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Refocusing on Patient Safety

Martin J. Hatlie, JD

Patients for Patient Safety US (www.PFPS.US)

PFPS US History

Our Founders:

In 2020, a diverse group of patient activists, all who had experienced harm from unsafe care, gathered to address our concerns about the drift and de-prioritization of patient safety in the USA. We chose to organize under the WHO's Patients for Patient Safety Program and develop a collective vision and call to action for safer, more transparent healthcare.

Bios: https://www.pfps.us/about-us

PFPS US Strategic Alliances

Government Agencies, Health Care Facilities, Safety and Quality Organizations, Civic Organizations, Industry and others

* Colors:

Signed Official Partner

Engaged as collaborator

Centers for Medicare & Medicaid Services	Presidents Council of Advisors on Science and Technology	Centers for Disease Control and Prevention	Office of Inspector General – Health and Human Services (HHS)	World Health Organization	MedStar Institute for Quality and Safety
Office of the Secretary of HHS	Agency forgh Healthcare Research and Quality	National Quality Forum	Pittsburgh Regional Health Initiative	John D. Stoeckle Center for Primary Care Innovation	IHI-Lucian Leape Institute
National Association for Healthcare Quality	Ariadne Labs	Society to Improve Diagnosis in Medicine	Collaborative for Accountability and Improvement	American Academy of Pediatrics	Leapfrog Group
Open Notes	Connecticut Center for Patient Safety	CommonSpirit Health	Patient Safety Movement Foundation	Institute for Safe Medicine Practices & ECRI	PFCC Partners
The New Agreements	H2PI	Safe Care Campaign	Parents of Infants and Children with Kernicterus	Yes and Leadership	Anthony Bates Foundation
Project Patient Care	Dòcola	European Network for Safer Healthcare			

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Financial Disclosures

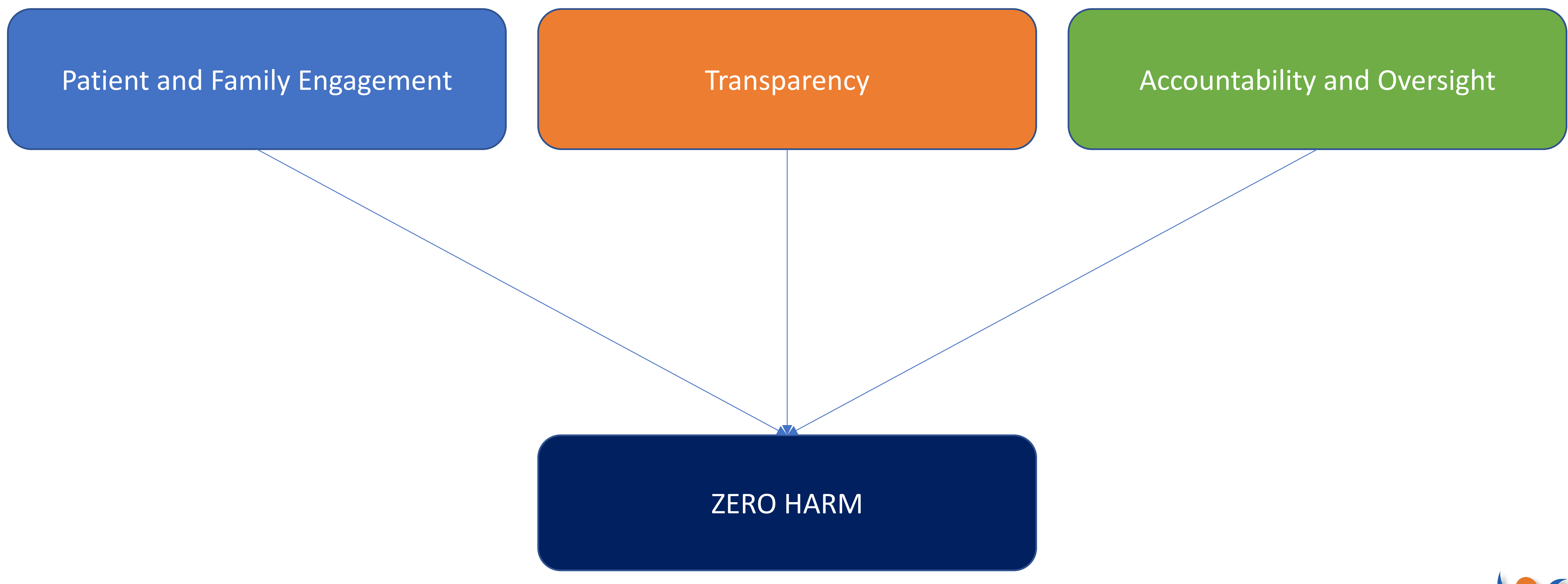
Patients for Patient Safety US (LLC)

- Funded by Co-founders
- Donations from individuals
- Speaking engagements
  - RL Datix
  - Beta Healthcare
  - Washington Patient Safety Coalition
- Research subcontracts
  - American Academy of Pediatrics MedStar Health
  - University of Texas Health
  - University of Toronto

Project Patient Care (501c3 & LLC)

- Consulting projects
  - CMS
  - Vizient
  - MedStar Health
- Research subcontracts
  - AHRQ
  - PCORI
- Donations from individuals
- Speaking engagements
- No corporate funding in over 10 years

What we Advocate for -- PFPS US Strategic Priorities



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PFPS US Priorities

- Transparency
- Accountability and Oversight
- Patient and Family Engagement

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The Existing **Patient Safety Ecosystem** in the U.S. –– **Many players, No Team, No Coach**

Research: CDC, NAM, AHRQ, U.S. Department of Veterans Affairs, ASPE, State Public Health Agencies, SAMHSA, pcori, NIH National Institutes of Health, The Office of the National Coordinator for Health Information Technology

Reporting/ Data Collection: State Public Health Agencies, Patient Safety Organizations, AHRQ, FDA, CDC, U.S. Department of Veterans Affairs, CMS, SAMHSA, The Leapfrog Group, NCQA, The Joint Commission, The Office of the National Coordinator for Health Information Technology

Regulation: State Public Health Agencies, CMS, FDA, The Office of the National Coordinator for Health Information Technology

Payment & Reimbursement: CMS, State Public Health Agencies

Licensing: CMS, FDA, State Public Health Agencies, HRSA

Accreditation/ Certification: The Joint Commission, CMS, HRSA, The Office of the National Coordinator for Health Information Technology, NCQA, American Board of Internal Medicine, American Academy of Pediatrics, ACP American College of Physicians, CMSS Council of Medical Specialty Societies, ABMS

QI/Patient Safety Technical Assistance: AHRQ, SAMHSA, HRSA, Patient Safety Organizations, CMS, U.S. Department of Veterans Affairs, State Public Health Agencies

Creating Quality/Safety Metrics: NCQA, AHRQ, CDC, The Joint Commission, CMS, The Office of the National Coordinator for Health Information Technology, National Quality Forum

Notes:

1) The arrows between organizations represent a relationship with one another. That may include providing grants, a data sharing collaboration, or a joint patient safety initiative/partnership.
2) Arrows pointing into the domain indicate that the organization themselves conducts said activity
   - Example: PCORI only <u>funds</u> research and does not do research itself.
3) Organizations marked with stars ( ) are considered private sector entities. The private sector entities included here do not constitute an exhaustive list.

Jewish Healthcare Foundation

Pittsburgh Regional Health Initiative

PFPS US Strategic Priorities

Accountability and Oversight

Aim: Enforce patient safety and equity standards to measurably reduce inequities and harm events

Priorities:

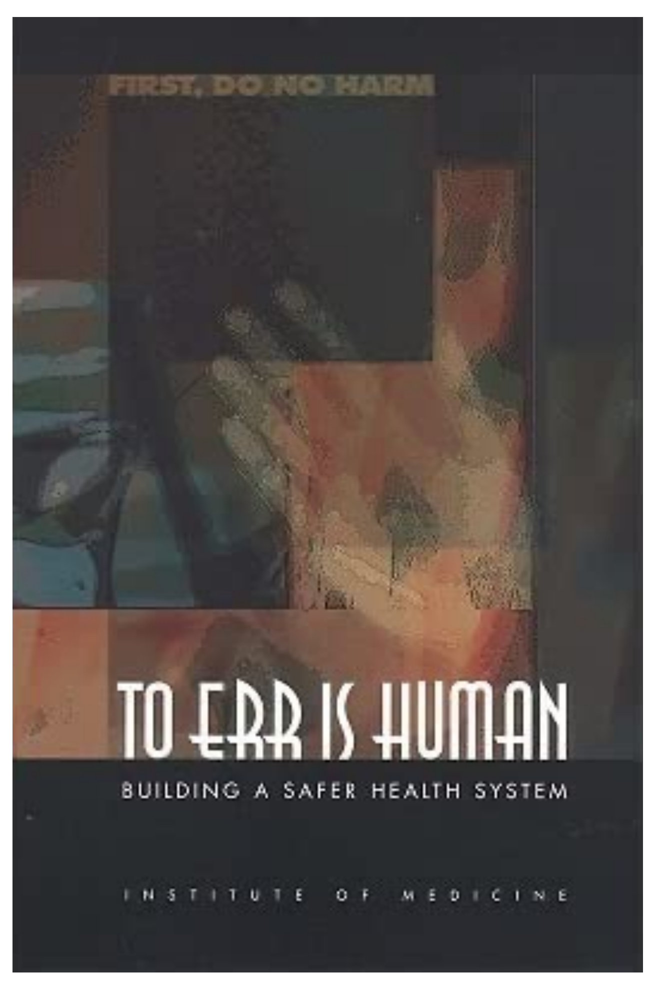
1. Re-assert patient safety as a priority
2. Close the health equity safety gap
3. Establish a leader or entity at Federal level in charge of patient safety
4. Enforce patient safety standards, CoPs and reporting

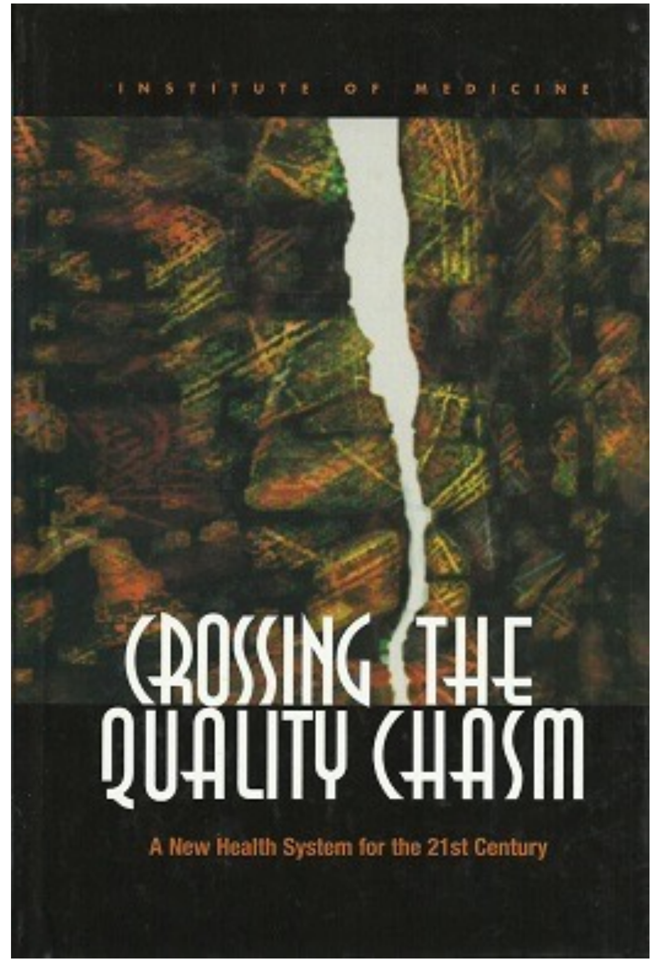
Call to Action:

- DHHS to establish an office or entity in charge of patient safety accountable for coordinating budget, measurement, and public reporting across all Federal Agencies
- Establish an independent agency for patient safety that collects and analyzes data, investigates harms, identifies risks and expedites proactive implementation of solutions
- DHHS to reallocate resources to invest in patient safety, e.g., renewal of Partnership for Patients
- CMS to establish structural metrics that tie organizational leadership and executive/physician compensation to patient safety outcomes
- OIG to strengthen oversight of the effectiveness and integrity of DHHS agencies to ensure patient safety

Patient Safety Call to Action-- Institute of Medicine Seminal Texts

https://pubmed.ncbi.nlm.nih.gov/25077248/ (2000)





https://pubmed.ncbi.nlm.nih.gov/25057539/ (2001)

Crossing the Quality Chasm
Levels & Aims

Care Processes

FRONT-LINE CARE DELIVERY

ORGANIZATION

ENVIRONMENT

SAFETY

EFFECTIVENESS

EQUITY

Quality Aims

ACCESSIBILITY/ TIMELINESS

EFFICIENCY

PERSON-CENTEREDNESS

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PFPS US Strategic Priorities

Transparency

AIM: To understand the magnitude of harm, maximize learning and to respect and empower patients

Priorities:

1. Require and enforce transparency in reporting of harm
2. Improve the quality and integration of data to better understand harm
3. Establish Communication and Resolution Programs (CRPs) as the standard of care
4. Ensure patient access to medical records
5. Expand spectrum of patient safety events that must be collected and publicly reported

Call to Action (with appropriate incentives and penalties):

- Improve enforcement of existing requirements for reporting of harm events to Federal, State and Accreditor reporting systems
- Advocate for CMS to require a transparency bundle as a Condition of Participation (CoP) that includes:
  - Communication and Resolution Plans, i.e., open and honest communication after harm (such as the AHRQ CANDOR program)
  - Elimination of confidentially clauses that gag patients
- Advocate for DHHS to use its regulatory and payor leverage to expand public reporting of patient safety events beyond the HACs
- Advocate for CMS and ONC to enforce compliance of 21st Century Cures Act
- Call for DHHS/AHRQ to lead in reforming the PSOs to require contributing to the National Patient Safety Database

The PSO submits data to the PSO Privacy Protection Center, where it is stripped of identifying information and then transferred to the NPSD to be aggregated with data from other PSOs and analyzed.

A provider generates PSWP and passes it to a PSO.*

Provider → PSWP → PSO → PSOPPC → NPSD

Feedback, Training**

The NPSD then disseminates reports on its analysis to the public, providers, and PSOs.

Public

*PSOs and other entities may also generate PSWP.

**The PSO may also send feedback to its member providers based on the PSO's analysis of PSWP.

Peer Review of a Report on Strategies to Improve Patient Safety

Paul C. Tang and Megan Kearney, *Editors*

Committee for a Peer Review of a Report on Strategies to Improve Patient Safety

Board on Health Care Services

Health and Medicine Division

A Consensus Study Report of
The National Academies of
SCIENCES · ENGINEERING · MEDICINE

THE NATIONAL ACADEMIES PRESS
Washington, DC
www.nap.edu

The committee believes the country is at a relative standstill in patient safety progress. *Although the original To Err Is Human report commanded national attention more than two decades ago, the country has not achieved the level of safety in daily patient care that we have come to expect from other industries, such as when we board an airplane.* ***Continuing on the current trajectory is not likely to produce substantial improvements in patient safety.***

https://www.nap.edu/read/26136/chapter/1

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HEALTH CARE IS A HUMAN
SINGLE PAYER
SAVE THE ACA
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PFPS US Strategic Priorities

Patient and Family Engagement

AIM: Patient safety improvement efforts are co-developed with diverse patients and families

Priorities:

1. Establish policies, structures, funding criteria, strategies, and budgets that require and support diverse PFE
2. Redesign mechanisms that effectively engage and learn from patients/families
3. Require co-development (design, measurement and oversight) of safety of clinical practices and prevention of diagnostic errors
4. Engage, orient, and train diverse patients and family members to form a skilled community of diverse patient and family

Call to Action:

DHHS/CMS/Healthcare systems to establish PFE Infrastructure:

- Structures for PFE (FACA, PFE Advisory Boards, PFACs)
- Explicit policies that require, support and evaluate diverse PFE
- PFE Metrics and payment incentives for healthcare organizations
- Funding support for PFE capacity building among diverse patients

DHHS/CMS to establish mechanisms to engage and learn from patients and families:

- Centralized reporting system that capture patient and family reports of harm
- Redesign of CAHPS/HCAHPS to integrate questions related to experiences in safety

DHHS agencies to co-develop with patients and families:

- Structural, process and outcome measures around safety of clinical practices and diagnostic errors (e.g., infection, and mother/newborn safety)

National Patient Safety Board
ADVOCACY COALITION

CMS
Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

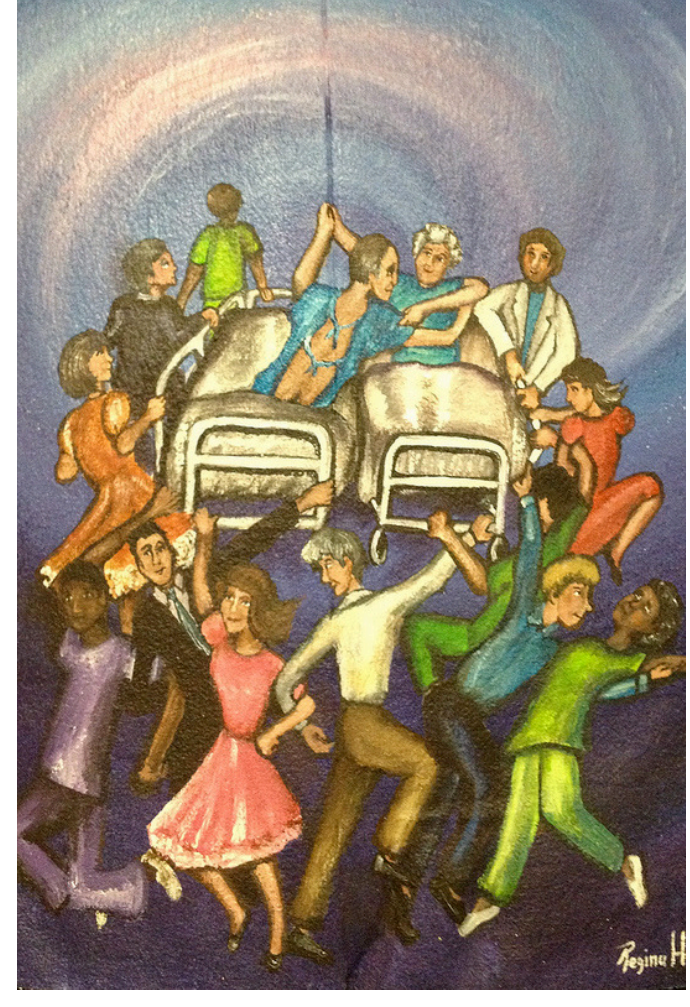
CMS Strategic Pillars

ADVANCE EQUITY	EXPAND ACCESS	ENGAGE PARTNERS	DRIVE INNOVATION	PROTECT PROGRAMS	FOSTER EXCELLENCE
Advance health equity by addressing the health disparities that underlie our health system	Build on the Affordable Care Act and expand access to quality, affordable health coverage and care	Engage our partners and the communities we serve throughout the policymaking and implementation process	Drive Innovation to tackle our health system challenges and promote value-based, person-centered care	Protect our programs' sustainability for future generations by serving as a responsible steward of public funds	Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS' operations

World Patient Safety: September 17th

PFPS US Engagement

Visit us at www.pfps.us



https://www.facebook.com/TheWalkingGalleryHC/

Marty Hatlie
PFPS US Founding Member

mhatlie@pfps.us

(312) 543-5658

https://www.linkedin.com/in/martinjhatlie /

Twitter: @MHatlie