ESTÁS EN
BUENAS MANOS

Calidad o Finanzas: Los catalíticos del Sistema de Salud

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Calidad o Finanzas

- Las estrategias para mejorar la calidad en la prestación de servicios de salud, reduciendo los costos asociados a los mismos ha cobrado gran importancia en el sistema de salud de hoy.
- Noticia 12 de abril 2019 Periódico El Nuevo Dia:

El Departamento de Salud busca el antídoto para escapar del precipicio fiscal

La agencia trabaja para mantener a flote la Reforma, subir el índice con el que se mide el nivel de pobreza para que más personas sean elegibles y allegar más fondos

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Calidad vs. Costos

- Dónde comenzar es uno de los grande retos que enfrentamos al momento de desarrollar una iniciativa de mejoramiento de calidad o trabajar una cultura de seguridad.

- Unos buscarán alcanzar resultados y otros observarán costos.

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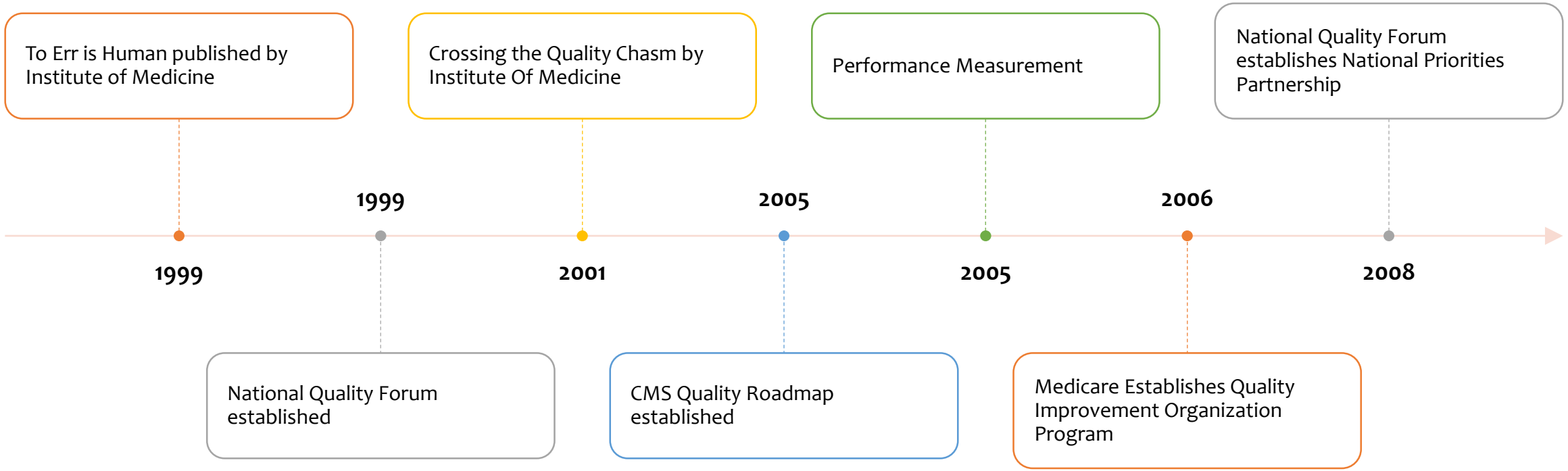
Alineación

- El financiamiento y la calidad de la prestación de servicios comparten un objetivo común de maximizar los recursos.
- El pobre manejo del paciente genera costos innecesarios afectando no solo la calidad de los servicios sino los costos.
- Ambas agendas se unen para crear programas de incentivos basados en Calidad de servicios.

Trasfondo Histórico de los avances en Calidad



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First IOM Committee Report

***To Err is Human: Building a Safer Health System* (1999) begins to define the US quality problem:**

- Medical errors harm 44,500 to 98,000 patients annually
- Medical errors cost $17 B to $29 B annually (including the expense of additional care necessitated by the errors, lost income and household productivity, and disability)
- Flawed systems, processes, and conditions lead people to make mistakes or fail to prevent them

Developed as part of a Medscape education activity, *The National Quality Strategy and You: How CMS Quality Measures Affect Policy and Practice*, supported by the US Department of Health and Human Services.

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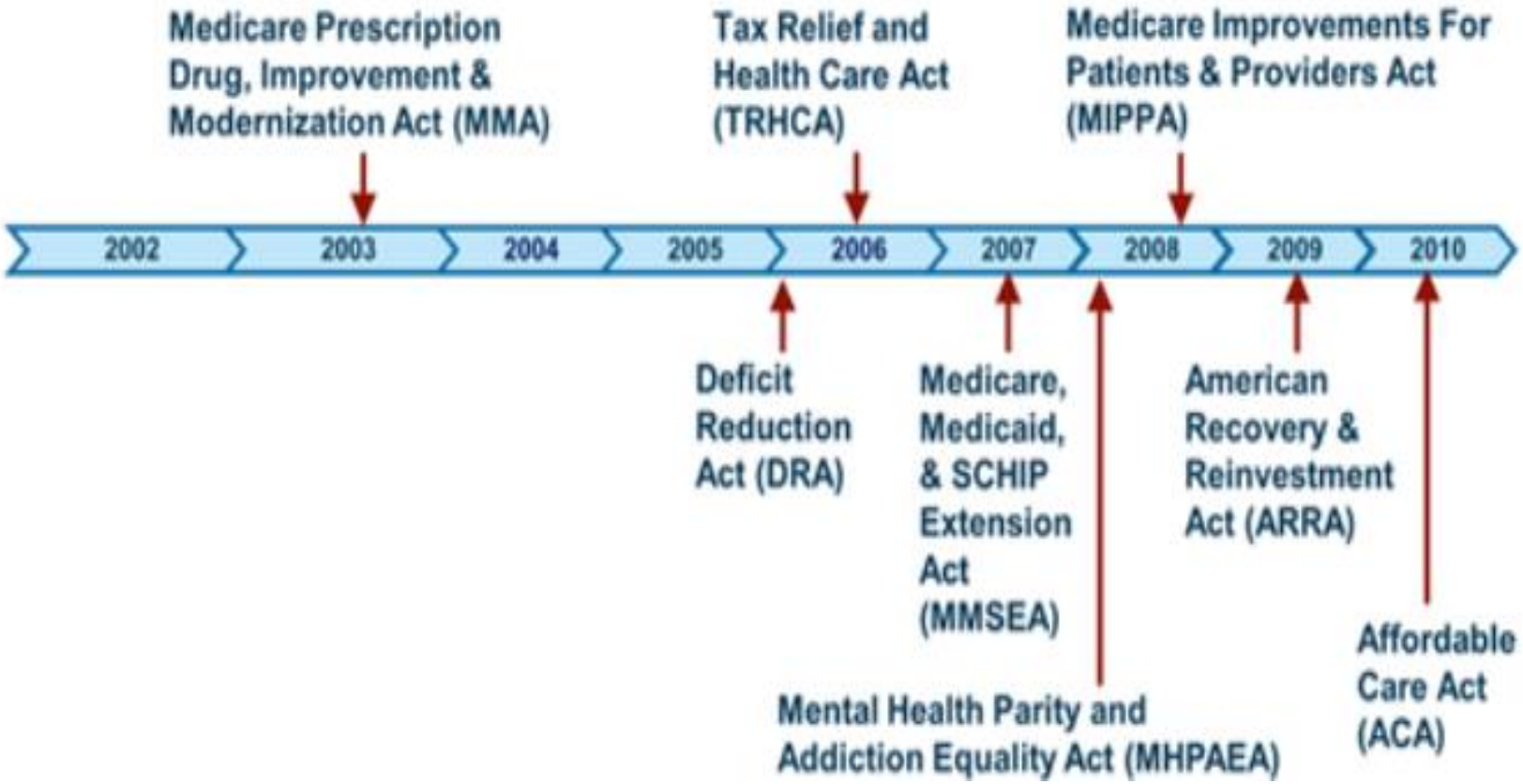
Laws Affecting Quality Improvement

As consensus was reached around the importance of improving quality, Congress passed several important laws to establish new quality programs:



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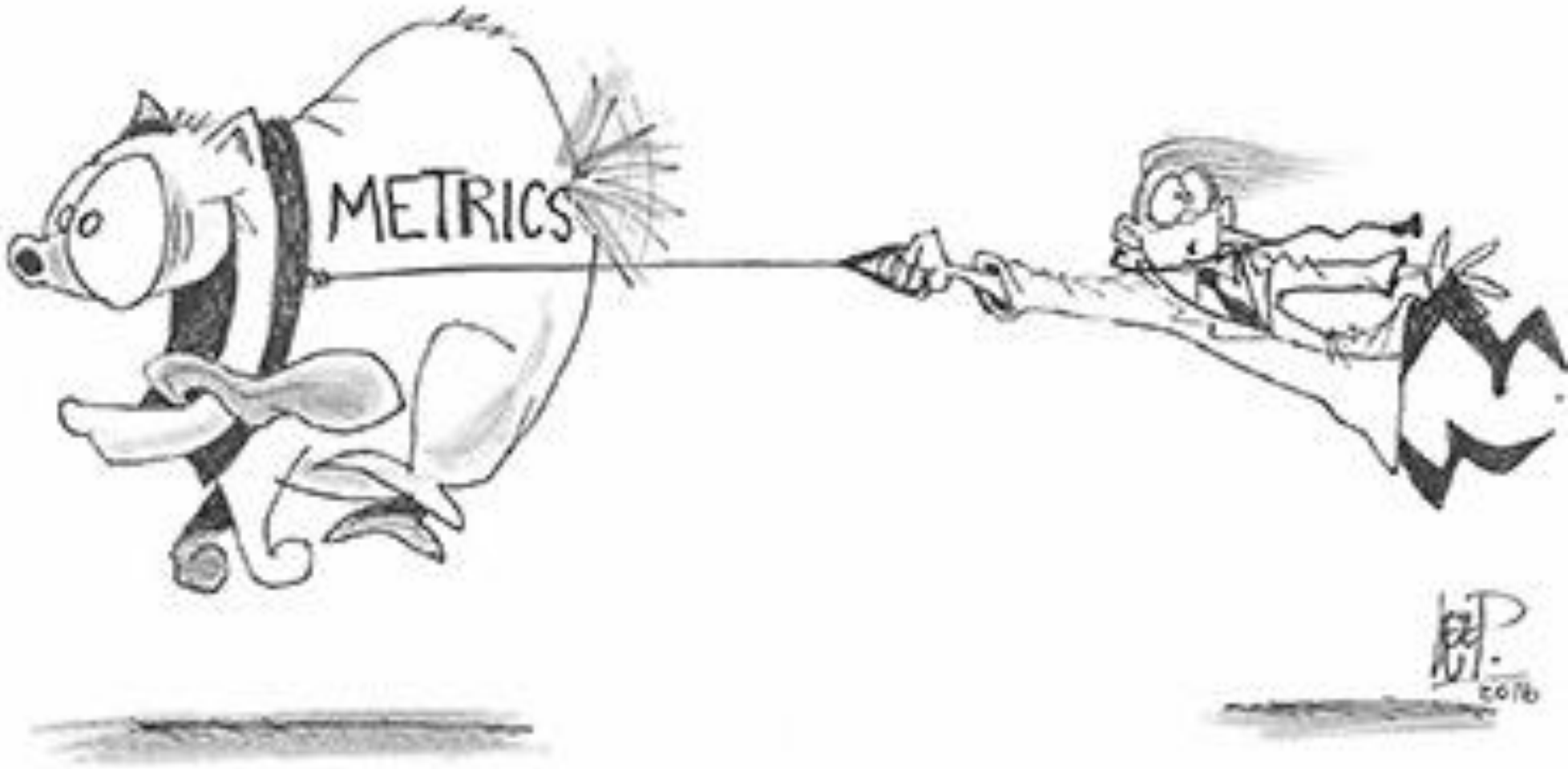
20 Años

- Mejores prácticas de Seguridad (National Quality Forum, 2003)
- Objetivos nacionales de seguridad del paciente (Joint Commission)
- Soluciones para la seguridad de los pacientes de la OMS, 2007(OMS/Joint Commission)
- Alianza Mundial por la Seguridad del Paciente (2004)
- Patient Safety Indicators (AHRQ)


METRICS

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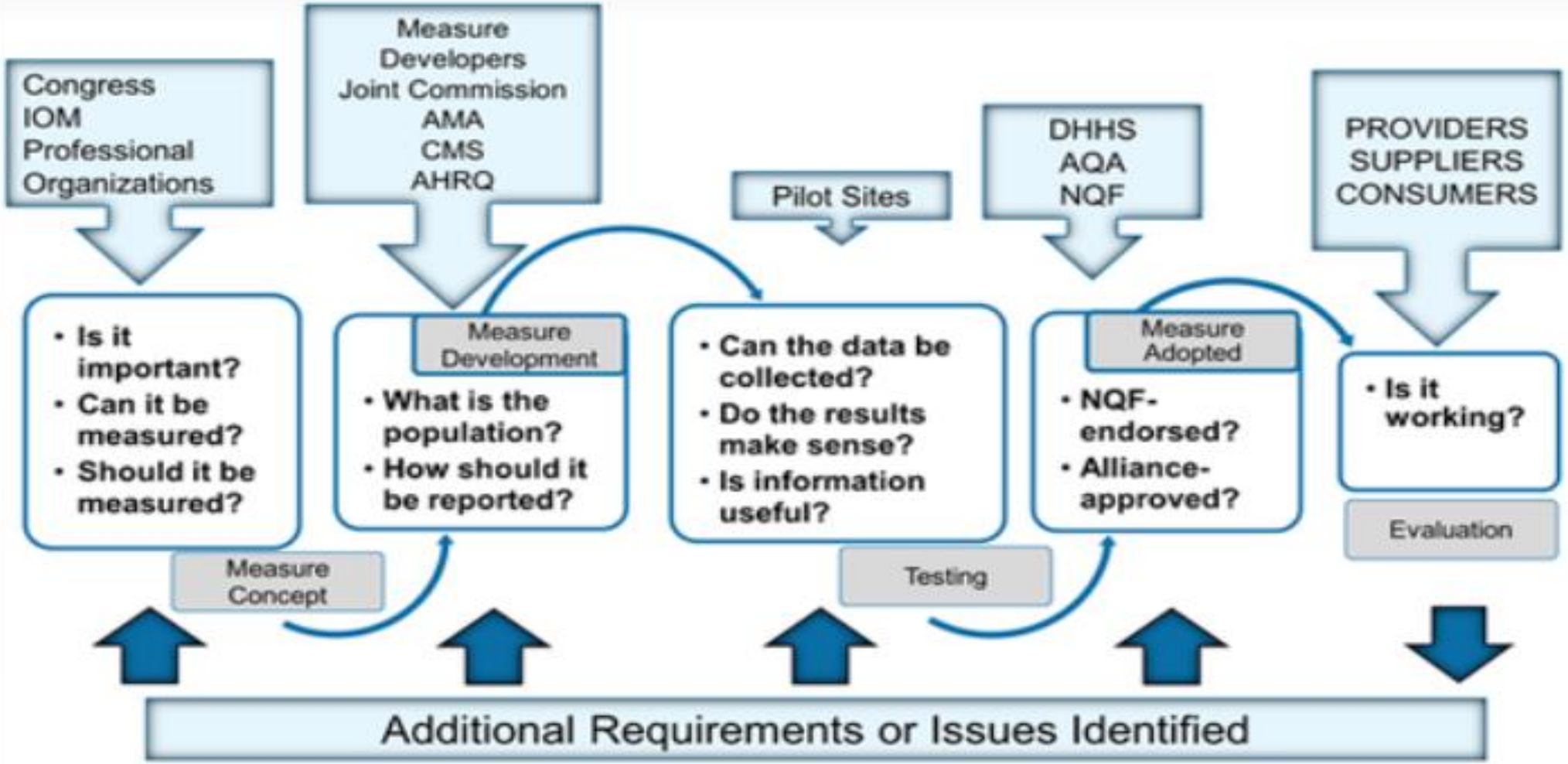
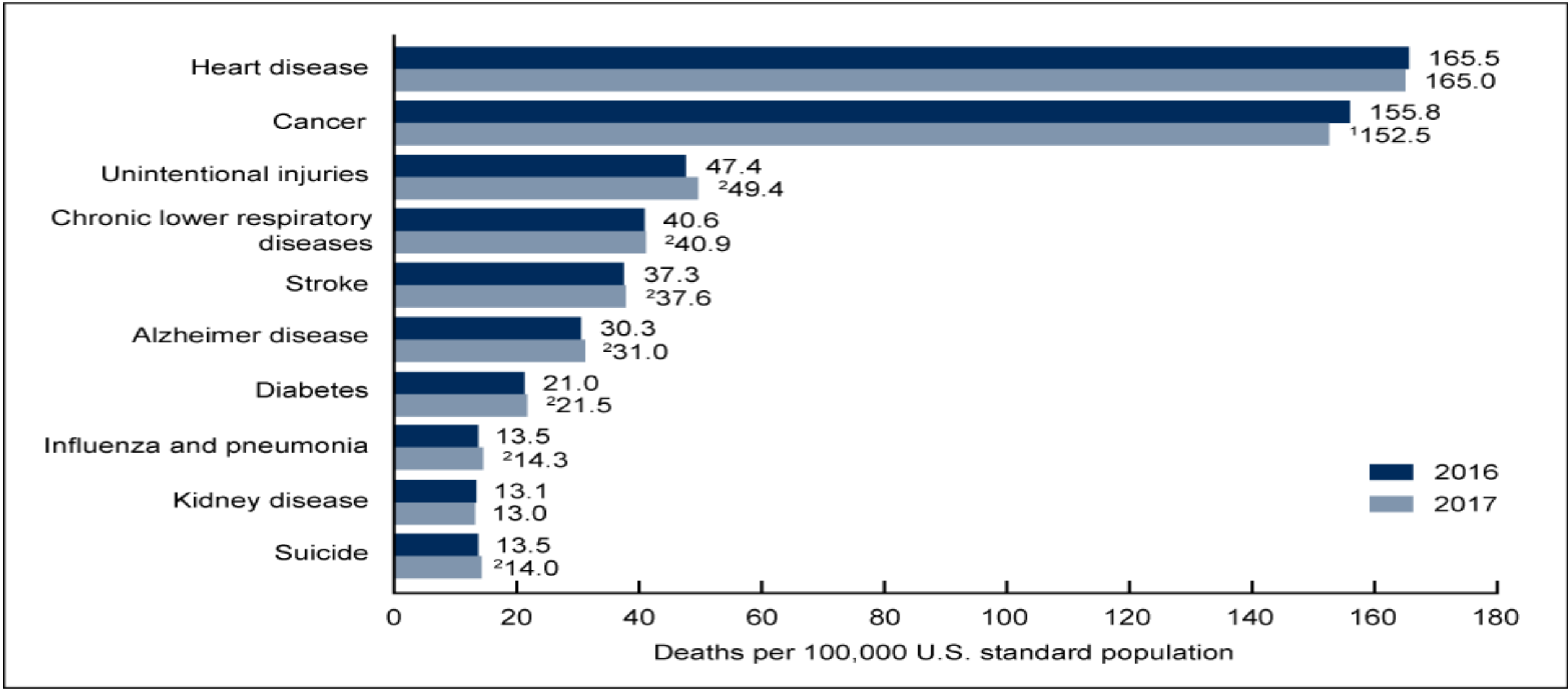
Quality Measures Life Cycle



Developed as part of a Medscape education activity, *The National Quality Strategy and You: How CMS Quality Measures Affect Policy and Practice*, supported by the US Department of Health and Human Services.

Figure 4. Age-adjusted death rates for the 10 leading causes of death: United States, 2016 and 2017



[1]Statistically significant decrease in age-adjusted death rate from 2016 to 2017 ($p < 0.05$).
[2]Statistically significant increase in age-adjusted death rate from 2016 to 2017 ($p < 0.05$).
NOTES: A total of 2,813,503 resident deaths were registered in the United States in 2017. The 10 leading causes accounted for 74.0% of all deaths in the United States in 2017. Causes of death are ranked according to number of deaths. Rankings for 2016 data are not shown. Data table for Figure 4 includes the number of deaths for leading causes. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db328_tables-508.pdf#4.
SOURCE: NCHS, National Vital Statistics System, Mortality.

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Datos Marzo 2018

- The Joint Commission updated its sentinel event statistics for 2017.The organization reviewed 805 reports of sentinel events reported during the 2016-17 calendar year.
- Here are the 10 most frequently reported sentinel events for 2017, according to The Joint Commission:
  1. Unintended retention of a foreign body — 116 reported
  2. Fall — 114
  3. Wrong-patient, wrong-site, wrong-procedure — 95
  4. Suicide — 89
  5. Delay in treatment — 66
  6. Other unanticipated event, such as asphyxiation, burn, choking on food, drowning or being found unresponsive — 60
  7. Criminal event — 37
  8. Medication error — 32
  9. Operative/postoperative complication — 19
  10. Self-inflicted injury — 18

Hospital Patient Safety Efforts Reduce Hospital Conditions by 8%

Improvements in patient safety yielded 8,000 avoided patient deaths and $2.9 billion in healthcare cost savings.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Hospital-Acquired Condition Reduction Program Fiscal Year 2018 Fact Sheet

Overview

Section 3008 of the Patient Protection and Affordable Care Act (ACA) established the Hospital-Acquired Condition (HAC) Reduction Program to encourage eligible hospitals to reduce HACs.

Beginning in Fiscal Year (FY) 2015 (i.e., discharges beginning on October 1, 2014), the HAC Reduction Program requires the Secretary of the Department of Health and Human Services (HHS) to adjust payments to hospitals that rank in the worst-performing quartile of all subsection (d) non-Maryland hospitals with respect to risk-adjusted HAC quality measures. Hospitals with a Total HAC Score greater than the 75th percentile of all Total HAC Scores (i.e., the worst-performing quartile) will be subject to a 1 percent payment reduction.

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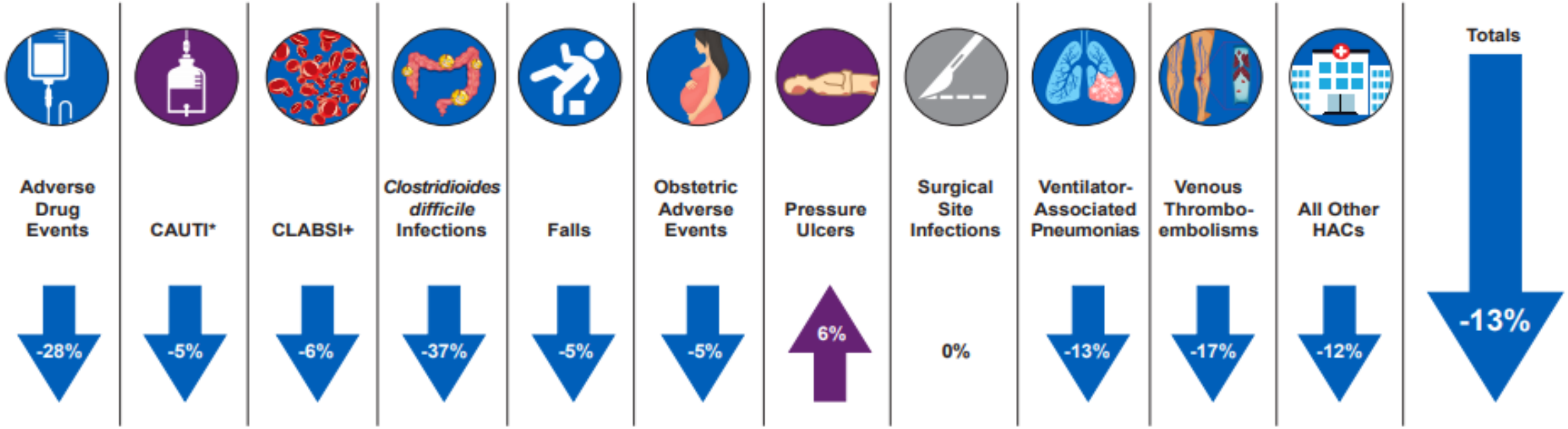
Declines in Hospital-Acquired Conditions

Agency for Healthcare Research and Quality

National efforts to reduce hospital-acquired conditions such as adverse drug events and injuries from falls helped prevent 20,500 deaths and saved $7.7 billion between 2014 and 2017.



*CAUTI - Catheter-Associated Urinary Tract Infections

+CLABSI - Central Line-Associated Bloodstream Infections

**The percent change numbers are compared to the 2014 measured baseline for HACs.

Source: AHRQ National Scorecard on Hospital-Acquired Conditions Updated Baseline Rates and Preliminary Results 2014-2017

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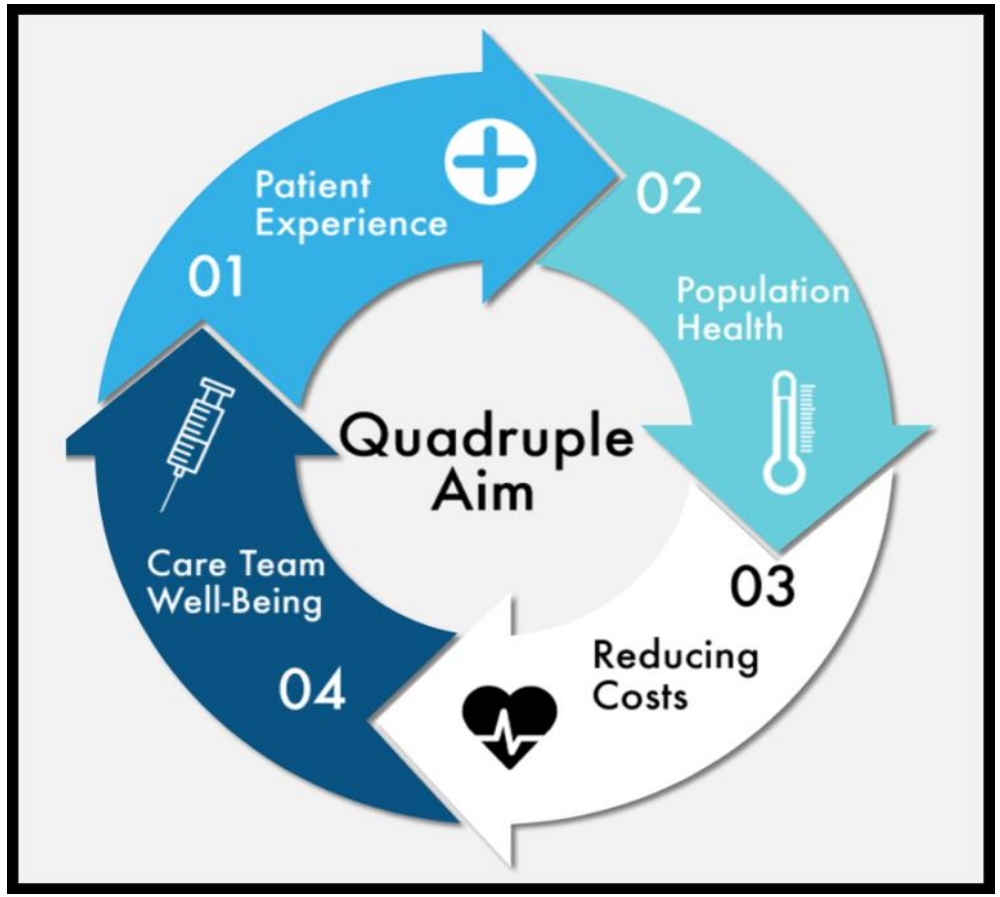
CMS QUALITY 2019 Quality Strategy



A new healthcare framework—the Quadruple Aim—seeks to transform the U.S. healthcare system, improving health outcomes, enhancing the patient experience and lowering per capita healthcare costs.

CMS 2019 Quality Strategy: (Quadruple Aim)

Mejorar la salud de la población (Population Health) : Establecer estrategias de promoción y prevención de la salud basada en evidencia.

Satisfacción del Paciente: proveer el servicio en el momento oportuno brindándole la información sobre su cuidado de salud para tener una toma de decisiones informada y en equipo.

Reducir Costos: reducir servicios no es sinónimo de servicios de calidad. Por el contrario, hay un impacto directo en las finanzas. Ejemplo: tener un coordinador para cuidado de transición ayuda a disminuir readmisiones.

Mejorar las condiciones de trabajo de los Proveedores: muchas iniciativas de calidad ponen un peso en la labor de los proveedores. Debemos mejorar la experiencia del proveedor con la tecnología incentivando el uso de la misma, al igual proveer espacios para “Provider Wellness” vigilando EL BIENESTAR del proveedor.

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Hacia un cambio de cultura

- Desarrollar UNA Visión
- Desarrollar UNA Visión Compartida
- Medir—Desempeño Presente
- Acentuar el sentido de urgencia
- Implementar un Plan
- Todos son valiosos y necesarios
- Construir Capacidades Organizacionales
- Comunicación, Transparencia y Compromiso
- Fuerte liderazgo

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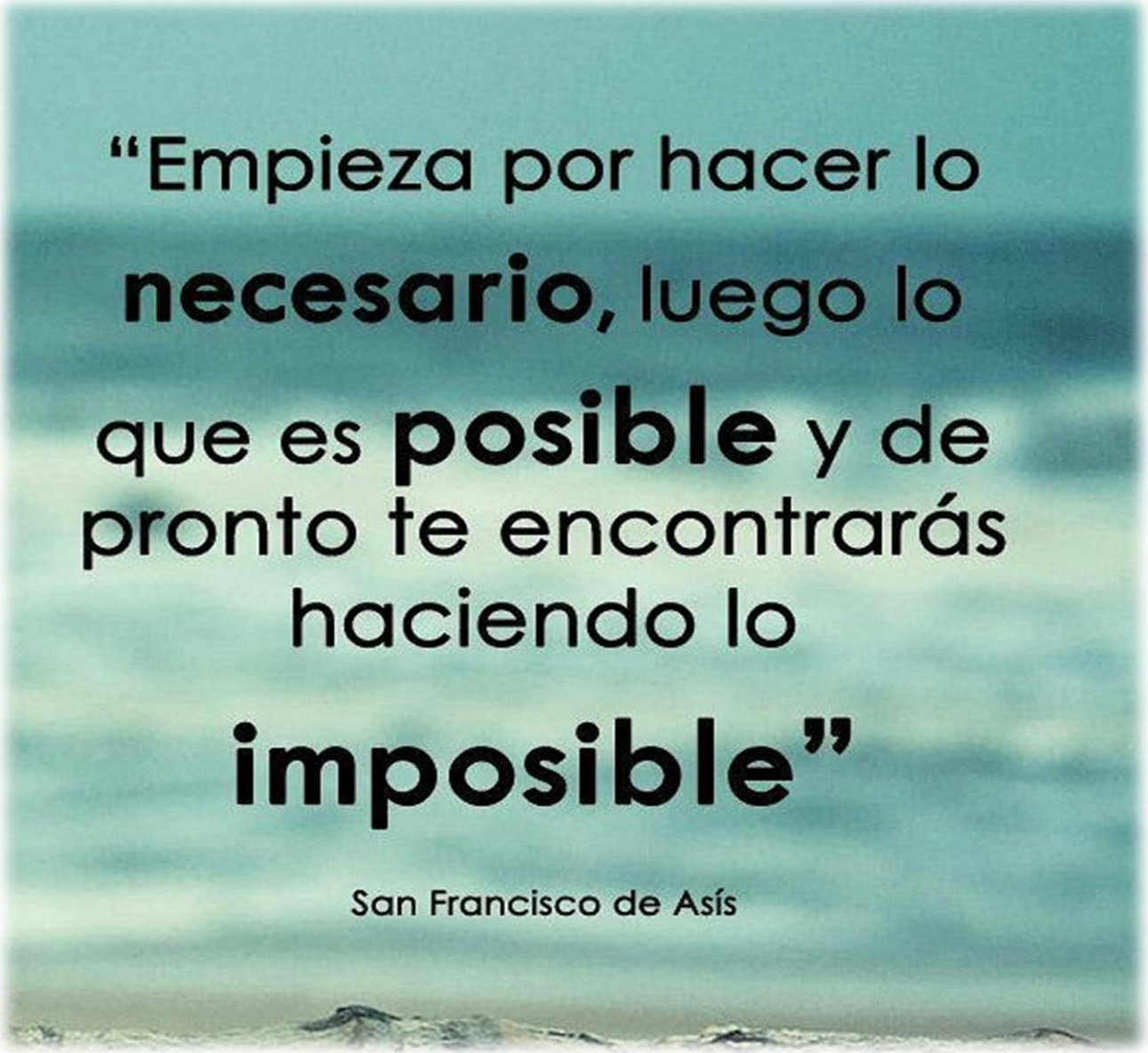

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