

Changes in local health care markets affect national patient safety project

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A national patient safety initiative involving major corporate employers and employer health care coalitions may set common goals, but success relies greatly on regional health care players and local market factors for actual implementation, says a recent study.

"While employers and coalitions set critical goals nationwide to improve patient safety, actual success depends greatly on individual hospitals and their characteristics, and intricate parts of the goals themselves," said lead author Dennis Scanlon, professor of health policy and administration at Penn State.

The Leapfrog Group, composed of more than 100 Fortune 500 companies and other large employers, formed in 2000 to reduce preventable medical mistakes by giving consumers and health care purchasers information about patient safety. The group's initiative originally focused on three specific areas of improvement, or "leaps": computerized entry of physician medication orders; hiring intensive care specialists in hospital intensive care units; and referring patients who need procedures, i.e. surgery, to hospitals with significant experience at achieving quality outcomes.

The idea was that local employers who provide health care to employees would encourage area hospitals in meeting Leapfrog standards to improve patient safety. The hospitals would report safety information publicly, which would attract employee patients. Employers would encourage employees to use Leapfrog-compliant hospitals. Overall, the

number of medical errors would decline, patient health would improve and costs could possibly stabilize or go down.

Health coalitions, including the National Business Coalition on Health, were brought into the initiative to establish regional markets that would coordinate the hospitals and work together to achieve the Leapfrog goals. Between 2001 and 2006, 31 regional markets containing 57 percent of all urban hospitals in the United States were established.

Scanlon, Jon Christianson, University of Minnesota and Eric Ford, Texas Tech University, published their findings in a recent issue of the journal *Medical Care Research and Review*.

The study analyzed seven regional markets: Atlanta, St. Louis, Seattle, Dallas/Fort Worth, Rochester, NY; Savannah, Ga., and Madison, Wis. Researchers reviewed the level of participation in the Leapfrog Initiative by hospitals and then the amount of progress made by the hospitals in the first five years. The markets varied, starting off with high response, but falling off within a year for some hospitals.

"Except for one site, the Leapfrog regional markets resulted in relatively high response rates to the survey," Scanlon said. "But then local market conditions and community factors played a key role in influencing hospitals to support the patient safety activities.

"Organized and/or aggressive employers were important in Seattle and Savannah, while a history of collaboration around health system reform and public reporting appears to have played a significant role in Rochester and Madison," he added. "Opposition from the major hospital system in St. Louis was a key factor in the low response rate there."

Reporting patient safety data was not difficult for hospitals, and the Leapfrog efforts to set up online reporting helped cut the cost of the

reporting program. But hospital leaders were skeptical that such data would win them more customers.

Overall, in regards to the three national safety goals, participating hospitals showed minor progress, according to the study.

"From a budget and strategic planning view, hospitals find it difficult to quickly reach two of the safety targets: installation of computer physician order entry and hiring more intensive care specialists, both of which might compete with other budget priorities," the study researchers noted.

"The challenge for Leapfrog regional leaders may be the 'chicken and egg' problem," say the researchers. "Hospitals are less likely to invest scarce resources in meeting Leapfrog standards and in reporting their progress, when they don't see evidence of financial consequences.

"The publicly promoted safety practices won't catch on more widely until employers and health care insurers provide financial incentives for patients to choose the safest hospital," they add. "Employers won't push employees to use Leapfrog-compliant hospitals when there are too few hospitals meeting those standards."

However, the issue of patient safety continues to be in the national spotlight. In early May, the National Quality Forum endorsed 48 voluntary consensus standards focused on measuring the performance of acute care hospitals, including measures addressing pediatric safety, hospital readmission, and prevention and care of venous thromboembolism.

Also, starting Oct. 1, the Centers for Medicare and Medicaid Services will deny payment for eight medical errors it considers preventable. They include bed pressure sores, objects left in surgery patients, air

embolism, blood incompatibility, traumatic patient falls and several hospital-acquired infections.

The study found that many hospital leaders in the regional markets credited the Leapfrog regional efforts with raising the importance of patient safety in their strategic and budget planning, so the initiative may have improved overall patient safety indirectly.

Without the support of the federal Medicare program, there is not a likely significant financial case for the hospitals. The study noted that Fortune 500 employers that created Leapfrog initiative may not be the major employers in a community, anymore, and may not have the purchasing health care to effect changes, according to the study.

"However, larger employers can influence national health care policy by focusing public attention on the flaws in the U.S. health care system and spurring innovations in benefits and employee choices, which Leapfrog project did quite effectively," Scanlon concludes.

"Employers also have an important role to play in spurring innovations in benefit designs and providing relevant information to support employee health care choices.

Source: Penn State

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