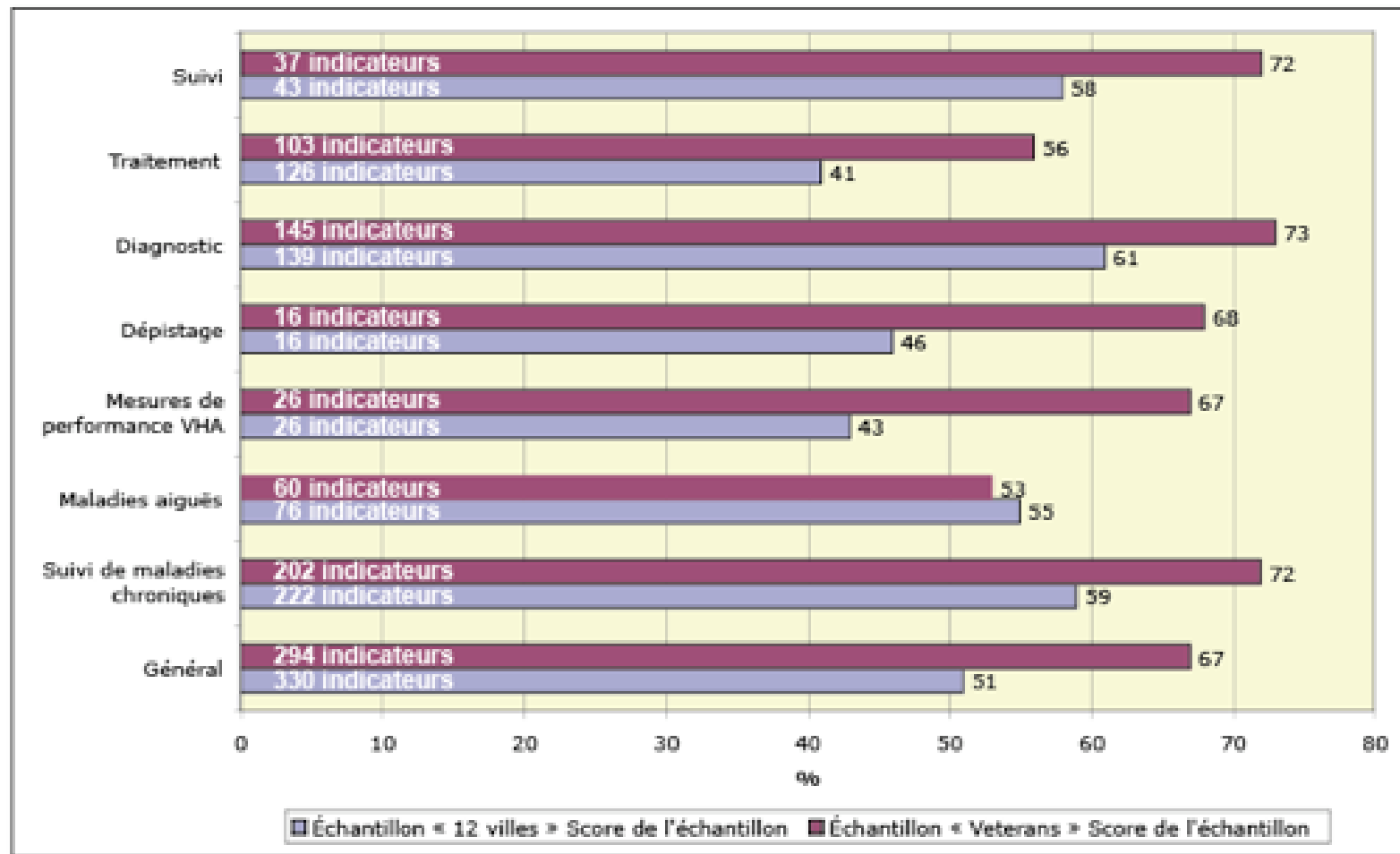
- 5,3 M patients
- Age moyen : 65 ans
- Démunis : < \$16k/ an
- Niveau brevet
- ALD +++
- Système *publique*

Les Résultats

- Respect référentiels : +30% > Privé
- <1% erreur médicamenteuse à l'Hôpital v. 3 à 8%
- 83% satisfaction patient v. 70%
- Coût/personne <20%
- Prix de l'innovation Harvard 2006

Indices de qualité

Veterans versus population générale : Comparaison des indices de qualité (1)



> 80 Indicateurs individuels

Indicateur de performance	Résultats 2005 VHA	Résultats Secteur privé US 2004
Dépistage du cancer du sein	86 %	73 %
Dépistage du cancer cervical	92 %	81 %
Dépistage du cancer colorectal (52-80 ans)	76 %	49 %
Bêta-bloquant prescrit post-infarctus	98 %	96 %
Diabète :		
• HgbA1c mesuré dans l'année	96 %	87 %
• HgbA1C bien contrôlée	83 %	69 %
• Cholestérol LDL-C mesuré	95 %	91 %
• LDL-C < 130	82 %	65 %
• LDL-C < 100	60 %	40 %
• Examen oculaire	79 %	51 %
• Examen rénal	66 %	52 %
• HTA < 14/9	77 %	67 %
Vaccination anti-grippe		
➤ 65 ans, ou haut risque	75 %	39 %
➤ pneumocoque, si haut risque	89 %	-----

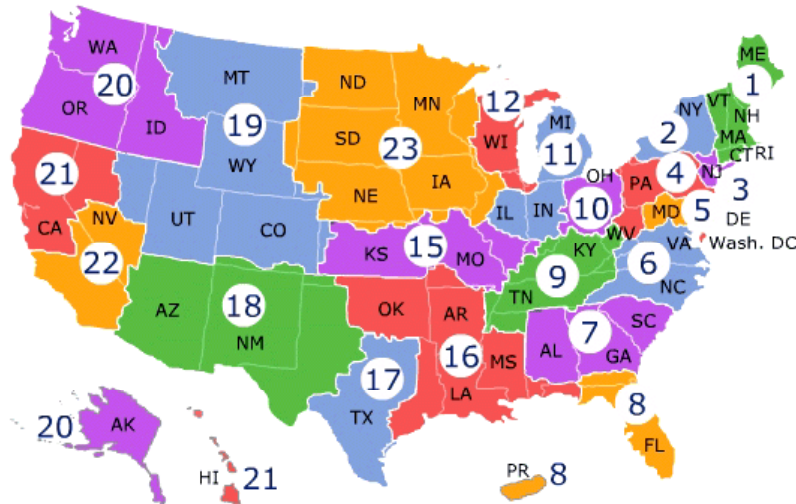
Résultats de la télémédecine

Groupes de Patients	Admissions à l'hôpital	Journées d'hospitalisation	Admissions long séjour	Journées long séjour	Visite urgences	Consultations externes	Pharmacie
Comparaison par rapport à l'année précédente							
Groupe de soins classiques N = 1120	+ 27 %	+ 32 %	+ 11 %	+ 18 %	+ 22 %	+ 19 %	+ 37 %
Groupe bénéficiant du Télé-monitoring N = 281	- 60 %	- 68 %	- 81 %	- 94 %	- 66 %	- 4 %	- 59 %

Modèle d'organisation

QuickTime™ et un décompresseur TIFF (non compressé) sont requis pour visionner cette image.

Veterans Health Administration



22 régions

157 Hôpitaux

870 centres

200 établissements

198 k employés

\$31 Milliards / an

- Organisation régionale (H +V).
Ville = maisons médicales dont laboratoire, radios
- Budget : (f) nombre de personnes par profil
- Objectifs cliniques a priori
- Personnel salarié + incentive au résultat
- Patient est « captif »
- Résultat est nécessairement mesuré

IMPROVING PATIENT CARE

Improving Patient Care is a special section within *Annals* supported in part by the U.S. Department of Health and Human Services (HHS) Agency for Healthcare Research and Quality (AHRQ). The opinions expressed in this article are those of the authors and do not represent the position or endorsement of AHRQ or HHS.

Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample

► Steven M. Asch, MD, MPH; Elizabeth A. McGlynn, PhD; Mary M. Hogan, PhD; Rodney A. Hayward, MD; Paul Shekelle, MD, MPH; Lisa Rubenstein, MD; Joan Keesey, BA; John Adams, PhD; and Eve A. Kerr, MD, MPH

21 December 2004 | Volume 141 Issue 12 | Pages 938-945

Background: The Veterans Health Administration (VHA) has introduced an integrated electronic medical record, performance measurement, and other system changes directed at improving care. Recent comparisons with other delivery systems have been limited to a small set of indicators.

Objective: To compare the quality of VHA care with that of care in a national sample by using a comprehensive quality-of-care measure.

Design: Cross-sectional comparison.

Setting: 12 VHA health care systems and 12 communities.

Patients: 596 VHA patients and 992 patients identified through random-digit dialing. All were merged.

Measurements: Between 1997 and 2000, quality was measured by using a chart-based quality instrument. Scores were adjusted for clustering, age, number of visits, and medical conditions.

Results: Patients from the VHA scored significantly higher for adjusted overall quality (67% vs. 51% for chronic disease care (72% vs. 59%; difference, 13 percentage points [CI, 10 to 17 percentage points]), but not for acute care. The VHA advantage was most prominent



EDITORIAL

Creating a Culture of Quality: The Remarkable Transformation of the Department of Veterans Affairs Health Care System

For decades, fairly or unfairly, the Department of Veterans Affairs (VA) health care system had a suboptimal image in the quality of care it provided and in the evaluation of that care. About 10 years ago, the VA leadership

came, diabetes severity, and other comorbid conditions) uniformly across systems and used these measures to adjust for differences other than sex between the VA and commercial managed care.

IMPROVING PATIENT CARE

Diabetes Care Quality in the Veterans Affairs Health Care System and Commercial Managed Care: The TRIAD Study

Eve A. Kerr, MD, MPH; Robert B. Gerzoff, MS; Sarah L. Krein, PhD, RN; Joseph V. Selby, MD, MPH; John D. Piette, PhD; J. David Curb, MD, MPH; William H. Herman, MD, MPH; David G. Marrero, PhD; K.M. Venkat Narayan, MD, MSc, MBA; Monika M. Safford, MD; Theodore Thompson, MS; and Carol M. Mangione, MD, MSPH

Background: No studies have compared care in the Department of Veterans Affairs (VA) with that delivered in commercial managed care organizations, nor have studies focused in depth on care comparisons for chronic, outpatient conditions.

Results: Patients in the VA system had better scores than patients in commercial managed care on all process measures (for example, 93% vs. 83% for annual hemoglobin A_{1c}; $P = 0.006$; 91% vs. 75% for annual eye examination; $P < 0.001$). Blood

The Veterans Health Administration Quality, Value, Accountability, and Inform Transforming Strategies for Patient-Centered

Jonathan B. Perlin, MD, PhD, MSHA; Robert M. Kolodne and Robert H. Roswell, MD

VHA: Explication

Criteria for Performance Excellence Goals

The Criteria are designed to help organizations use an integrated approach to organizational performance management that results in

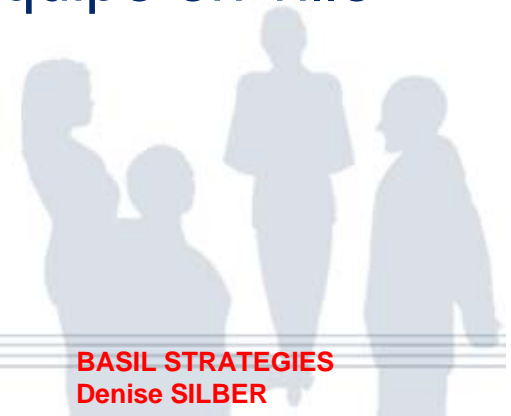
- delivery of ever-improving value to customers and stakeholders, contributing to organizational sustainability
- improvement of overall organizational effectiveness and capabilities
- organizational and personal learning

Core Values and Concepts

The Criteria are built on the following set of interrelated Core Values and Concepts:

- visionary leadership
- customer-driven excellence
- organizational and personal learning
- valuing employees and partners
- agility
- focus on the future
- managing for innovation
- management by fact
- social responsibility
- focus on results and creating value
- systems perspective

- Au bord de la fermeture, introduction de la « qualité totale »
 - Objectifs de qualité
 - Donc, contrainte de la mesure
 - Concurrence régionale interne
 - Budget fixe a priori
 - Travail d'équipe en ville
 - Incentives



Informatique parce que

Nécessité de mesurer -->

- DMEU (mon terme)
 - dossier médical électronique unique
- Code barre à l'hôpital
- Télémédecine (simple téléphone)
(POTS)
- 10 ans d'archives
- >5 Million dossiers actifs



EMR Cover Sheet

VistA CPRS in use by: Fletcher,Ross (localhost)

File Edit View Tools Help

GREEN,DEAN **1A 1501-B** Primary Care Team Unassigned **Flag** Remote Postings
 100-10-1000 Feb 04,1944 (62) Provider: FLETCHER,ROSS Attending: Tedd,Dr Data **CAD**

Active Problems **Allergies / Advers** **Postings**

Asthma, Unspecified Type, Without Mention Of Status Asthmaticus	Grass	Allergies	
Dental Caries, Unspecified	Aspirin	Crisis	Feb 21,1995
Acquired Absence Of Teeth, Unspecified	Penicilin Vk	Advance Directive	Aug 10,1999
Chronic Ischemic Heart Disease		Advance Directive	Feb 21,1995
Ventricular Tachycardia			
Intracardiac Catheter Ablation Of Arrhythmogenic Focus For Treat			
Postsurgical Status Of Automatic Implantable Cardiac Defibrillator Ir			
Diabetes Mellitus			

Active Medications **Clinical Reminders** **Due Date**

Levothyroxine Tab	Pending	IHD Lipid Profile	Aug 21,99
Baclofen Tab	Pending		
Clonidine Tab	Pending		
Acetazolamide Tab	Pending		

Recent Lab Results **Vitals** **Appointments/Visits/Admissions**

No Orders Found.	T 98.7 F	Jul 20,2004 10:47	(37.1 C)	No data found
	P 87	Jul 20,2004 10:47		
	R 16	Jul 20,2004 10:47		
	BP 134/78	Jul 20,2004 10:47		
	HT 72 in	Feb 20,2003 19:38	(182.9 cm)	
	WT 204 lb	Jul 20,2004 10:47	(92.7 kg)	
	PN 1	Jul 20,2004 10:47		

Cover Sheet | Problems | Meds | Orders | Notes | Consults | Surgery | D/C Summ | Labs | Reports

Dynamic imagery

VISTA Imaging Display : MADTL_F F (isw-imgdemo1) in use by :FRA...

File Options View Reports Help System Manager

Patient: Demo, Patient
Demo of various type of Images.

No Health Summary exists for this Demo Patient

31 Abstracts : Demo, Patient

31 Images

- 1 patient photo PATIENT ID 95 - 12/14
- 2 Back of Patient with DERM 35 - 12/12
- 3 Back Closeup, Neurof DERM 35 - 06/14
- 4 Gastrointestinal Pol GI 35 - 05/01
- 5 Giardia LAB 34 - 02/04
- 6 Anatomical Drawing MAS 34 - 02/01
- 7 Chest Xray RAD 34 - 01/01
- 8 MUGA Nuc Med Heart S CARD 33 - 05/01
- 9 Surgery SUR 33 - 04/02
- 10 Corneal Transplant OPH 33 - 02/01
- 11 Dental Intraoral Pro DEN 33 - 01/01
- 12 Pathology Mitoses 10 LAB 32 - 12/01

ADC - Admission/Discharge (max 5 on (continued)

03/04/94 - 03/08/94
Last Tr Specialty: GENERAL (ACUTE MEDICINE)
Bedsection: GENERAL (ACUTE MEDICINE)
DXLS: CHEST PAIN NOS
ICD DX: AORTOCORONARY BYPASS
DIAPHRAGMATIC HERNIA
OTHER PSORIASIS
NAUSEA AND VOMITING

04/27/93 - 05/28/93
Last Tr Specialty: GENERAL (ACUTE MEDICINE)
Bedsection: GENERAL (ACUTE MEDICINE)
DXLS: CORONARY ATHEROSCLEROSIS

Radiology Viewer -- Demo, Patient

File Image Rotate CTPresets Tools Options Layout Help

MagnifyOn AutoWinLev PanOn Win: 189
Report Print Copy Lev: 152
Modify Selected Image Im
Modify All Images Zc

RAD 91 - 06/05 MRI (8x256x256)

Full Resolution View -- Demo, Patient

Brightness 100 Contrast 90 Zoom 101

LAB 92 - 12/01 Pathology Mitoses 100X

20 06-OCT-1994 ORDER:

Notes

The screenshot displays a medical software interface with two main windows. The background window is titled "VistA CPRS in use by: Fletcher, Ross (localhost)" and shows patient information for "GREEN, DEAN" (1A 1501-B, 100-10-1000, Feb 04, 1944 (62)) and a "CARDIOLOGY NOTE" dated Feb 10, 2006. The note lists various medical conditions such as Aortic Valve Pro, Arrhythmia, Asthma, and Diabetes Mellitu. A "Reminders" pane on the left shows a reminder for "HTN Assess for Elevated BP >= 160/100".

The foreground window is titled "Reminder Resolution: HTN Assess for Elevated BP >= 160/100". It contains the following text:

- The most recent recorded BP was markedly elevated. Satisfying this reminder requires addressing medication issues AND education issues. (* Indicates a required field)
- The patient's last recorded BP is: 134/78 (07/20/2004 10:47)
- Repeat BP and record below if appropriate: 155/88
- INTERVENTIONS:
 - Medications Adjusted or Initiated
 - Medication change not warranted due to: (click for additional options)
 - Pt. being evaluated/referred for resistant or

At the bottom of the foreground window, a summary box displays:

- <No encounter information entered>
- Blood Press. 155/88 Feb 10, 2006 17:48
- * Indicates a Required Field

The interface includes a menu bar (File, Edit, View, Action, Options, Tools, Help) and a bottom navigation bar with buttons for Cover Sheet, Problems, Meds, Orders, Notes, Consults, Surgery, D/C Summ, Labs, and Reports.

Enseignements

- PS jugés sur résultats.
- L'informatique est un moyen de mesure.
- Contraintes :
 - pas de médecine libérale
 - patient ne choisit pas son médecin
 - budget par capitation
 - stratégie médicale nationale
- 2% des USA. Pas extensible.



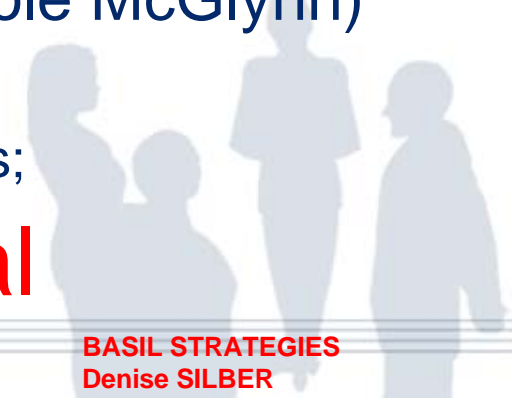
la France ?

Persister à :

- Soigner sans mesurer les résultats
- Payer le « volume » a posteriori

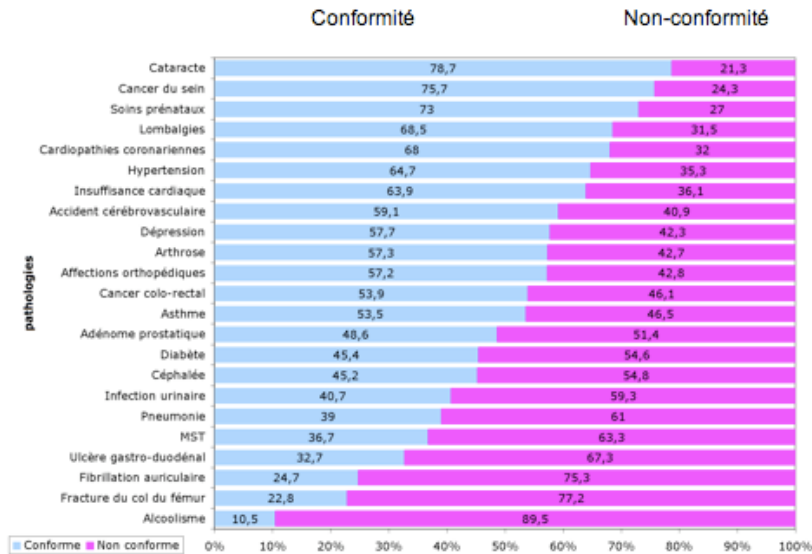
Recommandations

- Visite VHA par une ou des missions françaises
- Etude du respect des référentiels (protocole McGlynn)
- Expérimentation régionale (2 régions)
 - Contractualisation des PS; Maisons médicales;
- **DMEU et Code barre hôpital**



Evaluation

Pourcentages de conformité des soins aux indicateurs de qualité, par pathologie



McGlynn. *The Quality of Health Care Delivered to Adults in the United States*. NEJM 2006; 348: 26.

« *Obligatory declaration of results and their measure are the decisive step in healthcare reform... The majority of hospital directors are opposed to public declaration of error... If a professional can not demonstrate his results, why should be able to exercise his profession?* »

Porter and Teisberg: *Redefining Health Care, Creating value-based competition on results*



Contact

Denise.Silber@BasilStrategies.com

+336 74 78 12 36

