

## Smart Care California 2016- 2018 Workplan

### Project Objectives

Smart Care California is a public-private partnership working to promote safe, affordable health care in California by addressing the overuse of selected medical conditions. Specific objectives over the next two years for Smart Care California are to:

- Support co-chair efforts to meaningfully reduce the level of inappropriate care provided to members in the three focus areas: low-risk, first birth C-section, opioid overuse, and treatment for low back pain
- Engage stakeholders, including purchasers, plans, providers, and consumer/patient organizations, in a collaborative effort to improve quality and reduce costs through targeting inappropriate and unnecessary care
- Compile, curate, and disseminate resources for all three key audiences – plans, providers, and members –that enable action in all three areas of focus
- Develop recognition awards for hospital performance on C-section (update: inaugural award announced October 26, 2016)
- Develop a dashboard of key measures in each of the three areas of focus to track and report on progress

### Project Background

According to the Institute of Medicine, waste accounted for 30% of the \$2.5 trillion spent in the U.S. on health care in 2009. Misuse and overuse of services accounted for 27% of the total waste, or \$210 billion. In order to address concerns regarding the increased use of wasteful medical services, Smart Care California (formerly known as the Statewide Workgroup on Reducing Overuse) was established in 2015. Smart Care California is co-chaired by the state’s leading health care purchasers: The California Department of Health Care Services (DHCS), which administers Medi-Cal; Covered California, the state’s health insurance marketplace; and CalPERS, which manages pension and health benefits for California’s public employees, retirees, and their families. Collectively, Smart Care California participants purchase or manage care for more than 16 million Californians—or 40 percent of the state. IHA convenes and coordinates the partnership with funding from the California Health Care Foundation (CHCF).

Over the first year of the initiative, Smart Care California selected three priority areas to focus its overuse reduction efforts: low-risk, first birth Cesarean section, treatment for low back pain, and opioid dependence. Action plans were developed for the three areas, and participants from provider associations, provider systems, health plans, purchasers, and consumer organizations committed to continued engagement in the Workgroup’s effort. IHA supported three meetings for Smart Care California over a period of 11 months. All of the meetings were well-attended by a diverse array of stakeholders that included the Co-Chairs (Covered California, DHCS, and CalPERS), provider associations,

provider systems, health plans, purchasers and consumer representatives. Progress to date is outlined below:

- June 2015 meeting – laid the groundwork on the topic of overuse, including presentations from two delivery systems and one health plan focused on reducing unnecessary variation and inappropriate care.
- August 2015 webinars – selected three priority focus areas for Smart Care California from a broader menu created by IHA. Areas selected: 1) C-section for low-risk, first time birth; 2) Treatment for low back pain; and 3) Opioid overuse.
- October 2015 meeting – created a foundation for collective action on each of the three focus areas, with presentations from the “champion” Co-chair and support from experts as needed. Covered California led on C-section, CalPERS on treatment for low back pain, and DHCS on opioid overuse.
- February 2016 meeting – discussed and voted on proposed “action plan” for each of the three focus areas, also received results of related (and CHCF-funded) Doing What Works project led by the Center for Health Care Decisions.

Smart Care California is gaining visibility: it was mentioned as the Statewide Workgroup on Reducing Overuse in the CHCF-authored *Health Affairs* blog on Cesarean sections, and in a letter from CHHS and related agencies/departments (including Covered California, DHCS, and CalPERS) to hospitals to encourage data submission to the California Maternal Data Quality Collaborative. Most notably, Covered California’s 2017 contract with Qualified Health Plans, which was approved by the board on April 7, 2016 requires participation in this initiative. The last year has laid the groundwork for the next phase of the project – creating and disseminating actionable resources (tools and information) that the Co-Chairs and other Smart Care California participants can use to meaningfully reduce overuse on C-section, low back pain, and opioids over the next two years.

### **Scope of Work for 2016-2018**

Based on the groundwork laid in the first year, IHA proposes four key activities to support the ongoing work of Smart Care California over the next two years: convening meetings, enabling action through curation and dissemination of tools and resources, developing performance awards for hospitals reaching the statewide C-section target, and creating dashboards to track and publicly report on key measures.

#### **Task 1: Convene in-person meetings**

The three in-person meetings that have been held to date have been engaging and productive, and have made the case for ongoing in-person connections on these complex and multi-faceted topics. For the next two years, Smart Care California will meet three times each year, twice in Northern California and once in Southern California.

#### **Task 2: Enable Action – Curate and Disseminate Tools and Resources**

In order to enable co-chairs and other stakeholders to take action to address overuse, IHA will identify actionable information from the vast body of work that has been done around each topic area (C-section, low back pain, opioids) for three specific audiences (members, providers, purchasers/plans); see Table 1 below. Information and tools will be shared through multiple channels that reach the target audiences – leveraging the participants of Smart Care California, and going beyond as needed.

**Table 1: Tools and Resources to Support Performance Improvement, by Focus Area and Audience**

AUDIENCE	FOCUS AREA		
	C-section for low-risk, first-time birth	Treatment for low back pain	Opioid Overuse
<b>Member Tools (consumer/patient-facing)</b>	New resources under development specific to C-section, co-branded by CMQCC and Consumer Reports (CR)	Existing resources from CR; commission new if needed to fill gaps	Existing resources from CR; commission new if needed to fill gaps
<b>Provider Tools (clinician-facing)</b>	CMQCC Toolkit available—focus on dissemination; Explore recognition awards for performance (hospitals, medical groups)	Tools drawn from Bree Collaborative resources, CERC, Choosing Wisely (see Table 2); differentiate acute vs. chronic	Tools could include scripting, CURES database, CDC guidelines (see Table 2); differentiate existing vs. new Rx, acute vs. chronic
<b>Payer/plan Tools</b>	Focus on payment principles, purchaser contract language (e.g. performance expectations)	Focus on benefit design best practices, e.g. access to physical therapy	Focus on plan levers, including formulary, utilization management; CHCF issue brief underway

**Key activities:**

- Scan of what others have done in California and across the country to support and enable reduction of overuse. Examples of resources to tap include Q-Corp in Oregon, other NRHI collaboratives, Bree Collaborative in Washington State, Stanford CERC, Choosing Wisely national program and grantees.
- Create online resource to house the tools and content. For example, a “menu” of provider resources could consist of several different types of resources including: clinical decision support resources, specific measures and benchmarks, Choosing Wisely recommendations, clinical pathways/guidelines, etc. An illustrative “menu” of resources is outlined in Table 2 below for low back pain and opioids; C-section is not included because CMQCC has created a comprehensive toolkit of provider resources. Similar compilations of resources would be created for the other audiences across all three focus areas.

- Develop a “spread” plan that facilitates engagement of purchasers, plans, and providers beyond those that have participated in Smart Care California meetings to date. The plan would:
  - leverage the Co-Chairs, other Smart Care California participants and related efforts ongoing statewide, such as Choosing Wisely projects, Transforming Clinical Practice Initiative projects, IHA’s Medi-Cal work, and efforts led by CAPG, HQI, and others
  - feature presentations at conferences, webinars, other forums convened by participants to extend Smart Care California’s reach
  - incorporate resources into existing dissemination channels of participants, such as newsletters (e.g. CalPERS newsletter to PPO members), websites, articles in publications (e.g. CAPG’s publication)
  - include outreach to specialty societies, and other key groups identified in the spread plan
- Execute the spread plan in partnership with Co-Chairs and participants
- Track uptake; obtain feedback; assess interest in/demand for specific tools and information from target audiences on the key topics
- Assess gaps and consider development of new content and tools to fill. For example, clinical decision support (CDS) could be a powerful provider tool in addressing overuse, particularly for clinical pathways that are amenable to rule-based alerts such as imaging for low back pain. However, determining how best to incorporate CDS into clinical practices in a way that supports provider workflow needs to be assessed. For example, options include: (1) using existing capabilities of EMRs, such as Epic or Cerner; (2) using standalone (“bolt-on”) products that work with multiple EMRs, such as Stanson (developed by Cedars Sinai); and (3) building tailored utilities. IHA could commission an assessment of the options and tradeoffs, with recommendations for providers. The Bree Collaborative in Washington State is interested in this topic as well, and could be a partner. Depending on the scope of the gaps identified, funding may need to be pursued separately.

**Table 2: Provider Tools – illustrative “menu” of resources**

	Low Back Pain	Opioid Dependence
<b>Guidance on comparative performance feedback</b>	<ul style="list-style-type: none"> <li>AHRQ -- <a href="#">Confidential Physician Feedback Reports: Designing for Optimal Impact on Performance.</a></li> <li>CHCF – <a href="#">Working in Concert: A How-To Guide to Reducing Unwarranted Variations in Care.</a></li> </ul>	
<b>Measures and Benchmarks</b>	HEDIS measure on use of imaging studies for low back pain is most prevalent – see summary of data on p35 of from <a href="#">Smart Care California October 2015 meeting materials</a>	Extensive list of measures available, including deaths, prescriptions, and number of people on high doses. CMS recently released a new core measure for Medicaid: use of opioids from multiple providers at high dosage in persons without cancer.
<b>Choosing Wisely Recommendations</b>	<ul style="list-style-type: none"> <li><a href="#">Smart Care California October 2015 meeting materials</a> compiled relevant CW recommendations – see p.7</li> <li>Example: “don’t do imaging for low back pain within the first six weeks, unless red flags are present” from AAFP</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Smart Care California October 2015 meeting materials</a> compiled relevant CW recommendations – see p.8</li> <li>Example: “don’t prescribe opiates in acute disabling low back pain before evaluation and a trial of other alternatives is considered” from Amer Acad Physical Med and Rehab</li> </ul>
<b>Clinical Pathways and Guidelines</b>	<p>Examples of existing resources:</p> <ul style="list-style-type: none"> <li>Stanford CERC’s Spine Pain Care <a href="#">“ICE” model</a></li> <li><a href="#">Bree Collaborative report</a> includes array of resources</li> <li>Virginia Mason <a href="#">spine care model</a></li> </ul>	<ul style="list-style-type: none"> <li>CDC Guidelines on Opioids (JAMA, March 2016)</li> <li>CDC educational resources</li> <li>Physicians for Responsible Opioid Prescribing</li> <li>Health plans, including Partnership Health Plan, Kaiser Permanente, Blue Shield of California</li> </ul>
<b>Scripting for Patient Conversations</b>	<ul style="list-style-type: none"> <li>Minnesota project underway, will provide publicly available materials in about a year</li> </ul>	<ul style="list-style-type: none"> <li>None identified yet</li> </ul>
<b>Patient Materials</b>	Consumer Reports has developed an array of materials for the Choosing Wisely initiative. See, for example, <a href="#">Imaging Tests for Back Pain:</a>	<p>Examples of available materials:</p> <ul style="list-style-type: none"> <li>Consumer Reports -<a href="#">Prescription Painkillers: 5 Surprising Facts:</a></li> <li>Physicians for Responsible Opioid Prescribing <a href="#">video</a></li> </ul>

**Task 3: Develop recognition awards for hospital performance on C-section**

Non-financial rewards can be a powerful motivator in changing provider behavior. Smart Care California will develop an honor roll recognition award for hospitals and physician organizations that achieve the Healthy People 2020 national goal of reducing C-section births among low-risk mothers to 23.9 percent.

**Key Activities:**

- Reach out to CMQCC, ACOG, and other key stakeholders to obtain feedback on recognition awards for performance on C-section
- Identify a lead organization for developing the methodology for designating award winners and for branding the awards, and a governance structure to approve the methodology and selection of award-winners
- Collaborate with lead organizations to develop award timeline and structure
- Create communications plan for awards that showcases award-winners
- Explore the feasibility of linking the medical groups and hospitals in order to create a joint award that rewards collaborative efforts

**Task 4: Dashboard – Measures, Data, Benchmarks, and Targets**

Creating a dashboard for key measures across the three focus areas is a core component of the project. As is always the case, data sources are challenging and it may not be possible to track and report at the desired level of granularity. Nonetheless, even identifying the key measures and supporting a consistent approach to measurement (where it doesn't already exist) would add benefit through placing a clear focus on the highest-priority measures, strengthening the signal to health care providers, and ideally reducing the likelihood of duplicative and conflicting measurement efforts among the various initiatives.

**Key Activities:**

- For each of the three areas, reach agreement on up to five key measures to track
- Compile secondary data at the statewide level; more granular data would be compiled as well, to the extent available
- Summarize the information on an online dashboard
- Update the information regularly -- at least annually

***Partners/Audience/Stakeholders:***

To date, the intended audience for this project has been the co-chairs (DHCS, CalPERS, and Covered California) and Smart Care California participants, including provider associations, provider systems, health plans, purchasers and consumer representatives. A complete list of participants in the Statewide Workgroup on Reducing Overuse is included in Attachment A. In Phase 2, the Workgroup's reach will extend beyond the co-chair organizations and participants through development and execution of the spread plan. As the Workgroup gains greater visibility, the resources produced are expected to be of interest to a wide array of audiences in California and nationally, including health plans, providers, trade associations, and policymakers.