

Everett Clinic improves care while cutting costs

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Most of the public conversation about the U.S. health-care system centers on what's wrong with it -- as it should. Costs are too high, quality of care is too often lacking, nearly 50 million Americans have no health coverage at all, Medicare threatens to bankrupt us, and on and on.

Snohomish County isn't immune to any of this, but it is fortunate to be home to some of the nation's most committed health-care innovators. For example, the Providence Everett Healthcare Clinic has played a creative and growing role in the serving the needs of low-income and uninsured patients since it opened in 2004, and the Providence Regional Cancer Partnership brought state-of-the-art treatment to Everett last year.

The Everett Clinic, long a leader in finding ways to improve the quality and efficient delivery of care, has the most recent success story. It's showing exciting results in improving care and reducing costs for Medicare patients as part of a national demonstration project coordinated by the government. The Everett Clinic's efforts, which combine its use of electronic patient records with a highly coordinated, hands-on approach by its care providers, have resulted in impressive, measurable improvements in the quality of care for diabetes, coronary artery disease and congestive heart failure -- conditions often seen in senior patients. In addition to quality improvements, the clinic saved Medicare nearly \$1.6 million last year, the second year of the four-year project.

That success earned The Everett Clinic a \$250,000 award from the federal Centers for Medicare and Medicaid -- a relatively small financial step, considering the clinic lost \$7.6 million caring for Medicare patients last year, but an important one. A sustainable Medicare model will require meeting reasonable measures in quality *and* cost of care.

At the heart of The Everett Clinic's success is its system of electronic patient records, an \$18 million investment that's paying off in improved efficiency and healthier outcomes because it facilitates close communication between a patient's primary doctor and specialists. It also prompts physicians when a patient is due for a particular health screening.

Another integral piece is the addition of a nursing "coach" who visits Medicare patients in the hospital to walk them and family members through the discharge process, ensuring a better coordinated transition from hospital to home, and fewer costly readmissions.

As sensible steps like these prove their value, they can be replicated elsewhere, benefiting the entire health-care system and all of us. The Everett Clinic's commitment to delivering better care more efficiently, and the government's recognition of its success, both deserve applause.