Getting Your Physicians to Succeed in P4P

Can a Data Driven CQI Process Change Physician Practice?

Richard L. Gilbert, MD,MBA

Chairman/CEO, Southeast Anesthesiology Consultants
Charlotte, NC

March 10, 2009

Getting Your Physicians to Succeed in P4P

Since 1997, SAC has developed, field tested and refined

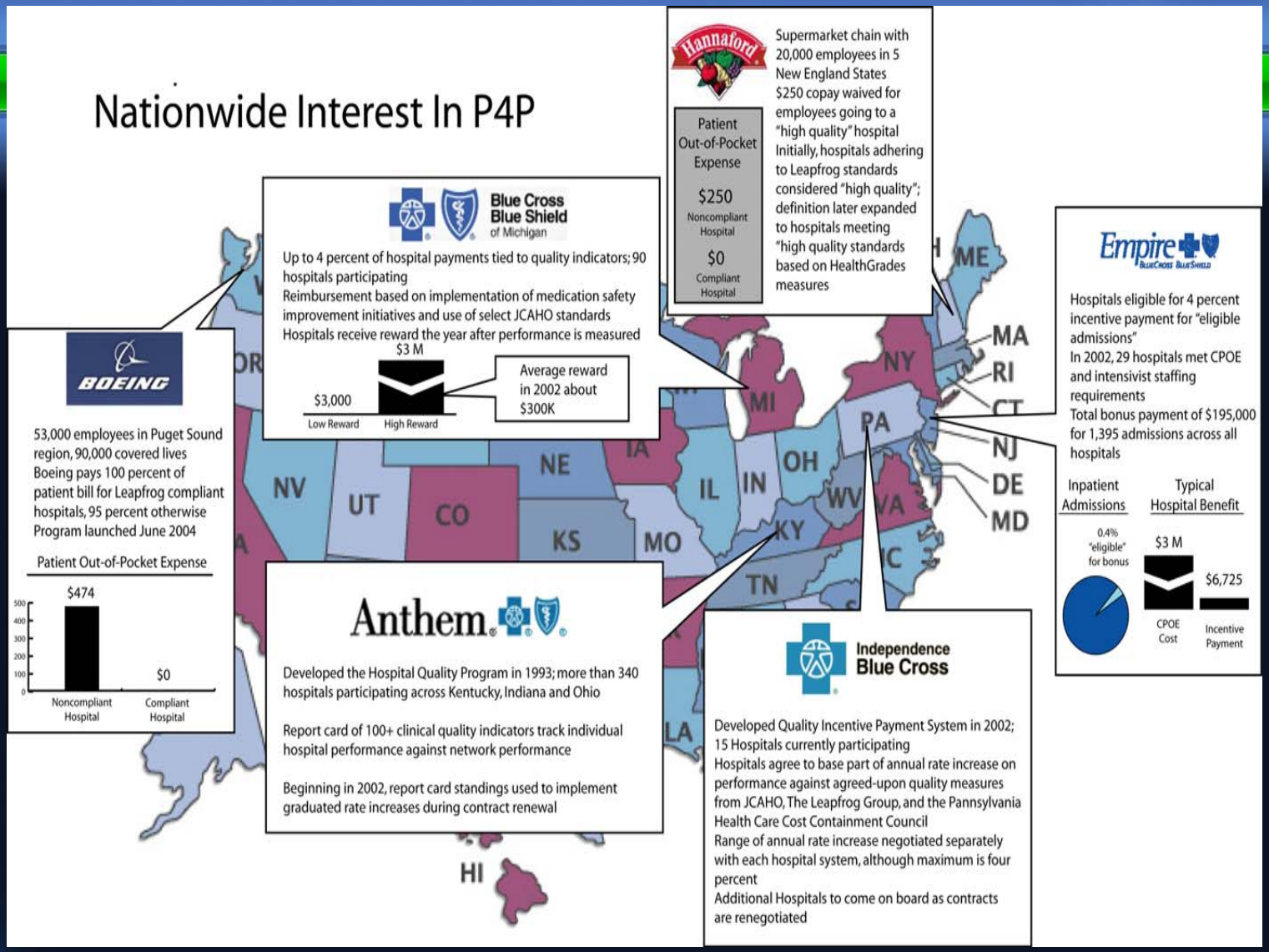
Quantum, a data driven CQI program *to reduce medical errors.*

- Real time measurement of over 50 clinical indicators (efficiency, practitioner performance, clinical outcomes and patient satisfaction)
- Provides a continuous real time feedback loop to providers, CQI committees, Department Chiefs, Exec Committee ,Hosp Administration
- Analysis of aggregate data & EBM guide development of system-wide best practices and systems approach to error reduction
- Performance measures/benchmarks facilitates clinician practice change
- Positions our physicians and hospital partners to implement processes and beat benchmarks prospectively for P4P initiatives

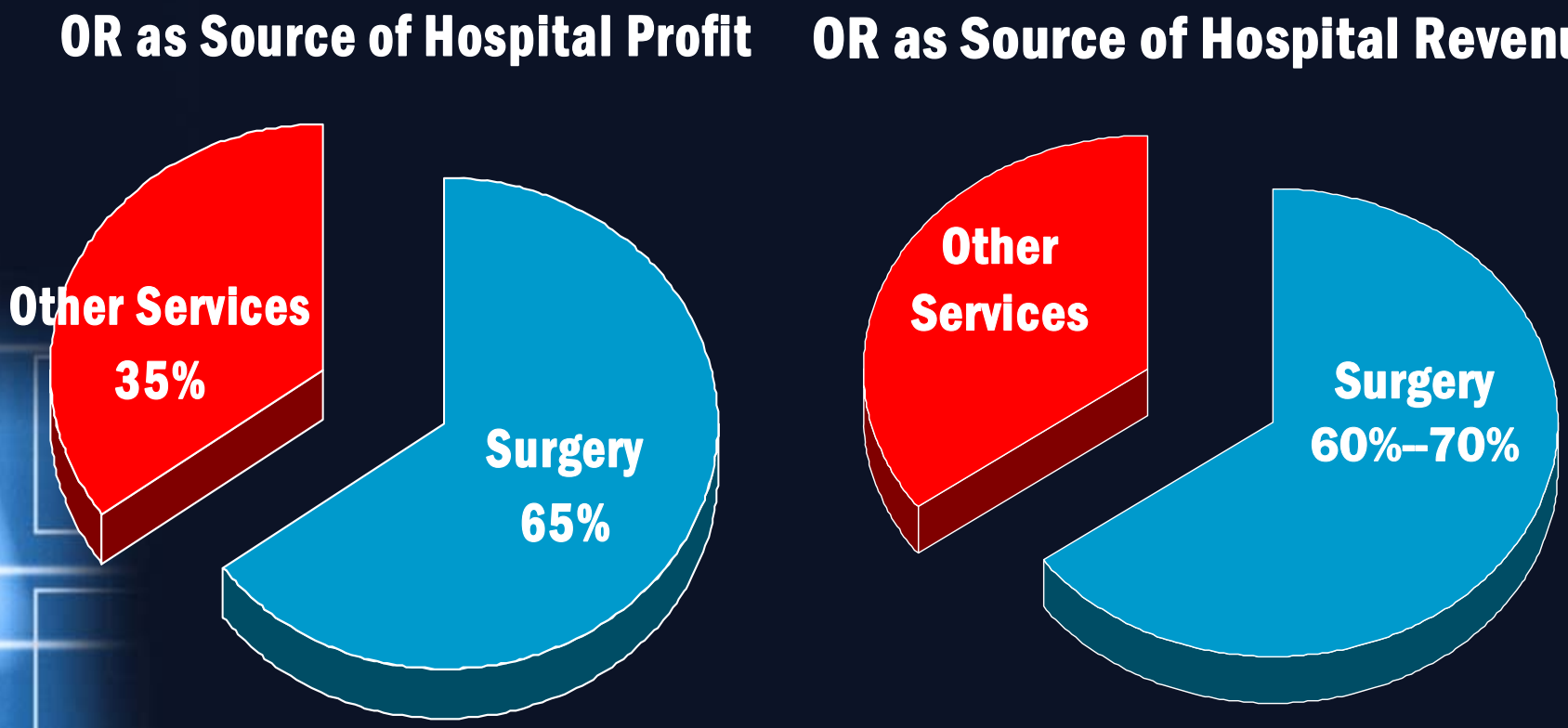
Getting Your Physicians to Succeed in P4P

- What's at stake? P4P covers a wide spectrum
- How do we generate buy-in?
- How do we change physician practice?
- How do we develop a system to achieve customer satisfaction, efficiency, decrease medical errors?
- What is the ROI for stakeholders?

Managed Care Contracts- P4P



Hospital ‘Revenues and Profits at Stake’



Source: Clinical Advisory Board Flashpoint Handbook “Navigating the Anesthesia Shortage”

Customer Satisfaction/Transparency P4P- Market Share

- HCAHPS *Hospital Consumer Assessments of Healthcare Providers & Systems*
- CMS survey instrument to collect information on hospital patients' perspectives of care received in the hospital. Allows patients and physicians to compare patient satisfaction scores of multiple facilities.
- 2002 Clinical Advisory Board – Surgeon's top ten priorities- skilled anesthesiologists; OR Turnover
- Press Ganey / PRC / HealthGrades / JD Powers

Dollars at Stake P4P/Transparency/Certification

- CMS-Medicare SCIP Initiatives, Core measures -2% withhold
- JCAHO – CREDENTIALS- demonstration of ongoing competency/sentinel events
- *PQRI 2009-central line protocol; pre-op antibiotics* - Provided 1.5% bonus payment for physicians reporting data on relevant measures- $1.3 Billion for 2008

Pay for Performance

- Malpractice Premium Reduction
- MD –Hospital Contract performance criteria
- Lower Costly Complications- CMS Present on Admission, DRG

How do we Generate Physician Buy-in?
Committed Leadership

How do we generate buy-in?

- Real time clinician entered metrics; not claims based data or retrospective chart reviews
- Timely communication of practitioner results
- Transparency—virtually 100% data capture; Audit process assures veracity of data
- Uniform clinical definitions: apples to apples measurements
- Ease of implementation
- Field tested—wide spectrum of clinical settings; >100K patients annually
- Opportunity to achieve substantive improvements in patient satisfaction, efficiency, quality of care
- Practitioner/Site specific
- Ability to benchmark and achieve objective comparisons
- Communicate expectations/ Encourage positive incentives

Challenge
How Do We Change Physician Practice?

- We create constant real time positive & negative feedback loops-foster change in physician practice
- Measure a spectrum of relevant parameters-
  - ✓ Patient Satisfaction (Patient Focused)
  - ✓ Efficiency/Timeliness (Value/Productivity)
  - ✓ Practitioner Performance (Individual Accountability)
  - ✓ Clinical Outcomes (Systems Issues)

Challenge
How Do We Change Physician Practice?

- Constant Re-measuring; Reporting (Hawthorne Effect)
- Benchmarking facilitates appropriate competitive forces
- Alerts allow focus on key metrics
- Real time reporting enables quick analysis; intervention, re-measurement
- We implement Best Practices-review of data in aggregate-along with EBM

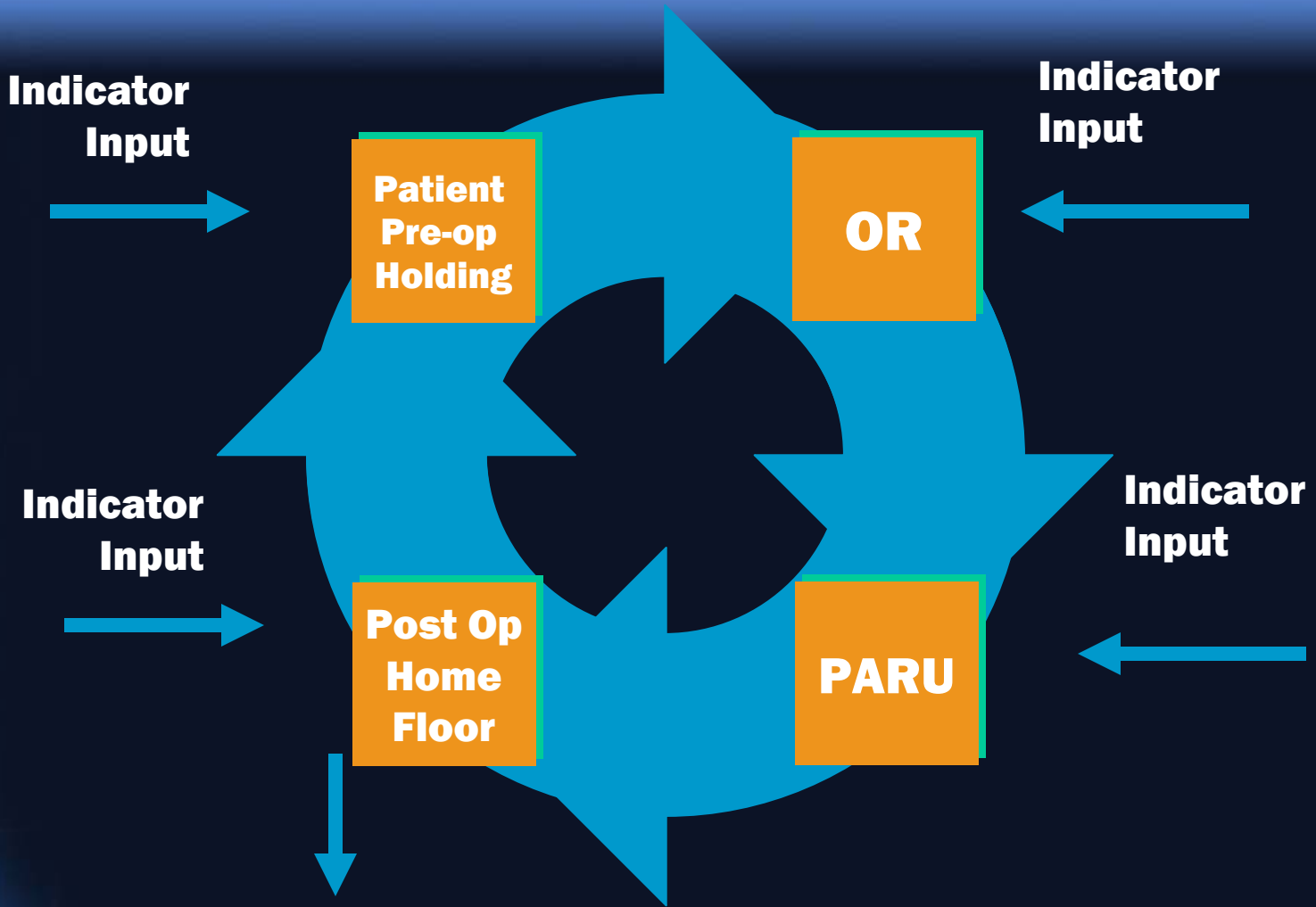
Challenge
How Do We Change Physician Practice?

This process results in individual and organizational physician practice change; systems approach to decreasing errors yet preserves individual accountability.

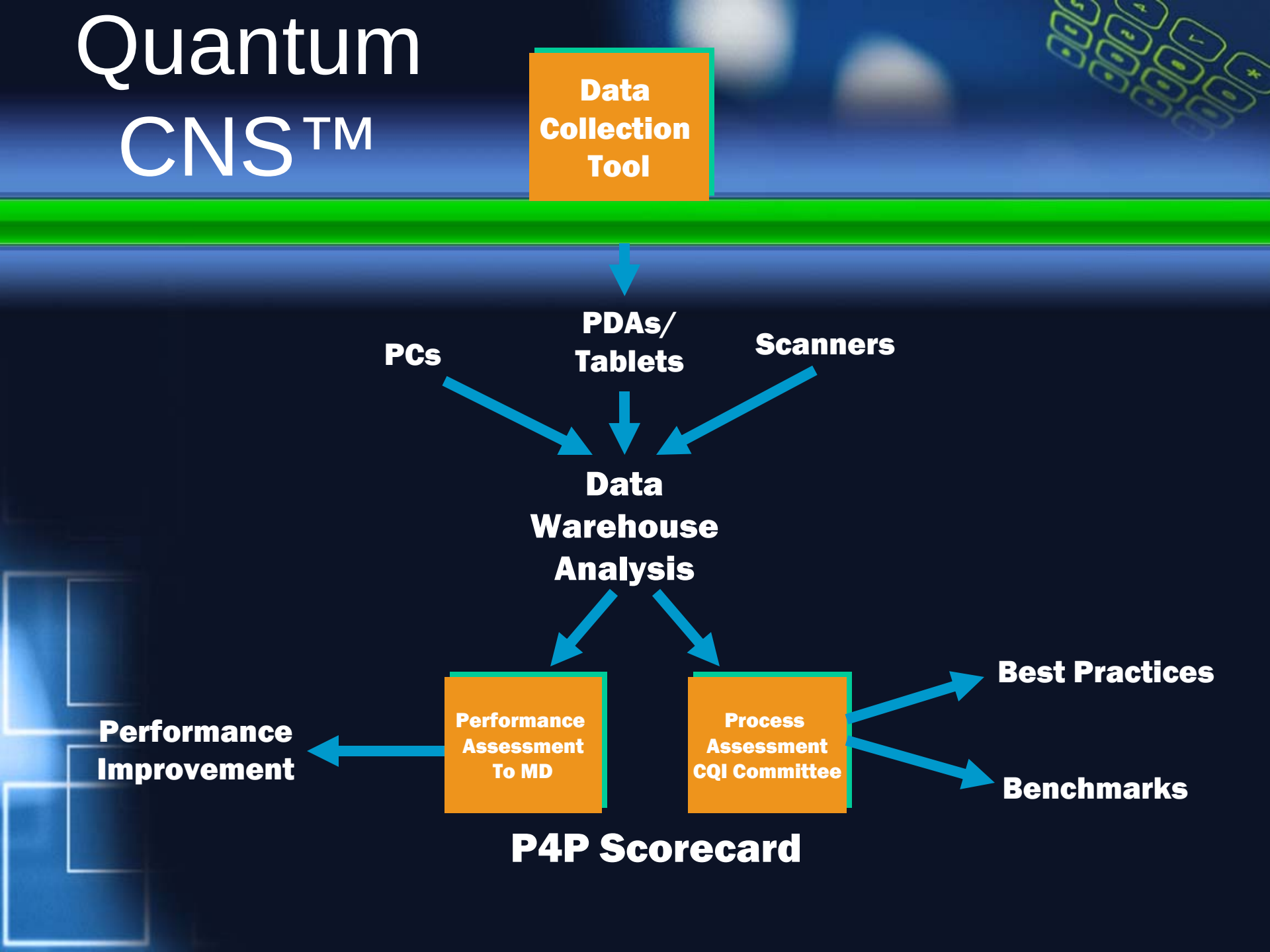
Elements of a Successful Data Driven CQI System-Linkage to The Scientific Method

- Six Sigma–Define, Measure, Analyze, Improve, Control (DMAIC)
- Deming Cycle–Plan–Do-Study (Check)-Act (PDCA,PDSA)
- JCAHO–Plan Design, Measure, Assess, Improve
- SAC CQI System–Metrics, Measure, Feedback, Analyze, Implement, Monitor

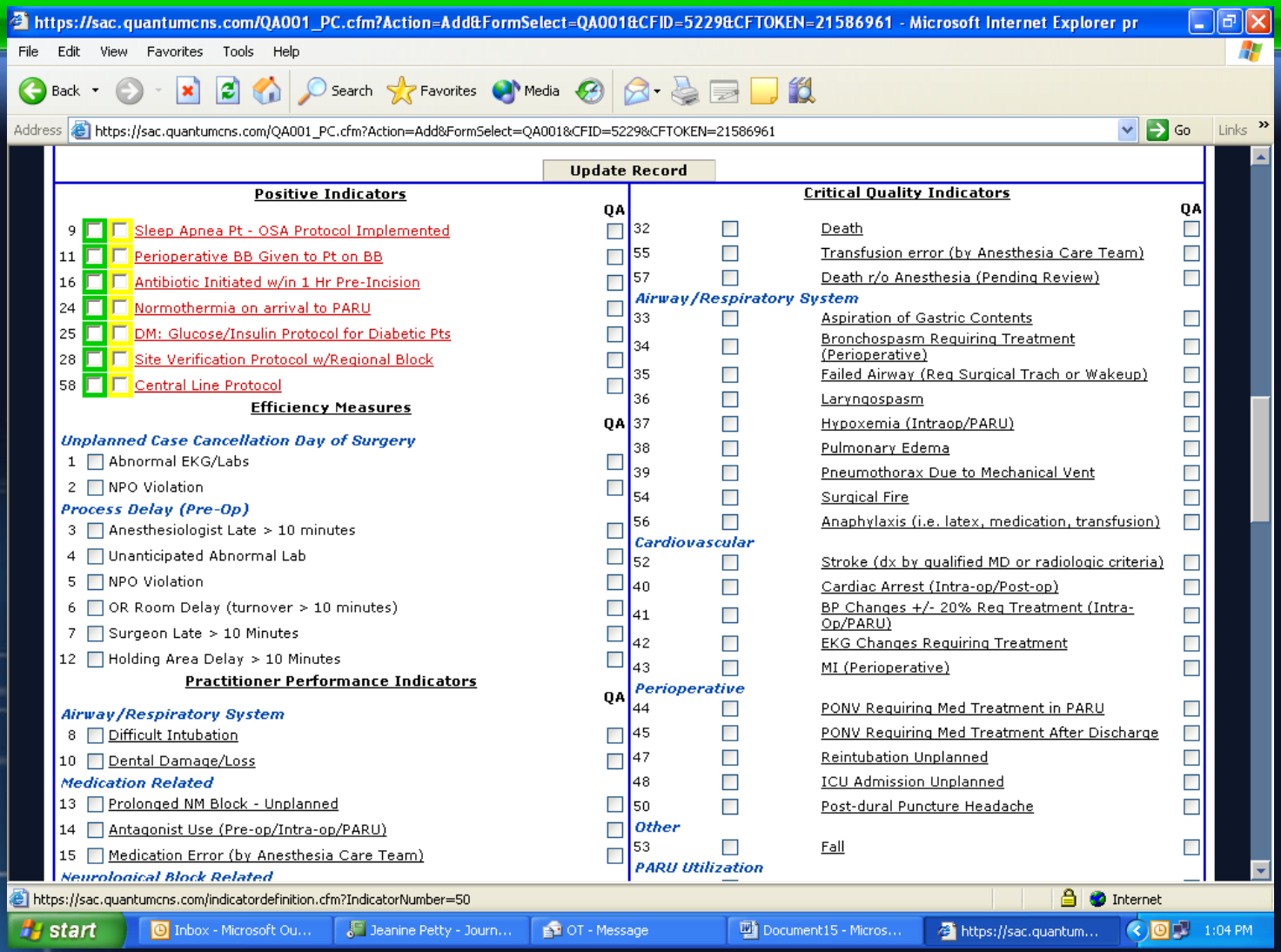
Quantum CNS™ Continuum of Care



Quantum CNS™


Data Collection Tool
PCs
PDAs/ Tablets
Scanners
Data Warehouse Analysis
Performance Assessment To MD
Process Assessment CQI Committee
Performance Improvement
Best Practices
Benchmarks
P4P Scorecard

Quantum CLINICAL NAVIGATION SYSTEM™ b-based CQI Form



Electronic Clinical Alert Feedback Loops

Quantum
CLINICAL NAVIGATION SYSTEM™

Critical Alert
intranet@seanesthesiology.com
To: Sample Doctor

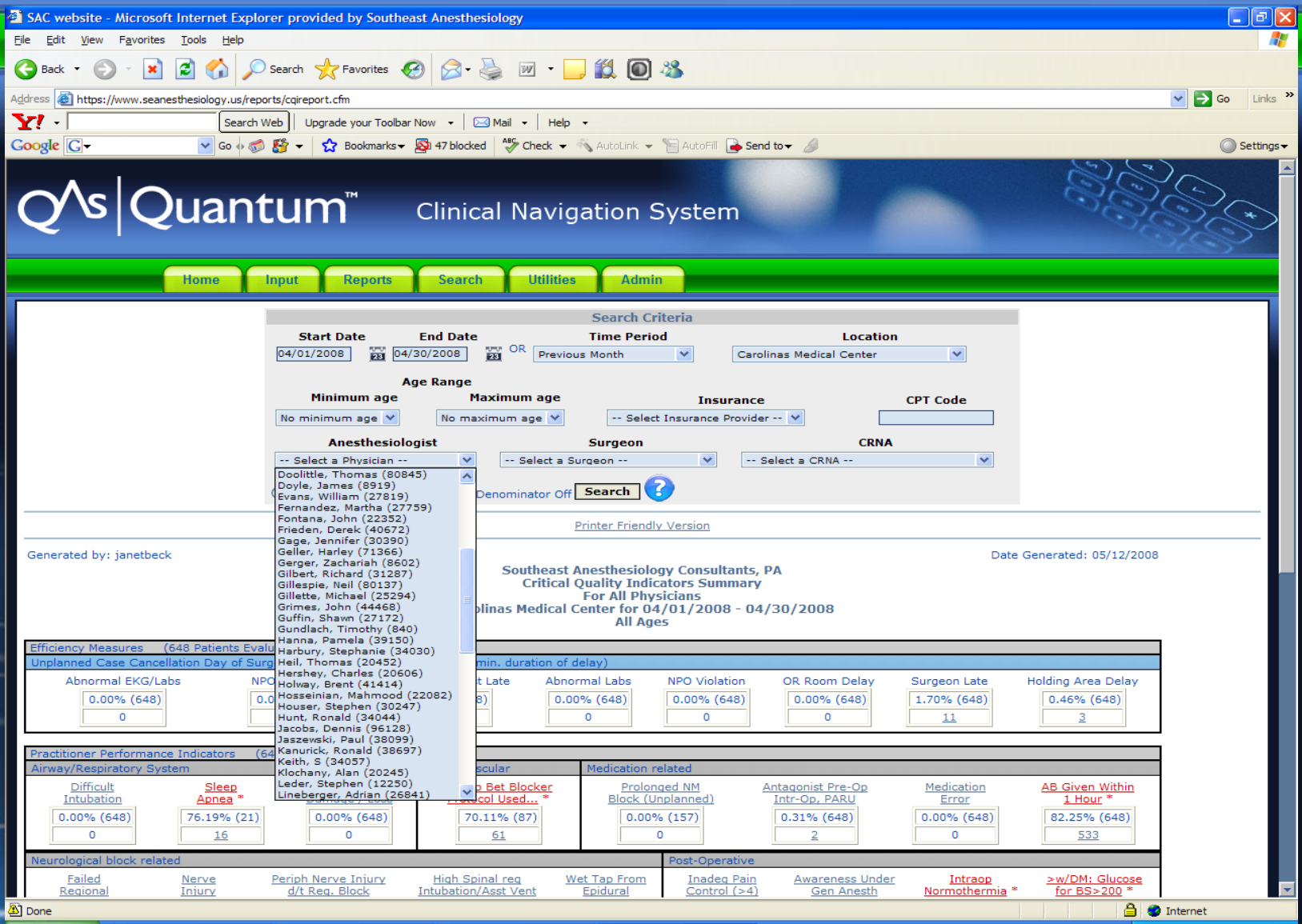
Critical Alert

Dr. Sample Doctor,

On 01/24/2008 quality indicator # 23 Awareness under general anesthesia was reported for your patient JOHN SMITH. For your reference, the medical record number for the patient is 0001234567.

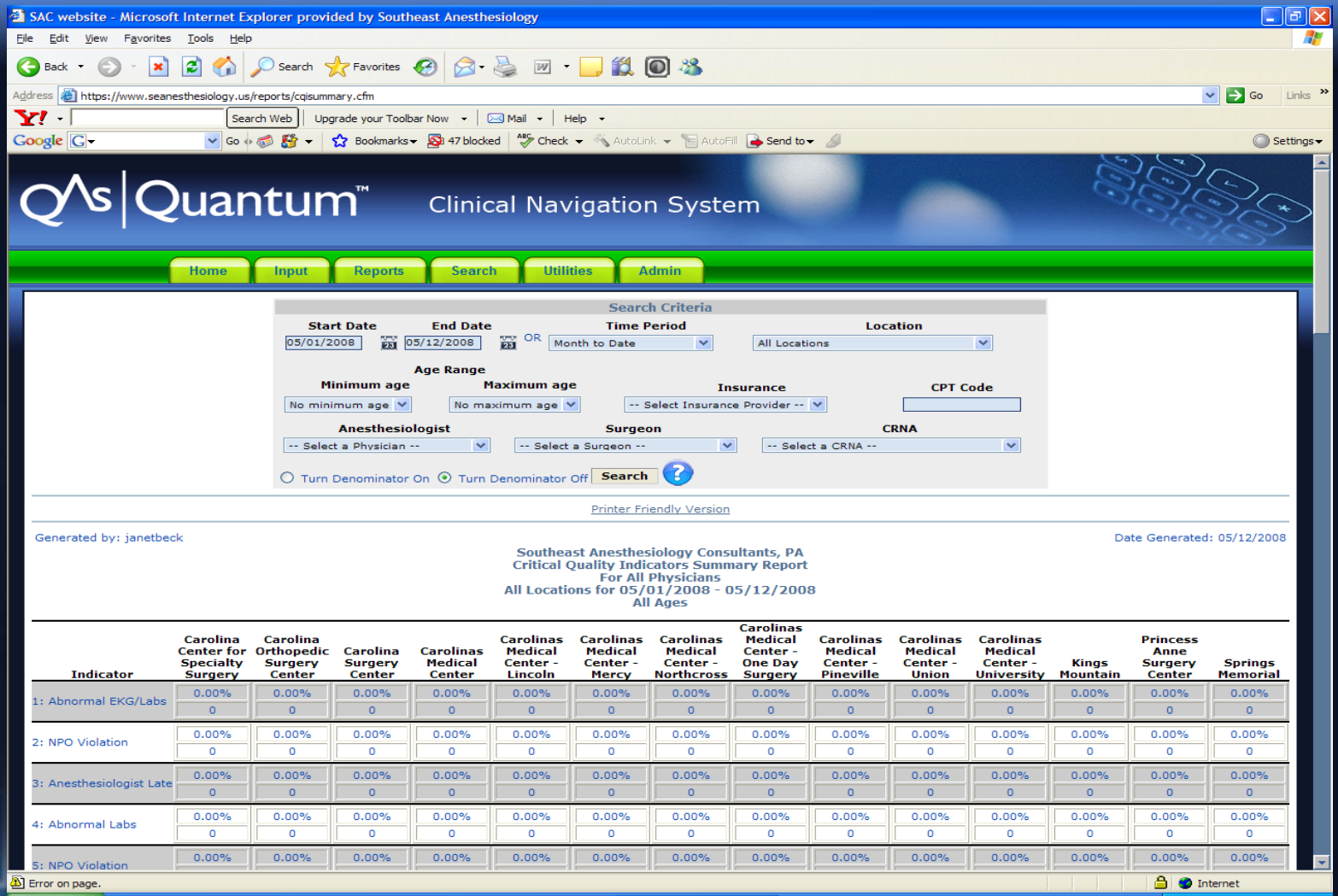
To see the QA sheet for this patient you can access your report online at https://www.seanesthesiology.us/. Once you are at the site, select Interactive QA reports, then CQI Report. When the report comes up click on the number of patients for this indicator to get a list of patients. Select this patient from that list and click on the medical record number. This will provide you with a copy of the patient's QA sheet. Please let me know if you would like me to walk you through this process or assist you with any problems.
Janet Beck

Quantum CLINICAL NAVIGATION SYSTEM™ Customized Report



CQI Summary Report Facilitates Systems Approach

Quantum CLINICAL NAVIGATION SYSTEM™



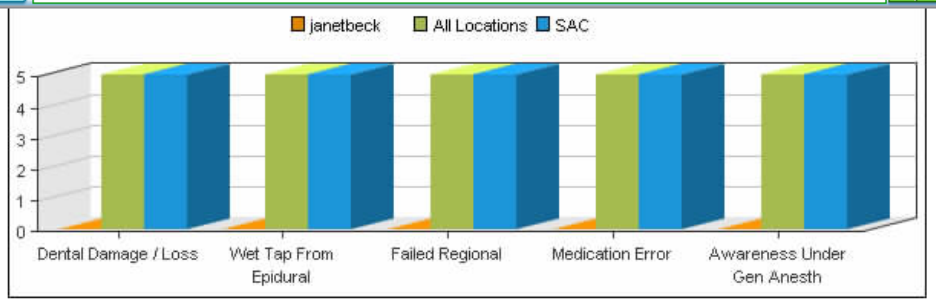
Positive Incentives Practitioner Scorecard

America Online 9.0 Optimized SE provided by Dell® - [SAC website]

File Edit Mail Community Services Safety Window Keyword Sign Off Help

Read 154 Write IM People Safety Settings Music Finance Quantum big cht Disney Nancy Beth Bank

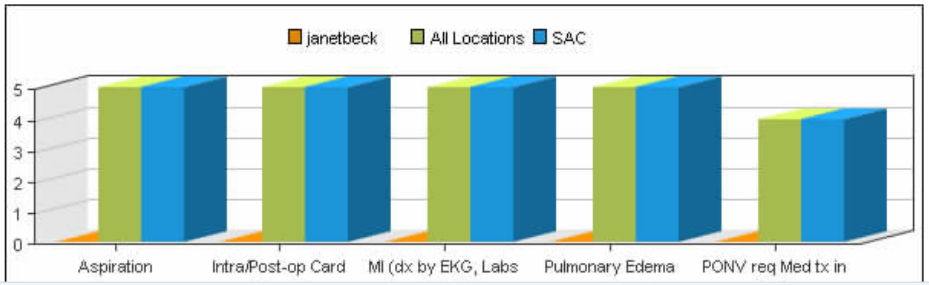
Quick Start https://www.seanesthesiology.us/reports/scorecard.cfm Go Search Favorites



Southeast Anesthesiology Consultants, PA
Report Card
All Locations for 01/01/2007 - 12/31/2007

Critical Quality Indicators
(Top Score = 5% for each measure for a total of 25% per category)

janetbeck	0%
All Locations	24%
SAC	24%



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Positive Incentives
Patient Satisfaction Award

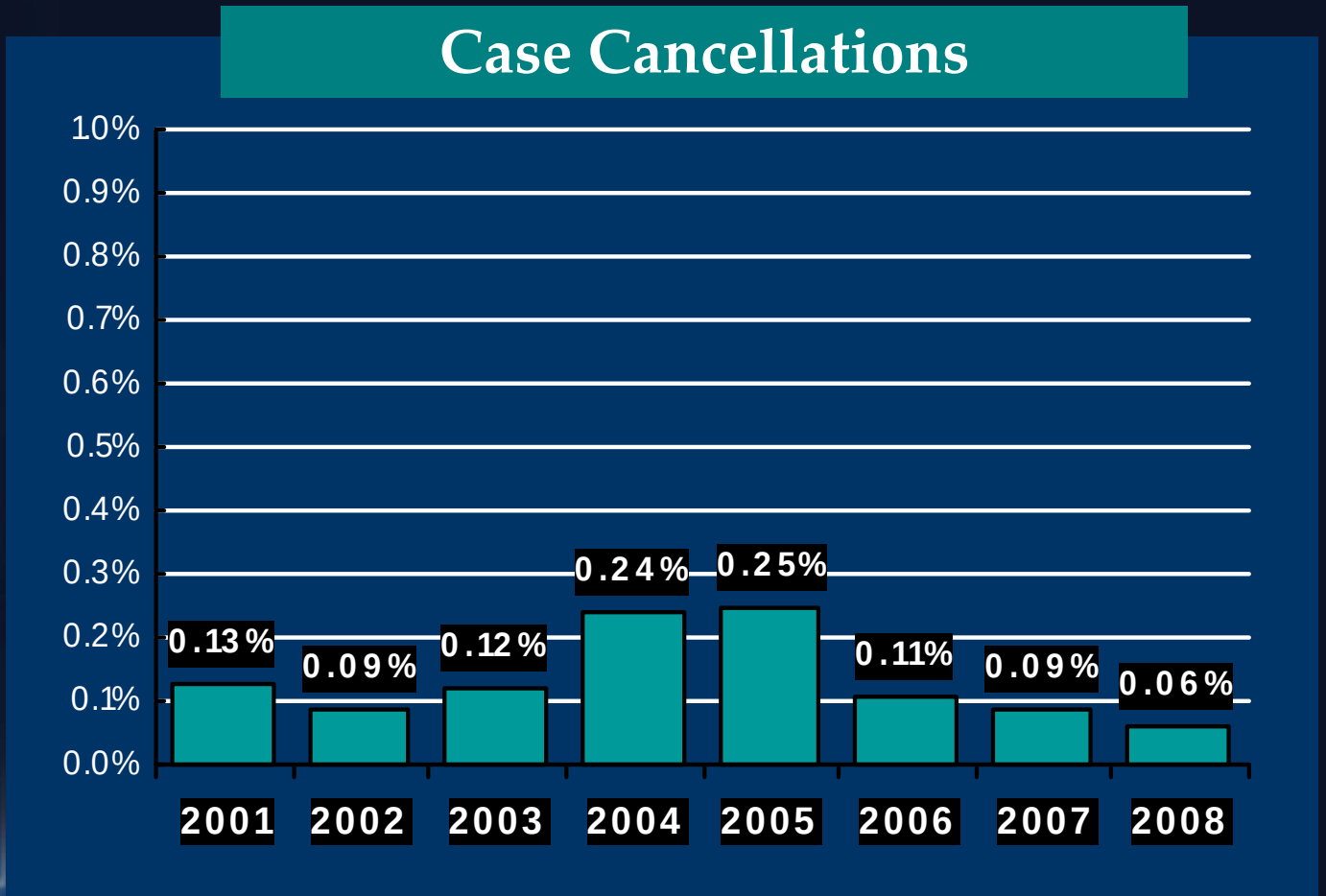
Hospital ROI- OR Efficiency

- The High Performance OR- 2007 Clinical Advisory Board
  "Case cancellations -costly in terms of schedule disruption revenue foregone"

Efficiency-Consistent Results

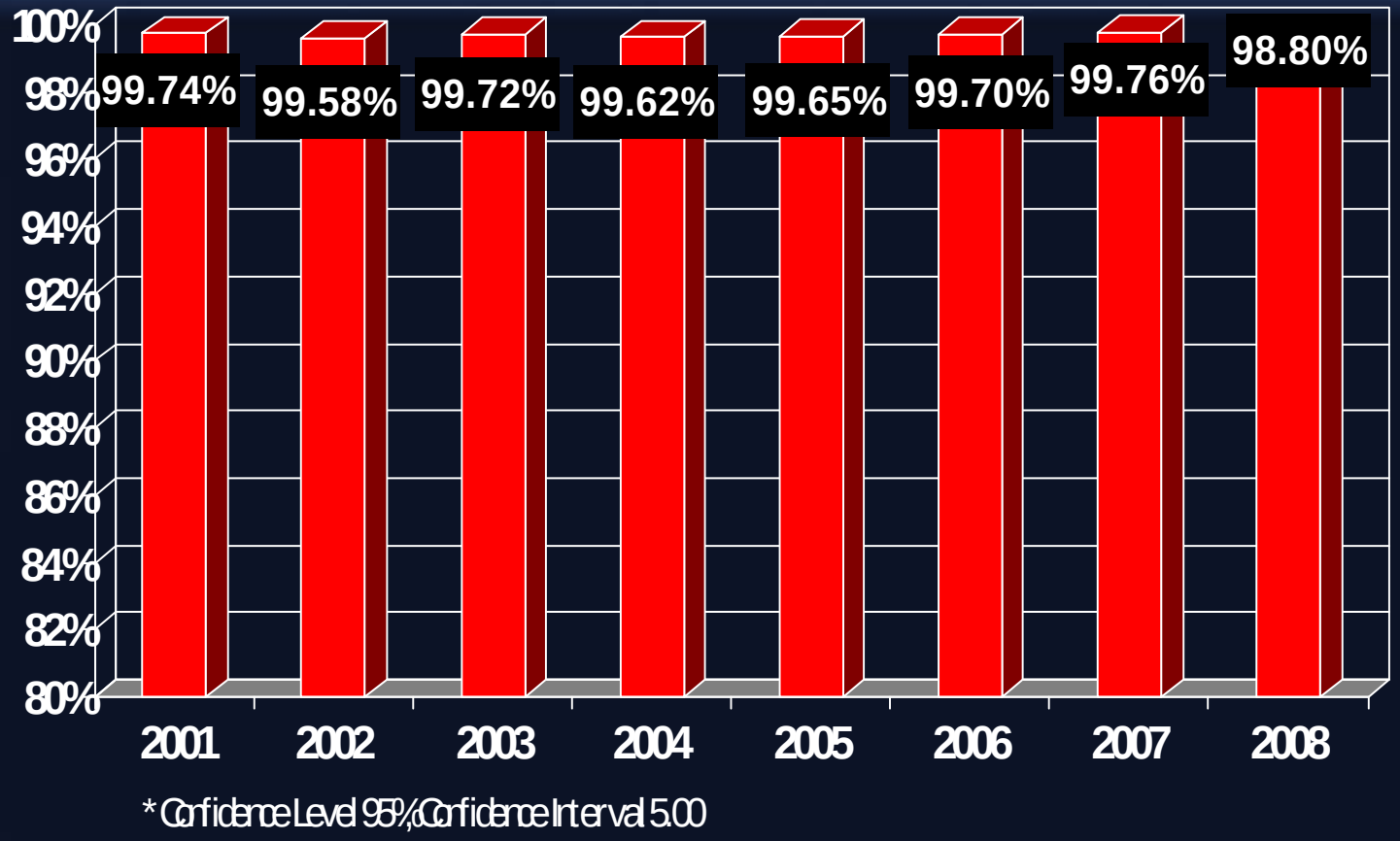
ROI Hospitals/Physicians

- Practice-wide, less than one fourth of one percent of cases are cancelled because of NPO violations or Abnormal Labs.



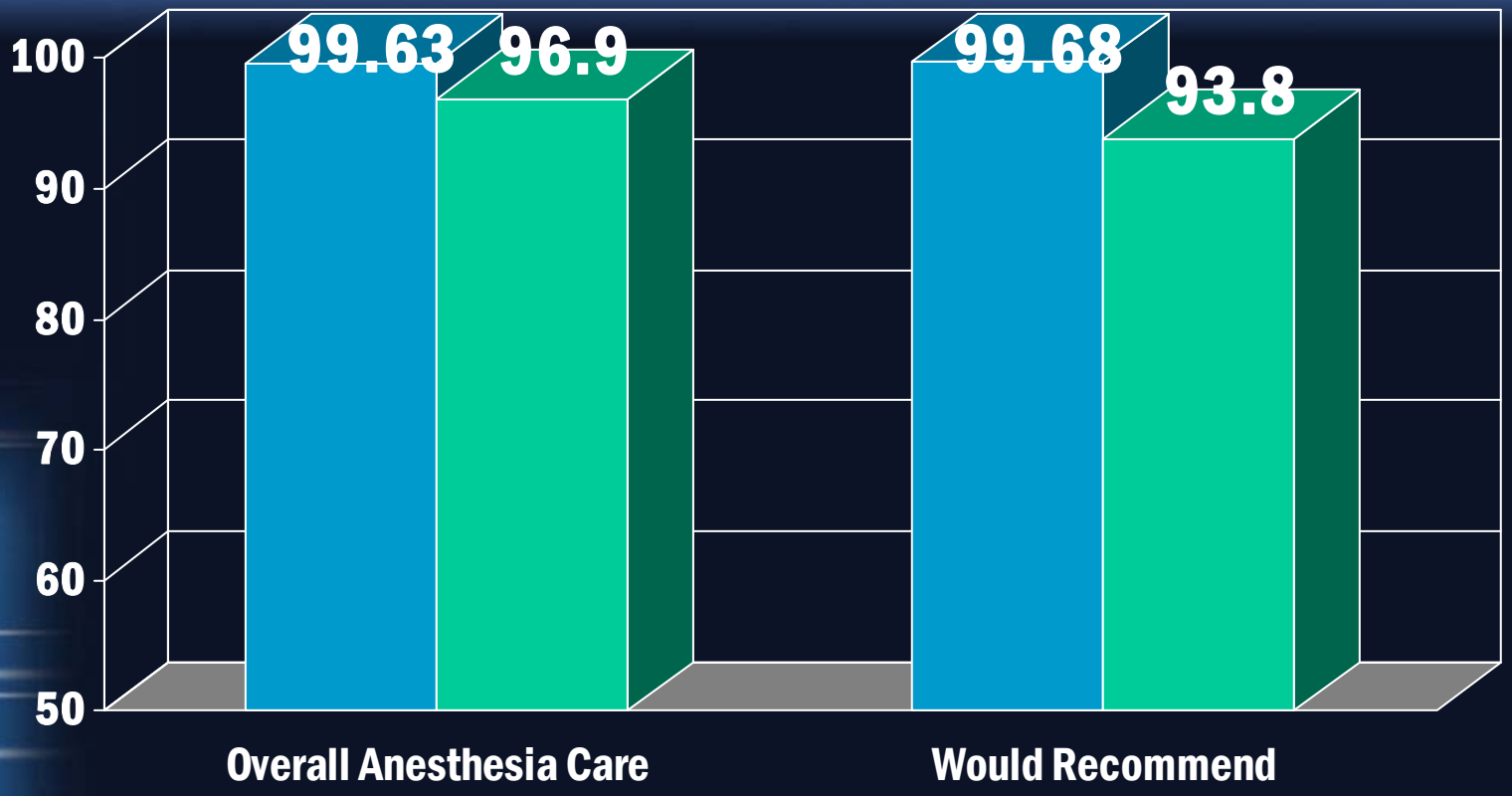
Overall Surgical Patient Satisfaction

ROI Hospital/Physicians



* Confidence Level 95%, Confidence Interval 5.00

Patient Satisfaction Results Confirmed by Press Ganey



*29,722 patient surveys received. Confidence Level/Interval – CQI Results 99%± .52
**163 patient surveys received. Confidence Level/Interval – Press Ganey 95%±6.56

Quantum Clinical Navigation System ™

- Out of 50 quality indicators tracked, the incidence of serious adverse events was less than 1%
- In 2007 & 2008, information was collected on 183,423 patients.

Results:	SAC 2007	SAC 2008	National Benchmark**
Death	0.09%	0.11%	1.33%
Death - Anesthesia	0.002%	0.00%	0.12 – 1.06%
Cardiac arrest	0.13%	0.09%	0.44 – 1.72%
Failed intubations	0.01%	0.02%	0.05%
Myocardial infarction	0.02%	0.03%	0.19%
Stroke	0.02%	0.01%	< 1%
Recall	0.00%	0.02%	0.2%
Pulmonary edema	0.06%	0.04%	7.6%

**National Benchmarks were obtained from the IOM Report, MEDLINE articles, and Evidence-Based Practice of Anesthesiology

Journal Articles

Anesthesiology

The Journal of the American Society of Anesthesiologists, Inc.

The February issue of the journal *Anesthesiology* features a new report based on data collected over a three-year period. Findings from the report, *Intraoperative Awareness in a Regional Medical System: A Review of Three Years' Data*, show that the incidence of intraoperative awareness may be as low as 1 in 14,000 surgeries.

Pollard, Beck, et.al. Anesthesiology February 2007

Intraoperative Awareness in a Regional Medical System

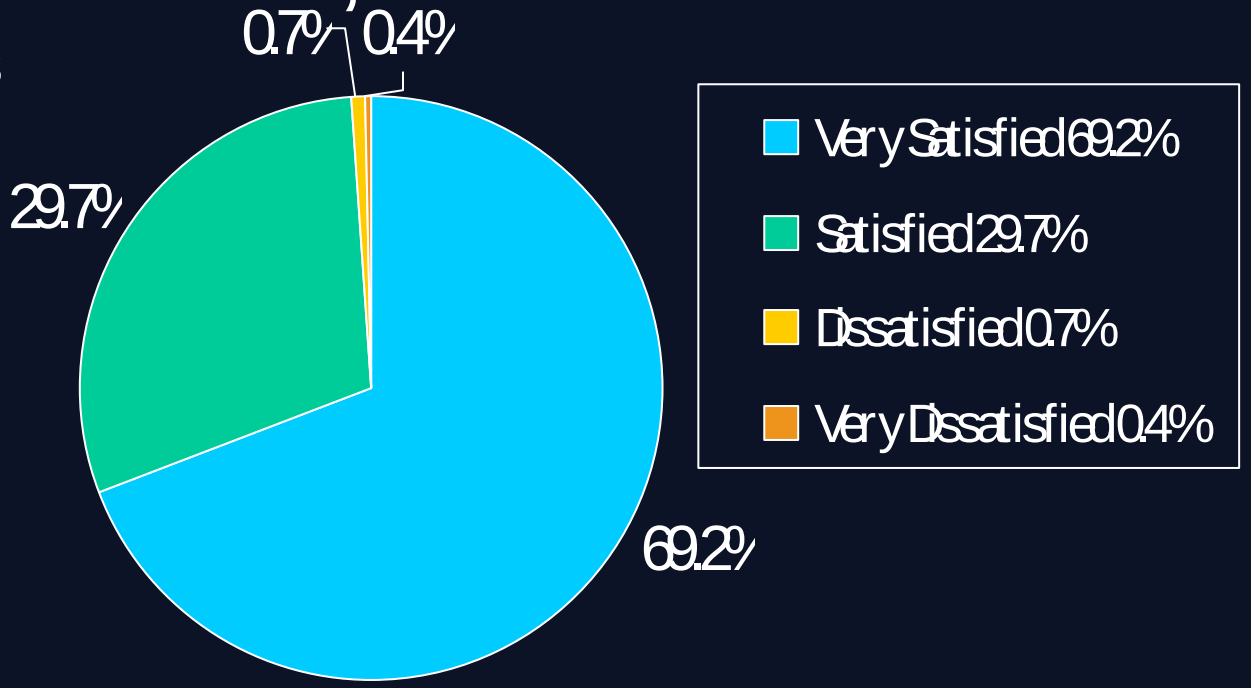
A Review of 3 Years' Data

MD Performance-Skill/Technical Ability

CHS Medical Staff Survey 2005,2007

Anesthesiologists:

Skill or Technical Ability



Mean Score: 3.6

2005,2007
Health stream Survey-99% Satisfied or Very Satisfied

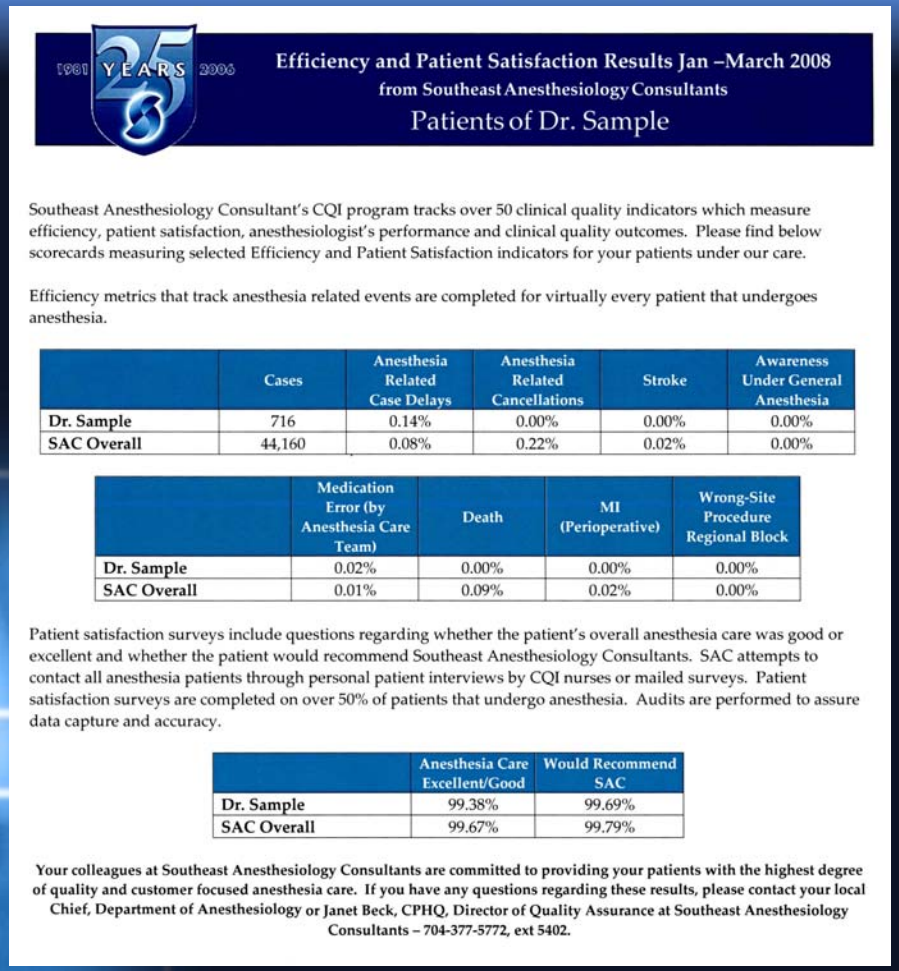
Physician/Hospital ROI: Reduced Malpractice Premiums

WACHOVIA INSURANCE SERVICES

- "the group's commitment to quality assurance and patient satisfaction has returned benefits in many areas, not the least of which is a reduction in professional liability coverage premiums"
- "discretionary credits associated with the comprehensive quality/patient satisfaction programs maintained by Southeast…primary professional liability coverage increased from 5%...to 15% this year.
- "total loss-free discount for the group amounts to an 11.1% credit against the total annual premium"
- "we…attribute an 8% to 10% overall net premium reduction…in recognition of the impact of Southeast Anesthesia's quality assurance and risk management programs"

-Lawrence Jones,
Sr. VP/ Manager, Special Risk Division

Customer Branding
Customized Reports



1981 YEARS 2006

Efficiency and Patient Satisfaction Results Jan –March 2008
from Southeast Anesthesiology Consultants
Patients of Dr. Sample

Southeast Anesthesiology Consultant's CQI program tracks over 50 clinical quality indicators which measure efficiency, patient satisfaction, anesthesiologist's performance and clinical quality outcomes. Please find below scorecards measuring selected Efficiency and Patient Satisfaction indicators for your patients under our care.

Efficiency metrics that track anesthesia related events are completed for virtually every patient that undergoes anesthesia.

	Cases	Anesthesia Related Case Delays	Anesthesia Related Cancellations	Stroke	Awareness Under General Anesthesia
Dr. Sample	716	0.14%	0.00%	0.00%	0.00%
SAC Overall	44,160	0.08%	0.22%	0.02%	0.00%

	Medication Error (by Anesthesia Care Team)	Death	MI (Perioperative)	Wrong-Site Procedure Regional Block
Dr. Sample	0.02%	0.00%	0.00%	0.00%
SAC Overall	0.01%	0.09%	0.02%	0.00%

Patient satisfaction surveys include questions regarding whether the patient's overall anesthesia care was good or excellent and whether the patient would recommend Southeast Anesthesiology Consultants. SAC attempts to contact all anesthesia patients through personal patient interviews by CQI nurses or mailed surveys. Patient satisfaction surveys are completed on over 50% of patients that undergo anesthesia. Audits are performed to assure data capture and accuracy.

	Anesthesia Care Excellent/Good	Would Recommend SAC
Dr. Sample	99.38%	99.69%
SAC Overall	99.67%	99.79%

Your colleagues at Southeast Anesthesiology Consultants are committed to providing your patients with the highest degree of quality and customer focused anesthesia care. If you have any questions regarding these results, please contact your local Chief, Department of Anesthesiology or Janet Beck, CPHQ, Director of Quality Assurance at Southeast Anesthesiology Consultants – 704-377-5772, ext 5402.

Test Surgeon Efficiency	1/01/08-3/31/08
Total Cases Measured	716
Confidence Level/Confidence Interval	>95%/5.0
Unplanned Case Cancellation Day of Surgery	0
Percent of Cases Cancelled	0.00%
Case Delay Due to Anesthesiologist Late	1
Percent of Case Delayed Due to Anesthesiologist Late	.14%

Test Surgeon Patient Satisfaction	1/01/08-3/31/08
Surveys Received	336
Confidence Level/Confidence Interval	<95%/5.0
Met anesthesia rep before surgery	94.31%
Questions answered prior to surgery	99.40%
Anesthesia team responsive to needs	99.37%
Overall care "excellent" or "good"	99.38%
Would recommend anesthesia services	99.69%

Hospital ROI Facilitates Success- CMS P4P

Medicare Hospital Reporting Program	Year 1	Year 2*	Year 3*
Total Medicare Market Basket**	$600,000,000	$630,000,000	$661,500,000
Deduction for Not reporting 2.0%***	$12,000,000 ($3,000,000)	$12,600,000 ($3,150,000)	$13,230,000 ($3,307,500)

Incorporates a 5% increase each year in Medicare reimbursement.
***Includes total Medicare Reimbursement for Sample hospital network.*
**** SCIP Initiatives approximately ¼ overall reporting requirements.*

Medicare Won't Pay Hospitals for Errors

By LAURAN NEERGAARD (AP Medical Writer)
From Associated Press
February 18, 2008 10:33 PM EST

WASHINGTON - It's a new way to push for patient safety: Don't pay hospitals when they commit certain errors. Medicare will start hitting hospitals where it hurts in October, and other insurers are hot on the trail.

That has the nation's hospitals exploring innovative programs to prevent injury and infection: Hand-washing spies. Surgical sponges that sound an alarm if left in the body. Even a room sterilizer that promises to wipe out bacteria left lurking on bedrails.

"Money talks," says Dr. Steven Gordon, infectious disease chief at the Cleveland Clinic Foundation. "Every hospital CFO, this gets their attention."

Payer/Hospital/Physician-ROI

Post Operative MI

Myocardial Infarction	# Patients	% Patients
SAC	19	0.02%
National Benchmark*	205	0.19%

Number of patients undergoing anesthesia annually: SAC-95,205 patients/year
US approx. 40 million patients/year.

Average cost to traditional health insurer for first 90 days after heart attack per patient	$ 38,501**
Total SAC patients	$ 731,519
Total National Benchmark	$7,894,755
Estimated savings to health plans/patients resulting from SAC reduced events	$7,163,236
Estimated national savings if benchmark reduced to SAC benchmark levels	$2.618 Billion

**Benchmark Source: Chung, Dorothy and Stevens, Robert, "Evidence-based Practice of Anesthesiology," page 379.*
*** Cost Source: NBER Working Paper No. 6514, nber.org/digest/Oct 98, National Bureau of Economic Research.*

Payer/Hospital/Physician-ROI Post-Op Stroke

Stroke	# Patients	% Patients
SAC	19	0.020%
National Benchmark*	476	0.5%

Number of patients undergoing anesthesia annually: SAC-95,205 patients/year US approx. 40 million patients/year.
**Nt'l Avg is <1%, so .5% is used for calculation.*

Cost at discharge for inpatient care per patient	$ 9,882**
Total SAC patients	$ 187,758
Total National Benchmark	$4,703,832

Estimated savings to health plans/patients resulting from SAC reduced events	$4,516,074
Estimated national savings if benchmark reduced to SAC benchmark levels	$1.897 Billion

**Benchmark Source: Fleisher, Lee; "Evidence-based Practice of Anesthesiology, page 163.*
***Cost Source: Neurology, Vol 46, Issue 3, 854-860, 1996, American Academy of Neurology,* "Inpatient costs of specific cerebrovascular events at five academic medical centers"

Can a Data Driven CQI Process Change Physician Practice?

QUANTUM Clinical Navigation System

- Facilitates data driven culture of high performance Customer Service/Clinical Quality/Efficiency
- Guides the organization to best practices/systems approach to healthcare delivery utilizing quantitative real time clinical data with reduction in costly medical errors
- Identifies opportunities for Process/Practitioner improvement
- Identifies opportunity for operations efficiency
- Transforms physician practice from episodic to data driven
- Real Time monitoring enhances ability to exceed benchmarks and success in the Realm of P4P

P4P Success Hospitals/Medical Staff

- Managed Care Contracts
- MD-Hospital Contract- demonstrate value proposition
- CMS SCIP Initiatives/Core Measures/POA– Hospital P4P
- PQRI Reporting- MD P4P
- Patient Satisfaction- HCAPS, JD Powers, market share
- Decrease Costly Post-op Complications- MCO, Hospital DRG
- Malpractice Premium Reduction- Hosp; MD cost savings

P4P Success Hospitals/Medical Staff

- Monitors-Operating Room Efficiency
- Facilitates Surgeon Satisfaction- market share
- Opportunity for CRM marketing/Branding – market share
- JCAH Compliance-Credentialing/ Re-Credentialing- demonstration of competence/Sentinel events