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## Burley hospital's owner earns White House praise

BURLEY — The care patients receive at hospitals can vary widely, even among practicing physicians at the same hospital, but at Burley's hospital — part of a 26-hospital chain that is putting into operation a best practices policy — there is a measurable difference.

Cassia Regional Medical Center patient Floyd Haynes of Paul, who was preparing to be discharged Tuesday from the 25-bed facility that has 25 doctors who practice at the hospital daily and another 100 medical staff, said the care he received was top notch.

"It's an ideal place if you're sick," Haynes said. "The gals in here take care of you and the food's not that bad either."

Cassia Regional Medical Center Administrator Ken Harman said many patients assume all hospitals are the same but some hospitals follow best practices and some do not.

Cassia Regional's parent company, Intermountain Healthcare, owns hospitals throughout Utah. The Burley hospital is IHC's only large hospital in Idaho. Harman said for the past several years that IHC has been implementing a computerized system to track patient care and bring together opposing ends of the spectrum. By focusing on cost and quality, IHC officials determine what the best practices are for each diagnosis.

The innovative approach has caught national attention. President Obama's health care reform speeches have repeatedly applauded Intermountain practices, which have been the subject of a "New Yorker" article, and a Nov. 3 article in The New York Times.

"We have long known that some places — like the Intermountain Healthcare in Utah or the Geisinger Health System in rural Pennsylvania — offer high-quality care at costs below average," Obama said in his Sept. 9 speech to Congress on health care reform. "So the commission can help encourage the adoption of these common-sense best practices by doctors and medical professionals throughout the system — everything from reducing hospital infection rates to encouraging better coordination between teams of doctors."

"Our goal is to ensure patients get the best care every time," Harman said about Intermountain's evidence-based approach to medicine.

Harman said Intermountain currently has best practices established for several situations, including neonatal babies, patients with sepsis and congestive heart failure, and will soon have one in place for hip- and knee-replacement surgeries.

Harman said sometimes simple things like waiting until the 39th week instead of the 38th week to induce labor in an obstetric patient cuts the number of babies who end up in the neonatal unit in half.

“Within 18 months to two years we will have best practices for 85 to 90 percent of the treatments done at this hospital,” Harman said.

Intermountain’s philosophy on health care could provide an answer to what Harman said is the health-care cost conundrum, where health-care facilities are paid to do more even if it does not result in the best outcome.

Harman said often doing more means more money for the hospital but Intermountain’s governing board is committed to doing what is right for the patient — even if that means doing less.

Harman said a good example of that at CRMC is the diabetic program the hospital has implemented.

“We lose money on it,” Harman said. “But we have it because it is the best practice for our diabetic patients.”

Harman said the hospital is also pushing forward with a new “bundling program” by negotiating with insurance companies and Medicare to pay set fees for certain operations or chronic illnesses instead of paying for each procedure or treatment. The program would give hospitals and doctors more incentive to follow established best practices and avoid unnecessary or duplicate tests.

“We are doing what is right for the patient,” Harman said. “Instead of what is right for the doctors’ and hospital’s wallets.”