

# Care Guidance: Vital Information for Healthcare's New Model

Population Health Colloquium

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Presented by:

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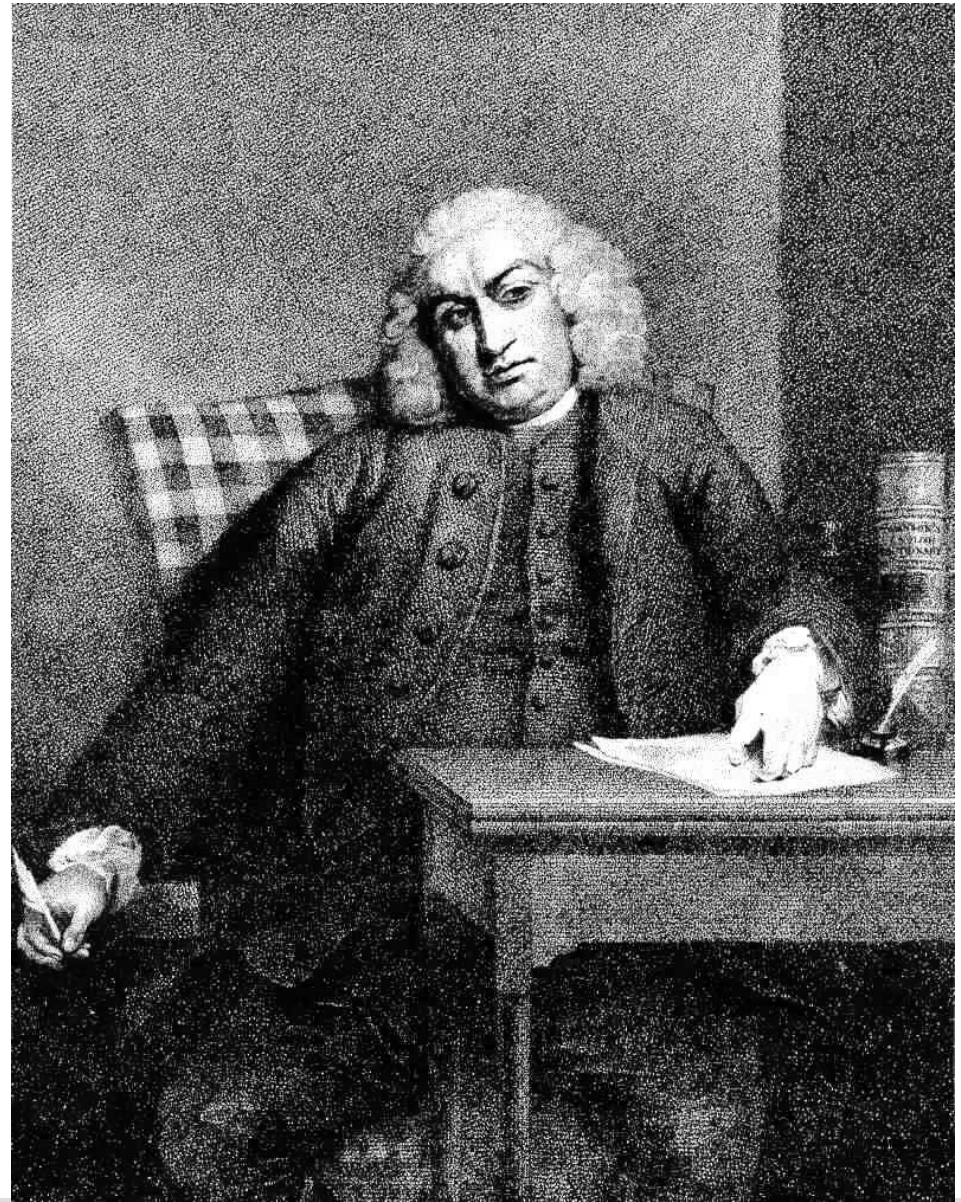
The logo for fdb, consisting of the lowercase letters 'fdb' in a bold, blue, sans-serif font, with a small cluster of colored dots to the right.The logo for zynxhealth, featuring a blue circular icon with a white dot inside, followed by the word 'zynxhealth' in a blue, sans-serif font.The logo for mcg, featuring a stylized 'm' and 'c' in green and blue, followed by the letters 'mcg' in a blue, sans-serif font.The logo for homecare homebase, featuring the words 'homecare' and 'homebase' in a blue, sans-serif font, with a small circular icon containing a house symbol to the right.

*international*

# Samuel Johnson

**Men more  
frequently  
require to be  
reminded than  
informed.**

*Rambler #2, March 24, 1750*



# Hearst Health

## OUR NETWORK

**fdb**

**zynxhealth**

**mcg**

**homecare**  **homebase**  
*international*

Hearst Health Ventures

Hearst Health Innovation Lab

## OUR MISSION

To guide the most important care moments by delivering vital information into the hands of everyone who touches a person's health journey

## OUR REACH

**84%**

patients discharged

**4 Billion**

prescriptions

**174,434,712** **35 Million**

insured individuals

home health visits

**35 YEARS** in the  
health information industry

**PIONEERS** of  
new and leading solutions

**INDEPENDENT,**  
unbiased, evidence-based

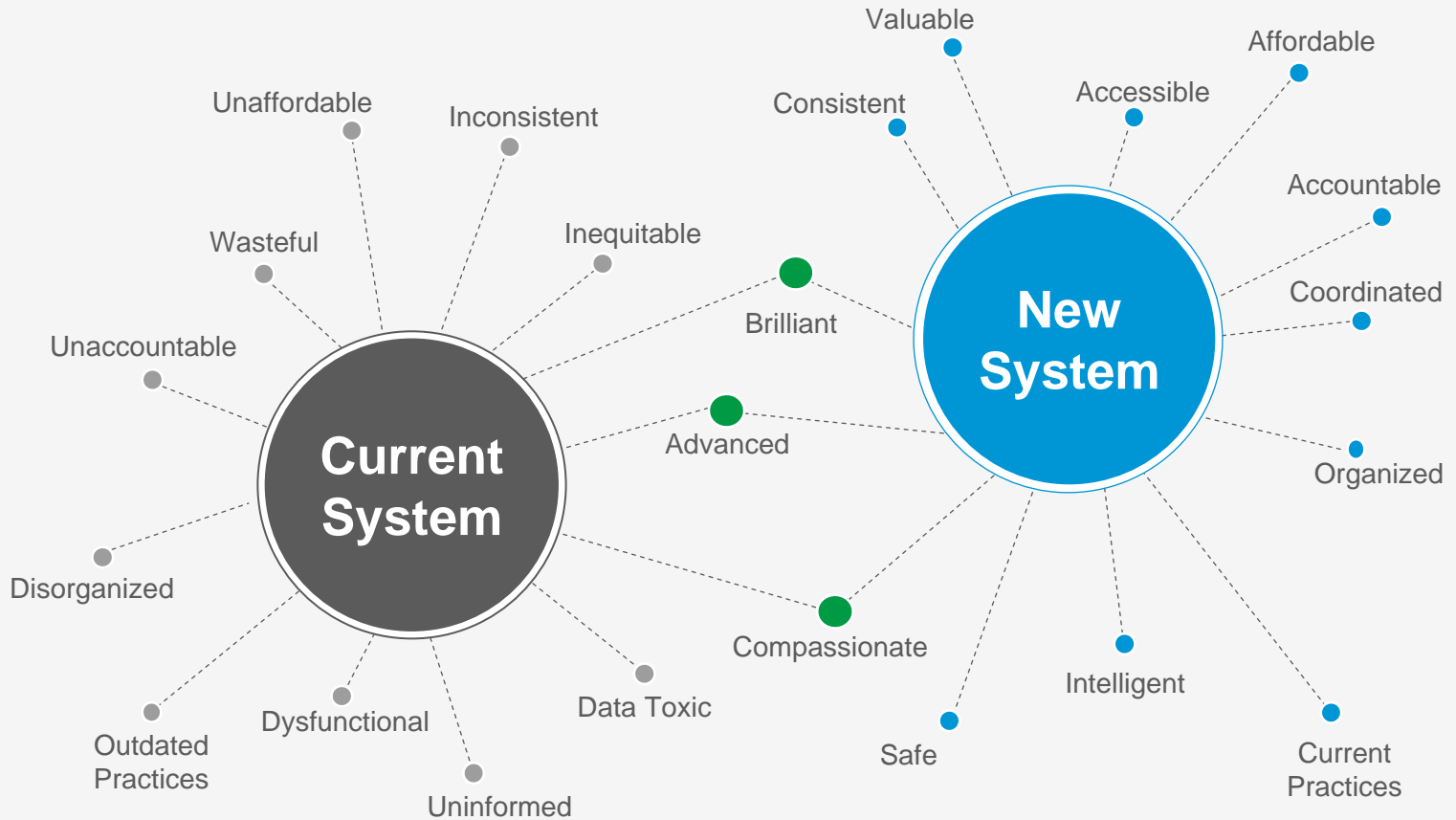
# Reforming an Accidental System



It's not an industry, it's a collection of industrious folks- **isolated practitioners.**

Medicine is not vertically integrated or horizontally integrated- **it's is not integrated at all!**

*Kessler, A., The End of Medicine, 2006*



*Mirror, Mirror on the Wall, 2014 Update: How the U.S. Health Care System Compares Internationally - The Commonwealth Fund 12/14/14*

# Florence Nightingale

To be "in charge" is certainly not only to carry out the proper measures yourself but to see that every one else does so too; to see that no one either willfully or ignorantly thwarts or prevents such measures.


It is neither to do everything yourself nor to appoint a number of people to each duty, but to ensure that each does that duty to which he is appointed.

*Notes On Nursing What It Is, And What It Is Not, 1860*



# Inexorable Correction of an Accidental System

- Professional sovereignty
- Personal accountability
- Spheres of authority
- Political and economic order
- Ethical commitments
- New tools and knowledge
- Fundamental beliefs



“Right now I’m having  
amnesia and déjà vu  
at the same time.  
I think I’ve  
forgotten this before.”

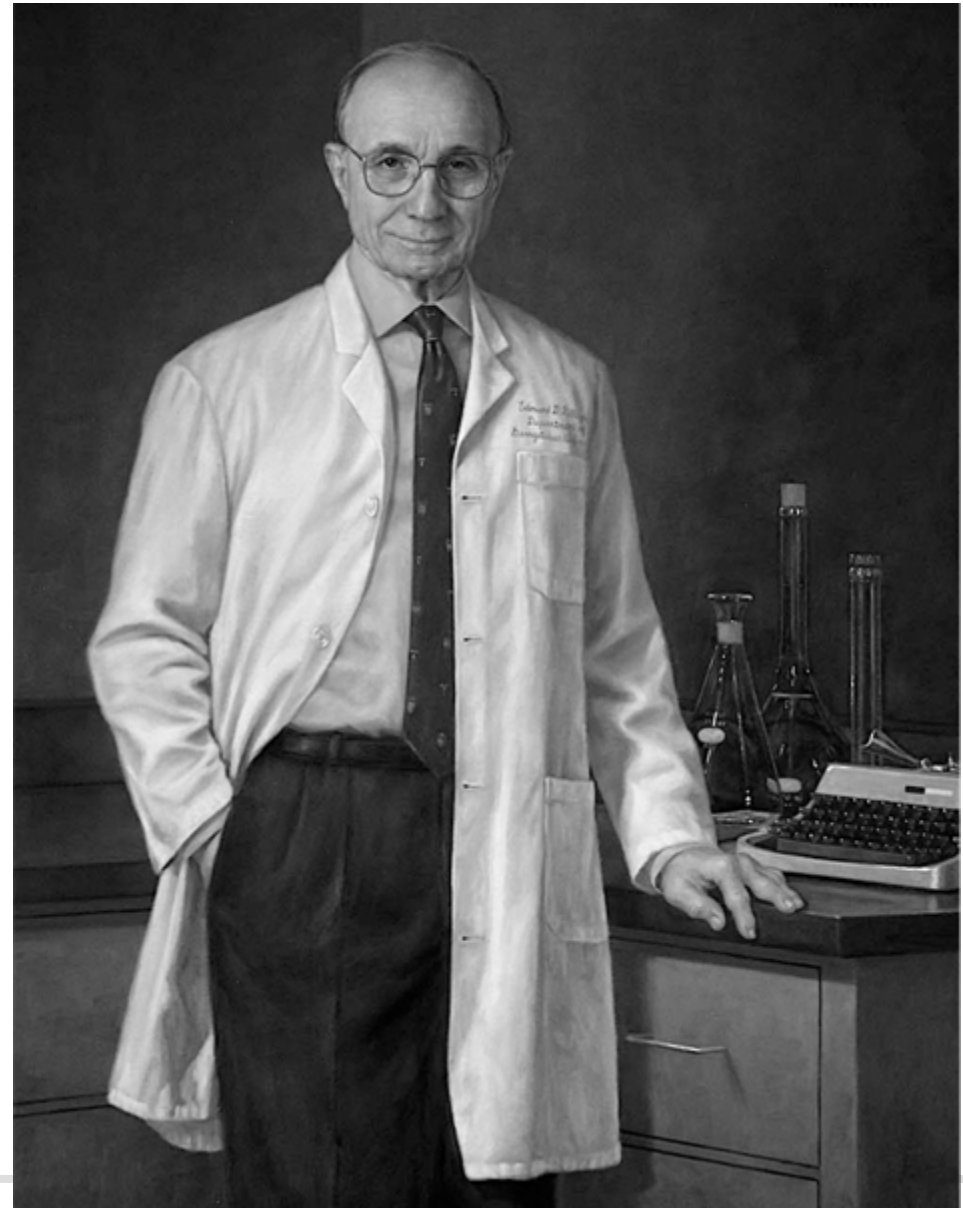
— *Steven Wright*

# Edmund Pellegrino

No matter how broad or socially oriented we make medicine, illness remains a universal human experience, *and it's impact on individual human persons remains the reason why medicine and physicians exist in the first place.*

The final pathway through which public policies ultimately come to affect lives.

*The Philosophy of Medicine  
Reborn, 2008*



# Consumers, Customers, and Patients

## COSTS

“Assumed best and equal quality without spared expense: Patients for the most part did not want cost to play any role in decision-making.”

Focus Groups Highlight That Many Patients Object To Clinicians' Focusing On Costs, R Sommers, et.al., Health Affairs, Feb 2013

## CHOICE & NECESSITY

### Moral hazard and elasticity

- Moral hazard is the notion that medical insurance increases the demand for medical care
- There is a partially mistaken but relatable assertion that medical care is an inelastic economic demand system

Aron-Dine, A., Einav, L and Finkelstein A, The RAND Health insurance Experiment, Three Decades Later, Journal of Economic Perspectives, Winter 2013

## EXPECTATIONS

“Few patients understand how many decisions are a toss up, and how bleak and forbidding the landscape of disease can look...doctors, scientists, and journalists have given us all, including themselves, such a hard sell about advances in medicine that only the most sophisticated ever go to a physician any more without overestimating what the physician can do.”

Konner, M. Medicine at the Crossroads: The crisis in health care

## SATISFACTION

### The most satisfied patients:

- More often request discretionary services that are of little medical benefit
- Lower emergency department utilization
- Higher inpatient utilization, prescription drug expenditures, total healthcare expenditures, and mortality risk

Joshua J. Fenton, MD, MPH; Anthony F. Jerant, MD; Klea D. Bertakis, MD, MPH; Peter Franks, MD Arch Intern Med. 2012;172(5):405-411. doi:10.1001/archinternmed.2011.1662



# Care Moments and Shared Accountability



# Most Important Trends We Address Across Hearst Health

Where care guidance solutions matter most and why

## Pursuit of quality

*Not just cost*

## Shift in care culture

*Health maintenance, less opacity, more informed choice*

## Delivery through better technology

*Not just 'exit' paper, usability and cost model*

# Pursuit of quality

# What is Quality?

High  
Reliability

Outcome  
for Cost

Benefit  
vs. Harm

Right  
Care

**SAFETY**

**+**

**VALUE**

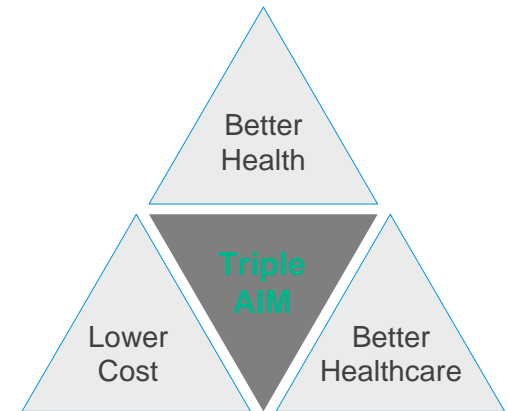
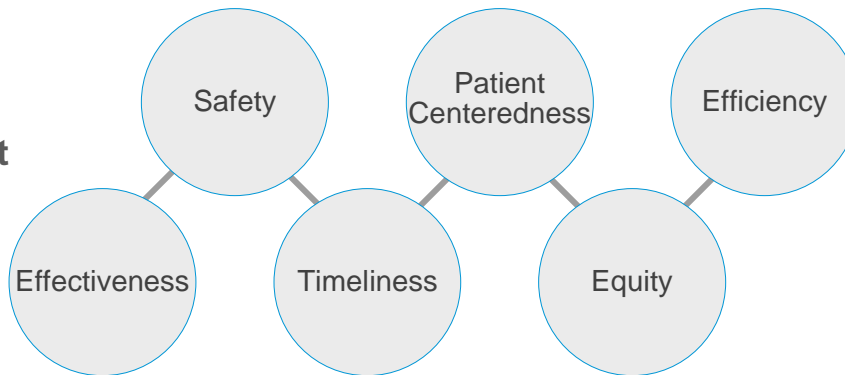
**+**

**APPROPRIATENESS**



**QUALITY**

## 6 Aims for Improvement



# Florence Nightingale

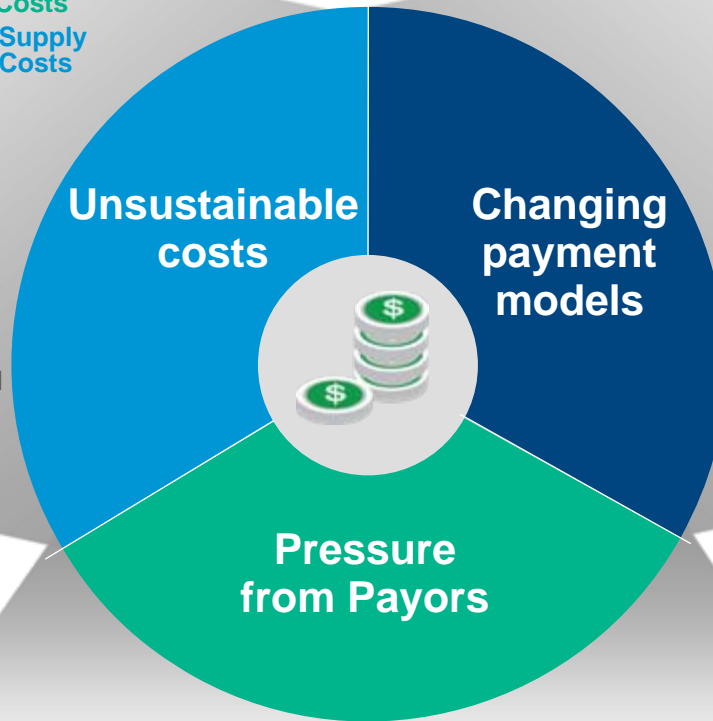
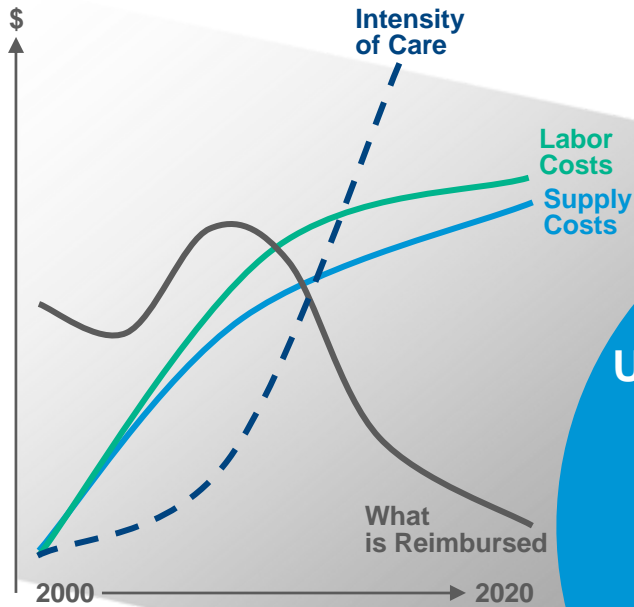
After watching one particularly inept surgeon cut both himself and somehow a bystander while blundering about during during an amputation:

The only surgery I had ever seen with 300% mortality.

*Crimean War 1856, in  
[Dueling Neurosurgeons](#), Sam Kean 2014*



# Value Pressure



## Fee for service

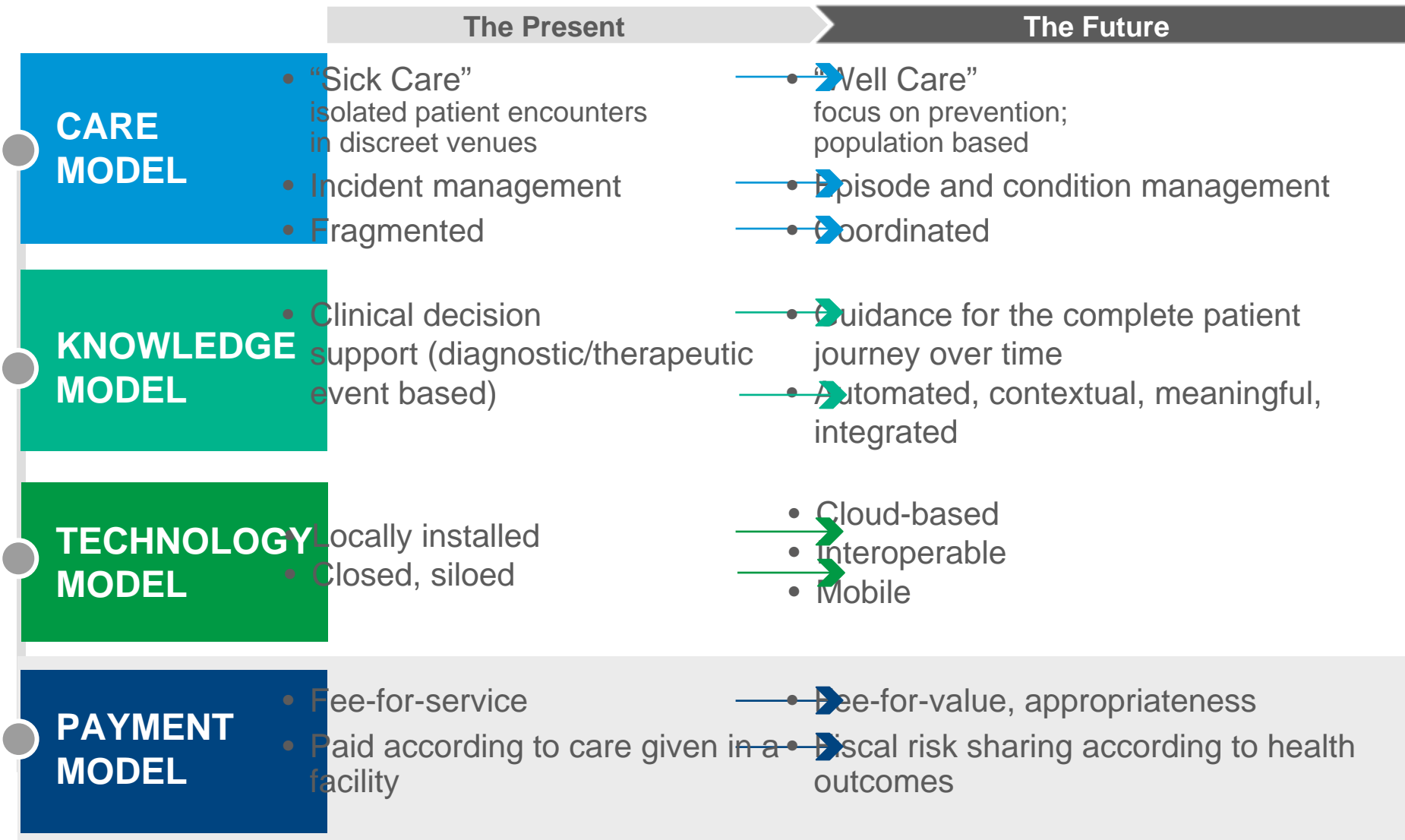
- Illusion of provider sovereignty
- Financial conflicts for patients
- Rewards increased intensity and volume

## Value-based care

- Rewards outcomes and effectiveness
- Financial accountability for care
- Requires precise resource use
- Patient Satisfaction and Engagement

Increased scrutiny, audits, rate cuts, STAR ratings and Quality/Satisfaction Measures

# So.....Healthcare is Changing



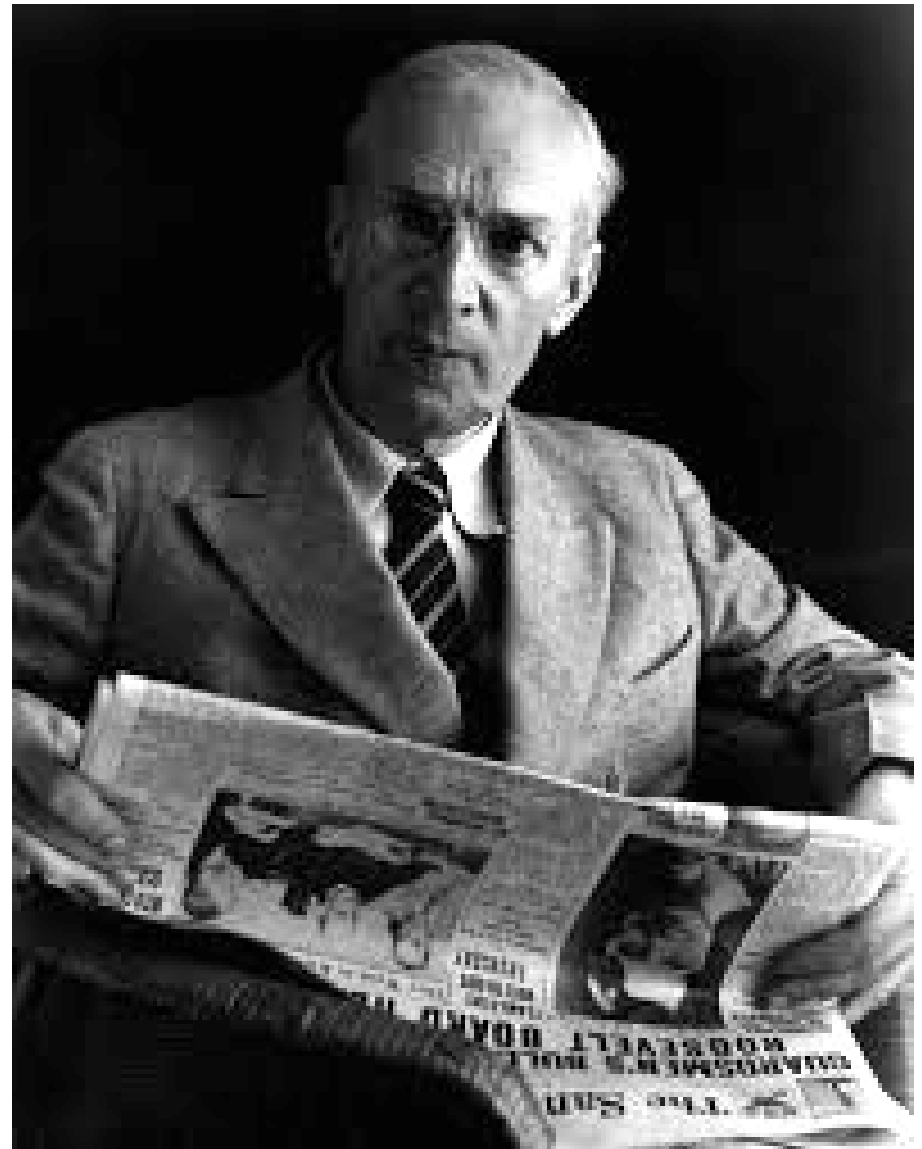
# Shift in care culture



# Upton Sinclair

**It is difficult to get a man to understand something when his salary depends upon his not understanding it.**

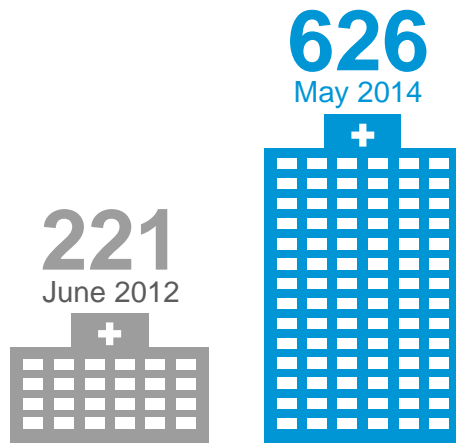
*I, Candidate for Governor, and How I got Licked, 1935*



# Providers Embracing New Business Models

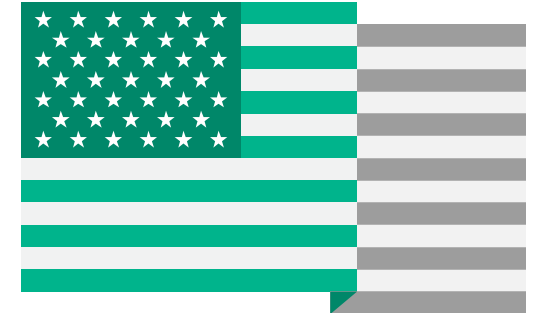
## Number of ACOs

(Accountable Care Organizations)<sup>1</sup>



## More than two-thirds

of the U.S. population now live in localities served by ACOs<sup>2</sup>



Approximately

## 20.5 million

patients enrolled in some type of ACOs<sup>1</sup>



## Examples of provider risk arrangements

Patient Centered Medical Homes (PCMH)

Bundled Payment Models

Shared Savings ACO

Pioneer Model ACO

Medicare Advantage Program

Partial Capitation Models

Full Capitation / Full Delegation

Employer Direct Contracting

Provider Owned Health Plan

<sup>1</sup> Gardner, Paul; Leavitt Partners. Beckers Hospital Review. June 18, 2014. <http://www.beckershospitalreview.com/accountable-care-organizations/how-many-patients-are-in-acos.html>

<sup>2</sup> Oliver Wyman. ACO Update: Accountable Care At A Tipping Point. April 2014. <http://www.oliverwyman.com/content/dam/oliver-wyman/global/en/files/insights/health-life-sciences/2014/April/NYC-MKT08001-034%20%284%29.pdf>

# Care Guidance: Going Beyond Clinical Decision Support

Safety + Value + Appropriateness = Quality



## INTERCONNECTED

- Encompassing both **planning** and **delivery** of care
- Guiding a patient's or population's journey over time

## SMART

- Enabling **proactive care** that anticipates the patient's unique needs
- **Managing complexity** as information grows in volume, variety and velocity

## DYNAMIC

- Changing with the addition of new **analytics** data in cycles that get closer and closer to real time

# The Need for Understanding at the Moment of Care

## Keep Up with the Standard of Excellence



A BMJ review of 3000 medical practices in 2011 determined more than **33% to be ineffective, 15% harmful or unlikely to be beneficial and 50% of unknown effectiveness.** 'Our study complements these data and suggests that a high percentage of all practices may ultimately be found to have **no net benefits.**

*Prasad, V. et. al., A Decade of Reversal: Mayo Clinic Proceedings, 2013*



**The content of care** makes up **1/2 to 2/3** of the **rising costs without better outcomes.**

*Eddy, D., and Billings, S. Health Affairs; Halvorson, G. Strong Medicine*

## Choose the Best Option



The literature does not say 'there are a hundred different ways to do things and one is better than the next,' it says 'there are **a hundred different ways and there's no difference in outcomes.**'

Once you determine that outcomes are equivalent then you look at **toxicities and costs,** and it's relatively easy to come up with a **core set of treatment alternatives** that improve performance on all fronts.

*Marcus Neubauer, MD, KC, US Cancer Center*

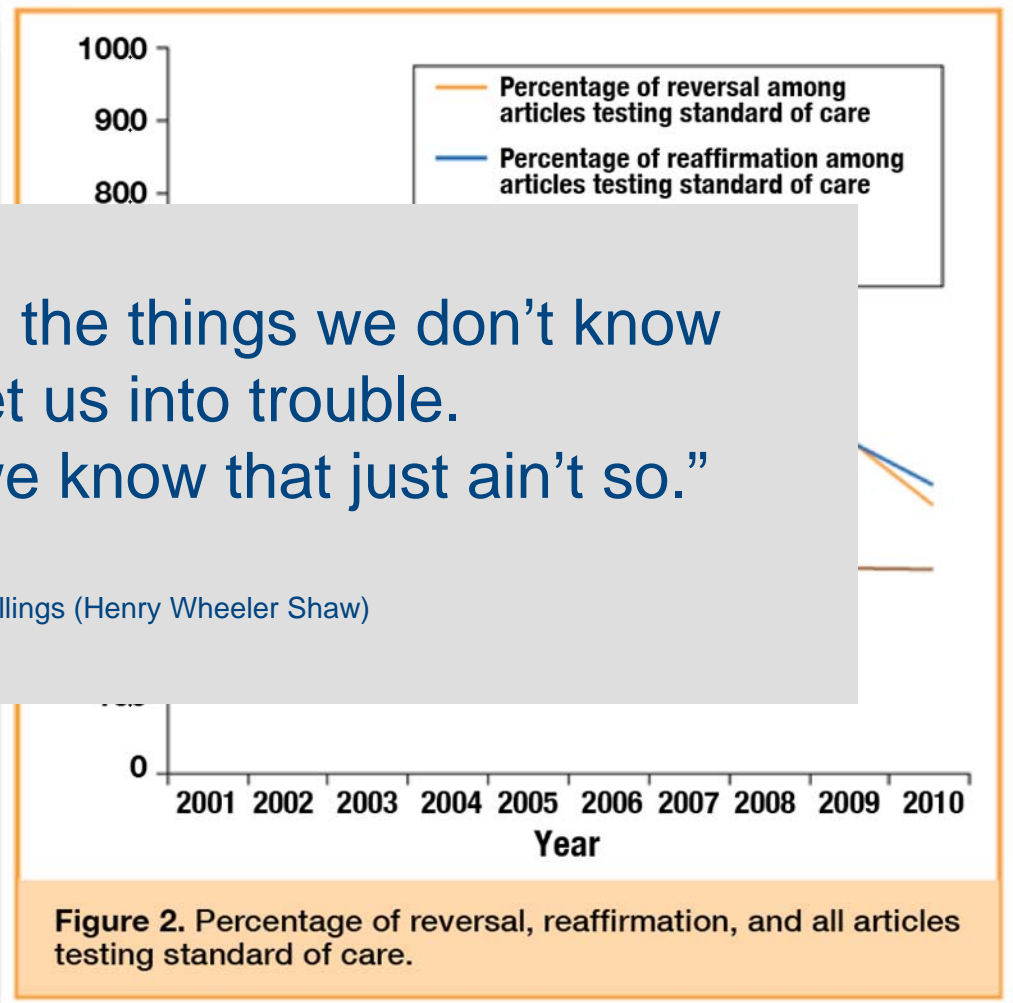
# The Accidental System and Evidence Churn

- Results from 10 years of *New England Journal of Medicine*
- 756 out of 984 (77%) articles were better than the practice to be better, or worse (**reversal**)
- 146 out of 365 (40%) articles were better than the practice to be better, or worse (**reversal**)

Source: [Mayo Clinic Proceedings 2013; 88:790-798](#)  
(DOI:10.1016/j.mayocp.2013.05.012 )

“It ain’t so much the things we don’t know that get us into trouble. It’s the things we know that just ain’t so.”

Josh Billings (Henry Wheeler Shaw)



# Delivery through better technology

# Falling Short of Expectations



2005 RAND study predicted potential savings of \$81B annually from HIT adoption

***assumed ‘interconnected and interoperable systems adopted widely and used effectively.’***

## Lack of Interoperability

- Inconsistent messaging methods
- Lack of meaning similarity
- Political and protectionist motivations

## Disappointing Usability and Adaptation<sup>1</sup>

- Sluggish adoption of difficult systems
- Automating bad practices
- Poor design and implementation

## Cumbersome Nature of Traditional Decision Support<sup>2</sup>

- Not seamless in workflow
- Not contextual to venue of care and the role of the provider
- Seen as subverting key human and individual elements of decision making in healing relationships

<sup>1</sup> Kellerman, A and Jones, S, What Will It Take To Achieve the As-Yet-Unfulfilled Promised of Health Information Technology, Health Affairs, January 2013

<sup>2</sup> Riskin, L et. al, Re-examining health IT policy: what will it take to derive value from our investment?, JAMIA October 2014

# What Experience Tells Us Is Needed?



Lyman et. al., JAMIA, 17, 2010

Trojano, David, et. al., The Need for Collaborative Engagements in Creating Clinical Decision-support Alerts, PEJ, May-June 2014

Jones, Spencer S. et. al., Health Information Technology: An Updated Systematic Review With A Focus On Meaningful Use, Ann. Int. Med, Jan 2014

Tierney, W.M. Controlling Costs with Computer-Based Decision Support: An Ax, a Scalpel or an Illusion, JAMA Intern Med, May 2013.



# Florence Nightingale

In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records for any purposes of comparison. If they could be obtained, they would enable us to decide many questions besides the one alluded to. They would show subscribers how their money was being spent, what amount of good was really being done with it, and whether the money was doing mischief rather than good.

*Notes on Hospitals, 3<sup>rd</sup> Ed, Longman, Green, Roberts, Longman and Green, p. 176, 1863*





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