



Collaborating to Improve Quality, Access and Value

The Central Ohio Hospital Council serves as the forum for community hospitals to come together to address issues that impact the delivery of health care to central Ohioans. Through the COHC, member hospitals collaborate with each other and with other community stakeholders to improve the quality, value and accessibility of health care in the central Ohio region.



Background

Franklin County's four not-for-profit hospital systems have a long history of collaborating to address the most pressing health care challenges facing the central Ohio community. In June 2008, the hospital systems formalized and strengthened their commitment to collaboration through creation of the Central Ohio Hospital Council. **COHC members**—Mount Carmel Health System, Nationwide Children's Hospital, the Ohio State University Medical Center and OhioHealth—**share a common belief** that many issues facing central Ohio's health care system can be solved much more effectively when hospitals work in collaboration.

The issues facing our local healthcare system include both threats and opportunities. For years, all central Ohio hospitals have encountered major increases in the costs of caring for the uninsured and indigent. Local capacity for providing mental and primary health care is stretched. Healthcare quality can be further improved through standardized clinical practices as well as by sharing information across institutions.

Earlier this year, the COHC CEOs were joined by senior-level representatives from each of the four hospital systems to identify additional initiatives that can be undertaken collaboratively. Following the work session, the identified initiatives were grouped into

categories—quality, access, clinical service delivery and information technology—and a vision statement was developed to state clearly the role of the Council.

Significant change to our health care system is on the horizon, as the impact of federal reform legislation and changes enacted at the state level begin to take effect. The four local hospital systems, which comprise the Central Ohio Hospital Council, anticipate that as these changes occur, they will underscore the value and wisdom of the collaborations reported here.

An Invitation for Community Support

*Most of the collaborations described on the following pages relate directly to patient care, and are carried out among the hospitals and medical professionals. **However, three of them in particular relate to our entire community, and require community collaborations that reach far beyond hospital walls.** These include improving timely access to mental health services, improving access to primary care, and the Central Ohio Health Information Exchange, which will involve businesses, physician groups, and hospitals. These are highlighted and designated as community-wide efforts in the text, and the Hospital Council invites special public interest and support for these initiatives, which will both improve care and restrain cost increases in Central Ohio.*



A. Quality.

Since 2003, the chief medical officers, as well as other clinical officers, of the four hospital systems have come together to improve patient safety and the quality of patient care for central Ohioans. Through the Central Ohio Hospital Quality Collaborative, the systems have demonstrated their commitment to creating an environment in which they can learn and share best practices, engage in quality-improvement projects and standardize processes which are proven to improve the quality of care for patients. The result: Patient care in the greater Central Ohio area is improved and lives are saved. Specifically, the hospital systems are working to:

1. Reduce the number of recurrent preterm births

throughout Franklin County. In Franklin County alone, more than 13 percent of births occur preterm with that rate rising as high as one in five births for mothers with high risk conditions. Each year, more than 2,000 babies are born too early in Franklin County. Preterm birth—birth before 37 weeks gestation—is the leading cause of death among newborns in our community. Since April 2009, the four hospital systems have joined with Columbus Public Health and local government and community organizations to establish the **Ohio Better Birth Outcomes** initiative. Together, this group is using the latest

research to improve outcomes for high risk pregnant women and their children in Franklin County. OBBO is focused on reducing preterm births locally through specific interventions: encouraging administration of progesterone treatments, educating women on the importance of safe spacing between pregnancies, and discouraging scheduled deliveries. The scheduled delivery component of the initiative, which is being implemented statewide, recently was recognized with an award from the Society for Maternal-Fetal Medicine. This initiative not only improves community health, but it helps to control a major driver of rising healthcare costs in central Ohio.

2. Reduce incidents of hospital acquired MRSA* infections and catheter associated blood stream infections.

Managed by the Ohio Hospital Association (OHA) and supported by the Ohio Business Roundtable and Cardinal Health, the **Solutions for Patient Safety** initiative aims to reduce MRSA blood stream infections by 50 percent by June 2010. As part of this effort, participating hospitals develop sustainable, scientifically-based approaches to reduce health care-associated infections, share information within and across institutions, and then work to replicate best practices and outcomes with providers in the collaborative. The Collaborative also has developed and delivered training to engage hospital leadership—CEOs and their boards of trustees—in quality and patient safety programs to further support the efforts currently underway at participating hospitals.

3. Eliminate adverse patient safety incidents.

This patient safety improvement initiative is the latest undertaking of the Central Ohio Hospital Quality Collaborative. Managed by OHA and supported by COHC, this initiative aims to reduce adverse patient safety incidents community wide by 50 percent by 2013 and 90 percent by 2015. Under this initiative, participating hospitals will submit monthly data on the total number of adverse safety events within five domains: hospital-acquired infections, medication errors, cardiac arrests outside of the intensive care unit, serious falls and serious safety events. This data will be shared across institutions. Participating hospitals will then work to replicate best practices and outcomes with other providers within the collaborative.

4. Ensure patients with certain medical conditions receive all of the care recommended by national quality organizations.

The first undertaking by local hospitals to improve health care quality, this initiative seeks to ensure that patients needing care for pneumonia, heart failure, a heart attack or a surgical procedure receive all of the treatments recommended by the National Quality Forum. By learning the best practices for these medical conditions and incorporating them into routine patient care delivery, local hospitals have taken a stand to deliver all of the recommended care to all of the appropriate patients. And because of this collaborative effort, Central Ohio hospitals have some of the best rates for these medical conditions in the country.

**Methicillin-Resistant Staphylococcus Aureusa, a bacteria responsible for infections often resistant to antibiotics, a particular problem in hospitals where patients are more vulnerable to infections.*



B. Access.

The county's hospital systems are working collaboratively to ensure access to appropriate and available healthcare services, especially for uninsured individuals in central Ohio. Initiatives include:

1. Share responsibility for charity care. Franklin County hospitals have seen large spikes in the number of uninsured patients seeking care, with admissions rising three-and-a-half times the amount of the overall population in the last four years alone. Unlike many other large cities, where designated charity care hospitals are established, Columbus is fortunate that local hospitals have a long-standing commitment to share responsibility for providing care to all members of our community, regardless of their ability to pay. In 2007, hospital leaders reaffirmed that commitment by adopting a uniform charity care policy in which

they agree to follow the same guidelines when providing free and significantly discounted care to patients. Agreement among hospitals on a policy for sharing the charity care burden is unique among major metropolitan areas around the country, and it results in a single-tier health care system in which all Franklin County residents have access to the same hospitals and the same quality of care. Hospital leaders continue their efforts to educate the community at large on issues surrounding caring for the uninsured and indigent, in part through joint reporting of charity care and other community benefit data.

2. Improve timely access to mental health services. *(This is a broad community-wide effort.)*

Since mid 2007, the three adult hospital systems have been working with NetCare, the region's psychiatric crisis center, and Twin Valley Behavioral Health, a state psychiatric hospital, to place patients in need of mental health care into appropriate facilities in a timely manner. Representatives from the five mental health providers communicate daily to identify open psychiatric beds in the county and to place in those beds patients most in need of timely services, specifically those currently being seen in an emergency department or admitted to a medical/surgical unit. To assist with the communication among providers, COHC developed a Web-based "bed board" which serves as a clearinghouse to get patients into the most appropriate and most cost effective treatment environment possible. In addition

to enhancing the communication of patient needs, the bed board allows providers to access data to measure the effectiveness of the provider collaboration and to plan for future mental health needs within the community. As a result of this initiative, hospitals are reporting decreases in the length of stay for mental health patients in the Emergency Department as well as decreases in the number of uninsured patients admitted to the psychiatric unit.

3. Improve access to primary care services.

(This is a broad community-wide effort.) The four hospital systems are investigating opportunities to work collaboratively in order to meet the primary healthcare needs of indigent patients in central Ohio outside of the emergency department. Currently, hospitals independently operate primary care clinics throughout the county, and there are 3 federally qualified health centers serving 40,000 indigent patients

annually. However, Franklin County is home to more than 132,000 uninsured adults with another 80,000 adults enrolled in the Medicaid program (2008). Many indigent patients are utilizing the emergency department for care. In 2008, 28 percent of Franklin County residents were uninsured or enrolled in the Medicaid program. That same year, 56 percent of the patients who were treated and released at a Franklin County emergency department were uninsured or enrolled in Medicaid. Options for improved health care delivery to this population include jointly supporting a federally qualified community health center and/or operating existing hospital-based centers in more collaborative and effective ways.



C. Clinical and patient education services.

The local hospital systems have collaborated—and are pursuing additional opportunities to collaborate—on delivering clinical services to improve efficiency and provide value to the community. Initiatives include:

1. Potential joint construction and operation of a proton therapy cancer center in central Ohio.

Proton therapy delivers radiation to a more targeted area than traditional radiation therapy, sparing surrounding healthy tissue or organs because the radiation more precisely hits the tumor. Patients experience fewer side effects, reduced hospitalization and improved medical benefits with the technology. The four hospital

systems are currently investigating the feasibility of collaboratively building and operating a proton therapy cancer treatment facility in central Ohio. Battelle Memorial Institute is assisting the hospitals in evaluating the business case and technology for bringing such a facility to the region, as well as in working through a number of issues that arise if the facility is to be operated using a consortium model.

2. Providing comprehensive care for families and fetuses diagnosed with an abnormality.

The four hospital systems participate in the **Columbus Fetal Medicine Collaborative**, a joint program to provide comprehensive care for fetuses diagnosed with an abnormality. The collaborative aims to establish a community-wide resource that provides coordinated care for mother and baby in the area of maternal-fetal medicine, as well as care delivered in utero and post delivery, to ensure best outcomes. The collaboration will provide an efficient way to care for fetuses diagnosed with serious conditions such as chest anomalies, fetal tumors, neurologic and cardiac conditions and twin-twin transfusions. The hospital systems will also collaborate on research to provide the most innovative care solutions available.

3. Educating low literacy and limited English speaking patients on clinical conditions.

In 2005, the four Franklin County hospital systems launched a Web site, www.HealthInfoTranslations.org, to address a growing problem within the central Ohio community: a lack of patient education materials for low-literacy and limited English-speaking patients. The hospitals recognized that more and more individuals in our community have limited English language skills or a low literacy level, which could be a barrier to their ability to fully understand healthcare related information. www.HealthInfoTranslations.org includes more than 3,000 free resources to help clinicians teach patients with complex communications needs. The patient education materials are available in English and 17 additional languages, including Arabic, Chinese,

Korean, Japanese, Hindi, French, Russian, Vietnamese, Spanish and Somali. Health topics on the site include diagnostic tests, diseases and conditions, exercise and rehabilitation, food and diet, health and wellness, home care, pain and comfort, pediatrics, pregnancy and baby care, safety, stress and coping, and surgeries and treatments. Providing this information, not only to clinicians in central Ohio but also to those around the country, is costly. Local hospitals are investigating ways to sustain the initiative in the future.



D. Information technology.

Hospitals work to promote the use of technology that allows for sharing of information across hospital systems and with other providers, improving coordination of patient care and reducing costs. Initiatives include:

1. ED Care Coordination.

Non-emergency use of Emergency Departments substantially increases the costs of healthcare in Central Ohio. Moreover, new research indicates that an excessive number of residents make multiple non-emergency visits to emergency departments each year, including some who travel from hospital to hospital. A collaboration among COHC, AccessHealth Columbus and the Central Ohio Trauma System, this initiative seeks to share information across the Emergency Departments in Franklin County, with the goal of reducing costs by establishing primary care homes for non-emergency ED users, reducing duplicative testing, and improving

quality by providing vital information to ED physicians. A broadly representative advisory committee has been formed to develop patient centered principles, shared policies and procedures, technology recommendations and tools for measuring success.

2. Central Ohio Health Information Exchange.

(This is a broad community-wide effort.) A collaboration between the central Ohio hospital systems, large employers, physician groups, and others, this initiative attracts federal stimulus dollars to help primary care providers select and successfully implement federally approved Electronic Health Record (EHR) technology. While details have yet to be finalized, it is anticipated that COHIE will receive approximately \$6 million to assist with the

adoption of EHR technology among primary care providers in 14 central Ohio counties. COHIE will receive the funds in phases when milestones are achieved, including:

- For providers who have not implemented EHR at all, a signed vendor contract, and EHR implementation at “meaningful use” standards;
- For providers that have already acquired and/or implemented EHR technology, meaningful use achievement.

Broader use of widely available electronic records has the potential to save significant money through elimination of duplicative testing and better care management.

Conclusion

Collaboration works. Central Ohio health care systems individually are among the best and most innovative in the nation. Working collectively, they ensure central Ohio patients receive the benefit of the best, most up-to-date practices in medicine, while controlling costs in our community through coordination and elimination of duplication. This collaboration, institutionalized in mid-2008 through creation of the Central Ohio Hospital Council, improves healthcare quality and access in our community, while helping to keep costs reasonable, and helping healthcare in Central Ohio to ride out the current adverse economic conditions.

For each of the initiatives listed above, measurable goals either have been or are being established. Furthermore, we rely heavily on the cooperative contributions of our physicians and staffs to implement these programs, and their contribution cannot be overstated.

These collaborations, while ambitious, are the result of just two years of work since the Central Ohio Hospital Council has been established. The Council's goal is to deliver on these, and then to continue to identify ways that Central Ohio healthcare can be strengthened through joint effort.





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