Improving health care delivery.
How can a health system raise quality and cut costs?
Ask UC Health.
Quality leader

UC Health is transforming health care delivery so patients receive better care at lower costs. By harnessing the strengths of its system, UC Health is finding ways to make health care safer, smarter and a more positive experience for patients and their families.

“Our UC campuses are collaborating to provide Californians with better health care. UC Health is bending the cost curve down and the quality curve up.”

John Stobo, UC Health senior vice president
The expertise of an academic health center is now more important than ever, as UC Health tackles one of the nation's toughest challenges: how to improve quality and decrease costs.

UC Health is focused on increasing the value of care. It has started a center to fund projects that improve health care. It is participating in a federal initiative to transform health care delivery. And it is collaboratively addressing issues to increase patient safety, enhance care coordination and advance health. Here are eight examples.

University of California Health plays a critical role in health care. It runs the nation's largest health sciences education system, training nearly half of the medical students and medical residents in California. Its five medical centers provide half of transplants and one-fourth of extensive burn care in California while also serving as a vital part of the state's safety net.

The talks are being aired on UCTV and can be viewed online (www.uctv.tv/chqi).

## Nurturing Change

### UC Center for Health Quality and Innovation

The UC Center for Health Quality and Innovation launched in October 2010 with funding from UC’s five medical centers to address pressing issues in health care: How do you improve population health, enhance quality and reduce costs? The innovation center is charged with identifying best practices, convening key stakeholders to facilitate the exchange of knowledge and funding projects that demonstrate increased value in the health care delivery system.

### Transforming Care Delivery

#### Delivery System Reform Incentive Program

The Delivery System Reform Incentive Program (DSRIP) is a federal pay-for-performance initiative that is the first of its kind in the nation. DSRIP offers an unprecedented opportunity for California's 21 public hospital systems to receive up to $3.3 billion in federal funds, provided they achieve ambitious milestones to make care delivery more integrated and organized and improve patient health outcomes. The program creates incentives for public hospital systems to dramatically expand upon recent quality improvement initiatives and make them systemwide.

### Increasing Patient Safety

#### Reducing hospital-acquired infections

Central venous catheters provide life-saving medicine and fluids to intensive care unit patients. But they also can lead to infections, which result in thousands of deaths each year and billions of dollars in added costs to the U.S. health care system. UC Health has led a concerted effort across its five medical centers to reduce central line-associated bloodstream infections (CLABSI).

**Value:** Since 2008, UC has reduced its CLABSI rate by half. That's 100 fewer infections a year. Over four years, UC's CLABSI process improvements have saved an estimated 72 to 100 lives and saved up to $14.4 million.

"We want to get to zero infections," UC Davis Chief Medical Officer Dr. Allan Siefkin said. "The ultimate goal is to save more lives."

### Adopting Best Practices

#### Reducing hospital-acquired bedsores

One of the most common preventable medical errors is a pressure ulcer, or bedsores—an area of damaged skin caused by staying in one position for too long. It's estimated that 60,000 U.S. hospital patients die each year from pressure ulcer complications. UC's chief medical officers and chief nursing officers have collaborated to tackle this problem and make patients even safer. UC medical centers adopted and adapted evidence-based, systemwide best practices from performing risk assessments every shift to developing individualized plans of care.

**Value:** UC medical centers set a goal of reducing their already low rate of hospital-acquired bedsores by another 5 percent in fiscal 2012. They have exceeded expectations so far, with bedsores occurring below their targeted rate of 1.9 percent in the first half of the year.

"We have had great results," said Margarita Baggett, UC San Diego chief nursing officer. "We're looking forward to even better results."

## Collaborating Against Cancer

### Athena Breast Health Network

Breast cancer is the second most common cancer among women in the United States and the second leading cause of cancer death in women. It's a problem calling out for a more coordinated solution.

**Value:** The Athena Breast Health Network is a UC-led initiative to harness UC’s collective power into a common cause: battling breast cancer with Silicon Valley-style collaboration, innovation and speed. By centralizing data of breast cancer patients throughout UC Health, Athena hopes to advance research by leaps and bounds, not just steps. Hosted at UCSF, Athena will involve 150,000 women throughout California who will be screened for breast cancer and followed for several decades through the five UC medical centers—UC Davis, UC Irvine, UCLA, UC San Diego and UCSF.

Athena collaborators include the UC Berkeley School of Public Health, UCSF Philip R. Lee Institute for Health Policy Studies, QuantumLeap Healthcare Collaborative, Center for Medical Technology Policy, National Cancer Institute and the Cancer Prevention Institute of California, with supporters including the Safeway Foundation, Salesforce Foundation and the UC Office of the President. Athena brings together women, their doctors, specialists and researchers in pursuit of better breast health for every woman.

"By working together, you can do it much faster," said Dr. Laura Esserman, Athena principal investigator and UCSF professor of surgery and radiology. "You need a critical mass. Together, we have it. Alone, it’s too expensive."
Improving Care Transitions

Reducing hospital readmissions
A key way to improve care is to reduce hospital readmissions. About 1 in 5 Medicare patients is readmitted to a hospital within 30 days of being discharged. It's estimated that three quarters of those readmissions may be preventable, costing the U.S. health care system $12 billion a year.

Value: Here are a few steps UC Health is taking to lower hospital readmissions.
- By preventing 40 patients a year from being readmitted to the hospital, UCSC’s program for older heart failure patients has cut Medicare billing by at least $3 million annually, while freeing up hospital beds for other patients.
- UC Davis created a team focused on preventing patients with congestive heart failure from needing to be readmitted. In eight months, readmissions for such patients have decreased by 20 percent, improving patient safety.
- A UCLA-led consortium of the five UC medical schools plus Cedars-Sinai Medical Center has received $9.9 million from the federal Agency for Healthcare Research and Quality to research the use of wireless and telephone care management to reduce hospital readmissions for heart failure patients. The goal is to improve quality, reduce the cost of care and identify approaches that are widely applicable.
- Through DSRIP, four UC campuses are focusing on improving transitions of care and reducing hospital readmissions. In addition, UC Center for Health Quality and Innovation fellow Dr. Ning Tang is building a primary care program to reduce hospital readmissions at UCSF. She is targeting a 10 percent reduction, which would prevent about 60 hospitalizations a year while serving as a pilot that could be spread to other UC campuses.

Improving End-of-Life Care

Promoting palliative care
When patients have serious illnesses, their hospital costs can be significant, particularly in the last year of life. Palliative care is specialized medical care that addresses this issue by improving communication and helping patients manage the pain and stress associated with serious illnesses. When offered early during treatment of seriously ill patients, palliative care can create an 8:1 return on investment by reducing unwanted care and decreasing length of stay in the intensive care unit, all while increasing patient and family satisfaction.

Value: For more than a decade, UCSF Dr. Steven Pantilat has championed palliative care. Pantilat has trained 180 teams of doctors, nurses, chaplains and social workers throughout the country to help patients and their families from the time they are diagnosed with a life-threatening illness to the end of their lives. More than 140 of these groups are now operating in hospitals, where they tend to as many as 35,000 patients a year.

UCSF Dr. Wendy Anderson, a Pantilat colleague, is using her Center for Health Quality and Innovation fellowship to train bedside nurses to provide palliative care. Her project aims to decrease length of stay in UCSF’s ICU by one to three days, which could reduce yearly expenses by more than $1 million. Also, the project will analyze the results of patients who receive Medicare coverage, helping to make the findings translatable to other hospitals.

The UC San Diego Doris A. Howell Consult Service provides a full range of inpatient and outpatient palliative care, treatment and services at Thornton and Hillcrest hospitals and Moores Cancer Center. In 2012, it treated 725 patients and maintained an average daily caseload of 17 inpatients. It also collaborates with San Diego Hospice to conduct annual hospital-based palliative care training for more than 20 health care providers from three local institutions.

Patient-centered medical homes
In health care, a patient can feel like a number. Patient-centered medical homes take a different approach. A primary care physician leads a health care team that’s dedicated to providing a patient with coordinated and continuous care. The goal is a better patient experience and better outcomes.

Value: UCLA’s pediatric medical home program has shown significant benefits. UCLA researchers found that among program participants, emergency room visits decreased by 55 percent, reducing the overall cost of medical care. The program includes four basic components: a formal 60-minute intake appointment, follow-up appointments of 40 minutes (twice the length of standard appointments), access to a bilingual family liaison to help families navigate the medical system and a family binder to keep all of a child’s medical information in one place.

Through DSRIP, four UC campuses are working to expand medical homes. In addition, UC Center for Health Quality and Innovation fellow Dr. Lisa Gibbs plans to transform UC Irvine’s SeniorHealth Center into a patient-centered medical home. The project is expected to reduce costs through increased care coordination, elimination of avoidable adverse events and elimination of duplication in lab, radiology and pharmacy orders.

Proven partner
UC Health seeks to improve the value of care through systemwide efforts and collaborations with government, employers, insurers and others.