90-day guarantee: Warranties as a tool for improved patient outcomes

Everything from washers to cars comes with a warranty, so why not health care? Geisinger Health System in Danville, Pennsylvania, introduced health care warranties with an innovative program called ProvenCare. Under the 90-day warranty, one cost covers the surgery and 90 days of follow-up treatment. Geisinger absorbs any additional costs of related complications and readmissions in the first 90 days.

The system’s first program, elective coronary artery bypass surgery (CABG), cut readmissions within 30 days by 44%. In-hospital mortality dropped from 1.5% to 0%, and complications were all reduced.

Now the system, with 2 hospital campuses and 40 community practice sites, has expanded ProvenCare to other high-volume services, including total hip replacement, cataract surgery, and elective percutaneous coronary intervention, as well as low-back pain and perinatal care.

How does Geisinger do it? Alfred Casale, MD, F ACC, associate chief medical officer for Geisinger, says ProvenCare’s success is based on 5 elements: “appropriateness of care, adoption of best practices, redesign and re-engineering of day-to-day processes to be sure best practices are reliably delivered to every patient, patient activation, and treating the patient as an integral member of the team.” Dr Casale is also director for cardiothoracic surgery and co-director of the Geisinger Heart Institute.

Track record
Geisinger introduced the CABG program in February 2006. (See August 2007 OR Manager).

Like most cardiac surgery programs, Geisinger found variability in care delivery and wanted to improve outcomes by reducing that variability. In addition to better outcomes, ProvenCare has financial benefits. The CABG program cut costs by 15% and reduced length of stay by 0.5 days because of fewer complications.

“We hoped that by hitting every step every time, we would positively affect clinical outcomes,” says Dr Casale. “But we were surprised that eliminating variability also had a financial benefit.” Geisinger plans to publish outcomes for the total hip replacement and perinatal programs.

Developing the programs
Geisinger developed a specific process for implementing a new ProvenCare program (sidebar, p 20).

“We get the physicians involved from the beginning in adopting guidelines and translating them into measurable best practices we all feel comfortable with and that are appropriate,” says Dr Casale.

For example, for CABG, each of the 40 best practices/benchmarks from
the American College of Cardiology and American Heart Association are hardwired into order sets or notes.

“Much of the step-by-step process occurs before and post surgery, so it isn’t a radical difference in the OR,” says Stella Gebhardt, RN, director of surgical services for Geisinger Northeast.

“OR nurses who routinely work with several cardiac surgeons say the consistency is very helpful,” she adds.

Part of establishing a new program is defining “related” complications. Examples are sternal wound infection and heart failure from a perioperative myocardial infarction. Unrelated complications would be diverticulitis, hip fracture, and pre-existing heart failure.

**Physician buy-in**

Geisinger employs 740 physicians, which one might expect makes it easier to implement new ProvenCare programs.

“Certainly, functioning within a large, integrated group practice with a pattern of behavior that emphasizes practicing for the common good as opposed to individual prerogative is valuable,” says Dr Casale. But all physicians don’t practice uniformly, so there are challenges.

“In the CABG process, we were lucky we had surgeons who were already focused on quality improvement and minimizing unnecessary variation,” says Dr Casale. “Even with all that commitment, we still had huge opportunities to optimize our process of care.”

Each successful program helps ease the process. “Physicians recognize that program adoption is netting better outcomes,” he says.

**Patient buy-in**

Geisinger serves 43 of Pennsylvania’s 67 counties—2.6 million people. The system knew active, engaged patients would contribute to better outcomes. A Patient Compact, which the patient and physician agree on, addresses commitment from both parties, including the patient’s agreement to make lifestyle changes. Patient education material is congruent with ProvenCare concepts. Patients receive customized instruction letters and trend reports as appropriate.

**Monitoring compliance**

Geisinger monitors compliance in “real time” through its electronic health record (EHR). “In cases where the process isn’t followed or in near misses, feedback is generally provided the same day,” says Dr Casale. “This makes folks aware we are serious, cooperation is important, and we are watching.”

But he says ProvenCare program started with “pencil and paper, so it’s possible to make this work without an EHR.”

**Scope of service**

Currently, ProvenCare is part of the Geisinger Health Plan, which has 225,000 members, including 90 non-Geisinger hospitals and about 25,000 providers who participate in the plan’s network. Geisinger is working to entice other insurers to participate. Hospital adoption has been slow because administrators believe they will lose money from not being able to bill for patients who are readmitted. That may soon change.

ProvenCare’s evidence-based bundling of care is in line with efforts to reform health care. The Obama administration is pushing for bundling...
Medicare payments to hospitals and physicians for procedures such as CABG and not paying for complications. Medicare has already said it will stop paying for some preventable complications. As reimbursement tightens, the consistency and positive outcomes of ProvenCare are likely to gain appeal.

—Cynthia Saver, RN, MS

Cynthia Saver is a freelance writer in Columbia, Maryland.

References
A health system’s experiment with a 90-day warranty for CABG. OR Manager. 2007;23(8):1, 8-10.

For this health system, less is more. Washington Post, March 31, 2009, A01.

ProvenCare cataract process measures

**Preadmission**
- Indication for cataract surgery
- Preop consent
- Patient’s own assessment of visual acuity obtained
- Assessment of visual acuity
- Assessment of intraocular pressure (IOP) (tonometry)
- Assessment of current spectacle correction
- Assessment of best corrected visual acuity (with glasses or pinhole)
- Patient received external eye exam (lids and adnexa)
- Assessment of ocular alignment and motility
- Assessment of pupils
- Patient received slit lamp exam of anterior segment
- Patient received dilation exam of lens, vitreous fundus, and optic nerve/disc (funduscope)
- Intraocular lens (IOL) calculations & method, axial length & corneal power measurement
- Alternative causes of decreased visual acuity

**Operating room**
- Patient received operative topical antibiotic (preoperative note)
- Patient received operative 5% povidone iodine

**Postdischarge: First clinic visit**
- Discussion and documentation of interval history
- Patient’s own assessment of visual functional status
- Discussion of patient’s compliance with postop regimen
- Measurement of visual acuity
- Assessment of IOP (surgeon)
- Patient received slit lamp exam
- Patient received counseling and education
- Discussion of management plan

**Postdischarge: Second clinic visit**
- Discussion and documentation of interval history
- Patient’s own assessment of visual functional status
Discussion of patient’s compliance with postop regimen
Measurement of visual acuity
Assessment of IOP
Patient received slit lamp exam
Patient received counseling and education
Discussion of management plan

Postdischarge: Third clinic visit
Discussion and documentation of interval history
Patient’s own assessment of visual functional status
Discussion of patient’s compliance with postop regimen
Measurement of visual acuity
Patient received slit lamp exam
Patient received counseling and education
Discussion of management plan

Courtesy Geisinger Health System.

Developing a ProvenCare program

• Identify high-volume DRGs.
• Obtain leadership commitment.
• Identify best practices.
• Review existing workflows.
• Review stakeholder alignment.
• Determine reporting metrics.
• Redesign processes.
• Ensure process reliability.
• Analyze financial modeling, global pricing, and pay for performance.
• Maintain and monitor.