Implementation

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What are we trying to achieve?
Implementing *Choosing Wisely*

Reduce Inappropriate care

- Appropriate imaging for low back pain
- Appropriate antibiotic usage

Achieve reduction in cardiac stress testing
How do we achieve this as part of the ABIM/RWJF Challenge?
## Goal Setting

<table>
<thead>
<tr>
<th></th>
<th>Baseline rate Commercial HMO</th>
<th>Improvement by 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of antibiotics for Acute Bronchitis</td>
<td>✅ 75%  ❌ 25%</td>
<td>20% fewer antibiotics</td>
</tr>
<tr>
<td>Reduce inappropriate imaging for low back pain</td>
<td>✅ 83%  ❌ 17%</td>
<td>20% Fewer images</td>
</tr>
<tr>
<td>Reduce pre-operative cardiac stress testing</td>
<td>❌ /? 8.75/1000 rate</td>
<td>20% fewer cardiac stress tests</td>
</tr>
</tbody>
</table>
Our Steps

1. Align Stakeholders
2. Education
3. Practice Variation
4. Resources
5. Technology
6. Patient Engagement
7. Measure Effectiveness
How do you address this in a large multispecialty medical group with ...

250,000 assigned patients
1.4 million visits
500 Physicians
60 NP/PA
2000 Clinic staff
21 Clinic locations
Aligning Stakeholders

- Antibiotic Use: Urgent Care → Primary Care
- Back Imaging: MSK/PM&R → Neurology → Primary Care
- Stress Test: Primary Care → Cardiology
Appropriate Coding Education

**Tip of the Month**

**Most cases of Acute Bronchitis are due to a viral illness in healthy adults**

*Don't rush to antibiotics*

If patients require antibiotics, please use the appropriate codes:

<table>
<thead>
<tr>
<th>For patients aged 18-64, do not Rx Antibiotics for just acute bronchitis (ICD-9 466.0)</th>
<th>If prescribing Abx, add ICD-9 for comorbid conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV 042, V08</td>
<td>COPD, Chronic Obstructive Asthma 493.2, 496</td>
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<tr>
<td>Malignancy 140-209</td>
<td>Other Diseases of the Respiratory System 510-519</td>
</tr>
<tr>
<td>Chronic Bronchitis 491</td>
<td>Chronic Obstructive Asthma 493.2, 496</td>
</tr>
<tr>
<td>Emphysema 492</td>
<td>Other Diseases of the Respiratory System 510-519</td>
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<tr>
<td>Bronchiectasis 494</td>
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</table>
Clinicians should not routinely obtain imaging in patients with nonspecific low back pain

Avoid unnecessary imaging

If red flags are present and patients require diagnostic imaging within 28 days of diagnosis, please use the appropriate codes:

For patients aged 18-50, if ordering imaging study within 28 days (4 weeks) of initial evaluation...

... add appropriate ICD codes for LPB associated with:
- Trauma/injury 905.1, 907,908,952, 958.8-959
- Neurological Impairment 729.2, 344.60
- Cancer V10, 140-209, 230-239
- IV Drug abuse 304.0-304.2, 304.4, 305.4-305.7
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.

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 $5.8 billion in annual health care costs.

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.

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.

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 disease) and there is little evidence for improved outcomes.
Practice Variation Reports by Site

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%
Peer to Peer Consult Process Established
Web Portal Links Education to Appointments

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?
Shared Decision Making: Engage the Patient

- Form personal connection
- Face to face interaction
- Step by step wellness plan
- Coordination of care
- Patient specific education material
- Shared care plans
- Medication adherence reporting
Choosing Wisely

Treating lower-back pain
How much bed rest is too much?

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.
EKGs and exercise stress tests
When you need them—and when you don’t

EKGs and stress tests are tests to find out if you are at risk for heart disease and heart attack. An EKG, or electrocardiogram, measures your heart’s activity. In an exercise stress test, you have an EKG while you walk or jog on a treadmill.

You may need these tests if you have symptoms of heart disease, like chest pain. Or you may need them if you already have heart disease or you have a high risk for heart disease. These tests can help your doctor measure your chances of having a heart attack and decide how to treat the problem. But in other cases, you should think twice about having these tests. Here’s why:

Usually, you do not need these tests if you do not have any symptoms.

The tests are not useful for people who do not have symptoms. Shared decision making is important. If you have any concerns, you should talk to your doctor.
Implementation at Sharp Rees-Stealy

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