


ADDRESSING CLINICAL VARIATION TO IMPROVE PRACTICE EFFICIENCY: REDUCING OVERUSE TO IMPROVE QUALITY

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Why consider overuse??

- Growing body of research demonstrating extensive variation in medical practice
- Geography is destiny
- Variation reflects differences in numbers and types of health care providers, and differences in community practice styles.
- The variation is not benign - there is an *inverse* relationship between health care spending and health care quality
- Experts estimate that somewhere between 25 and 50% of all U.S. health care spending produces no benefit to the patient – and some of it produces clear harm

Why consider overuse??

- Health care providers and reimbursement policies should encourage approaches demonstrated by rigorous evidence to benefit patients
- “Evidence-based Medicine” is a set of principles and methods intended to ensure that medical decisions are effective and benefit patients
- The concept that health care professionals should maximize delivery of evidence-based care is now almost universally accepted
- *Evidence-based coverage* is a concept that follows from evidence-based care
- The rationale for this project is based on a health plan and its panel using evidence based medicine to encourage and promote services known to benefit patients with acute and chronic back conditions.



Getting to Action: Developing a successful approach

Background of Mr. Partridge

- Senior Medical Research Analyst for a 3200 physician IPA in upstate New York
- Experience based on 10 years of individual practitioner performance measurement
 - Various Cost-effectiveness measures
 - Quality measures
 - Member of the RIPA/Excellus P₄P team 1999 - 2006

Conundrum:

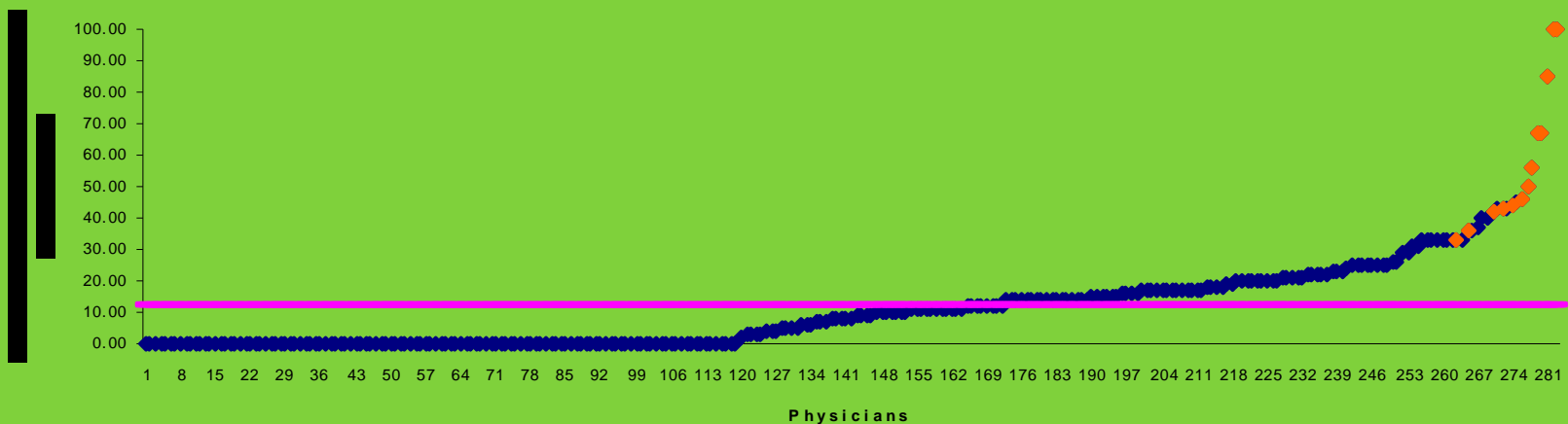
Why Not Just Use Efficiency Indexes to Control Cost?

- An efficiency index does not differentiate appropriate use, from underuse, overuse, or misuse
- EI does not suggest specific action items
 - "What do others do?"
 - "What do you want me to do?"
- Physicians may do the *wrong thing in response to an adverse score*
- Analyses to find action items for individual physicians are time consuming (= costly) to produce
- Often find little that is actionable, or just find noise (e.g. one ER visit in one ETG raising practitioners total costs)
- Too reductionistic: misplaced desire to identify best and worst doctors. Better to focus on specific actionable items that can be realistically improved

What We Needed


- Find specific services with the most unexplained variation by specialty and condition

Joint degeneration, localized, w/o surgery, knee & lower leg etg 722.02
visco supplementation rate per 100 episodes
Jan 1, 2007 - Dec 31, 2007
high tendency to use visco supplementation in an episode (orange)





What We Needed

- Understand if the variation represents **overuse or underuse** – therefore, have the quality conversation early on with key practitioners
 - Create a portfolio of measures based on organizational needs – address overuse, underuse or a mixture of the two
 - Develop **action items/intervention** based on current medical literature and the local medical panel for targeted specialty/condition
 - Reduce costs only while improving or maintaining quality
- 

Creating a Blueprint for Discovery

Microsoft Excel - Blueprint Sample 2006-12-19

File

Edit

View

Insert

Format

Tools

Data

Window

Help

Type a question for help

A100fx

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y								
1	Medical Management Blueprint										Confidential																						
2																																	
3	Key:	Condition, ETG number				Data based on dates:								Copyright 2006, Focused Medical Analytics, LLC. All rights reserved.																			
4		Costs	Rank	% Spec Costs									Patent pending.																				
5		Findings																															
6																																	
7		Strategy Ideas																															
8		Potential savings				If all physicians practiced like the lowest quartile																											
9																																	
10	Internal Medicine				Total \$\$ in top ETGs: *****				Percent of specity \$\$: xx%				Total specialty \$\$: *****																				
11	Benign hypertension, w/o comorbidity, 0281				Non-insulin dependent diabetes, with comorbidity, 0029				Inflammation of the esophagus, w/o surgery, 0433				Insulin dependent diabetes, with comorbidity, 0027				Acute sinusitis, 0333				Dermatitis				Acute bronchitis, w/o comorbidity, age 5+, 0384				Minor depression, 0096				Ben
12	#####	1	xx%	#####	2	xx%	#####	3	xx%	#####	4	xx%	#####	5	xx%	#####	6	xx%	#####	7	xx%	#####	8	xx%	####								
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18	Family Practice				Total \$\$ in top ETGs: *****				Percent of specity \$\$: xx%				Total specialty \$\$: *****																				
19	Non-insulin dependent diabetes, with comorbidity, 0029				Benign hypertension, w/o comorbidity, 0281				Acute sinusitis, 0333				Inflammation of the esophagus, w/o surgery, 0433				Tonsillitis, adenoiditis or pharyngitis, w/o surgery, 0331				Dermatitis				Minor depression, 0096				Acute bronchitis, w/o comorbidity, age 5+, 0384				Oti
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26	Pediatrics				Total \$\$ in top ETGs: *****				Percent of specity \$\$: xx%				Total specialty \$\$: *****																				
27	Tonsillitis, adenoiditis or pharyngitis, w/o surgery, 0331				Otitis media, w/o surgery, 0329				Uncomplicated neonatal management, 0780				Attention Deficit Disorder, 0101				Dermatitis				Other major neonatal disorders, perinatal origin, 0786				Acute sinusitis, 0333				Asthma, w/o comorbidity, age less than 18				Oti
28	#####	1	xx%	#####	2	xx%	#####	3	xx%	#####	4	xx%	#####	5	xx%	#####	6	xx%	#####	7	xx%	#####	8	xx%	####								
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34	Ob-Gyn				Total \$\$ in top ETGs: *****				Percent of specity \$\$: xx%				Total specialty \$\$: *****																				
35	Benign neoplasm of the female genital tract, with surgery, 0646				Conditions associated with menstruation, w/o surgery, 0649				Benign neoplasm of the female genital tract, w/o surgery, 0647				Infectious conditions during pregnancy, delivery w/o C-section, 0617				Complicated pregnancy, delivery w/o C-section, 0613				Uncomplicated neonatal management, 0780				Conditions associated with menstruation, with surgery, 0648				Complicated pregnancy, delivery with C-section, 0612				In
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42	Ear, Nose, and Throat				Total \$\$ in top ETGs: *****				Percent of specity \$\$: xx%				Total specialty \$\$: *****																				

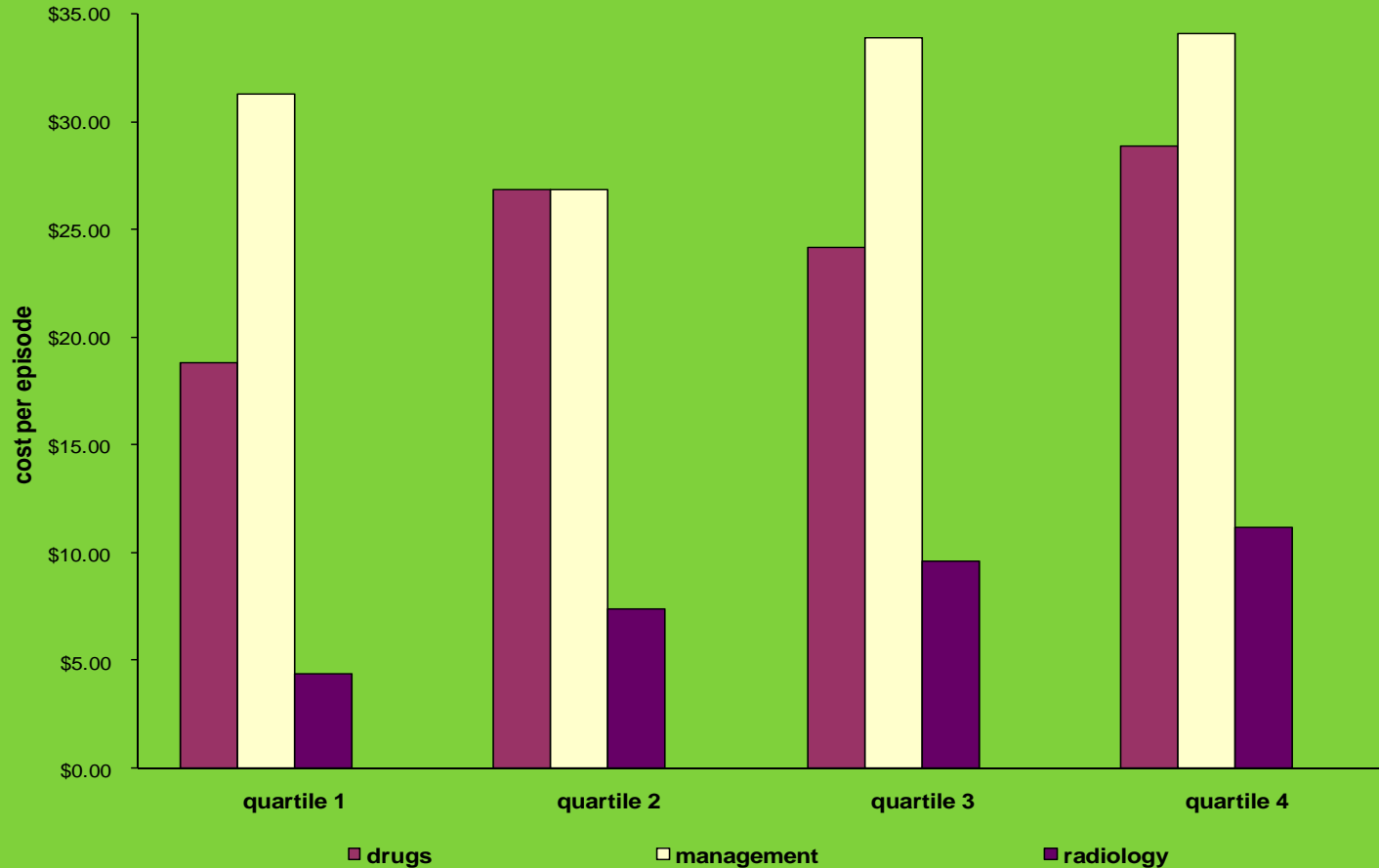
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Analysis of Low Back pain without radiculopathy

(ETG 0749.08, Neck & Back , minor orthopedic disorders)

Partnership Health Plan
Dates of service 2004 through 2006
Spine, Minor etgno: 749.08

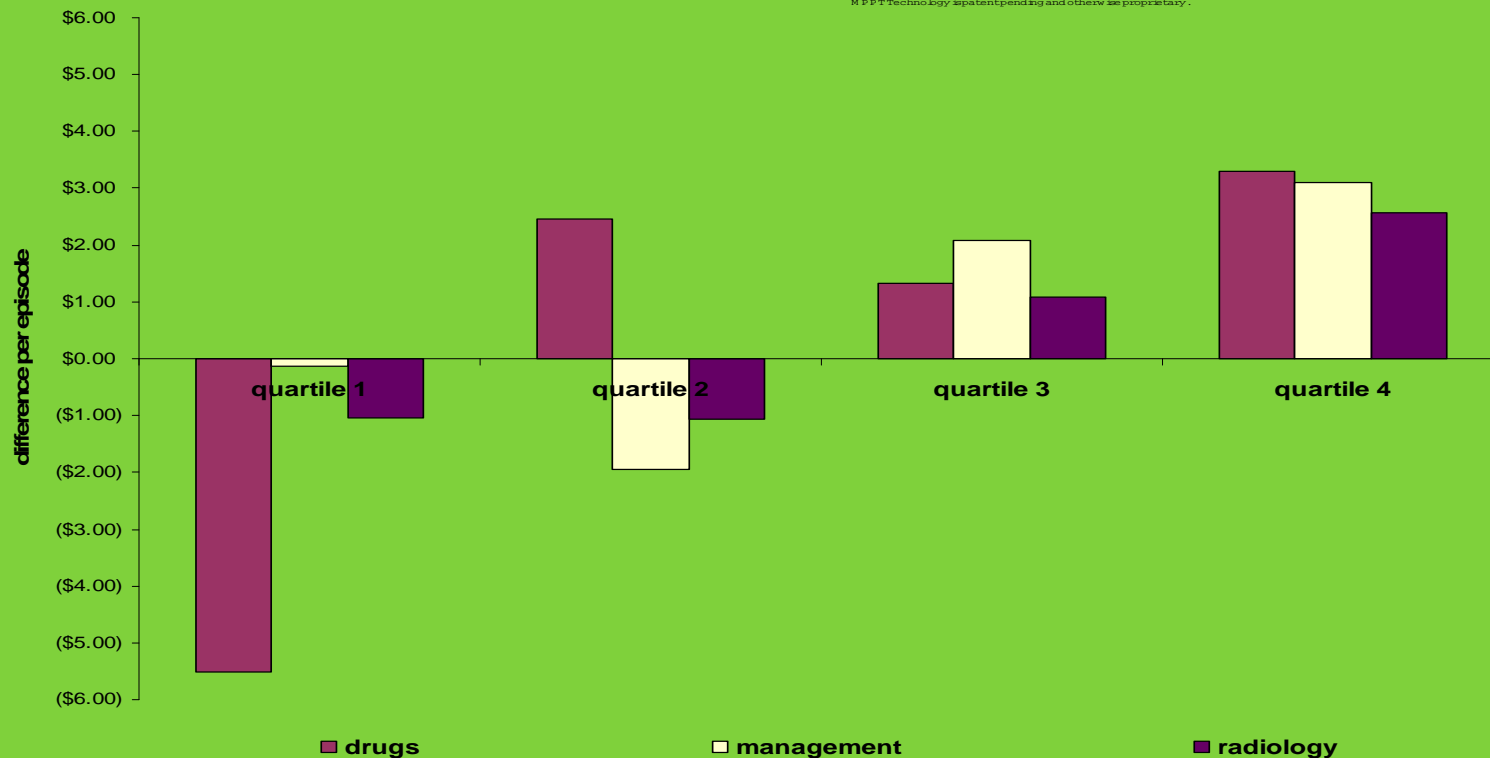
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Cost Variation – drugs, radiology

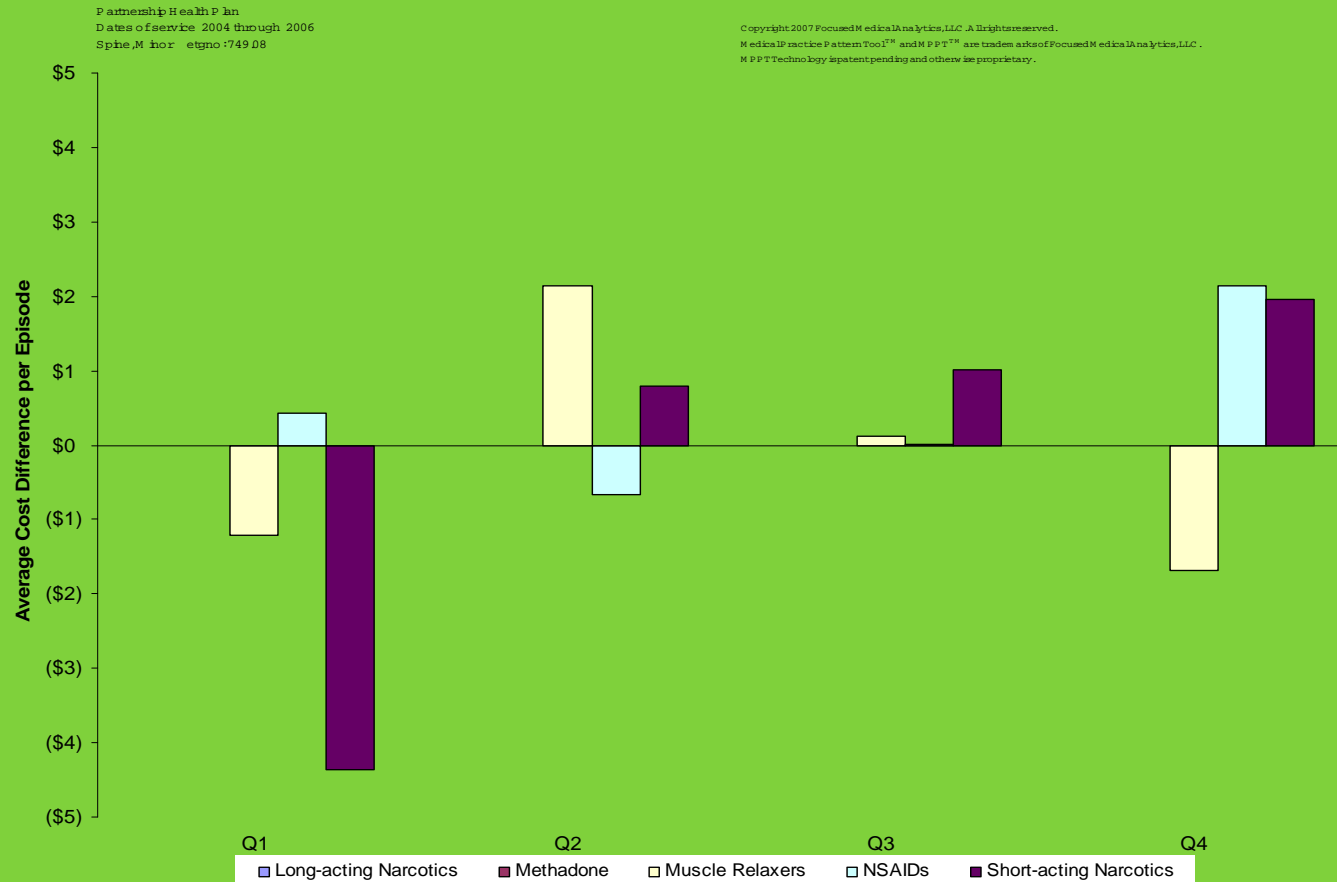
Partnership Health Plan
Dates of service 2004 through 2006
Spine, Minor etgn: 749.08

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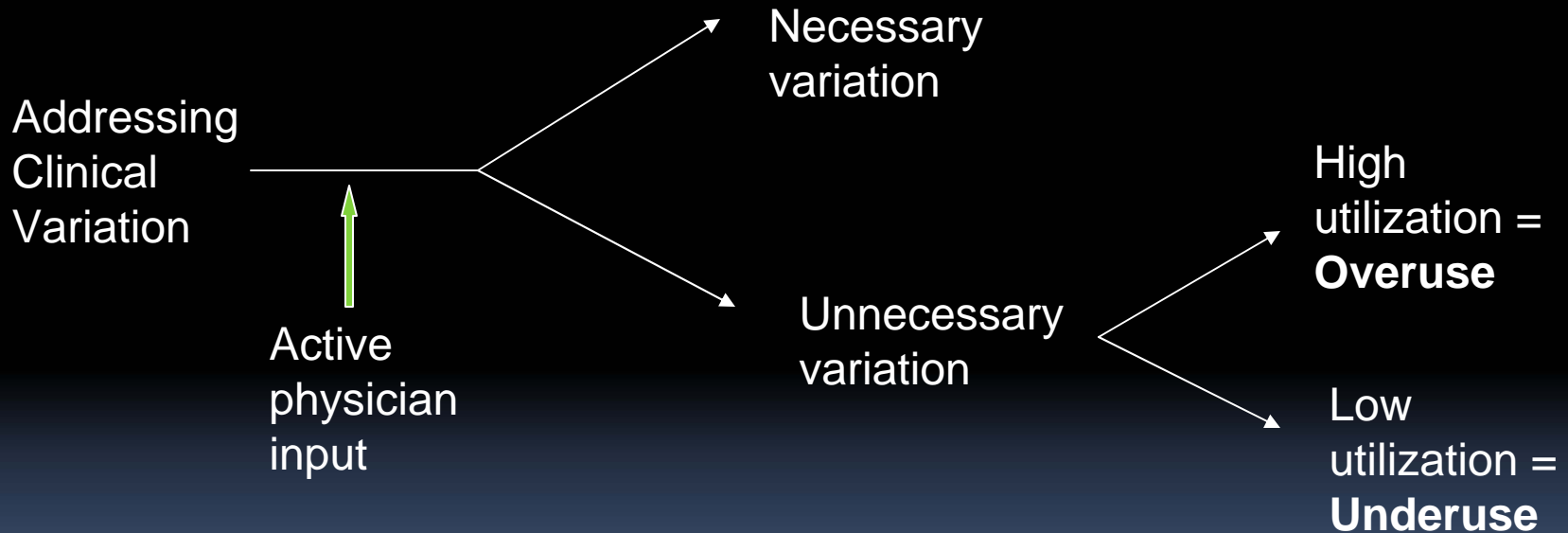


Cost Variation – drugs

PHP Family Medicine Pharmacy Cost Variation





Choosing Areas on which to Focus






Practical Applications

- Focus on reducing overuse instead of relying on efficiency indexes
 - Find specific action items, then direct attention to meaningful action items to engage practitioners as partners
 - Engage physicians by focusing on reducing overuse and underuse (NOT cost); help practitioners improve, don't try and identify and punish "bad" doctors
- 




A Partnership between Physicians and a Health Plan to:

- Improve care for patients with acute and chronic back pain
 - Decrease underuse, overuse, and misuse of related services
 - Focus on significant opportunities to improve efficiency and quality of care
- 




Partnership Health Plan of Ca.

- County Organized Health System
 - ~88,000 Medi-Cal members in Solano, Napa, & Yolo counties
 - Full range of available aid codes
 - 30% disabled – most of the rest TANF
 - 2006 Healthy Kids
 - Began Medicare Advantage plan in 2007
- 




Background on the Project

- PHC asked by the California Health Care Foundation's Chronic Disease Coordinator, Sophia Chang, MD, to work with health plans interested in improving efficiency and quality of care.
 - Ingenix grouped two years of C/E data into ETGs
 - Focus Medical Analytics used variations in care to identify improvement opportunities.
 - Collectively, we identified back pain as our number one issue.
 - Focused on two high cost, high volume ETGs - acute back problems(749.08) and chronic back problems (722.08).
 - FMA identified muscle relaxants, opioids, imaging, and spinal injections as areas of greatest variation
- 



Pework

- Extensive literature review by CMO
 - Coincidental publication of CPG by ACP
 - Consultant (FMA)
 - Practice site reports
 - Technical assistance to measure results
 - Coaching - non-judgmental approach
 - Expert physician input at collaborative meeting
 - Ongoing suggestions and inputs from practices – very much a work in progress.
- 




How

- Targeted academic detailing visits with PCP sites
- Messages:
 - Risks of long-term muscle relaxant therapy outweigh benefits
 - Benefit of long term opioid therapy limited
 - Low Back Pain >90-120 days should be evaluated by specialist
 - MRI generally should not be done until ~4-6 weeks after onset of LBP episode in the absence of “red flags”
 - MRI generally overused
 - Limited evidence for long-term effectiveness of epidural spinal and facet injections
- Practice site packet includes –
 - Messages and site performance
 - ACP clinical guideline
 - Patient handout



The Visit

- Background and practice site specific data
 - Each presenter will have their own style
 - Deliver the messages clearly and factually
 - Maintain focus on improving patient care
 - Try to listen with understanding
 - Offer options of how other practitioners and sites manage common issues
 - Audience forms their own conclusions and action plan
 - Solicit feedback
- 



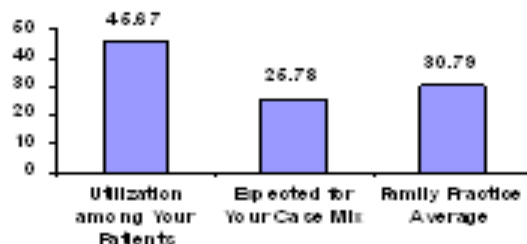
Partnership HealthPlan of California
Back Pain Services

Provider: Riviera, Nick
PHC ID: 9999AB

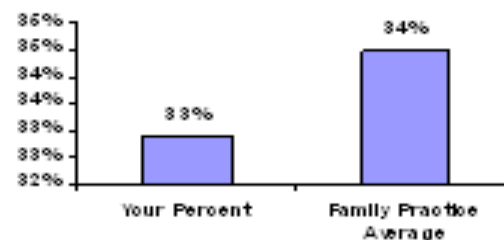
Dates of services
Aug. 1, 2004 - July 31, 2006

Episodes: 95
Unique Patients: 76

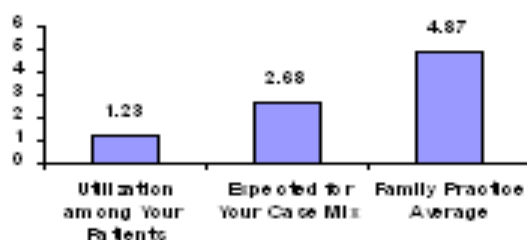
Opioids
Days Supply per Episode



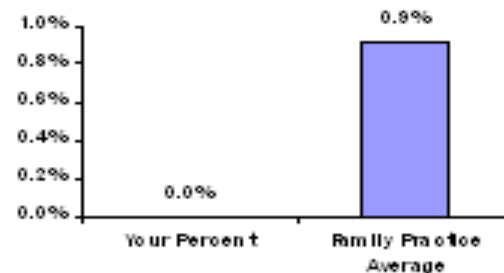
Muscle Relaxants
Days Supply > 14 days



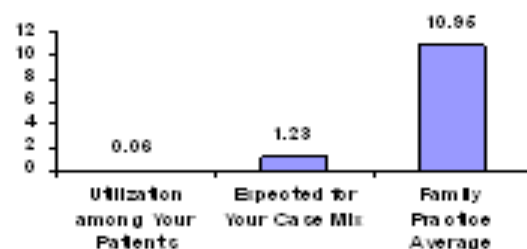
MRI
Per 100 Episodes



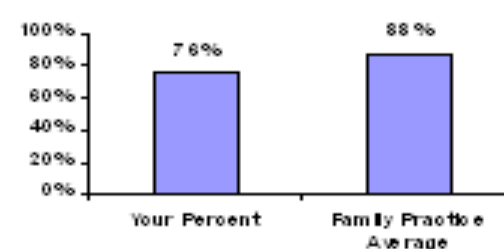
MRI in First 42 Days of Episode



Spinal Injections
Per 100 Episodes




Episodes over 90 Days
Without Specialist Visit

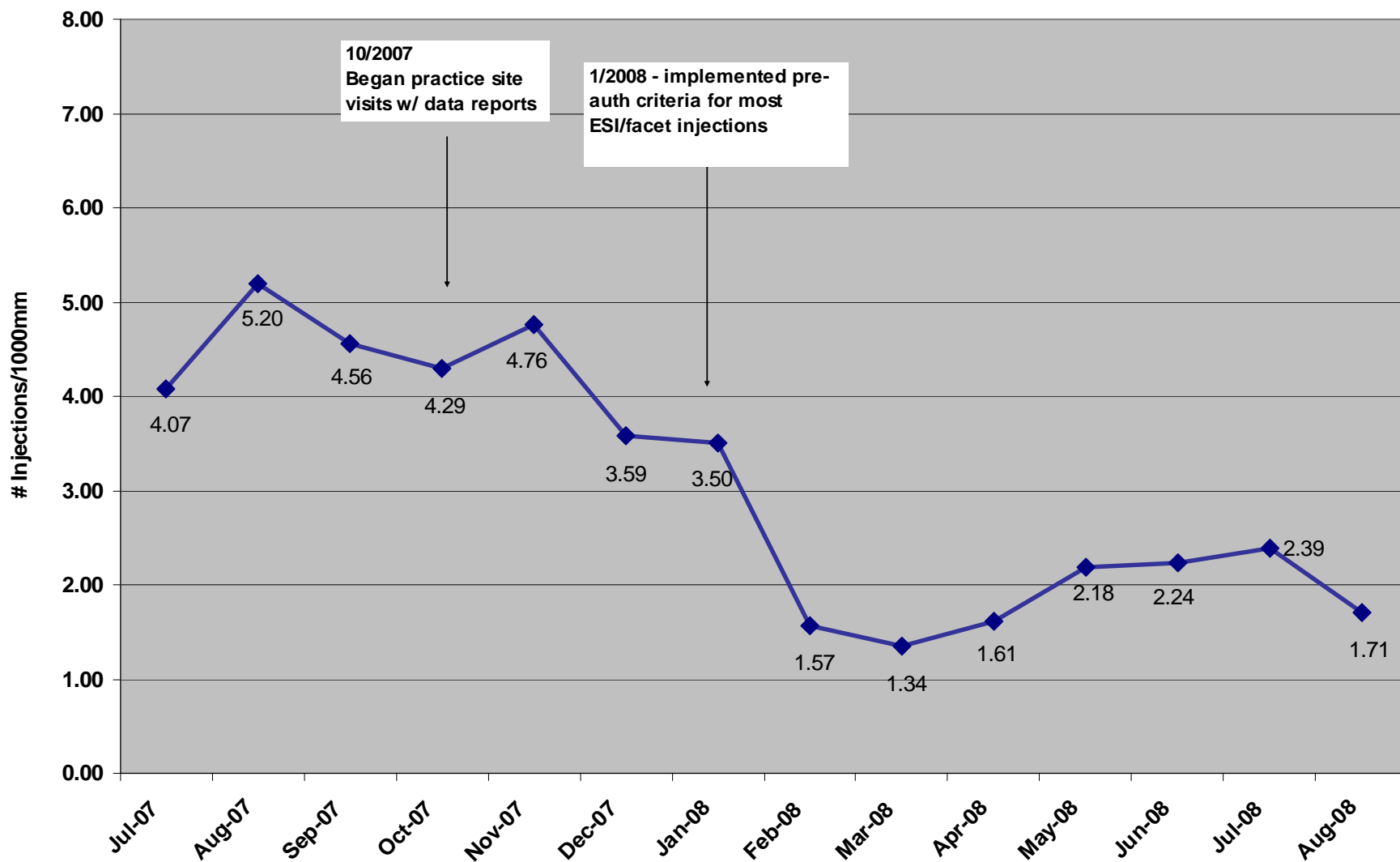




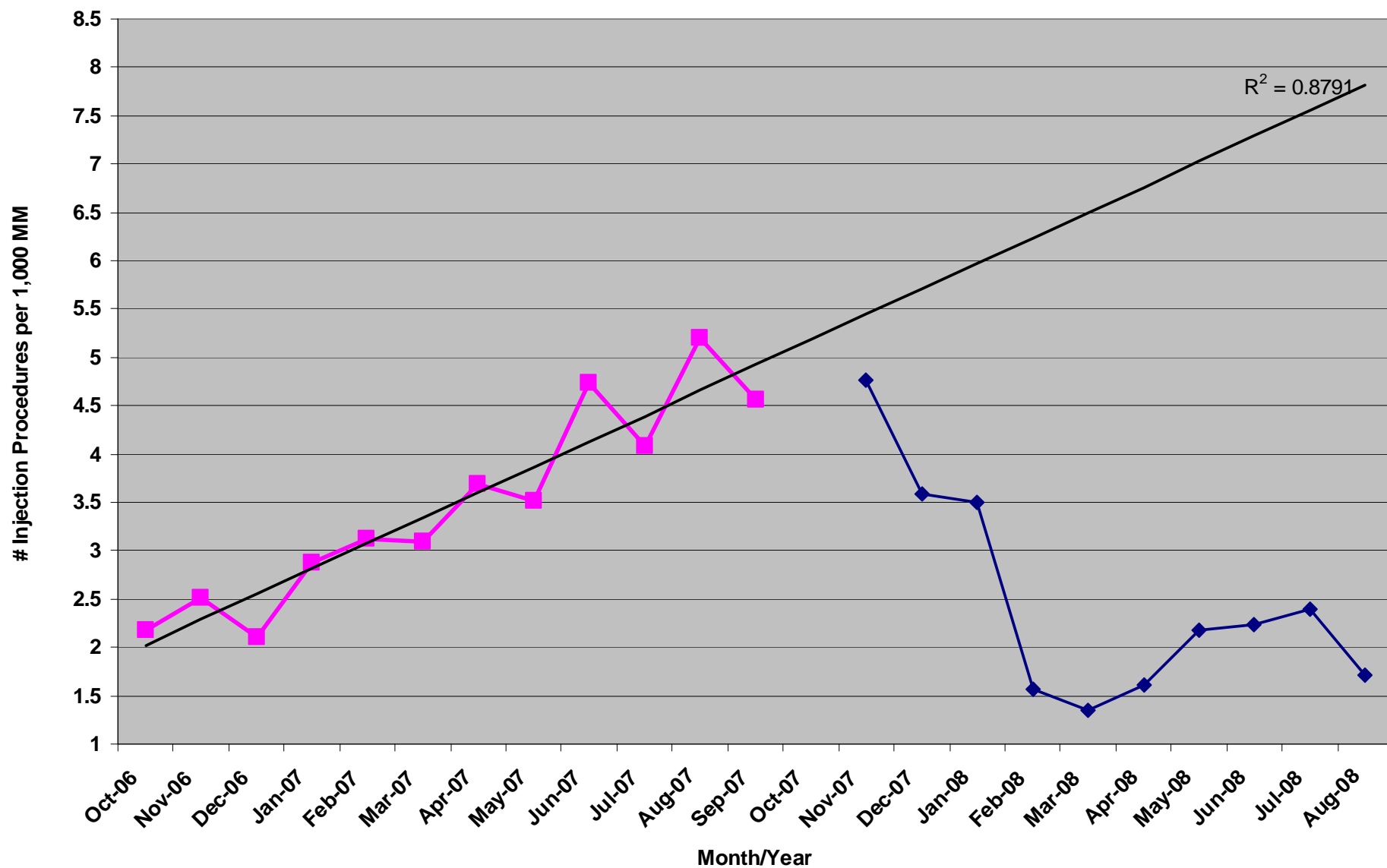
Measures

- Reduce CT/MRI ≤ 42 days of onset of episode to .3% of episodes (10th%ile of 66 sites)
 - Reduce spinal injections procedures by 50%
 - Reduce opioid days supply per episode to 8.3 (10%ile of 66 sites).
 - Reduce # Rx for muscle relaxants >14 days to 8.5% of episodes (10%ile of 66 sites).
 - Increase episodes with referral to specialist within 120 days to 30% (10th%ile of 66 sites) – interim goal
 - Balancing measure – Patient QOL survey
- 

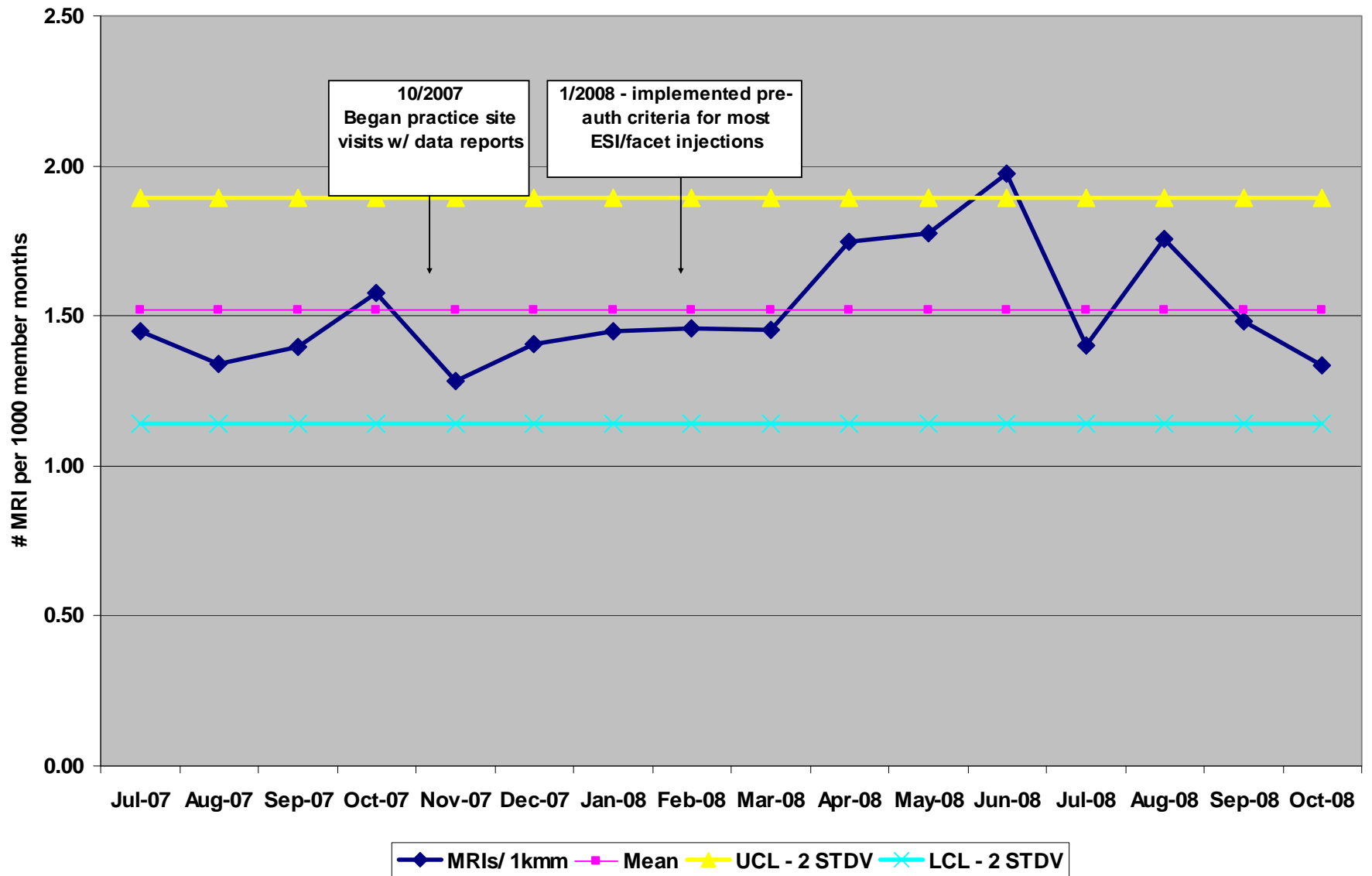
What impact have interventions had on back/neck injection procedure utilization?



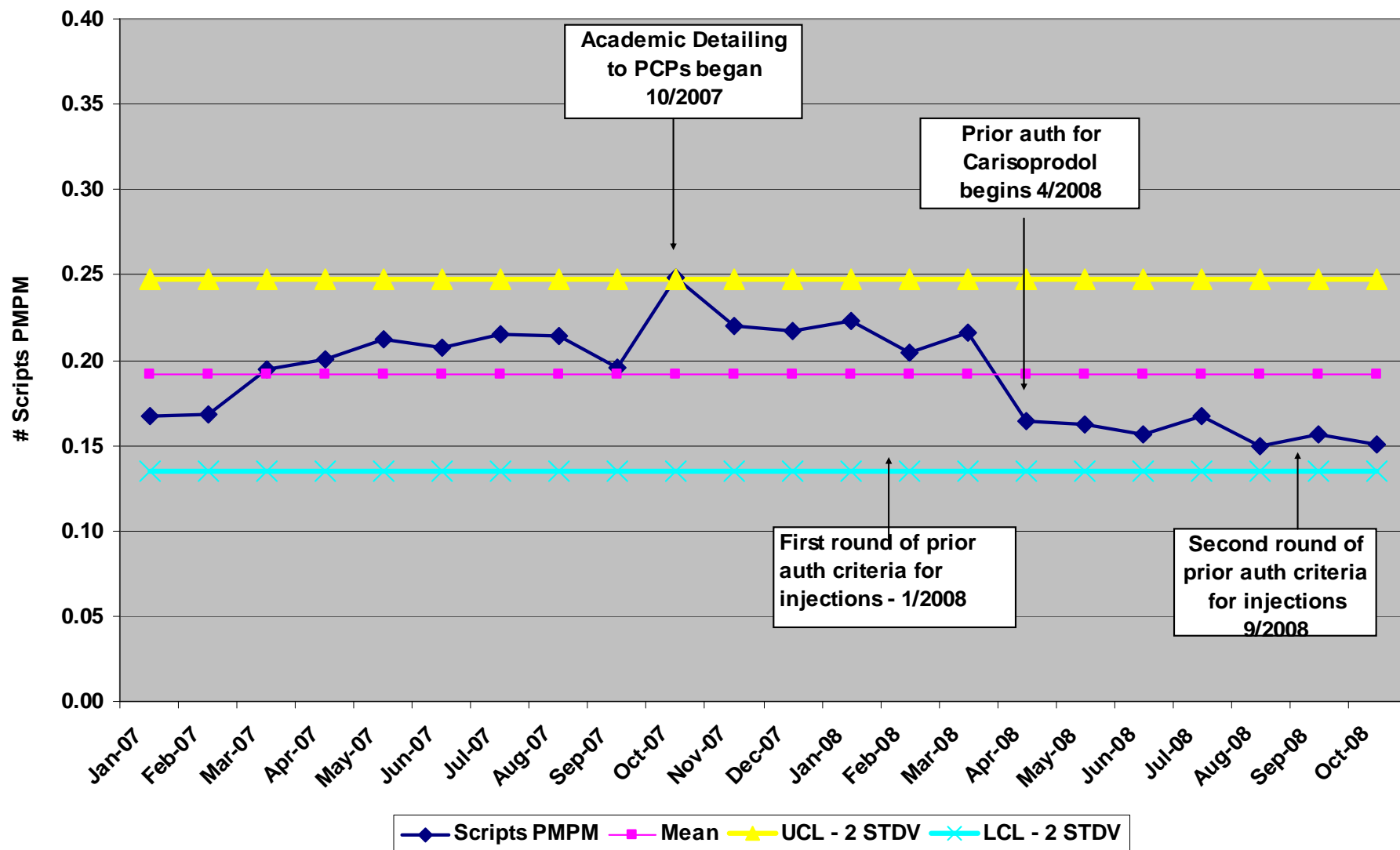
Trends in Injection Utilizations Compared to Actual Utilization



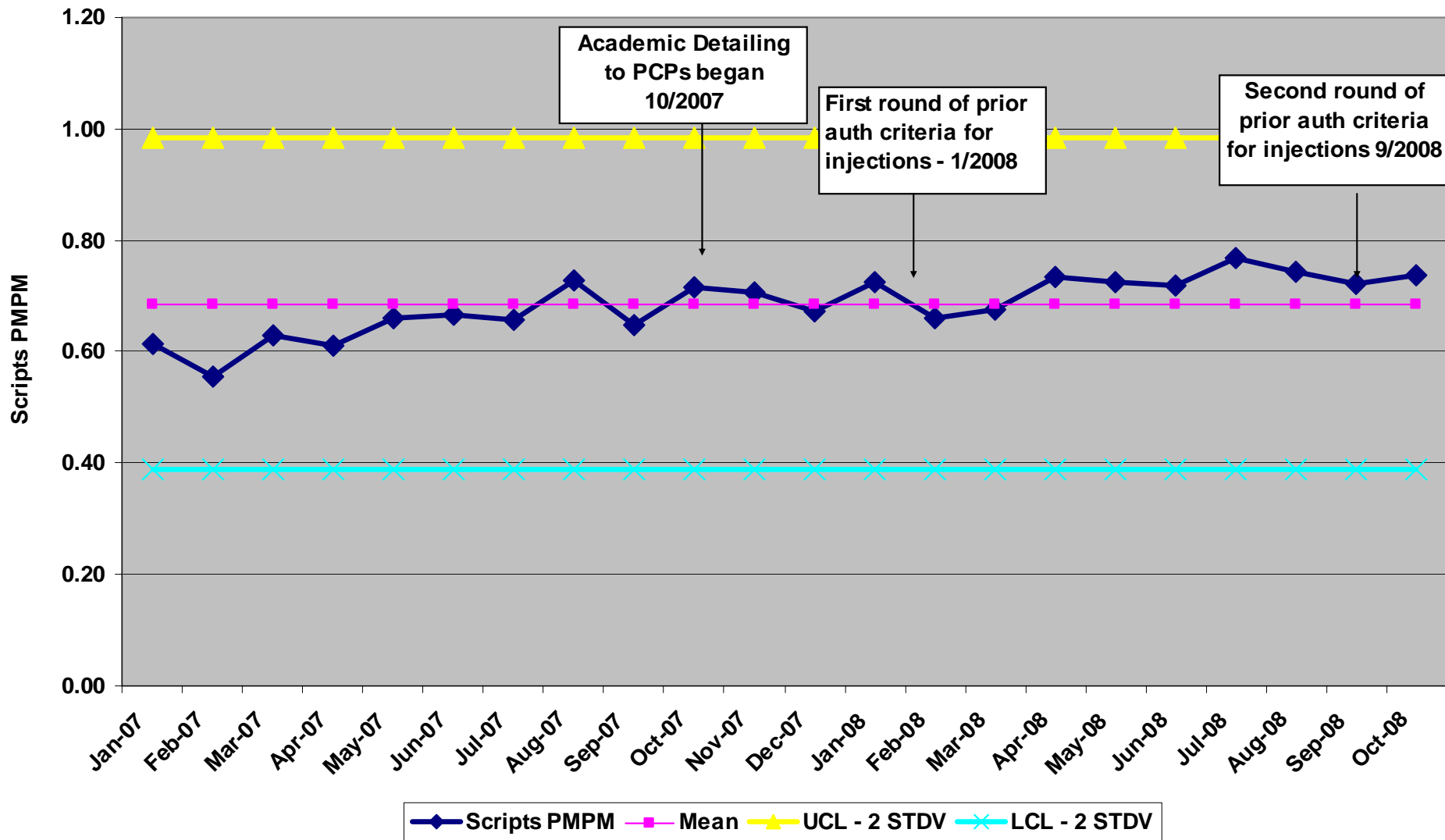
Balancing measure: Have interventions resulted in increases or decreases in MRI utilization?



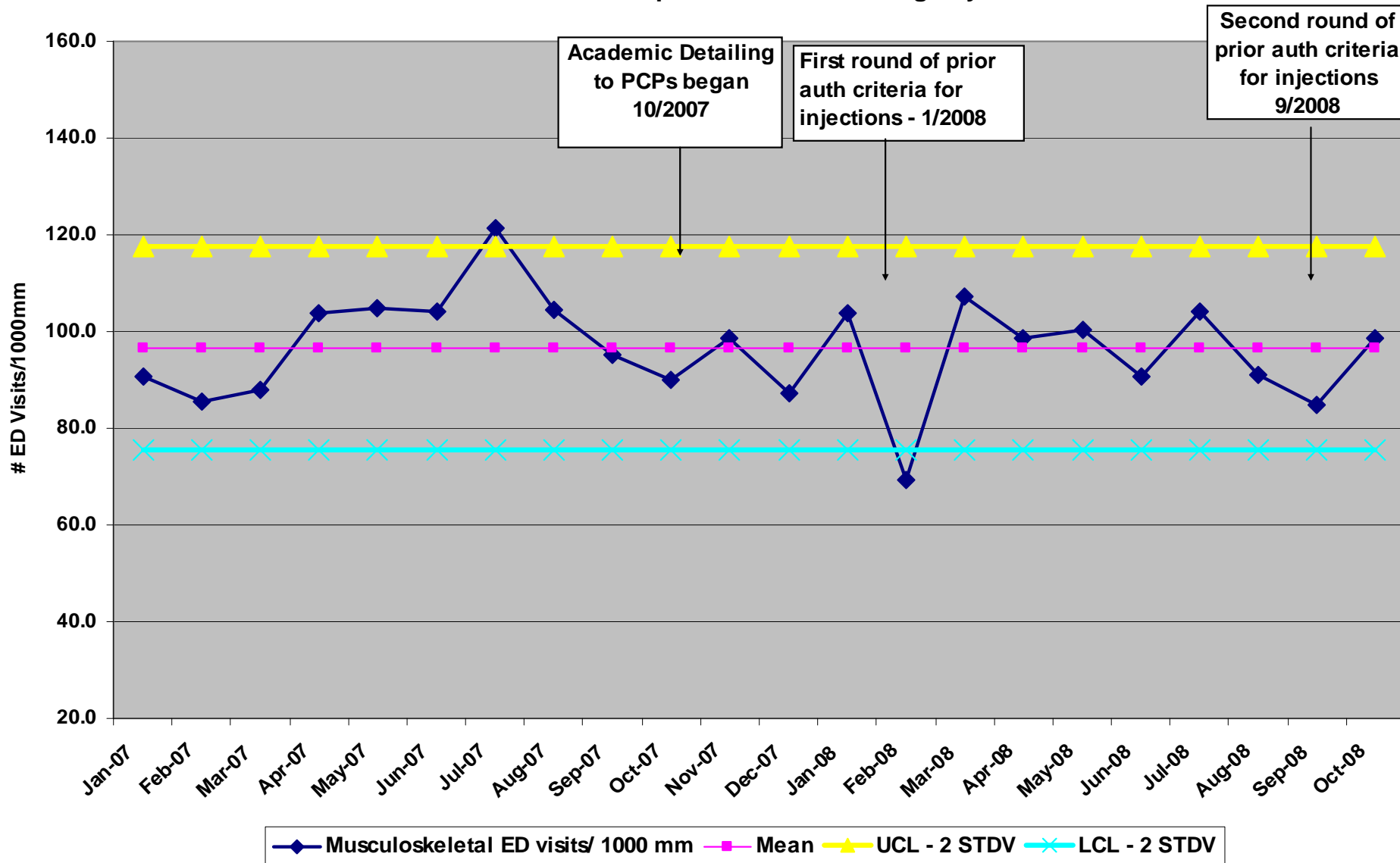
Skeletal Muscle Relaxant Utilization for Patients in LBP Registry



Balancing measure: Have interventions resulted in increases or decreases in pain medication utilization for patients in the LBP registry?



Balancing measure: Have interventions resulted in increases or decreases in musculoskeletal related ED visits for patients in the LBP registry?



Project Return on Investment

- Results


- Estimated annualized savings IPM = \$339k
- Estimated annualized savings skeletal muscle relaxants = \$55k
- Cost of QEI ~\$50,000
- Net return on investment ~\$344k

- Next steps:

- Develop “balancing” QOL measure
- Analyze case cost for registry patients




Challenges

- Finding consensus in the literature
 - Getting local buy in
 - Figuring out the measurement piece
 - Defining a goal that is realistic
 - Showing an ROI
 - Surprisingly, support from our network has not been much of an issue
- 



Lessons Learned

- Do your homework up front – literature review
 - Use local expertise
 - Script the messages in a clear non-judgmental way
 - Be prepared to share ideas and listen to suggestions
 - Get IT support to create clear actionable reports
- 



Questions



Thank You!

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