Employers and Providers Collaborating for Value

Blanchard Valley Employer Data Project (“EDOC”)
Key Questions

• How can hospitals and physicians *locally* work together to better engage patients to reduce variation?

• A significant portion of variation in healthcare is “unexplained.” What might we do together to better illuminate the reasons for variation?
The Premise of EDOC

The hospital’s accountability to the community includes helping to control healthcare costs to sustain jobs, as well as retain employers.
EDOC Purpose

• Reduce variation in care processes
• Use “evidence based guidelines” as a local standards of care
• Improve value: clinical quality + service quality
  Cost
• Educate employees to improve health and compliance
EDOC Data

- Data from large employers’ third party claims administrators
- Comprehensive claims data: inpatient, outpatient, physician, ancillary and pharmacy
- 2002 – 2009, updated annually
- Arrayed into “episodes of treatment groups” (“ETGs”)
- Severity adjusted
Employer Data Project Structure

Employers

Oversight Committee

Hospital System

Physicians Of IPA
The EDOC Concept

- Transparently share clinical performance data.
- Jointly set objectives
- Tackle physician office based quality
- Tackle the “V” in the
  \[ \text{Cost} = \text{Price} \times \text{Volume} \] equation
EDOC Projects to Date

- Hypertension
- Diabetes
- Inpatient glucose control
- Gastro-Esophageal Reflux Disease (GERD)
- Otitis Media
- Knee replacements
- Osteoporosis Prevention
- Asthma and COPD
- Hyperlipidemia
- Employer Sponsored Medical Home program
EDOC Projects Sample Results

Hypertension Patients:
- Blood pressure control improved 26.8% over 2 years
- Two year savings of $528,000 on 4352 patients

Inpatient Care for Diabetics:
- Elective surgeries not scheduled unless patient with diabetes has recent A1C test of under 8.
- Use of basal insulin for diabetic inpatients increased from 51% in 2008 to 69% in 2010

Outpatient Diabetes Care:
- Diabetic patients having at least 1 lipid test per year increased from 60% in baseline to 80% after project
What We Have Learned

• Employers look at total healthcare costs
• Providers look at the care of individual patients
• Most employers have been passive in regard to influencing employees’ health.
• Wellness and prevention efforts add short term costs -- on the promise of long term savings.
What We Have Learned

- Reduction of variability is a standard approach in manufacturing

- Medical care is an expensive “black box” to employers
Employer Sponsored Medical Home Program

Developed jointly by EDOC and Whirlpool Corporation
Employer Sponsored Medical Home Program

• 42 local physicians & nurse practitioners in Findlay and rural practices are contracted to be Medical Home providers

• Whirlpool reimburses providers for Medical Home services
  – Monthly stipend per medical home enrollee
  – Regular fee for service
  – Performance based bonuses started 1/1/2011 for defined set of metrics
Employer Sponsored Medical Home Program

• Started 1/1/2010
• Focuses on chronic disease conditions and preventive care
• Whirlpool reconfigured enrollee benefits to:
  – support patient compliance;
  – incentivize enrollees to participate in healthy activities
• Health system employees joined 1/1/2011
• Expect to add other employers in the future
Registry provides physician with alerts for care due along with history of care delivered and results.
### Physician Performance on Inpatient Basal Insulin Use

**September, 2009 Study**

<table>
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<th>100% - Better than the Goal</th>
<th>Better than the Mean of 68.3%</th>
<th>Below the Mean of 68.3%</th>
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5 Physicians | 18 Physicians

Individual physician results have been sent to the physicians and shared with BVRHC Medical Executive Committee and at Med Staff meetings (like this slide).
Number of preventive services and ER use for the same population of 1752 patients before and after implementation of Patient Centered Medical Home Program

<table>
<thead>
<tr>
<th>Preventive Service</th>
<th>Before Patient Centered Medical Home</th>
<th>Patient Centered Medical Home started 1/1/2010</th>
<th>% Change</th>
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<tbody>
<tr>
<td>Wellness Exam (annual physical for adults or well-child visit for children)</td>
<td>550</td>
<td>1176</td>
<td>114%</td>
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<td>Mammogram (age 40 and over)</td>
<td>186</td>
<td>322</td>
<td>73%</td>
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<td>Colonoscopy (age 50 and over)</td>
<td>50</td>
<td>152</td>
<td>204%</td>
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<td>PAP smears</td>
<td>223</td>
<td>294</td>
<td>32%</td>
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<td>ER visits (# of patients with one or more ER visits)</td>
<td>234</td>
<td>225</td>
<td>-4%</td>
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Run date: 3.31.2011
What’s This All About?
The Health System Perspective

– Accountability to our patients
– Accountability to employers who pay the bill
– Consistent with our mission, vision and values: QUALITY SUPERIOR TO BENCHMARKS

Delivering Value
Key Opportunities

1. Hospitals together with physician partners must take aggressive action to reduce inappropriate variation within their own organizations and collaborate with others to address inappropriate variation across the care continuum

2. Need for a better evidence base, timely data across the continuum and tools for intervention
Our Perspective

Hospitals must accept accountability for what they can control, but cannot tackle the problem alone

- Variation is not just a hospital issue
- Must be done in partnership with physicians
- Other stakeholders must step up to the plate – employers, community leaders