NHPF Forum Session
Meeting Announcement

Toward Safer, Better, More Accountable Health Care: A Conversation with George Halvorson

A DISCUSSION FEATURING:

George Halvorson
Chairman and Chief Executive Officer
Kaiser Foundation Health Plan, Inc., and
Kaiser Foundation Hospitals

Tuesday, January 27, 2004
Noon — Lunch
12:30–2:00 pm — Discussion

Hyatt Regency Capitol Hill
400 New Jersey Avenue, NW
Concord/Lexington Room

To register:
Please call Tiombe Diggs at 202/872-1392 as soon as possible. This is an invitation-only event, and space is limited. If you are unable to attend and would like to recommend a substitute, please call Lisa Sprague at 202/872-4030.
Toward Safer, Better, More Accountable Health Care: A Conversation with George Halvorson

The country’s leading quality gurus recently wrote a joint letter, published in the November/December 2003 issue of Health Affairs, calling on Medicare to take the lead in “paying for performance,” that is, tailoring provider reimbursement to evidence-based care. One of the signers was George Halvorson, chief executive of Kaiser Permanente and formerly head of HealthPartners in Minnesota, who has spent many years thinking about how health care organizations and the overall U.S. infrastructure can be redesigned to deliver high-quality care. Halvorson will share his insights in this Forum session, with plenty of opportunity provided for dialogue with the audience.

The Health Affairs letter is one in a series of calls to action. President Clinton’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry completed its work in March 1998; its final report, “Quality First: Better Health Care for All Americans,” recommended steps toward a “national commitment to improving health care quality.” The following year, the Institute of Medicine issued its landmark report To Err Is Human, which offered grim statistics about the prevalence of medical error in the United States, along with recommendations for amelioration.

SESSION OVERVIEW
This session will offer the Forum audience the opportunity to engage in dialogue with one of the country’s health care leaders. George Halvorson, chairman and chief executive officer of the Kaiser Foundation Health Plan, Inc. (more commonly referred to as Kaiser Permanente), will share his analysis of what is wrong in today’s health care system and what steps can be taken to make it better. Halvorson’s remarks will draw on Epidemic of Care, a book that he recently co-authored with George Isham, MD. He will focus particularly on quality and information technology issues and suggest ways that Medicare and Medicaid can provide leadership in both measuring quality and rewarding superior performance.
Since that time, quality-related activities have been on the increase. Development of measures and standards has been undertaken in a variety of settings. The National Committee for Quality Assurance’s HEDIS measures have served as a standard for health plan evaluation for more than a decade. The National Quality Forum, representing a broad range of health care stakeholders, has released consensus reports on quality standards in areas such as diabetes care, hospital performance evaluation, and serious reportable events. The Centers for Medicare and Medicaid Services (CMS) have inaugurated public reporting of quality indicators for nursing homes, home health agencies, and dialysis facilities and have recently encouraged voluntary reporting by hospitals. The Leapfrog Group, mobilizing employer purchasing power, has put hospitals on notice that they will be judged by specific patient-safety criteria.

Philanthropic and advocacy organizations sponsor a miscellany of quality improvement projects. The Robert Wood Johnson Foundation’s Pursuing Perfection grants support organizations in redesigning health care processes in the direction of evidence-based care, patient-centeredness, and teamwork. FAcct creates tools to help people make quality-based decisions. CMS, working through its network of quality improvement organization contractors, measures the quality of care delivered to beneficiaries in the fee-for-service Medicare program and provides assistance to improve it.

How much all these initiatives add up to in terms of healthier, safer, happier Americans is difficult to document. Elizabeth McGlynn and colleagues at RAND recently found that Americans receive only about 55 percent of recommended care, even for common conditions such as diabetes and heart disease.

Leaders in the quality field have long talked about the need for fundamental, systemic change in health care delivery. From the medical school curriculum to the patient’s Internet access, a myriad of moving parts need to be turned to a common enterprise. How is such reengineering to occur? Some have suggested a familiar strategy: follow the money. What is reimbursed gets done. No money equals no family counseling, or computerized order entry, or patient education. If there is no financial advantage to higher quality, improvement efforts may be scattered and slow—even while overall costs ascend on a much steeper curve. Thus a central challenge of health system redesign is aligning incentives to make it in the best interests of all concerned to deliver high-quality care.

**SPEAKER**

George Halvorson, chairman and chief executive officer of Kaiser Permanente (KP), will share his thoughts on next steps in the pursuit of better health care. Halvorson has been with KP since May 2002.
He formerly served as president and chief executive officer of HealthPartners in Minneapolis and has helped start health maintenance organizations in countries around the world. A journalist in his early career and long involved in managing health care delivery and financing operations, Halvorson speaks and writes compellingly of the need to inform both patients and providers and to restructure the health system around a new partnership between them. With his HealthPartners colleague George Isham, MD, Halvorson recently published a book, Epidemic of Care, which offers an analysis of what is wrong in today’s system and suggests seven areas where further work is needed. During this session, Halvorson will focus on quality issues, including the adoption of enhanced information systems and care design.

KEY QUESTIONS

■ Why has quality not been more of a market driver in health care until now? How do patients’ expectations influence care delivery, for example, in causing them to seek treatment beyond what care standards might indicate? In what ways is KP providing information to patients and families to help them make decisions?

■ How can physicians be made more accountable for the care they provide? How is KP working toward the adoption of evidence-based care standards and helping physicians to embrace electronic medical record technology? How does KP reward positive outcomes and weed out those unable or unwilling to improve their performance?

■ How much effort is spent “retraining” physicians who enter the KP system? What does KP’s structure and its deployment of physician and other personnel resources suggest about the way health professionals are trained in this country? Are there lessons the United States could learn from other countries’ experience?

■ What role should Medicare and Medicaid play in quality improvement? What steps can policymakers take to facilitate a more efficient and effective pay-for-performance health system?