



# Sutter Medical Network



*Building the Bridge  
to the Future*

*2009 IHA Pay for Performance Stakeholders Conference*

*Michael van Duren, MD, MBA*

# Outline

## *You will learn*

- How to quickly spread a new initiative
- How to motivate physicians
- How to motivate medical directors
- How to measure progress
- What mistakes to avoid

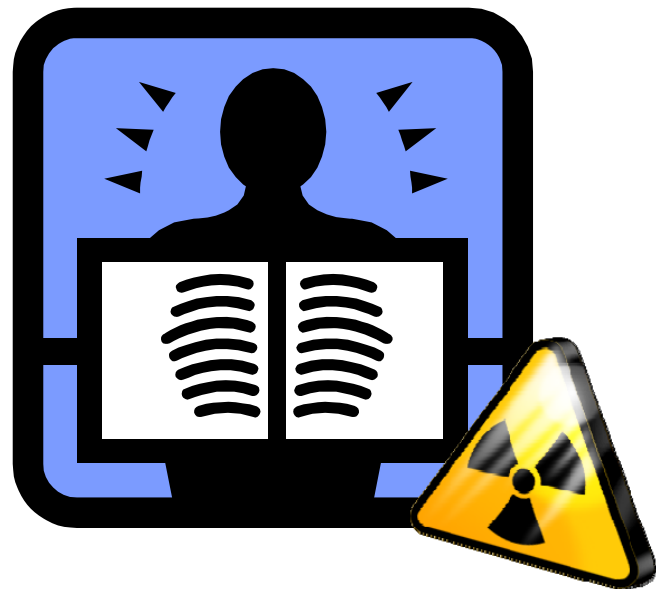




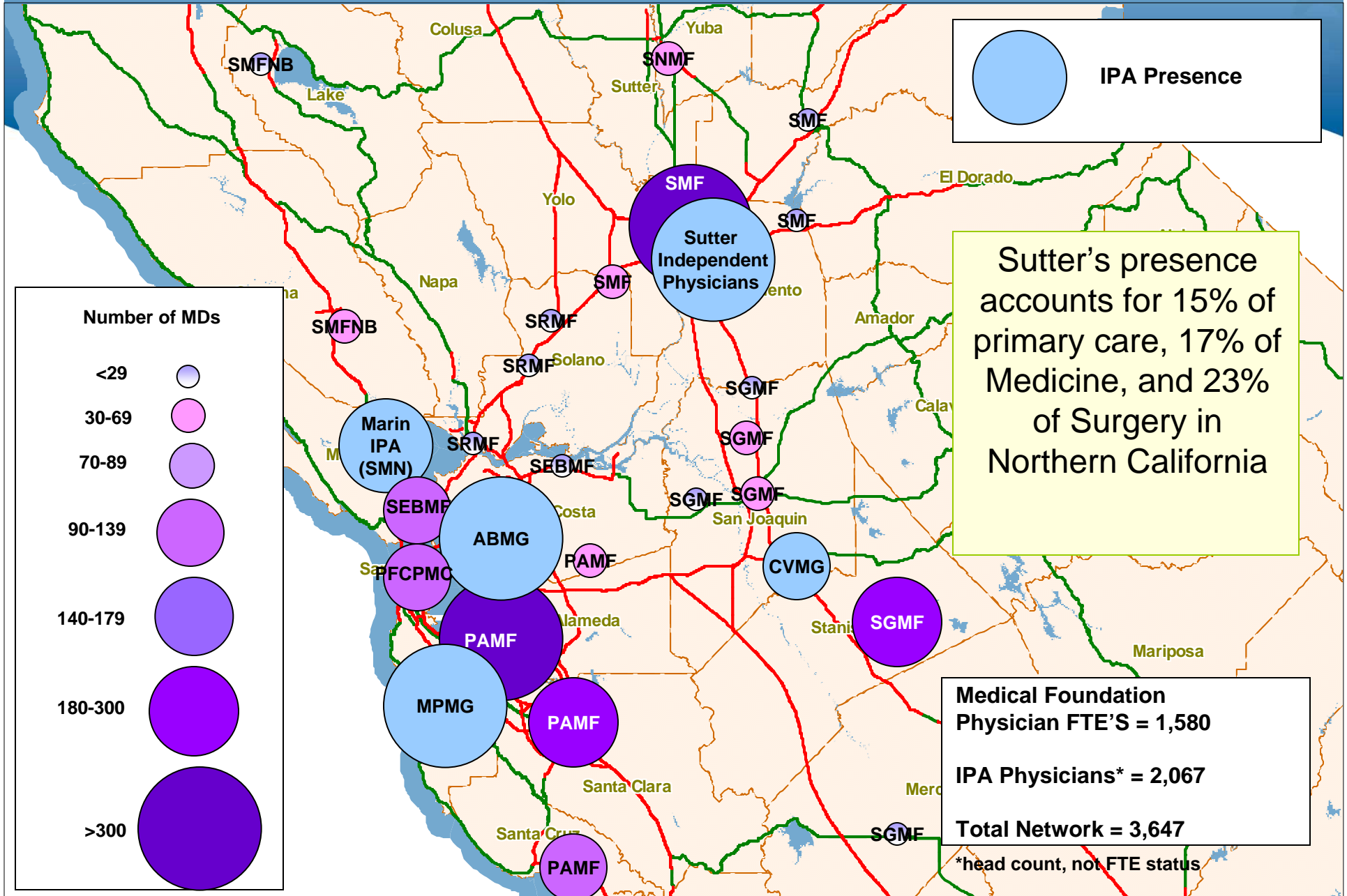
# Adoption of New P4P Measure — Imaging for Low Back Pain

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

- Excludes identified cancer, trauma, drug abuse, neurologic impairment diagnoses



# Sutter Medical Network



# Exceptional Patient-Centered Care

Proudly Given by the Physicians of the Sutter Medical Network



*Sutter West  
Medical Group*

Affiliated with the  
Sutter Medical Foundation  
*With You. For Life.*

**PA**  
al Care

ion



Sutter Medical Network  
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# Objective for Project

1. Improve performance on new Imaging for Low Back Pain P4P measure across Sutter Health
2. Support medical groups/IPAs in building capacity to reduce variation in care
  - Establish a process for disseminating physician-level data and a working communication channel
3. Inform development of necessary training and centralized support systems for groups (staffing, analytics, etc)



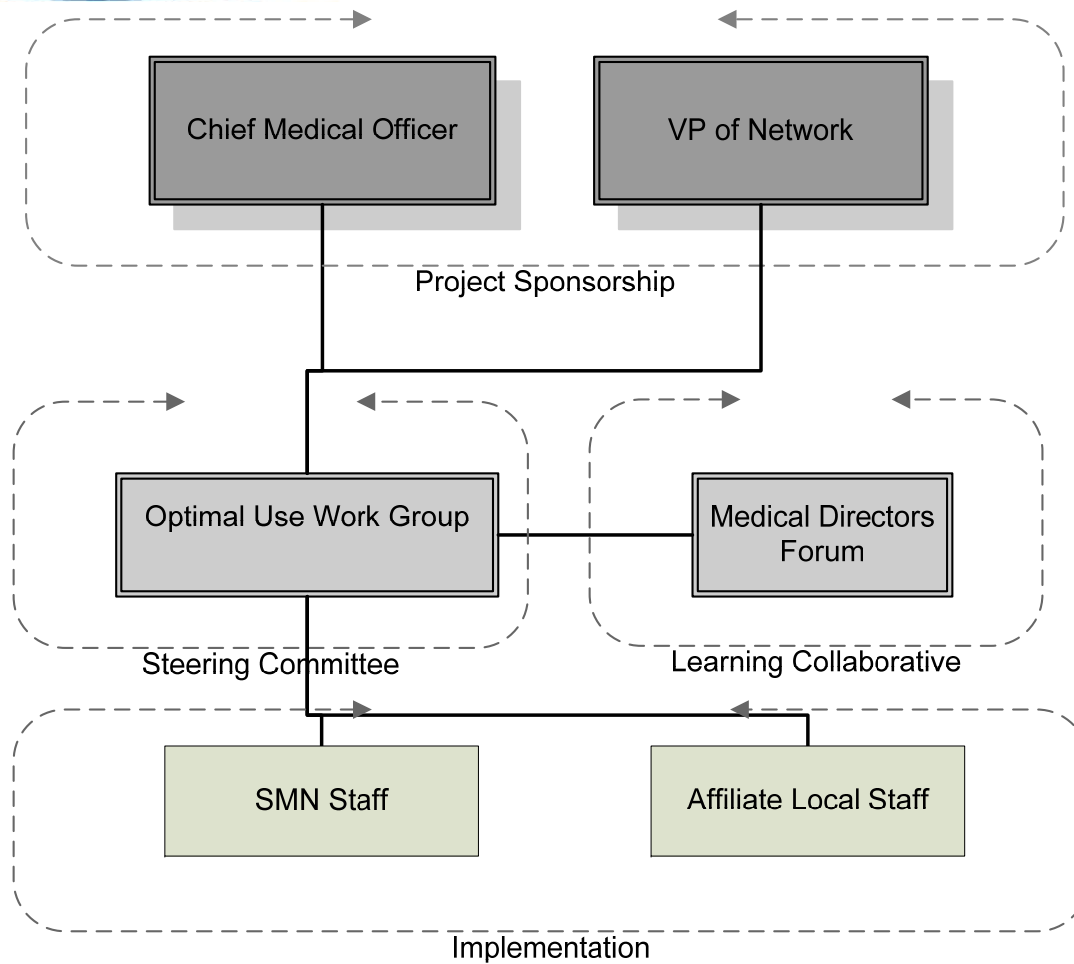
# Our Approach

# Our Approach

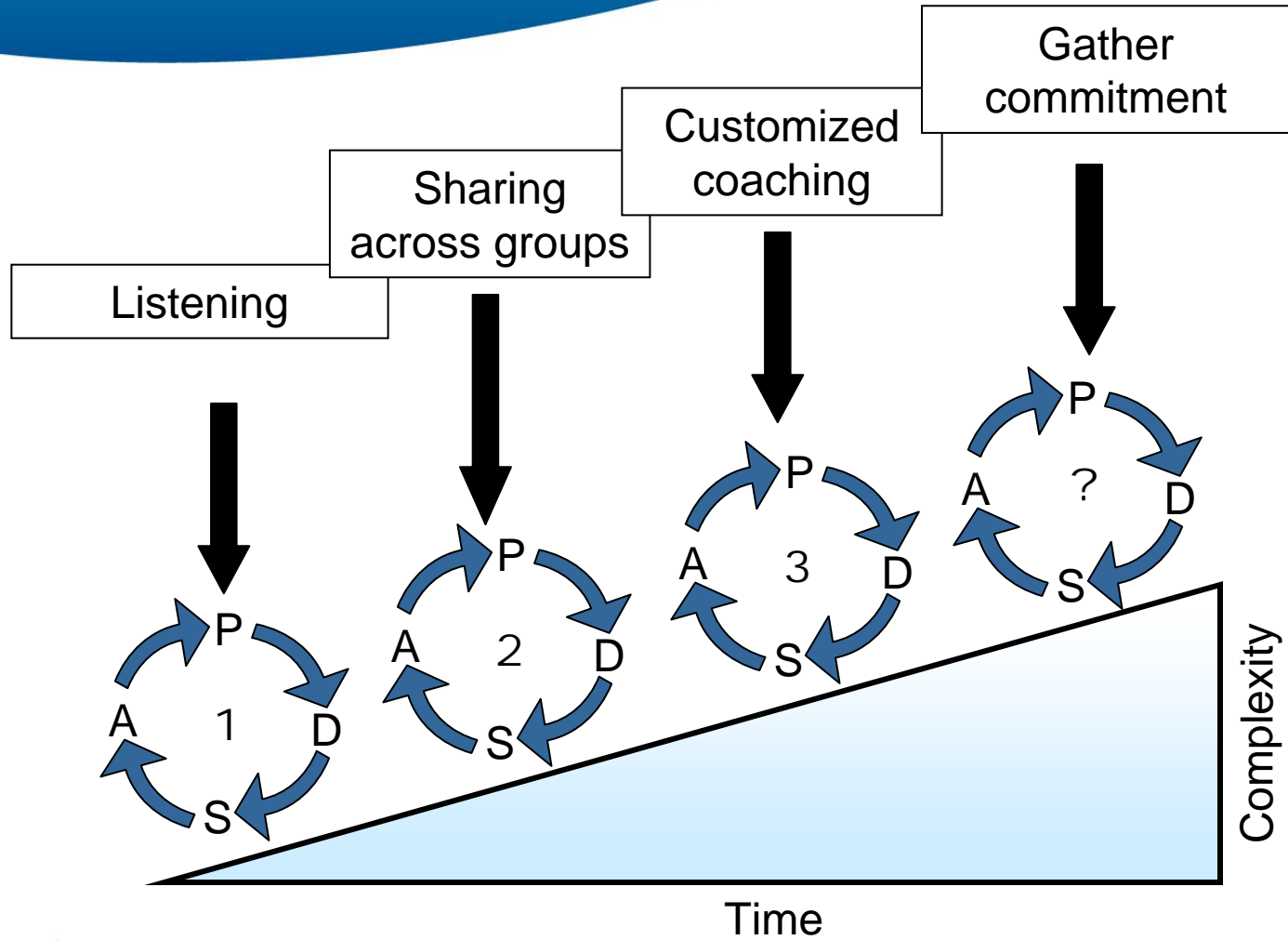
- **Project Structure**
  - Steering Committee
  - Learning Collaborative
- **Method for Roll-Out**
  - Structured Interviews
  - Individualized Coaching
- **Data Driven**
  - Supportive Materials and Tools
  - Rapid Cycle Improvement
- **Evaluation**
  - Performance and Process



# Project Structure



# Method for Roll-Out



# Start by Listening

- Utilize structured interviews to meet each group where they are

## Interview Guide

1. How do you envision this work dove-tailing with SPA's low back pain program?
  - a. Please describe their low back pain program.
  - b. How would you be measuring the impact?
  - c. What is the estimated timeline for the low back pain program?
2. Who, from SPA and the Medical Groups, would be involved in this variation reduction project? Are they the same people as would be involved in the low back pain program?
  - a. Project Sponsor
  - b. Project Lead
  - c. Analytical Support
  - d. "Local Content Expert"
  - e. Department Head
3. What level of training/education are needed to support roll-out?
  - a. Soft skills
  - b. Hard skills
  - c. Variation Reduction Process
4. Given who would be involved, what of the core curriculum would be most relevant? (review mock core curriculum)
5. What level of training/education are needed to support roll-out?
  - a. Soft skills
  - b. Hard skills
  - c. Variation Reduction Process
6. Given who would be involved, what of the core curriculum would be most relevant? (review mock core curriculum)



# Customized Coaching

- Persuasion through informal influence
- Personal contact between SMN staff and group
- Sharing of best practices
- Customized at local level



# Sharing Across Groups



# Commitment to Improvements

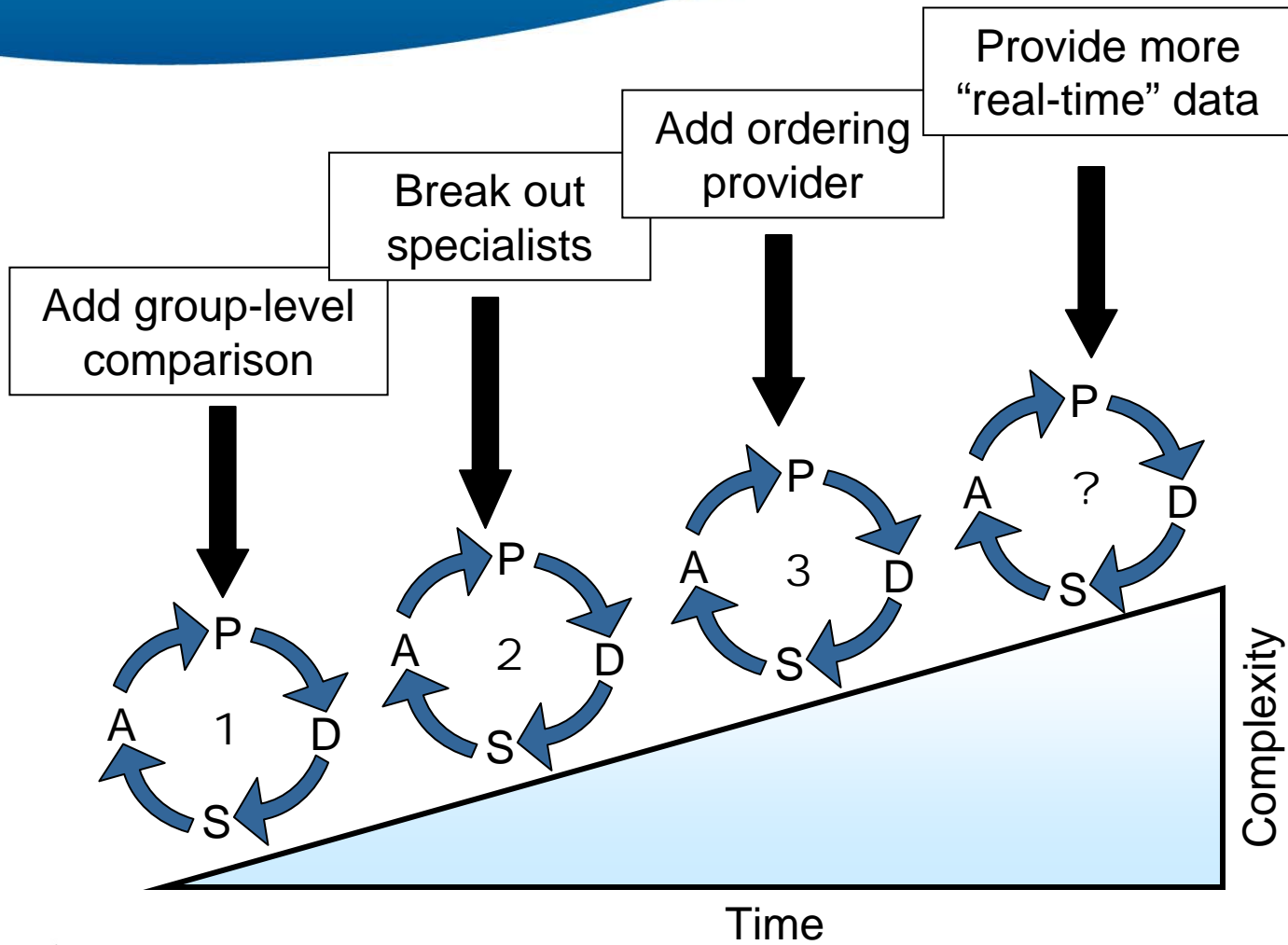
Variation Reduction Project Description	
<b>Section 1</b>	
<b>Project Title:</b>	
<b>Team Leader:</b> <i>(The person who will assume day-to-day leadership for the variation reduction project.)</i>	
<b>Team Sponsor:</b> <i>(The executive or system leader who will set parameters for the project and will help remove barriers.)</i>	
<b>Team Champion:</b> <i>(An individual who will promote the project throughout the work site; someone who is an opinion leader.)</i>	
<b>Team Members:</b> <i>(Those people who have technical expertise with the process and expectations regarding the outcome of the process.)</i>	
<b>Key Contact:</b> <i>(The person listed on the Sutter Medical Network website that would respond to inquiries about the project.)</i>	
<b>Senior Leader Approval:</b> <i>(The CEO or group president or delegate who approved the improvement project idea and agreed to its alignment to organizational goals.)</i>	
<b>Organization:</b>	
<b>Link to Organizational Goals:</b>	

The Problem - What are we trying to accomplish?	
<b>Aim Statement:</b>	
Data - How will we know that a change is an improvement?	
<b>Outcome Measures:</b>	
<b>Process Measures:</b>	
<b>Balance Measures:</b>	

Section 2	
Changes - What changes can we make that will result in improvement?	
<b>Cycle 1:</b>	
<b>Cycle 2:</b>	
<b>Cycle 3:</b>	

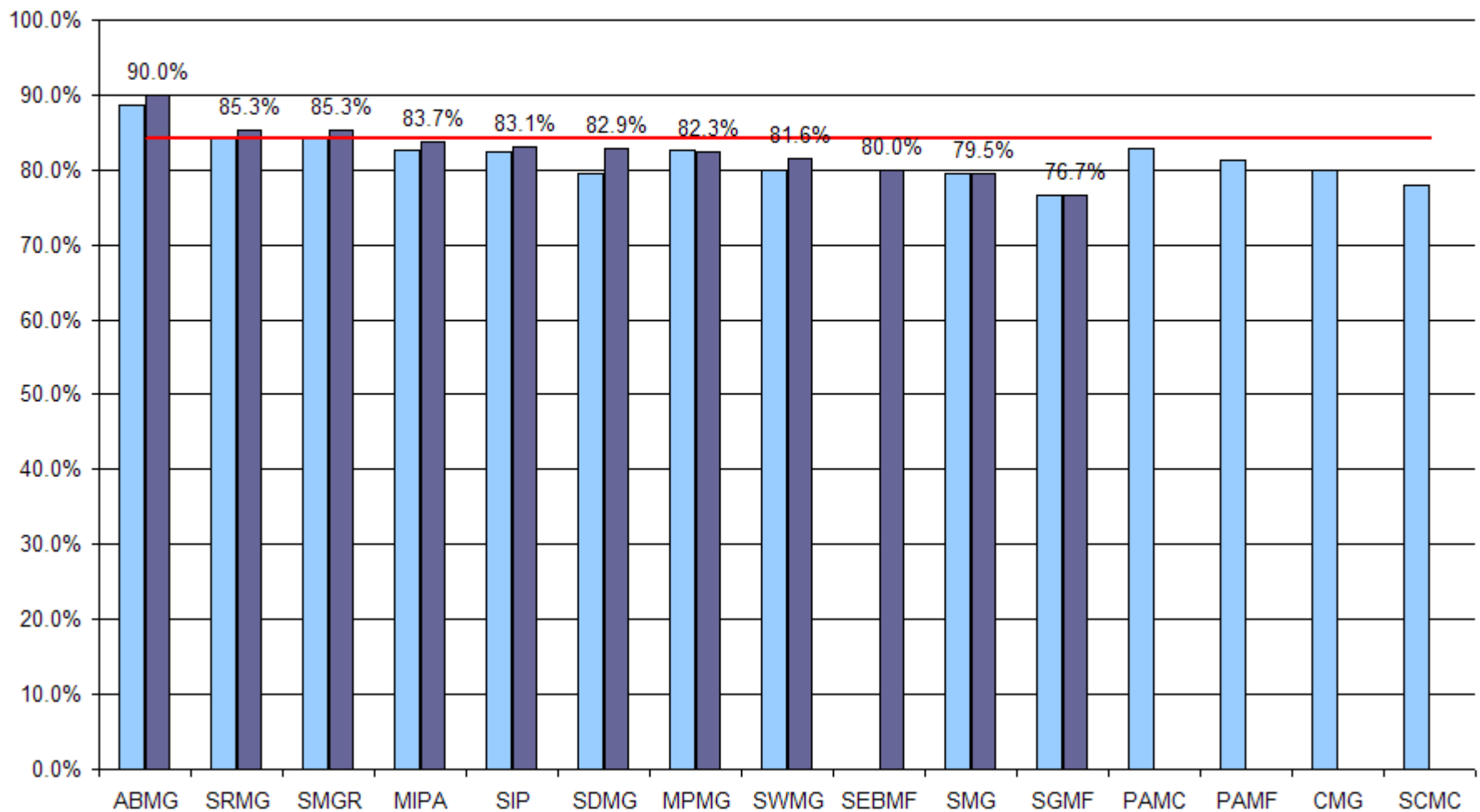
Section 3	
Results	
<b>Results of measures listed above:</b>	
<b>Clinical and/or Financial ROI if any:</b>	
<b>Next Steps:</b>	

# Data Approach

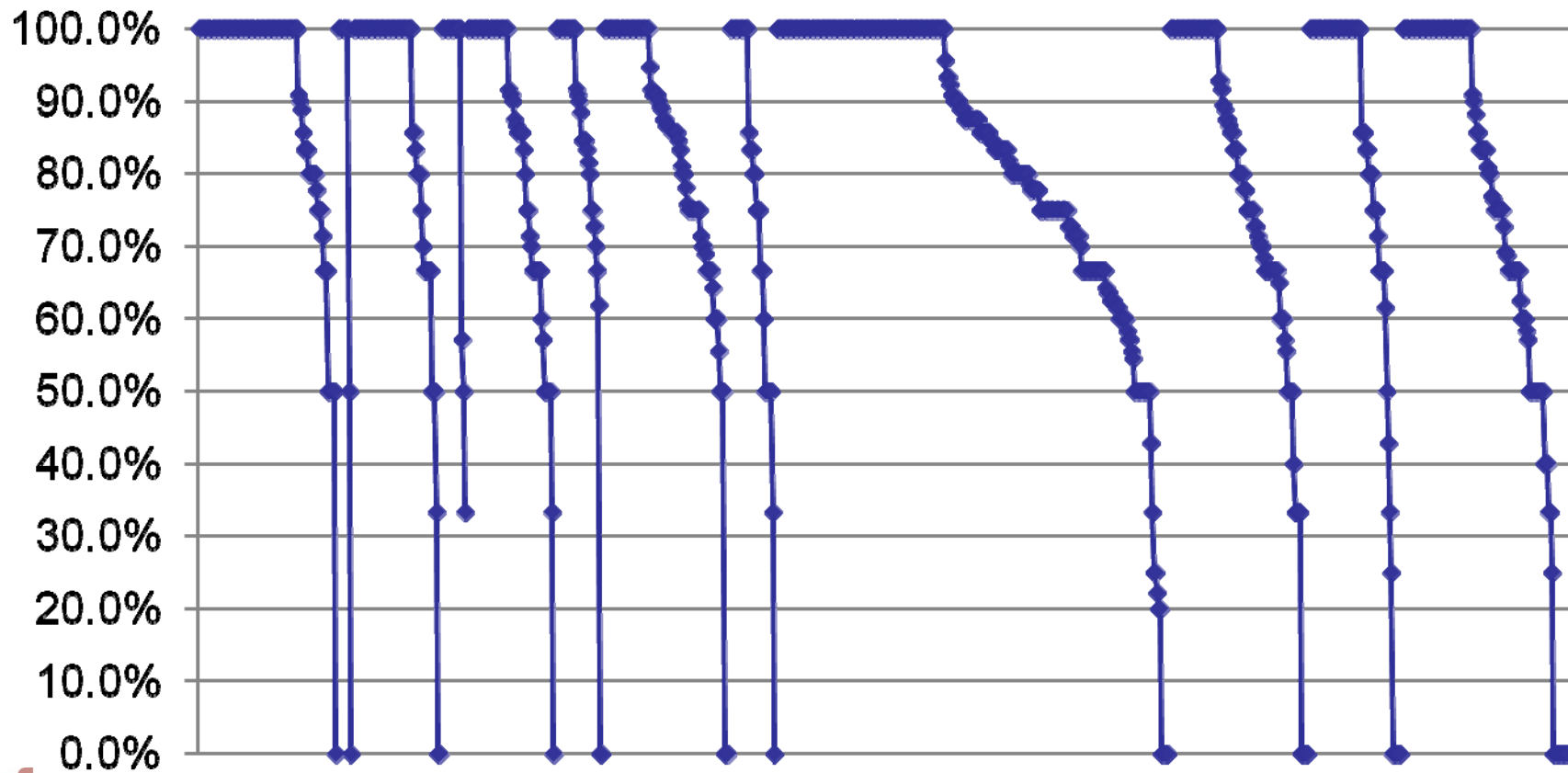


# Group-Level Rates

Use of Imaging for Low Back Pain  
Q109 Commercial Rates

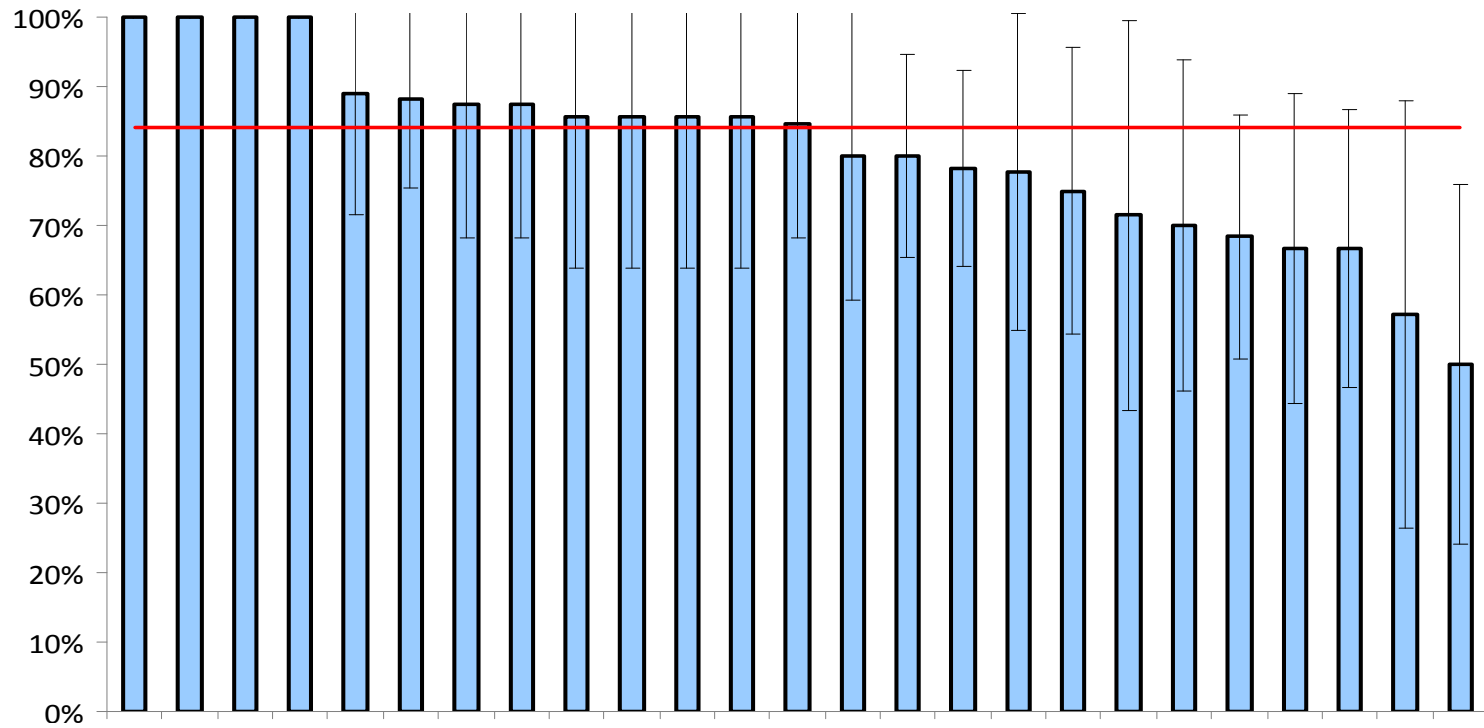


# SMN Variation at Physician Level



# Provider-Level Rates

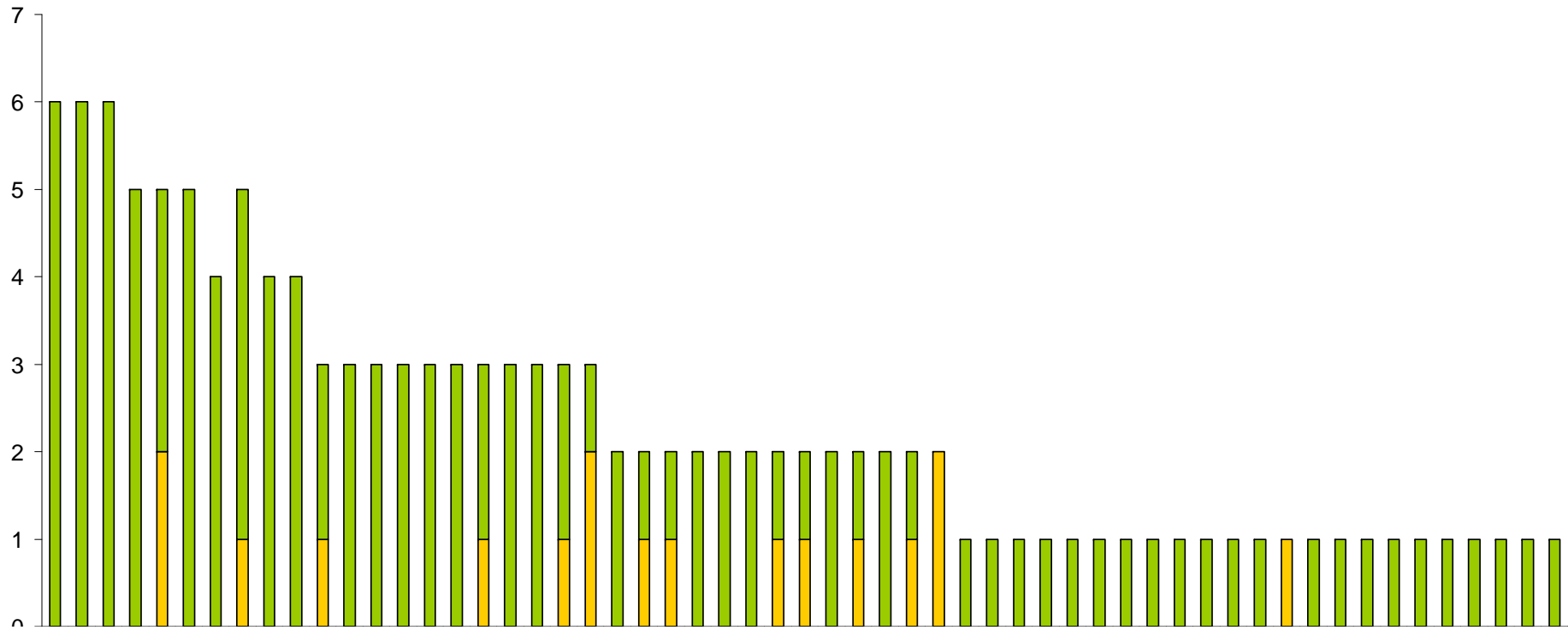
Q109 Commercial Rates



Q109 Rate P90\_MY08

# Imaging Studies by Type

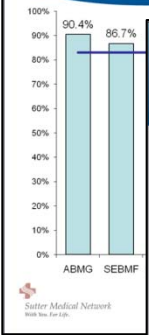
For physicians associated with patients with imaging studies in Q109



# Supporting Materials

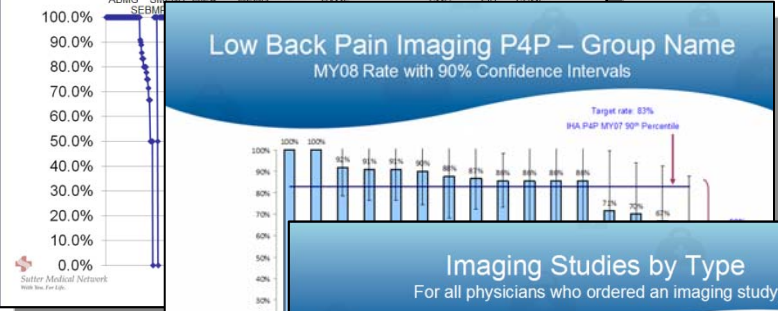
**SMN Low Back Pain Imaging P4P Group Level Rates**  
Blue line represents 2007 90<sup>th</sup> percentile: 83%

① SMN Group Level Rates

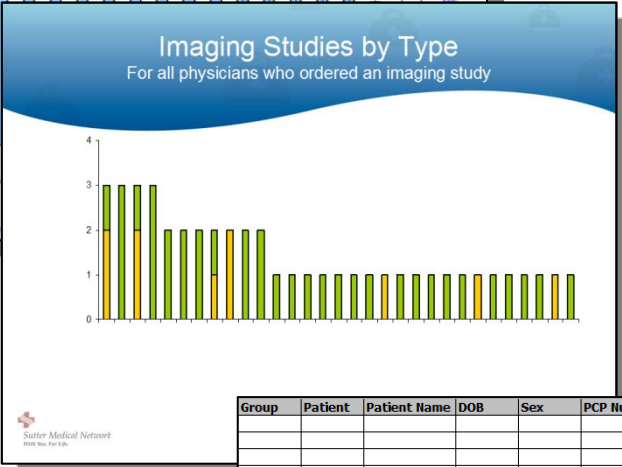


**SMN Variation at Physician Level**

② SMN Physician Level Rates



③ Group Physician Level Rates  
For physicians with denominator >=7



④ Group Physician Level Volumes by Imaging Type

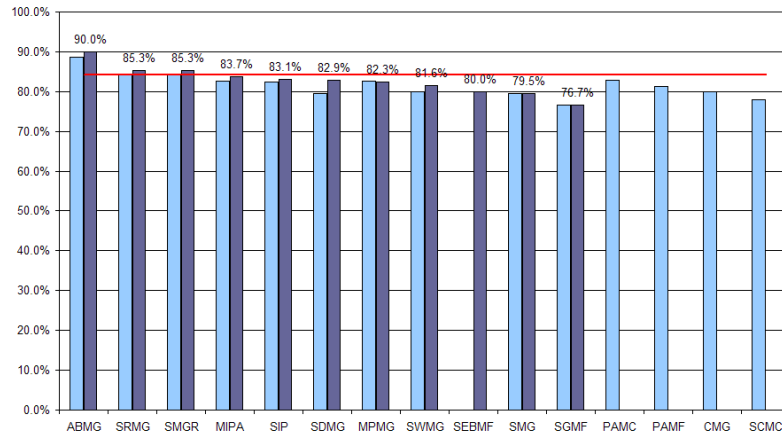
⑤ Patient Level Imaging Detail by PCP  
(Excel spreadsheet)

Group	Patient	Patient Name	DOB	Sex	PCP Number	PCP	Claim	Ser Dt	Cpt Code	Procedure	Rendering provider	Referring Physician

# Evaluation

Performance Data		Process Indicators	
Pro	Con	Pro	Con
- Strong motivator	-Data lag	- Easy to track real-time	- “Kindergarten”

Use of Imaging for Low Back Pain  
Q109 Commercial Rates



LBP Interventions and Activities A - A - Glance for SMN\*  
January 2009 through July 2009

Intervention / Activity	SDMG	SMG	SWMG	SRMG	SEBMG	SDMG	SMGR	PAFMG-PA	PAFMG-CA	PAFMG-SC	SIP	ABMG	MIPA	MPMG
1. Review project and data with Leadership/Steering Committee		P	P											
> Quality Committee				P				P	X	P				
> Medical Policy Committee														X
> Review data with Dept Heads								X	X	X				
2. Formalize accountable team										X				
> Allocate adequate resources										X				
3. Establish physician forum as a communication vehicle														
> Establish new forum														
4. Share Data at Provider Forums		P	P											
> Email								P		X				
> Infolink	P			X					P					
5. Engage clinical expert to present to physicians		P	P											
> Local physician				P						X	P			
> Outside expert														
6. Physician education						P			P	X	P			
> Measurement Spec														
> Clinical Evidence			P						P		P			
> Coding information							P				P			
7. Patient education														
8. Conduct conversations with Individual Providers (outlier)														
> Medical Director 1:1	X			X				X				X		
> Other (Dept Head, expert)											P			
9. Distribute provider-outreach materials (MD-level report)														
> LHM send out														
> Group send out														
10. Redesign care processes		P	P								P			
> Local Operational Guidelines (eg. access to PT or Chiropractor)														
11. Provider incentive program		P	P						P		P			
12. EHR Decision Support													X	
13. Participate in SMN work group	X	X	X						X				X	X



**Q1 2009 (Q208-Q109) Commercial & Medicare Non-Dashboard Measures P4P Results - Summary Grid**

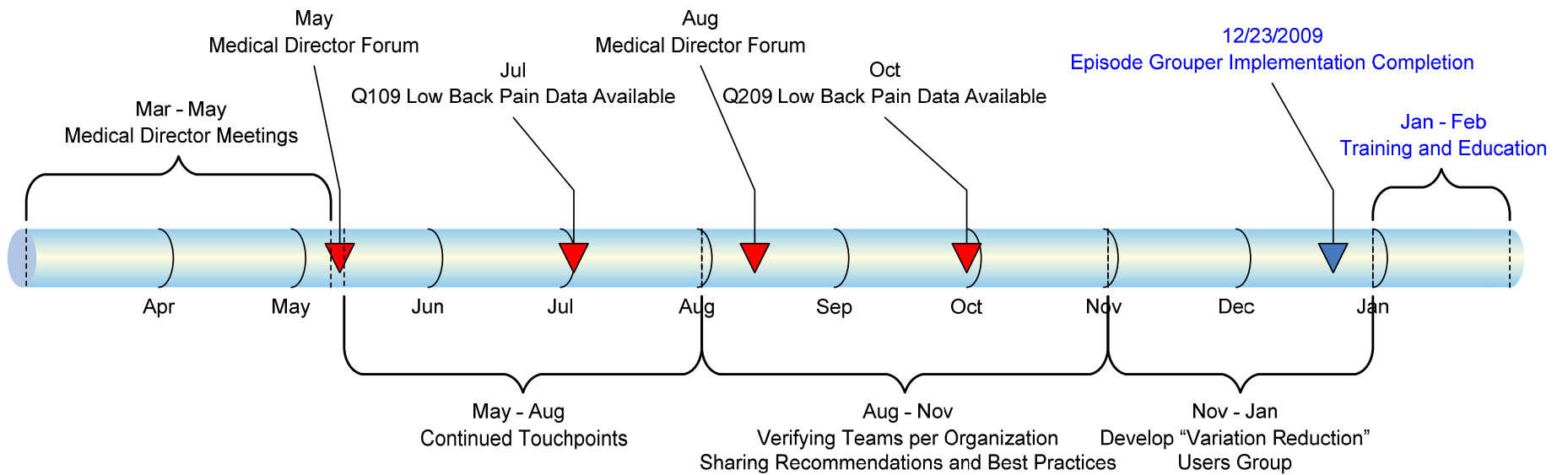
Measure	Monitoring Patients on Persistent Medications	Testing for Children with Pharyngitis	Avoidance of Antibiotics for Adults with Acute Bronchitis	Imaging Studies for Low Back Pain	Cardiovascular Management		Nephropathy Monitoring	HbA1c Control (<8)	New Measures for 2009 Measurement Year		Cardiovascular Management		PO Composite Score  (total numerators divided by total denominators)		
					LDL Screening	LDL Control (<100)			*HbA1c Control (<7)	*Evidence-Based Cervical Cancer Screening - Appropriately Screened	Nephropathy Monitoring	LDL Screening		LDL Control (<100)	
COMMERCIAL MEASURES											MEDICARE MEASURES				
90th Percentile (2008 MY)	83.21%	79.07%	59.30%	84.21%	91.93%	71.70%	87.93%	69.00%	NA	NA	95.12%	95.31%	76.56%		
75th Percentile (2008 MY)	80.74%	64.63%	46.59%	82.52%	89.43%	65.46%	83.47%	64.64%	NA	NA	92.00%	91.88%	72.22%		
50th Percentile (2008 MY)	75.78%	42.11%	34.62%	78.22%	86.02%	58.02%	76.54%	50.30%	NA	NA	86.77%	89.04%	66.24%		
Alta Bates Medical Group	68.33%	68.04%	44.08%	88.99%	83.52%	64.29%	66.45%	65.96%			76.22%	88.75%	67.50%		67.70%
Marin IPA	45.39%	84.67%	30.46%	83.72%	72.66%	56.25%	54.49%	52.01%							52.68%
Mills-Peninsula Medical Group	73.52%	79.34%	38.48%	82.35%	93.75%	65.63%	87.53%	71.31%			90.88%	96.20%	70.89%	74.51%	
Palo Alto Medical Foundation															
Sutter Gould Medical Foundation	80.29%	47.76%	38.42%	76.65%	88.32%	63.32%	77.87%	69.72%			87.29%	90.00%	64.09%	73.65%	
SMF - Sutter Independent Physicians	77.70%	48.11%	39.34%	83.08%	90.60%	68.38%	74.55%	65.45%			90.71%	90.04%	67.63%	74.42%	
SMF - Sutter Medical Group	75.53%	77.11%	34.73%	79.47%	89.47%	68.42%	85.61%	68.86%			91.56%	86.60%	69.14%	74.96%	
SMF - Sutter West Medical Group	68.74%	89.84%	33.33%	81.60%	82.35%	66.18%	81.67%	68.78%			91.38%	82.61%	59.42%	70.60%	
Sutter Medical Foundation North Bay	68.16%	64.38%	33.17%	85.31%	82.56%	51.16%	71.90%	62.62%			85.71%	84.78%	69.57%	67.05%	
SRMF - Sutter Delta Medical Group	68.20%		41.30%	82.86%			64.29%	56.43%						63.15%	
SRMF - Solano Regional Medical Group	80.66%	77.60%	31.58%	85.33%	77.61%	61.19%	86.59%	67.06%			87.50%			75.89%	
Total Physician Organizations (POs)	10	9	10	10	9	9	10	10			8	7	7		
Percentage of POs in Top Decile	0.0%	33.3%	0.0%	30.0%	11.1%	0.0%	0.0%	20.0%			0.0%	14.3%	0.0%		
POs in Top Decile	0	3	0	3	1	0	0	2			0	1	0		
Percentage of POs below P50	70.0%	0.0%	40.0%	10.0%	55.6%	22.2%	50.0%	0.0%			25.0%	57.1%	28.6%		
POs Below 50th Percentile	7	0	4	1	5	2	5	0			2	4	2		
Sutter Medical Network	73.39%	70.49%	36.98%	81.97%	86.11%	63.83%	77.82%	67.18%			88.17%	88.71%	66.79%	71.91%	
PAMF - Camino Division															
PAMF - Palo Alto Division															
PAMF - Santa Cruz Division															
SPA (SIP, SMG, SWMG)	74.83%	74.71%	35.18%	80.56%	88.78%	68.11%	82.38%	68.06%			91.28%	87.36%	67.72%	74.12%	
Sutter East Bay Medical Foundation	68.78%		56.76%	80.00%	90.48%	70.24%	66.10%	63.28%			74.66%	90.91%	72.73%	68.60%	
Central Valley Medical Group															
Not Reported															
Denominator <30															

**Notes**

\*HbA1c (<7) and Evidence-Based Cancer Screening will be added to the Non-Dashboard Measures Summary Grid in Q209 and will be officially reported to IHA in May, 2010.

\*The remaining 11 measures above are being recommended for inclusion on the 2010 Sutter Health Dashboard and would be reported for the first time in July, 2010.

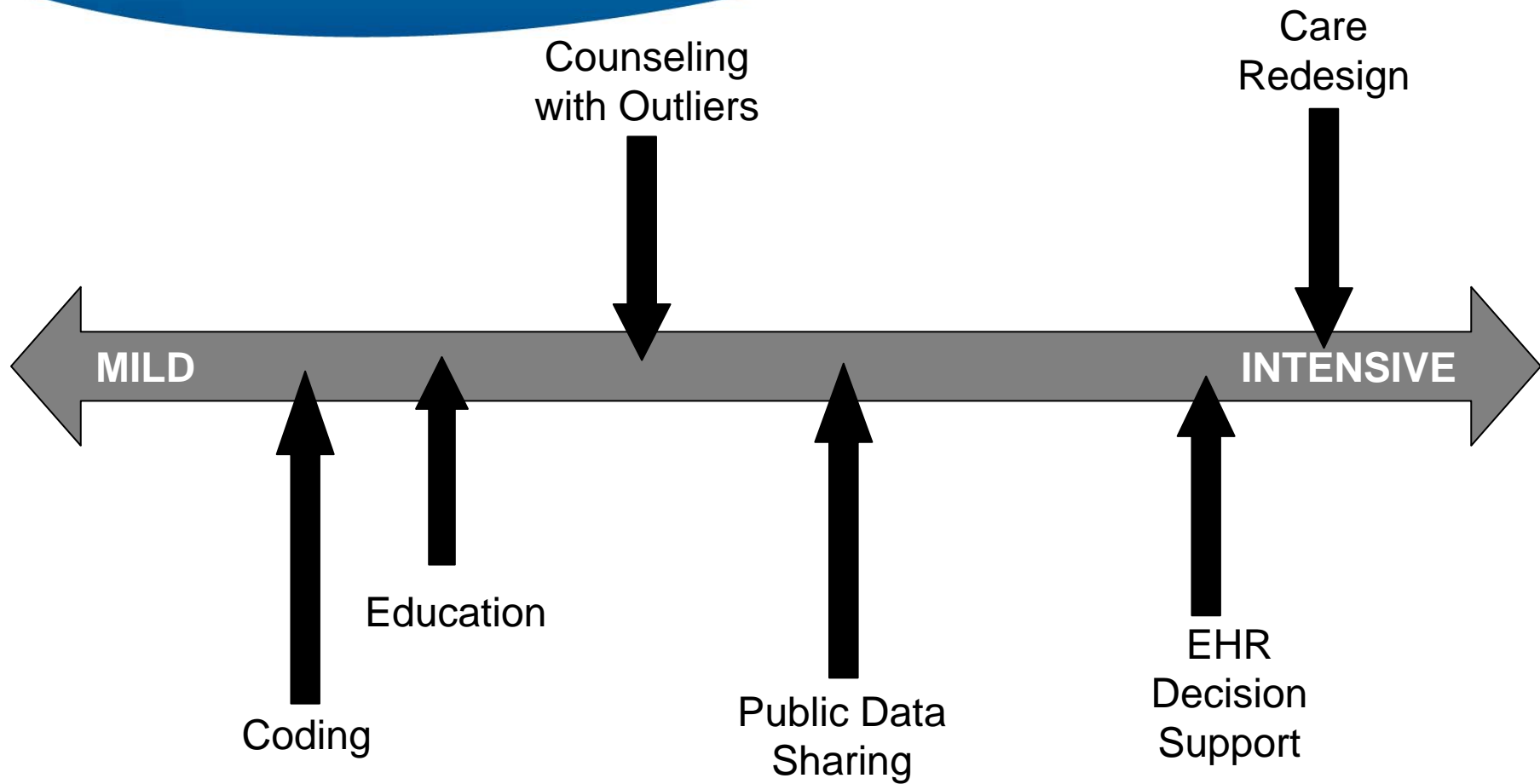
# Timeline





# Results

# Implementation of Interventions



# EHR Decision Support



- Inclusion: any low back pain dx
- Exclusion: cancer on problem list

BestPractice Alert - Zztest,Jo

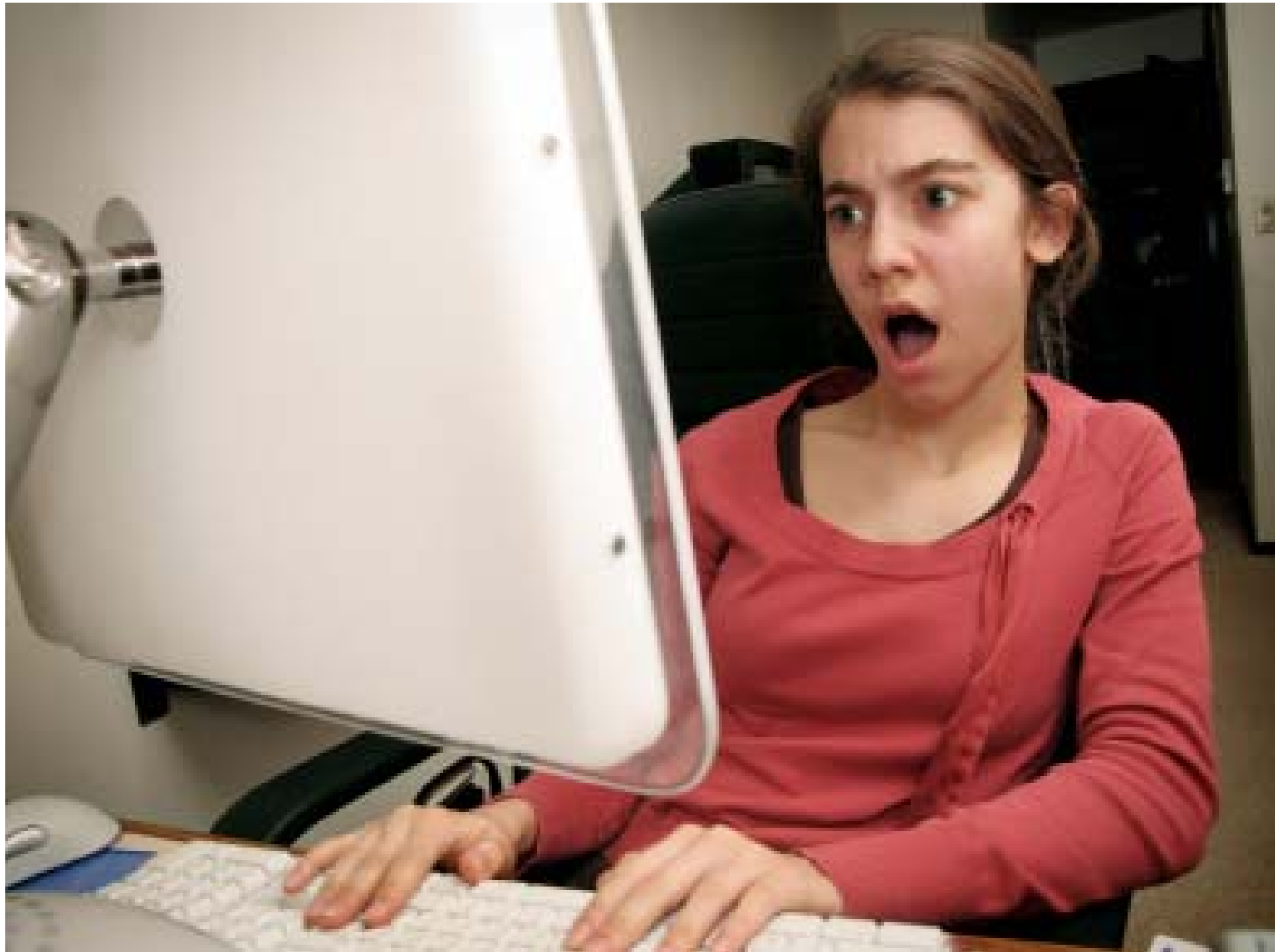
▼ Condition Management (1 Alert)

▼ PLEASE RECONSIDER IMAGING - USUAL CLINICAL INDICATIONS ARE NEURO FINDINGS, HX OF CA, RECENT TRAUMA, AND IV DRUG USE.

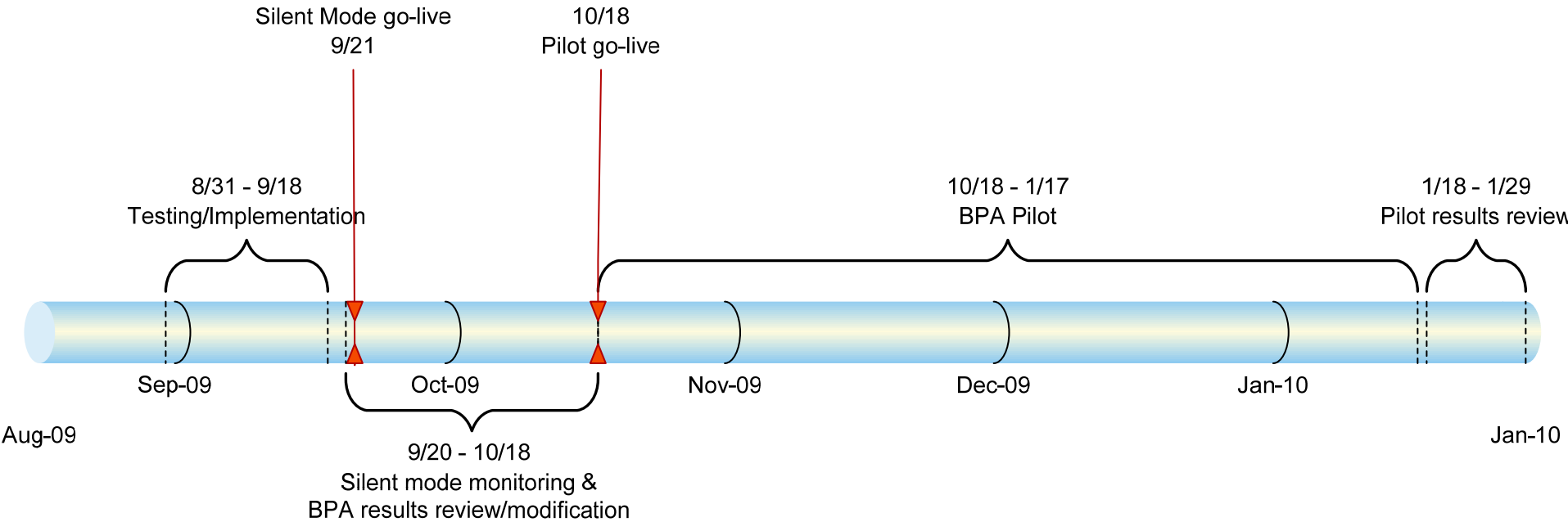
Accept Cancel

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# Implementation Plan





# Lessons Learned

# The “Ah-Ha”s

- One size does not fit all
  - Variation is not only in physician practice patterns—it exists at the management level
  - Infrastructure in place at each organization to do this work varies substantially
  - Different “support” is needed for each organization
  - Virtual leaning community through webex, meetings, email
- Most are on-board with affordability agenda and committed to doing the right thing – even if it has financial impact
  - While losing revenue is an issue, rarely the first thing mentioned
  - Must connect the initiative to current goals promoted by leadership
- Good understanding of data is crucial for credibility
  - Must tie events to ordering physician, not PCP
  - Balance showing rates vs absolute numbers. Both is best.



# Motivating Factors for Organizations

- **Competition**
  - Where on the spectrum does each organization fall?
- **Performance**
  - How much variation is there in practice at the provider level?
- **Relevance**
  - What physician volume will be impacted?
- **Leadership Buy-In**
  - Has leadership communicated the importance?
- **Resources**
  - Do we have the staff/money to dedicate to projects?
- **Infrastructure**
  - What process and decision-making do we have to support work?
- **Authority level**
  - Do I have the ability to manage utilization?
- **Incentive Structures**
  - How does the money flow and how will this impact change?



# “Variation reduction” vs. “follow standard care?”

## Variation reduction

- Voice of the process
- No need to define standard of care
- Allows for clinical variation
- Can start immediately with variation exploration
- No clear endpoint (what is the right amount of variation?)

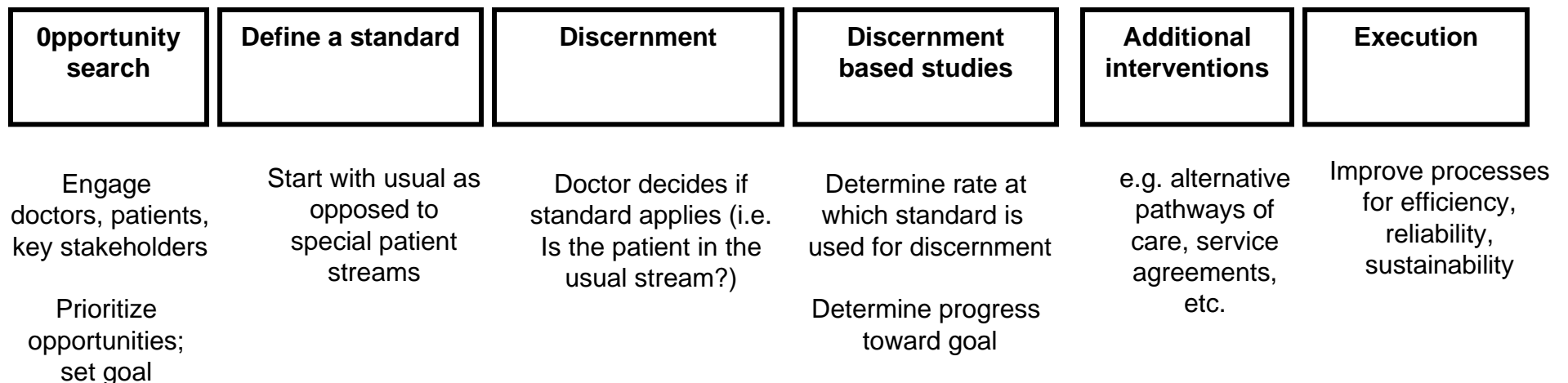
## Defect reduction

- Voice of the customer
- Must have evidence based guideline
- Must make sure all cases are very “pure”
- Must spend time to gather consensus
- Endpoint can be defined as percent compliance with guideline



# IHI framework for improving resource use

Courtesy Neil Baker, MD



## Framework for use of specialty services





# Questions?

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