Shark Tank: Costs of Care Edition

Neel Shah, MD, MPP, Executive Director (Harvard Medical School)
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Jordan Harmon, MHA, Advocacy Director (Hospital for Special Surgery)
Christopher Mioriates, MD, Implementation Director (UCSF)

After this presentation, participants will be able to:

• Identify and prioritize institutional opportunities to provide better care at lower cost
• Develop collaborative value-improvement projects that are likely to meet performance targets
Helping clinicians provide better care at lower cost
Landscape 2016: Improving Value

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

Policymakers

accountability

transparency

Patients

Costs of Care Essay Contest

Tell your story

Cash prizes for the best stories from patients, doctors, and nurses illustrating the importance of cost awareness in healthcare. Send your story in by November 15th. Judged by Slate.
How much can we save?

$800 billion low value health care spending $800 billion 

20% variable costs 20%

70% physician-driven component = 70%
clinicians are trained to take care of the patient in front of us
… not to assume responsibility for populations
Creating Value for Patients: 
Defining the Role of Nurses

September Wallingford, RN, MSN, APRN-BC
Director of Operations, Costs of Care
Defining the Role of Nurses

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 14 out of 15 years

3.1 Million

- Nurses: 82%
- Pharmacists: 70%
- Grade school teachers: 70%
- Medical doctors: 89%
- Military officers: 89%
- Police officers: 74%
- Clergy: 47%
- Day care providers: 48%
- Judges: 48%
- Nursing home operators: 34%
- Auto mechanics: 29%
- Bankers: 27%
- Local officeholders: 22%
- Business executives: 22%
- Newspaper reporters: 21%
- Lawyers: 20%
- TV reporters: 20%
- Advertising professionals: 18%
- State officeholders: 14%
- Car salespeople: 12%
- Members of Congress: 8%
- Lobbyists: 6%
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
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

The Role of Administrators and Health System Leaders

Jordan Harmon
Director of Advocacy, Costs of Care
Coordinating Delivery System Efforts

Value

Building Clinical — Administrative Partnerships

[ Yale New Haven Video ]
Putting Ideas into Practice

Christopher Moriates, MD
Director of Implementation, Costs of CAre
Important... but
CULTURE

Culture is all around us, yet can be hard to perceive from within
Culture forms behaviors
(Behaviors that reflect)
Culture can be measured
Culture can be changed

CHRIS MORIADES, MD
UCSF

LESSONS LEARNED
Key Elements to Successful High-Value Care Campaign

- Champions on the ground
- Data, data, data

PLUS an implementation strategy that includes:

Culture change
Oversight
Systems Change
Training

What is Caring Wisely?

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)
Slide and Data Analyses by Alvin Rajkomar, MD (UCSF) © Copyright. All Rights Reserved. Cost of Care.
Caring Wisely Initiative

LEVERAGING ACADEMIC MEDICINE TO REDUCE COST, INCREASE VALUE, AND ENABLE INNOVATION

PICTURED ABOVE:
- From left: Vedat Deviren (Orthopaedic Surgery), Kevin Bozic (Orthopaedic Surgery), Christopher Ames (Neurological Surgery), Richard O'Donnell (Orthopaedic Surgery)

Neb's No More After 24: Improving Use of Appropriate Respiratory Therapies

Transfuse Just One First: Improving Blood Utilization Stewardship

Nebs No More After 24:
- Improving Use of Appropriate Respiratory Therapies
  - Evaluation and implementation of evidence-based practices

Transfuse Just One First:
- Improving Blood Utilization
  - Education and implementation of best practices

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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.”

5. Don’t 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.

Think Twice, Stick Once

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 knew it would make me grouchy.

Besides, you might be causing or hastening their anemia.

Those 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

![Graph of blood test frequencies over time](image)

![Graph of blood test results over time](image)
### Teaching Value & Choosing Wisely®

<table>
<thead>
<tr>
<th>Interventions</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>
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Now it's Time for Shark Tank!

• In your small groups (35 min)

• 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 min each)

Bright Ideas

www.costsofcare.org/TeachingValue
A Resource: Understanding Value-Based Care

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

Contact Us

www.CostsOfCare.org
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