
INDUSTRY PERSPECTIVES: The Leapfrog Initiative

To obtain a health care industry perspective on the Leapfrog standards (see page 31), JCOM spoke to Dr. Marjorie Schulman and Dr. Walter Ettinger.

The Leapfrog initiatives are being received positively by the managed care industry. As a general rule, managed care is partnering with the employer community to advance the Leapfrog standards and to advance hospital reporting. Leapfrog is not unique in attempting to report information publicly and to engage consumers and health care purchasers in trying to drive a quality and patient safety agenda. Public reporting of quality and outcomes data is an idea whose time has come. The industry certainly supports these initiatives if they're done scientifically and in a collaborative way.

Advocates of the Leapfrog initiative in the markets right now are aware that the Leapfrog standards are not perfect. The Leapfrog standards had to be something easily graspable by the public, have a convincing scientific literature backing them up, be small in number, and be easy to track. That's a pretty tall order. So the 3 Leapfrog standards were chosen very deliberately.

The Leapfrog effort is rolling out differently in various markets, and it will take time. The question that comes up in each market is how best to convince hospitals to respond to the Leapfrog survey. In some markets it comes faster than in others. Some hospitals are concerned over the expense involved in complying with the standards (eg, computerized order entry). They also want to highlight quality improvement activities or recognition a hospital may have achieved outside of the 3 Leapfrog standards. There's a lot to what they say. None of these reporting mechanisms is perfect, and they don't always capture all of the good things that hospitals have done.

I don't think we have evidence that consumers are making consistent use of the information yet. Most reporting initiatives have tried very hard to present information in an easy-to-understand format, but there's a learning curve in society and it applies to anything that attempts to engage consumers in assessing quality.

We (the managed care industry) didn't start Leapfrog but we certainly endorse it. Leapfrog is also trying to urge the managed care community to contract differently, depending on hospitals' Leapfrog results. That's one of the big goals of Leapfrog. This effort is at a very early stage.

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I think there is general support for the Leapfrog initiatives among hospitals, but the nagging question for everybody is: how are we going to get this done? For example, when you talk about the computer physician order entry (CPOE) standard, the number of hospitals that have actually implemented CPOE at this point is less than 5%. It's a very expensive proposition. Decline in reimbursements and increases in

labor and supply costs have left hospitals struggling to find the capital to put this and other clinical quality and patient safety programs in place.

In addition to the financial challenges, there are also cultural obstacles. You need to have the physicians' cooperation to implement CPOE. It is very labor-intensive and culturally difficult to implement this kind of radical change. The same holds true for the staffing of intensive care units (ICUs). The Leapfrog ICU staffing standard is something that hospitals support, but you have to get physicians to buy in, and certain physicians will resist having their autonomy usurped. Most community hospitals have intensivists, but they are in private practice: they come in and take care of their own patients or they provide expertise on a consultation basis. Often, general internists, family practitioners, or general surgeons are the primary physicians in the ICU. Now you have to have an intensivist in the ICU who will be caring for the patient, and some primary care providers are resistant to having to give up or share the care of their patients. In addition, the intensivists have to be paid, so that's an additional expense for the hospital as well.

I think the volume standards are a different story. For large hospitals, it's not a big issue. For smaller hospitals, the worry is that they're going to lose critical cases that contribute to that very thin bottom line, and although we know volume is associated with a good outcome for certain diagnoses, it is only a surrogate for quality. Hospitals that do lower volumes than the standard mandates actually may be as good as other hospitals because it's really a statistical association. For example, the cardiac catheterization volume standard is ≥ 400 /year. Yet, a hospital that does 350 may be just as good as a hospital that does 1000. The association of quality with volume is when you aggregate all hospitals together; it does not tell you the quality of a particular hospital.

The health care industry has resisted change, we have resisted the public reporting of data, we have resisted a lot of things. To some extent that may be human nature. But consumer groups and purchasers are saying: we're paying more and more for health care and what are we getting? If you think about it, over the last 5 years since the Institute of Medicine Reports came out, since a lot of other research has come out showing the number of unnecessary deaths and injuries, it has been a wake-up call to purchasers and consumers.

I support the Leapfrog standards. Our hospital intends to comply with both the CPOE and the ICU standards, and where we don't have the volume to meet the referral standards we're going to increase our volume by recruiting physicians to make sure that we can continue to do those procedures.

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