

Successfully Engaging Physicians in Change: Lessons from Both Sides of the Field

Howard Beckman, MD, FACP, FAACH
CMO, Focused Medical Analytics
Clinical Professor, University of Rochester
School of Medicine and Dentistry

The Right Image?



A Key Problem

- Business and Health Plan leaders demand cost savings, efficiency, cost-effectiveness
- Practitioners distrust the message AND the messenger
- Cost savings = Withholding services, both needed and not needed
- Current payment models encourage distrust of cost efficiency measures and projects

Our Tasks

- Find a language that places reduction of overuse within the quality paradigm
- Redesign care so that patients receive the right evaluation and treatment at the right time, in the right place
- Motivate the professional community to use accurate, transparent, timely data to increase appropriate and reduce inappropriate care

Problem: Using the voice of business

VALUE = Quality +
Satisfaction/Cost

Finding the right language

Quality = Reducing overuse, misuse and underuse

Institute of Medicine

Overuse requires filtering COST through a medical filter

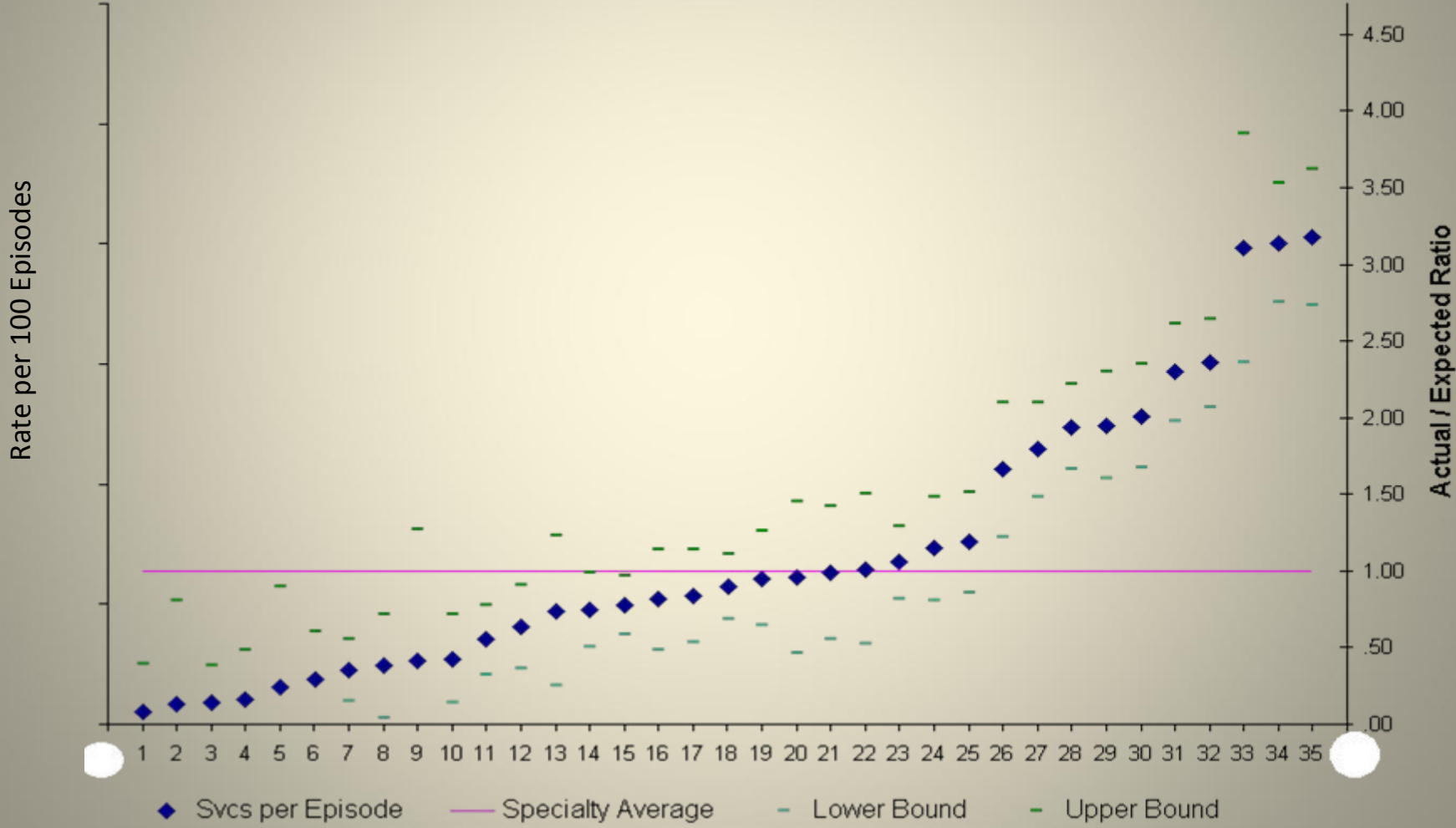
To be considered overuse requires **evidence** for better alternative approaches – Example, generic vs brand ACEI, ARB, SPECT vs Stress Echo

Moves the discussion from money to medical **appropriateness**

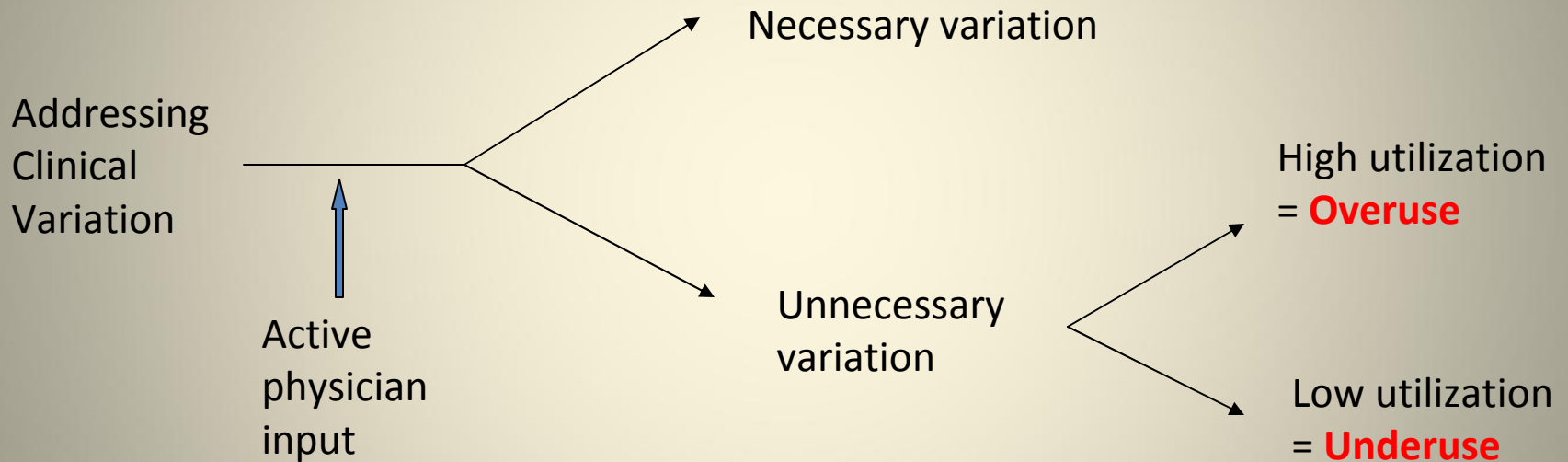
Why focus on overuse??

- Growing body of research demonstrating extensive variation in medical practice
- Evidence that much of what is done is not necessary
 - ACC data that 15-20% of SPECT studies are inappropriate
- The variation is not benign - there is an *inverse* relationship between health care spending and health care quality
- Overuse is physician centered rather than patient centered
- Overuse wastes precious health care resources

Case Mix Adjusted Utilization Curve – Fiberoptic Laryngoscopy in ENT



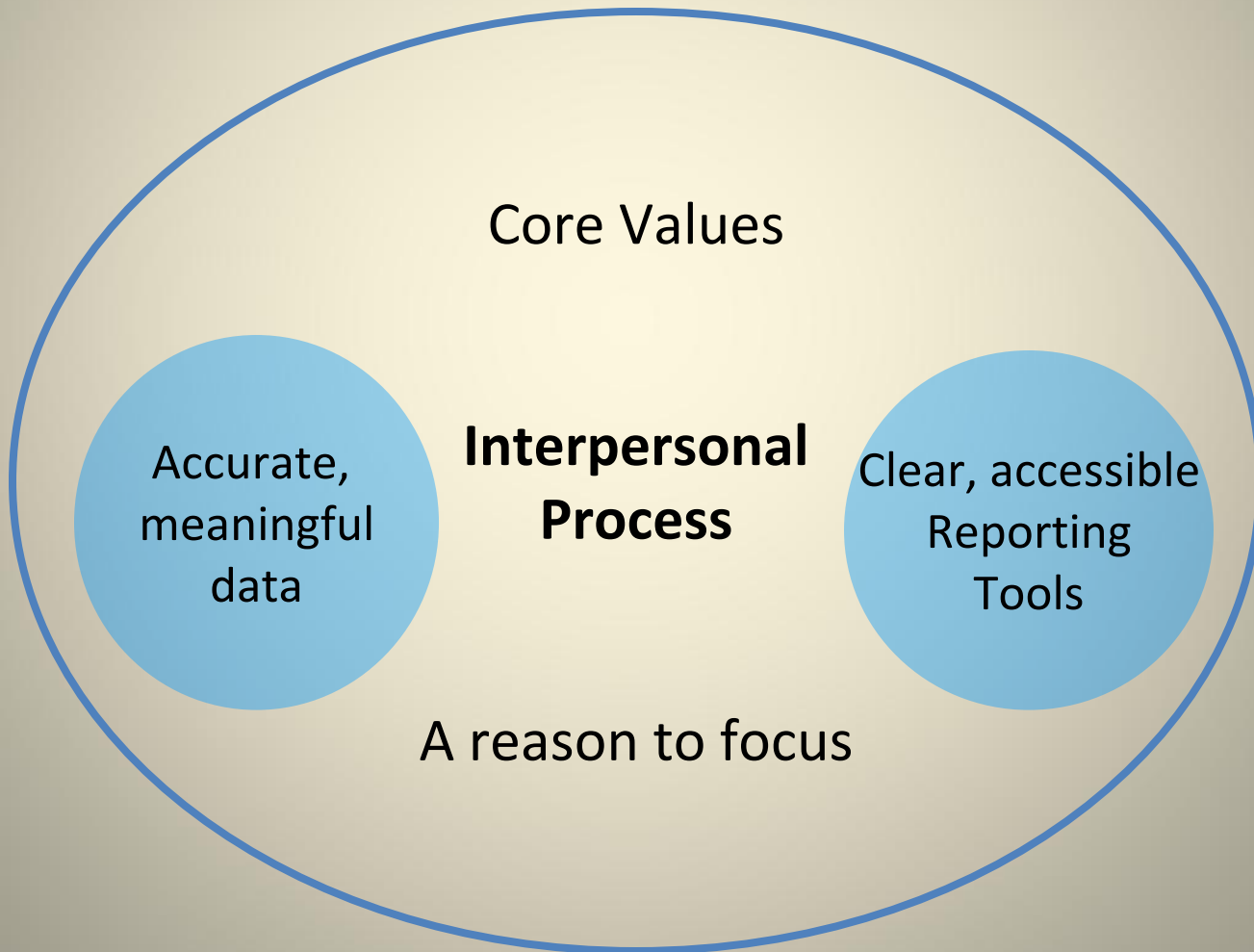
Seeking Appropriate Utilization



Motivating Health Professionals

- Accurate Meaningful Timely Peer comparison data
- Simple actionable requests
- Respectful approach
- Anchor in appropriateness
- Be at least cost neutral
- Better gain sharing

Improving Care Outcomes: All Are Required



Radiology Utilization Report

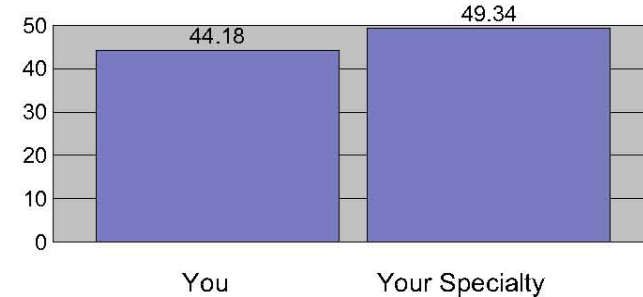
Complex Radiology Utilization Report January 2002 - December 2003

INTERNAL MEDICINE (11)

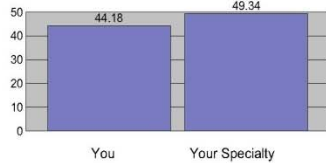
Total Patients Seen by Practitioner: 1,402

Radiology Study Category	Patients Tested	Total Cost	Average Number of Tests per 1000 Patients Seen		% of Total Patients Who Received the Test	
			Practitioner	Specialty	Practitioner	Specialty
CT Scan	116	\$56,287	141.9	52.0	8.27%	3.29%
MRI/MRA	63	\$54,614	55.6	28.0	4.49%	2.39%
Ultrasound	276	\$45,751	346.6	86.8	19.69%	6.49%

Headache/Migraine CT/MRI Cost Per Episode



Headache/Migraine CT/MRI Cost Per Episode

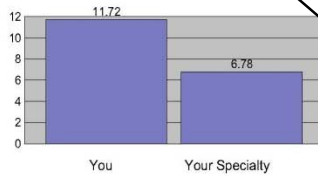


The following are indications for imaging a patient with a headache:

- "Thunderclap", the first or worst in a person's life
- Change in frequency, severity, or features
- Abnormal neuro exam
- Progressive or new daily headache
- Neurologic symptoms not meeting the criteria for a migraine with typical aura
- Persistent neurologic deficits
- EEG evidence of focal lesion
- Orbital bruit of AVM
- Co-morbid seizure
- Hemicranial always on the same side with contralateral symptoms
- Onset of headache with exertion
- Headache with change in mental status
- Waking from sleep in the middle of the night with headache
- Vomiting in the evening because of headache
- Unmitigated fear of brain tumor

Conclusion: Image brain only for specific headache indications.

Extremity MRI Cost Per Episode

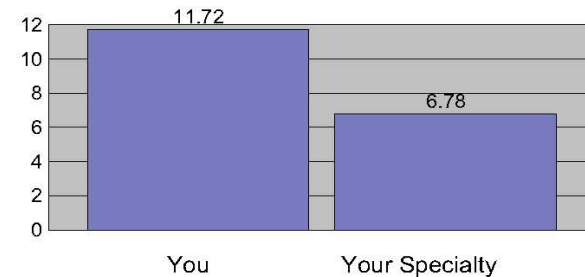


No compelling evidence regarding the timing of MRI of the knee and/or shoulder is available. The primary use of MRI in evaluating joints is to determine the extent to which surgery is the recommended treatment option. Therefore, the use of MRI of these joints is primarily for orthopedists, sports medicine physicians, and rheumatologists.

Conclusion: PCPs should not order MRIs of the extremities.

Reinforces Patterns for Radiology
and Extremity MRI program

Extremity MRI Cost Per Episode



Vertigo -- Dizziness

Vertigo: MRI is an expensive alternative to evaluation of dizziness by an otolaryngologist, neurologist, or neurosurgeon. To be cost effective, PCPs should consult one of these specialists prior to ordering an MRI for dizziness.

The diagnosis of vertigo ("dizziness and giddiness"), ICD-9 code 780.4, does not support ordering MRI or CT of the brain under Patterns Review for Radiology.

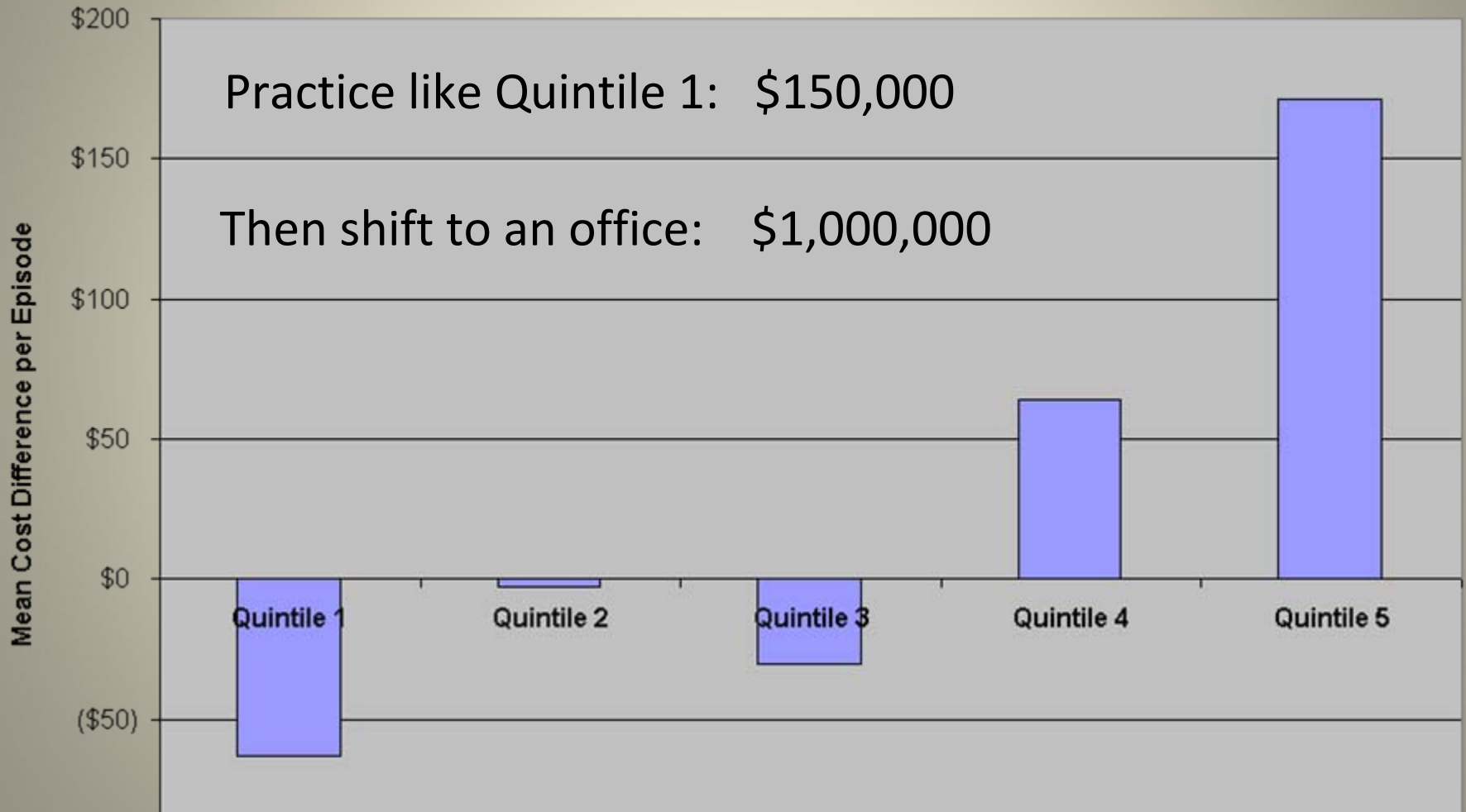
* **Note:** This report reflects all complex radiology tests that you ordered, including studies that do not affect your efficiency index. Its purpose is to identify general radiology trends you may have an opportunity to improve.

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Carpal Tunnel Syndrome Surgery

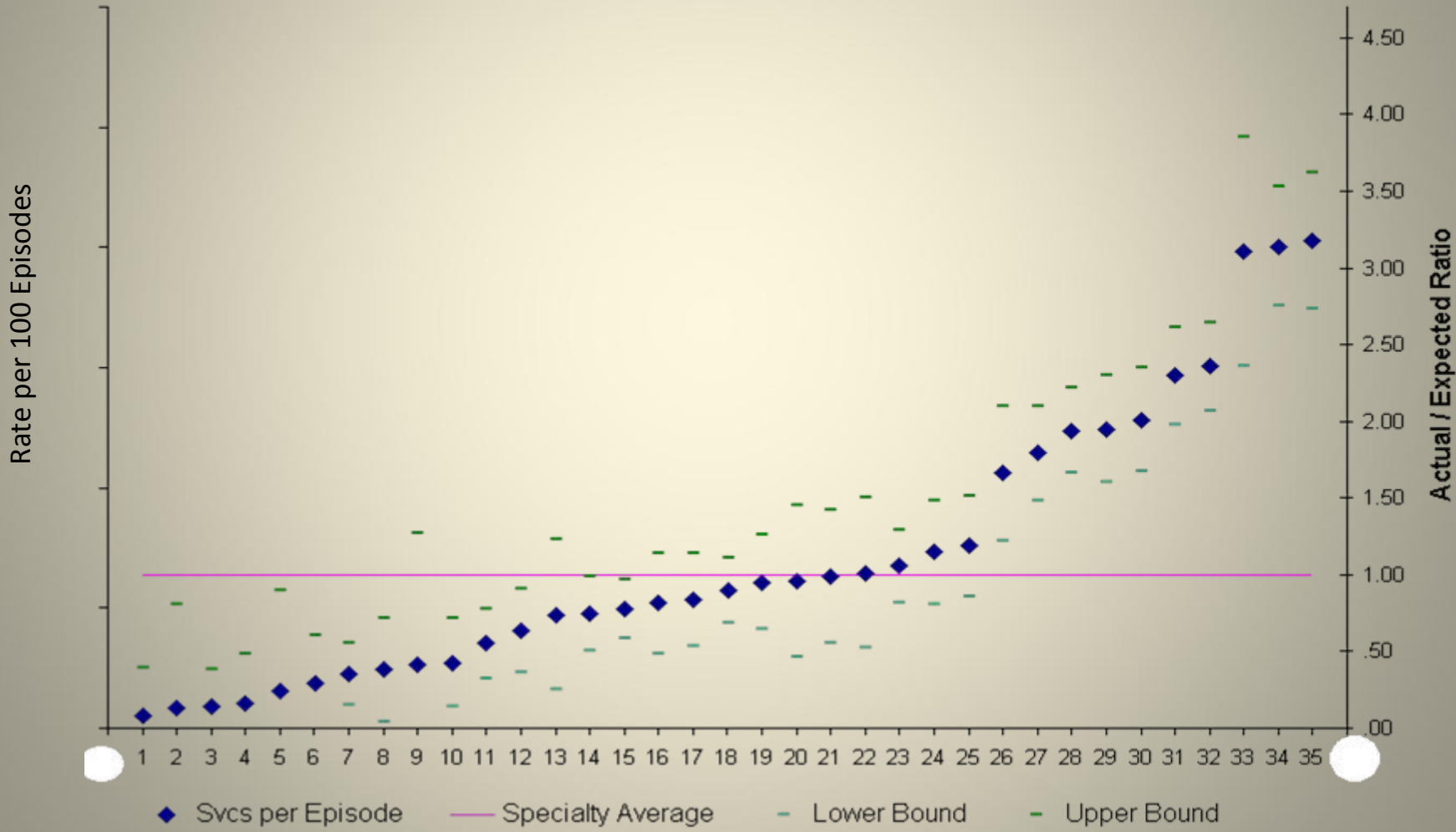
Graph: Regional anesthetic cost per episode

Savings opportunity: Use local anesthetic instead

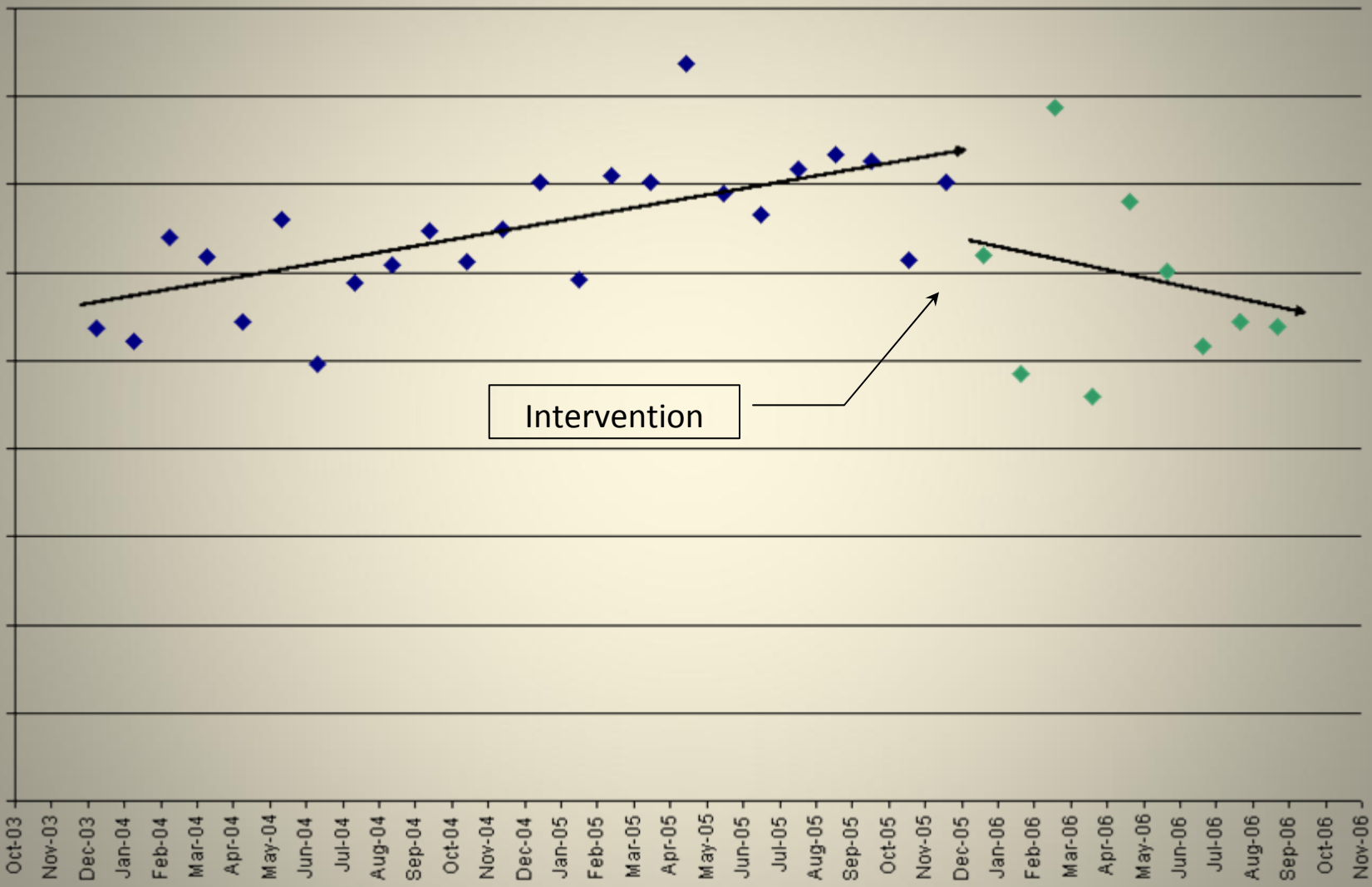


Does All This Work: Results

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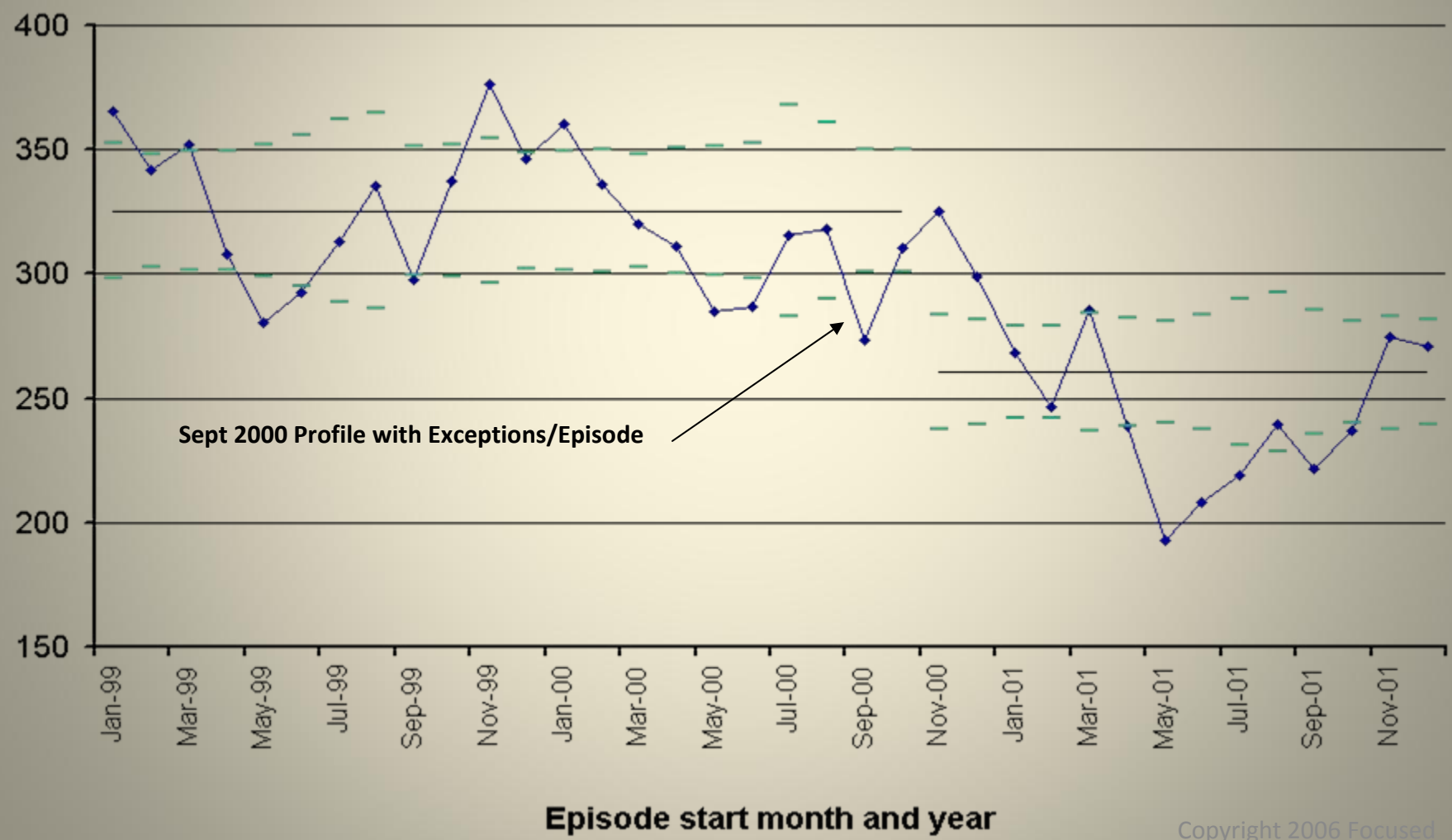
Current Results, ENT Fiberoptic Laryngoscopy



Services per thousand, paid through Sept. 2006

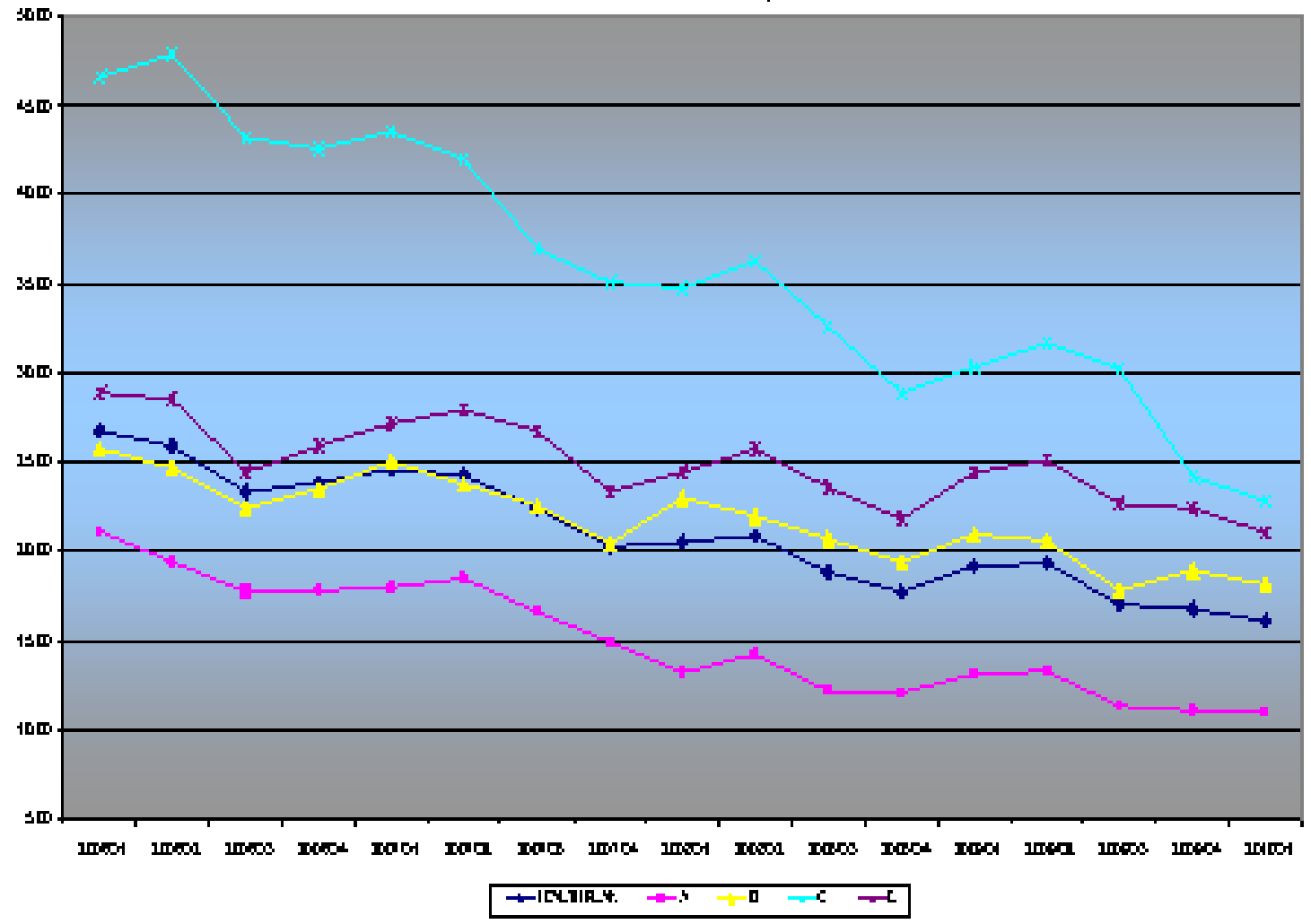
Sinusitis care pathway – changed antibiotics prescribing...

Overall Exceptions per 1000 Episodes



Sept 2000 Profile with Exceptions/Episode

Spect MPI Utilization
 Spect MPI by Region
 All Lines of Business:
 2010 Q 1 with Paid Run Out to May 31, 2010



Conclusions

- Frame projects in overuse/underuse and appropriateness
- Create overuse and misuse measures
- Incorporate overuse into the quality paradigm; avoid separating cost and quality
- Provide accurate peer comparison data, focusing on unnecessary variation
- Deliver data in a respectful, non-judgmental fashion
- Watch for and respond to the emergence of negative unintended consequences