

Value Driven Healthcare in Action: a Four Pronged Approach to Meet Consumer Transparency, Quality and Access Demands

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I'm speaking with Linda Davis, a consultant for the Buyers Health Care Action Group in Minnesota. Linda is presenting at HIN's audio conference on, "Value Driven Healthcare in Action: a Four Pronged Approach to Meet Consumer Transparency, Quality and Access Demands." Thanks for joining me today Linda.

LINDA DAVIS, CONSULTANT FOR THE BUYERS HEALTH CARE ACTION GROUP IN MINNESOTA: Thank you.

PATRICIA DONOVAN: Linda, one initiative from the Action Group rewards providers based on how well their diabetic patients meet a set of clinical measures. I would like to discuss the Action Group's most recent newsletter, "Ahead of the Curve" that analyzed some of the practices of the rewarded groups versus the non-rewarded groups in the diabetes care initiative. In general, it appears that physician groups with EHRs as well as those who involve themselves in patient behavior modification were more likely to be rewarded. Can you tell me a little about the practices of the rewarded groups and what you've learned from them?

LINDA DAVIS: One of the key indicators of the rewarded group was that they do their own internal measurement and reporting, and that their reporting internally is transparent. So every physician and his nurse working in that organization knows how every other individual is performing against each other and that creates a very significant cultural change and a very different motivation.

As you know, physicians are very competitive and I hear that nurses who support those physicians are very competitive with

each other and that once they see how they're performing that really drives behavior change. One of the pre-requisites however to do that measurement is means of doing that measurement. Now we have seen medical groups who have done this manually and we have medical groups who do this with electronic medical record and some do it through the use of registries or some other electronic means. And obviously it's much easier if it's done electronically than if it's done manually. The manual extraction of information from paper charts with handwriting that's difficult and notes in a variety of spots to record and then compile the information in the population management format so that scores can be generated for physicians is laborious and very difficult and time consuming. Those groups who have either implemented their own home grown registry or who have bought off the shelf registries or have built in reporting capabilities from the electronic medical records are much farther along in terms of being able to report internally.

In fact, the groups that we have seen do the most improvement month over month over month are those that have refined and perfected their internal reporting capabilities and report on a monthly basis back to their provider groups. So we think that's really key.

Now what has to happen of course is a redeployment of resources, so that you have somebody who knows how to extract data and collect data or put it into some kind of a format that is meaningful. And we've seen groups as small as 2-3 physicians do this with a nurse who works part time at this along with the support of maybe an administrative person up to very large medical groups who have 30+ locations who have hired individuals with extensive knowledge of technology and statistical analysis, and are highly sophisticated. So it's not impossible for the very small practices to do.

I do admit that it's much more difficult and time consuming for

them to do, and for them to deploy the resources it takes leadership on the part, it takes commitment and leadership. We hear over and over and over again and it takes a physician champion who is going to lead the group in this direction to say this is where we're going to deploy our resources and invest our time and energy. So I hope that answers your question.

PATRICIA DONOVAN: It does. Thank you very much Linda. Now this study was completed I believe about a year ago. What kind of trends have you seen since then in the months since the study was completed?

LINDA DAVIS: We actually have embarked on a new way of measurement for public reporting through what we call a direct data submission process where medical groups provide us with their clinical information either from their paper or their electric records. We've provided them with a format to report the information. 30 medical groups have actually provided us with these data on diabetes specifically at this point in time we've just completed our first pilot, which included a validation process where we actually went out and met with each of the groups who scored high to verify that they correctly identified the denominator and the population that they were measuring and extracted accurately from the medical record. And we've found that just the process of measurement again is extremely valuable in terms of motivating individuals to improve their care, individuals in the organization. We also have found however, groups that are more advanced in terms of—there are improvements that can occur at the low hanging fruit, where it is plucked so to speak and documentation occurs on the medical records.

So for example if you need to document that a patient is taking aspirin or that they're not smoking and you have that documentation you can raise your scores just by virtue of documenting that and paying attention to it. And that's really easy to do. It gets a little tougher when you have to lower the

hemoglobin A1C and the blood pressure and the LDL. And that requires working with the patient on their own behavior in many cases, making sure that they take their medication, making sure that they manage their diet and their exercise and it really does involve behavior change, and patient activation, as some folks call it. Physician groups who have started to work on that and figure out how to do that are the ones that are advancing at this point in time. They do that through a variety of means. One is by very directly addressing that goal with the patient and having it very explicitly stated and holding the patient somewhat accountable to that goal and rewarding them for that. In fact, we have one medical group who sent out thank you cards to patients once they meet their agreed upon goals, and by using a team approach. The Wagner model as you might recall is the model not just physicians provide the care, but where you have educators and other individuals within the clinical practice working with the patient. And one of the difficulties for smaller practices is access to certified diabetic educators. They found that if they have that access that can be a huge assistance in helping patients learn what they need to do to manage their diabetes and motivating them to do it.

PATRICIA DONOVAN: Thank you Linda. If I could just follow up on that as far as the diabetes, certified diabetes educators, what can a smaller practice do? Are there models where perhaps these educators could be shared among practices? Or what suggestions do you have for practices that would like to add this type of coaching?

LINDA DAVIS: We've seen that begin. That's not a model that most physicians think about. They want to have somebody under their own roof so to speak. We've been to see physicians referred to other centers that have certified diabetic educators. Now the challenge with that is access, having enough of them and having them adequately reimbursed, in many cases health plans don't cover the full cost of that or they don't cover it at all. And

that's a real challenge. So that's kind of the next step that we're working on actually in Minnesota with our purchasers is making sure that that education is covered for diabetes. But yes they can kind of pool their resources so to speak and find others in the community and make arrangements so that patients can use those. Not without challenges however.

PATRICIA DONOVAN: I see. Thank you Linda. Those are all the questions that I have today. I wanted to thank you for being with us. And we're looking forward to hearing more from you during the audio conference.