



Orthopedic Practice Management

Leapfrog Group: seeking change in how health care is purchased

Group of Fortune 500 companies compares hospital performance; offers incentives such as more patients, money.

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The statistics in the 1999 Institute of Medicine report, "To Err is Human: Building a Safer Health System," fueled the current patient safety movement. Numerous legislative and regulatory initiatives and task forces developed to find possible solutions to the medical error crisis. The patient safety advocacy effort called the Leapfrog Group was one response.

Founded by the Business Roundtable and supported by the National Health Care Purchasing Institute, the Leapfrog Group consists of a growing

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number of Fortune 500 corporations and other private and public sector health care purchasers and agencies, such as Pacific Business Group on Health (PBGH), and the Joint Commission on Accreditation of Healthcare Organizations. It is the only purchaser-driven initiative and its combined members provide health benefits to more than 31 million Americans and spend more than \$52 billion on health care each year.

In response to the Institute of Medicine's (IOM) recommendation that large health care purchasers provide more market reinforcement for quality and safety, the Leapfrog Group started a national effort to change the way employers purchase health care. Leapfrog's members have agreed to base their health care purchases on a common set of principles that promote patient safety, such as educating enrollees about patient safety by comparing hospital performance practices and offering incentives (ie, more patients, money, recognition) to hospitals that adopt certain patient safety

practices.

In a statement made to the Senate Committee on Health, Education, Labor and Pensions, **Arnold Milstein, MD, MPH**, medical director of PBGH, said, "At the error rates calculated by the IOM, hospital errors cause one of the Roundtable's member company enrollees to suffer an avoidable death and five to suffer an avoidable disability every hour." The Leapfrog Group hopes to reduce hospital-based medical mistakes by giving patients information to make more informed hospital choices.

The Leapfrog Group is focusing on three evidence-based practices within hospitals. According to **Suzanne Delbanco, PhD**, executive director, "These practices were selected not only because of their potential to reduce errors but also because they can be easily understood by consumers and [are] feasible to implement in the near future."

Hospitals surveyed

To measure these practices, the Leapfrog Group surveyed approximately 500 urban hospitals in different geographic areas; participation was voluntary and about half the hospitals contacted completed the survey.

The survey found that 3.3% of responding hospitals have instituted Computer Physician Order Entry (CPOE) whereby physicians type medication orders into a computer with prescribing-error prevention software. Thirty percent of responding hospitals plan to have CPOE in place by 2004.

Ten percent of hospitals submitting responses have implemented ICU Physician Staffing (IPS). The group said that mortality rates are lower in hospitals that utilize full-time intensivists in the ICU within a closed system where only intensivists and their team are allowed to care for ICU patients. Eighteen percent of responding hospitals plan to implement IPS by 2004.

The third safety practice measured was Evidence-Based Hospital Referral (EHR). The Leapfrog Group looks at the hospital's volume of five proce-

dures and two neonatal ICU treatments as its criteria to measure EHR.

The IOM report estimated that \$29 billion is spent on costs related to medical errors. According to **John Birkmeyer, MD**, assistant professor of surgery and community and family medicine at Dartmouth Medical School, more than 500,000 medical errors could be avoided each year if hospitals implemented CPOE systems.

James Herndon, MD, first vice president for the American Academy of Orthopedic Surgeons (AAOS), said that cost is an issue. "There are so many medications today with similar names; no one can be expected to remember them all. Physicians need informational technology, like CPOE, to help them with their work." Herndon said that some physicians might be hesitant at first to embrace electronic entry but "like anything else, once you learn how it works, it can be a great asset."

Warren A. Jones, MD, president of the American Academy of Family Physicians (AAFP), said Leapfrog has "missed the mark when it comes to where they should focus their resources. The three practices they selected to implement are very complex and costly and affect a relatively small percentage of Americans. Their efforts would be better directed toward low-complexity, lower-cost options based on solid evidence." The AAFP is particularly concerned about Leapfrog's IPS practice.

To meet the Leapfrog Group's IPS standard, hospitals are required to have a board-certified intensivist present in the ICU eight hours each day who can return pages within five minutes. At other times, a Fundamentals of Critical Care Support-trained physician or physician extender must be able to reach a patient within five minutes.

Jones noted that "the current physician workforce is not remotely configured" to meet the Leapfrog Group's IPS practice and the "evidence underpinning this [IPS] standard is overwhelming."

Delbanco said that Leapfrog hopes its focus on IPS will build a supply of intensivists and "encourage the adoption of ICU telemonitoring in hospitals having trouble enlisting intensivists." The Society of Critical Care Medicine is addressing these problems by publishing a resource guide and

offering courses for the intensivist-directed ICU and has contacted numerous hospital administrators to offer its services.

Marc Swiontkowski, MD, professor and head of the University of Minnesota Department of Orthopedic Surgery, said the IPS practice is not a problem for the orthopedic community as "we try to avoid having patients in the ICU. Rarely is an orthopedic surgeon the primary attending for an ICU patient. Having only intensivists in the ICU provides the best care by experts." Swiontkowski is editor of the Trauma section on ORTHOPEDICS TODAY's editorial board.

AAOS and patient safety

Herndon said that the "efforts of the Leapfrog Group can potentially have a strong impact on our profession, especially when it comes to volume indicators for EHR. Currently, the Leapfrog Group is focusing on cardiac surgery, but who is to say that they won't evaluate orthopedic surgery in the future?" The AAOS, which advocates the importance of patient safety concerns, is seeking a lay member, such as a CEO from the Leapfrog Group, to serve on its board. Herndon believes that including this individual will allow for a two-way dialogue and give orthopedic surgeons a voice about future patient safety measures prepared by the Leapfrog Group.

In addition, the AAOS has formed a Patient Safety Committee whose activities "are expected to range from development of educational programs and advisory statements for

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physicians to creation of a curriculum on patient safety, public outreach, special alerts on breaking news about drug or device problems and collaboration with other professional societies." Herndon encourages all AAOS members to provide the member services department their e-mail address so that they can be notified of current patient safety information. ■