

How the ACO and YOU can use data to Succeed

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Objectives

- Define the data use strategies available for ACO's and/or budgeted medical groups to succeed
- Describe the types of data increasingly available to practitioners and ACO groups
- Emphasize reducing unnecessary variation as a primary tool to increasing appropriate care through reducing overuse and underuse of services
- Underscore the importance of practitioner's being involved in constructing and evaluating physician reporting programs

“It is difficult to get a man to understand something when his salary depends on his not understanding it”



Upton Sinclair
I, candidate for governor; and how I got licked.
Berkeley, CA University of California Press
1994. P. 109
Reprinted from the Original published in 1934

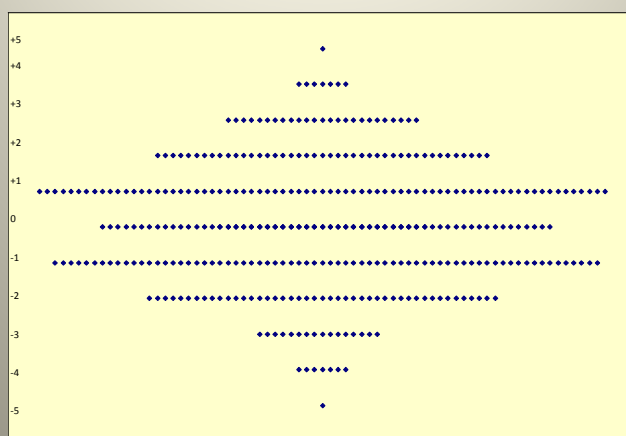
Our Task

- Ensure patients receive the right test at the right time by reducing overuse and underuse of services
- Support the creation of an affordable health care system
- Engage the professional community in a respectful data driven process to promote optimal care
- Create clear, value driven, transparent goals that encourage the practice community or ACO to collaborate around a data driven process

Current Data Foci

- Utilization reports to maximize revenues or RVUs
- Individual Performance Reports to Compare Practices and/or Practitioners based on Quality, “Efficiency”, Experience of Care
 - Not actionable
 - AMA Standardized report project
- Quality Improvement Reports – Usually focusing on Underuse measures

Internal Medicine and Family Practice - 2005
Number of Measures
A Doctor is 25% Above or 25% Below Peers In Specialty



Each point is a doctor

ripa reported Feb 2006

Why are ACO's needs different?

- Capitated contracts – at full risk – overuse becomes an important measure
- Health care delivery becomes a team exercise – coordination is critical to success
- Cost focuses on the team's care, less on each individual
- But understanding each individual's role is critical
- With limited resources, finding the most important actionable measures becomes critical to success

For ACO's and its members to succeed

- ACOs have two ways to responsibly manage contracts:
 1. Reduce Unnecessary Variation to decrease overuse in high cost high volume services (providing the capital to fund #2)
 2. More Effectively Managing Chronic Disease resulting in reductions of hospital, ED and high cost low benefit services (especially at end of life)

Data needs to support these 2 activities

Reducing Unnecessary Variation is easier and faster.

The Goal of Data in the ACO

- Identifying actionable unnecessary care and encouraging necessary care

The emerging tool to accomplish that goal is
Variation Analysis tied to Appropriateness
Guidelines

Variation Can Be:

- Cost per Service
- Services per Episode
- Cost per Episode
- All of the above

Why Variation

- Separating cost and quality has failed – $V=Q+S/C$
- Quality can be defined in terms of reducing overuse, misuse and underuse (IOM)
- Physicians respond to conversations around appropriateness
- One important marker of appropriateness is explaining variation in care that exists
- Peer Comparison data is the most powerful motivator of behavior change

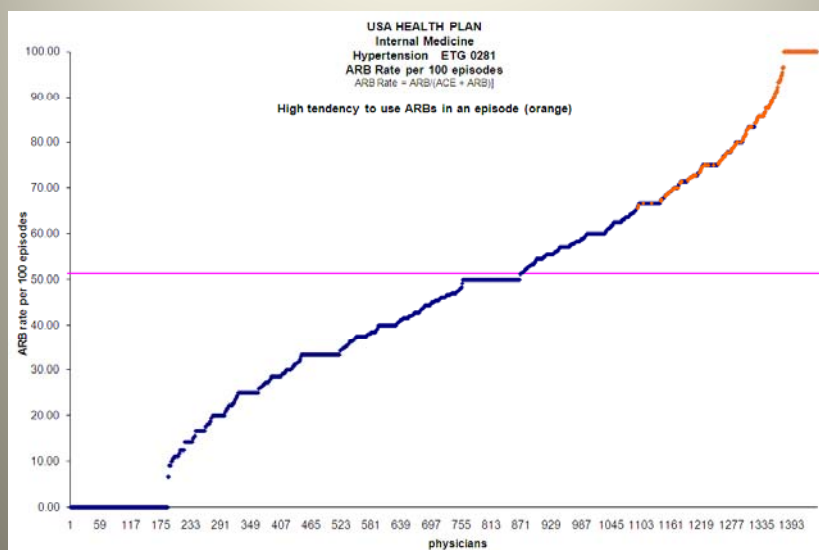
Beckman H. Ann Intern Med. 2011;154:430

March 29, 2012

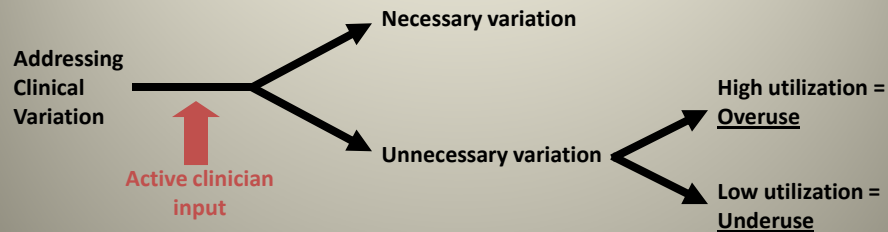
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Variation Is Often Significant



Choosing Clinically Appropriate Areas on which to Focus

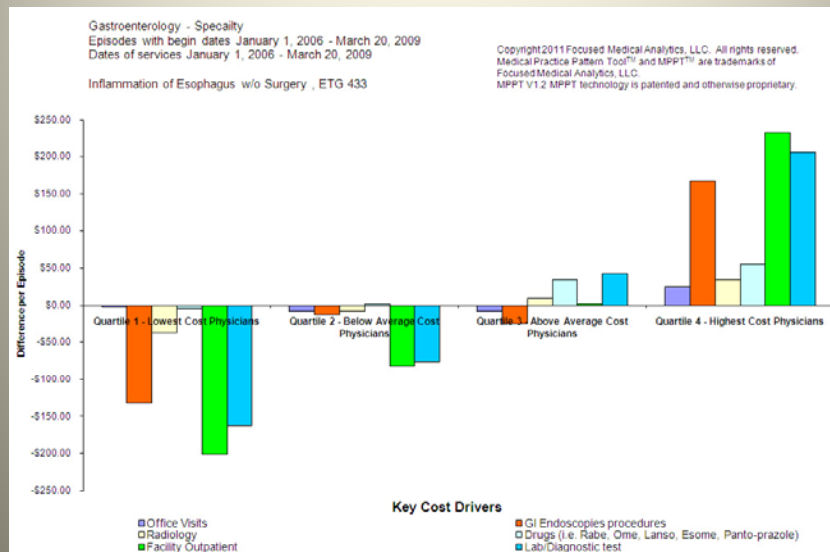


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Where is the Variation?



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Why So Much Variation

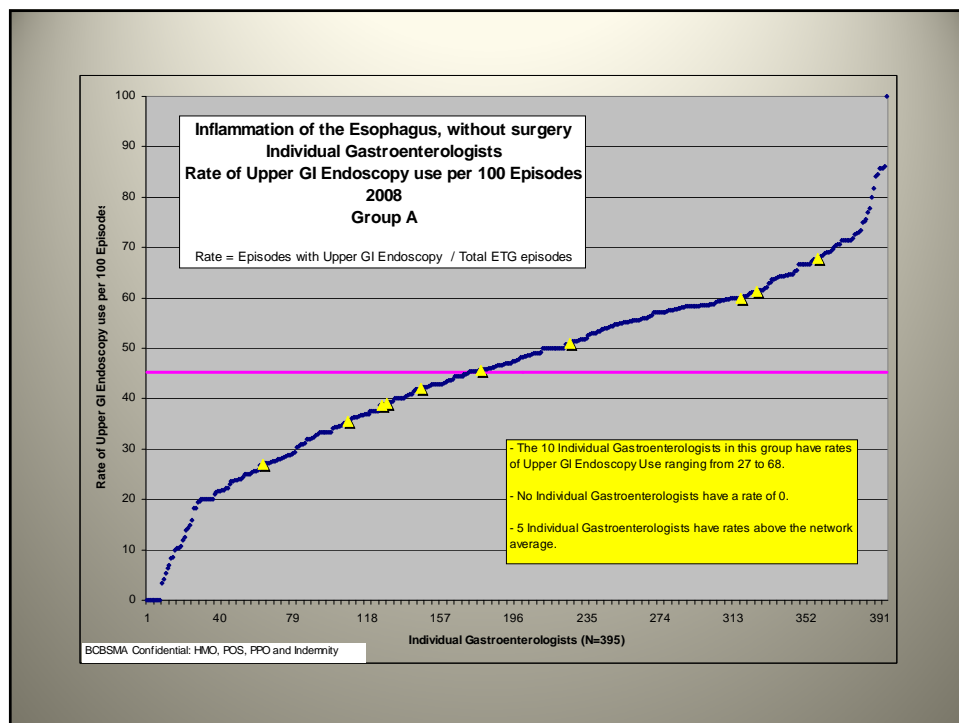
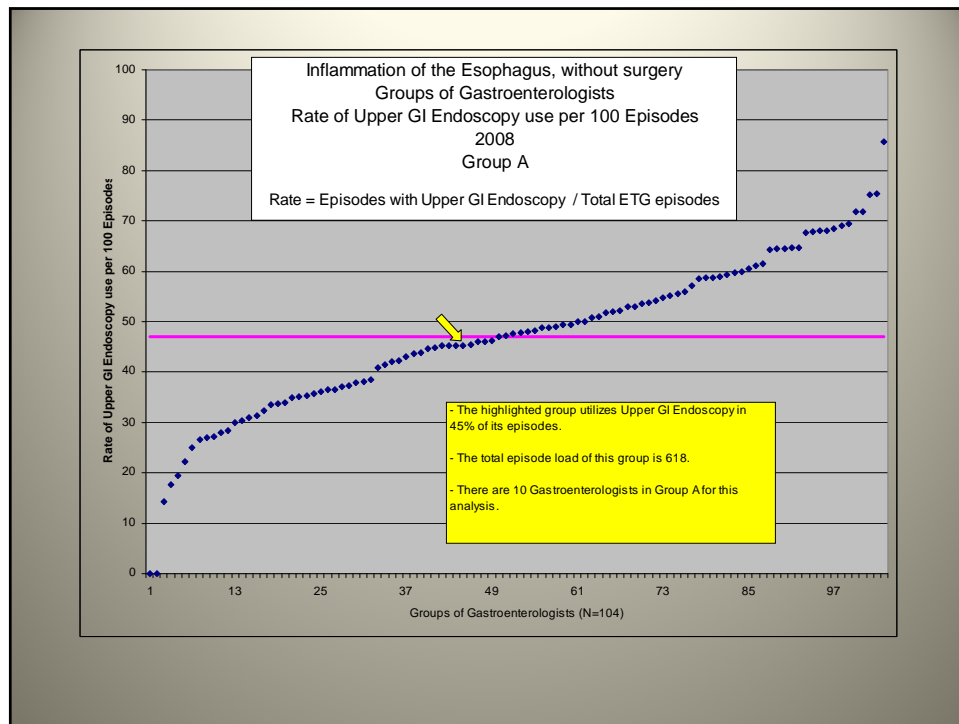
- Decisions are driven principally by anecdote, experience, intuition and training (J Lock et al. CHD. 2010)
- There is remarkable variation at every level of care:
 - Regional (Wennberg, Fisher)
 - Between Practices (Beckman)
 - Within Practices (Beckman)

Why So Much Variation

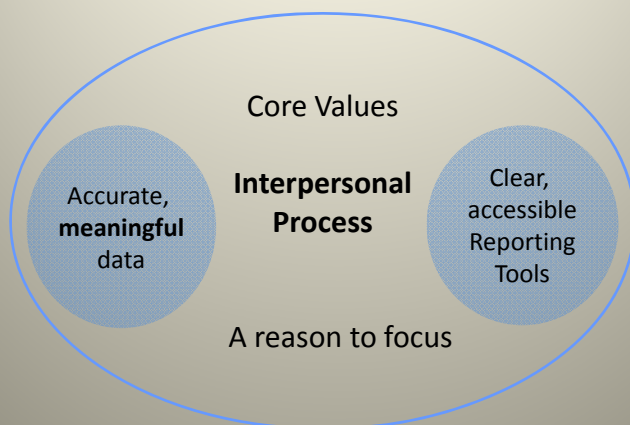
Table 2. Basis of Decisions

	Number of Decisions*	% of Total
Experience/anecdote	441	37.1
Arbitrary/Instinct	175	14.7
Trained to do it	173	14.6
General study	146	12.3
First principles	146	12.3
Limited study	61	5.1
Specific study	34	2.9
Parental preference	6	0.5
For research	4	0.3
Avoid a lawsuit	2	0.2
*Rounded to the nearest integer.	1188	100.0

** Darst JR, et al. Deciding without Data. Congenital Heart Disease. 2010;5:339



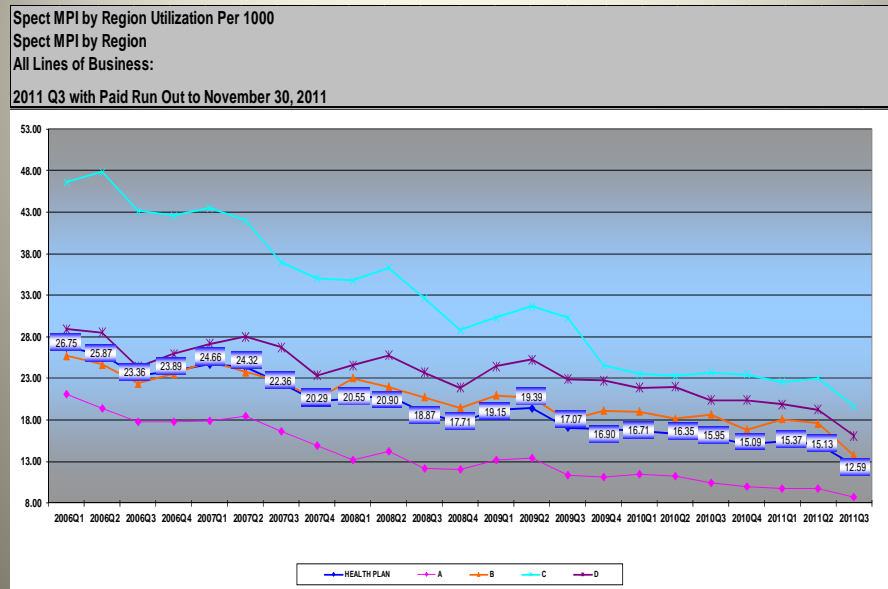
Engaging Physician in Change: All are required



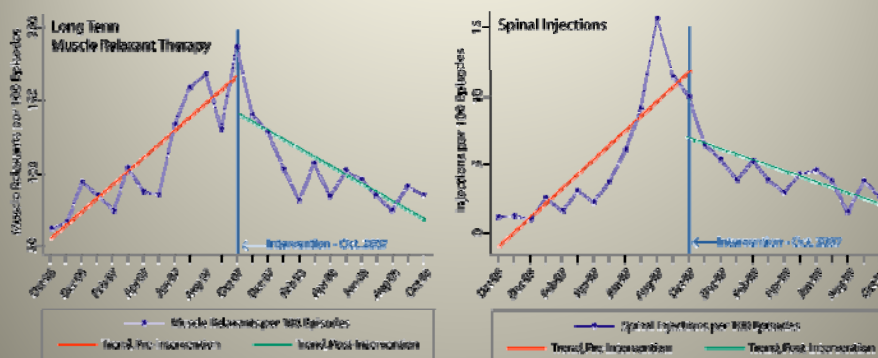
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Does Reducing Variation Work

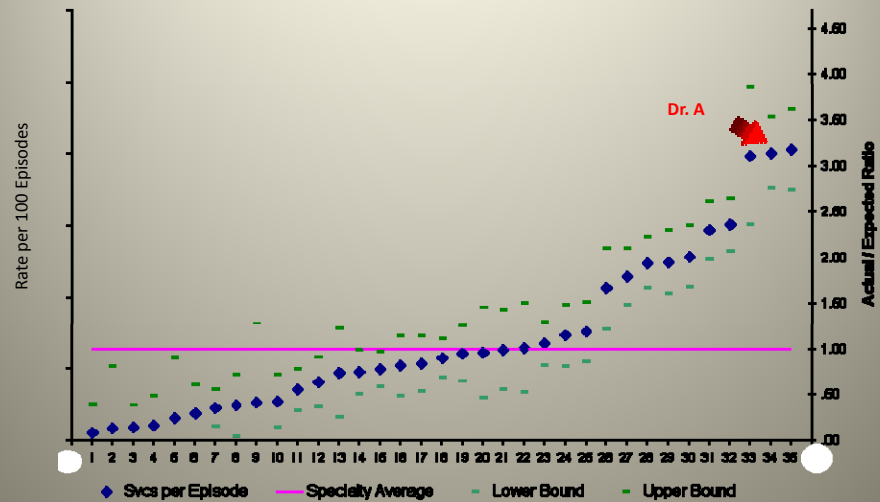


Another Example



Chris Cammisia, **Gregory Partridge**, Cynthia Ardans, Katrina Buehrer, Ben Chapman, and **Howard Beckman**. Engaging Physicians in Change: Results of a Safety Net Quality Improvement Program to Reduce Overuse American Journal of Medical Quality 1062860610373380, first published on September 27, 2010 doi:10.1177/1062860610373380

Case Mix Adjusted Utilization Curve – Fiberoptic Laryngoscopy in ENT

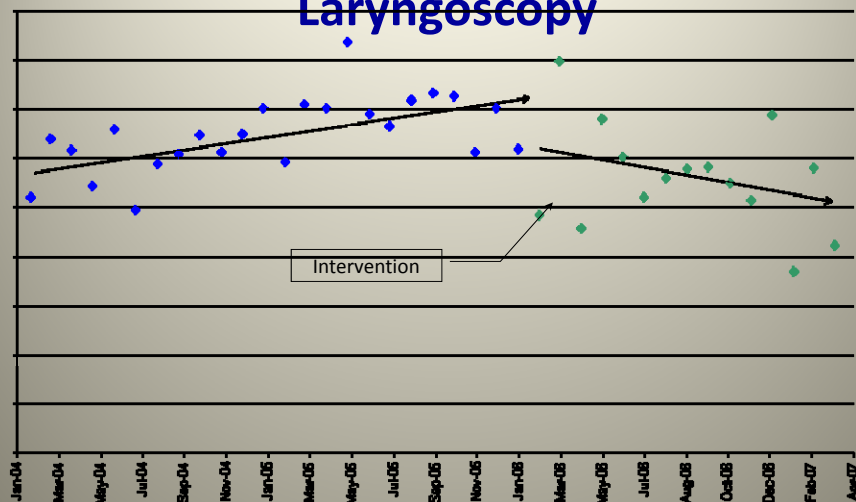


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Outcome on ENT Fiberoptic Laryngoscopy



Greene RA, Beckman HB, Mahoney T. Beyond the Efficiency Index: Finding a better way to reduce overuse and increase efficiency in physician care. Health Affairs. 2008;27:w250-w259. (Published online May 20, 2008:10.1377/hlthaff.27.4.w250.

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Summary

- More sophisticated data, including outcomes from EHRs, is increasingly available
- Transition from services as revenues to services as expenses
- Evidence is mounting that overuse can be identified and successfully reduced as underuse is addressed
- ACOs require new ways of analyzing health care data
 - Episodes of care
 - Team based outcomes
 - Variation analysis drawing attention to savings in reduction of overuse of services