Addressing Low-Value Care: A Roadmap for Stakeholders

Wednesday, August 5, 2020

Moderator:
Jerry Penso, MD, MBA
President & Chief Executive Officer, AMGA
Webinar reminders:

• Today’s presentation is being recorded and will be available on AMGA’s web site

• To prevent background noise, phone lines have been placed on mute

• Questions during the presentation, should be added using the Q&A section of this system and will address them at the end of the presentation
IQL20 Virtual
Transformation and Innovation
Post COVID-19
September 17-18, 2020

Register today at amga.org/IQL20
Speakers

Robert W. Dubois, MD, PhD  
Chief Science Officer &  
Executive Vice President  
National Pharmaceutical Council

Beth Averbeck, MD  
Senior Medical Director, Primary Care  
HealthPartners Care Group

Mark Briesacher, MD  
Senior Vice President, Chief  
Physician Officer & President  
Intermountain Medical Group
Navigating Low-Value Care: A Roadmap for Stakeholders

Robert W. Dubois, MD, PhD
Chief Science Officer & Executive Vice President
National Pharmaceutical Council
It’s Time To Talk About Spending

1. How much should we spend on health care?
2. How should those dollars be best spent?
Going Below The Surface Forum

Mission: Have a sustained, productive, and informed dialogue with all stakeholders to address challenging questions about spending.
Goal for the Roadmap

Create a step-by-step guide that organizations can use to begin addressing low-value care.
Navigating the Low-Value Care Roadmap

1. Set your goal to address low-value care
2. Identify opportunities to address low-value care
3. Prepare rationale for addressing low-value care
4. Determine whether or not initiative requires collaboration of organizations
5. Decide on the breadth of the initiative
6. Determine implementation approach (stakeholder-specific) and implement the initiative
7. Evaluate and share impact
8. Collaborate and disseminate

#GoingBelowTheSurface
Components of the Roadmap

8-Step Roadmap
Each step has:

- Aspirational goal
  - The ultimate goal for each step in the Roadmap

- Motivating questions
  - Questions the organization(s) must consider during each step
  - What are some potential actions, opportunities to achieve the aspirational goal?

- Case study example
  - A real-world example of how each step has been (or could be) implemented

#GoingBelowTheSurface
Addressing Low Value Care
Going Below the Surface
Roadmap

Beth Averbeck, MD
Senior Medical Director Primary Care, HealthPartners
Consumer-governed, non-profit

Integrated health care delivery and financing

Health as it could be, **affordability as it must be**, through relationships built on trust
I. Aspirational Goal

Be in the lower third of total cost of care in our region
II. Moving from Data to Action

• Structure –
  – Director who reviews data
  – Senior leaders identify opportunities
  – Expert Panel reviews evidence and sets protocols
  – Physicians and staff help in designing strategies
  – Patient input is actively enlisted
  – Project management
  – Measure impact
Total Cost of Care

WHAT IS TOTAL COST OF CARE?

• Population-based model
• Attributable to medical groups for accountability
• Includes all care, treatment costs, places of service, and provider types
• Measures overall performance relative to other groups
• Illness-burden adjusted
• Drillable to condition, procedure and service level
• Identifies price differences and utilization drivers
• National Quality Forum-endorsed

https://www.healthpartners.com/hp/about/tcoc/
Avoiding unnecessary medical care is important because care that is not needed can be harmful to patients, and unnecessary care raises health care costs for everyone... Physicians and patients both play roles in reducing the overuse of medical care in America...”

Richard J. Baron, MD
President & CEO, ABIM Foundation

“An avalanche of unnecessary medical care is harming patients physically and financially.”

Atul Gawande, MD
IV. Collaboration of Organizations

• Northwest Alliance
  – Mental Health
  – Imaging

• Back Pain Pathway
  – Physical Therapy

• Post hospital discharge
  – Paramedics and firefighters

• Mental Health
  – Crisis alliance
  – Higher ground shelter
<table>
<thead>
<tr>
<th>Spine Care / Acute back pain</th>
<th>Specialty Care Specific Work</th>
<th>Payment and model of care reform</th>
<th>Addiction Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site of Service</td>
<td>Use of opioids / benzodiazepines</td>
<td>Pharmacy de-prescribing</td>
<td>Emergency Room Use</td>
</tr>
<tr>
<td>Admissions / Re-admissions</td>
<td>Antibiotic stewardship</td>
<td>Hospital-at-Home</td>
<td>End-of-Life</td>
</tr>
</tbody>
</table>

**V. Breadth of Initiative**

**VI. Implementation Approach**

**VII. Evaluate and Share Impact**
Medical Spine Care Model

- Engaged key stakeholders across primary care, specialty care, ancillary services, and a health plan
- Using standardized tools, messages and metrics
- $1.5 million annual savings
Effective Use of Laboratory Testing

Help clinicians order only the tests the patient needs

1. Genetic testing
2. Unbundle tests
3. No routine cultures for adult strep

Eliminate unnecessary duplication or tests that don’t benefit the patient

1. Reduce use of standing orders
2. Last test result on order
3. Vitamin D
4. Individual variation
Medication Effectiveness

Help patients use medicines appropriately

1. Medicine indications
2. Use of MTM Pharmacist
3. Antibiotic stewardship
4. Opioid use
5. Generics
6. Deprescribing

Specialty Pharmacy

1. Specialty Pharmacy patient selection
   Rheumatology, GI, Neurology
2. Specialty practice step approach to use most affordable specialty drug

deprescribing.org
Appropriate Site of Service

**Emergency Room use reduction**
- Post ED calls
- Post discharge support
- Geriatric Ortho program

- Convenient Care
  - Same day appointment access (30%)
  - virtuwell.com
  - Video and phone visits
  - E consults

**Outpatient hospital vs. Same day surgery center**

**Clinic vs. Same day surgery center**
- Carpal tunnel surgery
- Vein ligation
- Cataracts (?)
HealthPartners’ Total Cost of Care

- Minnesota Benchmark: 12% decrease
- Regional Benchmark: 6% decrease

Goal = 0.90

Data from 2015 to 2019:
- Q1 2015 to Q4 2019

HP/PN Combined (HPMG, HPCMC, PN)
VIII. Collaborate and Disseminate

• Share best practice
  – AMGA
  – Other organizations
  – “Pick up the phone or email”

• Minnesota Community Measurement
  – Stakeholder collaborative
  – Transparency
Consumer Transparency

### Average cost per procedure, 2018

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Price Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>$328 - $2467</td>
</tr>
<tr>
<td>Lumbar spine MRI w/o and w/ contrast</td>
<td>$781 - $4429</td>
</tr>
</tbody>
</table>

### Consumer Transparency on TCOC

**2018 Total Cost of Care, Relative Resource Use and Relative Pricing**

<table>
<thead>
<tr>
<th>MEDICAL GROUP</th>
<th>RISK ADJUSTED TOTAL COST OF CARE</th>
<th>COST INDEX</th>
<th>RELATIVE RESOURCE USE</th>
<th>RELATIVE PRICE INDEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>HealthPartners Clinics</td>
<td>$486 ▼ $568 ▼ $250 ▼</td>
<td>-11.1%</td>
<td>-4.1%</td>
<td>-7.3%</td>
</tr>
</tbody>
</table>

Always Safe, Always Caring, Always Learning

A Foundational Approach to Reducing Low Value Care

Mark Briesacher, MD
Senior Vice President and Chief Physician Executive
Leadership

Caring
How do I show up?
What is the caregiver/team feeling?

Learning
What information needs to be shared?
What are we learning?
How we do it

• People
• Vision
• Culture
• Operating model
• Psychological safety
• Accountability
• Empowerment
• Recognition
Q&A