

Reactor Solutions Addressing Quality Improvement, Cost Effectiveness and Patient Safety



I. Cost effective care infrastructure reactor proposals

- A. Physician outcomes performance: Create a set of standards and interoperable data systems for physicians to measure their cost and quality outcomes performance against best research evidence and their peers so care can be adjusted and constantly improved (through CORHIO, CODataPro, or other means).
- B. Data systems accuracy: Mandate standards for commercial health plan programs that evaluate the cost efficiency and quality of physician care by requiring transparency of all clinical guidelines and performance measurement methodologies, reasonable notice and appeals process, chart reviews, and legal protections against misrepresentation of a physician's practice.
- C. Insurance regulatory reform:
 - 1. Thoroughly review Colorado insurance law to determine if statutes are consistent with and provide the Division of Insurance (DOI) appropriate statutory direction and oversight authority regarding existing and evolving health insurance plan market practices that impact the ability of consumers to receive and physicians and other health care professionals to provide medically appropriate care. This review should include such things as economic credentialing and profiling, medical and quality review procedures, physician participation standards and complaint and appeal resolution processes, transparency of all medical and beneficiary policies, provider/health plan/consumer communications, dividing markets, mergers and what incentives could be applied to encourage more locally owned or even non-profit plans in the Colorado market.
 - 2. Provide full and adequate funding for the state DOI.
 - 3. Evaluate the adequacy of DOI regulatory oversight of malpractice insurers to assure actuarially sound pricing and preemption of predatory underwriting or other related business practices.
- D. Acute and long-term care services and support: Require principles and clinical strategies designed around active care management to meet the needs of high risk/high cost populations, especially during transition of care, to assure proper utilization of acute and long-term care services and support. Outcomes should be transparent and comparable, across all systems of care, both public and private.
- E. Price transparency: Price transparency across the entire health care system is crucial to enable more informed decision-making. The transparency debate should focus on information that is meaningful and relevant to patients.

II. Quality improvement infrastructure reactor proposals

- A. Colorado-based care guidelines and performance measurement: Standardize care by developing and utilizing transparent, uniform Colorado care guidelines and performance measurement protocols developed or vetted through organizations such as the Colorado Clinical Guidelines Collaborative (CCGC).
- B. Information exchange: Finalize development of Colorado Regional Health Information Organization (CORHIO), including enactment of a consensus statutory framework. CORHIO will be an interoperable electronic health information network that will enable Colorado's physicians, hospitals, patients, and public health professionals to share and have secure access to vital health information when and where they need it. Building

Colorado's capacity for electronic health records and the web-based exchange of information is seen as an imperative for improving health and health care.

- C. Medical home, practice redesign and health information technology (HIT): Enable every Colorado physician to utilize HIT through a technology and practice redesign support program, such as Improving Performance in Practice (IPIP), that promotes the availability and use of HIT tools for point of care decision support and shared decision-making with patients and families, and assists practices in integrating those tools into a comprehensive program to increase efficiency, safety and quality of patient care.

III. Patient safety infrastructure reactor proposals

- A. Federal patient safety legislation: Develop a mechanism that allows "blame-free" reporting of medical errors that will foster continued improvement of error reduction and will not abrogate rights of patients.
1. In Colorado operationalize the Patient Safety and Quality Improvement Act of 2005, that creates a federal legal infrastructure to protect a provider's patient safety work product from use or discovery in all administrative, civil, criminal proceedings (including provider disciplinary proceedings) and from all Freedom of Information Act requests. The Act has not been implemented in Colorado and is critically needed to keep patients safe.
- B. Physician safety obligations: Promote systems of patient safety across all physician practices by engaging a practice redesign strategy that addresses the following areas of risk:
1. Medication monitoring and risk assessment;
 2. Transitions and handoffs (coordination of care information);
 3. Procedure safety;
 4. Training of personnel in work flow design; and
 5. Patient education and communication.
- C. Colorado Patient Safety Coalition (CPSC): Evolve the CPSC so that partners in quality improvement can be aligned to analyze and eliminate systems errors (e.g. Colorado Foundation for Medical Care, Colorado Health and Hospital Association and CCGC) to encourage work across the entire delivery spectrum from safety to quality of care.
- D. Medical and allied health professional accountability: Accelerate state sunset review of all health care licensing boards from the current 15-year review cycle to every 10 years or less.
1. Update state reporting, medical professional discipline, and peer review statutes and rules.
 2. Assure full and adequate staffing for all health profession licensing boards (Board of Medical Examiners, nurse examiners, etc.).
- E. Medical professional liability: Amend current statutes to expedite resolution of meritorious and non-meritorious cases.
1. Refine definition of medical experts to assure only practicing physicians with clinical expertise and experience are qualified to review cases; amend statute to expedite dismissal of pre screened non-meritorious suits based on bona fide clinical expert review.
 2. Evaluate "sorry works" laws for further refinement or expansion in Colorado and consider voluntary injury and error disclosure models.
 3. Evaluate alternative dispute resolution systems, including health courts, in lieu of or in addition to the current tort system as a means of expediting conflict resolution.