

Regional Health Care Trends



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Greater Cincinnati Health Council

Greater Cincinnati Health Council

www.gchc.org

Our Vision

- A member-driven organization that provides innovative leadership and collaborative opportunities to address health care issues and, through its members, actively enhances the health status of the people of the Tri-state.

Our Mission

- To provide services to members that enhance their ability to deliver high quality, cost-effective health care and wellness services to the people of the Tri-state, to speak for its members to key audiences, and, on behalf of its membership, to collaborate with community organizations in activities that promote positive health outcomes.

Quality / Access / Cost

- Quality/Patient Safety
- Aligning Incentives
- Financial and Physical Access
- Balancing Quality, Access, and Cost

Quality / Patient Safety

- National JCAHO Ernst A. Codman Award:
 - 2 year collaborative effort among 10 area hospitals to apply evidence-based practices
 - Significant decrease in hospital-acquired surgical site and central line infections
 - Successfully created “community of practice”

Quality/Patient Safety

- Hospital Quality Improvement Project
 - Voluntary collaborative of 20 hospitals
 - Agreement on and sharing of performance measures/best practices among participants
 - Input from business representatives
 - Public release of hospital-specific measures
 - Comparisons and best practice exchange with Dayton and Columbus hospital groups

Aligning Incentives

- **RWJF: Aligning Forces for Quality**
 - Improve quality of health care provided for chronic disease patients in ambulatory settings
 - Assistance to physicians and care teams
 - Performance measurement and public reporting
 - Consumer engagement

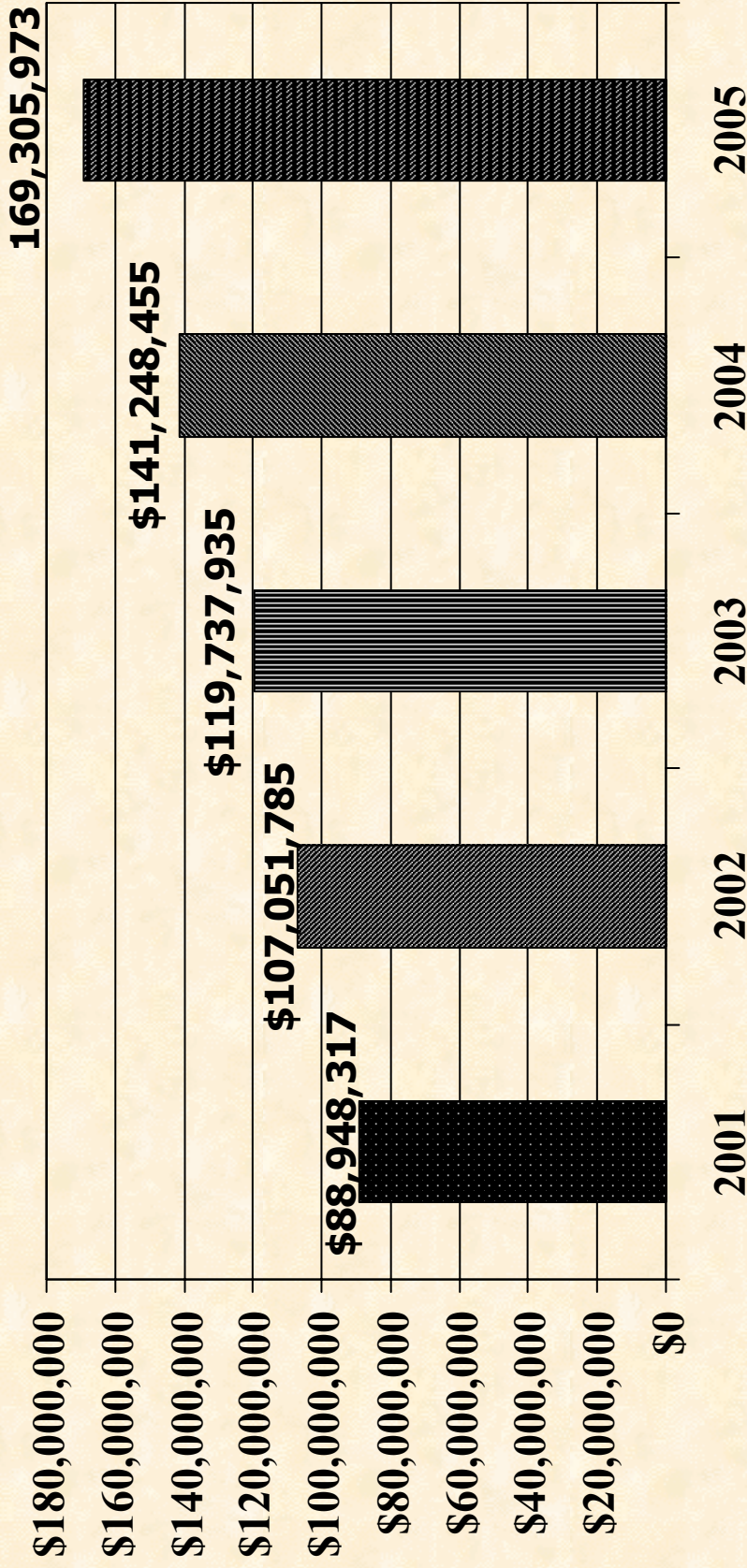
Aligning Incentives

- **RWJF: Aligning Forces for Quality and Regional Quality Strategy**
 - Performance tracking, measuring, and reporting requires Electronic Medical Records
 - Academy of Medicine/Health Council/HealthBridge EMR Initiative
 - HHS Electronic Health Record Demonstration Project – bonus for performance

Financial and Physical Access

- **Financial**
 - Access to insurance
 - Uncompensated care
- **Physical**
 - Hospital beds
 - Physician and nurse supply
 - Utilization

Access: Hospital Uncompensated Care



-Excludes HCAP/KHCP

-Excludes contractual adjustments

-Excludes Hamilton County tax levy adjustments

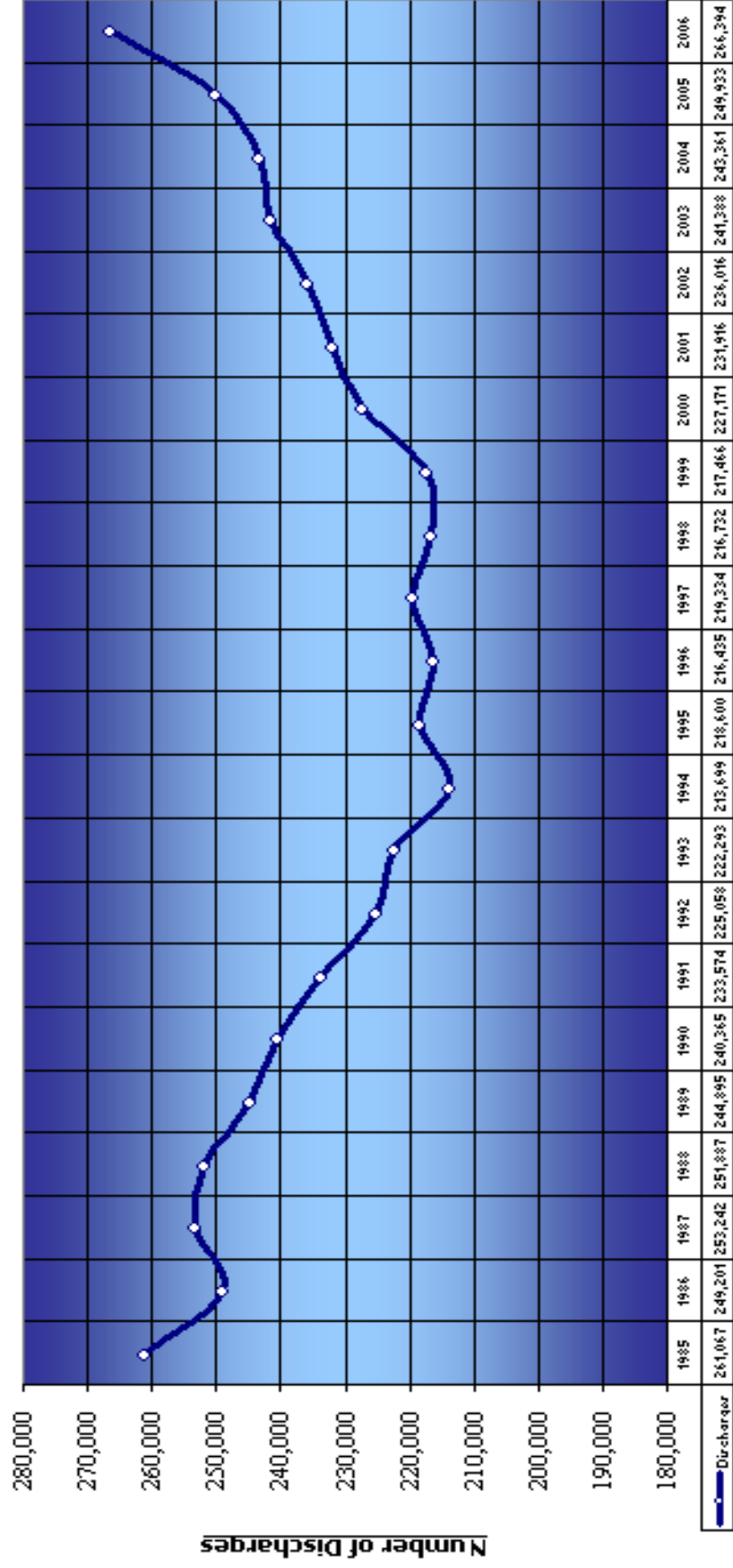
-Excludes Medicaid and all other public assistance program funds

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Source: Greater Cincinnati Health Council
Uncompensated Care Surveys

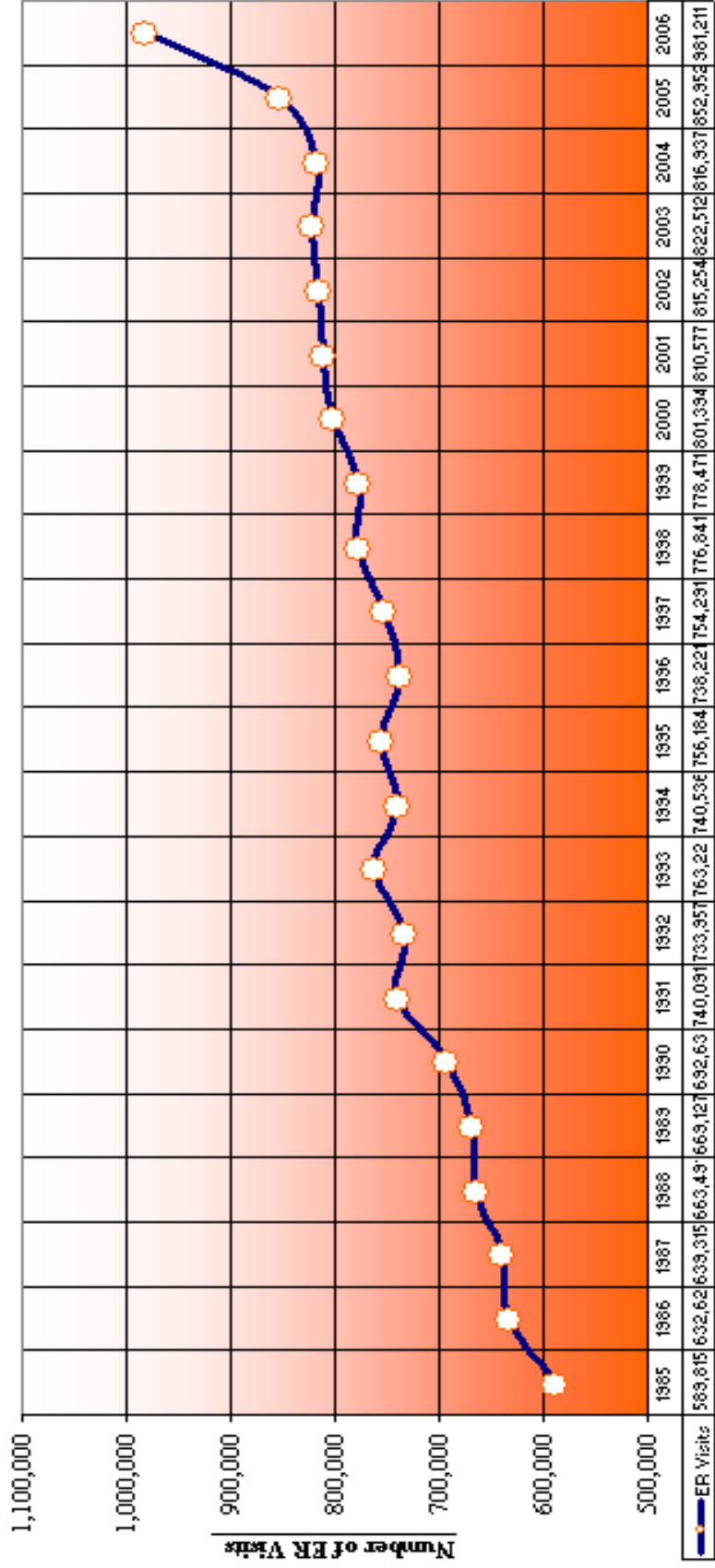
Discharges at Member Hospitals 1985 - 2006

Source: GCHC Timely Hospital Utilization Study (THUS)



Emergency Department Visits at Member Hospitals 1985-2006

Source: GCHC Timely Hospital Utilization Study (THUS)



Staffed Beds/Population

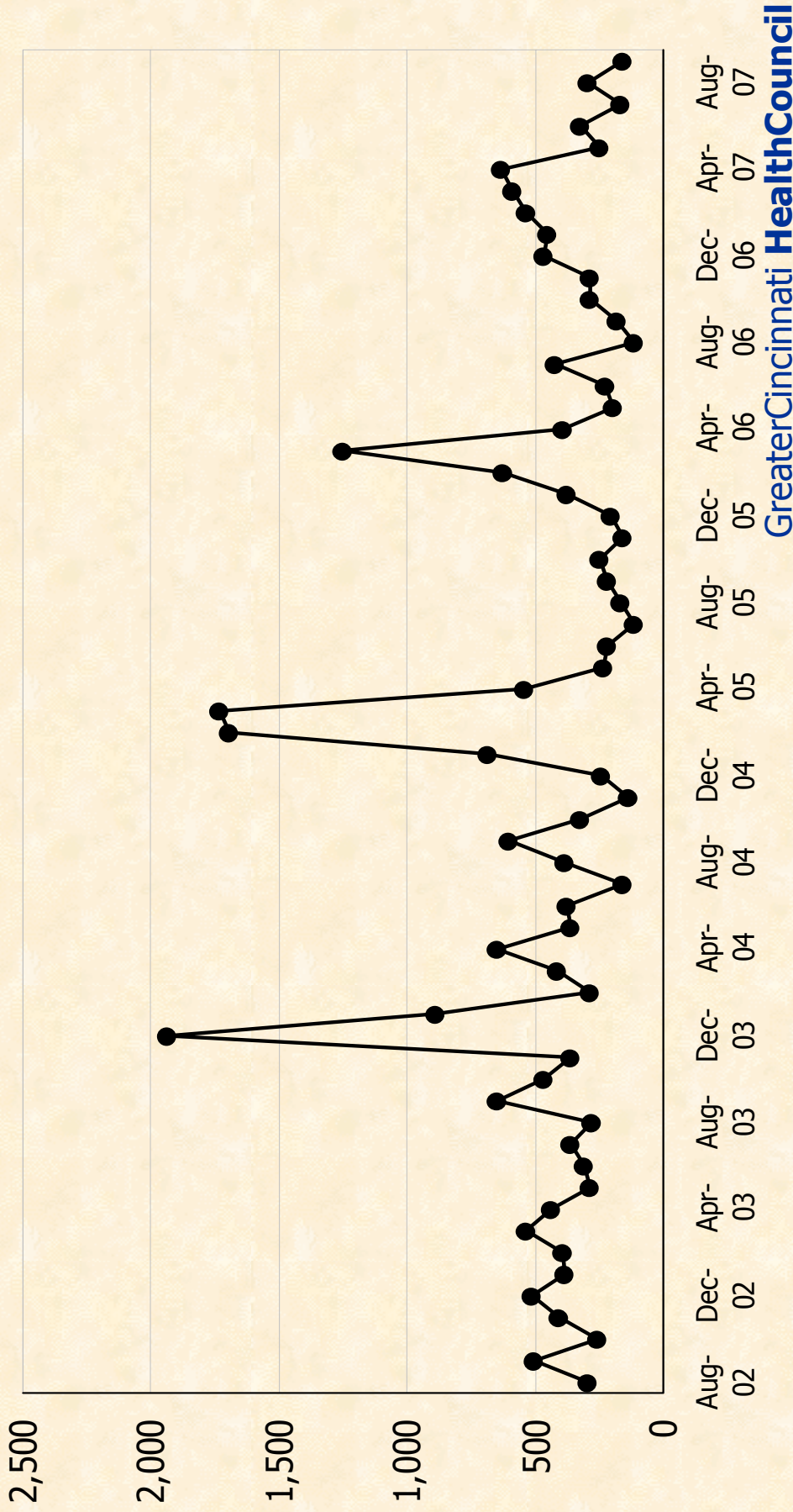
	<u>1984</u>	<u>2000</u>	<u>2006</u>	<u>National 2006</u>
Total Metro Population	1,642,349	1,840,541	2,185,373	299,398,484
# of Beds	7,414	3,855	4,718	947,412
# Beds/1,000	4.51	2.09	2.16	3.16

Source: American Hospital Association (AHA) Guide and U.S. Census Bureau

Nurse Supply

- **Vacancy Rates**
 - 14% RN (Annual Survey 12/04)
 - 6% RN (Annual Survey 12/06)
- **Average Age – in OH: 47**
 - Experienced Nurses Project
- **Nursing Faculty**
 - Average age - 57
 - Increasing supply of faculty

Emergency Department Diversions/Hospital Status (Hours)



What's Driving Utilization Up?

1. Better Technology/Pharmaceuticals

- Earlier diagnosis leads to earlier treatment
- New surgical and treatment modalities
- Consumers increasingly willing to search out (and even pay for) new diagnostics and treatments
 - e.g. full body scans, experimental treatments

What's Driving Utilization Up?

2. Demographics

- Longer living population - uses more services

3. Managed care has reached plateau

- No longer able to control demand
- Push back from consumers; demanding population - wants more choice, more services, and more immediate care
- ED up for uninsured AND INSURED

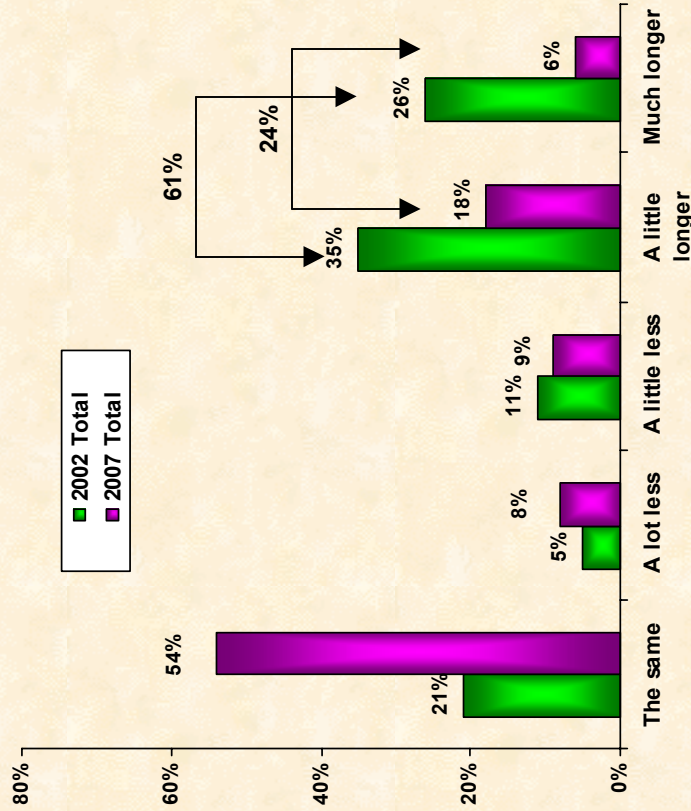
Physician Supply

- **MD Resource Center and CincinnatiMDjobs.com**
 - Current physician supply
 - Specialties in short supply?
 - Physician retirements

Q.5 Now imagine you have to schedule an appointment with a physician, primary care physician. How would you say this compares to a year or two ago? Would you say it takes:

➤ Only 24% of total respondents in 2007 state that it takes longer (little + much) to schedule an appointment with their PCP compared to 61% of total respondents in 2002. This is a significant decrease of 37 percentage points.

- Female respondents are significantly more likely than male respondents to say it takes a little longer to schedule an appointment with their PCP compared to a year ago (21% vs. 9%).
- African-American respondents are significantly more likely than other ethnic groups to state that scheduling an appointment with their PCP takes a lot less time than it did a year ago.



2002 Base: Total Respondents n=220

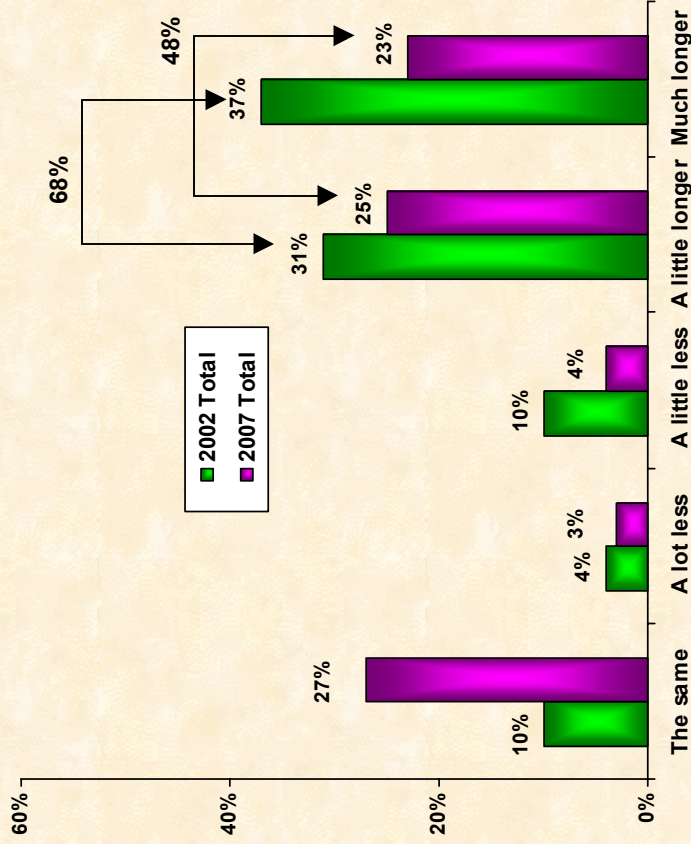
2007 Base: Total Respondents n=300

2007					
Ability to schedule an appointment with personal physician/PCP	Gender		Ethnic Background		
	Male	Female	Cauc.	AA	Others
Base	N=81	N=219	N=224	N=58	N=12
	A	B	C	D	E
Much longer to get in	10%	4%	6%	3%	17%
A little longer to get in	9%	21%A	20%	12%	--
A little less time to get in	9%	9%	8%	10%	17%
A lot less time to get in	6%	9%	6%	16%C	8%
The same amount of time to get in	62%	51%	54%	53%	58%

Letters indicate a statistically significant difference at the 95% confidence level.

Q.6 Now it's time to schedule appointments with specialists. How would you say this compares to a year or two ago? Would you say it takes:

- **Nearly half of total respondents in 2007 (48%) state that it now takes longer to schedule an appointment with a specialist, as compared to a year or two ago. This is a significant decrease of 20 percentage points from 2002.**
- Over one-fourth of female respondents (27%) experience much longer wait times when scheduling an appointment with a specialist versus a year or two ago. This is significantly higher compared to male respondents. (12%)
- Other ethnic groups, not including African-Americans are significantly more likely than Caucasian respondents to state that scheduling an appointment with a specialist takes less time than it did a year ago. (17% vs. 5%)



2007						
Ability to schedule an appointment with a specialist	Gender		Ethnic Background			
	Male	Female	Cauc.	AA	Others	
Base	N=81	N=219	N=224	N=58	N=12	
Much longer to get in	12%	27%A	24%	21%	17%	
A little longer to get in	27%	24%	26%	26%	8%	
A little less time to get in	6%	4%	3%	10%C	--	
A lot less time to get in	3%	4%	2%	3%	17%C	
The same amount of time to get in	31%	26%	27%	22%	33%	

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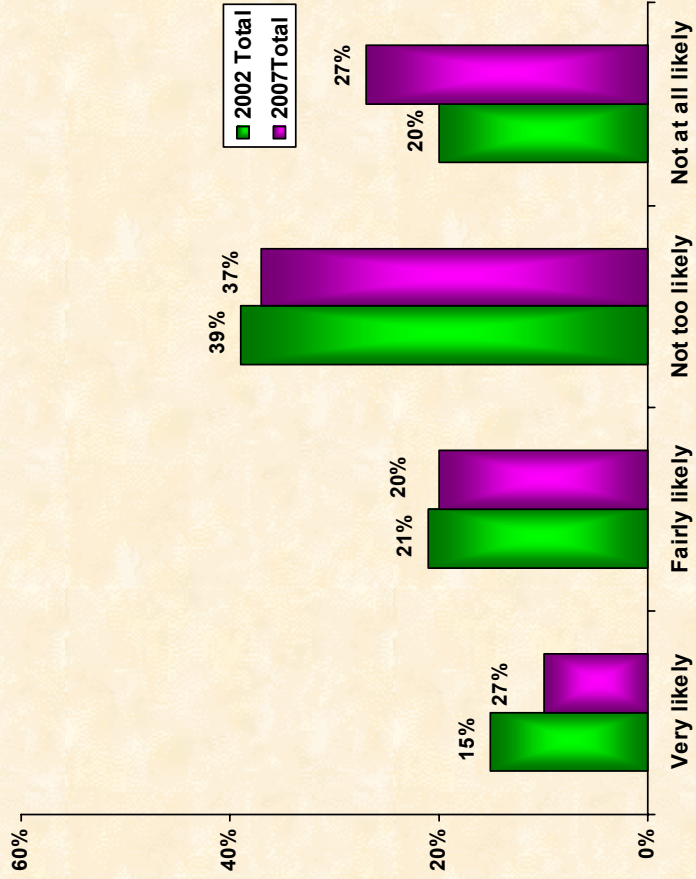
2002 Base: Total Respondents n=220

2007 Base: Total Respondents n=300

Q. 7 If you were required to seek specialized care in the Greater Cincinnati area, would you say: **Greater Cincinnati** *do you think you would be to seek care outside of the Greater Cincinnati area?*

➤ **Almost two-thirds of total respondents in 2007 (64%) say they are not too or not at all likely to seek specialized care outside of the Greater Cincinnati area, compared to 59% of total respondents in 2002. This is about equal to 2002.**

- Caucasian respondents (70%) are significantly less likely than other ethnic groups, not including African-Americans respondents to seek specialized care away from Cincinnati.



2002 Base: Total Respondents n=220

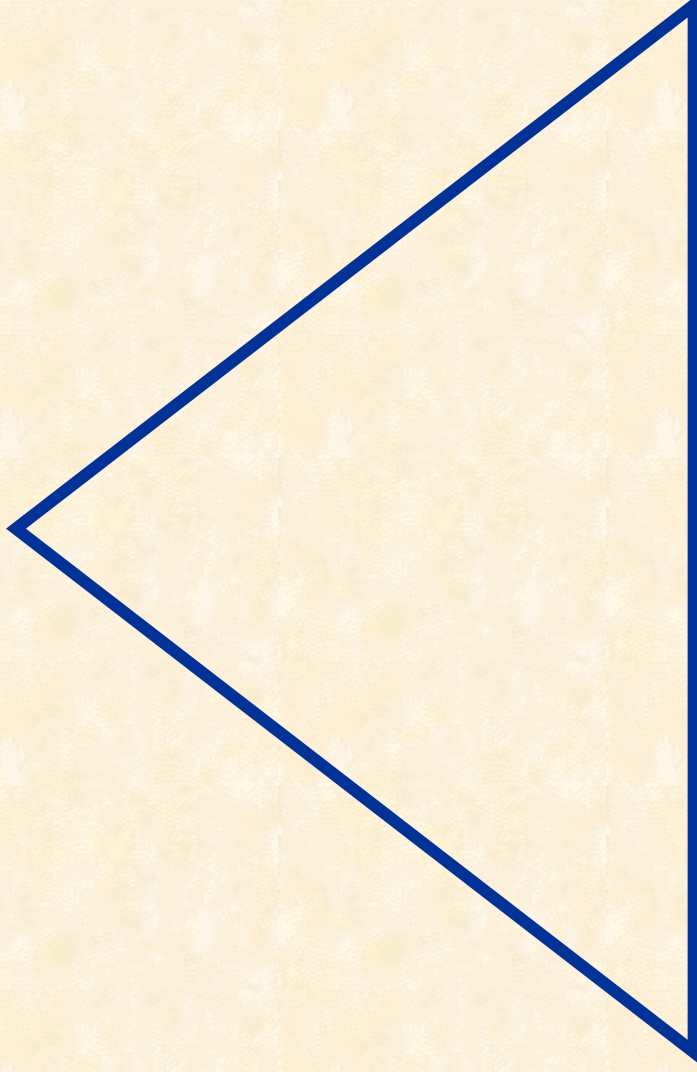
2007 Base: Total Respondents n=300

2007						
Seek specialized care outside of the Greater Cincinnati area	Gender		Ethnic Background			
	Male	Female	Cauc.	AA	Others	
Base	N=81	N=219	N=224	N=58	N=12	
Very likely	6%	12%	9%	12%	25%	
Fairly likely	24%	19%	17%	31% C	25%	
Not too likely	35%	38%	43% DE	22%	8%	
Not at all likely	33%	24%	27%	26%	33%	

Letters indicate a statistically significant difference at the 95% confidence level. **Greater Cincinnati Healthcare Council**

A Balancing Act

COST



QUALITY

ACCESS