

INDUSTRY INSIGHTS



National Patient Safety Efforts Save 125,000 Lives, Nearly \$28 Billion

A report released by the U.S. Department of Health and Human Services (HHS) shows that nationwide efforts to make healthcare safer are paying off. The National Scorecard on Rates of Hospital-Acquired Conditions represents demonstrable progress over a five-year period to improve patient safety in hospitals. This data, compiled and analyzed by the Agency for Healthcare Research and Quality (AHRQ), builds on results previously achieved and reported in December 2015. That year's data showed that 87,000 fewer patients died due to hospital-acquired conditions and \$20 billion in healthcare costs were saved from 2010-2014. "Hospitals and health systems, along with their frontline clini-

cians, can take great pride in this progress," said Jay Bhatt, D.O., American Hospital Association Chief Medical Officer and president of AHA's Health Research & Educational Trust. "Not only have they saved lives, but they've also developed tremendous capacity to tackle safety challenges—a foundation that will help them get to zero incidents." Hospital-acquired conditions include adverse drug events, catheter-associated urinary tract infections, central line associated bloodstream infections, pressure ulcers and surgical site infections, among others. These conditions were selected as focus areas because they occur frequently and appear to be largely preventable based on existing evidence. "These achievements demonstrate the commitment

across many public and private organizations and frontline clinicians to improve the quality of care received by patients across the country," said Patrick Conway, M.D., deputy administrator for innovation and quality and chief medical officer at CMS. "It is important to remember that numbers like 125,000 lives saved or over 3 million infections and adverse events avoided represent real value for people across the nation who received high quality care and were protected from suffering a terrible outcome. It is a testament to what can be accomplished when people commit to working towards a common goal. We will continue our efforts to improve patient safety across the nation on behalf of the patients, families, and caregivers we serve."

Aetna Won't Return To Exchanges It Left

National insurer Aetna has no plans to re-enter the ACA exchanges in any of the 11 states it left last year, despite the public scolding it received recently from a federal judge. The judge concluded that Aetna pulled out of the exchanges to improve chances of closing its merger with Humana, and that it wasn't a business decision related to financial losses. The Hartford, CT based insurer will continue to evaluate its 2018 participation in the four states where it currently sells exchange plans. Other insurers are also grappling with how to plan for the future when it's unclear what the next iteration of healthcare reform will look like once the GOP-

controlled Congress dismantles the ACA. "We have no intention of being in the market for 2018," Aetna CEO Mark Bertolini said on an investor call recently to announce the insurers fourth-quarter earnings. "Currently,

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where we stand, we'd have to have markets worked up, prices worked up, for '17 in order to

apply, and there is no possible way we'd be prepared to do that given the unclear nature of where regulation is headed." Bertolini said losses stemmed from plans sold on the individual market were \$100 million more than previously projected. Last October, Aetna projected a full-year operating loss in its individual commercial products of \$350 million. Commercial insurance membership declined by 4% since 2015. Like other insurers, Aetna has been struggling to turn a profit on the plans it sells through the ACA insurance exchanges. Members in those plans tend to be older and sicker with higher medical costs.