



*Pacific NorthWest  
Economic Region*

## Pacific Northwest Economic Region: Health Care Working Group



### Greetings from Health Care Working Group

Welcome to the annual PNWER meeting. Last year in Vancouver the Health Care Working Group had a number of action items. One was to work to establish a Border Health Alliance to cooperate on the issues of public health preparedness. This work is well underway and updates will be reported on at our working group meeting in Boise. An additional action item from Vancouver was to prepare an inventory of healthy public policies across the PNWER region. We have begun this with a summary of information which appears in Issue Two of our newsletter on healthy eating in schools, tobacco control legislation and policies supporting physical activity. (see PNWER updates – Volume 1 – Issue 2 on health care working group website).

Another resolution at the July 2008 conference was to explore establishing a Health Evidence Network in the PNWER region. We should share approaches that provide objective evidence to support health care decisions by consumers, practitioners and policy makers. The presentations at this year's health care working group are the beginning of that sharing, which we hope to build on over the next year.

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**“When Health is absent – wisdom  
cannot reveal itself, art cannot  
manifest, strength cannot fight,  
wealth becomes useless, and  
intelligence cannot be applied”**

– Herophilus, (335 BC to  
280 BC – Greek Physician  
– The Father of Anatomy).

This newsletter supported by:



### What Works in Health Care?

The American Recovery and Reinvestment Act (ARRA) 2009 contains \$1.1 billion for comparative effectiveness research. What is this? Comparative effectiveness research (CER) compares treatments and strategies to improve health. This information is essential for clinicians and patients to decide on the best treatment. It also enables policymakers to identify strategies for improving the health of communities and the performance of the health system. The US is making major investments in this area. Other countries have been conducting similar research and using the results to support decision-making for some time. An overview of some of the definitions and key concepts can be found at:

<http://www.ihe.ca/documents/ComparativeEffectivenessBriefPRESS.pdf>

Some examples of programs which look at reviewing the best available evidence to support informed decision-making will be presented at the health care working group meeting. These include::

**Alberta Health Technologies Decision Process:** (which was established in 2004 to more effectively use research evidence in deciding which new and existing health technologies and services should be paid for with public funds. The collaborative process involving academia, policy makers in government, providers and health system representatives was created to give Albertans access to the best quality health services available while keeping the Province's health system costs under control. <http://www.health.alberta.ca/initiatives/AHTDP.html>

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## Exciting Boise Health Tours

### St. Luke's Boise Medical Center<sup>1</sup>

This tour will provide attendees with a hands-on opportunity to experience a state-of-the-art surgical suite without being a patient. A tour of our surgical suites and a demonstration of the daVinci – our robotic laparoscopic surgical device will be provided. We will also provide a hands-on opportunity to see what doctors see as they utilize “scopes and screens” in the OR to improve outcomes for patients.

The tour will be divided into two separate groups to allow for smaller groupings of individuals into the OR suite for demonstrations. For the waiting group, we will provide an overview of St. Luke's Health System – the only Idaho-based health system comprised of four hospital sites and the state's only Children's Hospital. Time permitting, we may also provide an overview of some of the breakthrough research being performed at St. Luke's Mountain States Tumor Institute – also known as “MSTI.”

### Healthwise Communications<sup>2</sup>

Healthwise, a non-profit organization in Boise, Idaho, develops consumer health information that helps people make better health decisions. Healthwise information can already be found in Canadian provinces and U.S. State Governments. The Province of British Columbia has given every BC resident a copy of a Canada-specific Healthwise Handbook called the BCHealthGuide. Idaho's neighboring states, Wyoming and Montana, have included consumer-focused outreach as a part of their State Medicaid program. The Healthwise tour will include a presentation by Donald W. Kemper, Healthwise founder and CEO. He will discuss the three challenges facing health care along with the Healthwise mission and the need for health care to focus on the patient. Healthwise will then have breakout sessions addressing high-tech solution products, health literacy, and other topics. The tour will close with a discussion of how to build successful health information systems for the future. There will also be a presentation from healthwise communications at the Health Care Working Group meeting.

**Oregon Centre for Evidence-based Policy:** The center addresses public policy challenges by identifying and applying best available evidence through self-governing communities of interest. The Center is a collaboration of academic, private sector and government entities throughout the world with the directive of informing policy through the use of the best available evidence. Established in 2003 by former Oregon Governor, John Kitzhaber, M.D., (legislator 1979-85, Senate President 1985-93, and Governor 1995-2003) the Center builds on lessons learned from improving public policy in the field of health care through innovation, collaboration, and use of best evidence.

<http://www.ohsu.edu/ohsuedu/research/policycenter/>

**Food for thought:** there is much debate in Canada and the United States on health care and the following article provides some perspective and food for thought on the notion that More is always Better in Health Care. It is part of the mythbuster series put out by the Canadian Health Services Research Foundation.

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## MYTH: In Health Care – More is Always Better

Picture this: two 50-year-old men are experiencing chest pain and abnormal heart rhythms. One of the men is admitted for care at a local community hospital in a small town. The other is admitted at a teaching hospital in one of the nation's largest cities. It's natural to assume that the city-dweller will fare better, since his hospital spends more money and therefore has greater resources and provides more specialized care. In the same way, it's instinctive to think that the small-town patient will suffer worse outcomes, since his hospital has less money with fewer resources and poorer access to specialized care. According to the research, however, when it comes to invasive procedures, and even diagnostic testing, “less is more . . . and better”<sup>i</sup>. (See table, page 3) In fact, compared to patients in regions that spend less, patients in high-spending regions are no more satisfied with their care, and actually experience a greater risk of harm and possibly even death.<sup>ii-iv</sup>

### Where you live begets the care you receive

In many cases, it's difficult to determine whether patients receive appropriate care. What is known is that there is great variation in the amount of healthcare people receive that depends largely on where they live.<sup>v-xii</sup> For more than 15 years the Dartmouth Atlas Project, led by John E. Wennberg and Elliott S. Fisher, has tracked “glaring variations” in the distribution and use of healthcare resources in the United States.<sup>ii</sup> Based on U.S. Medicare data, the studies consistently show that more resources – specifically, frequent specialist visits, diagnostics, and specialist and hospital care – don't necessarily lead to better care (see table). In one study involving nearly one million patients dispersed over 306 regions in the U.S. (based on where people go for hospital care), Fisher and colleagues found that patients in high-spending regions received 60 percent more care than those in the lower-spending areas. However, they did not experience lower mortality rates, better functional status or higher satisfaction.<sup>iv</sup> In fact, patients in the lower-spending regions actually received certain preventive services (influenza vaccination, Pap smear and mammography) more often than patients in the highest-spending areas.<sup>iii</sup> Select Dartmouth Atlas studies comparing regional differences in spending and the content, quality and outcomes of care (adapted with permission,<sup>xiii</sup>)

<sup>1/2</sup> PNWER, <http://www.pnwer.org/Default.aspx?tabid=1419>

**Table 1: Select Dartmouth Atlas studies comparing regional differences in spending and the content, quality and outcomes of care (adapted with permission<sup>xiii</sup>)**

High-spending regions compared to low-spending regions <sup>a</sup>	
<b>Content and quality of care</b> <small>iii, v, xiv</small>	<ul style="list-style-type: none"> <li>– Less adherence to process-based measures of quality</li> <li>– Little difference in rates of major elective surgery</li> <li>– More hospital stays, physician visits, specialist referrals, imaging, and minor tests and procedures</li> </ul>
<b>Health outcomes</b> <small>iv, xv, xvi</small>	<ul style="list-style-type: none"> <li>– Higher mortality over a five-year period following heart attack, hip fracture and colorectal cancer diagnosis</li> <li>– Higher survival in regions that practiced medical versus invasive cardiac management of heart attack patients</li> <li>– No difference in functional status</li> </ul>
<b>Physician perceptions of quality</b> <small>xvii</small>	<ul style="list-style-type: none"> <li>– More likely to report poor communication among physicians</li> <li>– More likely to report inadequate continuity of care</li> <li>– Greater difficulty obtaining inpatient admissions or high-quality specialist referrals</li> </ul>
<b>Patient-reported quality of care</b> <small>xviii</small>	<ul style="list-style-type: none"> <li>– Worse access to care and greater wait times</li> <li>– No difference in satisfaction</li> </ul>

<sup>a</sup>High- and low-spending regions are defined as the U.S. hospital referral regions in the highest and lowest quintiles of per capita Medicare spending.<sup>iii</sup>

It's not just an American phenomenon. In Ontario, the Institute for Clinical Evaluative Sciences has documented large regional variations in the provision of healthcare for a range of services. Specifically, patients with conditions such as cardiac disease,<sup>viii</sup> stroke,<sup>ix</sup> arthritis,<sup>x</sup> asthma,<sup>xi</sup> and diabetes<sup>xii</sup> are getting varying degrees of care, despite the availability of evidence-based clinical guidelines in these areas. Canadian research also highlights that in some cases, ready access to care can be a bad thing for patients. A Vancouver-based study that assessed the effectiveness of a range of elective surgeries found that cataract surgery was often ordered in the absence of significant visual impairment and that it left 27 percent of patients reporting no change or even deterioration in their visual function.<sup>xix</sup>

### **A built hospital bed is a filled one**

Other predictors can also drive the use and, more specifically, the overuse of services. These include patient demand, a medical culture in which physicians often do more tests and interventions than are really necessary, and the fee-for-service structures that reward physicians for providing more and more care.<sup>xx</sup> One particularly strong predictor that factors into the equation is the availability of healthcare resources such as hospital beds and specialists.<sup>v</sup> As the 1960s health services researcher, Milton Roemer put it, "A built hospital bed is a filled hospital bed."<sup>v</sup> In practice, "Roemer's Law" can indicate inefficient systems that offer ineffective and inappropriate care for patients.

### **Conclusion**

Although Canadians may feel better when they live in close proximity and have quick access to healthcare resources, the research suggests they may be experiencing a false sense of security. So is there such a thing as too much medicine? Almost certainly there is, according to a 2002 issue of the British Medical Journal.<sup>xxi</sup> And as everyday life becomes increasingly medicalized, with a new pill or procedure constantly in development, the problem is growing.<sup>xxi</sup> At the same time, some patients benefit from invasive, high-tech care, but better evaluation of healthcare performance is needed to identify these cases. Doing so would help in matching resources to population need, with a view to clinical and financial efficiency and overall improvements in quality of care.

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**Healthy Meeting tips:** To begin we want to make sure that all PNWER delegates follow some useful healthy tips for meetings.

- Practice appropriate flu prevention techniques: wash your hands frequently and if you have to cough – do it in your sleeve!
- Everything in moderation: Make sure to sample all the wonderful Idaho food and beverages – but make sure to do so in moderation. Avoid that third helping and lessen food intake later in the evening. Have fun visiting with colleagues but make sure to grab enough shut-eye to stay alert and contribute in the next day.
- Choose healthy food choices: Eat a variety of foods, choose lower-fat foods, choose whole grain and enriched breads, try dark green and orange vegetables and orange fruit more often. Chips, chocolate bars, and soft drinks? – do you need to ask?
- Grab some exercise: Try walking down the stairs from your room or getting off a few floors earlier. Encourage your chair of the session to have a stand-up stretch break. If you are planning a 45 minute meeting with a colleague – why not do it while taking a leisurely walk?
- Be positive in outlook: It is known that a smiling face reduces stress for both the person smiling and the person receiving it. So attack the work of the conference with a smile. Let's get a lot of work done – but reduce unnecessary anxiety and stress.