

Variation Reduction:

Engaging Physicians to Improve the Value Equation

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Preconference Session III

CAPG ACO Congress

November 1, 2011



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Foundation*

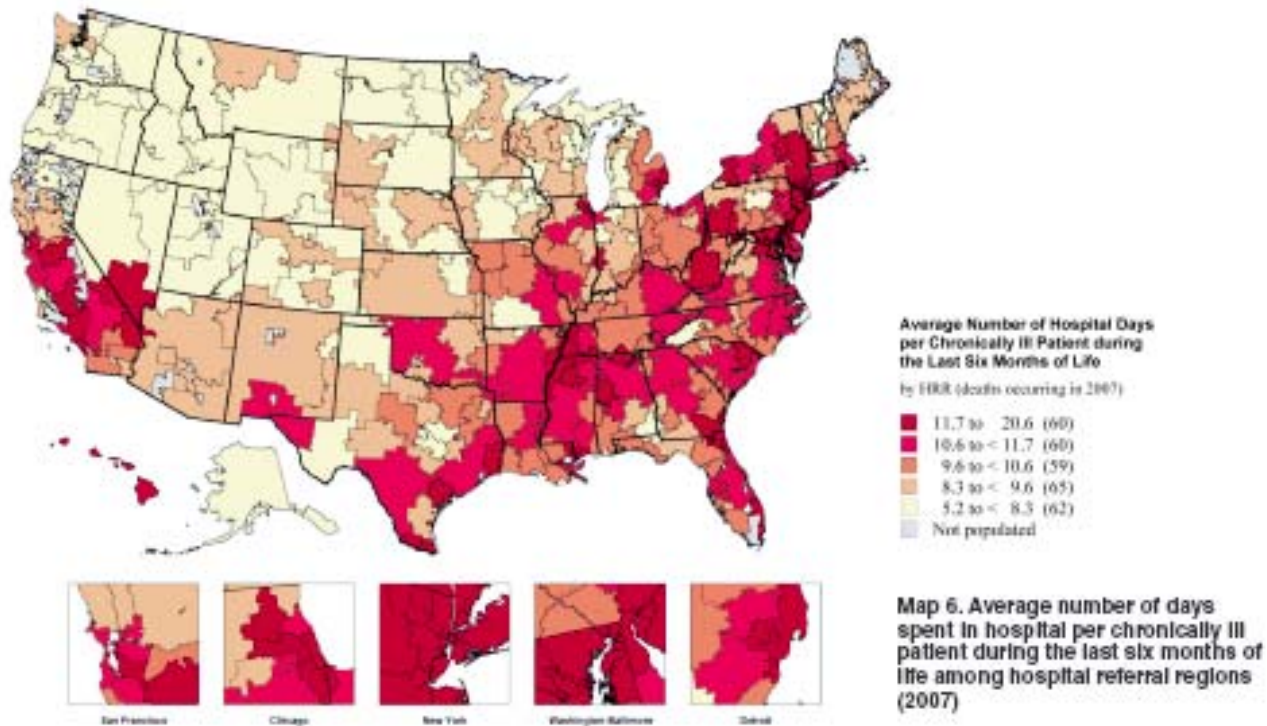
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This is Why...



Spending 16% of GDP on healthcare will prevent our children and grandchildren from getting the schools, roads, parks and other necessary services that they deserve

Dartmouth Atlas



<http://www.dartmouthatlas.org/>

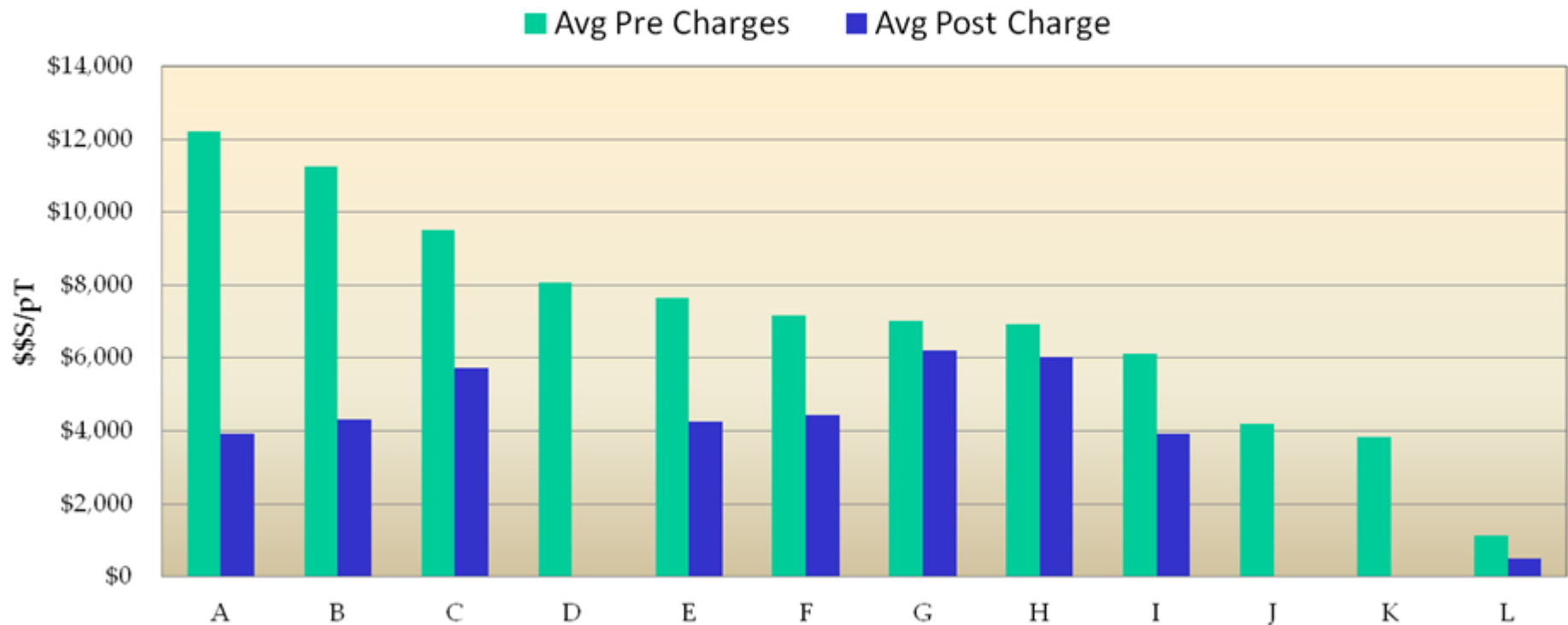
The Value Equation

$$\text{Value} = \frac{\text{Appropriateness} \times \text{Quality}}{\text{Cost to Patient}}$$

Quality = Clinical Outcomes + Access + Satisfaction

Reduction in Variation

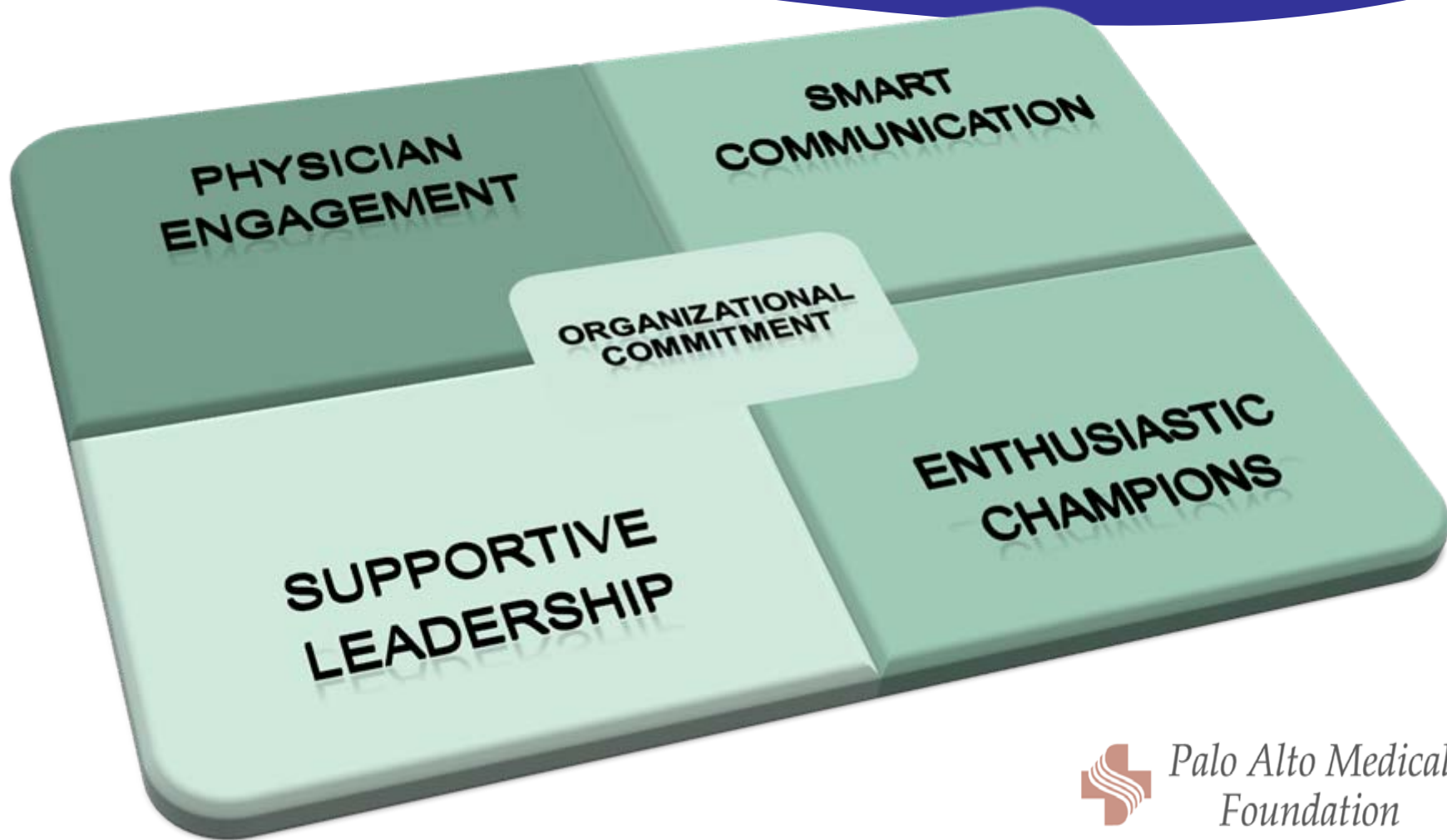
Average Charge per Patient for MGFs for 6 Months After Initial Consultation by Oncology for Breast Cancer: Pre and Post Standard



VR : It's Not About the Data



Essentials of Variation Reduction



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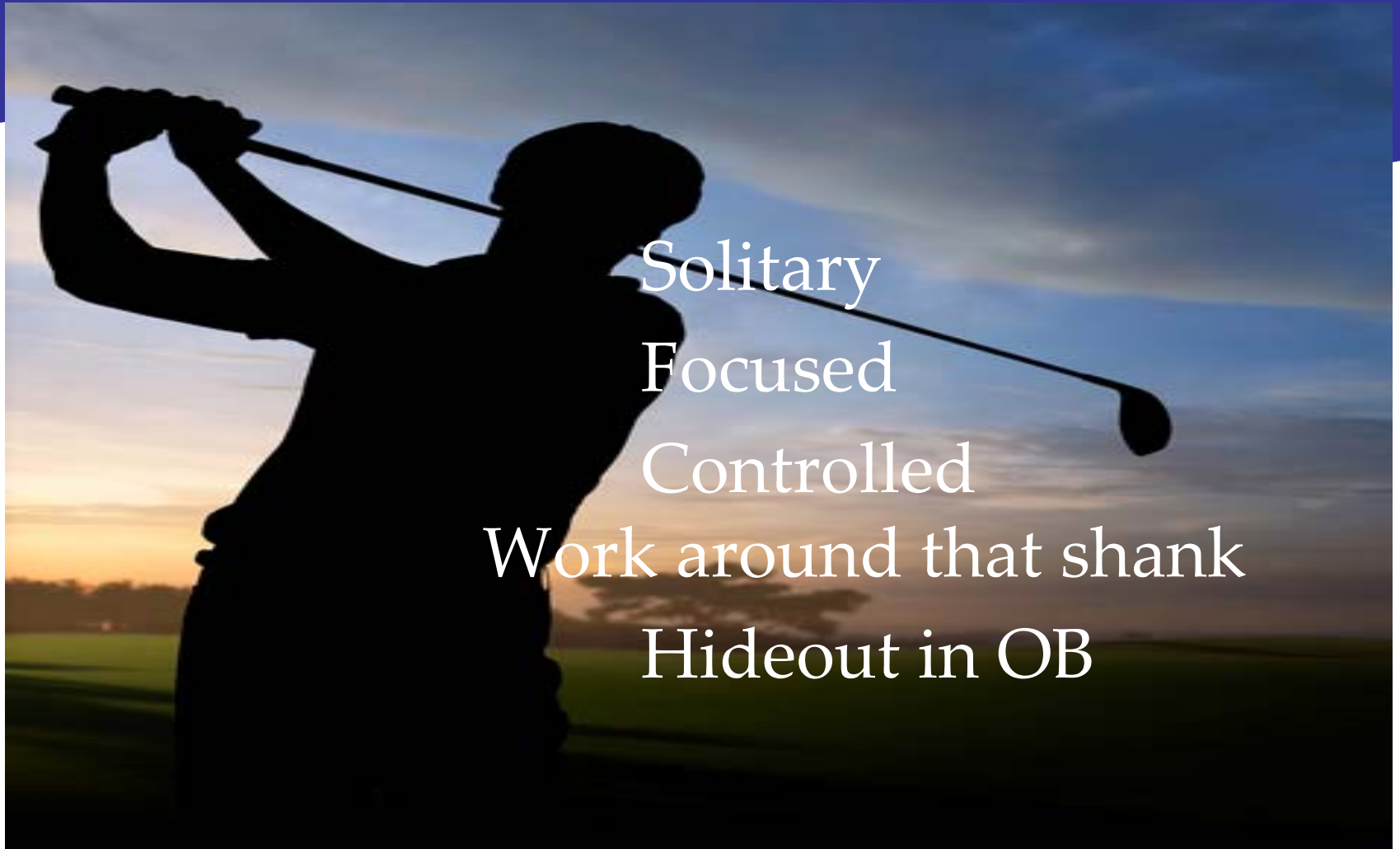
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Get physicians in the same room

- Ask how they treat a common condition; get them off the data
- Phone calls can go bad in a hurry...
- Bring small groups of physician peers together
 - Try to put them in the same room
 - For department 15 or smaller invite everyone
 - For larger groups have representatives from all sites
- Create safe environment
 - Respect , confidentiality, trust
 - Desire for improvement
 - Don't chase them
 - Avoid racing ahead



Doctors Play Golf



Solitary
Focused
Controlled
Work around that shank
Hideout in OB

What is SMART Communication?

S Strive to do the right thing

M Meaningful debate

A Active participation

R Relevant contributions

T Transparency



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VR Learns Futbol

Team dependent

Occasional tantrums

Inclusive vision

Emphasis on

Constant

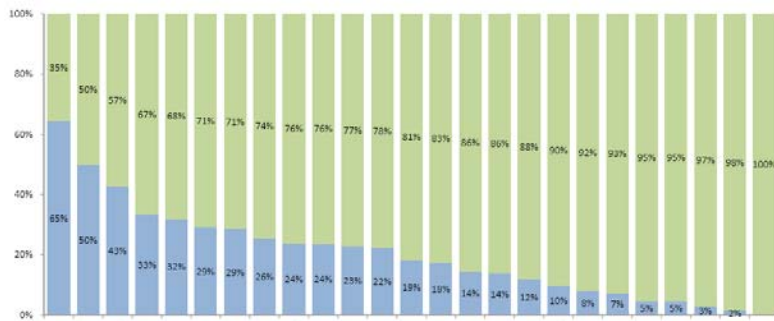
relationships

communication

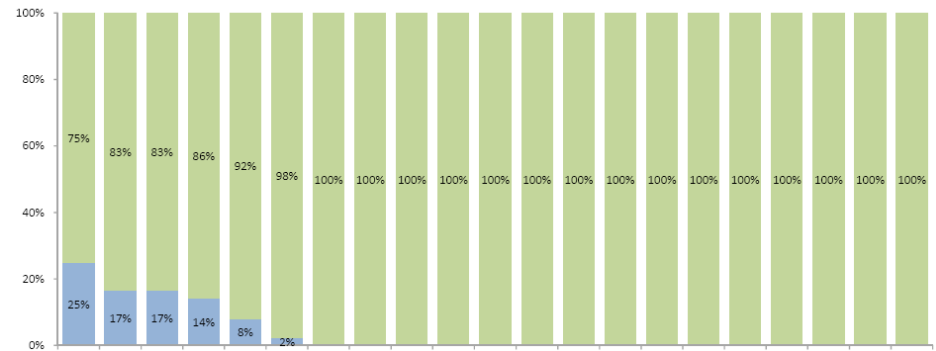


The Result: Decreasing the “Blues”

Pre Standard



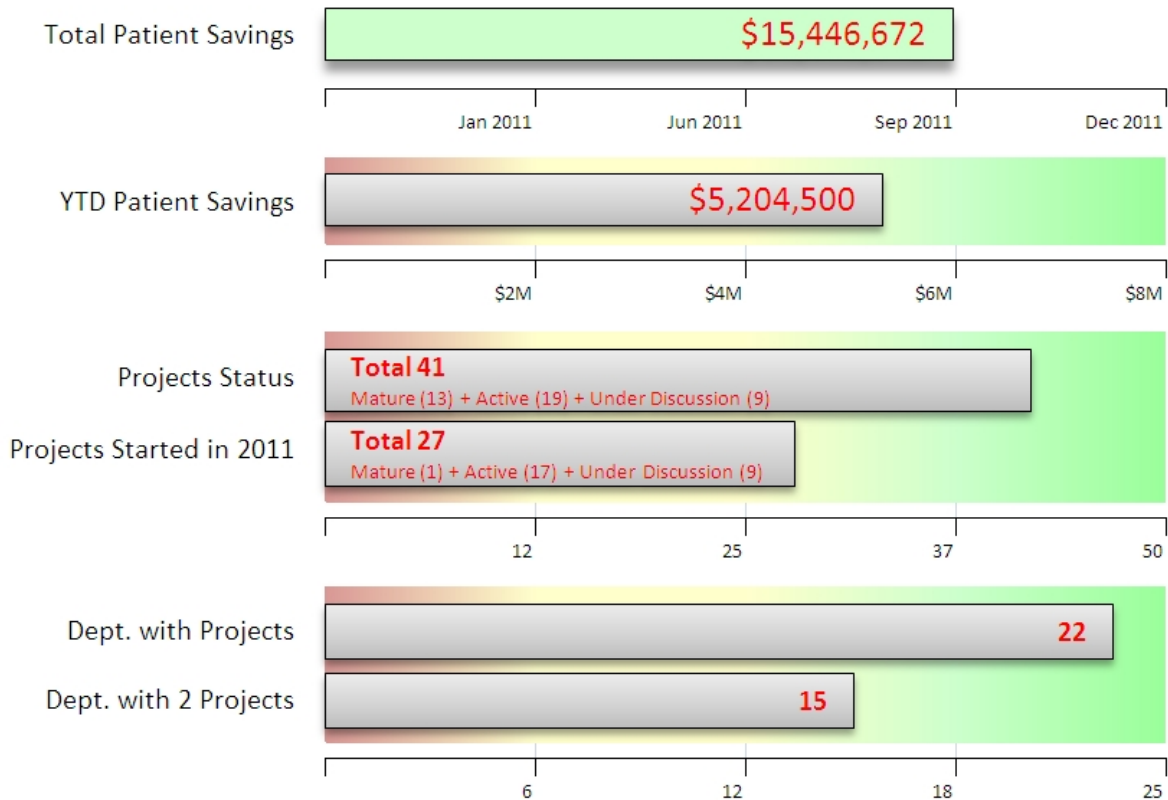
Post Standard



Follow up Recommendation for
Screening Colonoscopy

PAMF VR: Monthly Summary

Variation Reduction Summary



- Mature Project: an active Project with sufficient longevity to have significant data
- Active Project: topic decided and standard set
- Under Discussion

Balancing Benefits of VR with Real Physician Concerns



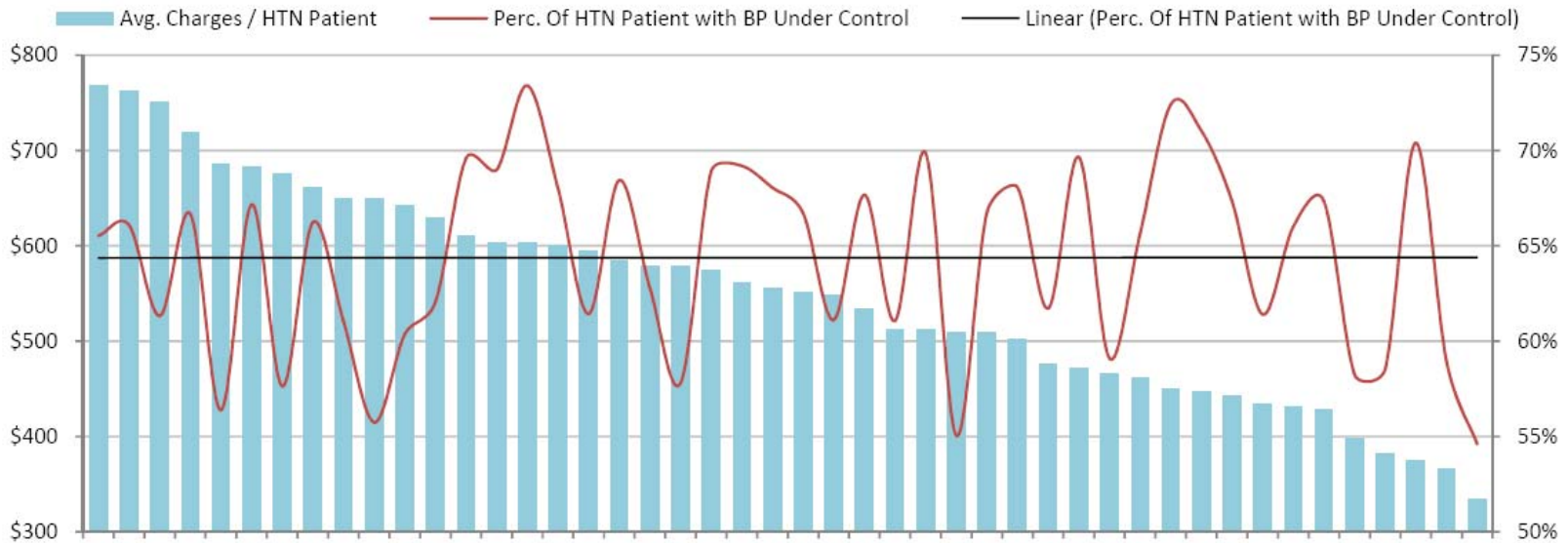
- Potentially decreases physician income
- May decrease patient satisfaction
- Increases physician angst
- Loss of autonomy

What's in it for me (WIIFM)?

Sitting together provides a unique experience to create a proxy for evidence based medicine where none exists.

Hypertension Kaizen

**Avg. Charges/HTN Patient (401.xx) VS.
% HTN Patients with an Average of the Last 3 BP Readings LESS than 140/90
Camino General Internal Medicine Physicians with 100 cases of HTN or more
Data from January 2007 to June 2010**



How Much Staff Do You Need?

In the beginning
there was one...



VR is a Campaign



Strategy

Celebration



Stakeholders



Empowerment



Vision



Communication

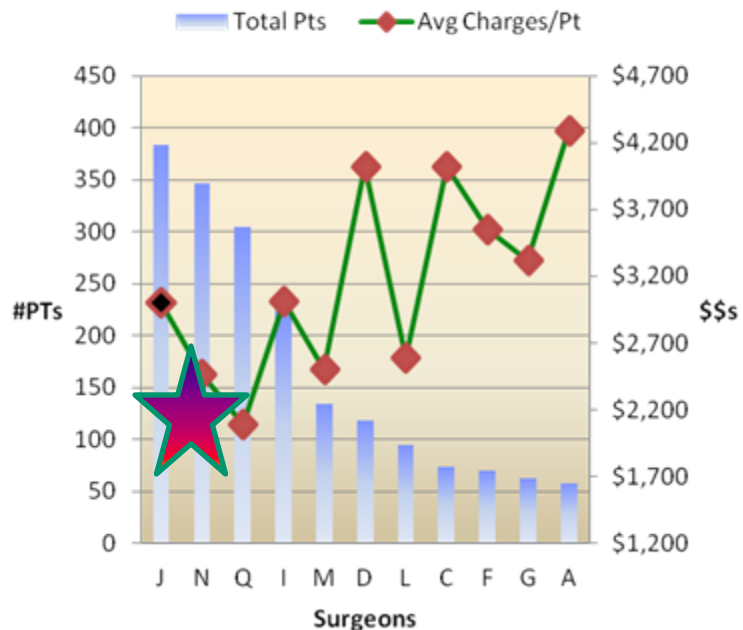
Spreading Beyond PAMF

- IHI Prototyping Community
- Sutter Health
 - Deep Dive for Medical Directors
 - Decision by SMT
 - Sutter Care Pattern Analyzer
 - Committing a team
 - Difficulty with Specialties
 - In-roads with Primary Care

In an ACO World...

Assuming that the outcomes are all equal

Average Charges per Patient for 2 years after initial evaluation for Carpel Tunnel Syndrome For Surgeons with >50 cases: 2007-2011



- Don't we want to preferentially use high value providers
- Controversial
- Stay tuned