

How Well Does Medicare Incent Evidence-Based Quality Improvement?

John Hensing, MD, FACP
SVP and CMO, Banner Health
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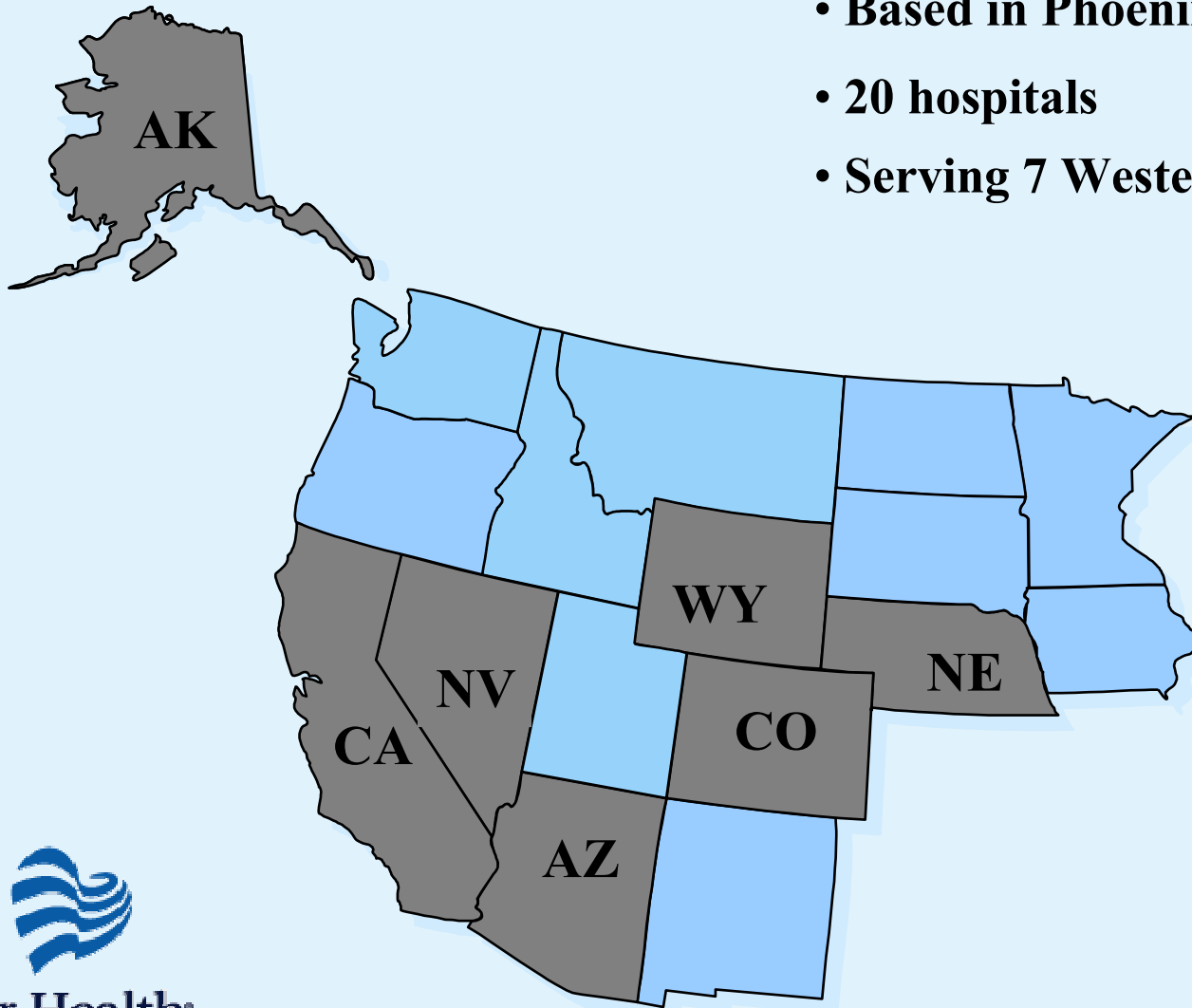
Some meanderings on Medicare and Evidence-Based Medicine

- Introduction to Banner Health
- Our “architecture” for systemwide improvement
- “Medical Necessity,” Evidence-Based Medicine, and “Clinical Consensus”
- Two Stories where Banner learned about reducing variation: Obstetrics, Cardiac surgery
- How well does Medicare incent Evidence-Based Quality Improvement?



Banner Health

- Based in Phoenix, AZ
- 20 hospitals
- Serving 7 Western states



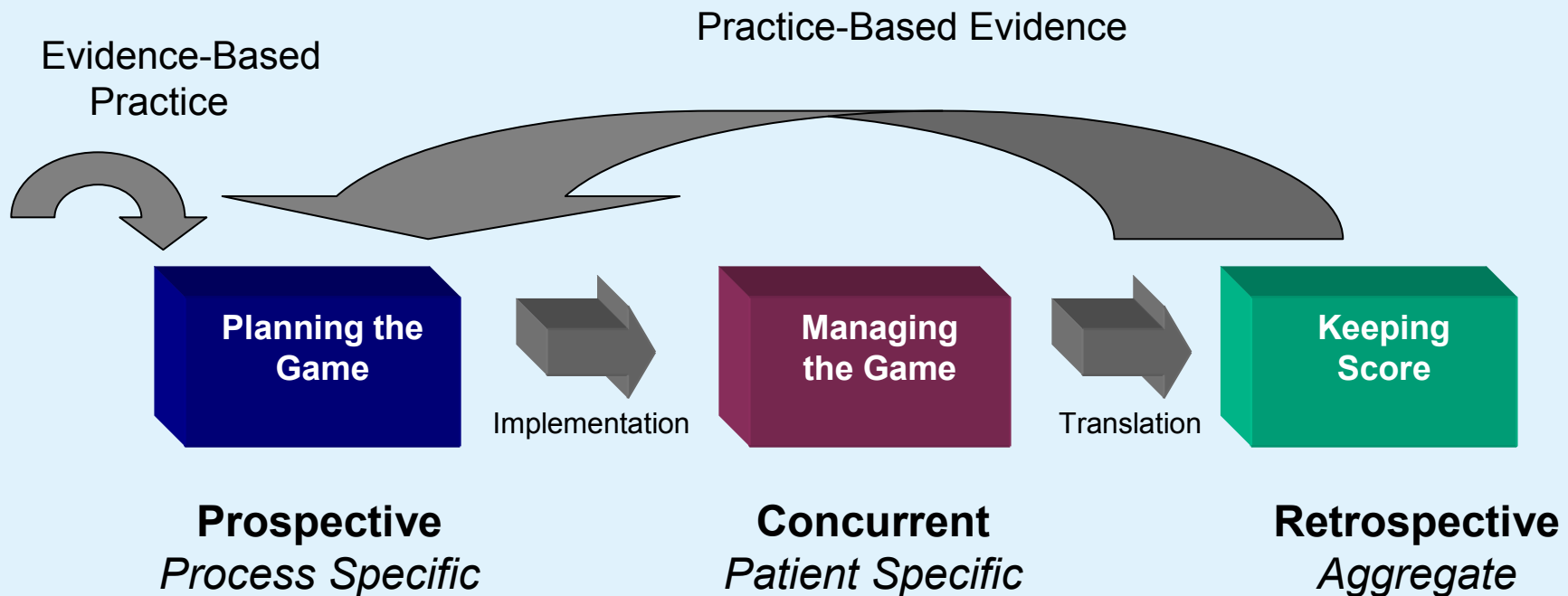
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Clinical Improvement and IT “Architecture”



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How Well Does Medicare Incentive Evidence-Based Quality Improvement?

- Two answers

1. Program Design: Public Reporting, P4P – need for clinical “integrity and relevance”
 - A. Proxies for “organized care” ?
 - B. Economic model impact ?

2. But, what do *I need as CMO of Provider Organization to Improve Care?*
 - A. Creation of market interest and public awareness
 - Potential for product differentiation
 - Possibility of true “competitive advantage”

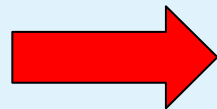
 - B. Professional “Burning platform”
 - Significance of variation and non-reliability
 - Appeal to the professional “value system”
 - “Organized care” presents a partial relief to market shift and security concerns



Resource Allocation



Banner Health



Professionals' Engagement