

Encouraging Leadership by Providers to Reach the Triple Aim: Our Experience

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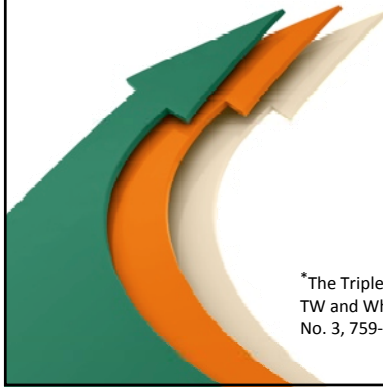
Ingredients for Encouraging Leadership by Providers for the Triple Aim

- *Shared multi-stakeholder tables and shared language*
- *Articulating compelling WHYs*
- *Building of trust*
- *Leaders who see the big picture*
- *Framing in the Triple Aim*
- *“Technical” alignment*
- *“Adaptive” approaches*



The Vision: A Better State of Health through the Triple Aim*

- Improve population health
- Improve patient experience of care, including quality
- Improve affordability by decreasing per capita costs



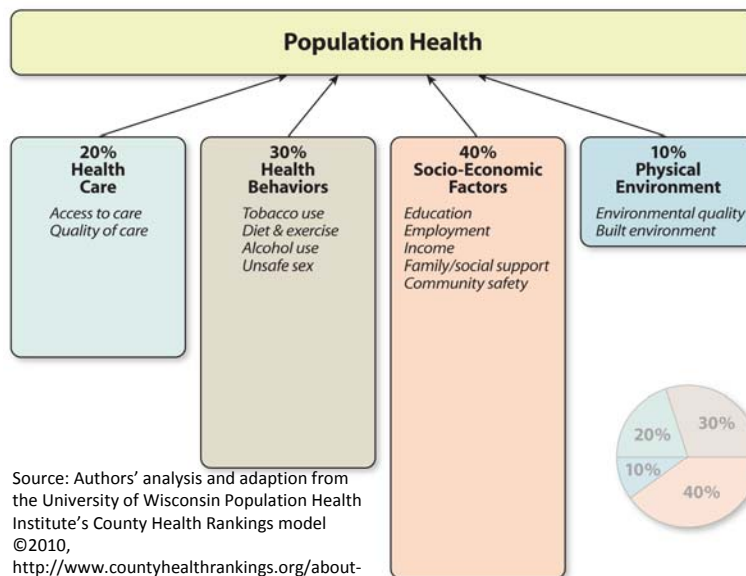
RESULT

- A better state of health

*The Triple Aim: Care, Health, And Cost. Berwick DM, Nolan TW and Whittington J., Health Affairs, May 2008, Vol. 27, No. 3, 759-769.



Social Determinants of Health



Shared Tables and Shared Language



ICSI: Who We Are

- Independent, non-profit collaboration
- Includes over 50 medical group and hospital members representing 9,000 physicians
- Mission: To champion the cause of health care quality and to accelerate improvement in the value of the health care we deliver to the populations we serve.
- Supported by:
 - Five Minnesota and Wisconsin health plans:
 - Blue Cross and Blue Shield of Minnesota
 - HealthPartners
 - Medica
 - Security Health Plan of Wisconsin
 - UCare
 - Member dues and “sweat equity”
 - Contracts and grants



Institute for Clinical Systems Improvement (ICSI) Versions



Leading Regional Health Improvement Collaboratives

- Albuquerque Coalition for Healthcare Quality
- Aligning Forces for Quality – South Central PA
- Alliance for Health
- Better Health Greater Cleveland
- California Cooperative Healthcare Reporting Initiative
- California Quality Collaborative
- Finger Lakes Health Systems Agency
- Greater Detroit Area Health Council
- Health Improvement Collaborative of Greater Cincinnati
- Healthy Memphis Common Table
- Institute for Clinical Systems Improvement
- Integrated Healthcare Association
- Iowa Healthcare Collaborative
- Kansas City Quality Improvement Consortium
- Louisiana Health Care Quality Forum
- Maine Health Management Coalition
- Massachusetts Health Quality Partners
- Midwest Health Initiative
- Minnesota Community Measurement
- Minnesota Healthcare Value Exchange
- Nevada Partnership for Value-Driven Healthcare (HealthInsight)
- New York Quality Alliance
- Oregon Health Care Quality Corporation
- P2 Collaborative of Western New York
- Pittsburgh Regional Health Initiative
- Puget Sound Health Alliance
- Quality Counts (Maine)
- Quality Quest for Health of Illinois
- Utah Partnership for Value-Driven Healthcare (HealthInsight)
- Wisconsin Collaborative for Healthcare Quality
- Wisconsin Healthcare Value Exchange



**Network for Regional
Healthcare Improvement**
www.NRHI.org



Shared Language on “Triple Aim” in Minnesota

- State of Minnesota
 - Health Reform Legislation 2008
 - Minnesota State Quality Institute sponsored by Commonwealth and Academy Health
- Institute for Clinical System Improvement
- Health plans
- Professional provider associations
- Citizen discussions



Articulating compelling WHYs

www.usdebtclock.org



International Comparison of Health Care Systems - The Commonwealth Fund, 2010

Exhibit ES-1. Overall Ranking

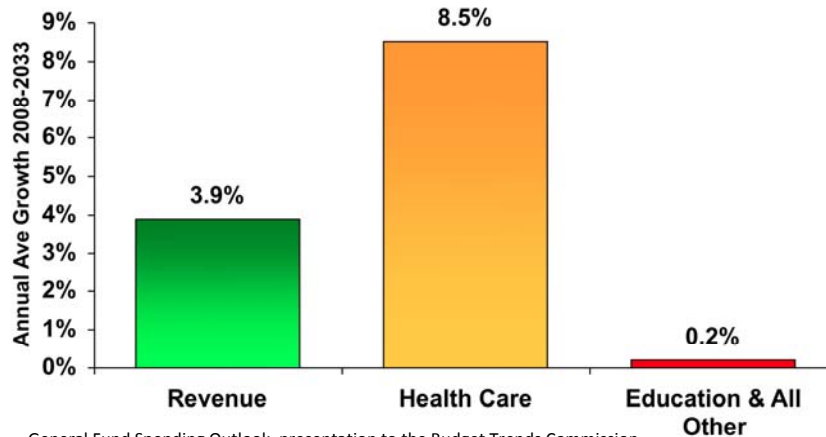
Country Rankings	
1.00-2.33	
2.34-4.66	
4.67-7.00	



	AUS	CAN	GER	NETH	NZ	UK	US
OVERALL RANKING (2010)	3	6	4	1	5	2	7
Quality Care	4	7	5	2	1	3	6
Effective Care	2	7	6	3	5	1	4
Safe Care	6	5	3	1	4	2	7
Coordinated Care	4	5	7	2	1	3	6
Patient-Centered Care	2	5	3	6	1	7	4
Access	6.5	5	3	1	4	2	6.5
Cost-Related Problem	6	3.5	3.5	2	5	1	7
Timeliness of Care	6	7	2	1	3	4	5
Efficiency	2	6	5	3	4	1	7
Equity	4	5	3	1	6	2	7
Long, Healthy, Productive Lives	1	2	3	4	5	6	7
Health Expenditures/Capita, 2007	\$3,357	\$3,895	\$3,588	\$3,837*	\$2,454	\$2,992	\$7,290

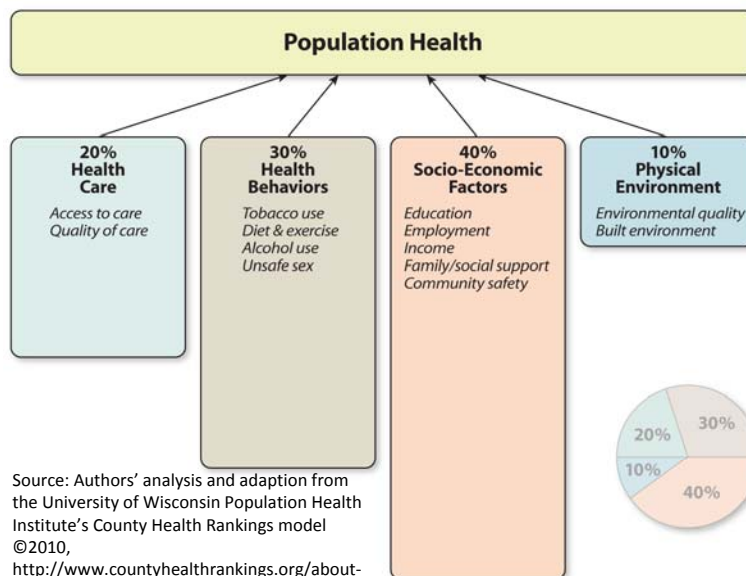
Note: * Estimate. Expenditures shown in \$US PPP (purchasing power parity).
Source: Calculated by The Commonwealth Fund based on 2007 International Health Policy Survey; 2008 International Health Policy Survey of Sicker Adults; 2009 International Health Policy Survey of Primary Care Physicians; Commonwealth Fund Commission on a High Performance Health System National Scorecard; and Organization for Economic Cooperation and Development, OECD Health Data, 2009 (Paris: OECD, Nov. 2009).

If State Health Care Costs Continue Their Current Trend, State Spending On Other Services Can't Grow



General Fund Spending Outlook, presentation to the Budget Trends Commission,
August 2008, Dybdal, Reitan and Broat

Social Determinants of Health



Source: Authors' analysis and adaption from
the University of Wisconsin Population Health
Institute's County Health Rankings model
©2010,
<http://www.countyhealthrankings.org/about-project/background>

Death Spiral



Building of Trust

Addressing All Parts of the Triple Aim

- Address all three aims
 - Population Health
 - Care Experience & Quality
 - Underuse
 - Overuse*
 - Misuse
 - Affordability - Costs
 - “Waste is theft.” Don Berwick
 - Assumptions for working on costs

Kale, et al, “Trends in the Overuse of Ambulatory Health Care Services in the United States,” JAMA Intern Med. 2013;173(2):142-148.



High Tech Diagnostic Imaging (HTDI) Initiative



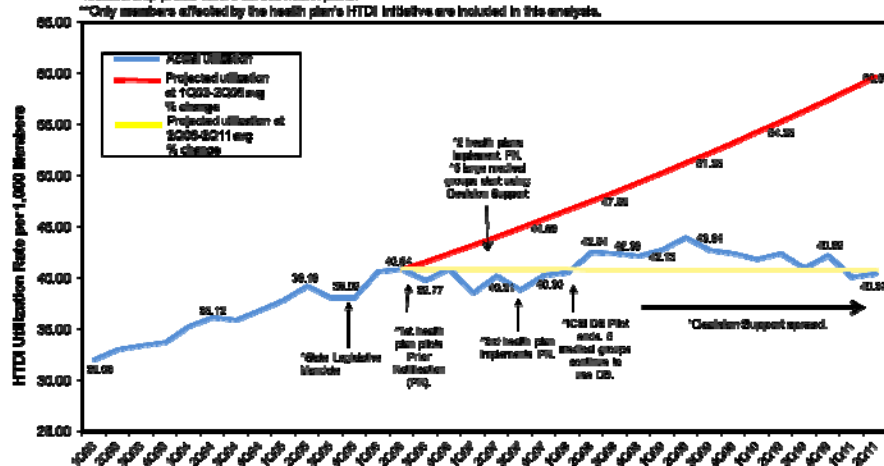
The “Ingredients” and HTDI

- *Compelling why* – 8% yearly increase in utilization with no apparent increase in quality or productivity
- *Shared trusted table* – request came to ICSI to bring providers and health plans together to address common threat of prior authorizations/notifications
- *Leadership*
 - Radiologists at the table with primary care
 - One medical group offered their approach
- *Technical* – collaboratively developed clinical decision support (CDS) tool in EPIC EHR
- *Adaptive* –work occurred in the setting of DIAMOND (underuse)
- CHALLENGE: business sustainability for CDS



Institute for Clinical Systems Improvement (ICSI) High Tech Diagnostic Imaging Initiative

Aggregate HTDI Utilization Rate per 1,000 Members, 1Q03-2Q11
Aggregate Data Include: BCBSSN, HealthPartners, Medica, Ucare and MN DHS Medicaid FFS
Claims and Membership Data (Hospital Inpatient and ER Claims Excluded)
*Membership profile differs across health plans.
*Only members affected by the health plan's HTDI initiative are included in this analysis.



DIAMOND

(Depression Improvement Across Minnesota Offering a New Direction)

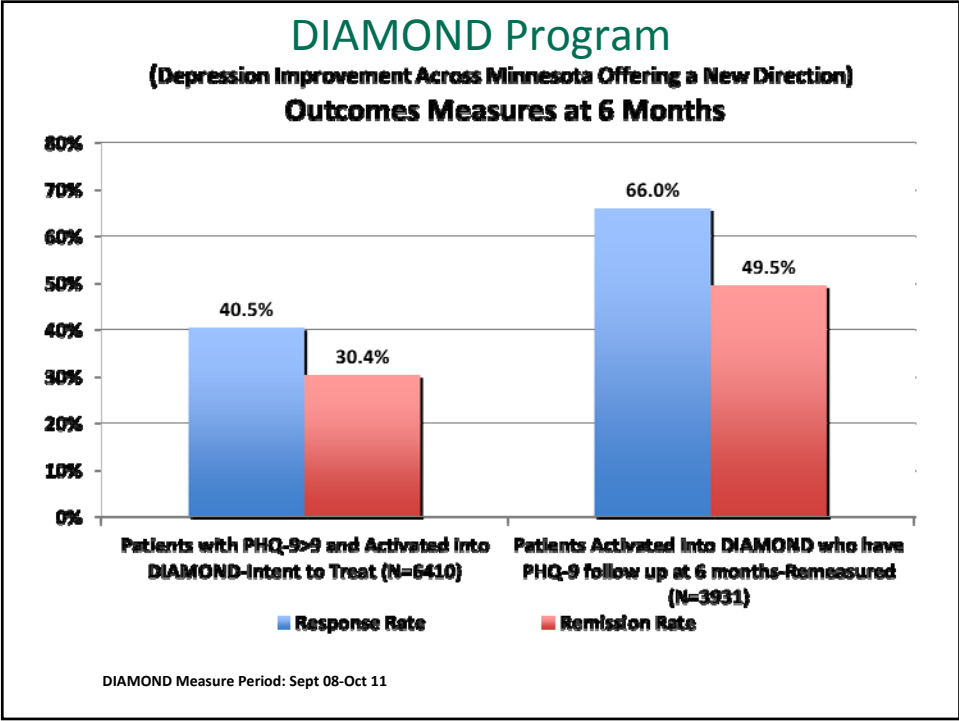
- Redesigning care
- Redesigning payment



The “Ingredients” and DIAMOND

- *Shared table and language* – ICSI depression guideline said collaborative care model evidence-based; coding, measurement and stigma issues
 - No reimbursement for the care that was effective
- *Compelling WHYs and Leadership* – 75% of patients with depression see primary care; purchasers very interested because of lost productivity due to depression
- *Technical alignment*
 - Redesign of care - adapted known collaborative care model (care coordinators, PHQ-9 measurement, registries, protocols, intensification of treatment, psychiatric consultative role); health plans required certification of training
 - Redesign of payment – in essence a “bundled” payment for care coordination that included care coordinators, primary care and psychiatrists
- *Adaptive approach* –focus on outcomes; new care roles; panel management; new payment designed in setting of HTDI (overuse)
- CHALLENGE: transition to TCOC payment models





Leaders Who See the Big Picture

“True North”



How Do We Co-create Health with
Clinicians and Citizens?

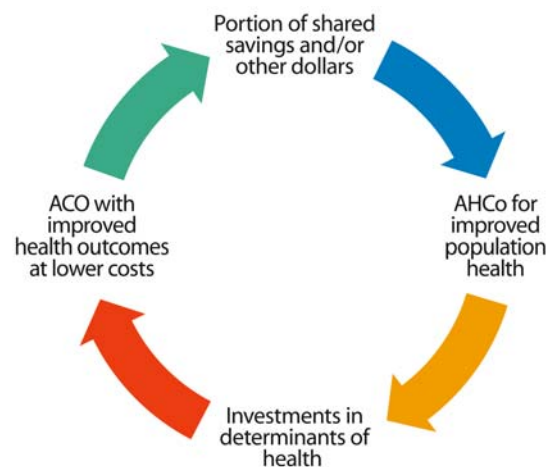


Building *Accountable Health Communities* for Accountable Care



Source: Magnan S, Fisher E, Kindig D, Isham G, Wood D, Eustis M, Backstrom C and Leitz S. Achieving Accountability for Health and Health Care. A White Paper Developed from the State Quality Improvement Institute 2008-2012 in Minnesota. Found at: <http://bit.ly/V3Xvt0>

Community Reinforcing Loop



Source: Magnan S, Fisher E, Kindig D, Isham G, Wood D, Eustis M, Backstrom C and Leitz S. Achieving Accountability for Health and Health Care. A White Paper Developed from the State Quality Improvement Institute 2008-2012 in Minnesota. Found at: <http://bit.ly/V3Xvt0>

Framing in the Triple Aim



Reducing Avoidable
Readmissions Effectively

Operating Partners

ICSI, Minnesota Hospital Association, Stratis Health

Collaborating Partners

MN Community Measurement, MN Medical Association

Community Partners

MN Health Action Group, DHS plus 60 more partners

www.RAREreadmissions.org



Triple Aim Goals:

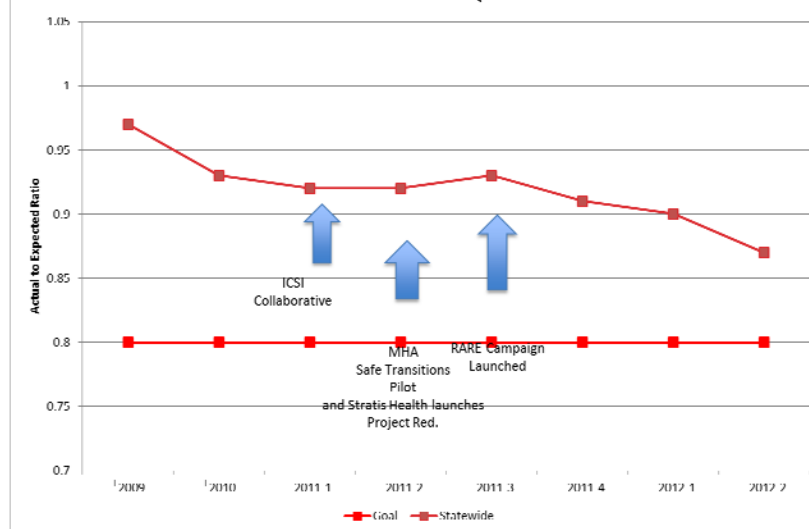
- Reduce avoidable readmissions by 20% by 12/31/12
- Increase by 16,000 nights of sleep for patients and families in their own beds
- Decrease costs by over \$31 million dollars



Reducing Avoidable
Readmissions Effectively



Potentially Preventable Readmissions in Minnesota
2009 - 2012 2nd Qtr



COMPASS

(Care Of Mental, Physical, And Substance use Syndromes)

- 1 of 107 Health Care Innovation Awards from the Center for Medicare and Medicaid Innovation (CMMI) in 2012
 - ICSI with 9 other partners in the US
- Framed as a “Triple Aim Bulls eye”
 - Health: improve PHQ-9s for depression
 - Care: improve patient and provider experience; 20% increase in diabetes and cardiovascular optimal care
 - Costs: save \$25 million for CMS



COMPASS

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COMPASS Consortium Partners

- Institute for Clinical Systems Improvement (ICSI)
 - leads and coordinates the initiative
- Eight partners offering COMPASS at selected sites
 - Community Health Plan of Washington
 - ICSI member clinics offering DIAMOND program
 - Kaiser Permanente Colorado
 - Kaiser Permanente Southern California
 - Mayo Health System
 - Michigan Center for Clinical Systems Improvement
 - Mount Auburn Cambridge Independent Practice Association
 - Pittsburgh Regional Health Institute
- Two supporting partners
 - HealthPartners Institute for Research and Evaluation
 - AIMS Center, Washington State



COMPASS

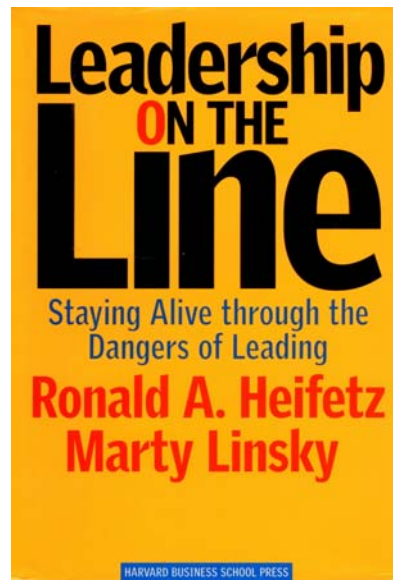
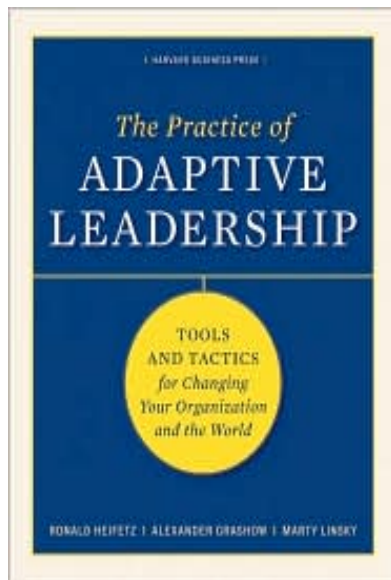
Geographic Reach of COMPASS

- Opportunity to test collaborative care management model across a variety of health care systems and patient populations; payment models to be developed to submit to CMS



Technical and Adaptive Approaches

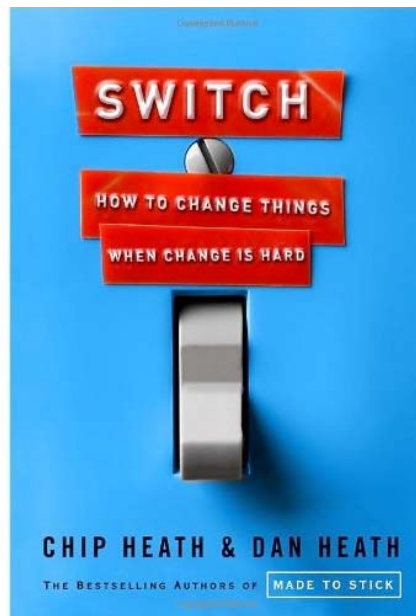




Technical and Adaptive Approaches

- Technical
 - Guidelines and QI infrastructure
 - Public reporting of quality and costs
 - Payment changes: P4P, care coordination, TCOC, etc
- Adaptive
 - Supporting culture changes – e.g., ICSI's "Creating a Culture of Quality/Value"
 - "Gives and gets" – identifying our losses, our fears, our uncertainties, our changing roles, etc
 - Exploring values, attitudes and beliefs that shape our behaviors





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