The Role of Physician and Senior Leadership in Improving Population Health

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...This is NOT what I signed up for!!
2012-2013 Clients - Two Lessons Learned

First, every hospital is unique.
Secondly, every hospital is dealing with the same issues.
So What’s New in Health Care Reform?
You can always count on Americans to do the right thing…
…after they’ve exhausted all the other possibilities !!”

Winston Churchill
People do not change until the pain of staying the same…

… exceeds the pain of changing.

Anonymous
Fundamental Requirements to be a Winner
Integrating the Components of Health Care Delivery

ABC System

Processes

Clinical Integration

Financial Integration

Shared Infrastructure and Governance
Clinical Integration
- Embracing data transparency
- Implementing best practices
- Excel at Pay for Performance

Financial Integration
- Enterprise-wide cost reduction
- Management of Risk

Shared Infrastructure and Governance
- An aligned, long term collaborative relationship
  - Thinking as a System
  - Board Involvement with Quality
  - Hospital-physician Integration
  - Medical Leadership Succession

Fundamental Requirements to be a Winner
Insights and Actions for Results
Future Roles of the Board, CMO and Medical Staff Insights and Actions for Results

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Clinical Integration
The Continuum toward Population Management

- Common Quality Goals
- Common IT Platform
- Best Practice Implementation
- Population Management
Clinical Integration Imperatives

1. Embrace Data Transparency
2. Implement Evidence-based practices
3. Enterprise-wide Cost Reduction
4. Opportunities to Excel at Pay for Performance
1. Embrace Data Transparency
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The increasingly informed consumer will make health care decisions on the basis of VALUE

\[
\text{VALUE} = \text{Outcomes} + \text{Pt Experience} - \text{Cost}
\]

Value Based Purchasing

IHI Triple Aim
Read all about it!!

April 2005
“What we concluded was that even when hospitals know their performance is not good, that's not sufficient motivation for them to do something. Making it public made a big difference in motivating them to improve.”

Judith Hibbard, Health Affairs 2003
Core Measures:

- Heart Attack
- Heart Failure
- Pneumonia
- Surgical Care Improvement
- HCAHPS
CMS Core Measures– the Top Decile

[Graph showing trends in CMS Core Measures over time with specific measurements for SCIP, AMI, PN, and HF.]
Core Measures:

- Heart Attack
- Heart Failure
- Pneumonia
- Surgical Care Improvement
- HCAHPS

Goal: 100% Compliance !!
Core Measures:

Heart Attack
Heart Failure
Pneumonia
Surgical Care Improvement
HCAHPS

Goal:
100% Compliance!!
Standard of Care ?!!
If the other guy’s getting better, then you’d better be getting better faster than that other guy’s getting better…

…Or you’re getting worse.

Tom Peters
Data Transparency and Accountability

Transparency is the best thing that’s happened to quality since antibiotics...
...by decreasing variance and improving results
Steve’s Three Rules of Data

1. The data is **significant**, whether it is significant or not.

2. A low score almost **always** points to a real issue.

3. The biggest gain in performance improvement occurs when going from **NO** data to **ANY** data.

    Involve **ALL** stakeholders in the performance improvement process
Hospitals and Physicians Working as a Team

Share the Data!

Decrease the Variance!

Data, not an Indictment!!

Data is NOT Diagnostic!!
Large variances *continue* to exist amongst physicians and hospitals.

Variances *can* and *do* lead to differences in management, treatment, and *outcomes* for the patient.
The great majority of “outlying” physicians are good, caring physicians who have developed a particular style of practice which can be improved!
Questions for the Leadership Team

Does your organization…

… _embrace_ data transparency?
1. Embrace Data Transparency
2. Implement Evidence-based practices
3. Enterprise-wide Cost Reduction
4. Opportunities to Excel at Pay for Performance
Implementing Evidence-Based Medicine
What Can we Learn from the Airline Industry?
What Can we Learn from the Airline Industry?
Teamwork: **Guidelines and Checklists**
Where Do We Find the Best Practices?
Examine Your Own Specialty Literature

Implement the Guidelines Recommended by your OWN Specialty Society
There will be **MORE** guidelines in clinical medicine

Guidelines were **NEVER** intended to apply to all patients and do **NOT** take the place of individual physician judgment

**Expect** physicians to occasionally **deviate** from guidelines in the daily practice of prudent medical care

When so…

… **DOCUMENT** In the medical record that:

- The patient was seen and evaluated
- The options were thoughtfully considered
- The best clinical judgment was used
- Discussed with the patient

**Don’t DEVIATE** from the guidelines !!
What Can we Learn from the Airline Industry?
 Elimination of Ambiguity

“the elimination of ambiguity is consistently cited as a key factor in protocol success and safety”

Degani and Weiner 1993

Most medical guidelines are based upon ambiguity as a guiding principle of protocol development
Example

Oxytocin Treatment Guidelines
ACOG 2006 Compendium

“Any of the low or high dose regimens outlined in table 2 are appropriate”
(0.5 – 6 mU/min every 15-40 min)

“Each hospital’s OB/Gyn department should develop guidelines for preparation and administration of oxytocin”

“The uterine contractions and fetal heart rate should be monitored closely”
“Women with post-term gestations who have unfavorable cervices can either undergo labor induction or be managed expectantly.”

“Delivery should be effected if there is evidence of fetal compromise…. ”
How to Land a 747 in a Strong Cross Wind *
*(Had it been Written by ACOG)

- Use any settings of the plane’s instruments you feel like
- Every airline and pilot can do it differently
- Be really careful as you get close to the ground

Steve Clark, MD
Do Guidelines Help or Hurt?

“Yeah, but Pilots do not have to worry about Malpractice Suits”

Obstetrician, Texas
Do Guidelines Help or Hurt?

We keep missing the point..... Simply put...

Evidence-based guidelines: reduce adverse outcomes !

improve patient care !
Questions for the Leadership Team

Does your organization…
...implement best practices?
Clinical Integration Imperatives

1. Embrace Data Transparency
2. Implement Evidence-based practices
3. **Enterprise-wide Cost Reduction**
4. Opportunities to Excel at Pay for Performance
Enterprise Wide Cost Reduction
Job One!!

There will be a focus on Cost Control like we have NEVER seen before in our careers
Health Care Costs Per Capita OECD

Figure 1: Health Care Costs Per Capita, Select Countries
Enterprise Wide Cost Reduction
Job One!!

Today’s Health Care Costs

Cost Reductions

Post- Reform Health Care Costs

Admin
Other
Rx
Hospital
Physician

????

?
Enterprise Wide Cost Reduction
Job One !!

Today’s Health Care Costs

Cost Reductions

Post- Reform Health Care Costs

Any decrease in health care expenditures is a pay cut for somebody in health care !!
Performance Challenges of Waiver

- Limit hospital spending in Maryland to an annual growth cap of 3.58 percent per capita
- Reduce total Medicare hospital spending in Maryland by $330 million over five years
- Limit total growth in Medicare spending per beneficiary to no more than national growth
- Reduce the readmissions rate in Maryland to the national average within five years
- Reduce infections and other hospital-acquired conditions by 30 percent within five years
Performance Challenges of Waiver

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Total Cost of Care - Hospitals

Goal: >20% Total Cost Reduction

- Patient Management
- Population Management

Total Cost for Population = Cost per Case

- Minimal Opportunity
- More Opportunity

Unit Cost of Services
- Staff, supplies, equipment, fixed costs

Internal Case Utilization
- LOS, cost per day, staff leveraging

Maximum opportunity!
The Goal: Drive from Point A to Point B
Cost Reduction Strategies

Road – 200 miles

Point A

Point B

Variables:
1. The cost of gas
2. The cost of the car
3. The cost of lunch on the way

Cost Reduction Strategy:
- Negotiate better gas price
- Get a cheaper car with better MPG
- Eat at a fast food place
The Goal: Drive from Point A to Point B
What We Did **NOT** Consider

Road – 200 miles
Different Road – 100 miles

**Variables:**
1. The cost of gas
2. The cost of the car
3. The cost of lunch on the way

**Cost Reduction Strategy:**
Half the amount of gas needed
Get a cheaper car with better MPG
Arrive before lunch
The best solution for cost reduction may be to get a better process, not necessarily reduce each individual unit cost of the existing process.
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CMS Pay for Performance

Core Measures
HCAHPS
Re-admissions
Hospital Acquired Conditions
Meaningful Use

By FY 2017: 5 – 10% of Total Medicare… Or more !!
The Evolution of CMS Indicators
From Process → Outcomes and Efficiency

[Diagram showing the evolution of CMS indicators from 2013 to 2016*]
Performance Challenges of Waiver

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Reducing Readmissions

Key Points

- Unnecessary readmissions are a safety issue
- A hospital’s actual readmission rate is unknown except to the payor
- The “ideal” readmission rate for any disease is not currently known, but it is less than our current performance
- In the current CMS system, incentives are negative…. It would be better to take a penalty than significantly reduce revenues from readmissions
Reducing Readmissions
Characteristics of Successful Readmission Reduction Plans

Do four things and do them WELL!!

- Coordination of Care
  - All members of the health care team
  - Hospital -> outpatient -> ED

- Patient Tracking Systems
  - Indexed patients are followed concurrently

- Patient Education—disease and social issues
  - Encourage family responsibility

- Hospice/ End of Life Care
  - All patients have living wills, hospice status, etc
Reducing Hospital Acquired Conditions
Key Points

Make an organizational commitment to:

ZERO OCCURRENCES  !!
Hospital Acquired Conditions

Going from **known** complication.....

..... to **known** complication.

Pay for Performance
Perfection is unattainable. But if we chase it, we can catch excellence.

Vince Lombardi
Reducing Hospital Acquired Conditions
Characteristics of Successful Plans

My Personal Challenge from the CEO in 2011:

Reduce all hospital acquired conditions in our eight hospitals by 50% in 18 months
Reducing Hospital Acquired Conditions
Characteristics of Successful Plans

- Multidisciplinary committee regular meetings
  - Physicians
  - Nursing
  - Coding
  - Senior Administration

  - All cases tracked on spreadsheet and all new cases reviewed by facility

  - Issues are addressed regarding
    - Care issues
    - Documentation issues
    - Coding issues
Limitations of Administrative Data

What Exactly is a Complication?

- **Patient**: What actually happened
- **Medical Record**: What was recorded
- **List of Codes**: What is coded
- **Payor Bill**: What is billed
- **Database**: “Black Box” severity adjustments
- **Public Reports**: Perception is Reality!!

Documentation !!!

Goofy coding rules !!
Reducing Hospital Acquired Conditions
Characteristics of Successful Plans

- **Continuing Educational programs**
  - CME programs for physicians on Best Practices
  - Nursing in services
  - Community programs

- **Best Practices implemented for all HAC’s**
  - Focus on the Key HAC’s based on volume, cost, severity
  - Policies and procedures:
    - Care issues
    - Documentation issues
    - Coding issues

- **HAC’s are regularly reported**
  - MEC
  - Facility Executive Meetings
  - Board
  - Peer Review
Questions for the Leadership Team

Will your organization…
…excel at pay for performance?
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The early bird may get the worm……
….. but the second mouse gets the cheese.
Steve Wright
You should always go to other people's funerals, otherwise, they won't come to yours.

Yogi Berra
I never said most of the things I said.

Yogi Berra
Opportunity is overlooked by most people because it is dressed in overalls and looks like work.

Thomas Edison
When you're finished changing, you're finished.

Ben Franklin
Change is inevitable…

…except from vending machines.

Steven Wright
To the world you may be just one person,
But to one person you may just be the world.

*Unknown*