



Robert Wood Johnson Foundation

Secondary Data Use

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Business survey August 2005

- Important issues
 - Affordability 52%
 - Coverage for all 25%
 - Quality 12%



1008 Interviews in 12 Metro areas

Further evolution of tiers in care

- Health care expansions
- Substantial cost increases likely
- Reduced ability to cross-subsidize uncompensated care

- **Absence of cost-control strategies**

Health care one of most important issues to Americans, second only to the war in Iraq*

- Iraq 44%**
- Health care 29%**
- Economy 13%**
- Terrorism/Nat'l security 8%**

*Kaiser Family Foundation, March 2007

**New York Times/CBS, February 2007



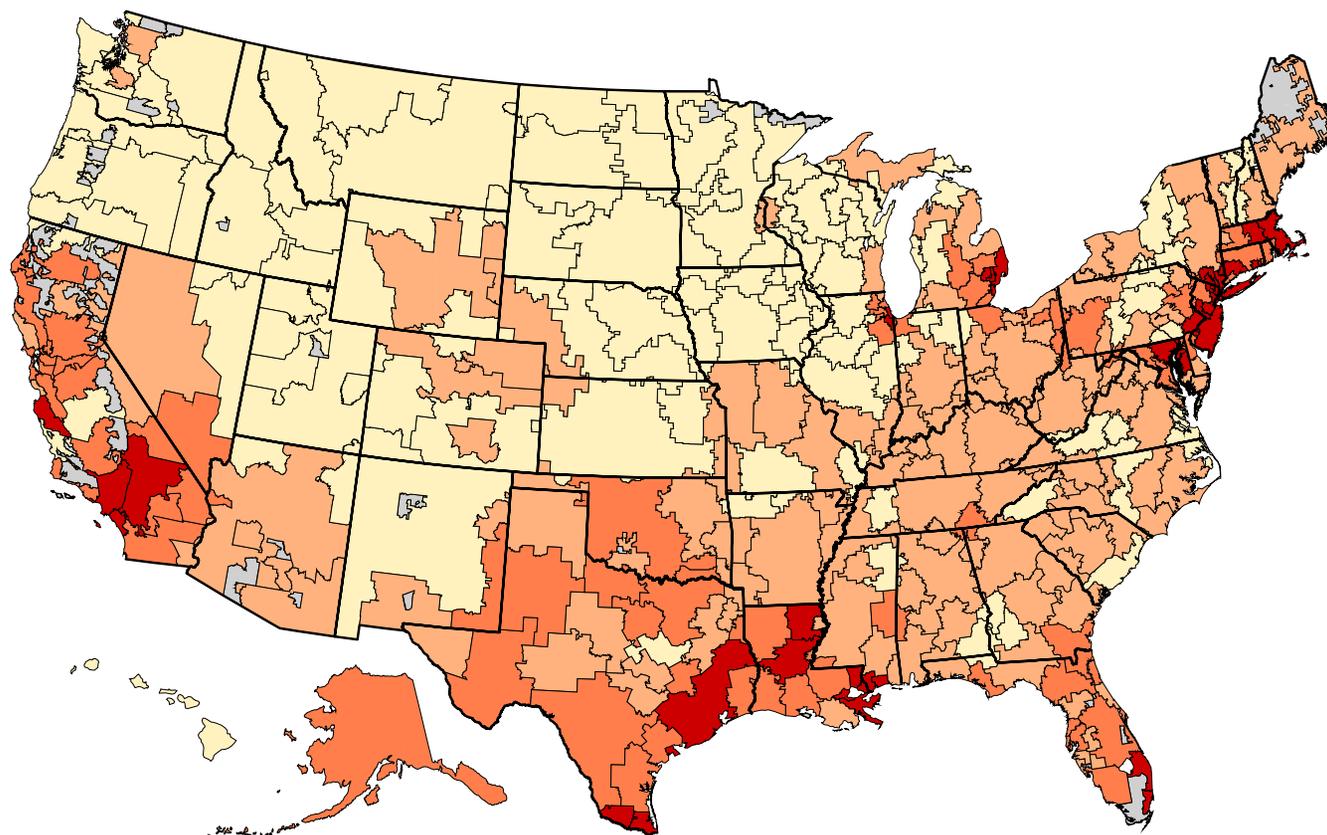
Quality of Health Care in US??

Overall Care	54.9%
Acute	53.4%
Chronic	56.1%
History	43.4%
Counseling or Ed	18.3%
Immunization	65.7%

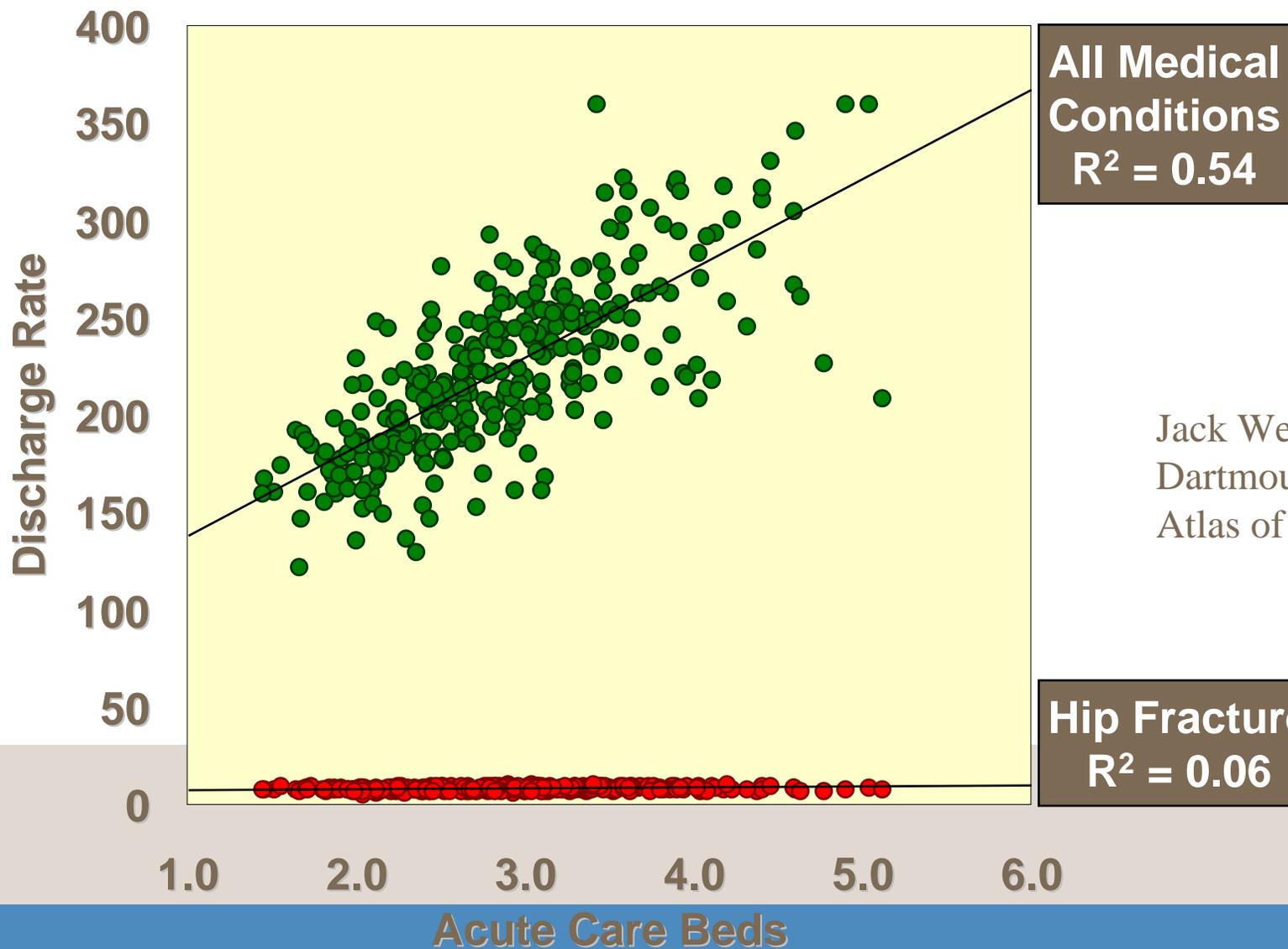
We receive right care only half of the time

Much of our health care spending has no value





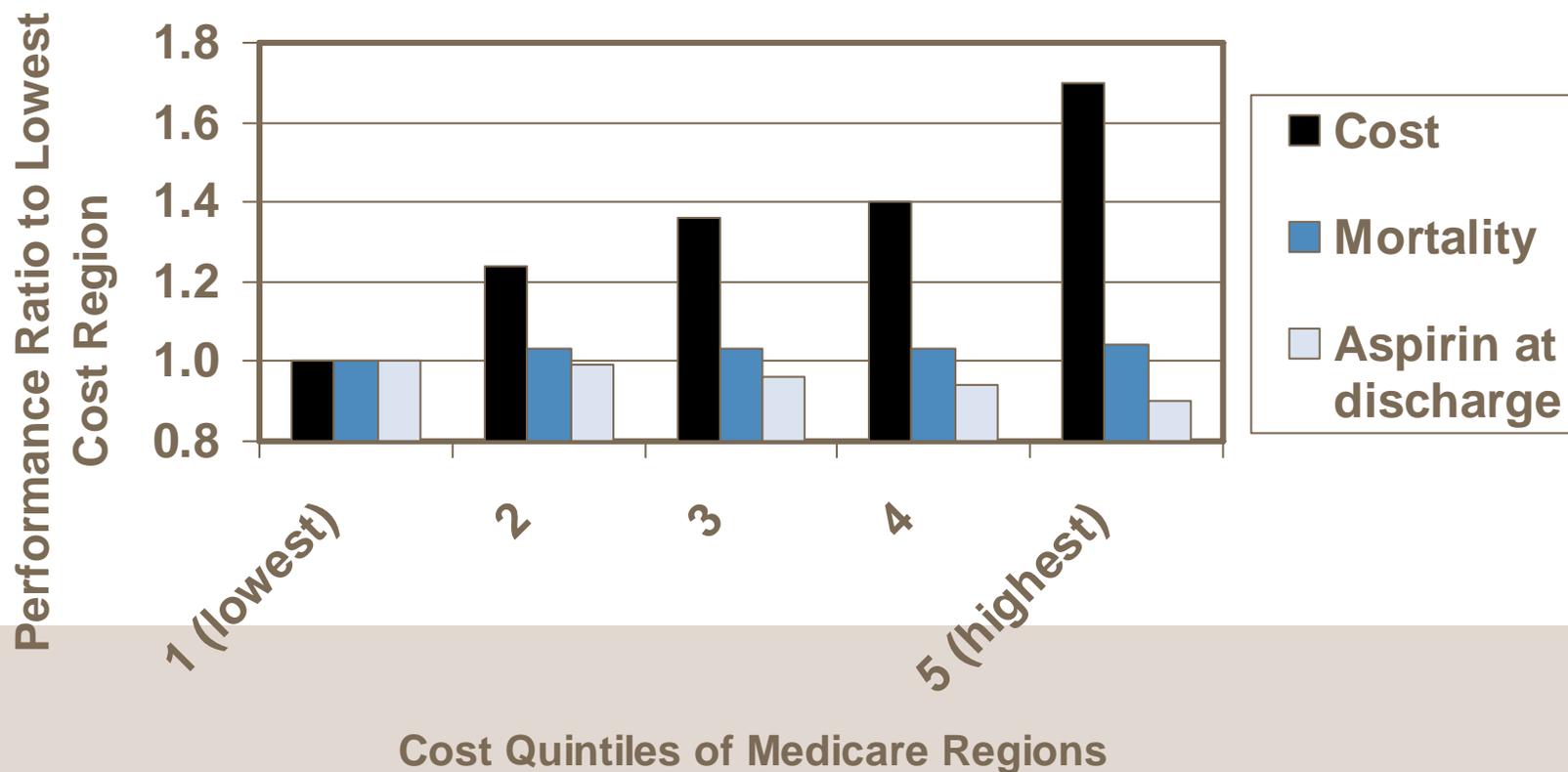
	More than 15% Above Average	(36)
	0 - 15% Above Average	(68)
	0 - 15% Below Average	(112)
	More than 15% Below Average	(90)
	Not Populated	



Jack Wennberg
Dartmouth
Atlas of Health Care



Medicare Spending is Unrelated to Mortality, Access, and Quality



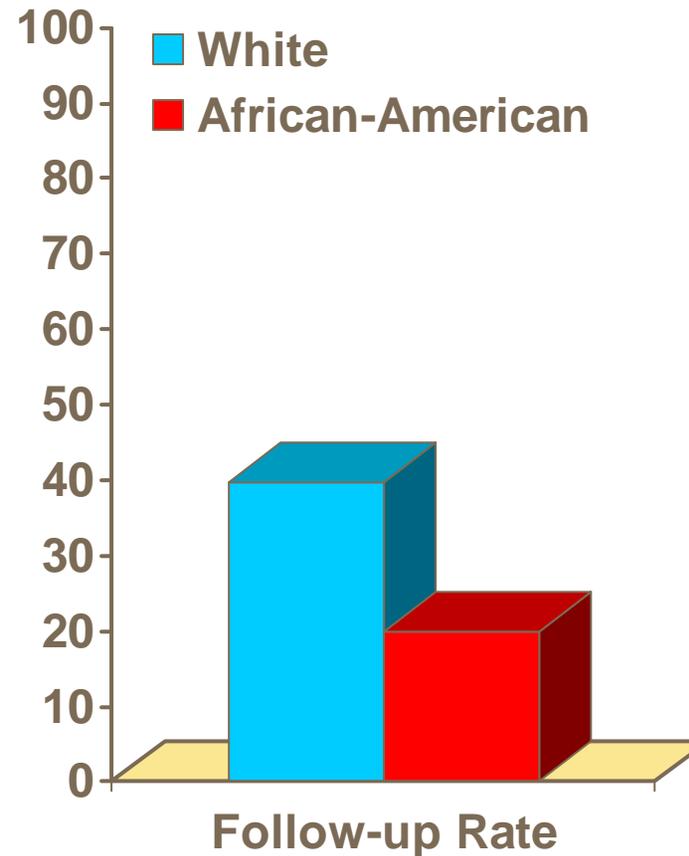
Source: *Ann Intern Med.* 2003;138:273-287.



**Core concept:
Outpatient follow-up
after either ER visit
or admission**

**Children 5-17 years
old**

**Standard based on
national expert
panel guidelines**





Healthcare Service/Product	Average Actual Cost	Average Estimated Cost	% Difference of Estimated from Actual
Statins	\$109	\$156	+43%
High Blood Pressure Medication	\$93	\$153	+39%
Primary Care Visits	\$80	\$97	+21%
Trip to the Hospital in an Ambulance	\$550	\$476	-13%
Blood Chemistry Test	\$300	\$143	-52%
Hip Replacement	\$25,000	\$10,639	-57%
Day/Night in Hospital	\$3,600	\$1,058	-71%

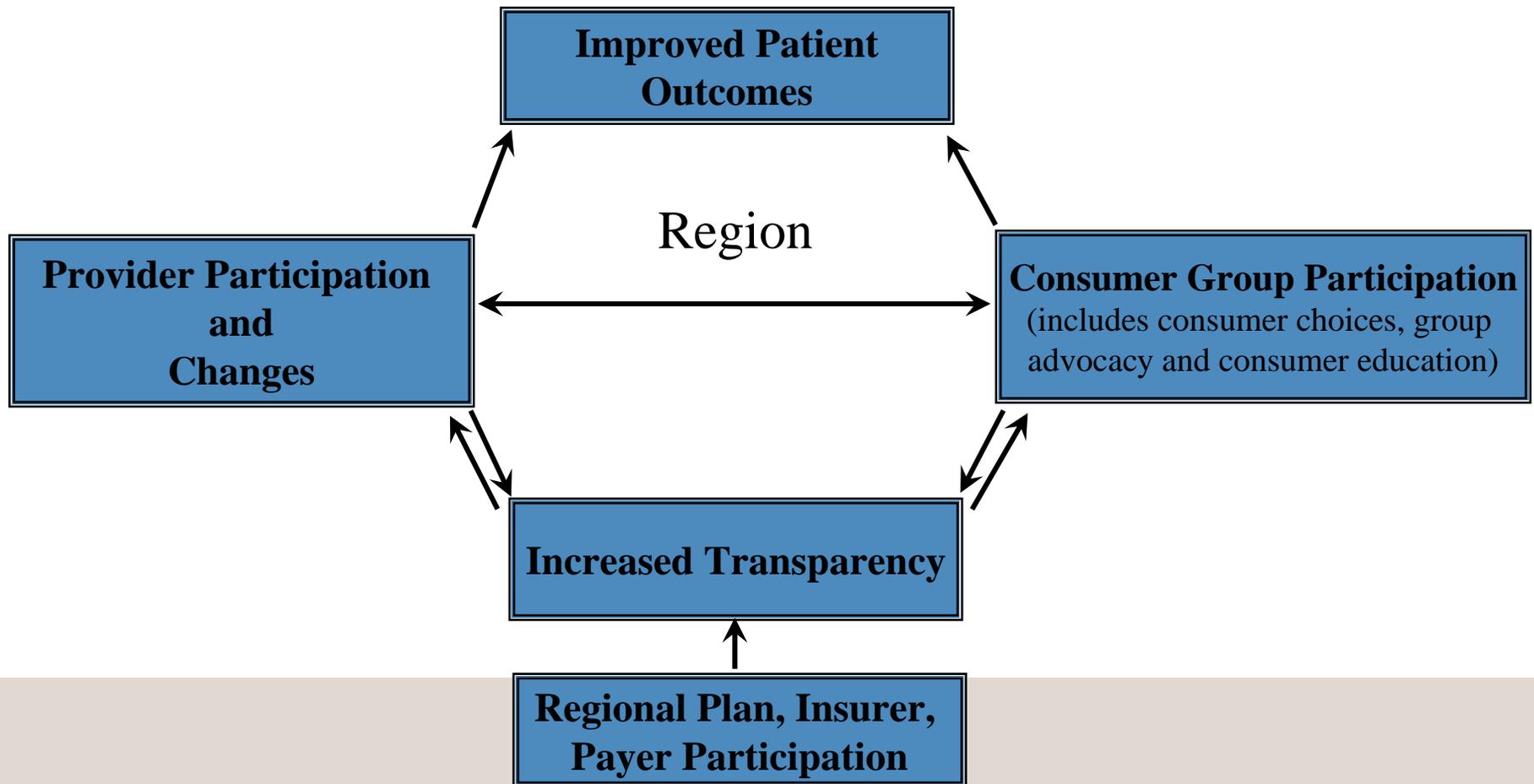
Americans Lack Knowledge of Health Care Costs

Source: Wall Street Journal/Harris Interactive, June 24-28, 2004

Regional Quality Improvement Model



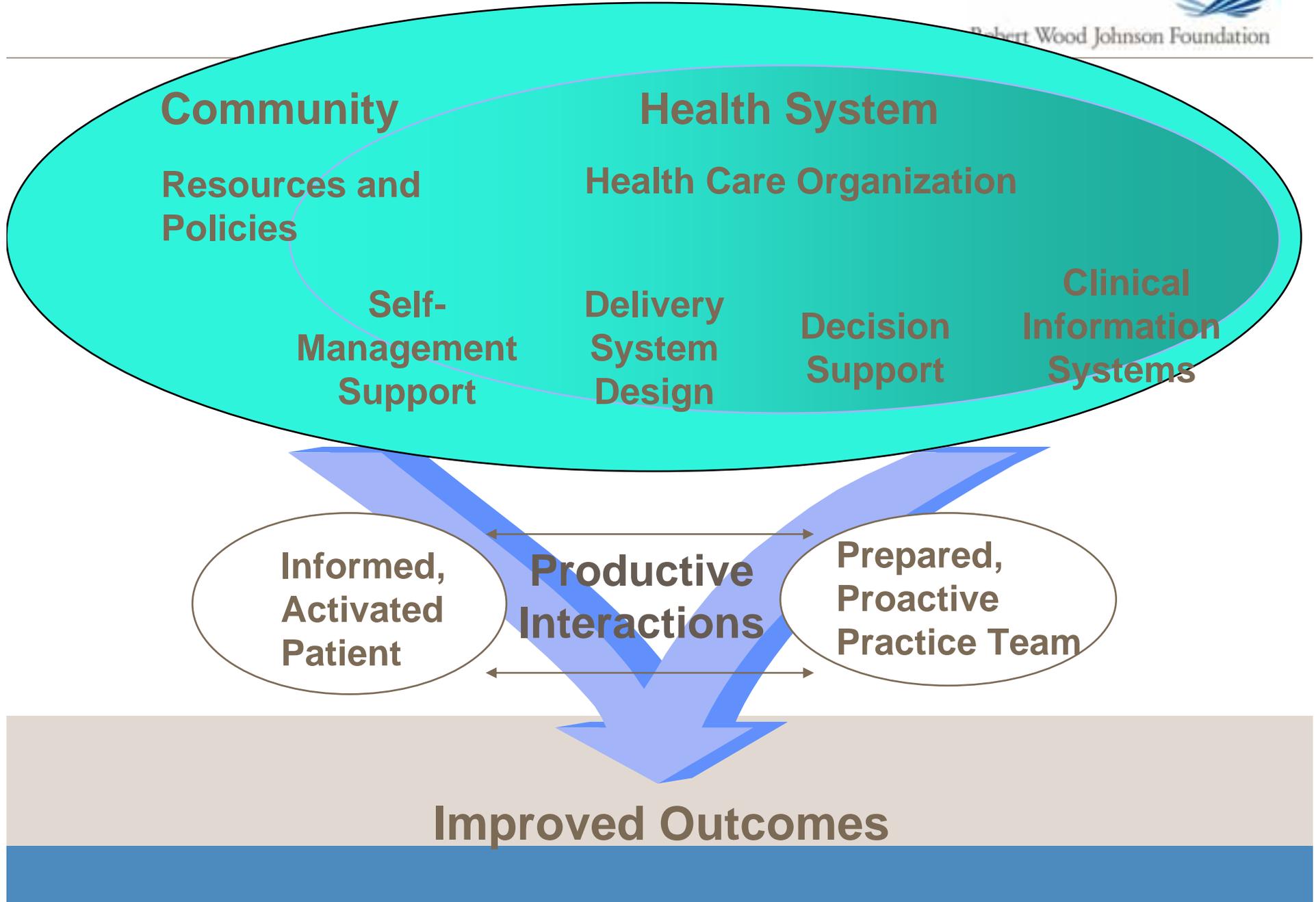
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Chronic Care Model

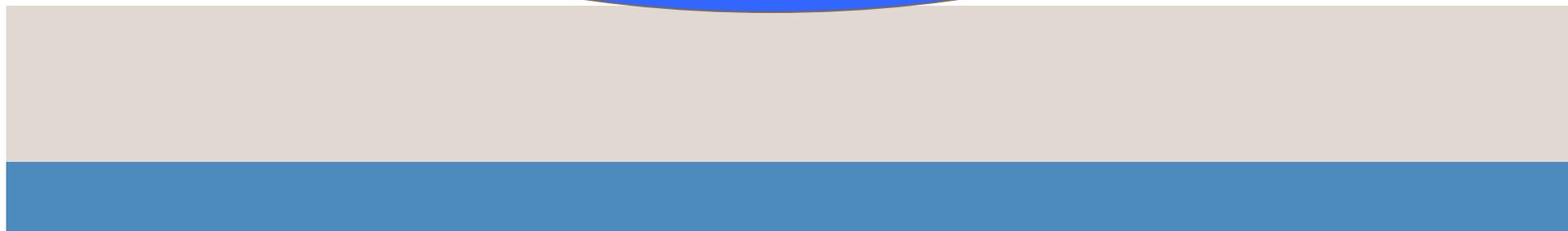
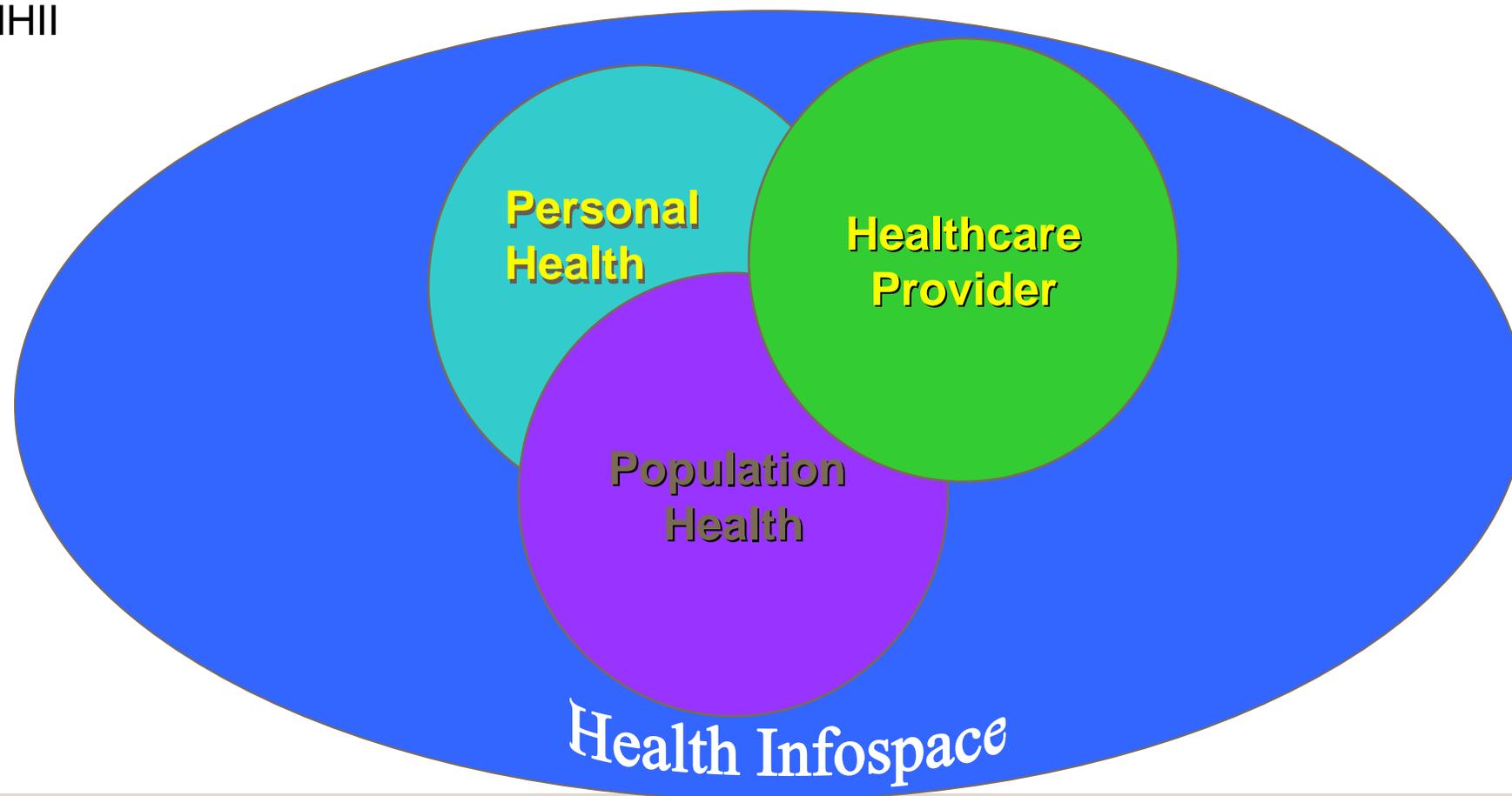


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NHII





Secondary Use



Basic Principles of Biomedical Ethics

Respect for Autonomy

Beneficence

Non-Maleficence

Justice



Autonomy

- Consent

Beneficence

- For the good of the patient

Non-Maleficence

- Security & Privacy

Justice

- Role of decision support
 - Equitable care



Quality

Respect for Autonomy

- Provider not patient identified

Beneficence

- Improve care for patient
- Society benefit

Non-Maleficence

- Prevent harm through error
- De-identified data use

Justice

- Collection of race and ethnicity data



Public Health

Respect for Autonomy

- Subjugated to the public good

Beneficence

- Public benefits
- In some case individual benefits

Non-Maleficence

- Legal protections of data

Justice

- All treated equal
- Protect the most vulnerable



Research

Respect for Autonomy

- Consent
- Right to refuse

Beneficence

- Society might ultimately benefit
- Patient might benefit

Non-Maleficence

- IRB
- Full informed consent
- Minimize harm

Justice

- Equitable benefits
- Selection of study topics and subjects



Secondary Use





“In our concern for the quality of present-day medical care, we must do more than build new nursing homes, clinics and hospitals: we must do more than train the highest quality of medical and paramedical personnel. These are worthy efforts, but we must also concern ourselves with the quality, efficiency and effectiveness of the practice of medicine and the provision of medical care.”

G. Octo Barnett, MD
September 26, 1966