Driving value: How a provider organization and supplier executed a shared-risk quality program during COVID

Geisinger and Medline's story
COVID-19 has upended the status quo at U.S. healthcare organizations, requiring them to divert significant time and resources to mitigating the pandemic’s impact. This industry-changing event risks distracting healthcare executives and frontline caregivers and potentially disturbing their longstanding value-based care efforts.

When COVID-19 hit Danville, Pa.-based Geisinger, the health system was working hard on an ongoing initiative to reduce hospital-acquired pressure injuries (HAPI) and central line-associated bloodstream infections (CLABSI) as a part of a unique provider-partner relationship with Medline Industries that has shared goals and outcomes. Even amid an unprecedented public health crisis, leaders at both organizations continued their intense focus on improving safety for patients.

This paper will explore how Geisinger and Medline leaders kept a focus on these critical goals during one of the most challenging public health crises in our nation’s history and discuss how the pandemic reinforced the partnership’s purpose and the need for value-based care.

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Terri Bickert
Vice President of System Nursing
Geisinger

The Partnership

Geisinger and Medline’s partnership started on April 24, 2018, when Geisinger leadership met with Medline executives and presented them with a challenge: to become an “integrated partner” with their health system, beyond just a strategic partnership. Geisinger leaders challenged both Medline and themselves to find a way to create a mutually beneficial relationship that aligns incentives, reduces waste, ensures a cost-efficient relationship and most importantly improves patient outcomes. Together, the teams created a unique economic model that mimics the value-based reimbursement structure under which many hospitals are now being paid. The model mutually incentivizes behavior that improves outcomes and holds Medline accountable to deliver significant value in products and training to improve Geisinger’s outcomes and eliminate waste. Despite the worst pandemic since the 1918 Spanish flu crisis, the partners engaged in policy and formulary standardization, extensive training and development of metrics and dashboards that measure performance, even at the unit level.
Fast-forward to 2020 and the partnership is in full swing, but suddenly, COVID-19 upends the healthcare industry—and the world. One might assume that leaders focused on common hospital-acquired conditions like pressure injuries and central line-associated bloodstream infections would put those projects aside and instead focus on COVID-19. But Terri Bickert, Geisinger’s vice president of system nursing, says that was simply not the case, nor was it an acceptable option for the health system.

“Quality is always at our forefront, regardless of whatever factors are going on or other external issues,” Bickert said. “We’re still able to monitor these critical performance indicators, and it’s still an ongoing part of care regardless of what is going on around us.”

Leaders at Geisinger noted that even in a time of significant crisis, it was critical to “keep our eyes on the prize.” But the long-lasting, persistent challenges of the COVID-19 pandemic made it different from any other crisis the health system had faced.

“We know how to respond to short-term disasters. We drill for that. But this is something nobody has drilled for,” said Donna Hahn, the health system’s vice president of quality, safety and patient experience.

The response required a significant cultural change, not just at Geisinger, but across the industry, Hahn noted, as COVID-19 has created a new normal for healthcare. While care would continue in the hospital and it was critical that leaders continue to focus on inpatient safety, the pandemic significantly changed care delivery, as telehealth and Geisinger@Home services grew exponentially.

**Collaborative Steps of the Partnership**

I. Data and Dashboards

II. Analyze Specifics
   a. Each reportable wound and CLABSI reviewed by collaborative team
   b. Identify themes
   c. Identify key issues, down to the unit level

III. Identify and build targeted interventions

IV. Develop specific education to address themes
   a. Deep Tissue Pressure Injuries (DTPI)
   b. Present on Admission (POA)
   c. Anticipated Wounds
   d. Moisture Associated Skin Damage (MASD) vs. Pressure Injury

V. Deployment

VI. Monthly leadership meetings to review data and outcomes
Medline and Geisinger are targeting three “foundational tranches” initially:

**SUPPLY CHAIN**
Improving efficiency in supply chain and logistics services

Geisinger has shifted distribution of supplies to Medline’s logistics experts and distribution network. The partnership includes a complete supply chain redesign to drive down costs and improve service.

**FORMULARY**
Refining formulary to be systemwide

Medline and Geisinger are working together to standardize core medical-surgical products in agreed-upon categories and supporting newly developed policies and guidelines.

**QUALITY**
Working toward better outcomes and quality of care

Medline and Geisinger are working together on processes, protocols and education programs that can improve outcomes and reduce “never events.” Initial focus is on pressure injury prevention and central line-associated bloodstream infection prevention.

The Economic Model:

Rather than paying by item, the model bills by a fixed baseline “cost per adjusted patient day” that is agreed upon by Geisinger and Medline with initial guaranteed savings built in.

Further cost savings can be achieved by both organizations by reducing overdistribution and overutilization of supplies, as well as the financial impact of improved clinical outcomes. Communication and flexibility are key: Medline and Geisinger are meeting quarterly to review progress and make adjustments as necessary. Both are open to refinements to this formula.

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\begin{align*}
\text{Fixed baseline capitated cost} & = \frac{\text{Lump Cost of Products or Services}}{\text{Average Patient Day}} \\
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Costs may include:
- Formulary: All products and purchased services included in agreed-upon categories
- Supply Chain and Logistics Costs: The costs of distribution for non-Medline items (distribution fee) and all other services defined within the logistics assessment.
How Geisinger and Medline kept their focus on value-based care

Not only did executives stay focused on their partnership during COVID-19, but the pandemic also reinforced the need for health systems like Geisinger to emphasize value-based care. The significant costs of COVID-19 care are a stark reminder that leaders need to stay focused on cost-effective care for all conditions, so that they can continue to serve their communities during critical, challenging times.

In their efforts to preserve their critical partnership,

Geisinger and Medline leveraged data and transparency, engaged in frequent rounding and consistent communication, encouraged rapid problem-solving and utilized one-on-one virtual training to ensure training was easy to consume. This was all done with the motivation of shared risk and an emphasis on creating a culture focused on safety and quality improvement. Here’s how they did it:

Data and Transparency

When leaders are transparent and employees are given a consistent opportunity to visualize and understand their performance, frontline caregivers are more likely to take an active, invested role in their own success. The process of gathering data was built around mutual accountability. Fourteen different data points were reorganized to bring more information to the team. Reporting was designed to give a holistic view of performance combining incidence, supply utilization and clinical resources against an established baseline for comparison. A very tight, strict schedule was established at the onset of the program with specific responsibilities on each side for data submission from various entities at the same time each month. Data was reviewed by Medline’s independent medical affairs team so that it was independent of sales, and an analysis on supply usage and clinical outcomes was reported out to executive teams during a monthly meeting that prompted leaders to solve any problems presented in the data. This review doesn’t just examine aggregate data—a detailed clinical analysis reports out and analyzes patient-level clinical notes that reveal the opportunities for improvement while drilling down to specific hospitals, units and themes.

“The commitment on both sides to frequently and consistently visit the data and review performance held both sides accountable,” said Sue MacInnes, Medline’s chief market solutions officer.

In addition to the dashboard reports which facilitated open communication about the partnership’s progress in reducing CLABSI and HAPI measures, Medline created the Healthcare Integrated Partnership (HIP) app—a mobile app that keeps leaders and staff on the same page using agreed-upon metrics. The app promotes trust and accountability, offering insight into performance across a health system down to the unit level.

The app holds Medline accountable too, MacInnes noted: “We have to be you and think like you, because the ultimate goal is the outcome. We’re exposing, identifying, working and reviewing, and the app helps us do that in tandem with our health system partner.”

An example of data in the HIP (Healthcare Integrated Partnership) App

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The app supports Geisinger’s focus on evidence-based clinical practices, what the system calls the “ProvenCare®” model. “We’ve always practiced evidence-based care, but this brings new transparency and technology to the table,” Hahn said.

The health system’s ability to offer clear, consistent updates on progress was especially important during the pandemic, when nurses were otherwise inundated with lots of new information, and conditions were changing day-by-day.

“We created a tool that gives frontline staff information because we have to describe that continuous work of improvement: What did my team do in this situation, what did I miss this time? What is the other unit doing differently? Now, what do I need to change?” said Geisinger Chief Nurse Executive Janet Tomcavage. “Having transparent information ensures that leaders on our patient units are accountable and taking responsibility.”

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“We were actively focused on figuring out what we learned as it was all happening. The organization as a whole came together in a way that we’ve never seen before.”

Janet Tomcavage
Chief Nurse Executive
Geisinger

Rounding

Rounding is generally an important practice for leaders, but it's especially important during the COVID-19 crisis, when frontline caregivers are working under challenging conditions and new protocols, and there's often little or no precedent.

Tomcavage prefers to round at least once a week, sometimes twice a week, approaching frontline staff as a fellow nurse rather than as an executive. Her observations and those of other rounding leadership played a critical role in adding qualitative insights to the data-driven partnership meetings that took place each month, and ultimately informed training to improve outcomes.

“Nurses will sometimes filter what they say to senior executives for expediency, but if you pull nurses off the line, talk to them for a couple of minutes, and ask the right questions, you can learn a lot,” she said. “I don’t take care of COVID patients directly, so I ask simple questions about how they do their job and what challenges they’re facing. I’ve learned a lot about the complexity of these patients.”

While rounding among nurses treating COVID-19, Tomcavage became aware of unique pressure injuries that were afflicting Coronavirus patients. As a result of the prone position COVID-19 patients were required to be placed in, many were developing unique pressure injuries on their shoulders, face, knees and the front of their toes. These challenges had the potential to upend significant progress Geisinger and Medline had made in addressing traditional pressure injuries that most often occur on a patients' backside, and would require a different approach.

“We had to think differently because there were patients who could not be moved out of the prone position. As soon as you moved them onto their back or on their side, they started declining,” Tomcavage said.

As data quickly lent further truth to what she was seeing, Tomcavage and her team worked with clinical experts at Medline to put out “fast facts” to alert nurses to the issue and train them on the importance of addressing these pressure injuries in real-time. As soon as they started to see redness, a first sign of skin irritation, nurses were trained to start thinking about the next step, using pressure-relieving materials on the shoulders and knees, and positioning pillows differently. The team’s rapid problem-solving proved effective in curbing these types of injuries and helped the system keep overall pressure injuries down.

“This work is about stopping, taking a minute, thinking and saying, ‘Okay, this is what I do in the supine position to relieve pressure, but how do I relieve that pressure in this position?’” Tomcavage said. “Caregivers have to think on their toes and act quickly.”

Communication

Substantive, consistent communication with frontline staff—as well as constant communication between Geisinger and Medline leadership—played a critical role in the success of this partnership. At the height of the pandemic, Geisinger took that one step further and implemented weekly town halls with Dr. Jaewon Ryu, the health system’s CEO, and his executive team, open to all employees, with additional town halls intended for physicians and senior leadership, respectively. Leaders discussed the national and local forecasts and key issues at Geisinger, including PPE levels, emerging infection prevention and isolation protocols, and capacity management. At a time when conditions and guidelines were changing on a daily basis, this frequent check-in was crucial.

“From leaders, there has to be an understanding and acknowledgement that this is incredibly tough work,” Tomcavage said. “I was humbled when I rounded during COVID. I saw our nurses selflessly working twelve hours a day, holding hands with patients who were dying and couldn’t be with their family. They had this broad spectrum of skill, dealing with complex patients but also being so caring and compassionate.”

As the system adapted to the crisis, town halls were transitioned to biweekly, and now are held monthly. The system continues to engage staff at this level because of the success it saw during the pandemic.

At the team leader level, Geisinger brought representatives together on a huddle every day at 5 p.m. during the pandemic, in an hour-long conference call to discuss key challenges. It was expected by the next day that any issue would be investigated, and if possible, be halfway to resolution, Tomcavage said.

“We were actively focused on figuring out what we learned as it was all happening. The organization as a whole came together in a way that we’ve never seen before,” Tomcavage said. “People were given license to go and get things done, rapidly identifying and solving problems.”

Communication between partners was incentivized by mutual risk, MacInnes said. Shared responsibility for goals and outcomes forced checks and balances on both sides and incentivized leaders to communicate frequently and transparently.

“If we weren’t as culpable, this would have gone differently,” MacInnes said. “Because we had shared incentives, goals and outcomes, we had a lot to lose, so we were pushing each other.”
Training

Frontline staff don’t have time to sit through hours-long education sessions. Amid COVID-19, this type of in-person training is not only inconvenient, but it also represents a risk to staff safety. The pandemic also prevented Medline experts from observing practice and offering hands-on training in the hospital. COVID inspired “out-of-the-box” thinking. As a way to deliver concise, accurate information in a convenient manner, the team at Medline developed an ongoing series of “Education BURST” sessions—live one-on-one training conducted virtually with targeted units and personnel, based on an analysis of performance data.

Each of these quick, fifteen-minute sessions was jointly developed with Geisinger, approved by quality and nursing teams, and conducted by a Medline subject matter expert, who used hands-on education, photos and quizzes to ensure mastery of concepts. These trainings focused on specific topics that leaders were hoping to address in their performance improvement efforts, down to the unit level. Topics were decided based on root cause analysis of reportable adverse events. Some of these topics included admission best practices, moisture-associated skin damage, medical device related pressure injuries, deep tissue injuries and anticipated wounds.

“That education is so well received,” Hahn said. “They are direct, brief and to-the-point with frontline staff.”

The topics were directly related to clinical findings. The training was performed by Medline down to the unit level. The training has been particularly important in communicating best practices and opportunities that need to be addressed amid rapidly changing conditions.

“It’s been great to work with frontline staff, communicating and relating to what’s important to them, and Medline adds to that a worldview from other organizations they’ve worked with,” Bickert said. “That’s immensely helpful.”

Culture

While standardization, education and communication were critical to Geisinger and Medline’s partnership, leaders at both institutions agreed that the success of the partnership during COVID-19 would not have been possible without the “just culture” internalized by Geisinger’s staff and leaders at both organizations.

A just culture “is the ability to say, ‘stop,’” Tomcavage said. “That’s what it is. We’ve got to have a culture where any employee can call a timeout. In the end, the only way you’ll get close to perfect care, or no harm, is if we have a culture that allows our teams to stop the line.”

It’s that commitment and accountability at both the leadership and frontline staff levels that continues to make the success of this partnership possible. “You have to have an ability to come together and commit to the success of each other,” Bickert said.

That culture extended to Medline and its commitment to Geisinger, MacInnes said, and the structure of this partnership ensured that goals were the same—in the interest of the provider and patient.

MacInnes emphasized how critical it was that leaders and frontline staff alike were open to constructive feedback, because they worked within a culture that promotes transparency and is open to external collaboration. When problems arose, they were prioritized internally within both organizations to fix the root of the issue.
Outcomes

Reducing unwarranted variation - consolidation of supplies in conjunction with policy updates eliminates excessive products, makes it easier for the staff, streamlines training and equates to better patient care.

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<th>26%</th>
<th>3%</th>
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<td>HAPI reduction 9 months into program implementation starting January 2020 through September 2020</td>
<td>CLABSI reduction trending down after 6 months into program, starting March 2020 through September 2020</td>
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Number of supply items that support HAPI

| Before: 327 | After: 62 |

Number of items that support CLABS: consolidated the items being pulled and developed 7 customized kits utilizing Geisinger’s best practice, policy and current portfolio of products to reduce variance in practice.

Overall percent staff trained prior to onset of the program

98%

of all Nursing staff: RN’s, LPN’s and NA on all 8 hospital campuses

226 education sessions

1:1 training: 15 minutes Educational BURSTS done remotely based on themes from data for select units and staff, targeting activity to gain best outcomes.

- Documentation on Admission, POA
- Identifying and documenting Deep Tissue Pressure Injuries (DPTI)
- Identifying Moisture-Associated Skin Damage versus Pressure Injuries
- Medical Device Related Pressure Injuries
- Understanding “anticipated wounds” and how to document
- Flush Protocol
About Medline

Medline is a global manufacturer and distributor serving the healthcare industry with medical supplies and clinical solutions that help customers achieve both clinical and financial success. Headquartered in Northfield, Ill., the company offers 400,000+ medical devices and support services through more than 1,400 direct sales representatives who are dedicated points of contact for customers across the continuum of care. For more information on Medline, visit www.medline.com or connect with us on social media.

Value-based care is needed now more than ever

As Geisinger and Medline continue their partnership, a systemwide hospital-acquired conditions (HACs) task force has been established consisting of a multidisciplinary team that includes leaders from Geisinger’s medicine institute; nursing institute; infection disease; quality, safety, and patient experience; and Medline. Order sets and other documentation tools are being added to improve collection of data, and leaders are developing training that promotes critical thinking skills and encourages staff to more holistically assess the patient condition. Education BURST sessions are also being developed on central line maintenance and clinical documentation.

As the COVID-19 pandemic intensifies and puts an unprecedented and largely unpredictable strain on American health systems, it is clearer than ever that leaders need to embrace value-based care, not just within their health systems but with their supply partners as well. It is critical that leaders scrutinize the overall cost of care and avoid preventable complications that can put a strain on both hospital budgets, bed capacity, and patient outcomes.

“The integrated partnership between Geisinger and Medline is a great way of shifting the focus away from fee-for-product model and working collaboratively to achieve better quality outcomes for our patients,” said Dr. Navneet Singh Dang, Geisinger’s Chief Quality Officer for Inpatient Services. “We are leveraging our ProvenCare® methodology to re-engineer our processes to improve quality outcomes for our patients.”

It’s unprecedented for a provider and supplier to exert this type of commitment, trust, transparency and drive to mutually improve patient care and outcomes. The industry is continuing to move from transactional arrangements to risk share partnerships. It is our hope that other organizations learn from this project and explore innovative arrangements, share skill sets and work together for the ultimate goal of taking care of patients.

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