



"Knowledge is not enough:
we must apply

Willing is not enough:
we must do."

—Goethe

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Welcome

The Iowa Health Buyers Alliance (IHBA) is pleased to provide the *Consumers' Health Reference Guide*, the first in a series of informational guides created to help you and your family make better health care choices and improve your overall health status.

This guide series is unique because it provides valuable information—including standardized health

provider and health plan performance comparisons—which will be helpful to you regardless of your health plan or insurance provider.

HEALTH LITERACY RESOURCES/PROGRAMS

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. This capacity, in all three of its dimensions, is recognized as increasingly important by the IHBA and other major stakeholders. The IHBA will continue to feature articles and relevant information on how to: 1) obtain, 2) process, and 3) understand basic health information and services through this Consumers' Guide Series and in other ways.

The Iowa Health Buyers Alliance

Improving Health and Health Care Through Information.

The IHBA is made up of labor and management organizations that are working together for better health, better health care, and better value. Transparency of health care provider performance, price, and other information is an essential catalyst for changing and improving health care. It is also useful information for consumers and patients.

This first guide provides basic reference information. Other guides in the series will provide specific performance data on patient safety and medical treatment at hospitals in the greater Iowa area, performance data for physicians and other health care providers, and information on specific diseases and conditions. We hope this guide, as well as the future guides in the series, will be a useful reference to you and your family.

Our Mission

The Iowa Health Buyers Alliance is an association of health purchasers who have come together to identify, evaluate, recommend, and provide access to cost-effective, high-performance policies, practices, providers, and products for its members.

Through the Alliance, purchasers jointly develop and promote the use of smarter buying practices to drive performance improvements in medical care, leading to better outcomes for users, higher productivity for providers, and controlled cost for all. In short, better quality and value.



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The Iowa Health Buyers Alliance has made its best effort to provide accurate and relevant information for use by its members and families in this guide. Individuals should check with their physician, advisor, or other professional sources if they have any questions, concerns, or need for additional information.

This document was financed in part by a \$125,000 grant from the Federal Mediation and Conciliation Service.

Introduction:

Your Health and Your Health Care

■ Importance of Your Health

A healthy lifestyle is a win-win situation. You'll live longer, feel better, and have a happier life. Health care costs will be reduced at the same time since the majority of medical costs claims are due to lifestyle.

■ 10 Simple Rules for a New Health Care System

Although the responsibility for creating a healthy lifestyle lies with the individual, ensuring that the health care you receive is the best it can be involves a collaborative effort among private and public purchasers, health care organizations, clinicians, and patients. In “Crossing the Quality Chasm: A New Health System for the 21st Century,” the Institute of Medicine, part of the National Academy of Sciences, identified the following “rules” that all of the aforementioned individuals and organizations should work together to achieve.

1. *Care based on continuous healing relationships.* Patients should receive care whenever they need it and in many forms—not just face-to-face visits. This rule implies that the health care system should be responsive at all times (24 hours a day, every day) and that access to care should be provided over the Internet, by telephone, and by other means in addition to face-to-face visits.

AIMS FOR IMPROVEMENT

The Institute of Medicine, Committee on Quality of Health Care in America, identified the following aims for a new health system in the 21st century. Health care should be:

- **Safe** – avoiding injuries to patients from the care that is intended to help them.
- **Effective** – providing services based on scientific knowledge to all who may benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse).
- **Patient-centered** – providing care that is respectful of and responsive to individual patient preferences and needs, and ensuring that patient values guide all clinical decisions.
- **Timely** – reducing waits and sometimes-harmful delays for both those who receive and those who give care.
- **Efficient** – avoiding waste, in particular waste of equipment, supplies, ideas, and energies.
- **Equitable** – providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and social-economic status.

ON THE WEB Learn more at the Institute of Medicine's website at www.iom.edu.

2. *Customization based on patient needs and values.* The system of care should be designed to meet the most common types of needs, but have the capability to respond to individual patient choices and preferences.
3. *The patient as the source of control.* Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over health care decisions that affect them. The health system should be able to accommodate differences in patient preferences and encourage shared decision making.
4. *Shared knowledge and the flow of information.* Patients should have unfettered access to their own medical information and to clinical knowledge. Clinicians and patients should communicate effectively and share information.
5. *Evidence-based decision making.* Patients should receive care based on the best available scientific knowledge. Care should not vary illogically from clinician to clinician or place to place.
6. *Safety as a system property.* Patients should be safe from injury caused by the care system. Reducing risk and ensuring safety require greater attention to systems that help prevent and mitigate errors.
7. *The need for transparency.* The health care system should make information available to patients and their families that allows them to make informed decisions when selecting a health plan, hospital, or clinical practice or when choosing among alternative treatments. This should include information describing the system's performance on safety, evidence-based practice, and patient satisfaction.
8. *Anticipation of needs.* The health system should anticipate patient needs rather than simply reacting to events.
9. *Continuous decrease in waste.* The health system should not waste resources or patient time.
10. *Cooperation among clinicians.* Clinicians and institutions should actively collaborate and communicate to ensure an appropriate exchange of information and coordination of care.

Staying Healthy: How to Take Charge of Your Health

5 NUMBERS YOU SHOULD KNOW

- 1. Your age.** Have you received the recommended physical exams and other checkups for your age?
- 2. Your weight.** Have you weighed yourself within the last week?
- 3. Your blood pressure.** Have you had it checked in the last month?
- 4. Your cholesterol.** Have you had it checked in the last year?
- 5. Your blood sugar.** Have you had it checked in the last year?

■ Prevention and a Healthy Lifestyle: A Win-Win

Take steps—big and small—to care for yourself every day and you will reduce your health care costs and live longer. Since up to 70 percent of medical claims are due to lifestyle, taking steps to better your health only makes sense. Three health-damaging behaviors—tobacco use, lack of physical activity, and poor eating habits—are responsible for the onset of many chronic illnesses and the early death of millions of Americans, according to the Mayo Clinic. Although chronic diseases caused by these three behaviors are among the most common and costly of all health problems, they are also among the most preventable. Here are some pointers on how to kick these bad habits for good.

Quit Smoking. The U.S. Department of Health & Human Services outlines five steps that studies show help you quit smoking in the consumer guide “You Can Quit Smoking.” Learn the basics here, and then download the entire guide at www.ahrq.gov/consumer/tobacco/quits.htm.

- 1. Get ready.** Set a quit date, get rid of all cigarettes and ashtrays, don't let people smoke in your home, and—most importantly—don't smoke yourself. People usually attempt to quit two or three times before they are successful, so if this isn't your first try, review past attempts to quit to determine what you can do differently this time.
- 2. Get support and encouragement.** Inform family, friends, and coworkers of your intentions and ask them not to smoke or have cigarettes around you. You'll also benefit from the support of your health care provider and individual, group, or telephone counseling from local hospitals and health centers. Online support is another option. Remember that the more help you have, the better your odds of successfully quitting.
- 3. Learn new skills and behaviors.** Distract yourself from the urge to smoke by changing your routine and trying new activities to reduce stress. It may seem like a simple task, but drinking lots of water and other nonalcoholic liquids can also help.

4. Get medication and use it correctly. A number of medications are available to help you stop smoking and lessen your urge to smoke. Ask your health care provider which medications might be best for you.

5. Be prepared for relapses or difficult situations. Whenever possible, avoid drinking alcohol (which will lower your inhibitions and make you more likely to smoke) and interacting with other smokers while they are lighting up. There's a chance that quitting smoking may cause weight gain or depression, so talk to your health care provider about what you can do to make dealing with these issues easier.

Get Moving. Physical activity—whether it's moderate or vigorous—helps prevent heart disease, obesity, high blood pressure, Type 2 diabetes, osteoporosis, and mental health problems such as depression. And, most importantly, if you're physically active you'll feel better overall. At a minimum, aim for 20 to 30 minutes of moderate physical activity most days of the week. This doesn't mean you have to hit the gym every day. Brisk walking, raking leaves, house cleaning, and playing with your children are all easy ways to get moving. If you're just beginning to increase your amount of physical activity, consider the pointers *above right*.

Eat Well. Many illnesses and conditions can be prevented or controlled by eating right. A healthy diet is also important for getting the vitamins and minerals your body needs. Your health care provider or a registered dietitian can provide helpful information on healthy eating. Or consider these three steps to get on the right track—beginning with your next meal—courtesy of The Agency for Healthcare Research and Quality's "The Pocket Guide to Good Health for Adults." You can download the entire guide at www.ahrq.gov/ppip/adguide.

1. Eat a variety of foods. Include a variety of vegetables, especially dark-green leafy and deep-yellow vegetables; fruits such as melons, berries, and citrus fruits; lean meat, poultry, eggs, fish, and dried beans; dairy products such as low-fat or fat-free milk, yogurt, and cheese; and grains, especially whole grains and legumes such as lima beans or green peas.

TIPS FOR KEEPING ACTIVE

Physical activity helps ensure you'll be healthier and happier in the long run. But getting started—and finding the motivation to stick to a schedule of regular physical activity—can be difficult. Try these tips to get moving:

- Start slowly.
- Choose an activity that fits in your daily life.
- Try an activity you already like, or try a new one you're interested in. Dancing, swimming, and biking are fun options.
- Exercise with a friend or join a group for additional motivation.
- Get creative—for instance, if the weather is bad try an exercise tape, walk in the mall, or work around the house.

Source: The Agency for Healthcare Research and Quality's "The Pocket Guide to Good Health for Adults."

ON THE WEB STAYING HEALTHY

The federal Agency for Healthcare Research and Quality provides information about wellness and prevention at www.ahrq.gov/consumer/#prevention. Additional resources for more information about staying healthy include:
www.healthfinder.gov
www.mayoclinichmr.com
www.welcoa.org
www.wellnessiowa.org
www.heathierus.gov
www.businessgrouphealth.org/services/index.cfm

2. Limit calories and saturated fat. In particular, try to minimize your use of high-fat dairy products such as ice cream, butter, cheese, and whole milk; high-fat meats; and palm and coconut oils or lard. Instead, opt for foods with unsaturated fat such as vegetable oils, fish, avocados, and nuts.

3. Watch portion sizes. In general, the American Institute for Cancer Research recommends that a plate be made up of 2/3 (or more) vegetables, fruits, whole grains, or beans and 1/3 (or less) animal protein. See the chart on page 10 for the USDA's standard serving size recommendations. Another way to keep portion sizes under control is to consider eating a number of smaller meals throughout the day rather than three large ones. Discuss ways to make this option work with your health care provider or visit www.mypyramid.gov for more information.

STANDARD FOOD SERVING SIZES

FOOD	SERVING
Chopped Vegetables	1/2 cup
Raw Leafy Vegetables (such as lettuce)	1 cup
Fresh Fruit	1 medium piece or 1/2 cup chopped
Dried Fruit	1/4 cup
Pasta, Rice, Cooked Cereal	1/2 cup
Ready-to-Eat Cereal	1 oz., which varies from 1/2 cup to 1¼ cup
Meat, Poultry, Seafood	3 oz. (boneless cooked weight from 4 oz. raw)
Dried Beans	1/2 cup cooked
Nuts	1/3 cup
Cheese	1½ oz. (2 oz. if processed cheese)

■ Health Risk Assessment Programs

Some employers, health plans, and other vendors offer programs to assist you in assessing your current health risk and provide methods and measurements to improve your health. Check into available plans through your employer or health plan. Or for more information, contact the Iowa Health Buyers office at contact@ihbaonline.org.

Eighty percent (80%) of medical claims are attributed to 20% of the insured population; 70% of these claims are due to lifestyle claims.

Source: Large Iowa Insured Group.

Reduce Your Risk

■ Preventing Cancer

Cancer is a group of diseases characterized by the uncontrolled growth and spread of abnormal cells. Cancer may be caused by external factors such as tobacco, chemicals, radiation, and infectious organisms or by internal factors such as inherited mutations, hormones, and immune conditions.

If the spread is not controlled, cancer may result in death. According to the American Cancer Society, about 564,830 Americans are expected to die of cancer this year—that's more than 1,500 people per day. Cancer is the second most common cause of death in the United States, exceeded only by heart disease. Fortunately, the cancer survival rate is climbing—the survival rate for all cancers diagnosed between 1995 and 2001 is 65 percent, thanks to early detection and treatments such as surgery, radiation, chemotherapy, hormones, and immunotherapy.

To decrease your risk of getting many kinds of cancer—and to improve your overall health—follow these four simple steps that can add up to big changes in your quality of life.

1. Maintain a healthy weight throughout your life.
2. Eat five or more servings of a variety of vegetables and fruits each day.
3. Be physically active for 30 minutes or more at least five days a week.
4. Don't use tobacco products.

STROKE WARNING SIGNS

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, trouble speaking, or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance or coordination
- Sudden, severe headache with no known cause

■ Is It a Stroke?

Sometimes the symptoms of a stroke are difficult to identify. Unfortunately, a lack of awareness can spell disaster because a stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms. If a neurologist can get to a stroke victim within three hours, he or she has a good chance of reducing the effects of the stroke—so getting a stroke victim to the hospital as soon as possible is key.

The American Stroke Association has identified the five warning signs of a stroke, which are listed in the tip box *left*. If you're a bystander, you can recognize a stroke by:

1. Asking the person to smile.
2. Asking the person to talk coherently. Ideally, he or she can speak a simple sentence such as "It is sunny out today."
3. Asking the person to raise both arms. If the person has trouble with any one of these tasks, call 9-1-1 immediately and describe the symptoms to the dispatcher.

TOP 15 CHRONIC CONDITIONS

A limited number of conditions affect many people and account for a sizable portion of health care expenditures. They are: cancer, diabetes, emphysema, high cholesterol, HIV/AIDS, hypertension, ischemic heart disease, stroke, arthritis, asthma, gall bladder disease, stomach ulcers, back problems, Alzheimer's disease and other dementias, and depression and anxiety disorders.

ON THE WEB For more cancer prevention tips, visit the American Cancer Society website at www.cancer.org or call 800.ACS.2345.

Getting the Most from Your Medical Care and Prescriptions

■ Be Prepared: The Doctor's Office

Take these steps before, during, and at the end of your next appointment with your health care provider to ensure you're getting the best care possible.

Before Your Appointment

- **Review your family history.** Make sure you know what illnesses and diseases have affected family members and at what age. This is one of the most important aspects of your health assessment.
- **Write down your prescriptions.** Record the name of every medication, its dosage, and how often you take it so that the doctor has your most up-to-date information.
- **Make a list of questions.** Think about what concerns or questions you would like to ask the doctor. Do you have any changing moles, frequent headaches, joint pain, or problems sleeping? All are issues you can address with your doctor.

During Your Appointment

- **Ask questions if you have doubts or concerns.** Don't be afraid to ask any questions that arise during the appointment, and make certain you understand the answers. You should have a doctor you feel comfortable talking to.

At the End of Your Appointment

- **Request that a copy of test results be sent to you.** You have a right to them. Although your doctor will review the results, you can better monitor your health from year to year if you look over them yourself. If you don't understand a test or result, consult your doctor's office.
- **Ask for prescription refills.** Make sure your doctor sends you home with a new order for your medication. Even if you don't need it immediately, the prescription can be filled up to a year after the date it was written. In some cases, the doctor will need to see test results before writing the prescription.
- **Determine when you should schedule your next visit.** Depending on your age and the complexity of your history, your doctor may want to see you again within a few months or not for another year or even longer. If you have a condition or illness that requires a specialist or a hospital visit, ask your doctor for referrals or recommendations as needed. See the next section of this guide for more information on illnesses and surgeries.

ON THE WEB The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) launched the "Speaking Up" program to urge patients to take a role in preventing errors by becoming active, involved, and informed. Learn more at www.jointcommission.org/GeneralPublic/Speak+Up/about_speakup.htm.

AT THE PHARMACY

When you pick up your medicine at the pharmacy, check to be sure it is the medicine you were prescribed by your doctor.

■ Quick Tips: Prescriptions

Understanding the importance your medication plays in your treatment will help you benefit from your prescription. Take an active role in your health care by learning as much as possible about your prescriptions from your doctor, nurse, and pharmacist. The following tips are also available for downloading online at www.ahrq.gov/consumer/quicktips/tipprescrip.htm.

When you are prescribed a new medication, ask your doctor or pharmacist the following questions:

- What is the name of the medicine? What is it supposed to do?
- Is it OK to substitute a less-expensive generic medicine for the name brand? Will it achieve the same effect?
- What is the dose of the medicine? Are there food, drinks, other medicines, or activities I should avoid while taking this medicine?
- What are the possible side effects of the medicine? What should I do if they occur?
- How many refills of this prescription can I get?
- What should I do if I miss a dose?
- What should I do if I accidentally take more than the recommended dose?
- Is there any written information I can take home with me? (Most pharmacies have information sheets that you can use as an at-home reference.)

ON THE WEB For information on making the most cost-effective prescription choices, visit the Consumer Reports Best Buy Drugs website at www.CRBestBuyDrugs.org.

When your doctor prescribes a medication for you for the first time, make sure to tell him or her the following:

- The names of all medicines you are currently taking, including over-the-counter and prescription medication. It is important for your doctor to know this information in order to prescribe the most effective medicine.
- Any concerns you have about using your medication.
- If you are allergic to any medication or have had troubling side effects from a medication that has been prescribed to you.

During your treatment, you should schedule a follow-up visit to your physician in order to monitor your progress. Make sure to tell him or her:

- About any problems you are having with your prescription.
- About any side effects or problems you have had since starting the prescription.
- About any new prescriptions that another doctor may have given you and any over-the-counter medicines that you started taking since your last doctor's visit.
- How you are feeling since starting the medication.

■ Next Steps After Your Diagnosis

Your doctor gave you a diagnosis that could change your life. The following basic steps offer general advice for people with almost any disease or condition. Every person is different, of course, and every person's disease or condition will affect him or her differently. But research shows that after receiving a diagnosis, many people have some of the same reactions and needs.

Step 1: Take the time you need. Do not rush important decisions about your health. In most cases, you will have time to carefully examine your options and decide what is best for you.

Step 2: Get the support you need. Look for support from family and friends, people who are going through the same thing you are, and those who have “been there.” They can help you cope with your situation and make informed decisions.

Step 3: Talk with your doctor. Good communication with your doctor can help you feel more satisfied with the care you receive. Research shows it can even have a positive effect on things such as symptoms and pain. Getting a second opinion may help you feel more confident about your care.

Step 4: Seek out information. When learning about your health problem and its treatment, look for information that is based on a careful review of the latest scientific findings published in medical journals.

Step 5: Decide on a treatment plan. Work with your doctor to decide on a treatment plan that best meets your needs.

As you take each step, remember this: Research shows that patients who are more involved in their health care tend to get better results and be more satisfied.

ON THE WEB The steps here are excerpted from the Agency for Healthcare Research and Quality's Quality Tools at www.qualitytools.ahrq.gov. In addition to general information on dealing with your diagnosis, the website also offers tips to help you learn more about your specific problem and how it can be treated.

Receiving Hospital Care

■ The Importance of Quality, Patient Safety, and Transparency

Unfortunately, the quality of medical care throughout the United States is not uniformly good. Quality and patient safety are not a given just because a hospital or medical professional is licensed by the state of Iowa. “Between the care we have and the care we could have lays not just a gap, but a chasm,” states the Institute of Medicine’s “Crossing the Quality Chasm.” “The current care systems cannot do the job. Trying harder will not work. Changing the systems of care will.”

To ensure your family is receiving the level of care you deserve, it’s important to be aware of the facts below—no matter how startling they might seem. The rest of this section will discuss how you can take matters into your own hands and ensure you and your family receive the best care possible.

- You only have a 50 percent chance of getting the right care when you visit the doctor’s office. (Source: Rand)
- You are 2,000 times more likely to die in the hospital from a mistake than in an airplane crash. (Source: Center for Health Transformation)
- More than 30 percent of health costs are due to poor quality and/or ineffective care. (Source: Juran Institute/Midwest Business Group on Health)
- According to John Toussaint, MD, CEO of ThedaCare: “About 70 percent of what we do is non-value-added (waste).” Note: Lean experts estimate 60 percent waste in health care.

■ Help Prevent Medical Errors

Medical errors are one of the nation’s leading causes of death and injury. A recent report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of medical errors. This means that more people die from medical errors than from motor vehicle

accidents, breast cancer, or AIDS.

Errors may occur when something that was planned as a part of medical care doesn’t work out, or when the wrong plan was used in the first place. Medical errors can occur anywhere in the health care system, including at hospitals, clinics, outpatient

IMPROVE YOUR CARE

Some of the most prevalent health conditions in Iowa include congestive heart failure, diabetes, and asthma. Many programs and resources are available to you and your family to help you live with illnesses and manage chronic conditions.

Most health plans or insurance carriers have added disease management to their programs and services. Check with your employer, plan, or carrier to learn more. Or contact the Iowa Health Buyers Alliance at contact@ihbaonline.org.

ON THE WEB A federal report on medical errors is available online at www.quic.gov/report. Print copies (ask for Publication No. OM 000004) are available from the AHRQ Publications Clearinghouse by calling 800.358.9295 or e-mailing ahrqpubs@ahrq.gov.

ON THE WEB The Patient Fact Sheet “20 Tips to Help Prevent Medical Errors” at www.ahrq.gov/consumer/20tips.htm provides even more information on getting the best health care possible.

surgery centers, doctors' offices, nursing homes, pharmacies, and patients' homes. Errors may involve medicines, surgery, diagnosis, equipment, or lab reports. They can happen during even the most routine tasks, such as when a hospital patient on a salt-free diet is given a high-salt meal.

Most errors result from problems created by today's complex health care system. But errors also happen when doctors and their patients have problems communicating. For example, a recent study supported by the Agency for Healthcare Research and Quality (AHRQ) found that doctors often do not do enough to help their patients make informed decisions. Uninvolved and uninformed patients are less likely to accept the doctor's choice of treatment and less likely to do what they need to do to make the treatment work. In this section, you'll learn about big and small steps you can take to get involved in your own health care and ensure you receive the safest and best treatment possible.

■ Stopping Hospital Infections

The Consumers Union reports that every year two million Americans develop infections while in the hospital. An estimated 90,000 of those who develop infections die as a result, and the remainder often endure prolonged hospital stays and may suffer lasting health problems.

Those are startling statistics. It's important for consumers to have information about hospital-acquired infections. That's why the CDC Health Care Infection Control Practice Advisory Committee has issued guidance to help state legislatures implement public reporting bills. These medical recommendations are the first step toward giving consumers the information they need to make informed decisions about their hospital care.

Likewise, there are efforts underway to reduce or eliminate "never events." The National Quality Forum has developed a list of 27 mistakes—such as amputating the wrong limb or sending a baby home with the wrong family—that have been dubbed "never" mistakes because they are so serious and are never supposed to happen. The National Academy for State Health Policy reported that 22 states have adopted laws requiring hospitals to report serious mistakes. Unfortunately, Iowa is not yet one of these states.

You can learn more about how to obtain information about hospital safety and how to protect yourself from hospital infections at www.stophospitalinfection.org.

NEED SURGERY?

If you must undergo surgery, make sure you understand what will happen. You, your doctor, and your surgeon should all agree on exactly what will be done during the operation. Ask your doctor who will manage your care when you are in the hospital. Tell the surgeon, anesthesiologist, and nurses about any allergies, reactions you may have to anesthesia, and medications you are taking. Also, don't hesitate to ask your surgeon:

- Exactly what will you be doing?
- How long will it take?
- What will happen after the surgery?
- How can I expect to feel during recovery?

■ 14 Steps to Reduce Your Risk of Hospital Infections

About one in 20 patients acquire an infection while they are in the hospital. You can do your part to help fight infections. While some patients or their families may feel awkward asking medical experts to wash their hands and take other simple steps, if you are worried about being too aggressive, remember that your life could be at stake.

1. Ask that hospital staff clean their hands before treating you. This is the single most important way to protect yourself in the hospital. All caregivers should clean their hands before treating you. Alcohol-based hand cleaners are more effective at removing most bacteria than soap and water. Do not hesitate to say the following to your doctor or caregiver: “Excuse me, but there’s an alcohol dispenser right there. Would you mind using that before you touch me, so I can see it?” Don’t be falsely assured by gloves. Gloves more often protect staff than patients. If caregivers have pulled on gloves without cleaning their hands first, the gloves are already contaminated before they touch you.

ON THE WEB The steps in this article were culled from a report called “Unnecessary Deaths: the Human and Financial Cost of Hospital Infections” from the Committee to Reduce Infection Deaths. You can find an online version of the steps and request a color brochure at www.hospitalinfection.org.

2. Before your doctor uses a stethoscope to listen to your chest, ask that the diaphragm (or flat surface of the stethoscope) be wiped with alcohol. Numerous studies show that stethoscopes are often contaminated with *Staphylococcus aureus* and other dangerous bacteria, because caregivers seldom take the time to clean them in between patient use. The American Medical Association recommends that stethoscopes routinely be cleaned for each patient. The same precautions should be taken for many other commonly used pieces of equipment too.

3. Ask visitors to clean their hands and avoid sitting on your bed.

4. If you need surgery, choose a surgeon with a low infection rate. Surgeons know their rate of infection for various procedures. Ask for it. If they won’t tell you, consider choosing another surgeon. It’s also a good idea to compare hospital infection rates, but that information is still difficult to obtain.

5. Beginning three to five days before surgery, shower daily with 4 percent chlorhexidine soap. Drug stores that don’t stock chlorhexidine soap are generally happy to order it for you. You don’t need a prescription. One of the easiest brands to find is Hibiclens. Using this soap will help remove any dangerous bacteria you may be carrying on your own skin that could enter your surgical incision and cause an infection. Keep the soap away from your eyes and ears.

6. Ask your surgeon to have you tested for *Staphylococcus aureus* at least one week before you come into the hospital. The test is simple, usually just a nasal swab. About one third of people carry *Staphylococcus aureus* on their skin, and if you are one of them, extra precautions can be taken to protect you from infection, to give you the correct antibiotic during surgery, and to prevent you from transmitting bacteria to others.

7. On the day of your operation, remind your doctor that you may need an antibiotic one hour before the first incision. For many types of surgery, a pre-surgical antibiotic is the standard of care, but it is often overlooked by busy hospital staffs.

8. Ask your doctor about keeping you warm during surgery. Operating rooms are often kept cold for the comfort of the staff, but research shows that for many types of surgery, patients who are kept warm better resist infection. There are many ways to keep patients warm, including special blankets, hats and booties, and warmed IV liquids.

9. Do not shave the surgical site. Razors can create small nicks in the skin, through which bacteria can enter. If hair must be removed before surgery, ask that clippers be used instead of a razor.

WHAT INFECTION RATE?

In many cases it's almost impossible to obtain information on infection rates from hospitals. Many states collect data on infections that lead to serious injury or death, but nearly every state—with the exception of six—has given into the hospital industry's demands to keep the information secret. The Federal Centers for Disease Control and Prevention also collect infection data from hospitals across the nation, but refuse to make it public.

What's the answer? Hospital infection report cards. Hospitals object that comparisons would be unfair because hospitals that treat sicker patients, such as AIDS, cancer, and transplant patients who have weakened immune systems, will have a higher infection rate. This is true, but the data can be risk-adjusted to make comparisons fair. What is unfair is preventing the public from knowing which hospitals have infection epidemics. Keeping infection rates secret may help hospitals save face, but it won't save lives.

10. Ask that your surgeon limit the number of personnel (including medical students) in the operating room. Every increase in the number of people adds to your risk of infection.

11. Ask your doctor about monitoring your glucose (sugar) levels continuously during and after surgery, especially if you are having cardiac surgery. The stress of surgery often makes glucose levels spike erratically. New research shows that when blood glucose levels are tightly controlled to stay between 80–110 mg/unit, heart patients resist infection better. Continue monitoring even when you are discharged from the hospital, because you are not fully healed yet.

12. Avoid a urinary tract catheter if possible. It is a common cause of infection. The tube allows urine to flow from your bladder out of your body. Sometimes catheters are used when busy hospital staff don't have time to walk patients to the bathroom. Ask for a diaper or bed pan instead. They're safer.

13. If you must have an IV, make sure that it is inserted and removed under clean conditions and changed every 3 to 4 days. Intravenous catheters, or IVs, are a common source of infection and are not always necessary. If you need one, insist that it be inserted and removed under clean conditions, which means that your skin is cleaned at the site of insertion, and the person treating you is wearing clean gloves. Alert hospital staff immediately if any redness appears.

14. If you are planning to have your baby by cesarean section, follow the steps listed above as if you were having any other type of surgery. Most mothers-to-be probably aren't worried about hospital infections, but if you're having a cesarean, you are ten times more at risk of infection than if you are giving birth vaginally. If you can obtain the proper information, choose a hospital with a low infection rate.

Charges for Selected Hospital Stays

■ Understanding the Cost Consequences of Choice

Listed below is the average charge for frequent discharges from Iowa hospitals. They are categorized into diagnostic related groups (DRGs). The amount charged by the hospital you use along with the quality of care and outcomes of care you receive will depend upon the hospital and physician you choose. Also, the amount you actually pay depends upon your health insurer, the amount of “discount” they have negotiated with the hospital, and your benefit plan terms such as the hospital deductible and co-pay.

HOSPITALIZATION	DISCHARGES	AVG CHARGE/DISCHARGE
DRG 391 Normal newborn	30,284	\$1,954
DRG 373 Vaginal delivery without complications	24,372	\$5,015
DRG 372 Vaginal delivery with complications	2,969	\$6,642
DRG 371 Cesarean section without complications	8,774	\$9,831
DRG 370 Cesarean section with complications	2,189	\$12,477
DRG 089 Simple pneumonia & pleurisy age >17 w cc	10,395	\$10,979
DRG 320 Kidney & urinary tract infection age >17 w cc	3,150	\$9,091
DRG 127 Heart failure & shock	8,342	\$11,519
DRG 243 Medical back problems	3,065	\$9,179
DRG 544 Major joint replacement	11,773	\$31,027
DRG 316 Renal failure	3,190	\$16,129

Source: Iowa Hospital Association Inpatient Data Base. Reported September 2007 for patient discharges from January through December 2006.

Types of Health Plans

■ Health Plan Breakdown

Many people find themselves faced with a variety of new types of health plan offerings in addition to traditional health plans (indemnity plan, a Preferred Provider Organization (PPO), or a Health Maintenance Organization (HMO)). These new plans include health savings accounts (HSAs), health reimbursement plans, and flex accounts. An HSA can help people manage high-deductible health plans. The law defines “high deductible” as at least \$1,000 for an individual plan and \$2,000 for a family plan. Here’s a look at the accounts and similar programs.

	HEALTH SAVINGS EXPENSE ACCOUNTS	HEALTH REIMBURSEMENT	FLEX ACCOUNTS
Who Qualifies?	All taxpayers under age 65 covered by a high-deductible health plan	Workers whose employers provide it	Workers whose employers provide it
Purpose	Promote use of high-deductible insurance plans by sheltering income used to pay health care costs	Employer-funded program to reimburse workers for out-of-pocket costs of a high-deductible health plan; may cover part or all of the plan’s deductibles	Worker-funded accounts used to pay out-of-pocket medical and dental costs, including over-the-counter drugs
Tax Benefits	Tax-free contributions and withdrawals when used for health expenses; non-health withdrawals after age 65 are taxed, but not penalized	Plan costs are tax deductions for employer; reimbursement to worker is not treated as income	Contributions, which are made from payroll withholding, are exempt from income tax
Comments	Annual contribution limits: Maximum of \$2,700 to meet an individual’s health plan deductible; \$5,450 for a family plan, as of January 1, 2006	Employer may keep the money when a worker quits or retires	Worker forfeits unspent money at the end of each year; no interest paid on account balances

Sources: IRS, CCH, www.healthcareshopper.com

Handling Disputes

■ Get Help Handling Your Health Plan Disputes

Most people get their health care through some form of managed care plan—a health maintenance organization, preferred provider organization, or point of service option. Most of the time, people receive the care they need, but the potential exists for disagreements over the services that will be provided or paid for by the health plans.

REPORTING A CONSUMER COMPLAINT

Consumers, patients, and their families have choices and resources available to them if they have complaints. Contact the Iowa Insurance Division, Citizen Complaints and Inquiries, toll free at 877-955-1212 or 515-281-5705.

Health plans are required to follow state and federal rules for handling their enrollee's complaints and appeals inside the health plan, known as an "internal review." Many states have legislated additional procedures outside of the health plan, called "external reviews" or "independent reviews," to provide an unbiased way to resolve disputes between patients and their health plans. An external review

is a reconsideration of a health plan's denial of service, with the review conducted by a person or panel of individuals who are not part of the plan. As of December 2004, 43 states plus the District of Columbia had legislated such procedures.

Anyone enrolled in a health plan should be familiar with their plan's internal review process and any external review program in their state in case problems later arise.

■ Information about Health Organizations

One resource available for identifying the best hospital or medical care available is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The Joint Commission evaluates the quality and safety of care for more than 15,000 health care organizations. A list of accredited organizations and their survey results are posted in the Quality Check section of the JCAHO website at www.jointcommission.org/QualityCheck/06_qc_faqs.htm. Complaints can be made to their Office of Quality Monitoring by calling (630) 792-5636 or through their website.

The Joint Commission encourages you to first bring your complaint to the attention of the health care organization's leader. If this does not lead to resolution, bring it to the attention of the Joint Commission for review.

ON THE WEB The above information was excerpted from the Henry J. Kaiser Family Foundation's online publication "A Consumer Guide to Handling Disputes with Your Employer or Private Health Plan, 2005 Update," which is available at www.kff.org/consumerguide. The online guide can help you navigate your employer or private health plan's internal grievance procedure, as well as any external review program your state may have. The guide is not applicable, however, for resolving disputes if you have Medicare or Medicaid coverage.

References

■ Glossary of Terms and Organizations

Agency for Healthcare Research and Quality (AHRQ) – The agency of the Public Health Service responsible for enhancing the quality, appropriateness and effectiveness of health care services.

American Hospital Association – A national organization that represents and serves all types of hospitals, health care networks, and their patients and communities. Through representation and advocacy activities, AHA ensures that members’ perspectives and needs are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters.

American Medical Association – Helps doctors help patients by uniting physicians nationwide to work on the most important professional and public health issues.

Center for Disease Control (CDC) – One of the operating components of the Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans and for providing essential human services, especially for those people who are least able to help themselves. The CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Globally recognized for conducting research and investigations and for its action-oriented approach, CDC applies research and findings to improve people’s daily lives and responds to health emergencies.

Center for Health Transformation – A collaboration of transformational leaders dedicated to the creation of a 21st-century intelligent health system in which knowledge saves lives and saves money for all Americans.

Centers for Medicare and Medicaid Services (CMS) – A Federal agency within the U.S. Department of Health and Human Services. Programs for which CMS is responsible include Medicare, Medicaid, State Children’s Health Insurance Program (SCHIP), HIPAA, and CLIA.

Chronic Illness – A long-standing, persistent disease or condition.

Clinician – A medical professional who works directly with patients.

Co-Insurance (coinsurance) – A cost-sharing requirement under a health insurance policy that provides that the insured will assume a portion or percentage of the costs of covered services.

Consumer-Purchaser Disclosure Project – The Consumer-Purchaser Disclosure Project is a group of employer, consumer, and labor organizations working toward a common goal to ensure that all Americans have access to publicly reported health care performance information by January 1, 2007. Their vision is that Americans will be able to select hospitals, physicians, and treatments based on nationally standardized measures for clinical quality, consumer experience, equity, and efficiency.

Consumers Union – An independent, nonprofit testing and information organization serving only consumers. They are a comprehensive source for unbiased advice about products and services, personal finance, health and nutrition, and other consumer concerns. Since 1936, their mission has been to test products, inform the public, and protect consumers.

Co-payment – A cost-sharing arrangement in which the insured pays a specified flat amount for a specific service (such as \$10 for an office visit or \$5 for each prescription drug). It does not vary with the cost of the service and is usually a flat sum amount unlike co-insurance, which is based on a percentage of the cost.

Deductibles – Amounts required to be paid by the insured under a health insurance contract, before benefits become payable. Usually expressed in terms of an “annual” amount.

Department of Health and Human Services (HHS) – The federal agency that oversees Medicare, Medicaid, and other federal health care programs.

Dartmouth Atlas of Health Care – Works to accurately describe how medical resources are distributed and used in the United States. The project offers comprehensive information and analysis about national, regional, and local markets, as well as individual hospitals and their affiliated physicians, in order to provide a basis for improving health and health systems. Through this analysis, the project has demonstrated glaring variations in how health care is delivered across the United States.

Diagnostic Related Groups (DRGs) – A system of categorizing patients based on primary and secondary diagnoses, primary and secondary procedures, age, and length of stay. The categories established a uniform cost for each category.

Disease Management – A system of coordinated health care interventions and communications for populations with conditions in which patient self-care efforts are significant.

Drug Formulary – A list of prescription medications whose costs are partially or completely covered by a health plan with prescription drug coverage.

Dubuque Area Labor Management Council – Addresses health care cost, quality, and access issues that are not susceptible to resolution as part of labor contract negotiations.

Evidence-based practice – Evidence reports and technology assessments on topics relevant to clinical, social science/behavioral, economic, and other health care organization and delivery issues—specifically those that are common, expensive, and/or significant for the Medicare and Medicaid populations.

Flexible Spending Accounts (FSA) – A plan that provides employees with a choice between taxable cash and non-taxable benefits for unreimbursed health care expenses or dependent care expenses. This plan qualifies under Section 125 of the IRS Code.

Health care provider – Providers of medical or health care or researchers who provide health care are health care providers. Normally health care providers are clinics, hospitals, doctors, dentists, nurses, pharmacists, psychologists, and similar professionals.

Health care system – A system comprised of the organizations, institutions, and resources that are devoted to producing a health action, whether in personal health care or in public health services, whose primary purpose is to improve the health of the general population or a specified and recognized segment of the general population.

Health Grades – A health care ratings, information, and advisory services company whose mission is to guide America to better health care. With their proprietary, objective provider ratings and expert advisory services, they are creating the standard for health care quality. They provide clients with targeted solutions that enable them to measure, assess, enhance, and market health care quality.

Health literacy – The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health Maintenance Organization (HMO) – A prepaid managed medical plan that arranges to provide specific services to enrolled

members through designated hospitals and doctors for a fixed premium per person. There are four basic models: group, independent practice association, network model, and staff model. The members of an HMO are required to use participating or approved providers for all health services. Generally all services will need to meet further approval by the HMO through its utilization program.

Health Policy Corporation of Iowa (HPCI) – A coalition of employers and other purchasers developing joint initiatives, conducting research and education, and leveraging solutions to improve the quality and affordability of health care in Iowa.

Health reimbursement plans – Any plan or arrangement under which an employer reimburses an employee for uninsured health or accident expenses incurred by the employee or his dependents.

Health Savings Accounts (HSA) – Lets you set aside pre-tax dollars for future medical, retirement, or long-term care premium expenses. Invest these funds as you wish within a broad range of choices, then use them for qualified expenses. The funds can roll over from year to year. You take them with you when you change jobs.

Indemnity plan – Insurance program in which a covered person is reimbursed for covered expenses. An indemnity insurance contract usually defines the maximum amounts that will be paid for covered services. Indemnity is the traditional form of insurance and does not restrict the physicians, drugs, or hospitals that will be paid for. Indemnity coverage usually has higher premiums. Indemnity insurance plans are the classic plans—where few restrictions are in place. With these plans, members are normally able to use the providers of their choice and are able to make independent decisions about the type of care they wish to receive. Usually these plans include co-payments, deductibles and maximums, but rarely require case management certification or approvals.

Institute of Medicine (IOM) – Their mission is to serve as adviser to the nation to improve health. The Institute provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large.

Institutions – Facilities with an organized medical staff which provide medical care to patients.

Iowa Health Buyers Alliance – An association of consumers and purchasers who have come together to identify, evaluate, recommend, and provide access to cost-effective high performance policies, practices, providers, and products for its members. Formed in 2004,

the IHBA enables public and private purchasers to jointly develop and promote the use of smart buying practices to drive quality performance for health and value (“more for the money”).

Iowa Healthcare Collaborative – Bringing together providers from across the state to work toward the common goal of exceptional health care. Their vision is an Iowa health care culture of continuous improvement in quality, patient safety, and value.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) – A peer review organization that provides the primary review of hospitals and health care providers. Many insurance companies require providers to have this accreditation in order to seek 3rd party payment, although many small hospitals cannot afford the cost of accreditation. JCAHO usually surveys organizations once every three years, sending in a medical and administrative team to review policies, patient records, professional credentialing procedures, governance, and quality improvement programs. JCAHO revises its “standards” annually.

Juran Institute – Provides a wide range of training and consulting services designed to improve the overall business performance and attain quality leadership. It was founded by J.M. Juran, called the “father” of quality, whose major contribution to the world has been in the field of quality management.

Labor Management Health Care Coalition of the Upper Midwest – A nonprofit 503(c) (6) organization with over 38 members, mostly Taft Hartley Health & Welfare Funds. These funds are usually self-insured and managed by a joint Labor/Management Trusteeship that has a fiduciary responsibility and incentives to make the best value decisions in purchasing health care services for their members.

Lean Enterprise Institute (LEI) – A nonprofit education and research organization founded in 1997 to promote and advance the principles of Lean thinking in every aspect of business and across a wide range of industries. Their global mission is to be the leading educators for society in maximizing value and minimizing waste.

Leapfrog Group – An initiative driven by organizations that buy health care who are working to initiate breakthrough improvements in the safety, quality, and affordability of health care for Americans. It is a voluntary program aimed at mobilizing employer purchasing power to alert America’s health industry that big leaps in health care safety, quality, and customer value will be recognized and rewarded.

Leaps – A term developed by the Leapfrog Group that defines quality and safety practices that are the focus of its health care provider performance comparisons and hospital recognition and reward programs.

Medical tax deduction – Those out of pocket medical expenses that may be claimed on taxes.

Medicaid (Title XIX) – Government entitlement program for the poor, blind, aged, disabled, or members of families with dependent children (AFDC). This is a state-operated and administered program that provides medical benefits for certain indigent or low-income persons in need of health and medical care. States determine the benefits covered, program eligibility, rates of payment for providers, and methods of administering the program.

Medicare – A federal program for the elderly and disabled, regardless of financial status. U.S. health insurance program for people age 65 and over, for persons eligible for social security disability payments for two years or longer, and for certain workers and their dependents who need kidney transplantation or dialysis. Monies from payroll taxes and premiums from beneficiaries are deposited in special trust funds for use in meeting the expenses incurred by the insured. It consists of two separate but coordinated programs: hospital insurance (Part A) and supplementary medical insurance (Part B).

Midwest Business Group on Health – This Chicago-based group was founded in January 1980 by a small group of large Midwest employers to help all types of purchasers—employers and their employees—obtain more value from their health care benefit dollars.

National Academy for State Health Policy – A nonprofit, nonpartisan organization dedicated to helping states achieve excellence in health policy and practice.

National Quality Forum (NQF) – A private, not-for-profit membership organization created to develop and implement a national strategy for health care quality measurement and reporting. The mission of the NQF is to improve American health care through endorsement of consensus-based national standards for measurement and public reporting of health care performance data that provide meaningful information about whether care is safe, timely, beneficial, patient-centered, equitable, and efficient.

Never Events – Medical mistakes that are serious and never supposed to happen, such as amputating the wrong limb or sending a baby home with the wrong family.

Non-value added health care services – Wasted health care services.

Participating Provider – A physician, hospital, pharmacy, or other health care provider who has contracted with the health plan to deliver medical service to you.

Patient safety information – Safety information about the health care services provided by health care facilities and providers.

Point of Service Plan (POS) – A health services delivery organization that offers the option to its members to choose to receive a service from participating or a nonparticipating provider. Generally the level of coverage is reduced for services associated with the use of nonparticipating providers. Patients who go out of the plan for services may also pay more out of pocket expenses. Members can select participating or nonparticipating providers at the time of accessing the services, rather than making the selection at the time of open enrollment.

Preferred Provider Organization (PPO) – A health care delivery system that contracts with providers of medical care to provide services at discounted fees to members. Members may seek care from nonparticipating providers, but generally are financially penalized for doing so by the loss of the discount and subjection to co-payments and deductibles. PPOs are a common method of managing care while still paying for services through an indemnity plan.

Rand Corporation – A nonprofit institute that helps improve policy and decision making through research and analysis.

Transparency of health care information – The availability of health care provider performance, price, and other health care information to the public.

ON THE WEB Want more information on the topics discussed in this guide? Visit www.healthfinder.gov, www.mayoclinichmr.com, www.welcoa.org, www.wellnessiowa.org, www.healthierus.gov, or www.businessgrouphealth.org/services/index.cfm. Your health plan or insurance carrier may have additional information and resources available as well.

WEBSITES

Agency for Healthcare Research and Quality
www.ahrq.gov

Centers for Medicare & Medicaid Services
www.cms.hhs.gov

Consumer-Purchaser Disclosure Project
www.healthcareDisclosure.org

Consumer Reports Best Buy Drugs
www.CRBESTBUYDRUGS.org

Consumers Union
www.stophospitalinfections.org

The Dartmouth Atlas of Health Care
www.dartmouthatlas.org

Dubuque Area Labor-Management Council
www.dalmc.com

Health Policy Corporation of Iowa
www.hpci.org

Iowa Healthcare Collaborative
www.ihconline.org

Joint Commission on Accreditation of
Healthcare Organizations
www.jcaho.org

Kaiser Family Foundation

www.kff.org/consumerguide

Labor Management Healthcare Coalition of the
Upper Midwest

www.labormanagementcoalition.org

Leapfrog Group

www.leapfroggroup.org

Mayo Clinic Health Management Resources

www.mayoclinichmr.com

National Quality Forum

www.qualityforum.org

Reduce Infection Deaths

www.hospitalinfection.org

U.S. Department of Health & Human
Services/Healthfinder

www.healthfinder.gov

Wellness Council of Iowa

www.wellnessiowa.org

Wellness Councils of America

www.welcoa.org

THE IMPORTANCE OF QUALITY, PATIENT SAFETY AND TRANSPARENCY

Information about Iowa health care providers' quality and patient safety performance, price and other information is essential. Transparency of this information has proven to be an important catalyst for change and improvement in health care. It is also important for consumers, patients and their families.

Listed below are some examples:

- Rand: Only 50% chance of getting the right care when visiting the doctor's office.
- Institute of Medicine (IOM): 98,000 preventable deaths in hospitals each year. In 2004, Health Grades reported this number to be 195,000 people, almost twice the number from the 1999 IOM report.
- Center for Health Transformation: You are 2,000 times more likely to die in the hospital from a mistake than in an airplane crash.
- The Leapfrog Group: The 1st three Leaps can save 58,300 preventable deaths and multiple times this # of disabilities; 522,000 medication errors; and at least \$ 9.6 billion per year.
- Juran Institute/Midwest Business Group on Health: 30%+ of health cost due to poor quality/ ineffective care.
- Consumers Union: Every year, two million Americans develop infections while in the hospital and an estimated 90,000 die as a result. The remainder often endures prolonged hospital stays and sometimes suffers lasting health problems.
- John Toussaint, MD, CEO of ThedaCare: "About 70% of what we do is non-value-added (waste)." (Institute for Health Care Improvement (2-16-05)). Note: Lean experts estimate 60% waste in health care.
- The Institute of Medicine: "Between the care we have and the care we could have lays not just a gap, but a chasm. The current care systems cannot do the job. Trying harder will not work. Changing the systems of care will." (Institute of Medicine's: Crossing the Quality Chasm)



Iowa
Health
Buyers
Alliance

Labor and Management
working for

- Better Health
- Better Health Care
- Better Value