



Select Committee on Affordable Healthcare Access

Friday, January 15, 2016
8:00 AM – 10:00 AM
Sumner Hall (404 HOB)

Action Packet

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
1/15/2016 8:00:00AM

Location: Sumner Hall (404 HOB)

Summary: No Bills Considered

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
1/15/2016 8:00:00AM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jose Oliva (Chair)	X		
Jason Brodeur	X		
Janet Cruz			X
Matt Gaetz	X		
James Grant	X		
Matt Hudson	X		
Evan Jenne	X		
Mia Jones	X		
MaryLynn Magar	X		
Jared Moskowitz			X
Jeanette Nuñez			X
Cary Pigman	X		
Paul Renner	X		
Chris Sprows	X		
Alan Williams			X
Totals:	11	0	4

Committee meeting was reported out: Friday, January 15, 2016 12:23:34PM

COMMITTEE MEETING REPORT
Select Committee on Affordable Healthcare Access
1/15/2016 8:00:00AM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances:

Makary, M.D., Dr. Marty (At Request Of Chair) - Information Only
Johns Hopkins
Surgical Director John Hopkins Multidisciplinary Pancreas Clinic, Professor of Surgery
600 N Wolfe St, Oster Blding , Ste 624
Baltimore MD 21287
Phone: (410) 502-6845

Newman, PhD, JD, Dr. David (At Request Of Chair) - Information Only
Health Care Cost Institute
Executive Director
1100 G Street NW
Washington DC 20005
Phone: (571) 257-3838

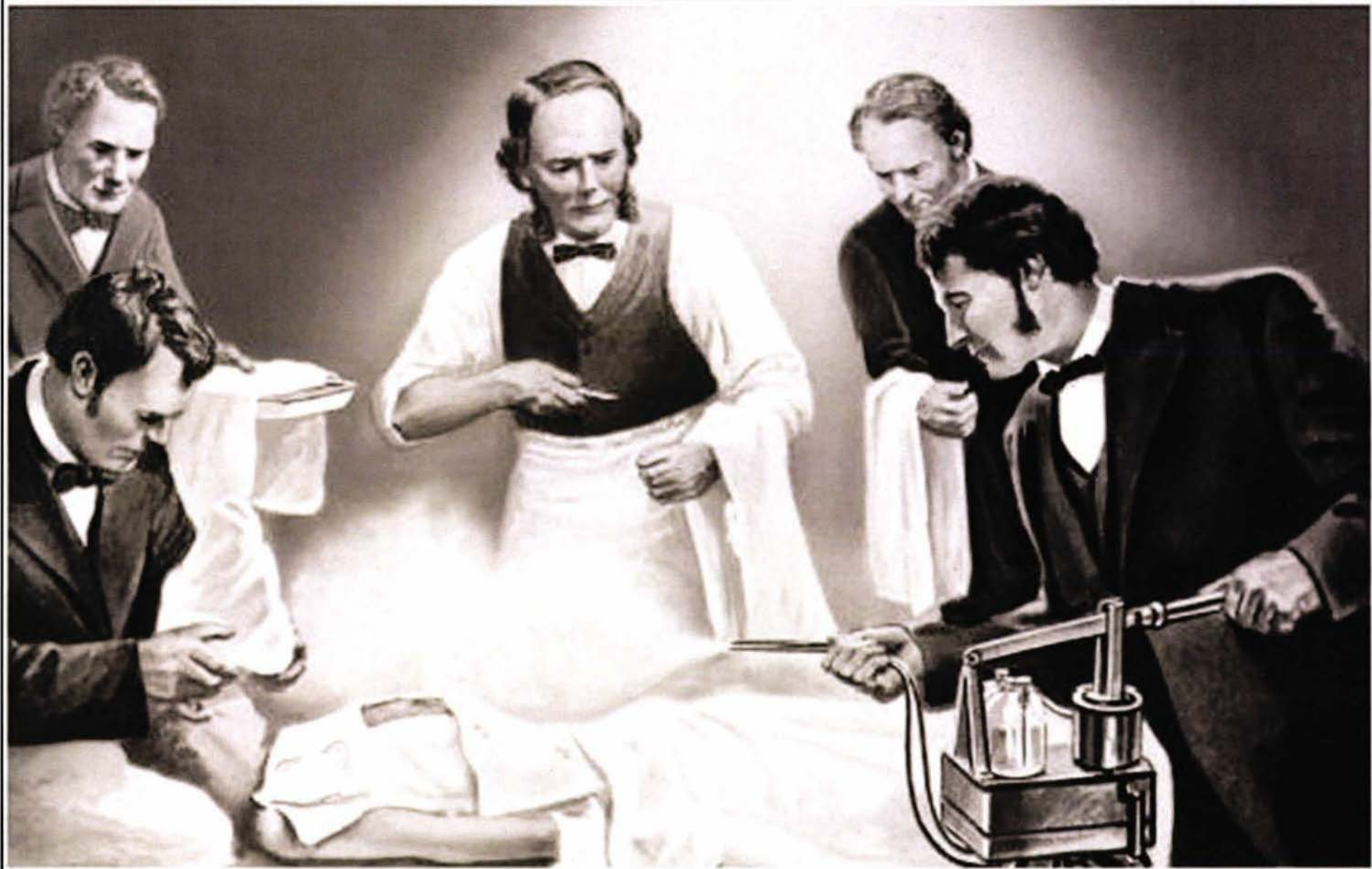
Sandy, M.D., FACP, Dr. Lewis (At Request Of Chair) - Information Only
United Health Group
Executive Vice-President, Clinical Advancement, United Health Group
9900 Bren Rd E, MN 008-T830
Minnetonka MN 55343
Phone: (952) 936-1828

Vickers, Mary Beth (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Executive Office of the Governor
Health and Human Services Policy Coordinator, OPB/EOG
400 S. Monroe Street
Tallahassee FL 32308
Phone: (850) 717-9511

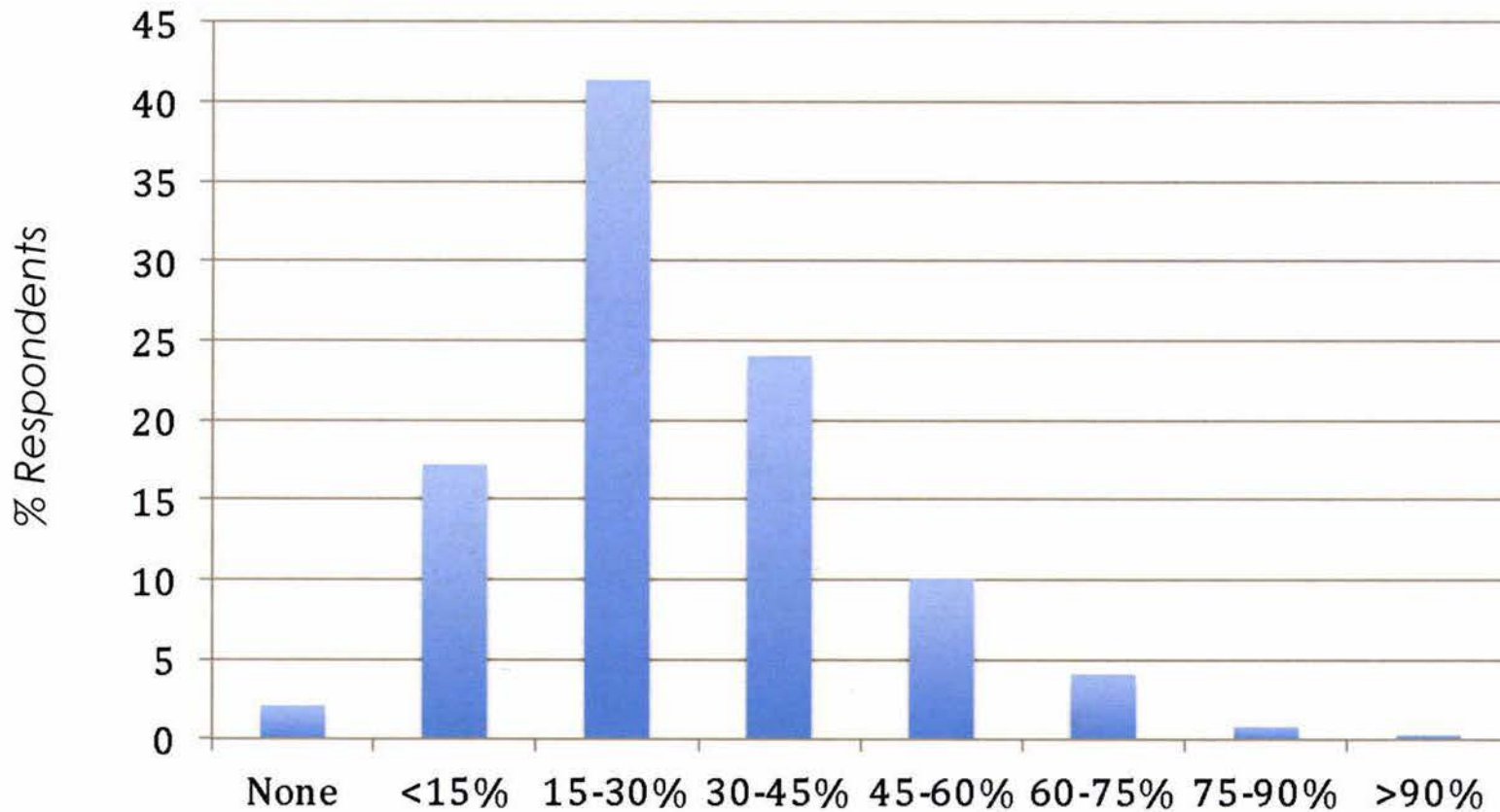








What percent of Medical Care is Unnecessary?



Lyu H et al, Unpublished data, Johns Hopkins University School of Medicine

Causes of Death in the U.S.

- | | |
|--------------------------------|----------------|
| 1. Heart disease | 597,689 |
| 2. Cancer | 574,743 |
| 3. Respiratory diseases | 138,080 |



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MEDICINE

Causes of Death in the U.S.

1. Heart disease	597,689
2. Cancer	574,743
3. Variation	210,000
4. Respiratory diseases	138,080

Makary MA, Daniel M. Medical Error: The third leading cause of death in the U.S., BMJ, 2016; under review.



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MEDICINE

Safety Culture Survey

Safety Attitudes Questionnaire (ICU Version)

ICU job category: (mark only one):

<input type="radio"/> Charge Nurse	<input type="radio"/> Perinatal
<input type="radio"/> Name Management Nurse	<input type="radio"/> Respiratory Therapist
<input type="radio"/> CR Care RN	<input type="radio"/> Nursing Assistant
<input type="radio"/> CR Care (RN/MT)	<input type="radio"/> Head Clerk/Secretary
<input type="radio"/> CR Care Above/Intermediate	<input type="radio"/> Fellow/Resident Medical
<input type="radio"/> CR Care Fellow/Resident	<input type="radio"/> Fellow/Resident Surgical
<input type="radio"/> Attending/Staff Physician (Med)	<input type="radio"/> Other (specify):
<input type="radio"/> Attending/Staff Physician (Sur)	

Type of ICU (mark only one):
Please complete this survey with respect to your experiences at this ICU.

<input type="radio"/> Mixed medical/surgical	<input type="radio"/> Pediatric ICU
<input type="radio"/> Medical ICU	<input type="radio"/> Cardiac surgical ICU
<input type="radio"/> Neuro ICU	<input type="radio"/> Neurological ICU
<input type="radio"/> Surgical ICU	<input type="radio"/> Other (specify):

MARKING INSTRUCTIONS
- Use number 2 pencil only. **Correct Mark**
- Erase cleanly any mark you wish to change. **Incorrect Marks**

Today's Date: _____ mm/yy

PLEASE DO NOT WRITE IN THIS AREA

SERIAL 00000000000000000000

Please answer by marking the response of your choice to the right of each item, using the letter from the scale below.

	A	B	C	D	E
	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly

47. I have made errors that had the potential to harm patients.

48. Staff physicians/intensivists in this ICU are doing a good job.

49. Fatigue impairs my performance during emergency situations (e.g., emergency resuscitation, seizure).

50. Fatigue impairs my performance during routine care (e.g., medication review, ventilator checks, transfer orders).

51. If necessary, I know how to report errors that happen in this ICU.

52. Patient safety is constantly reinforced as the priority in this ICU.

53. Interactions in this ICU are collegial, rather than hierarchical.

54. Important issues are well communicated at shift changes.

55. There is widespread adherence to clinical guidelines and evidence-based criteria in this ICU.

56. Personnel are not punished for errors reported through incident reports.

57. Error reporting is rewarded in this ICU.

58. Information obtained through incident reports is used to make patient care safer in this ICU.

59. During emergency situations (e.g., emergency resuscitations), my performance is not affected by working with inexperienced or less capable personnel.

60. Personnel frequently disregard rules or guidelines (e.g., handwashing, treatment protocols/clinical pathways, sterile field, etc.) that are established for this ICU.

61. Communication breakdowns which lead to delays in delivery of care are common.

62. Communication breakdowns which negatively affect patient care are common.

63. A confidential reporting system that documents medical incidents is helpful for improving patient safety.

64. I may hesitate to use a reporting system for medical incidents because I am concerned about being identified.

It is easy to speak up if I perceive a problem in the OR

I would feel comfortable having my own care here

26. In this ICU, it is difficult to speak up if I perceive a problem with patient care.

27. When my workload becomes excessive, my performance is impaired.

28. I am provided with adequate, timely information about events in the hospital that might affect my work.

29. I have seen others make errors that had the potential to harm patients.

30. I know the proper channels to direct questions regarding patient safety in this ICU.

31. I am proud to work at this hospital.

32. Disagreements in this ICU are resolved appropriately (i.e., not who is right but what is best for the patient).

33. I am less effective at work when fatigued.

34. I am more likely to make errors in tense or hostile situations.

35. Stress from personal problems adversely affects my performance.

36. I have the support I need from other personnel to care for patients.

37. It is easy for personnel in this ICU to ask questions when there is something that they do not understand.

38. Disruptions in the continuity of care (e.g., shift changes, patient transfers, etc.) can be detrimental to patient safety.

39. During emergencies, I can predict what other personnel are going to do next.

40. The physicians and nurses here work together as a well-coordinated team.

41. I am frequently unable to express disagreement with staff physicians/intensivists in this ICU.

42. Very high levels of workload stimulate and improve my performance.

43. Truly professional personnel can leave personal problems behind when working.

44. Morale in this ICU is high.

45. Trainees in my discipline are adequately supervised.

46. I know the first and last names of all the personnel I worked with during my last shift.

***Medical error is defined as any mistake in the delivery of care, by any healthcare professional, regardless of outcome.**

TURN OVER

ICU Job Status

Full-time
 Part-time
 Agency
 Contract

Ethnic Group:

Hispanic
 Black (not Hispanic)
 White (not Hispanic)
 Asian/Pacific Islander
 Multi-ethnic
 Other

How many years of experience do you have in this primary specialty? YEARS

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

How many years have you worked in this ICU (mark 00 if less than 1 year)? YEARS

00	01	02	03	04	05	06	07	08	09	10
----	----	----	----	----	----	----	----	----	----	----

CURRENT AGE YEARS

00	01	02	03	04	05	06	07	08	09	10
----	----	----	----	----	----	----	----	----	----	----

On average, how many patients do you admit to this ICU each month?

00	01	02	03	04	05	06	07	08	09	10
----	----	----	----	----	----	----	----	----	----	----

Usual Shift

Day
 Evening
 Night
 Variable Shifts

***Optional:** collected as part of a cross-cultural study
Citizenship (e.g., Canadian, Filipino, USA, etc.): _____

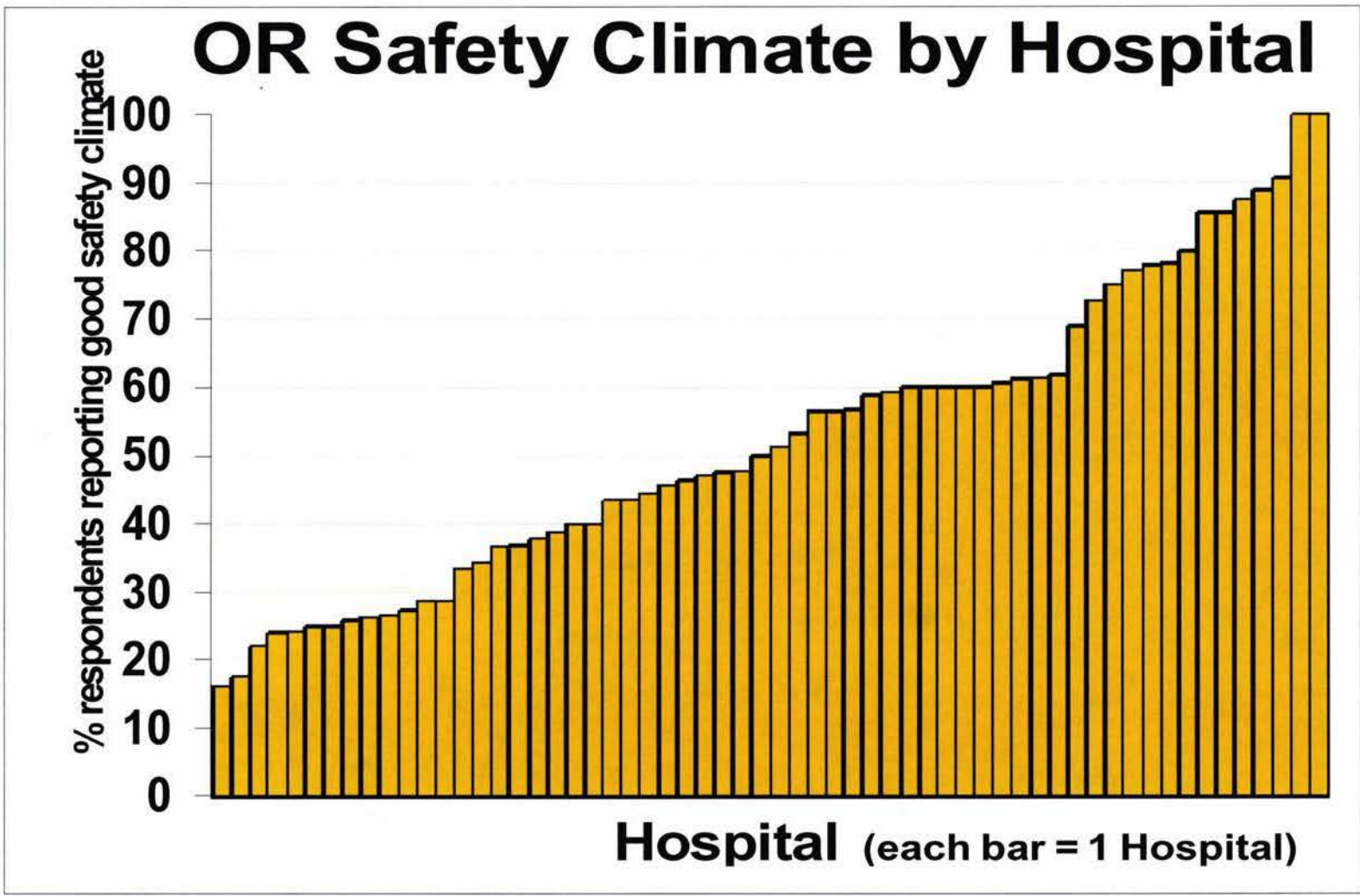
Country of birth (if different): _____

COMMENTS: What are your top three recommendations for improving patient safety in this ICU?

- _____
- _____
- _____

If more room for comments is needed, please provide your response on a separate sheet of paper.

Thank you for completing the questionnaire - Your time and participation are greatly appreciated

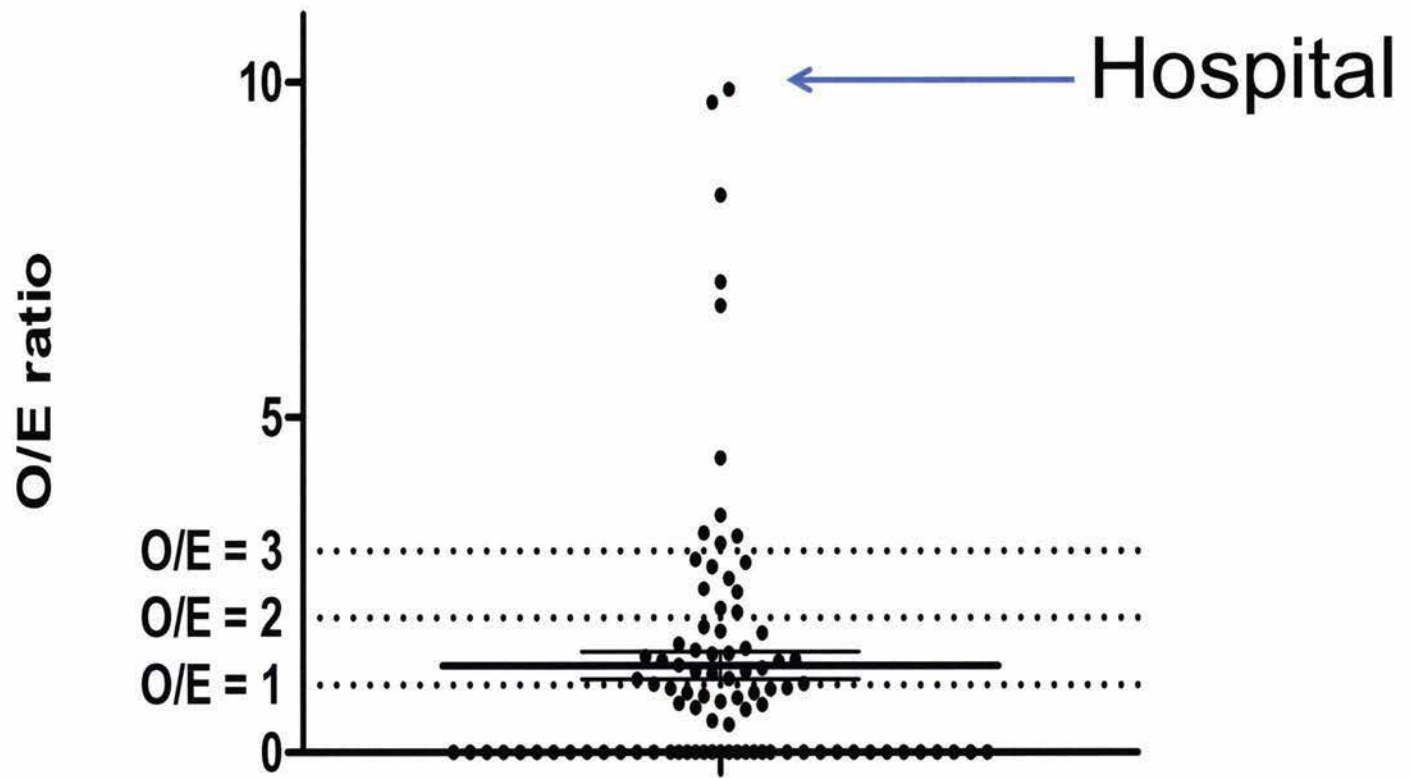


Makary M, et al., *Patient Safety in Surgery*, Annals of Surgery, 2006

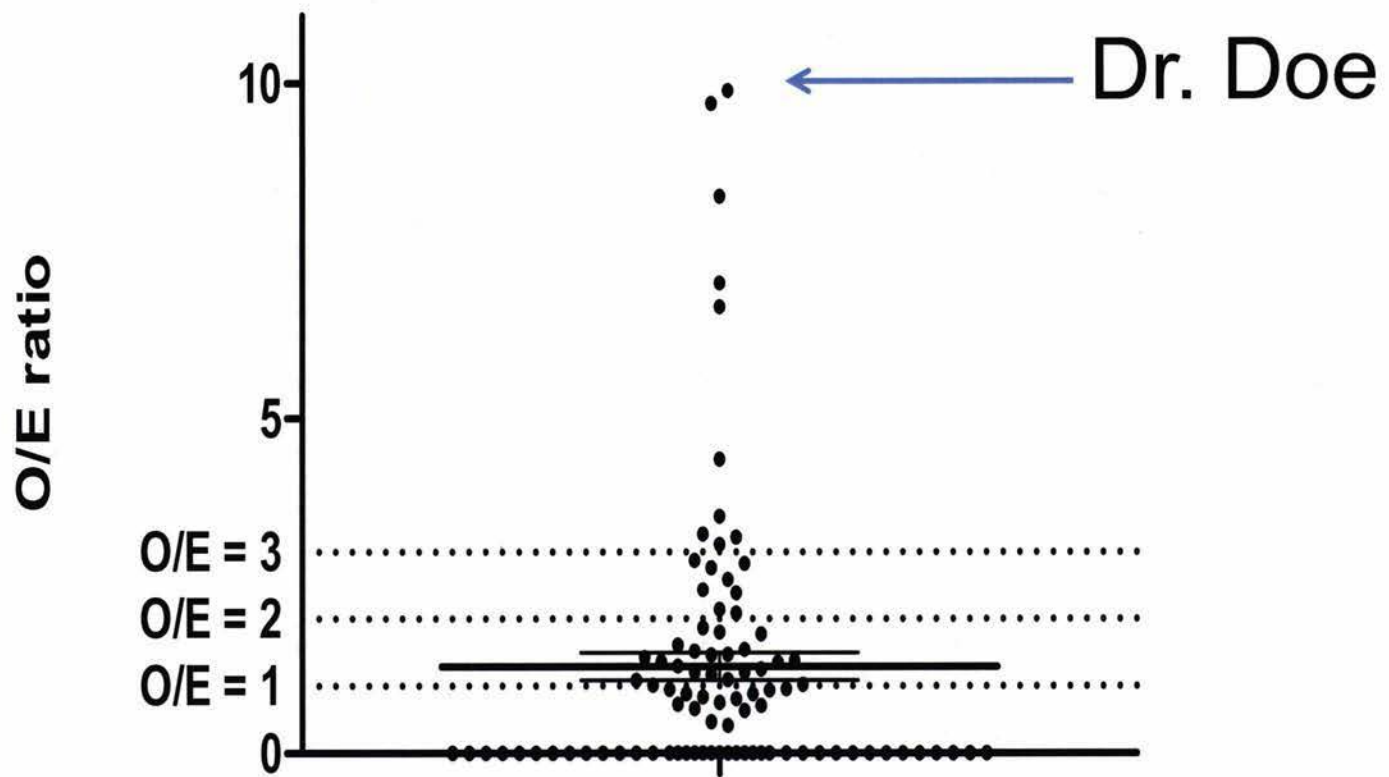


Fan C, et al. Journal of the American College of Surgeons, 2016

Likelihood of complications by surgeon (N=92)



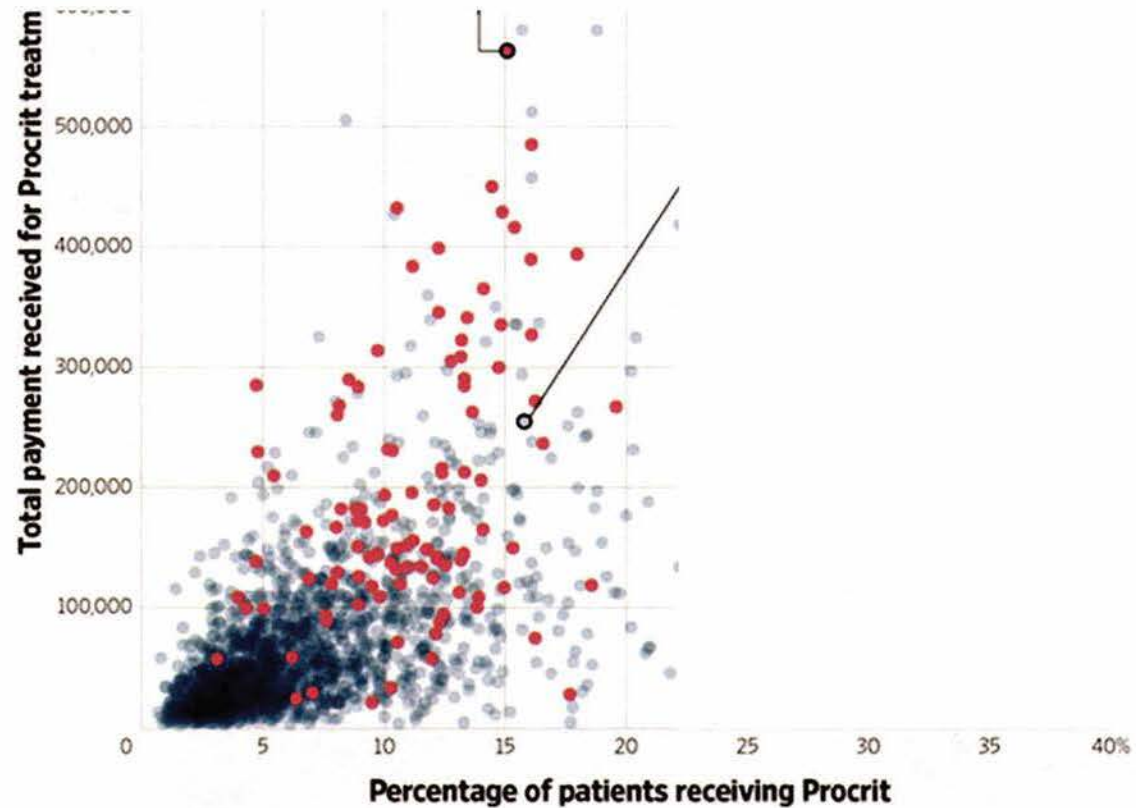
Likelihood of complications by surgeon (N=92)



Treatment Variations

Oncologists at Florida Cancer Specialists treated 11% of patients on average with Procrit at least once, higher than the national average, Medicare billing data show. Some other U.S. doctors stood out for their use of Procrit.

- 104 Florida Cancer Specialists oncologists
- 1,658 other oncologists using Procrit



Note: Includes oncologists who billed Medicare for treating at least 11 patients with Procrit. Medicare pays a fixed price for each unit of Procrit, up to 6% more than an 'average sales price' that Medicare calculates. Doctors increase income on the drug if they obtain lower prices from suppliers.

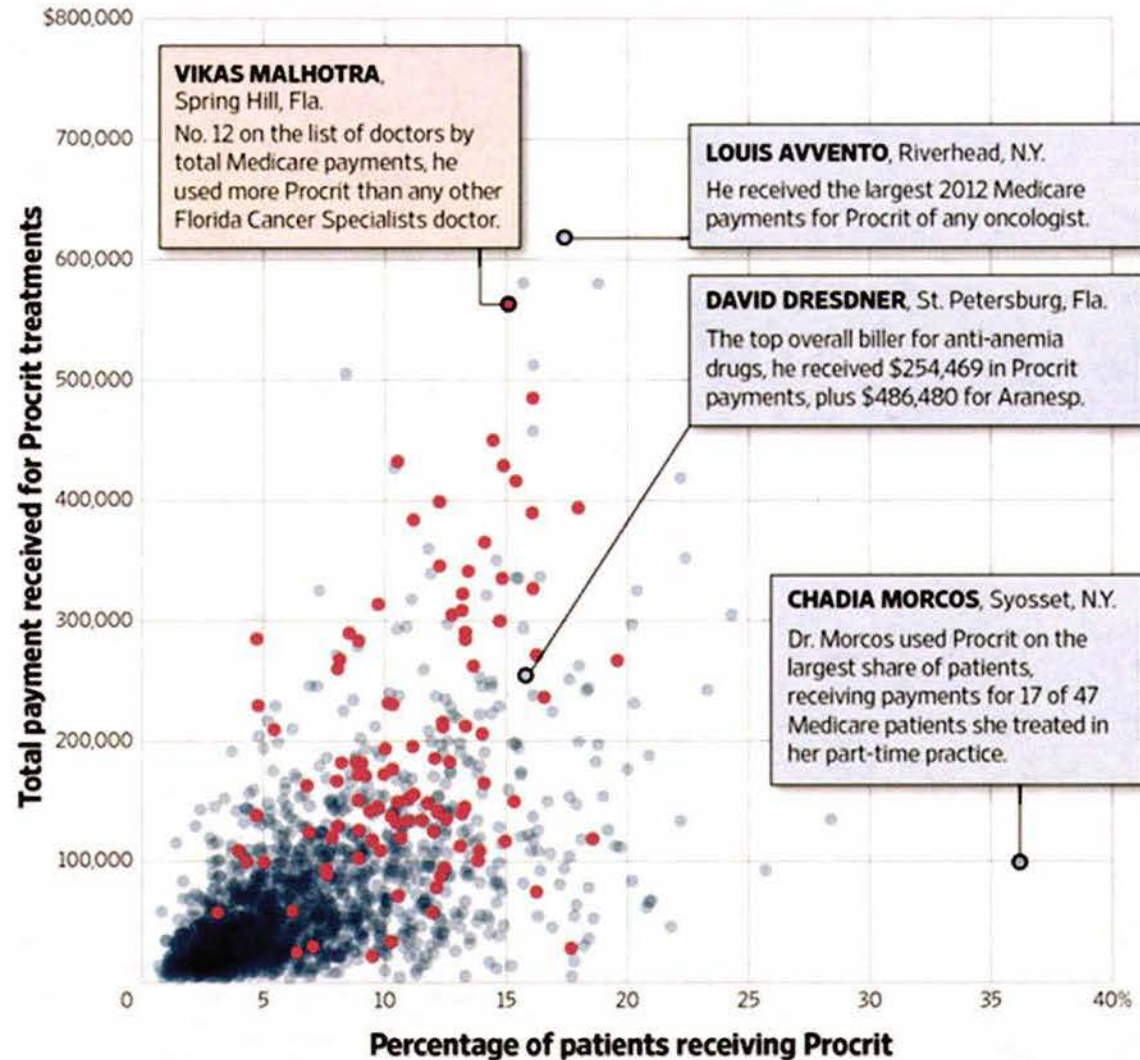
Source: WSJ analysis of Medicare Physician and Other Supplier data, 2012

The Wall Street Journal

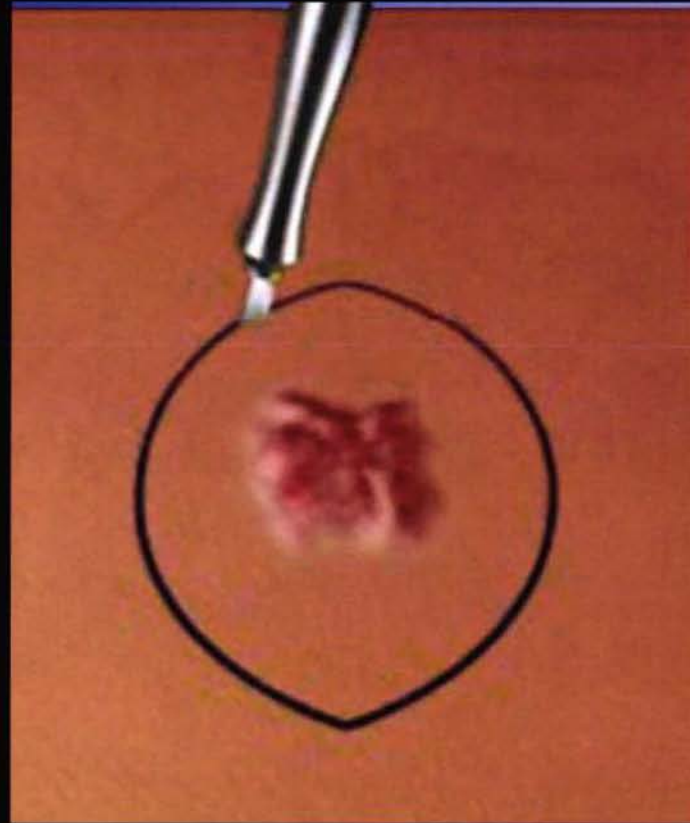
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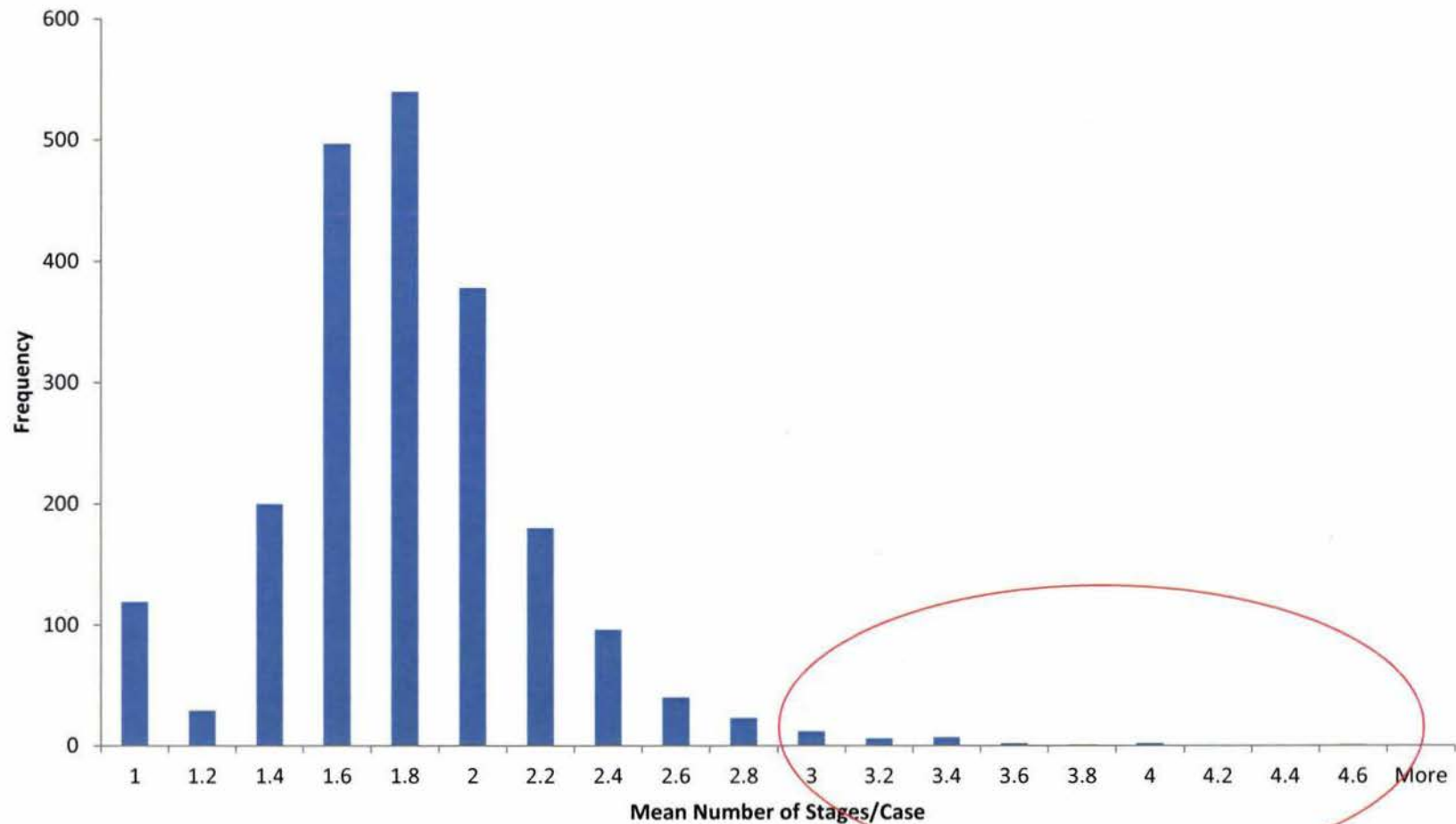
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The Wall Street Journal



Cuts Per Patient



Courtesy: John Albertini and Joe Francis, Am Coll Mohs Surgeons

Unnecessary Medical Care

- 1. Skin Cancer**
- 2. Cardiac Stents**
- 3. Hysterectomy/BSO**
- 4. Medications**
- 5. Biopsies**
- 6. Diagnostic Tests**



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MEDICINE



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/10/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Home Select

Committee/Subcommittee: _____

Name: Dr. Marty Makary

Title: MD - Johns Hopkins

Address: 600 N. Wolfe St., Oyster Bldg., Rm 624

City: Baltimore State/Zip: MD 21289

Phone Number: 410-502-6845

Representing: Johns Hopkins

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/15/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: David Newman

Title: Executive Director

Address: 1100 G Street NW

City: Washington State/Zip: DC 20005

Phone Number: 571-257-3838

Representing: Health Care Cost Institute

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: N/A Meeting Date: 1/15/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Value based contracting

Committee/Subcommittee: Select Committee on Affordable Health Care Access

Name: Dr. Lewis Sandy

Title: Executive Vice President, Clinical Advancement, UnitedHealth Group

Address: 9900 Bren Rd. E MN008-1830

City: Minnetonka State/Zip: MN 55343

Phone Number: 952-936-1828

Representing: UnitedHealth Group

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/15/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Care Transparency

Committee/Subcommittee: House Select Committee on Affordable

Name: Mary Beth Lister Healthcare

Title: Policy Coordinator, HHS, DCB/EDS

Address: 409 S. Monroe

City: Tallahassee State/Zip: FL 92308

Phone Number: 850-717-9511

Representing: EDS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	