



Patient safety, cost agencies to move under Health Department

By Steve Twedt / Pittsburgh Post-Gazette

Gov. Tom Corbett's plan to fold two historically independent agencies into the state's Department of Health has agency officials worried the move will undermine their effectiveness.

Under the governor's proposed budget, the Patient Safety Authority, which collects reports of medical errors and near misses and uses them to prevent future mistakes, and the Pennsylvania Health Care Cost Containment Council, which collects cost and quality data from hospitals, would both be integrated into the state health department.

The idea, the governor's budget proposal states, is to streamline the collection and analysis of health information "to better utilize health information for public policy purposes."

But what appears to make sense on paper, say the agencies, makes little sense in real life.

"We're very dependent on the trusting relationships we've built up over the years. If we got merged into a regulatory agency, we will lose that," said Stanton N. Smullens, acting chairman of the Patient Safety Authority and chief medical officer for the Jefferson Health System in Philadelphia.

By law, hospitals must promptly tell the state health department of any medical error that harms a patient.

But hospitals also voluntarily report to the safety authority about 200,000 "near-miss" incidents, where patient harm was narrowly avoided. The authority uses that information to help hospitals avoid similar situations.

"We're very concerned we won't get the same degree of cooperation or reporting" if the authority is part of the state agency that regulates hospitals, said Dr. Smullens.

As just one example, he related an eastern Pennsylvania hospital's voluntary report of a patient who stopped breathing and nearly was not resuscitated because he wore a yellow identification wrist tag. The patient's nurse had recently transferred from another hospital where a yellow wrist tag meant the patient did not want to be revived. But at the new hospital, the yellow band denoted only that the patient had allergies.

Because of that incident, hospitals statewide have adopted uniform color-coding on the ID tags and "40 states have followed suit," said Dr. Smullens.

Health department spokeswoman Christine Cronkright said Tuesday the state agency has had a dual regulatory-educational outreach role for more than 100 years. "I don't think we share that concern" that hospitals would be less willing to report incidents, she said.

Some hospitals appear to disagree.

Last week, the Hospital Council of Western Pennsylvania sent a letter to Sen. John Pippy, R-Moon, saying moving the authority to the health department may change the relationship between hospitals and the patient safety authority.

"This would make for a regulatory relationship as opposed to a collaborative one," wrote Jane Montgomery, vice president for clinical services and quality for the hospital council.

State Sen. Pat Vance, R-Cumberland, who chairs the Senate Public Health and Welfare Committee, also has questioned how the two agencies would remain independent if they're moved into the state health department.

Dr. Smullens noted the patient safety authority does not receive state money, as the authority's \$5.9 million annual budget is funded through assessments on hospitals which go to the Patient Safety Authority Trust. "We don't see that there are any savings and we think our efficiency would be harmed if we were grouped under the Department of Health. We would be seen as part of a regulatory agency."

Ms. Cronkright said the state does help with some administrative costs for the authority's 14 member staff, such as payroll and pension. "By combining the two entities, we believe we can create further cost and operational efficiencies in administration, while maintaining the separate existence of the Patient Safety Authority Trust Fund and creating the proper firewalls to maintain data integrity."

The Pennsylvania Health Care Cost Containment Council (PHC4) does receive state funding -- \$2.6 million this year -- to produce reports on the quality and cost of medical care in Pennsylvania. But state funding has been cut 50 percent the last four years.

"It's been enduring cut after cut. If you 'streamline' any more, what are you going to have?" asked Karen Wolk Feinstein, president and CEO of the Jewish Healthcare Foundation, which has used PHC4 data in reports on hospital readmissions, AIDS and other health issues. She questions whether moving the cost containment council into a government bureaucracy will really make it more efficient. "PHC4 is, bar none, the best state health reporting system in the country. Why would you want to possibly jeopardize that?"

Hospitals are compelled to report data to the council, so it does not have to rely on voluntary reporting to produce its reports.

But Executive Director Joe Martin pointed out that the council had started to give the business and labor sectors "a real voice in a program that would be pushing hard for improvement in quality and cost reductions, and I think that those constituencies want to retain that independent voice."

The cost containment council will go along with whatever the General Assembly decides, said Mr. Martin, "but there's certainly some concern from individuals about the independence of the agency. They're not going to have the same voice that they have now."

Steve Twedt: stwedt@post-gazette.com or 412-263-1963.

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