

## Special Video Report Transcript

Headline: Harold Miller of the Network for Regional Healthcare Improvement Discusses Innovation in Care

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Harold Miller, president and CEO of the Network for Regional Healthcare Improvement

"Hi. I'm Harold Miller. I'm the president and CEO of the Network for Regional Healthcare Improvement. We're the national association of regional health improvement collaboratives, which are multi-stakeholder, nonprofit organizations in several dozen communities around the country that are working to try to improve the quality and reduce the cost of health care."

"I don't think there's any one-size-fits-all solution at the national level that can really change health care effectively, because one of the things that we've learned from analyses like the Dartmouth Atlas is that there is tremendous variation in health care around the country. Some places are doing well at some things and worse at others. The structure of health care is completely different in different communities. Some places have many small providers; some have a large provider. Some have national health plans; some have local health plans. And so all of that really determines what can work in the community. And so we really believe strongly that effective solutions are going to happen at the local level by being able to recognize the way health care is being delivered today, where the real needs are, and to be able to come up with solutions that work in terms of the unique structures of those communities."

"I think that supporting innovation at the community level can really help to accelerate progress nationally by being able to support these creative ideas and then spread them across the country. For example, the Institute for Clinical Systems Improvement in Minnesota has developed a multi-payer solution to improving depression care in primary care, and this had significant results. And a number of other communities around the country now are looking to that as a model. The Pittsburgh Regional Health Initiative in Pittsburgh was the first community in the country that was actually able to eliminate central-line infections in a hospital unit through the kinds of techniques that they taught, and that has also then served as a model for the rest of the country as to what's possible."

"An interesting opportunity that really may only be pursued aggressively at the community level is maternity care. You hardly hear maternity care talked about at all at the federal level, and the reason is because Medicare doesn't pay for maternity care. But maternity care is one of the largest, if not *the* largest, expenditure for commercial

insured populations. [And it is] one of the biggest expenditures for Medicaid, state Medicaid programs. And there's huge opportunities to be able to both reduce costs and improve quality in the area of maternity care by reducing the extraordinarily high rate of caesarean sections that we have today; reducing the rate of early elective inductions that end up sending babies unnecessarily as premature babies to neonatal intensive care units, which hurts the baby, raises costs, and is a real opportunity to try to change. So I think a lot of communities around the country are increasingly going to be focusing on maternity care, but they will need mechanisms in the community to be able to bring the payers, the businesses, Medicaid, doctors, hospitals and consumers all together to be able to agree on the kinds of strategies that they want to pursue."