Transparency in Healthcare

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* This presentation is the express opinion of Dr Kevin T Kavanagh, MD

Health Watch USA

- Designated "Community Leader" in value driven health care by the US Dept of Health and Human Services.

Current State of US Health Care

- Below average in Life Expectancy.
- Above average infant mortality rate.
- Above average maternal mortality rate.
- #1 Healthcare Costs

- Kentucky – Ranked 45th in US by the Commonwealth Fund

Almost Never Events

- 11 States Mandate their Reporting

Include –

-- Surgical Objects Left in Patients

-- Air Embolism

-- Blood Incompatibility

-- Serious Bed Sores (III, IV)

-- Urinary Tract Infections from Catheters

-- Vascular Infections from Catheters

-- Infections after Heart-Bypass Graft

High Cost of Never Events

- Medicare Cases and Charges Per Patient

	US Cases	Charge to Medicare Per Patient
Serious Bed Sores	257,412	$43,180
Fractures/Burns	193,566	$33,894
Catheter UTI	12,536	$44,043
Infections from Catherters	29,536	$103,027
Objects left at Surgery	750	$63,631

Staffing Sensitive

- Many of these occurrences are correlated with the available staffing at healthcare facilities.
- 1) ANA Lawsuit.
  2) Dept HHS Survey.
     -- 40 % hospitalized patients reported they did not always get immediate help.
     -- 32 % did not report that their rooms were always clean.
  3) ANA Survey.
     -- 73.1% of nurses do not believe staffing on their floor is adequate.
     -- 48.3% Do not feel confident having someone close to them receiving care in the facility where they work.
  4) Provider of Service Files.

Health Care Acquired Infections

- Very Costly – Largely Preventable
- 84 % of MSRA is healthcare associated (JAMA)
- Public Reporting of HAI – required in 22 states the majority of these laws adoped in the last 2 y ears.

Almost "Never Events"

- Non-payment fought by most provider organizations.
- How can you say "I'm Sorry – Here is Your bill."
- Kentucky, closing services and short of case.

- Question – "Why do we pay for largely preventable adverse outcomes when we do not have enough money for good care."

Value Index

- Nursing Staffing / Charge to Cost Ratio

Conference

- Conference for Healthcare Transparence & Patient Advocacy. Nov. 20, 2008