Applying the Triple Aim to Specialty Care: Understanding Cost, Quality and the Patient Experience in Complex Care Settings

Defining Quality and Value in Stem Cell Transplant
National Marrow Donor Program
June 24, 2014

Brian Rank, MD
Executive Medical Director, HealthPartners

Agenda

• Background
• HealthPartners’ journey
  – Culture
  – Care design
  – Intentional focus on total cost of care
Healthcare is getting more expensive...

With Median Household Income (projected to 2021)

- Median household income (adj to 2009)
- Health care costs (8% growth rate)
- Health care costs (5% growth rate)
- Health care costs (3% growth rate)

Source: Alliance of Community Health Plans

P4P: Momentum

- Rising, Unsustainable cost of health care
- Growth in chronic conditions (90% of cost)
- Variation in quality, utilization and cost
- “Consumer Directed” healthcare: patients have more direct financial risk
- Employers/Purchasers demanding improvements in “Value” of care they purchase (Government, Private)
- Supported by: IHI, IOM, Leapfrog, NQF, QIOs, JCAHO, NCQA...etc
Paying for Quality: Implications for Specialty

- Health, cost and experience measures apply to specialties
- There is variation
- Measures getting more sophisticated
- Make measurement relevant to what’s important for patients:
  - outcomes, experience, affordability
- IT: Clinical IT measurement and reporting systems (EMR)

Vision: Where we’re headed

Health as it could be, affordability as it must be, through relationships built on trust
HealthPartners

• Medical Clinics
  – 1 million patients
  – 1,700 physicians
  • HealthPartners Medical Group
  • Stillwater Medical Group
  • Park Nicollet Health Services
  – 35 medical and surgical specialties
  – 55+ primary care locations
  – Multi-payer

• Seven hospitals
  – Regions: 454-bed level 1 trauma and tertiary center
  – Lakeview: 97-bed acute care hospital, national leader in orthopedic care
  – Hudson: 25-bed critical access hospital, award-winning healing arts program
  – Westfields: 25-bed critical access hospital, regional cancer care location
  – Methodist: 426-bed acute care hospital, featuring the Jane Brattain Breast Center
  – Amery: 25 bed critical access
  – St. Francis: 86 beds (partial owner)

TRIPLE AIM: Health-Experience-Affordability
HealthPartners Clinics

% patients “Would Recommend” HealthPartners Clinics

Total Cost Index (compared to statewide average)

% patients with Optimal Diabetes Control

< 1 is better than network average

* controlled blood sugar, BP and cholesterol (per ICSI guideline A1c changed from < 7 to < 8 in 2010 and BP control changed from < 130/80 to < 140/90 in 2010)

97.1% 97%
9.0% 9.0%
90% 90%
95% 95%
90% 90%
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Transforming Care:

**Culture**

Care Design
Our Physician Culture

HealthPartners Physician & Dentist Partnership Agreement

ORGANIZATIONAL GIVES

- Involve doctors in strategy, business, and marketing
- Provide opportunities for leadership training
- Promote partnership between doctors, staff, and organization
- Include doctors in the development of patient-centered and doctor-efficient practices
- Provide opportunities and forums for doctors to discuss and deliberate important issues
- Listen to and be influenced by doctors, assume good intentions, and foster opportunities and forums for doctors to discuss and deliberate important issues
- Support a practice that works for both patients and doctors
- Be Patient Centered
- Support 6 Aims practice and remove barriers at the point of care
- Provide an environment and tools to ensure satisfying and sustainable practices
- Promote trust and accountability within teams and the medical/dental groups
- Create opportunities to educate physicians, dentists, and staff about 6 Aims centered care
- Provide support for a healthy and balanced work life for doctors
- Respect physicians' and dentists' time to allow care of patients

PHYSICIAN & DENTIST GIVES

- Be involved and engaged
- Participate in departmental and medical/dental group meetings and activities
- Engage and participate in strategy, marketing, and operations development
- Develop understanding of the business aspects of care delivery
- Provide input to strategy, marketing, and operations development
- Provide market-based and performance linked compensation
- Acknowledge and reward contributions to patient care and the organization's goals
- Create innovations for care and care delivery and be open to innovations and ideas for improvement
- Show flexibility and openness to change
- Collaborate within and across disciplines and partners to improve patient care
- Communicate respectfully and thoughtfully
- Use problem-solving approaches when addressing issues
- Provide opportunities for leadership training and renewal
- Seek ways to continually develop leadership and influence skills
Transforming Care:

Culture

Care Design

Care Design Principles

We use the following design principles to ensure our care achieves Triple Aim results:

- **Reliability**: Reliable processes to systematically deliver the best care
- **Customization**: Care is customized to individual patient preferences and values
- **Access**: Easy, convenient and affordable access to care and information
- **Coordination**: Coordinated care across sites, specialties, conditions and time
Care Design Principles

**Reliability**

- Throughout our system we develop consistent approaches to deliver reliable, standardized care focused on the patient:
  - Evidence-based
  - Decision support in electronic medical record
  - Processes are standardized
  - Defined roles and responsibilities
  - Every member of the care team contributes to their maximum potential
  - Waste and rework eliminated through Lean and process redesign techniques

**Customization**

**Access**

**Coordination**

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Care Model Process

**Before The Visit**
- Visit Scheduling
- Pre-visit Planning
- Check in/Check out
- Visit
- After Visit Summary
- Test result reporting
- Standardized call back requirements

**During the Visit**
- Check-in
- Visit

**After the Visit**
- Follow-up

**Between Visits**

**Modules in Place**
- Advance Directives
- Chronic Care
- Disease Registry
- In-basket management
- Medication refills
- Opioid management
- Patient communication

**Team Members**
- Physician Led
- Registered Nurse
- Rooming Staff
- Clerical Staff
- Ad hoc: dieticians, diabetes educators, pharmacists
Care Design Principles

- First we standardize to the science; then we customize care to individual patient preferences and values and unique human characteristics

Shared Decision Making

- For the following:
  - Breast Cancer
  - Prostate Cancer
  - Lung Cancer
  - Disc herniation
  - End-stage kidney disease
  - Vaginal birth after C-section
  - Incontinence and benign prostate hyperplasia
  - Advance Directives
- Also consider it part of our relationship with our patients
Care Design Principles

We design ways to make care and information

• More convenient
• Easy to access; and
• Affordable
Care Design Principles

We coordinate care across sites, specialties, conditions and time

Lung Cancer Pathway

- Consistent, coordinated approach to providing evidence-based care
- Partnership between primary care, oncology, pulmonary and thoracic surgery
- Developed by patients and doctors together
- Pathway is built into electronic record
  - One order for all lung nodules and cancers
  - Standardized treatment algorithms based on best evidence
  - Ability to measure outcomes
- Impact for patients
  - Builds confidence and trust when patient had one evidence-based care plan across all specialties
  - Increases satisfaction when care is coordinated by the same nurse
- Pathways also in place for colorectal, esophageal, pancreatic and brain cancers
Intentional focus on total cost of care

What is Total Cost of Care?

- At a high level, it’s a population-based measure that can be attributed to medical groups for accountability
- Measures overall performance of a medical group relative to other groups
- Includes all care and treatment costs
  - Professional, facility inpatient and outpatient, pharmacy, lab, radiology, and other ancillary services
- Illness burden adjusted for accurate comparisons and benchmarking
- Uses attribution based on plurality of visits
- Sorts out price differences and resource use drivers
www.healthpartners.com/tcoc

- Full transparency measurement methods and logic available in the public domain, free of charge
- The site contains all information related to the NQF submission, as well as the TCOC white paper and examples of the measurement in use

Total Cost of Care Data

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To avoid these things . . .

- Preventable hospital admissions/readmissions
  - 2/3 related to chronic conditions
  - 1/3 related to procedures/surgeries
- Avoidable emergency room visits
- Variation in lab testing
- Use of higher cost drugs when generic is available
- Variation in use of high tech diagnostic imaging (MRI/CT)
- Care provided in a higher cost setting when another venue is available (e.g. same day surgery center)
- Price increases

..... do these things (Triple Aim Project Portfolio)

- **Keep people healthy**
  - Preventive Care
  - Optimal health for patients with diabetes, vascular disease, depression & asthma
  - Engage patients in healthy lifestyles
- **Provide coordinated care for patients with chronic/complex conditions**
  - Population health, care management, care transitions
- **Engage patients and communities**
  - Reduce disparities
  - Use shared decision making
  - Provide patient centered care at the end of life
- **Offer more convenient and affordable options**
  - Call, Click or Come In
  - vitruwell
- **Do what we do efficiently**
  - Care Model Process
  - Reduce Waste
- **Practice evidence-based care**
  - Appropriate use of generics, imaging and lab
  - Back and neck pain
  - Low-risk chest pain protocol
  - Joint replacement pathway
  - Cancer care pathways
  - Pain management
  - Hospital checklists/order sets
  - Avoiding CHF admissions from the ED
  - Implement standardized pre-op order sets
  - Develop and implement organizational plan for medication reconciliation
  - Focused improvement on Specialty Care (tiered specialties and others)
  - Implement key “Choosing Wisely” decision support systems
- **Avoid harm by eliminating**
  - Hospital acquired infections
  - Falls and pressure ulcers
Evidence-based protocols

- Better care for low risk chest pain & heart failure
- Protocol coordination across Cardiology, ER, and Hospital Medicine.
  - Defines low risk chest pain & heart failure
  - Stress test scheduled for next day, even weekend
- Admissions/observation status avoided since implementation:
  - Chest Pain: 50 per month
  - Heart Failure: 5 per month
Spine Care Model

- Focused on patients seen in clinics and emergency department with non-specific back pain
- Evidence-based spine care model with standard protocols
- Education and support for providers and patients
- Offer physician-guided spinal strengthening program
- Measure avoidance of imaging, narcotics, surgical referral and injections

Health as it could be, affordability as it must be, through relationships built on trust