Practice Self-Assessment Promotes Patient Safety

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WASHINGTON — Health information technology's greatest potential contribution to patient safety lies in areas related to record keeping and record retrieval, David N. Gans said at a conference sponsored by the National Patient Safety Foundation.

"Adding technology gives you the opportunity to improve patient safety," but the technology must be used properly for there to be an impact, said Mr. Gans of the Medical Group Management Association.

Medical groups that reorganize their work flow will see the greatest benefits from health information technology. Ideally, hospitals, pharmacies, and insurers will be able to integrate information and coordinate their systems, he said.

The goal of the safety assessment is to provide information that medical groups can incorporate into procedures that will improve patient safety.

But many medical practices have not fully embraced electronic health records (EHRs) or other types of health information technology as a way to improve patient safety.

To find the extent to which medical groups implement safety practices with and without technology, Mr. Gans and his colleagues surveyed 3,629 medical groups that had completed the Physician Practice Patient Safety Assessment (PPPSA) (Health Affairs 2005; 24:1323-33).

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The PPPSA was developed by the Medical Group Management Association's center for research, the Health Research and Educational Trust, and the Institute for Safe Medication Practices.

The assessment consists of 79 questions related to patient safety in six areas:

- Medications (17 questions).
- Handoffs and transitions (11 questions).
- Surgery and invasive procedures, sedation, and anesthesia (6 questions).
- Personnel qualifications and competency (10 questions).
- Practice management and culture (22 questions).
- Patient education and communication (13 questions).

For each question in these six domains, respondents can choose from among five answer choices ranging from "unaware or aware but no activity to implement" to "fully implemented everywhere."

Overall, more than 70% of the groups surveyed used paper medical records, while the others used a scanned-image system, a relational database, or other methods.

But practices that have electronic health records still use paper forms for certain functions, primarily for lab orders. "Even among practices with EHRs, 30% used paper lab forms," Mr. Gans said. In addition, 16% of the practices with EHRs used manual methods to order prescriptions and 13% used manual methods to assess drug interactions.

To illustrate one practice's experience with patient safety self-assessment, Christine A. Schon of the Dartmouth-Hitchcock Medical Center in New Hampshire shared her group's experience with the PPPSA.

The data came from the Nashua branch of the medical center and included 62 providers in five locations that serve about 250,000 patients. The medical director of the Nashua division initiated the group's assessment as part of an ongoing goal to improve patient safety.

"We are almost paper chartless," Ms. Schon said. "But what we want to do is make sure that we are managing our patient population effectively."

The Dartmouth-Hitchcock group used the PPPSA as a tool to evaluate how well the group was meeting the National Patient Safety Goals. The PPPSA took about 3 hours to complete, although the time will vary according to the size of your practice, she noted.

As a result of taking the PPPSA, the Dartmouth-Hitchcock group learned that technology isn't everything.

"Our biggest 'aha' moment, as I called it, was [when we realized] that we have a tendency to rely very heavily on electronic medical records, and so we found that if we can't do it electronically, we aren't thinking about doing it," Ms. Schon said.

"We predominantly had good electronic systems in place to make sure that we were doing safe practices and engaged with the patient," she said.

But the group did find that, although physicians were focused on entering information into the EHR and checking for interactions, they weren't really making sure that patients understood their medications. "That's an area where you still have to rely on a piece of paper and a conversation," Ms. Schon noted.

Patients themselves are not always reliable if doctors ask what medications the patients are taking, she added.

As a result of the assessment process, Ms. Schon's group is considering the use of a checklist to review with patients before they leave the hospital. The sheet would explain what medications the patients are taking and why.

In addition, the group plans to stop using medication samples because they can confuse patients who take generic versions of the brands. "We are the health care safety net for our community," Ms. Schon said. ■

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POLICY & PRACTICE

Leaders Back Payment Reform

The vast majority (95%) of key public officials, analysts, and executives say fundamental health care payment reform is needed, and 75% support Medicare reform that would pay "medical homes" for care coordination, according to the latest Commonwealth Fund Health Care Opinion Leaders survey. The survey found consensus for specific strategies; for example, 90% of respondents said use of health information technology should be mandated for Medicare providers within 5-10 years, and half supported financial incentives for physicians and hospitals to provide high quality care. Around three-quarters of respondents agreed that greater organization and integration of provider care is necessary for improved quality and efficiency, but nearly 8 of 10 said that physician autonomy would be a challenge to care integration. A total of 59% said they support public reporting of providers' performance on quality measures, and more than half said they support the creation of a new public-private entity to coordinate quality efforts and form a national quality agenda.

Publix to Offer Free Antibiotics

Publix Super Markets will offer seven oral antibiotics free of charge at its 684 pharmacy locations, the Lakeland, Fla.–based store chain announced. The antibiotics included in the program—amoxicillin, cephalexin, sulfamethoxazole/trimethoprim (SMZ-TMP), ciprofloxacin (excluding Cipro XR), penicillin VK, ampicillin, and erythromycin (excluding Ery-Tab)—account for almost 50% of the generic prescriptions filled for adolescents and children at Publix, the company said. New or current customers simply need to provide the Publix pharmacists with their prescriptions, up to a 14-day supply, and they will be filled at no charge. There is no limit to the number of prescriptions customers can fill for free, and the free antibiotics are offered to customers regardless of their prescription insurance provider, the store chain said.

FDA, DoD to Share Data

The Department of Defense will share data and expertise with the Food and Drug Administration related to the review and use of FDA-regulated drugs, biologics, and medical devices in an effort to identify potential concerns and recognize benefits of products, the two agencies said. The DoD will share general patient data from military health system records with the FDA, although the agencies will protect all personal health information exchanged under the agreement. Among the DoD programs involved in the agreement is TRICARE, which serves 9.1 million members of the uniformed services, retirees, and their families, and TRICARE prescription data likely will be the first information shared as part of the project. The partnership between the DoD and FDA is part of the FDA's Sentinel Network, a project intended to explore linking private sector and public sector information to create an integrated electronic network.

Bill Would Improve Import Safety

User fees on imported food and drug shipments would fund additional personnel to inspect shipments both at the border and at FDA laboratories under legislation proposed by the chairman of the House Energy and Commerce Committee. Funds from the proposed user fees also would be used to test import samples and research new testing techniques. "We are importing twice as much food as we were a decade ago, yet the FDA examines less than 1% of it," said Chairman John Dingell (D-Mich.). "Without regular inspections and analysis there is little incentive for food producers and importers to ensure that our food supply is free from harmful and sometimes fatal contaminants." The legislation also would expand FDA authority to issue recalls, require country of origin labeling, and halt imports of certain products in the case of problems.

GAO Finds Medicaid Decline

A law requiring most U.S. citizens applying for Medicaid coverage to document their citizenship has caused eligible citizens to lose Medicaid coverage, and the law costs far more to administer than it saves, according to two government analyses. The law went into effect on July 1, 2006, and affects 30 million children and 16 million parents currently enrolled in Medicaid, as well as millions of new applicants. The first analysis, from the Government Accountability Office, found that half the states are reporting declines in Medicaid coverage because of the requirement, and many of those losing coverage appear to be U.S. citizens. The second analysis, produced by the House Committee on Oversight and Government Reform, found that for every $100 spent by federal taxpayers to implement the documentation requirements in six states, only 14 cents in Medicaid savings can be documented.

R.I. to Begin Information Exchange

Rhode Island is one step closer to a health information system that will allow physicians to access patient health data from a variety of sources. The state has chosen Electronic Data Systems Corp. and its subcontractor, InterSystems Corp., to build and integrate the necessary technology and software. Through a 3-year, federally funded $1.71 million contract, the companies will build the core components of the system under the oversight of the Rhode Island Department of Health. Initially, data will come from several state laboratories and from SureScripts, a national e-prescribing services company. When the system is complete, authorized health care providers will have access to laboratory results and medication histories for their patients, state officials said.

—Jane Anderson