

24 The Commission is very happy to welcome our
25 tenth participant, Atheer Kaddis.

1 MR. KADDIS: Good afternoon, and welcome to
2 Blue Cross Blue Shield of Michigan. My name is Atheer
3 Kaddis, and I am a pharmacist. I am the Director of
4 Pharmacy Services Clinical here at Blue Cross Blue
5 Shield Michigan, and I'd like to thank each member of
6 the State Commission on Patient Safety for allowing me
7 to present to you today on behalf of Blue Cross Blue
8 Shield of Michigan and Blue Care Network.

9 Patient safety is the most important aspect
10 of healthcare delivery, and we look forward to working
11 with you and other key stakeholders to improve patient
12 safety for all Michigan residents in the future.

13 In 1999, the Institute of Medicine released
14 an important report titled, "To Err is Human," which
15 estimated that errors in hospitals alone caused as
16 many as 98,000 patient deaths and more than 1 million
17 patient injuries per year, at a cost of up to \$29
18 billion each year.

19 The Institute of Medicine reported that it
20 would be -- and this is a quote from the report --
21 "Irresponsible to expect anything less than a 50
22 percent reduction in errors over five years."

23 We are now at the five-year point since this
24 report was published, and even though there have been
25 sincere efforts to improve patient safety, I can tell

1 you we still have -- we all still have a lot of work
2 to do.

3 Blue Cross Blue Shield of Michigan and Blue
4 Care Network recommend that the State and other key
5 stakeholders focus on the following initiatives to
6 improve patient safety in Michigan, keeping in mind
7 that there are no magic bullets for improving patient
8 safety.

9 What's needed is a comprehensive approach to
10 address patient safety in hospitals, physician
11 offices, pharmacies, and other healthcare settings.

12 The first initiative I'd like to speak about
13 is the implementation of information technology tools
14 to help ensure that providers have ready access to
15 healthcare information from the full continuum of care
16 settings.

17 Some of these tools are very expensive to
18 implement, yet they are clearly linked with improved
19 patient safety.

20 I can tell you that in our experience as a
21 health plan, we've developed several different
22 approaches to improving patient safety in hospitals
23 and community pharmacies and other settings, and one
24 of the biggest challenges is to implement high
25 technology tools in these settings due to the cost.

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1 And it goes beyond just the economic cost of
2 implementing these tools. There is also a required
3 need for a change in the culture of safety in these
4 settings, which is additional cost for the providers.
5 And I think that invariably as the Commission you will
6 find that type of feedback from the provider
7 community.

8 Other examples of high technology tools or
9 information technology tools include automated medical
10 records, bar coding, and electronic prescribing,
11 specifically with linkage to pharmacy claims data sets
12 and automated drug safety monitors.

13 There's a lot of work that needs to be done
14 with electronic prescribing, and I'll talk a little
15 bit more about that later in the presentation and will
16 obviously provide much more detail in the written
17 testimony.

18 Number two, provider-led clinical data-driven
19 collaborative quality improvement projects designed to
20 identify and disseminate information about best
21 practices among healthcare providers. Some of these

22 projects are also clearly linked with improved patient
23 safety and healthcare outcomes.
24 And just some examples here, the Blue Cross
25 Blue Shield of Michigan Cardiovascular Consortium,

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1 we've shown with an angioplasty continuous quality
2 improvement program, we've shown a 27 percent
3 reduction in mortality within 18 hospitals that we've
4 partnered with on this project.

5 The Michigan Health and Safety Coalition
6 Infection Control Work Group is another example of a
7 great collaborative project, and the Michigan Health
8 and Hospital Association Keystone ICU project which we
9 fully support through our Participating Hospital
10 Agreement Incentive Program in Michigan.

11 Number three, incentives or pay for
12 performance programs to reward healthcare providers,
13 for example, physicians, hospitals, and pharmacists,
14 for improved outcomes related to patient safety.

15 We have some examples of this also. I
16 mentioned our Blue Cross Blue Shield of Michigan
17 Hospital Incentive Program. We have the Blue Care
18 Network Physician Incentive Program, and soon to be
19 implemented, the Blue Cross Blue Shield of Michigan
20 Physician Group Incentive Program in 2005 is focused
21 on improving the quality of care of patients with
22 selected chronic diseases.

23 Number four, voluntary confidential reporting
24 analysis and dissemination of preventable adverse
25 events and near misses using a standardized format

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1 across healthcare settings to provide a mechanism to
2 collect comparative data on the type and scope of
3 healthcare errors, which can be used to implement
4 improved safety practices.

5 As both of the speakers before me mentioned,
6 there is definitely a place for a reporting system,
7 and we have some great examples of successes here in

8 Michigan using these reporting systems.

9 Number five, medication safety initiatives to
10 help ensure the safe prescribing, dispensing, and
11 administration of medications across all healthcare
12 settings.

13 Examples here or ideas: To identify and use
14 standards and best practices for the safe use of
15 drugs, to encourage pharmacies and hospitals to use
16 self-assessment tools, to identify gaps in quality of
17 care, and implement continuous quality improvement
18 programs.

19 In our experience, we've used the Institute
20 for Safe Medication Practices self-assessment in the
21 hospital setting and in the pharmacy settings.

22 Provide incentives to use electronic
23 prescribing, incorporating systematic approaches to
24 alerting prescribers to potential patient-specific
25 drug interactions and drug disease concerns.

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1 Current regulations preventing the
2 transmission of electronic prescriptions must be
3 addressed here in Michigan. And when I say current
4 regulations preventing electronic prescriptions, I'm
5 talking about a true electronic prescription, not one
6 that's faxed to a pharmacy.

7 And to create a new peer review process for
8 errors that occur in the community pharmacy setting.
9 The process used today is a punitive approach that
10 dissuades the reporting of errors or near misses in
11 this setting, and this truly needs to be addressed.

12 And finally, number six, to educate consumers
13 by sharing information on processes that may reduce
14 future occurrences or preventable adverse events and
15 near misses, and also improving health literacy and
16 communicating with low-literacy patients to improve
17 patient understanding of explanations about diagnosis
18 and treatment options.

19 Some examples here include the Michigan
20 Health and Safety Coalition Web-based report that

21 provides hospital-specific comparative information to
22 consumers, the Leap Frog Group Web-based consumer
23 report; the Agency for Health Care Research and
24 Quality documents on the role of patients and
25 providers in helping to ensure patient safety; and the

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1 Blue Cross Blue Shield of Michigan and Blue Care
2 Network member information provided through our Care
3 Management and Member Education programs.

4 I'd like to again thank the Commission for
5 the opportunity to present here today. We look
6 forward to the possibility of working together to
7 improve patient safety in Michigan in the future.
8 Thank you.

9 DR. SIMMER: Thank you. Are there any
10 questions from the Commission?

11 MR. WAGENKNECHT: Atheer, in the voluntary
12 assessment with the Institute of Safe Medication
13 Practices, what kind of participation have you had in
14 the hospital and in community pharmacy arenas? Can
15 you speak to that a little bit?

16 MR. KADDIS: Absolutely. In the hospital
17 setting, through our Participating Hospital Agreement
18 Incentive Program, we have about 90 hospitals in that
19 program. All 90 hospitals completed the assessment.

20 In the community pharmacy setting, there are
21 over 2,200 pharmacies in Michigan. We had a
22 completion rate in the community pharmacy setting of
23 over 80 percent. Over 1,700 pharmacies completed the
24 Institute for Safe Medication Practices survey.

25 And what we're doing as a result of that is

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1 that we've worked with key stakeholders in the
2 pharmacy profession to create the Michigan Medication
3 Safety Coalition to further efforts to promote best
4 practices to improve patient safety in the community
5 pharmacy setting using the results from the Institute
6 for Safe Medication Practices self-assessment, and

7 that survey we sent to the pharmacies completed in
8 2003. So we're currently working on implementing
9 follow-up initiatives to that effort.

10 MS. McDONALD: Just we talked earlier, I
11 think we have 131 hospitals in Michigan today, and
12 90 -- are these 90 hospitals that you have your -- are
13 contract with?

14 MR. KADDIS: Yes.

15 MS. McDONALD: This 90, and so the other 40
16 are not involved in this project?

17 MR. KADDIS: The initiative to have the
18 Institute for Safe Medication Practices
19 self-assessment completed was started by Blue Cross
20 Blue Shield of Michigan, Michigan Hospital
21 Association, and Michigan Pharmacists Association, and
22 it was as a component of our Participating Hospital
23 Agreement Incentive Program, which only covers peer
24 group 1 through 4 hospitals in Michigan.

25 MS. McDONALD: So the little hospitals were

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1 not?

2 MR. KADDIS: Correct, yes. And I'm not sure
3 if Michigan Hospital Association is presenting today.
4 Maybe they can talk about the other hospitals. My --
5 from what I recall, there are other hospitals that
6 completed the self-assessment even though they weren't
7 part of this Participating Hospital Agreement.

8 DR. SIMMER: Okay. Thank you, Atheer.

9 MR. KADDIS: Thank you.