Implementation

What is working and what is not?

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Sharp Rees-Stealy Medical Group
San Diego, California
How do you address this in a large multispecialty medical group with ...

260,000 assigned patients
1.4 million visits
500+ Physicians
60+ NP/PA
2200 Clinic staff
22 Clinic locations
Implementing *Choosing Wisely*

Reduce Inappropriate Imaging

- Appropriate imaging for low back pain
- Imaging for Migraine

Achieve reduction in cardiac stress testing
LeBron James now comes with c/o Back Pain....

1. He is ‘King James’
   Order MRI and send to Neurosurgeon

2. Conservative t/t: OTC meds, Keep moving

3. X-ray of Lumbar spine to rule out trauma
   add icd-10 code for ‘Low back Pain’ due to trauma

4. Needs a Head CT for such dance moves
Implementing Choosing Wisely

- Physician/NP/PA engagement
- Patient/Consumer Engagement
- Clinical Decision Support in EHR
Physician/NP/PA engagement

- Choosing Wisely Clinical Lists created by medical societies
- Things Physicians should question
- Peer review of Data
- Lecture series
- Clinical Guidelines
- Peer to Peer consults (e consult)
Clinical Lists created by Medical Societies

Choosing Wisely
An initiative of the ABIM Foundation

American Academy of Family Physicians
AMERICAN ACADEMY OF FAMILY PHYSICIANS

Fifteen Things Physicians and Patients Should Question

1. Don't do imaging for low back pain within the first six weeks, unless red flags are present.
   Red flags include, but are not limited to, severe or progressive neurological deficits or when serious underlying conditions such as osteomyelitis are suspected. Imaging of the lower spine before six weeks does not improve outcomes, but does increase costs. Low back pain is the fifth most common reason for all physician visits.

2. Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for seven or more days, or symptoms worsen after initial clinical improvement.
   Symptoms must include discolored nasal secretions and facial or dental tenderness when touched. Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. Despite consistent recommendations to the contrary, antibiotics are prescribed in more than 80 percent of outpatient visits for acute sinusitis. Sinusitis accounts for 16 million office visits and $5.5 billion in annual health care costs.

3. Don't use dual-energy x-ray absorptiometry (DEXA) screening for osteoporosis in women younger than 65 or men younger than 70 with no risk factors.
   DEXA is not cost effective in younger, low-risk patients, but is cost effective in older patients.

4. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.
   There is little evidence that detection of coronary artery stenosis in asymptomatic patients at low risk for coronary heart disease improves health outcomes. False-positive tests are likely to lead to harm through unnecessary invasive procedures, overtreatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.

5. Don't perform Pap smears on women younger than 21 or who have had a hysterectomy for non-cancer disease.
   Most observed abnormalities in adolescents regress spontaneously, therefore Pap smears for this age group can lead to unnecessary anxiety, additional testing and cost. Pap smears are not helpful in women after hysterectomy for non-cancer diseases and there is little evidence for improved outcomes.

Peer Review of Data

Sharp Rees-Stealy Medical Centers
Monthly Antibiotics for Acute Bronchitis
Commercial Members 18 - 64 yrs
August 2015

Current LBP Rate
Baseline 2014

SRS Goal: 95%
SRS Overall: 75.21%
Group wide Clinical Guidelines with CW recommendations
Physician/NP/PA engagement

**Working**

- CW Clinical Lists created by medical societies
- Things Physicians should question
- Peer review of Data
- Lecture series
- Clinical Guidelines
- Peer to Peer consults (e consult)

**Not Working or Challenges**

- Data: sample size
- Urgent Care
- Timely access to Care
Access to Doctors’ Office

Rapid PT for Low Risk patients

Back pain is often over-treated. Try physical therapy.
Patient/Consumer engagement

- Organization support behind Choosing Wisely
- Consumer Reports Patient resources
- Newsletter Articles
- Community awareness
- 1:1 Shared Decision making
- Wallet size card
Choosing Wisely: Health Resources and Information

Together, we’ll make the best choices for your health care.

The right care at the right time — that’s what we all want and deserve. At Sharp Rees-Stealy, we want to help you by giving you the information you need to choose your care wisely. As the only medical group in Southern California to partner with the Integrated Healthcare Association in the Choosing Wisely® initiative, you can say good-bye to unneeded tests and treatments.
Medical group targets unnecessary treatments

The Sharp Rees-Stealy Rancho Bernardo Urgent Care center.

By Paul Sisson - Contact Reporter

June 22, 2015, 3:05 PM

Sharp Rees-Stealy Medical Group is among a handful of providers nationwide selected to participate in an ongoing effort to reduce the use of unnecessary and ineffective medical treatments.

Back pain is one of the most common reasons why people visit the doctor. The good news is that the pain often goes away on its own, and people usually recover in a week or two. Many people want to stay in bed when their back hurts. For many years, getting bed rest was the normal advice. But studies show that staying in bed longer than 48 hours won’t help. Here’s why:

**Staying in bed won’t help you get better faster.** If you’re in terrible pain, lying down for a day or two can help ease pain and reduce the load on your spine. But research suggests that if you find comfortable positions and move around sometimes, you may not need bed rest at all.

Research shows that:

- Lying down longer than two days doesn’t help.
- Many people recover just as quickly without any bed rest.
- The sooner you start physical therapy or return to activities such as walking, the faster you are likely to recover.
The right care at the right time is the goal of a national initiative to reduce the use of unnecessary and ineffective medical treatments.

The Choosing Wisely® program is a joint effort of Consumer Reports, the American Board of Internal Medicine Foundation and 70 other national medical boards. Locally, Sharp Rees-Stealy Medical Group is the only group in Southern California participating in Choosing Wisely.

Sharp Rees-Stealy is targeting five tests and treatments shown to be overused or ineffective:

- Prescribing antibiotics for adults with bronchitis
- Diagnostic testing for lower-back pain
- Preoperative stress testing
- Imaging for uncomplicated headaches
- Repetitive complete-blood count and chemistry testing
Shared Decision Making
Patient/Consumer engagement

**Working**
- Organization support behind CW
- **Consumer Reports**
- Patient resources
- Newsletter Articles
- Community awareness
- 1:1 Shared Decision making
- Wallet size card

**Not Working or Challenges**
- Web portal usage
- Patient Experience surveys
- Waiting room video
- Handouts in the waiting room
- Is it Rationing of care?
Is this Rationing?

Association with Bad Patient Satisfaction Survey

Medicare Drops Pain Questions in payments related to HCAHPS survey
5 QUESTIONS to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure

1. Do I really need this test or procedure?
2. What are the risks and side effects?
3. Are there simpler, safer options?
4. What happens if I don’t do anything?
5. How much does it cost, and will my insurance pay for it?
## Internal Utilization

<table>
<thead>
<tr>
<th>Ancillary Services</th>
<th>V – 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Radiology</td>
<td>(11%)</td>
</tr>
<tr>
<td>All Laboratory</td>
<td>(10%)</td>
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</tbody>
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She now comes with c/o Back Pain....

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What works and what does not?

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