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GRANTWATCH

Patient Engagement, Patient Safety, And Quality Of Care

This month GrantWatch focuses on the patient. Patient engagement runs like a common thread through a number of the Affordable Care Act's provisions. And health philanthropy has been exploring patient engagement in its grant making as well as continuing to fund in the areas of patient safety and quality of care. Recently, foundation grants have supported surveys, publications, and research projects as well as a new center on health care quality and information technology. Following is just a small sampling of foundation-funded projects in the areas of patient engagement, patient safety and prevention of medical errors, and quality of care.

In September 2012 the Institute of Medicine released a report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. This report states that the knowledge and tools exist to put the US health care system on track "to achieve continuous improvement and better quality care at lower cost," according to a news release. Clinicians and care groups should fully adopt mobile technologies and electronic health records, and patients should be urged "to use tools, such as personal health information portals, to actively engage in their care."

The panel found that although engaging patients and their families in decisions about care and management of conditions leads to better outcomes and can lower costs, "such participation remains limited," the release notes. Mark Smith, president and CEO of the **California HealthCare Foundation**, chaired the committee that wrote the report, which was funded by the **Blue Shield of California Foundation**, the **Charina Endowment Fund**, and the **Robert Wood Johnson Foundation**.

The institute previously released a

2011 report, *Patients Charting the Course: Citizen Engagement in the Learning Health System*, which summarizes issues and viewpoints expressed at a 2010 workshop. Many participants shared the opinion that "most health systems today are not centered on patients." However, citing a Pew Research Center survey, the 2011 report notes that patients have shown their interest in being more involved and learning more about their health conditions.

Physicians and patients need to work together to manage conditions by making decisions based not only on the best medical knowledge but also on the patient's circumstances, preferences, and personal biology, the report says. **The Blue Shield of California, California HealthCare, Peter G. Peterson, and UnitedHealth Foundations; the Charina Endowment Fund; Kaiser Permanente;** and others supported this 2011 report.

The Affordable Care Act has allocated funding for Partnership for Patients: Better Care, Lower Costs, a public-private partnership that aims to help improve quality of health care, patient safety, and affordability of care. This shared effort among hospitals, employers, health professionals, patient advocates, federal and state governments, and others strives to improve hospital care and make it less costly.

The law also calls for a program to facilitate shared decision making among patients, their caregivers or authorized representatives, and clinicians that includes providing the patient and those helping the patient with "information about trade-offs among treatment options" and helping incorporate patients' preferences and values into the medical plan used.

A National Strategy to Improve Health Care Quality is yet another component of the Affordable Care Act; its priorities were announced to Congress by the Department of Health and Human Services in a March 2011 report, the **Henry J. Kaiser Family Foundation's** Health Reform Source explains in its helpful Implementation Timeline. In addition, under the act, Medicare is already

reducing payments to hospitals for certain excessive, preventable hospital readmissions, and in fiscal year 2015, Medicare payments to certain hospitals will be reduced by 1 percent if their patients get hospital-acquired infections, Kaiser notes.

"Improving delivery system efficiencies, reducing medical errors, putting best practices to work, and adopting a more patient-centered approach to care all contribute to higher quality" of care, **Grantmakers In Health** succinctly explains in its 2010 Issue Focus "Improving Quality: Long-Term Vision and Incremental Change."

Patient Engagement

The **Gordon and Betty Moore Foundation** launched a national Patient Care Program in August 2012. The foundation plans to allocate \$500 million over ten years for this program. (See the September 4, 2012, GrantWatch Blog post, which covered the launch event held at the National Press Club and includes the comments of various speakers.)

Engagement of patients and families in care is fundamental to the Moore Foundation's focus on eliminating preventable harm to patients and improving the quality, safety, and affordability of care. Dignity and respect for adult patients and those serving them is also an important component of this program. Team work, systemic processes, and technology are used to support engagement of patients and families.

Funded by the **Blue Shield of California Foundation**, a survey of low-income Californians, ages 19-64, found that most respondents want primary care providers who know them fairly well. Those surveyed who have a regular provider "rate their care more positively, feel more informed about their health, and take a more active role in care decisions," says a July 2012 press release. The survey results also showed that 54 percent of those polled would be interested in getting text



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messages containing health information. A majority of respondents would like to be able to see their health records online.

The foundation notes that this research should help safety-net providers who are getting ready for a different marketplace under federal health reform. Langer Research Associates did the analysis and wrote the survey report.

The **Blue Shield Foundation's** efforts to strengthen the safety net in California also includes work, in partnership with the Center for Care Innovations, on an Optimizing Patient Experience Program. Using a "train-the-trainer" approach, the program aims to strengthen teams of health professionals at community health centers.

Practicing patient- and family-centered care can improve patient experience and staff-patient interactions, according to the **Health Foundation**, an independent charity located in London. It aims to make lasting improvements to health services in the United Kingdom by commissioning research, reviewing and sharing new ideas, and providing funding and expertise to support health improvement programs.

The Health Foundation has a program called Patient and Family-Centered Care, the goal of which is to develop a small number of "exemplary" National Health Service provider groups and a team of professionals who can demonstrate their work to others and achieve sustainable improvement in patients' care experience, according to the foundation's website. The National Health Service is the publicly funded health system for those living in the United Kingdom.

For example, the Health Foundation's program, which is conducted in partnership with the King's Fund, a health policy organization in London, wants patients to feel sure that they are receiving high-quality care, participate in their own care, and feel confident about working collaboratively with health professionals. The foundation says that the program is "breaking new ground in improving the experience of hospital care for patients and their families, and the working lives of staff."

The **Health Foundation** also published a June 2012 report, *When Doctors and Patients Talk: Making Sense of the*

Consultation. This report finds that physicians' and patients' anxieties during doctor-patient interactions can undermine the National Health Service's "plans for greater patient involvement in decision making and are a barrier to getting the right care and treatment," according to a press release.

In July 2012 the Nursing Alliance for Quality Care released nine "Guiding Principles for Patient Engagement." Developed with support of the **Robert Wood Johnson Foundation**, the principles aim to guide nurses and other providers in developing models and interventions that support and encourage the patient and family to become partners with clinicians in the care process, according to a press release. Mary Jean Schumann, who heads the alliance, says in the release that she believes "the principles will spark a dialogue...leading to policy initiatives that create dramatic changes" supporting full integration of patients and families in all care decisions. The alliance is based at the George Washington University School of Nursing.

A group of funders, led by **Robert Wood Johnson** and including the **California HealthCare, UnitedHealth, and WellPoint Foundations** and the National Institute on Aging, supported research released by the Dartmouth Atlas Project in December 2012 on elective surgery among Medicare beneficiaries around the United States. In nine regional reports, the researchers found variation in occurrence of several elective treatments, including mastectomy for breast cancer and back surgery.

Echoing a long-standing theme of the Dartmouth Atlas Project, the researchers found that whether Medicare patients have elective surgery depends not only on where they live but also on the clinicians they see, according to a news release. John Lumpkin of Robert Wood Johnson says in the release, "These variations reflect real problems in how medical decisions are made." Choices about elective surgery "should be based as much on an individual's preferences and circumstances as the clinician's judgment and experience."

In a teleconference, David Goodman of Dartmouth noted that for these reports, he and his colleagues did not mea-

sure patients' preferences. However, research by Dartmouth faculty and others over many years shows that care patterns often do not reflect what patients want. Population differences and differences in health status in a geographic area explain only some of the differences in surgical procedure rates. Instead, these rates primarily reflect local physicians' practice styles.

Up in the Pine Tree State, the **Maine Health Access Foundation** has asked all of its grantees that have received funding in the area of payment reform to include patient engagement as an important facet of their projects, states the August 2012 issue of the funder's newsletter. Eight grantees, including HealthInfoNet and the Maine Department of Health and Human Services, met with Bev Johnson, president and CEO of the Institute for Patient- and Family-Centered Care, to discuss the importance of having patients engaged while grantees are developing payment reform and cost containment models. "Patient voices are vital to appropriately guide and inform [projects], as they develop new ways to pay for higher quality health care through arrangements such as Accountable Care Organizations," the article says.

Patient Safety

In May 2012 the Oregon Patient Safety Commission, a semi-independent state agency, released the "Oregon Adverse Event Disclosure Guide," funded by a 2011 **Cambia Health Foundation** grant. The goal of this project is to encourage physicians and hospitals to alert Oregonians who have been harmed by a medical error. Providers are urged to be transparent about adverse events—that is, medical care that causes unintended harm or potential harm to a patient—by notifying patients of such incidents and then reporting them to the commission. Such actions and attitudes help create a culture of patient safety, according to a news release.

The commission, in partnership with the Oregon Association of Hospitals and Health Systems and the Oregon Medical Association, created the thirteen-page guide to help providers better under-

stand the purpose of disclosure and to develop and improve their disclosure programs.

The grant also covered a March 2012 awards breakfast to recognize hospitals and other health organizations that took part in Oregon's Patient Safety Reporting Program and exceeded its standards. Those providers are required by law to report serious adverse events to patients in writing. Cambia Health Foundation, formerly the Regence Foundation, is the corporate foundation of Cambia Health Solutions and funds in Idaho, Oregon, Utah, and Washington State.

The **Health Foundation**, in the United Kingdom, has a program called Safer Clinical Systems. This charity, which notes that influencing policy development is central to its work, says that studies suggest that one in ten hospitalized patients "will experience some sort of harm during their stay" and that, in almost every case, the problem is caused by "unreliable" health care systems and processes. Thus, its program tests and demonstrates improvements to health systems to make care safer. Instead of waiting until a problem has occurred, the program helps health care teams to identify potential safety breaches so that better and safer systems can be built.

The **Pew Charitable Trusts** "works to protect the public by advancing solutions to ensure the safety of medical products and services," according to this public charity's website. Its Medical Safety program includes the Drug Safety Project, which works to ensure the safe and reliable manufacturing and distribution of pharmaceuticals, and the Medical Device Initiative, which, in part, aims to improve tracking of the safety of medical devices. This initiative is relevant because Americans increasingly use medical devices, and in 2011 an Institute of Medicine report recommended that the Food and Drug Administration develop a comprehensive strategy to collect, analyze, and act on safety information for devices already on the market, Pew notes.

Improving Quality Of Care

The **Aetna Foundation** has awarded several grants related to health care quality. One is a \$250,000 grant to the RAND Corporation for a national study to examine the effects of poor care coordination on the quality and cost of health care in the United States. Also, Aetna and its foundation awarded a \$235,000 grant to the King's Fund for analysis of the most effective models in the United Kingdom of closely coordinated health care for people with chronic illnesses. Results could help improve health care delivery in the United Kingdom as well as in the United States, the foundation predicts. Results of both studies are expected sometime in 2013.

The **Jewish Healthcare Foundation** matched the dollars awarded by the Allegheny County (Pennsylvania) Community Infrastructure and Tourism Fund to open the QIT Center, which is dedicated to equipping the front-line health care workforce with the knowledge and skills to effectively use information technology to improve the quality of health care in the region, according to the foundation's newsletter. The QIT name comes from the center's motto: "where quality improvement meets information technology." The center opened in December 2012. In addition to serving southwestern Pennsylvania, the center also aims for national and even global reach.

Jewish Healthcare has also announced its new QIT Health Innovators Fellowship. Up to fifteen health professions graduate students will be chosen for each annual "class" of fellows, who will work in small teams to learn how to apply data analysis and information technology to pressing, real-world health care problems.

The well-known Pittsburgh Regional Health Initiative, founded in 1997, is an operating arm of Jewish Healthcare. The institute aims "to dramatically improve patient safety and healthcare quality through reductions in medical errors, use of evidence-based practices, and elimination of waste," according to the foundation's website. *Perfecting Patient Care*, the institute's curriculum

for clinicians, which is based on industrial engineering principles, seeks to show "that an unwavering focus on meeting patient needs and on achieving optimal care outcomes, along with simultaneous dedication to efficiency and zero defects, will create maximum value for the patient and for society," explains *Moving Beyond Repair: Perfecting Health Care*, a book published by the institute and the foundation in 2012.

Key Personnel Changes

Grantmakers In Health has appointed the following people to its board of directors: **David Fukuzawa**, program director for health at the Kresge Foundation; **Bob Hughes**, president and CEO of the Missouri Foundation for Health; **Peter Long**, president and CEO of the Blue Shield of California Foundation; **Joe Rosier**, president and CEO of the Rapides Foundation, in Alexandria, Louisiana; and **Dolores Roybal**, executive director of the Con Alma Health Foundation, in Santa Fe, New Mexico. They will come onto the board in March 2013. **Billie Hall** of the Sunflower Foundation, in Kansas, has been elected chair of the Grantmakers In Health board.

MARK SMITH, president and CEO of the California HealthCare Foundation, announced in January 2013 his intention to step down from his position at the end of this year. Smith has been the leader of the foundation since its founding in 1996. During his time there, the foundation has granted more than \$500 million, according to an e-alert. Smith's "remarkable leadership" has focused the foundation "on a vision to improve the health care system where it matters most: in the clinics, the hospitals, doctors' offices, and wherever Californians go to find care," comments Ian Morrison, chair of the foundation's board, in the alert. Smith and his staff "were smart and innovative in targeting the foundation's resources where they could most make a difference." Smith is a physician and state and national

health policy expert. His plans upon departing the foundation include continuing as a member of the clinical faculty at the University of California, San Francisco, and as an attending physician at the Positive Health Program, a clinic for patients with HIV/AIDS, at San Francisco General Hospital.

KAREN DAVIS, who served as president of the Commonwealth Fund for twenty years, has returned to the Johns Hopkins University, where she now holds two positions at its Bloomberg School of Public Health. As of January 1, 2013, she is the director of the Roger C. Lipitz Center for Integrated Health Care and the second Eugene and Mildred Lipitz Professor in the school's Department of Health Policy and Management. Davis chaired that department when she was previ-

ously at Hopkins. The Lipitz Center "strives to discover and disseminate practical, cost-effective approaches to providing comprehensive, coordinated, and compassionate health care to chronically ill people and their families," according to a news release.

DOMINICK L. FROSCH AND RUTH SHABER have been appointed by the Gordon and Betty Moore Foundation as fellows for its Patient Care Program (described above), according to an October 2012 press release. Frosch, who maintains formal appointments at the Palo Alto Medical Foundation Research Institute and the University of California, Los Angeles, David Geffen School of Medicine, is experienced with engaging patients in their own health care. Most recently, Shaber was medical director of the Kaiser

Permanente Care Management Institute, where her work focused on determining how to obtain reliable, high-quality care in clinical settings.

DAVID LEVY has been elected to the United Hospital Fund's board of directors. Levy is the global health industries leader at PricewaterhouseCoopers. His activities at the company have included work on public health and hospital reform for the Louisiana Recovery Authority following Hurricane Katrina. His past work includes being a family practice physician.

NANCY ZIONTS was promoted to chief program and operating officer of the Jewish Healthcare Foundation in December 2012. She was formerly the chief program officer. ■