Shark Tank: Costs of Care Edition

Neel Shah, MD, MPP, Executive Director (Harvard Medical School)
Jordan Harmon, MHA, Advocacy Director (Hospital for Special Surgery)
September Wallingford, RN, MSN, Operations Director (Brigham & Women’s Hospital)
Chris Moriates, MD, Implementation Director (UCSF)

Disclosures
Objectives

• Learn how to identify and prioritize institutional opportunities to provide better care at lower cost

• Review our “COST” framework for developing collaborative value-improvement projects that are most likely to meet performance targets

• Design a value improvement project that could be adapted to the context of your own institution

Agenda

• The Landscape in 2016

• The Role of Administrators & Health System Leaders

• The Inter-professional Team

• Putting Ideas into Practice

• “COST” Framework

• Shark Tank
Costs of Care

Advocate  Educate  Implement
Landscape 2016: Improving Value

Neel Shah, MD
Executive Director, Costs of Care
Changing Landscape

Policymakers

- accountability

- transparency

Patients

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How Much Can We Save?

$800 billion low value health care spending ×

20% variable costs ×

70% clinician-driven component =

Clinicians are trained to take care of the patient in front of us … not to assume responsibility for populations and systems.
NON-INVASIVE CARDIO 3689.00
EEG/EMG 1259.00
RADIOLOGY-GENERAL 340.00
PHARMACY-MAIN 1795.35
EMERGENCY-HOSPITAL 2779.00
PRE HOSPITAL EMS 253.00
C.T. SCANNING 2714.00
MAGNETIC RESONANCE IMAGING 6963.00
TOTAL CHARGES: 36027.35
The Role of Administrators and Health System Leaders

Jordan Harmon, MHA
Advocacy Director, Costs of Care

Coordinating Delivery System Efforts

High Performing Healthcare Organizations
The New Focus for Health Leaders

**Issues in the Environment**
- Reimbursement changes
- Population health and episodes of care
- Shift from in-patient to out-patient procedures
- Need for improved efficiency
- Greater need for data

**High Focus Areas**
1. Financial Re-Design
2. New Care Management Models
3. Process Improvement / Operational Efficiency
4. Electronic Health Records

**No Longer a Focus**
- Private Physician Practice Silos
- Optimizing Fee for Service Reimbursement
- Increase in In-patient Volume
- Paper Chart Documentation

**Four Areas of Focus for Health Leaders**

<table>
<thead>
<tr>
<th>Financial Re-Design</th>
<th>Care Management Models</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance clinical networks through physician contracts</td>
<td></td>
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<tr>
<td>Optimize new bundle payment methodology</td>
<td></td>
</tr>
<tr>
<td>Reduce patient financial burden</td>
<td></td>
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<tr>
<td>Focus on driving evidence-based clinical outcomes</td>
<td></td>
</tr>
<tr>
<td>Improve clinical communication to patients</td>
<td></td>
</tr>
<tr>
<td>Use of data to drive patient care models</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Operational Efficiency</th>
<th>Electronic Health Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement best practice</td>
<td></td>
</tr>
<tr>
<td>Reduce waste across health systems</td>
<td></td>
</tr>
<tr>
<td>Support clinicians in providing efficient care</td>
<td></td>
</tr>
<tr>
<td>Provide a new set of “big data”</td>
<td></td>
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<tr>
<td>Expansion of coordination with care management team</td>
<td></td>
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<tr>
<td>Patient medical information centrally located</td>
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</tbody>
</table>

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High Performing Organizations Create Value

High Performance Care Delivery System

Value Created

- High Quality Outcomes
- Patient Satisfaction
- Efficient Care Delivery

Spectrum of Healthcare Organizations

Most Organizations
Learning from leaders. Preparing for changes but no real advanced foresight.

Low Performing

Laggards
Slow to Change. Lack resources to focus on efficiency and new advancements in care management

High Performing

Leader Organizations
Integrated care at the lowest cost using data and analytics to optimize patient experience
Building Clinical – Administrative Partnerships

Yale New Haven Health System

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The Inter-professional Team

September Wallingford, RN, MSN
Operations Director, Costs of Care

Communication → Teamwork

Evidence-Based Practice → High-Value Healthcare
Inter-professional Barriers

Time

Lack of knowledge

Cultural hierarchies

Misguided perception that we cannot affect change

Nurses Can Make a Difference

- 3.1 million nurses
- Largest group of healthcare professionals
- Most “trusted” professional for the last 15 out of 16 years

KEEP CALM AND TRUST THE NURSE
Nurses Can Make a Difference

*3.1 Million

- Nurses: 89%
- Pharmacists: 70%
- Grade school teachers: 50%
- Medical doctors: 49%
- Military officers: 49%
- Police officers: 54%
- Clergy: 47%
- Day care providers: 40%
- Judges: 33%
- Nursing home operators: 30%
- Auto mechanics: 29%
- Bankers: 27%
- Local officeholders: 24%
- Business executives: 22%
- Newspaper reporters: 21%
- Lawyers: 20%
- TV reporters: 20%
- Advertising practitioners: 14%
- State officeholders: 14%
- Car salespeople: 10%
- Members of Congress: 8%
- Lobbyists: 8%

At the Point of Care

Professional Communication and Collaboration

Pragmatic Opportunities

“Does this add value to this patient’s care?”

Meaningful Patient and Family Relationships

Knowledge and Skills
At the Point of Care

Individualized plan for the patient: nursing to monitor nasogastric tube for proper positioning

Abdominal x-ray

“Does this add value to this patient’s care?”

Improvement in patient’s condition, feelings of exhaustion

Ileus, nasogastric tube, gastrointestinal assessment

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Inter-professional Communication

“...draw on individual and collective skills and experience
...allows each person to practice at a higher level
...better patient outcomes, including higher levels of patient satisfaction”

Susan Hassmiller, PhD, RN, FAAN
Senior Adviser for Nursing, RWJF

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Putting Ideas into Practice

Chris Moriates, MD
Implementation Director, Costs of Care
Important… but
This Is Your Culture

Culture forms behaviors
(Behaviors that reflect)
Culture can be measured
Culture can be changed

Lessons Learned

Key Elements for Successful High-Value Care Campaign

- Champions on the ground
- Data, data, data

PLUS an implementation strategy that includes:

Culture change
Oversight
Systems Change
Training
An organized process for engaging and supporting frontline clinicians in efforts to remove unnecessary costs from health care delivery systems.
“Caring Wisely” - Project

• Two strategies:
  • Restrictive threshold (<8 g/dL)
    • Favored approach
  • Liberal threshold

Goal: Improve adherence to restrictive strategy

Slide by Alvin Rajkomar, MD (UCSF)

The Dataset

<table>
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<tr>
<th>Date of Transfusion</th>
<th>Clinical Service</th>
<th>Attending Physician</th>
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Liberal threshold

Restrictive threshold

Clinical Service

Hemoglobin Threshold

Slide and Data Analyses by Alvin Rajkomar, MD (UCSF)

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“Caring Wisely” at UCSF

“Caring Wisely” at UCSF: Nebs No More After 24
and
Blood Utilization Stewardship

Christopher Moriates, MD
Assistant Clinical Professor
UCSF Division of Hospital Medicine
CMoriates@medicine.ucsf.edu

Twitter: @ChrisMoriates
Caring Wisely Initiative

LEVERAGE ACADEMIC MEDICINE TO REDUCE COST, INCREASE VALUE, AND ENABLE INNOVATION.

Pictured above:
- Ford, Mark S. (Chief, Service Line Medicine, Motion Health Care) - Transfusion Medicine Specialist
- Delmas, David (Service Line Medicine, Motion Health Care) - Transfusion Medicine Specialist

For first: Improving Blood Utilization Stewardship
In collaboration with Med-Surg Nursing and Transfusion Service

Caring Wisely

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**Transfusion Orders - Routine or STAT**

- Use this section for patients that DO NOT REQUIRE ACCELERATED ADMINISTRATION of blood products for critical needs or hemorrhaging patients.
- **Routine**: Blood is available for transfusion within 4 hours, often sooner.
- **Stat**: Blood is available for transfusion in under 1 hour and is administered one unit at a time per nursing procedure.
- **Red Blood Cells**: Your patient’s Hgb is 7.7-7.9

Substantial evidence shows that a hemoglobin of 7.7-9.0 g/dL is well tolerated by most hospitalized, stable patients even in the presence of pre-existing cardiovascular disease.
Clinical practice guidelines recommend limiting RBC transfusion to:
1. Postoperative patients or >50 POI (percutaneous coronary intervention)
2. Patients with pre-existing cardiovascular disease who have chest pain, orthostatic hypotension or tachycardia unresponsive to fluid resuscitation, or CHF

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Implementation Strategy

An implementation strategy that includes:

- Culture change
- Oversight
- Systems Change
- Training


Mourning the Morning Lab
The SHM Choosing Wisely list challenges us to not “perform repetitive CBC and chemistry testing in the face of clinical and lab stability.”

Choosing Wisely

Think Twice, Stick Once

Do not perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Hospitalized patients frequently have considerable volumes of blood drawn (phlebotomy) for diagnostic testing during short periods of time. Phlebotomy is highly associated with changes in hemoglobin and hematocrit levels for patients and can contribute to anemia. This anemia, in turn, may have significant consequences, especially for patients with cardiorespiratory diseases. Additionally, reducing the frequency of daily unnecessary phlebotomy can result in significant cost savings for hospitals.

Doctors, Stop Sticking Your Patients So Often

Cheryl Clark, for HealthLeaders Media, March 19, 2015

UCSF physicians launch national 'Think Twice, Stick Once' campaign to decrease unnecessary blood draws. Patients dislike blood tests and may even be harmed.

Doctors, stop sticking your patients so many times for redundant blood work during their hospital stays, especially when results won’t affect your clinical decisions.

It’s not always so urgent. Blood draws add costs, and it’s not so much fun for patients to get poked with a sharp needle multiple times a day. I know it would make me anxious.

Besides, you might be causing or sustaining their anemia.

These are among the themes in the UCSF Medical Center’s “Think Twice, Stick Once” campaign that began last July through the efforts of young University of California, San Francisco internal medicine house staff doctors led by Daniel Wheeler, MD.

The practice of testing patients’ blood every morning, every evening, and sometimes repeatedly in between—an average of more than twice per day—has evolved in
### "COST" Framework

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C</strong> Culture</td>
<td>Valuing cost-consciousness and resource stewardship at the individual and team level</td>
<td>Hospital-wide campaign led by peer-champions to reduce lab tests overuse</td>
</tr>
<tr>
<td><strong>O</strong> Oversight</td>
<td>Requiring accountability for cost-conscious decision-making at both a peer and organizational level</td>
<td>Requiring attending to review labs residents order to reduce overuse</td>
</tr>
<tr>
<td><strong>S</strong> Systems Change</td>
<td>Creating systems to make cost-conscious decisions using institutional policy, decision-support tools, and clinical guidelines</td>
<td>EHR displays cost of lab tests next to order for specific tests</td>
</tr>
<tr>
<td><strong>T</strong> Training</td>
<td>Providing knowledge &amp; skills clinicians need to make cost-conscious decisions</td>
<td>Lecture or workshop on ordering of lab tests</td>
</tr>
</tbody>
</table>
Let’s Shark Tank!

• At your tables, you’ll have 30 minutes to:
  • Pick an area in need of high-value improvement
  • Use “COST” Worksheet to develop your “pitch”
  • Select a “pitch” person
  • Ok to be creative!

• Present to the Sharks!
  • 5 minute pitch per table
Costs of Care Value Challenge 2016

Submit Your Bright Idea or Innovation

Take Charge and Transform the American Healthcare System
Teaching Value and Choosing Wisely® Competition

Seeking educational or practice innovations related to promoting high value care and choosing wisely in the learning environment.

Understanding Value-Based Healthcare

“The book is a masterful primer for all clinicians—especially those of us hoping to navigate the transition from volume-based healthcare to value-based healthcare without running aground.”

Atul Gawande, MD
Professor of Surgery, Harvard Medical School, author of Being Mortal and The Checklist Manifesto

“This book is an instant classic. It masterfully gives front-line clinicians and other health care leaders a raft of practical ideas to help make care dramatically safer, more patient-focused, and more affordable.”

Donald Berwick, MD
President Emeritus and Senior Fellow, Institute for Healthcare Improvement
summarizes and makes accessible a mountain of relevant health care delivery research. And it gives front-line clinicians and other health care leaders a raft of practical ideas to help make care dramatically safer, more patient-focused, and more affordable."

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