



Testimony
of
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Committee on Governmental Affairs

Patient Safety: Instilling Hospitals with a Culture of Continuous
Improvement

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The Leapfrog Group

Good morning. I am Suzanne Delbanco, Executive Director of The Leapfrog Group. Thank you for the opportunity to speak with you today.

The Leapfrog Group was founded by The Business Roundtable (BRT) and works to initiate breakthrough improvements in the safety, quality and overall value of healthcare for Americans. It is a voluntary program aimed at mobilizing employer purchasing power to alert America's health industry that big leaps in patient safety and customer value will be recognized and rewarded.

A 1999 report by the Institute of Medicine (IOM) found that up to 98,000 Americans die every year from preventable medical errors made in hospitals. The report recommended that large purchasers provide more market reinforcement for quality and safety. It is precisely because the scientific literature shows that so many medical errors are preventable that The Leapfrog Group has started its efforts by encouraging employers to take safety "leaps" forward with their employees, retirees and families by rewarding the hospitals that implement significant improvements.

The Leapfrog Group's growing consortium of more than 140 Fortune 500 companies and other large private and public health care purchasers provides health benefits to approximately 33 million Americans in all 50 states; Leapfrog members and their employees spend more than \$57 billion on health care annually. Under Leapfrog, employers have agreed to base their purchase of health care on principles encouraging more stringent patient safety and quality improvement measures.

The Mission

The Leapfrog Group's mission is to trigger a giant leap forward in quality, customer service and affordability of health care of all types.

The name Leapfrog signifies the need to make breakthrough improvements and to "leapfrog" the gridlock in the health care system that is keeping us from taking full advantage of the technology and know-how we have today. While we know providers want patients to have the best care possible, they have not been seeing a business case for making the kind of investments required to re-engineer how they provide care to achieve optimal quality and safety gains. Leapfrog chose to focus on the reduction of medical errors to start with because it is a topic that is focused and dramatic enough for purchasers to find common ground, and to engage and activate their enrollees to be concerned about it.

Leapfrog's strategy has two-prongs. On the one hand, it is an organized effort on the part of purchasers to buy right. If purchasers all promote the same safety and quality improvements at the same time we're more likely to see progress – especially if purchasers back up their efforts with incentives that create a business case for providers to implement certain practices. On the other hand, Leapfrog is also about activating and engaging consumers to demand and choose better care. Leapfrog's approach to this is to educate enrollees about how the quality of care can vary and the importance of making informed health care choices.

Initial Leaps in Patient Safety

The Leapfrog Group identified and has since refined three hospital safety measures that are the focus of its health care provider performance comparisons and hospital recognition and reward. Based on independent scientific evidence, the initial set of safety measures includes: computer physician order entry; evidence-based hospital referral; and intensive care unit (ICU) staffing by physicians experienced in critical care medicine.

- **Computer Physician Order Entry (CPOE)** has been shown to reduce serious prescribing errors in hospitals by **more than 50%**.
- **Evidence-Based Hospital Referral (EHR)** - referring patients needing certain complex medical procedures to hospitals offering the best survival odds based on scientifically valid criteria — such as the number of times a hospital performs these procedures each year — can reduce a patient’s risk of dying by **more than 30%**.
- **ICU Physician Staffing (IPS)** with physicians who have credentials in critical care medicine has been shown to reduce the risk of patients dying in the ICU by **more than 10%**.

Leapfrog selected these initial “Leaps” because (1) There is overwhelming scientific evidence that these safety leaps will significantly reduce mistakes. (2) Their implementation by the health industry is feasible in the near term. (3) Consumers can readily appreciate their value. (4) Health plans, purchasers or consumers can easily ascertain their presence or absence in selecting among health care providers. These safety leaps are a practical first step in using purchasing power to improve the safety and quality of health care. The Leapfrog Group plans to expand its set of recommendations over the next few years as it identifies other opportunities for breakthrough improvements in the safety, quality and overall value of health care.

Current Progress

In 2001, The Leapfrog Group launched a voluntary, online hospital survey to gauge hospitals’ progress toward implementing Leapfrog’s three recommended practices. Leapfrog members have sought participation from about 950 urban and suburban hospitals in 18 regions of the country. To date, fifty-nine percent (557) have responded. In addition, more than 250 hospitals outside of the 18 regions have responded to the survey on their own initiative, without a formal request from Leapfrog.

For computerized physician order entry, 5% of responding hospitals currently have instituted the practice. An additional 22 percent say they have specific plans to implement such systems by 2004. This potential four-fold increase is particularly striking considering that this practice is a gold standard for medication error reduction.

Twenty-one percent of responding hospitals currently have specially trained physicians overseeing care in ICUs. Another 15% of responding hospitals indicate plans to enlist intensivists by 2004 – a 75% increase.

Research shows that if urban and suburban hospitals implement these three safety measures, in addition to the nearly 60,000 lives that could be saved and more than a half a million serious medication errors that could be prevented each year, approximately \$9.7 billion could be saved annually.

What can Congress do?

While there is much that can be done in the private sector to drive continuous improvement in health care, Congress can facilitate this process in two major ways. First, it can find opportunities to promote the transparency of health care performance information so that individual patients and employers and other health care purchasers can make informed health care decisions. We believe informed decisions will create indirect incentives for improvement in health care. Second, it can find opportunities to encourage demonstrations that work to align financial incentives so that superior providers are rewarded for their efforts, making the economic aspects of health care delivery more conducive to quality improvement.