

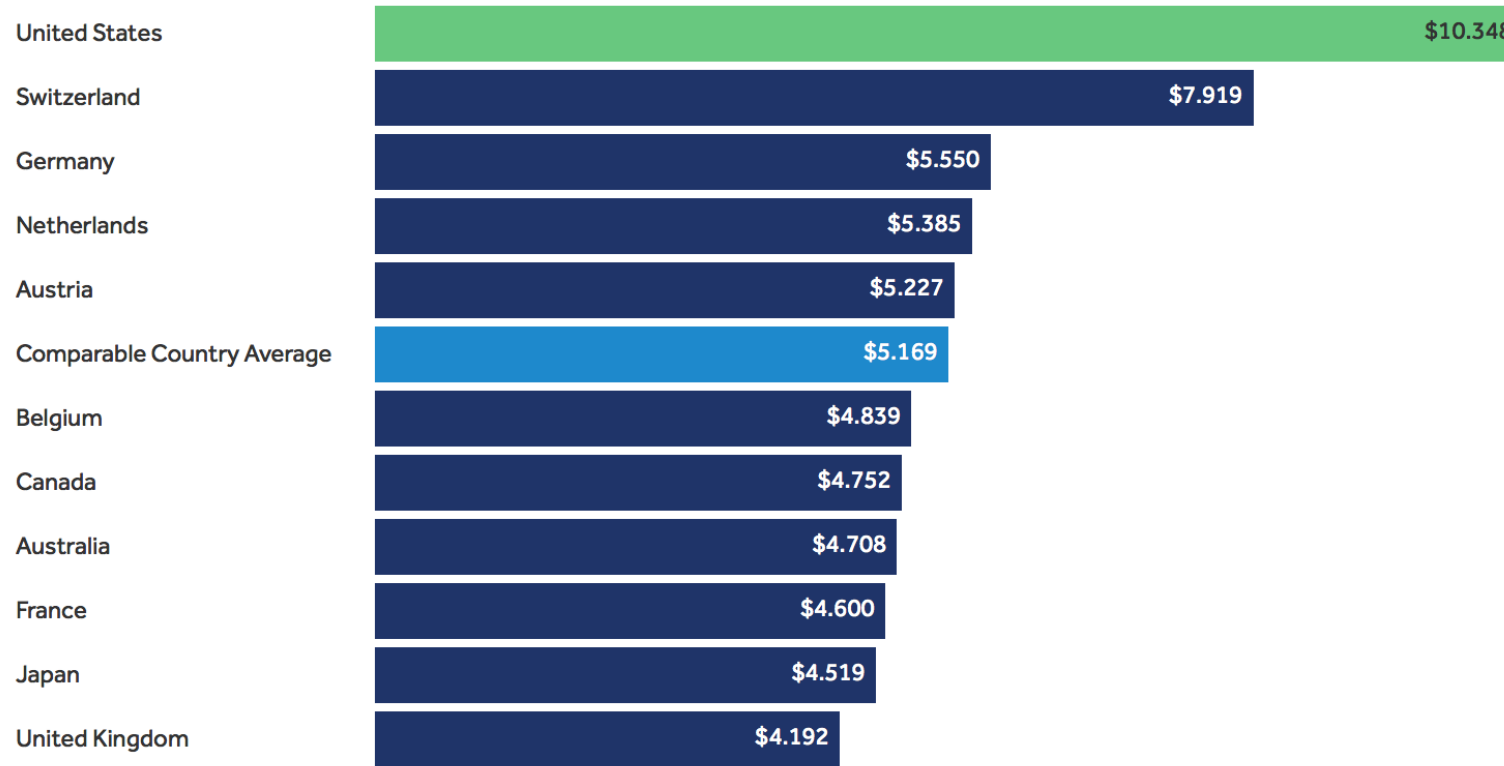
Why you can't wait for Amazon, Berkshire Hathaway, and JP Morgan Chase to fix healthcare

Sally Welborn

Welborn Advisory Services

Global Cost Comparison

Total health expenditures per capita, U.S. dollars, PPP adjusted, 2016



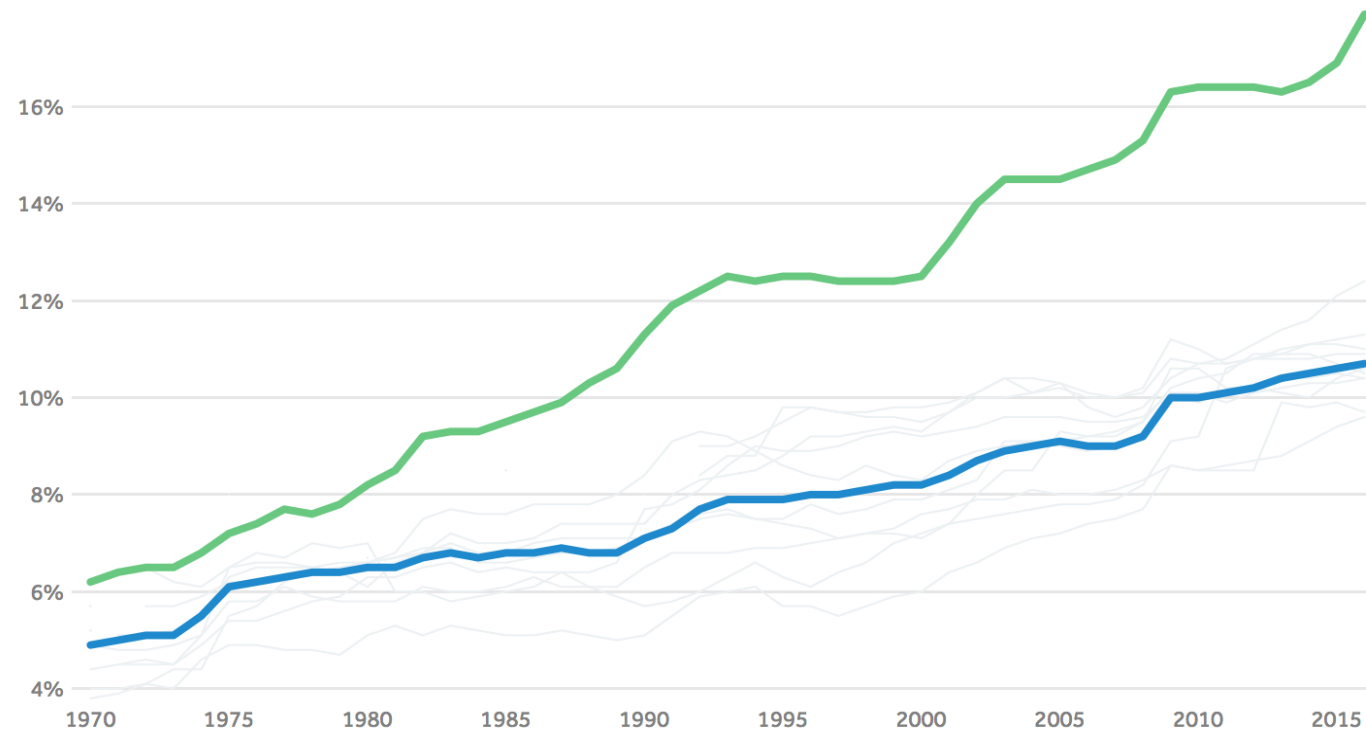
The US value was obtained from the 2016 National Health Expenditure data

Source: Kaiser Family Foundation analysis of data from OECD (2017), "OECD Health Data: Health expenditure and financing: Health expenditure indicators", OECD Health Statistics (database) (Accessed on March 19, 2017). • [Get the data](#) • [PNG](#)

Peterson-Kaiser
Health System Tracker

Health Expenditure as a Percent of GDP

Total health expenditures as percent of GDP, 1970 - 2016



Excludes spending on structures, equipment, and noncommercial medical research. Data unavailable for: the Netherlands in 1970 and 1971; Australia in 1970; Germany in 1991; and France from 1971 through 1974, 1976 through 1979; 1981 through 1984, and 1986 through 1989. These countries are not included in calculated averages for those years. Break in series in 2003 for Belgium and France and in 2005 for the Netherlands. Data for 2016 are estimated values. The 2016 US value was obtained from National Health Expenditure data.

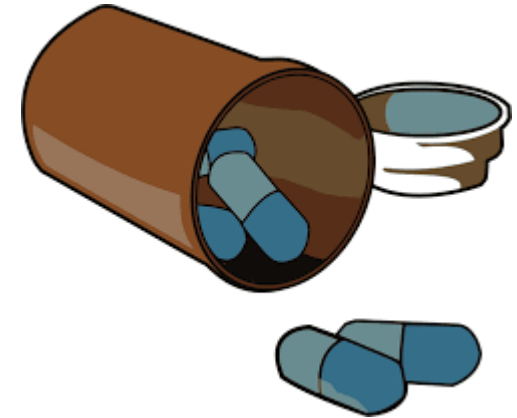
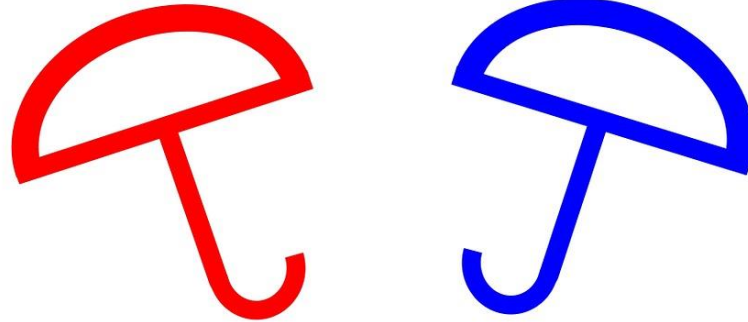
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Peterson-Kaiser
Health System Tracker

Unforgivably Poor Quality

- More than 250,000 deaths annually due to preventable medical errors
- Only 55% adherence to evidence-based medicine guidelines when appropriate
- Extensive amounts of unnecessary services, including surgery and other hospital admissions
- Almost 20% of hospital admissions result in a readmission within 30 days for the original or a hospital-acquired reason

So Why is this so Hard??



What's an Employer to do?



Beliefs

- There are differences in quality and safety
- Quality can be measured
- Consumers deserve information
- Public disclosure drives improvement





Hospitals Submit Data to Leapfrog



Leapfrog Assigns to Hospitals



Leapfrog Hospital Safety Grade

www.hospitalsafetygrade.org

- 27 measures of **patient safety only** (errors, injuries, accidents, and infections)
- Assigned to approximately 2,500 general acute-care hospitals
- Methodology developed by National Expert Panel



Safety Grades in Wisconsin



Statewide

Grade	Wisconsin Hospitals
A	22 (42%)
B	16 (30%)
C	14 (26%)
D	1 (2%)
F	0

Madison

Hospital Name	Grade
Meriter Hospital	A
SSM Health St. Mary's Hospital - Madison	A
University of Wisconsin Hospitals and Clinics Authority	A
Fort HealthCare	A
Mercy Health System Corporation	A
Monroe Clinic	A
Watertown Regional Medical Center	B

Safety Grades in Illinois



Statewide

Grade	Illinois Hospitals
A	37 (35%)
B	38 (35%)
C	30 (28%)
D	1 (1%)
F	1 (1%)

Northern Illinois

Hospital Name	Grade
OSF St. Francis Medical Center of Peoria	A
FHN Memorial Hospital, Freeport Ill.	B
OSF St. Anthony Medical Center, Rockford, Ill.	B
Rockford Memorial Hospital	C
Swedish American Hospital, Rockford, Ill.	C

Leapfrog Hospital Survey

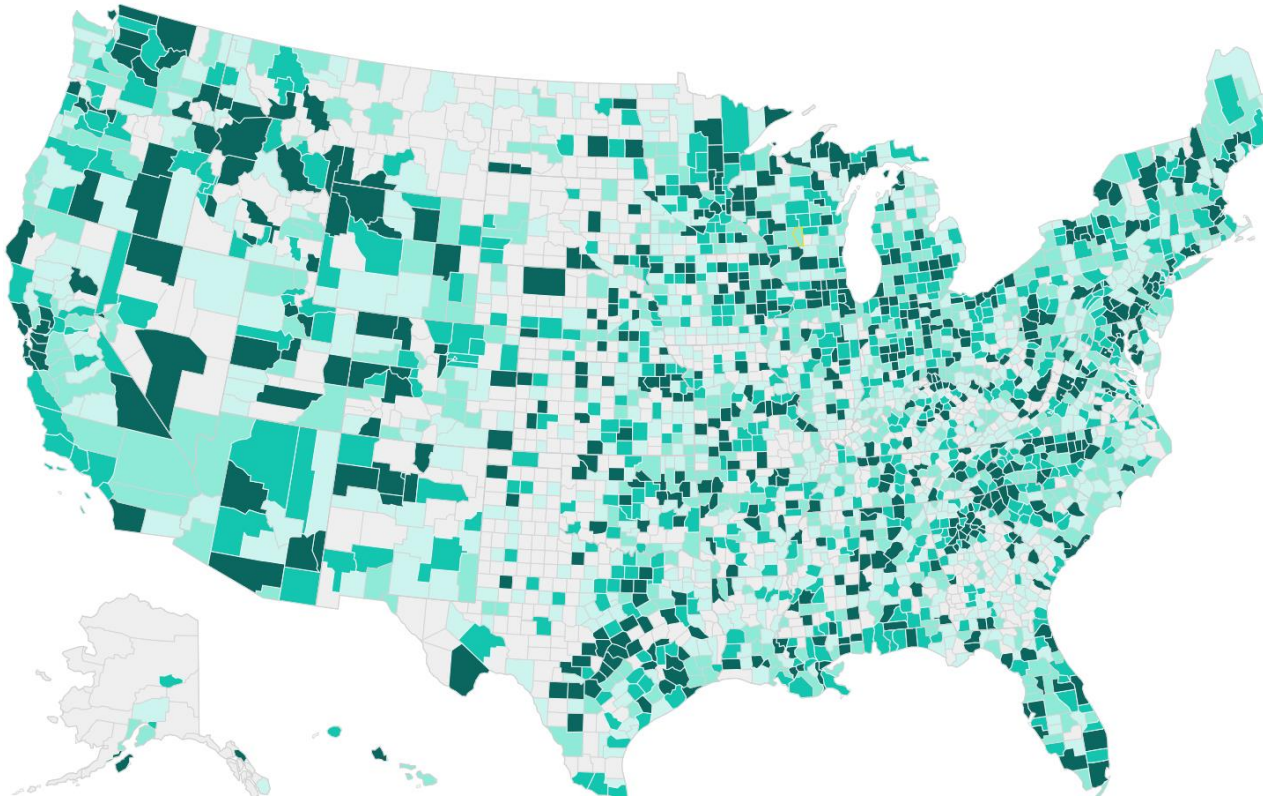


- **Nationally, nearly 2,000 hospitals** participate in the survey which represents 50% of eligible hospitals and about **two-thirds of all hospital beds**.
- Data is publicly reported by hospitals and used by national health plans, many publishers (i.e., Castlight)
- In Wisconsin, only 7 of 127 hospitals transparently make data available to Leapfrog.
- **In Madison, only Meriter** transparently makes data available to Leapfrog.

Examples of what we DON'T know about most Wisconsin hospitals, but DO know about 1,950+ Reporting Hospitals

- Maternity care
 - C-section rate, early elective deliveries, episiotomies, high-risk deliveries, and maternity care processes
- Appropriate use of antibiotics
- Bar code medication administration
- Pediatric care
 - Patient experience of children and their parents (CAHPS Child Hospital Survey) and radiation doses
- Inpatient Surgery
 - Volume and appropriateness of care policies

Primary Care Quality



This represents the concentration of top-quality PCPs per capita in each county. The darker the color, the higher the supply of top-quality PCPs.

Alliance Service Area

Access to Top Quality Primary Care	Number of Counties
Highest	7
Above Average	6
Below Average	6
Lowest	5

Patients need to know!

What is the difference between a pelvic exam and a Pap test, both included in a well-woman exam?

1. There is no charge to you, as the patient, for the Pap test but the pelvic exam costs money.
2. A Pap test is recommended every three years for most women. A pelvic exam is not recommended at all as a preventive measure.
3. Regular pelvic exams are strongly recommended by the experts while Pap tests are not a useful screen
4. The pelvic exam (involving manual penetration) is uncomfortable and is more likely to cause harm than provide benefits. Pap tests are quite painless for most women
5. Gynecologists say pelvic exams are important but most research says to skip them.

Patients need to know!

Which are correct about the PSA blood test for prostate cancer?

1. Since prostate cancer is a leading killer of men, this screening is very important
2. For every 1 – 2 lives saved due to prostate cancer detection with a PSA test, 60 men will have surgery resulting in impotence or needing diapers
3. Only get it if you didn't have one at least year's checkup. Once every two years is enough
4. The urology community (the experts) say we should have them annually, so get it.
5. Automatic screening is not recommended for men under 55

Patients need to know

Long-term daily use of heartburn pills like Nexium, Prilosec or Prevacid could increase your risk of:

1. Kidney disease
2. Bone fractures (especially if you are female)
3. Flatulence
4. Heart attacks (especially if you are high-risk to begin with)

What can employers do?



*“If you do what you’ve always done,
you’ll get what you’ve always gotten”*

-Tony Robbins