

Breakout Sessions Focus on Management and Clinical Skills

Workshop Highlights Positive Laparoscopic Surgery Outcomes

Since laparoscopic surgery was first used to remove a gallbladder in France nine years ago, it has gained increasing popularity throughout the world as a safe, effective method of performing a variety of abdominal procedures, including gallbladder and ovarian cyst removal, bowel and lung resection and hernia repair.

At a breakout session on the practice and outcomes of laparoscopic surgery, Vladimir Grubnik, MD, head of surgery at Odessa Oblast Hospital, said his hospital had performed only 30 laparoscopic surgeries before their partnership with Coney Island Hospital in Brooklyn, New York began three and a half years ago, and most of those cases had produced serious complications. Now the number stands at 1,500, with a zero mortality rate and minimal side effects.

Grubnik said his staff is particularly pleased with the gains they have made in reducing length of stay for uncomplicated gallbladder removals, which are averaging 2.8 days for removal by laparoscopic surgery, as compared to 8.2 days for removal by open surgery. The "return to work" period for the procedure has seen a similarly impressive reduction--10.2 days for patients undergoing laparoscopic surgery, compared to 38.5 days for those undergoing open surgery.

Grubnik and his colleagues established a Ukrainian Association of Laparoscopic Surgeons in May, and the group is planning to establish four national laparoscopic surgery centers-- in Odessa, Kharkiv, Kiev and L'viv. "To empower our surgeons... we are going to develop a textbook to talk about advances as well as the complications of laparoscopic surgery," he said.

Since laparoscopic surgery was introduced in 1992 at the Erebuni Medical Center in Yerevan, Armenia, 20 different types of diagnoses and 20 types of operations have been performed, with only 0.7 percent of patients experiencing complications. A typical surgery lasts 40 minutes, and the average length of stay is two to three days.

"Initially...we could not operate on patients with third- and fourth-degree obesity, patients with previous surgeries due to abdominal adhesion, and patients with cardiovascular diseases. However, today, with new medical technology and the surgeon's increased skill and competency, we are able to successfully perform laparoscopic surgery on all these patients," noted Yuri Harutyunian, MD, director of general surgery at Erebuni Medical Center.

Outcomes Management Challenges Traditional Processes of Care

Although the estimated \$900 billion spent annually on health care places America in the highest category for spending, leading health status indicators suggest that its effectiveness on the nation's health is below levels achieved by many other countries.

At the breakout session on outcomes evaluation, Robert Reiter, MD, associate professor and director of Clinical Outcomes on Resource Management at the University of Iowa Hospitals and Clinics, explained how this contrast between spending and outcomes suggests that processes of care are not being managed as effectively as they could be in the US health sector.

Reiter discussed how hospitals are shifting traditional methods of managing patient care away from a reliance on individual physician experiences, and are moving toward a new, evidence-based mode of practice. This new approach to managing patient care enables physicians to use the best available evidence, along with patient input, to improve the quality of clinical outcomes and facilitate cost-effective health care.

"Patients now are more active in managing their health," explained Marita Titler, PhD, RN, FAAN, senior associate director of Clinical Outcomes and Resource Management at the University of Iowa Hospitals and Clinics. "And their involvement, in turn, impacts health status and disease management."

Titler explained how patient involvement in postsurgical pain management helped Iowa Hospitals identify the need to improve pain management techniques and patient satisfaction.

Standardized patient satisfaction reports are one type of assessment tool used by Iowa Hospitals to measure outcomes of treatment. Other assessment tools measure symptoms, functions, status and risk.

"What we've learned is that we need to include all parties--including patients and their families--to assess the quality of an intervention," Titler said.

As evidence of the effectiveness of this approach, Reiter and Titler cited declines in patient length of stay, from an average of 13 days to seven days, and a 25 percent cost decrease for patients undergoing renal transplant over the past two years. Similar improvements were seen in coronary bypass artery grafting approaches.

Blue Cross Presents Health Insurance Information

For health administrators and clinicians in the NIS, implementing an insurance program is a vital piece to the puzzle in reforming health care. But in nations where all health care costs were once entirely shouldered by the government, creating private programs can be a challenge.

During a session on health insurance, Blue Cross/Blue Shield of Iowa discussed its model for payment systems, benefits packages and management strategies. Participants looked at how premium rates are established and how to use claims data to determine customer cost. In addition, Blue Cross presented information on managed care and its effect on customer costs.

But the topic that provoked the most interest was provider payment and ways to calculate, monitor and update it.

"Payment was the most popular area for numerous reasons," said Kristine Frahm, manager of provider network administration for Blue Cross/Blue Shield of Iowa. "Understanding concepts like fee-for-service, capitation and global payment is increasingly important for both managers and physicians."

A Rational Approach to Pharmaceutical Management

Drugs represent an increasing percentage of health care costs around the world, but in the NIS they can be especially high --up to 30 percent--due to shortages and poor management. Because of a breakdown in production and supply, reduction in budgets, and poor regulatory and reimbursement systems, often neither doctors nor patients have access to essential pharmaceuticals, said panelists at the session "Rational Pharmaceutical Management."

Doctors in the NIS also have difficulty obtaining accurate, current information about drugs, said Keith Johnson, vice president of US Pharmacopeia, in Rockville, Maryland. Because of constant changes in the pharmaceutical industry, information produced on drugs usually only has a shelf life of about three to five years, he said.

To help keep doctors and pharmacists up to date about side effects, drug interactions, new pharmaceuticals and other information, US Pharmacopeia is working to provide access to its database PHARMEDINFO to health care professionals in the NIS. The database indicates availability of products in Russia.

Arlington, Virginia-based Management Sciences for Health works with hospitals in Russia to develop formularies--or approved lists of drugs for doctors to prescribe to ensure consistency cost-effectiveness. The company also teaches pharmacists and doctors management skills and methods to evaluate the efficacy of drugs used.