

Sutter Medical Network



*Building the Bridge
to the Future*

Fifth National Pay for Performance Summit
March 8, 2010

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Sutter Health & Sutter Medical Network

At A Glance

Physicians	3,500
Hospitals	25
Employees	47,892
Fund Raising Programs	23
Ambulatory Surgery Centers	17
Cardiac Centers	8
Cancer Centers	10
Acute Rehabilitation Centers	5
Behavioral Health Centers	9
Trauma Centers	4
Neonatal ICUs	11
Sutter Express Care Medical Clinics	3
Volunteers (approx.)	5,000
Births	39,811
Discharges	222,832
ER visits	788,384
Home health visits	259,873
Hospice visits	225,942
Outpatient visits	8,877,928

Outline

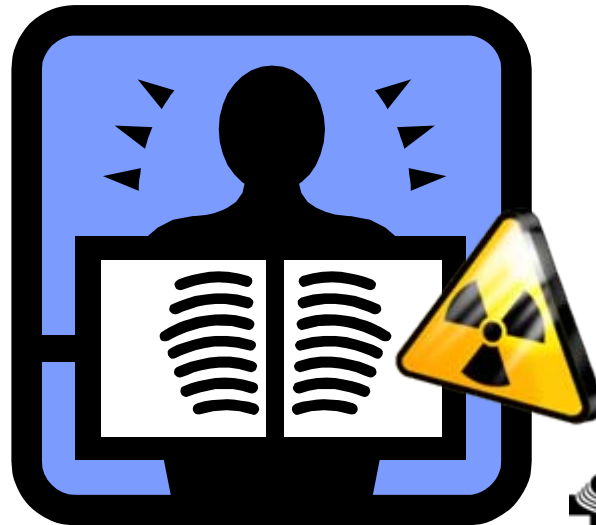
You will learn

- How to quickly spread a new initiative
- How to engage physicians
- How to appeal to medical directors
- How to measure progress
- What mistakes to avoid

Adoption of New P4P Measure — Imaging for Low Back Pain

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

- Excludes identified cancer, trauma, drug abuse, neurologic impairment diagnoses



Objective for Project

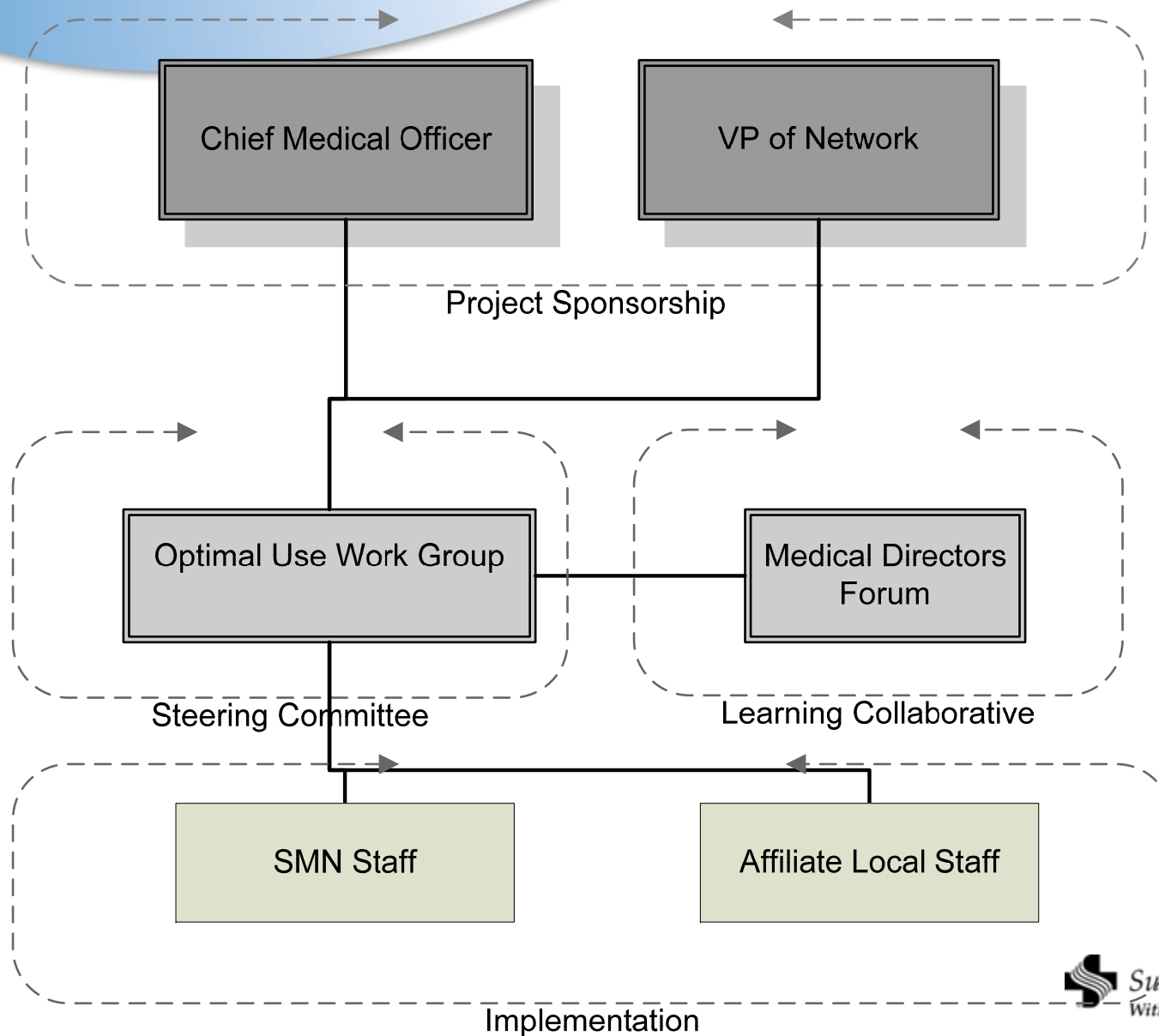
1. Improve performance on new Imaging for Low Back Pain P4P measure across Sutter Health
2. Support medical groups/IPAs in building capacity to reduce variation in care
 - Establish a process for disseminating physician-level data and a working communication channel
3. Inform development of necessary training and centralized support systems for groups (staffing, analytics, etc)

Rollout Approach

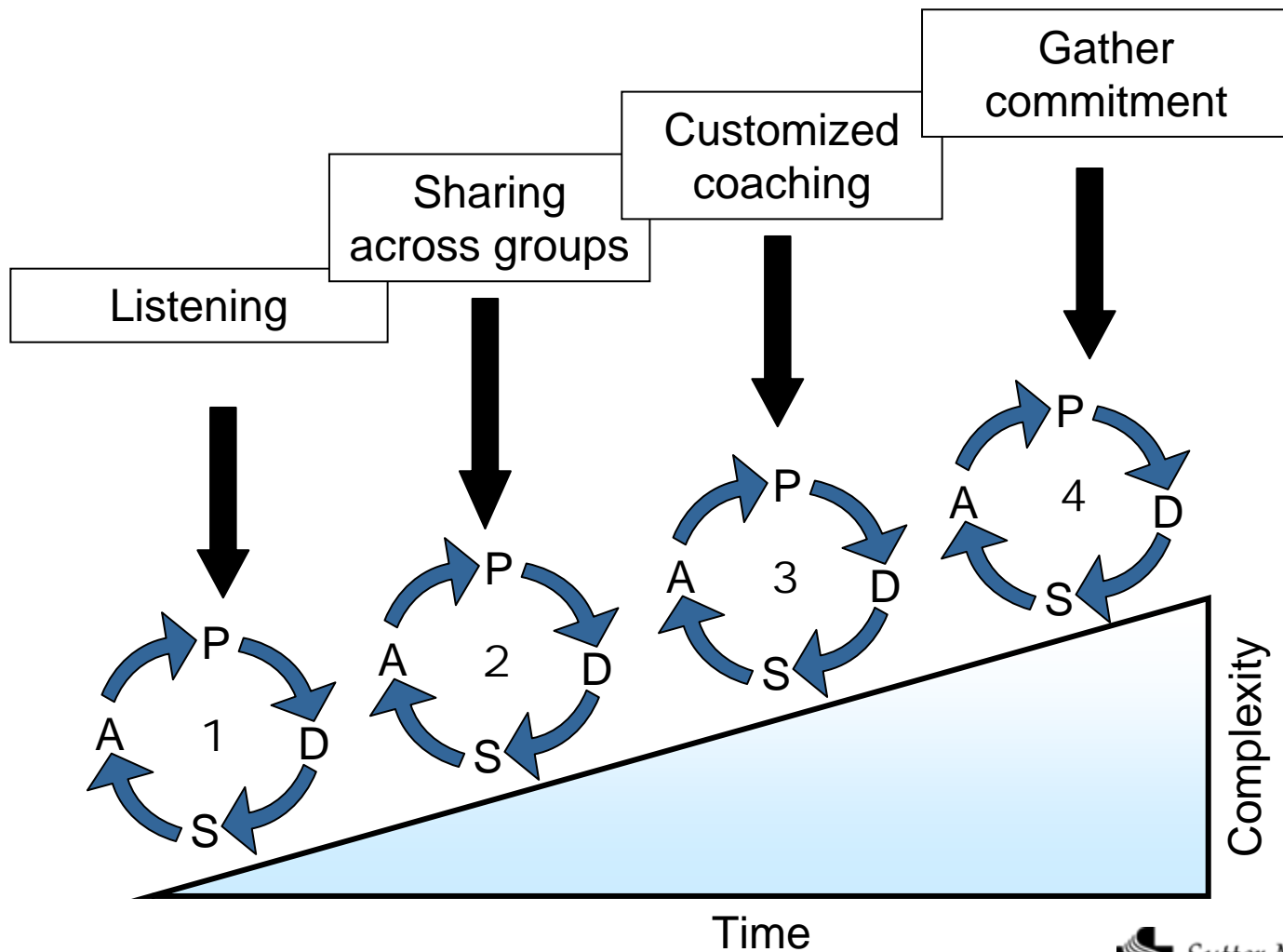
Rollout Approach

1. Project Structure
 - Steering Committee
 - Learning Collaborative
2. Method for Roll-Out
 - Structured Interviews
 - Individualized Coaching
3. Data Driven
 - Supportive Materials and Tools
 - Rapid Cycle Improvement
4. Evaluation
 - Performance and Process

Project Structure



Method for Roll-Out



Start by Listening

- Utilize structured interviews to meet each group where they are

Interview Guide

- How do you envision this work dovetailing with SPA's low back pain program?
 - Please describe their low back pain program.
 - How would you be measuring the impact?
 - What is the estimated timeline for the low back pain program?
- Who, from SPA and the Medical Groups, would be involved in this variation reduction project? Are they the same people as would be involved in the low back pain program?
 - Project Sponsor
 - Project Lead
 - Analytical Support
 - "Local Content Expert"
 - Department Head
- What level of training/education are needed to support roll-out?
 - Soft skills
 - Hard skills
 - Variation Reduction Process
- Given who would be involved, what of the core curriculum would be most relevant? (review mock core curriculum)
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Sharing Across Groups



Customized Coaching

- Persuasion through informal influence
- Personal contact between SMN staff and group
- Sharing of best practices
- Customized at local level

Commitment to Improvements

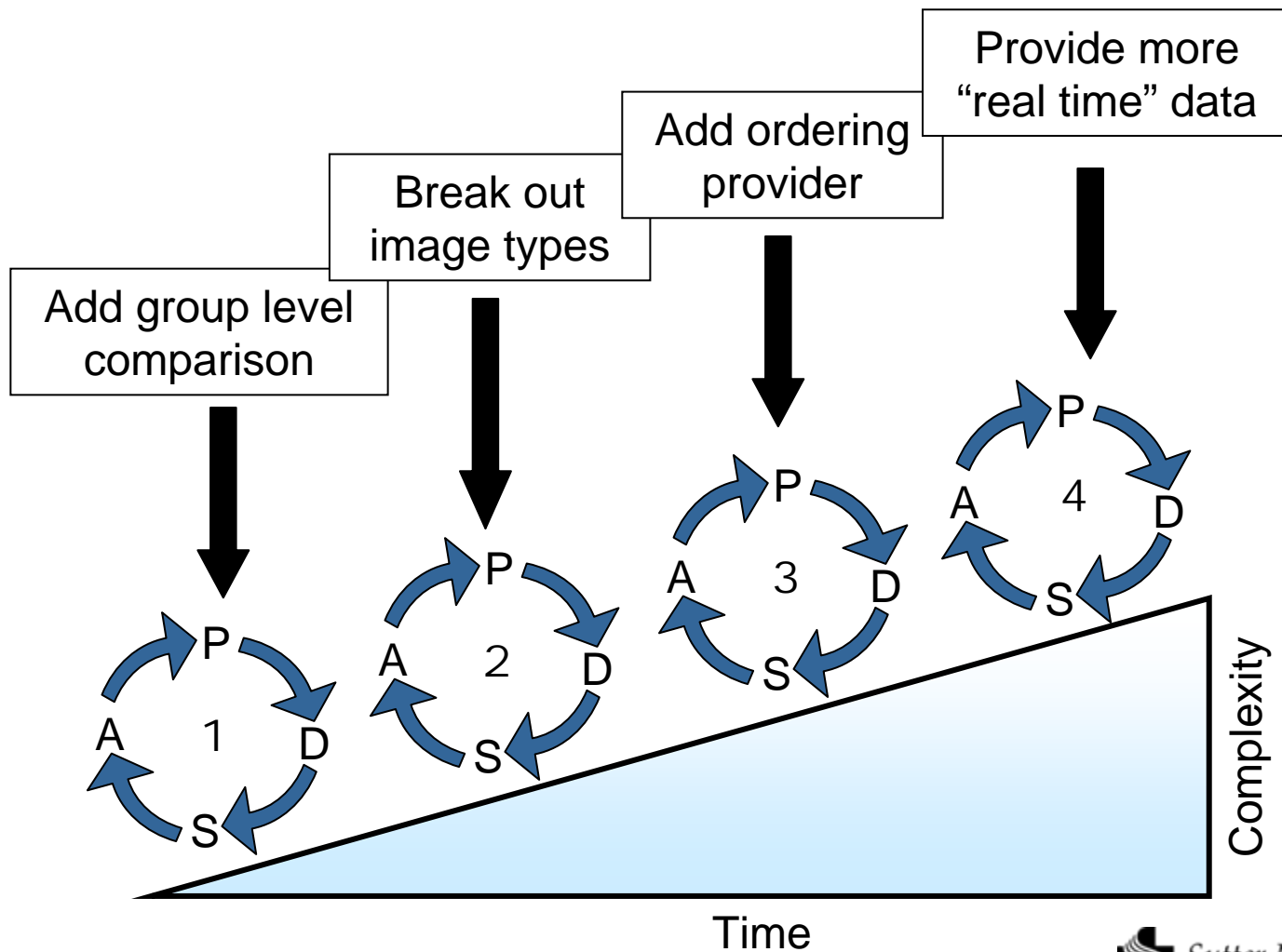
Variation Reduction Project Description	
Section 1	
Project Title:	
Team Leader: <i>(The person who will assume day-to-day leadership for the variation reduction project.)</i>	
Team Sponsor: <i>(The executive or system leader who will set parameters for the project and will help remove barriers.)</i>	
Team Champion: <i>(An individual who will promote the project throughout the work site; someone who is an opinion leader.)</i>	
Team Members: <i>(Those people who have technical expertise with the process and expectations regarding the outcome of the process.)</i>	
Key Contact: <i>(The person listed on the Sutter Medical Network website that would respond to inquiries about the project.)</i>	
Senior Leader Approval: <i>(The CEO or group president or delegate who approved the improvement project idea and agreed to its alignment to organizational goals.)</i>	
Organization:	
Link to Organizational Goals:	

The Problem - What are we trying to accomplish?	
Aim Statement:	
Data - How will we know that a change is an improvement?	
Outcome Measures:	
Process Measures:	
Balance Measures:	

Section 2	
Changes - What changes can we make that will result in improvement?	
Cycle 1:	
Cycle 2:	
Cycle 3:	

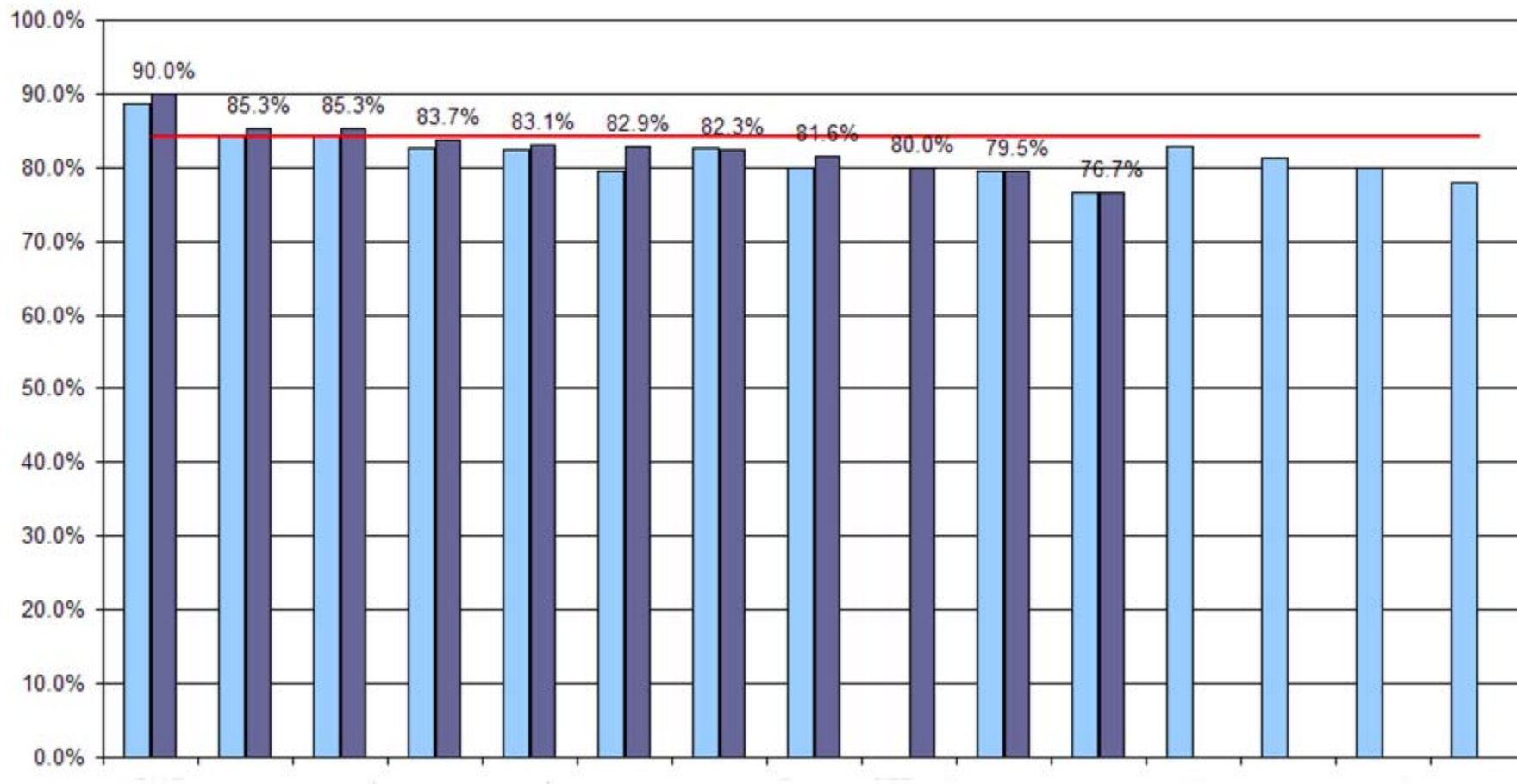
Section 3	
Results	
Results of measures listed above:	
Clinical and/or Financial ROI if any:	
Next Steps:	

Data Approach

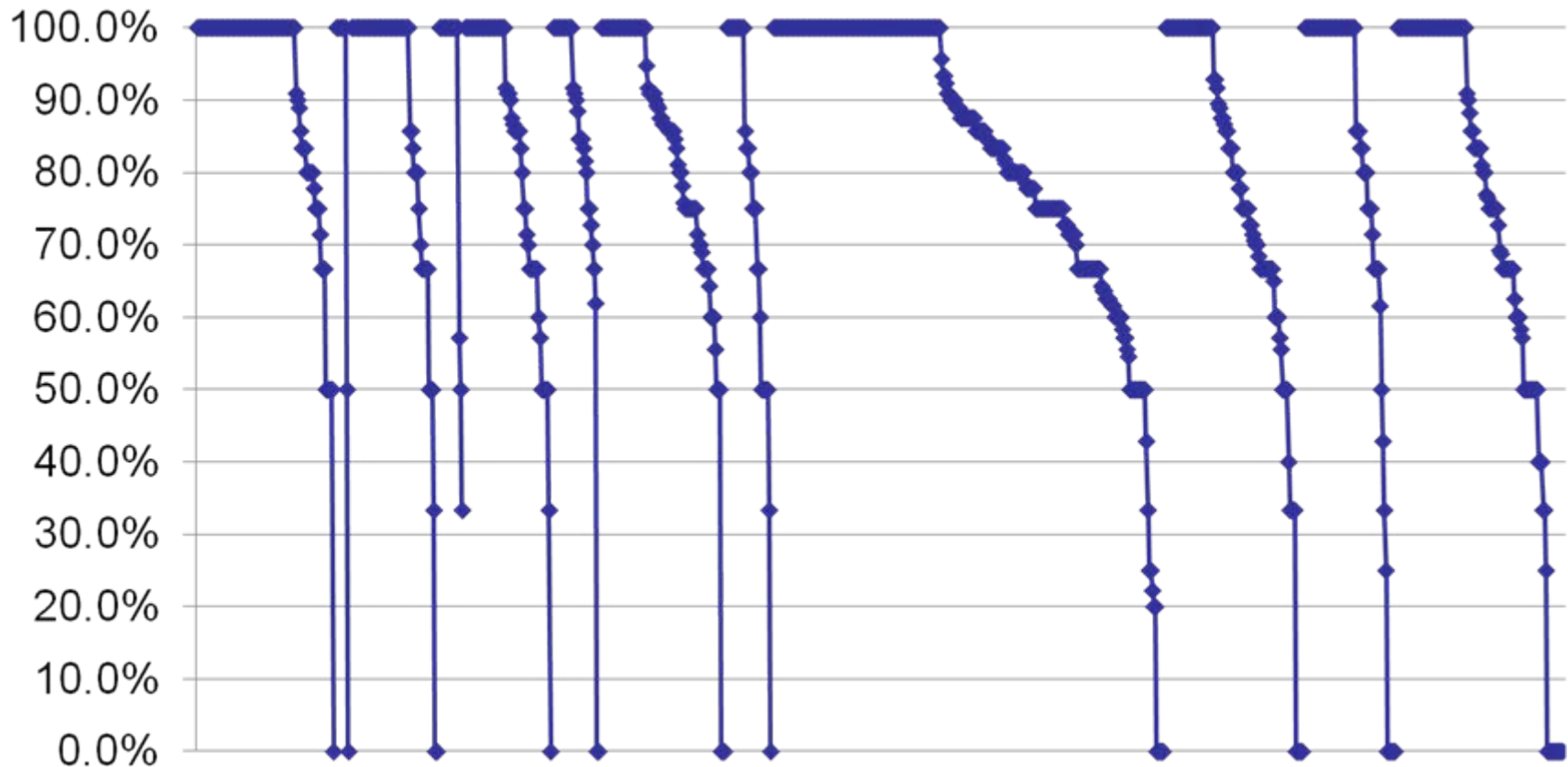


Group-Level Rates

Use of Imaging for Low Back Pain
Q109 Commercial Rates

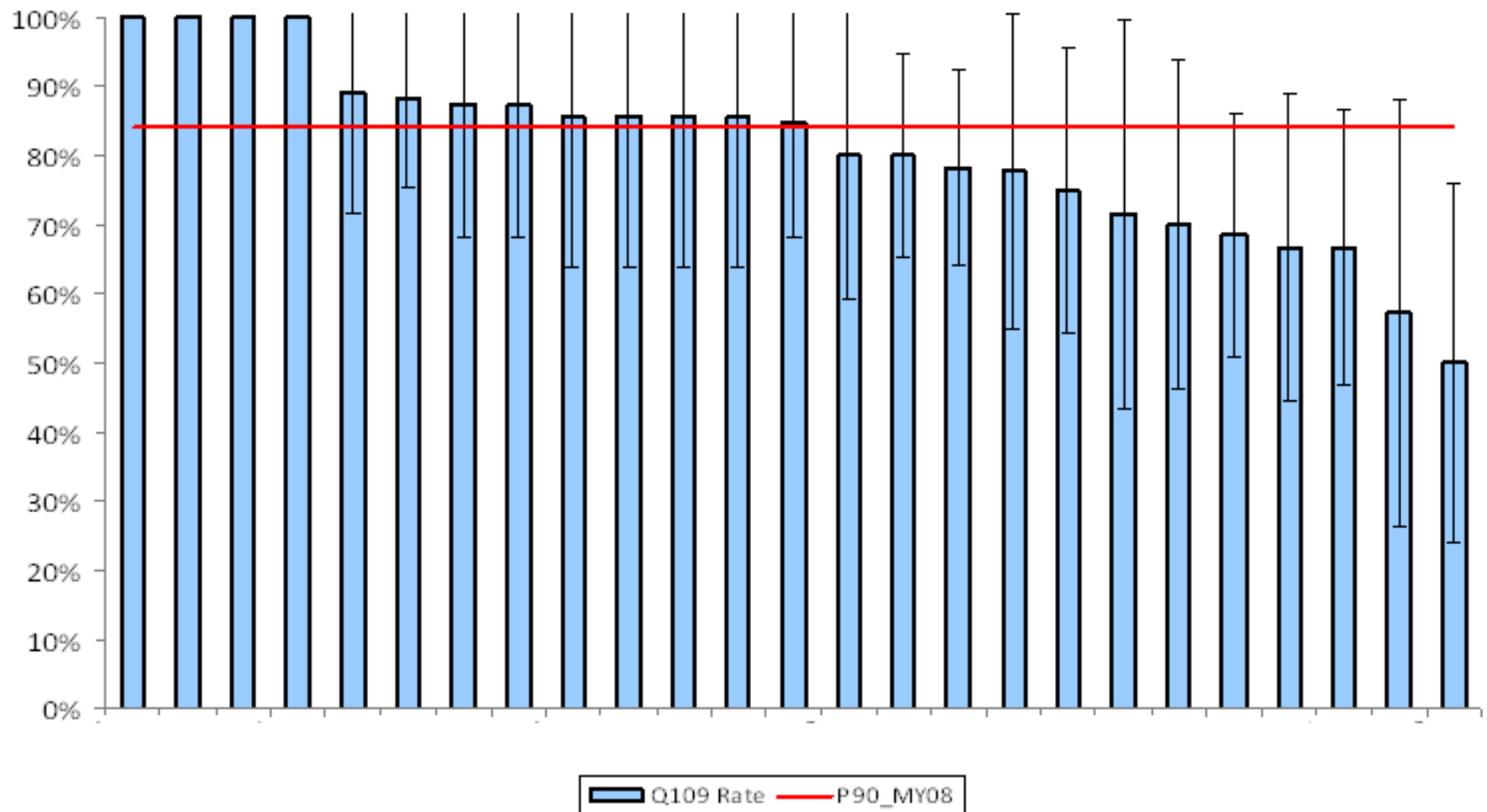


SMN Variation at Physician Level



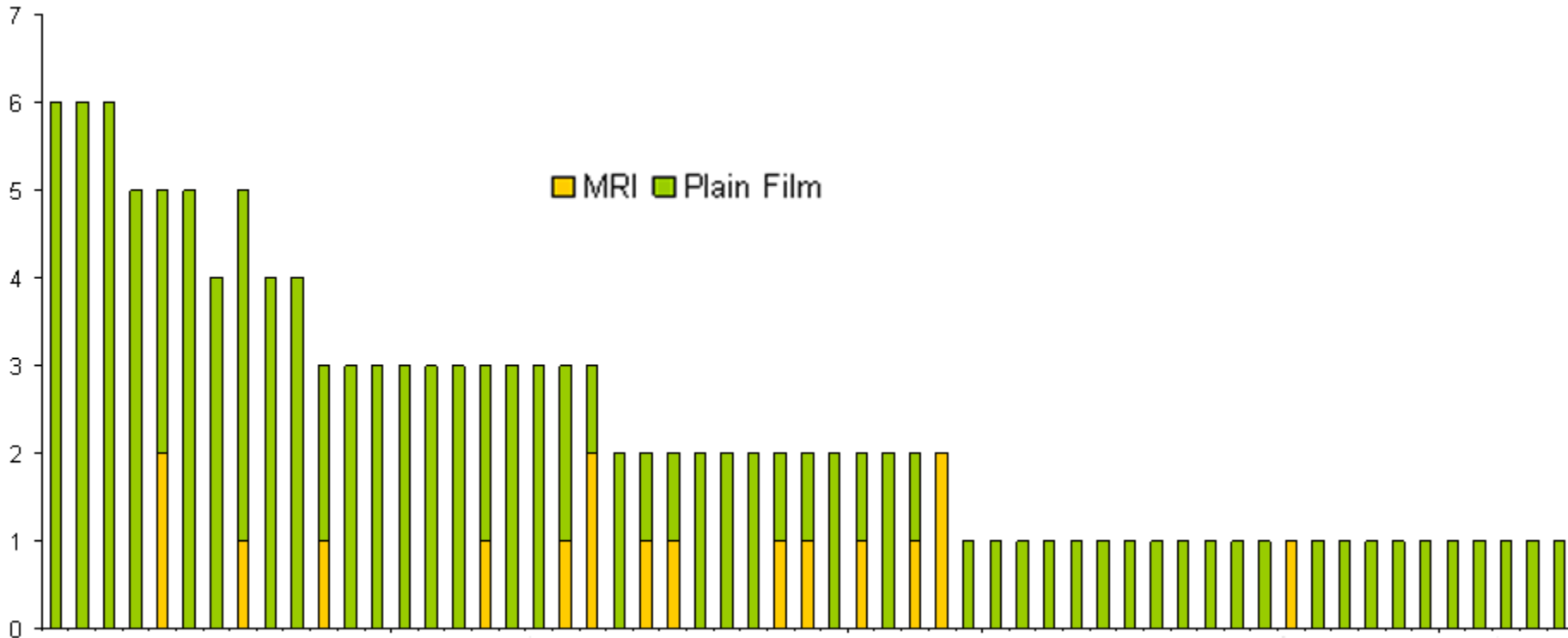
Provider-Level Rates

Q109 Commercial Rates



Imaging Studies by Type

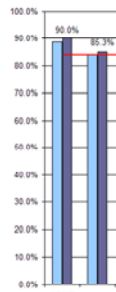
For physicians associated with patients with imaging studies in Q109



Supporting Materials

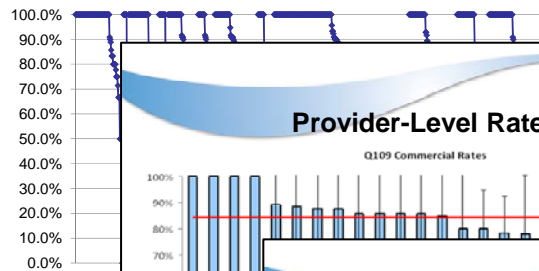
Group-Level Rates

Use of Imaging for Low Back Pain
Q109 Commercial Rates



① SMN Group Level Rates

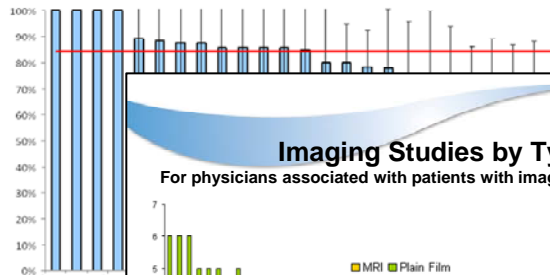
SMN Variation at Physician Level



② SMN Physician Level Rates

Provider-Level Rates

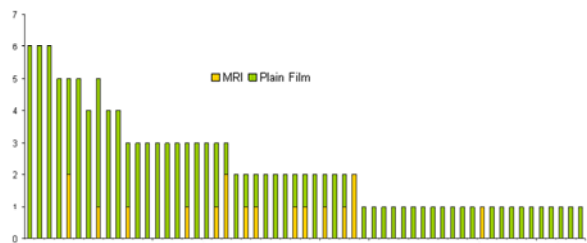
Q109 Commercial Rates



③ Group Physician Level Rates
For physicians with denominator ≥ 7

Imaging Studies by Type

For physicians associated with patients with imaging studies in Q109



④ Group Physician Level Volumes by
Imaging Type

⑤ Patient Level Imaging Detail by PCP
(Excel spreadsheet)

Group	Patient	Patient Name	DOB	Sex	PCP Number	PCP	Claim	Ser Dt	Cpt Code	Procedure	Rendering provider	Referring Physician

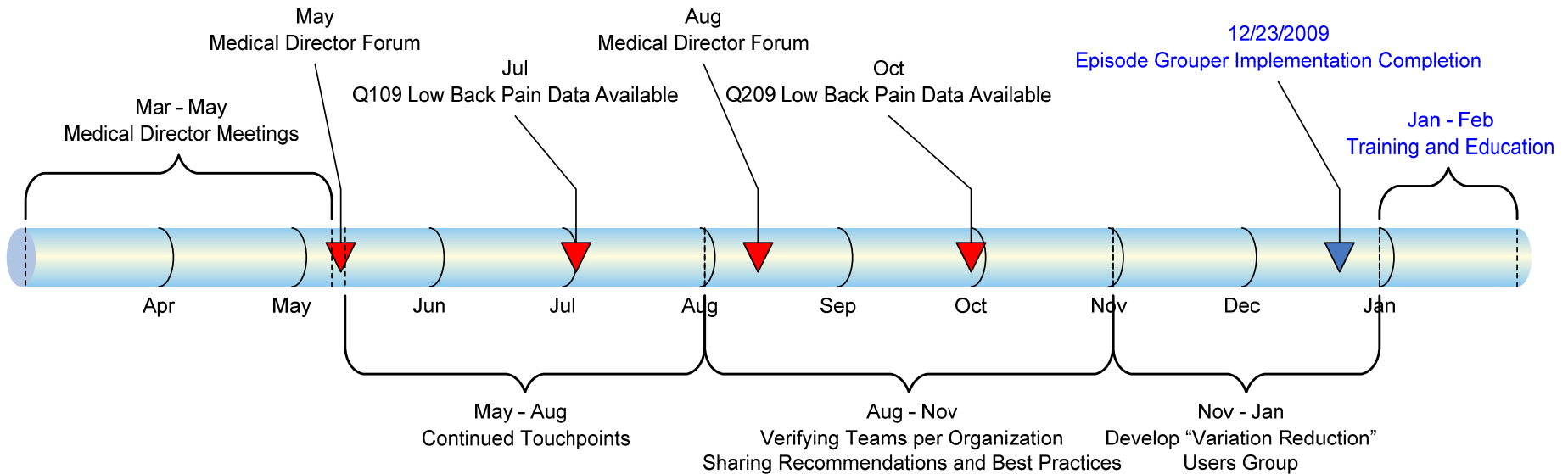
Activities Across Sutter

LBP Interventions and Activities **At - A Glance** for SMN*
January 2009 through July 2009

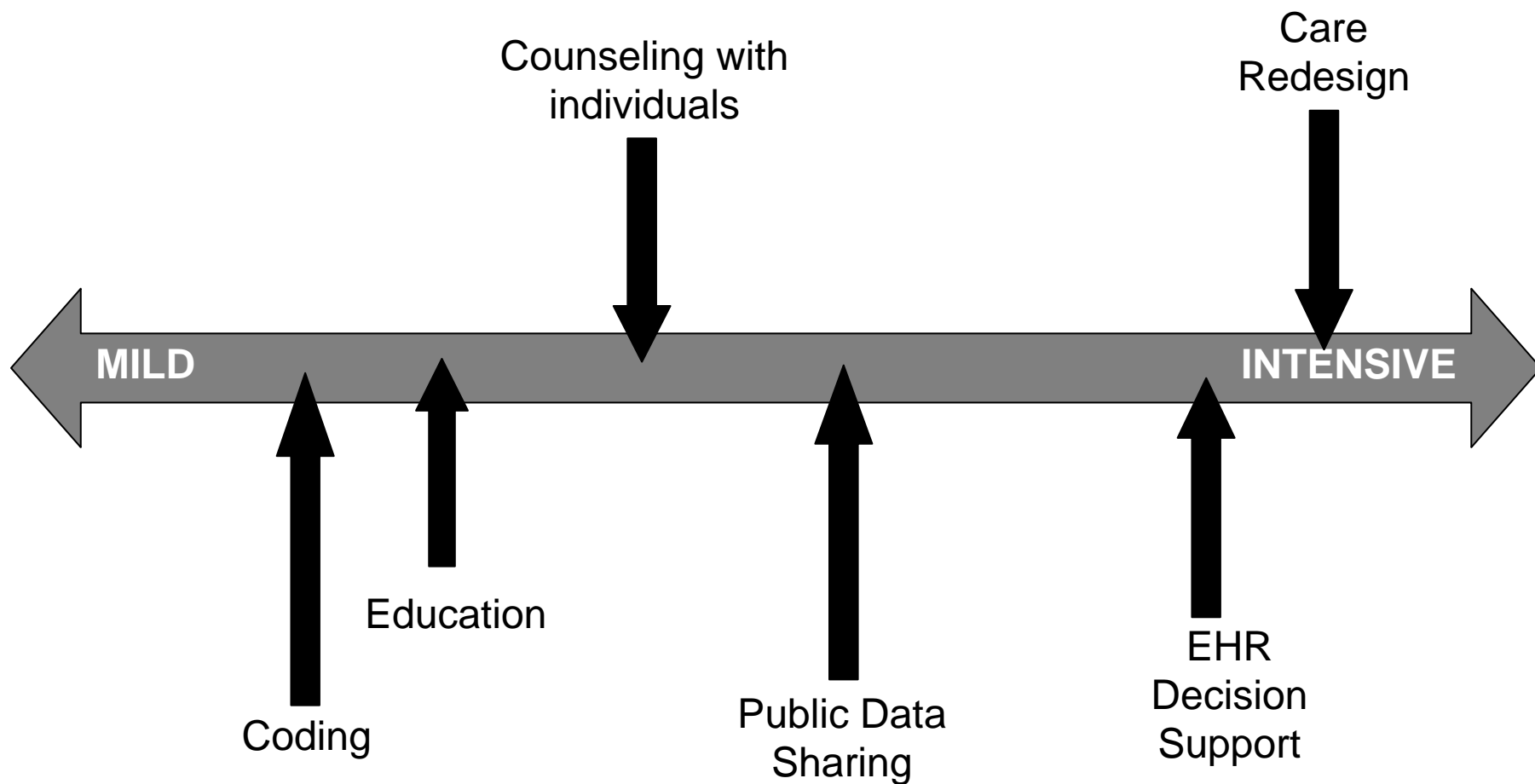


Intervention / Activity														
1. Review project and data with Leadership/Steering Committee		P	P											
➤ Quality Committee				P			P	X		P				
➤ Medical Policy Committee														X
➤ Review data with Dept Heads								X	X	X				
2. Formalize accountable team										X				
➤ Allocate adequate resources														
3. Establish physician forum as a communication vehicle														
➤ Establish new forum														
4. Share Data at Provider Forums		P	P											
➤ Blinded							P		X					
➤ Unblinded	P			X				P		P				
5. Engage clinical expert to present to physicians		P	P											
➤ Local physician				P					X	P				
➤ Outside expert														
6. Physician education														
➤ Measurement Spec					P			P	X	P				
➤ Clinical Evidence			P					P		P				
➤ Coding Information						P				P				
7. Patient education								P		P				
8. Conduct conversations with Individual Providers (outlier)														
➤ Medical Director 1:1	X			X			X				X			
➤ Other (Dept Head, expert)										P				
9. Distribute provider-outreach materials (MD-level report)														
➤ SMN send out														
➤ Group send out														
10. Redesign care processes		P	P							P				
➤ Local Operational Guidelines (eg. access to PT or Occ Health)														
11. Provider incentive program														
12. EHR Decision Support		P	P					P		P				
13. Participate in SMN work group	X	X	X				X		X			X		X

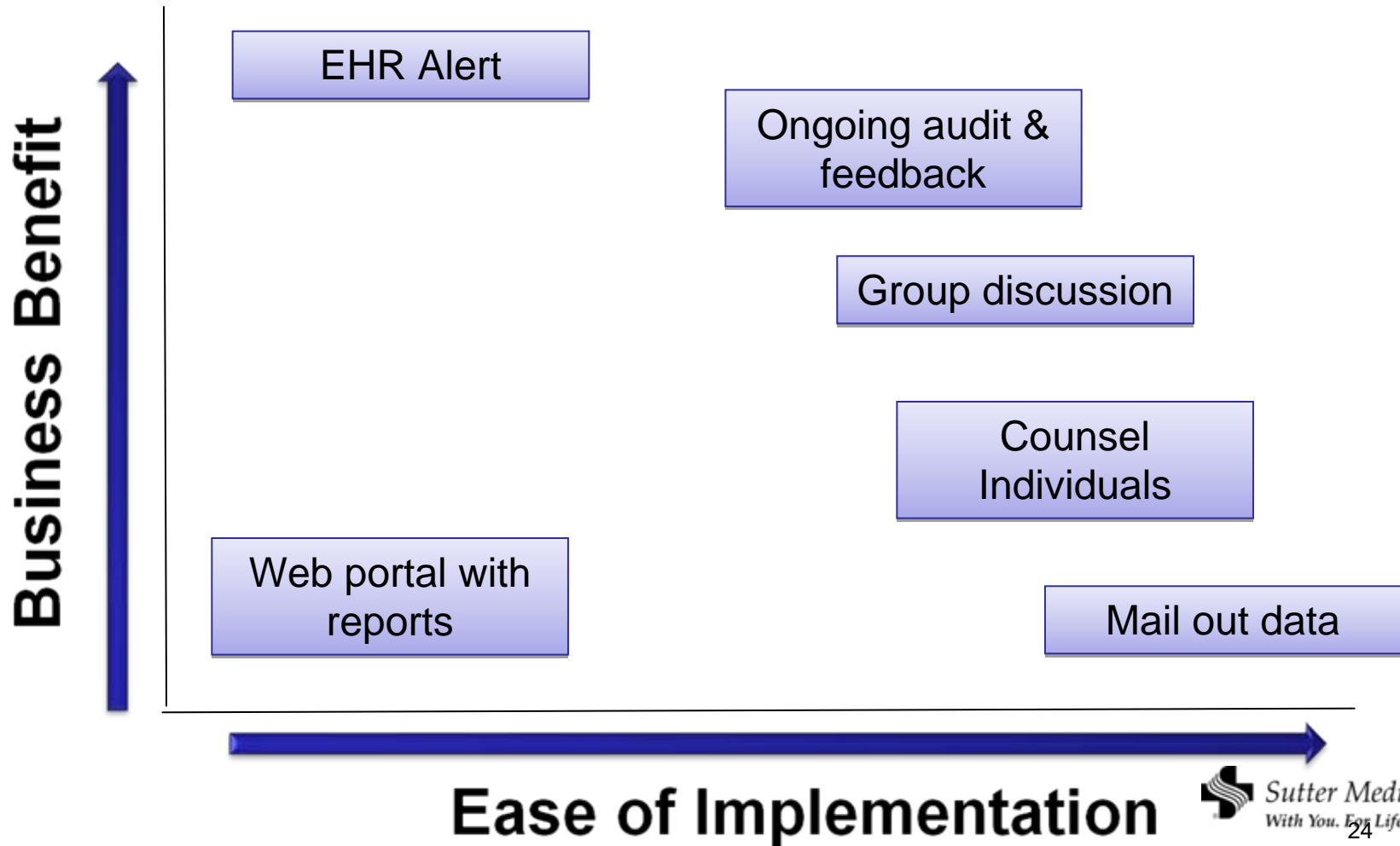
Timeline



Implementation of Interventions



Prioritize interventions



EHR Decision Support



- Inclusion: any low back pain dx

• Exclusion: cancer or problem list

BestPractice Alert - Zztest,Jo

▼ Condition Management (1 Alert)

▼ PLEASE RECONSIDER IMAGING - USUAL CLINICAL INDICATIONS ARE NEURO FINDINGS, HX OF CA, RECENT TRAUMA, AND IV DRUG USE.

Accept

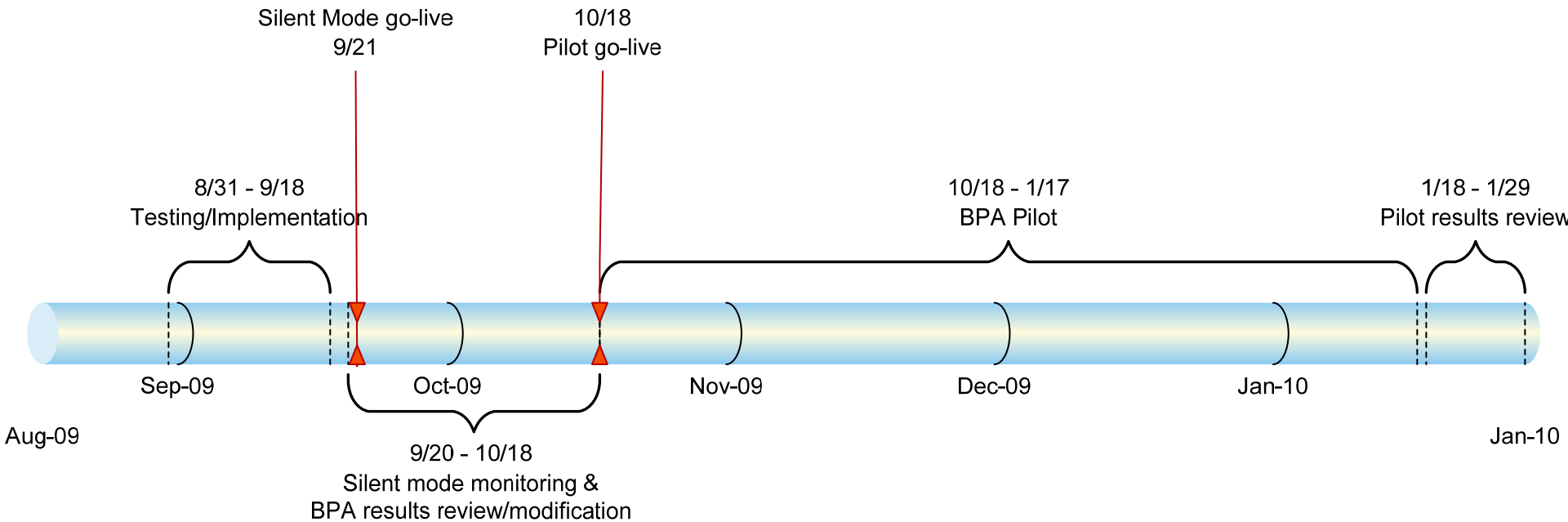
Cancel





Results

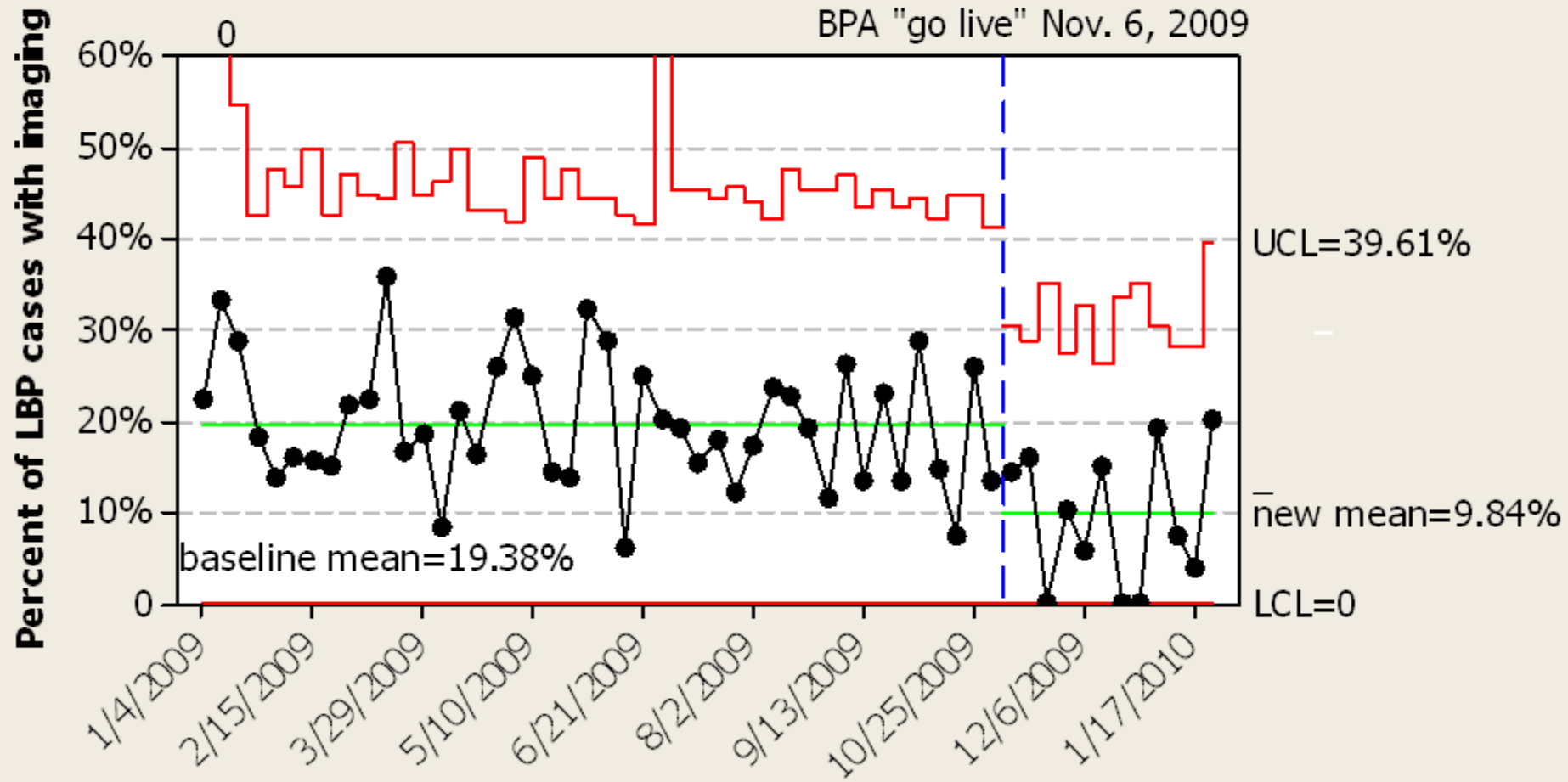
Implementation Plan



Results at Pilot Site 1

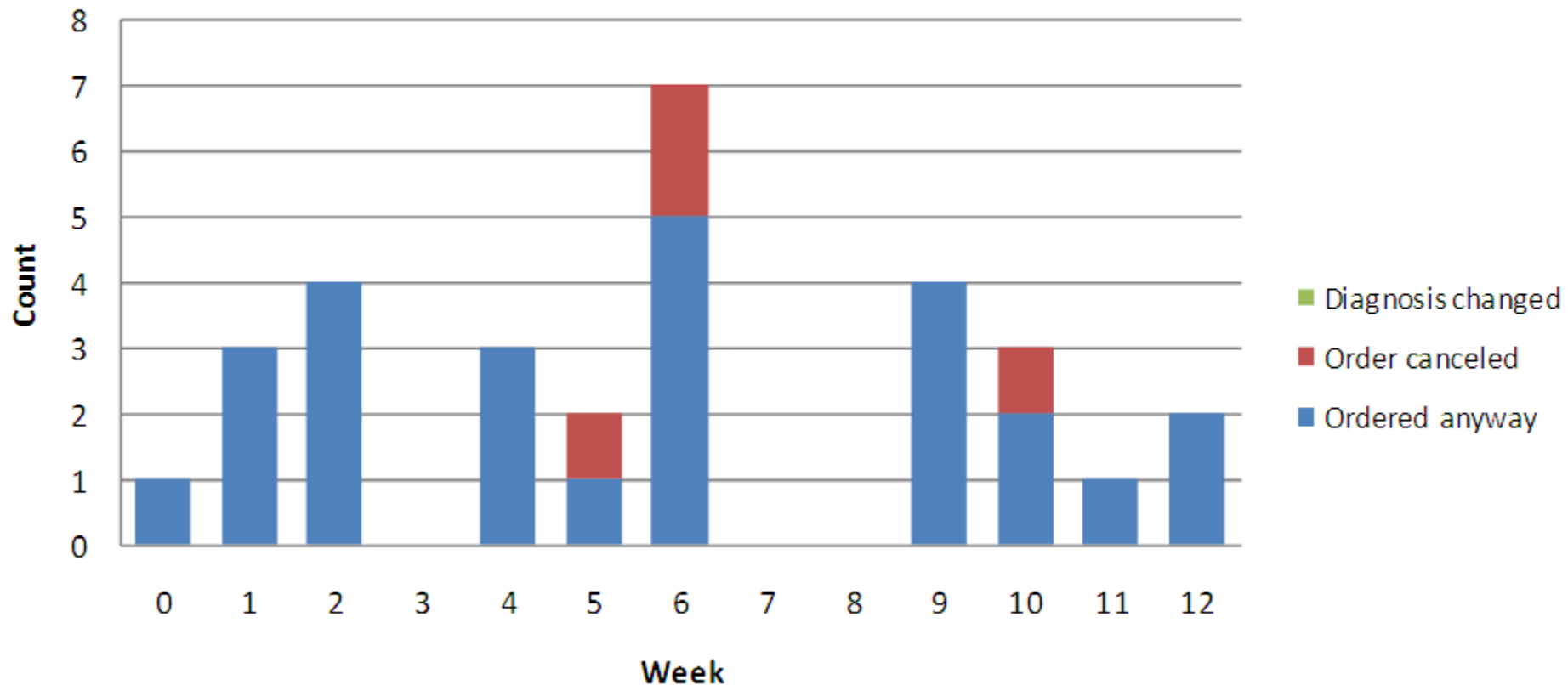
Rate of LBP imaging events per week at [REDACTED] IM & FP

Before and after implementation of Epic "Best Practice Alert"



Results at Pilot Site 1

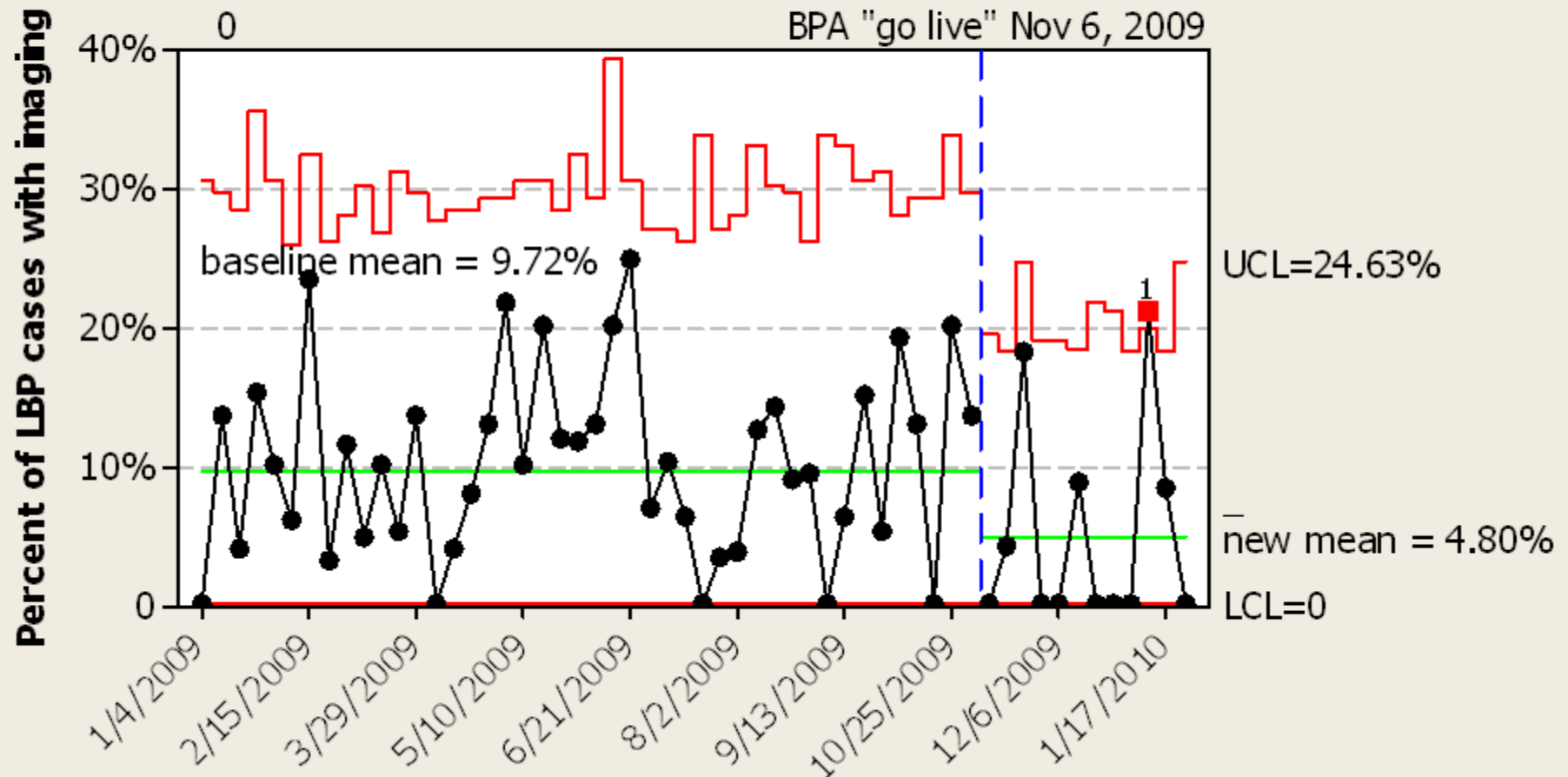
MEDICAL FOUNDATION (Multiple Items)
Count of BPA firings and responses



Results at Pilot Site 2

Rate of LBP imaging events per week at [REDACTED] (Gen Int Med)

Before and after implementation of Epic "Best Practice Alert"

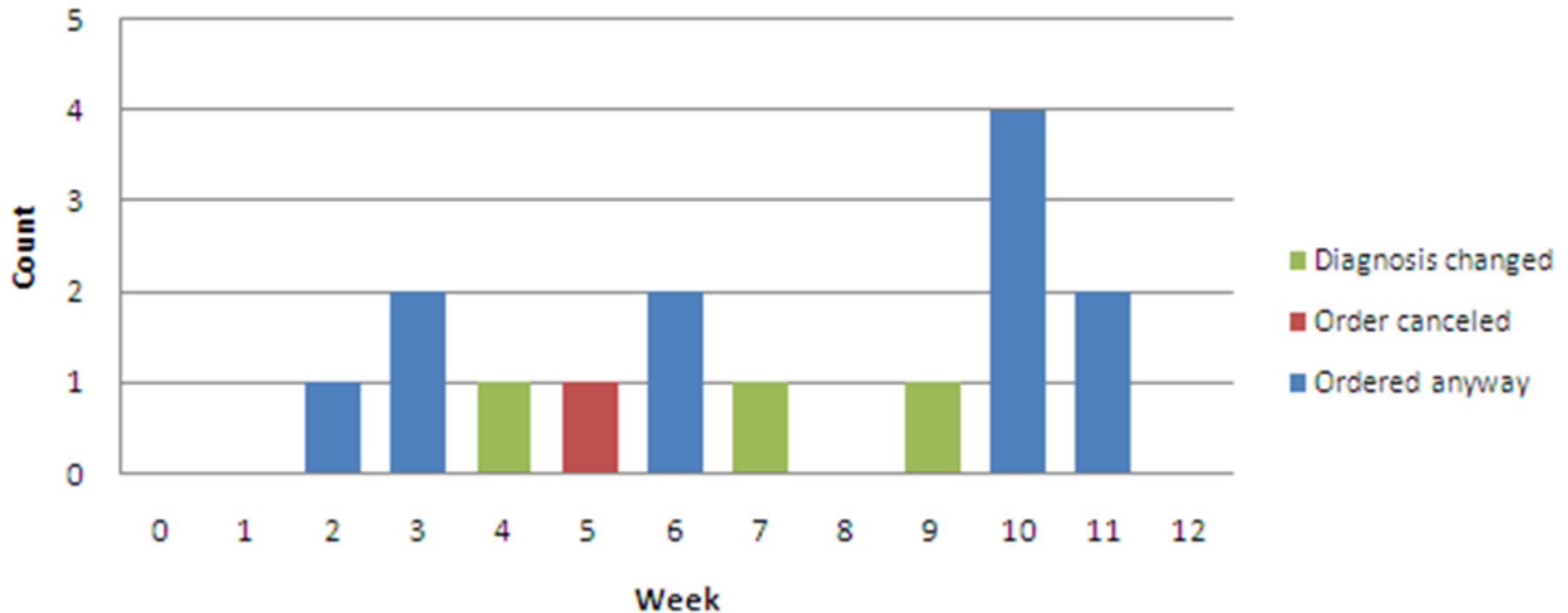


Results at Pilot Site 2

MEDICAL FOUNDATION

GEN INT MED

Count of BPA firings and responses



Lessons Learned

The “Ah-Ha”s

- One size does not fit all
 - Variation is not only in physician practice patterns—it exists at the management level
 - Infrastructure in place at each organization to do this work varies substantially
 - Different “support” is needed for each organization
- Most are on-board with affordability agenda and committed to doing the right thing – even if it has financial impact
 - While losing revenue is an issue, rarely the first thing mentioned
 - However, having leadership commitment in terms of time and resources to do work is still rare
- Good understanding of data is crucial for credibility

Motivating Factors for Organizations

- Competition
 - Where on the spectrum does each organization fall?
- Performance
 - How much variation is there in practice at the provider level?
- Relevance
 - What physician volume will be impacted?
- Leadership Buy-In
 - Has leadership communicated the importance?
- Resources
 - Do we have the staff/money to dedicate to projects?
- Infrastructure
 - What process and decision-making do we have to support work?
- Authority level
 - Do I have the ability to manage utilization?
- Incentive Structures
 - How does the money flow and how will this impact change?

Variation reduction vs. follow standard care?

Variation reduction

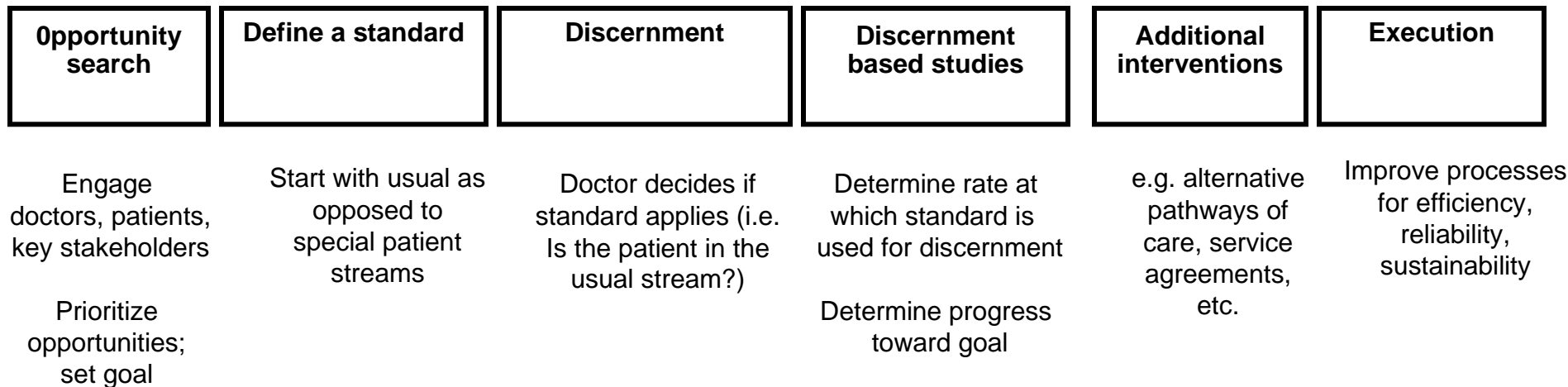
- Voice of the process
- No need to define standard of care
- Allows for clinical variation
- Can start immediately with variation exploration
- No clear endpoint (what is the right amount of variation?)

Defect reduction

- Voice of the customer
- Must have evidence based guideline
- Must make sure all cases are very “pure”
- Must spend time to gather consensus
- Endpoint can be defined as percent compliance with guideline

IHI framework for improving resource use

Courtesy Neil Baker, MD



Framework for use of specialty services

Questions?

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