

Health Alliance lands \$1M grant for patient initiatives

Johnson Foundation grant will be used to improve health-care quality, consumer information and access to treatment

The nonprofit **Puget Sound Health Alliance** has landed \$1 million in grants for initiatives to improve health care in Washington, which if effective could slash medical costs by many millions of dollars.

The grants flow from the **Robert Wood Johnson Foundation**, a Princeton, N.J., philanthropic organization aiming to improve health care for all Americans.

"Across America, there are serious gaps between the health care people should receive and the care they actually receive," said the foundation's CEO, Dr. Risa Lavizzo-Mourey, in a statement.

The Puget Sound Health Alliance points to data published last month by the Agency on Health Care Research and Quality indicating that if improved medical care were to decrease unnecessary hospitalizations by just 10 percent in Washington, annual cost savings would exceed \$262 million.

The Alliance is a nonprofit group comprising some 170 organizations, including hospitals, physician groups, health insurers, unions and such large employers as **The Boeing Co.**, **Starbucks Corp.**, Puget Sound Energy and **Washington Mutual Inc.**

The Alliance plans to use the grants to further the Foundation's goals, among them improving the quality of health care, giving people information that helps them partner with doctors to manage their health, and reducing inequality in care for patients across all races and ethnic groups.

Nowadays, \$1 million may not sound like much money, but Dr. Jeff Robertson, chief medical officer at **Regence BlueShield**, an Alliance member, said, "The Alliance has good reason to be excited; it's a significant investment in the community" to close the gaps between the medical care people receive and what they should receive.

"The Alliance works on a lean budget, and it can make \$1 million go a long way," he said.

As a result of research published during the past five years, many of the gaps between what care people receive and what they should receive are well known by now, Robertson said. But they have not been closed, he said. "It's worrisome."

Scientific medical research has determined that patients should have certain preventive care, such as mammograms and colorectal screenings, and those suffering such chronic conditions as diabetes, heart disease and asthma should receive specific medical treatment. Yet gaps remain between what doctors do and what they should do.

In 2003, Robertson said, seminal research published in the *New England Journal of Medicine* concluded that patients receive recommended care -- based on scientific evidence about what works best -- only about half the time.

So the question, said Robertson, is, "If we know what works, why aren't we doing it?"

In part, it's because at the point of care, too little information is available to doctors, hospitals and patients, and they all often lack the means to communicate with each other in time when medical decisions are made.

For instance, said Robertson, "Providers (doctors) often don't know what medical care patients have (already) received, and patients don't know what care they should get."

Margaret Stanley, the Alliance's executive director, in a statement said, "Everyone in the health care system wants to deliver high-quality care, but the complicated and fragmented nature of the health care system makes that very difficult."

With the \$1 million grant, the Alliance plans to fund initiatives making the system work better. And if successful, these efforts should generate huge savings in medical costs -- particularly tied to those patients with chronic diseases, who, according to the Alliance, collectively account for 75 percent of the nation's \$2 trillion in medical costs.

Robertson said the savings would accrue from fewer hospitalizations -- which are far more expensive than outpatient care -- for patients with diabetes, heart failure and other chronic diseases.

Ironically, medical costs initially would increase, Robertson said, because patients would receive more outpatient services, such as office visits, lab tests and screenings.

But the resulting reduction in hospitalizations, he said, would "rapidly offset" these additional costs.