

Choosing Wisely®

Implementation & Insights

Presenters:

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Kerry Snyder

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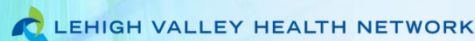
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LVPHO

Lehigh Valley
Physician Hospital Organization, Inc.

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Introduction

- ABIM/Consumer Reports relationship
- LVPHO/LVHN initiative
- Physician alignment/Achieving Clinical Excellence[®]
- Populytics[®] partnership

JOSEPH CANDIO, MD

**Executive Vice Chair, Dept. of Medicine
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Why Choosing Wisely®?

VALUE:

- Evidence-based resource for providers *and* patients
- Optimal care for patients delivered by health care professionals to the community

Structure of the Program

- Collaborative model of primary care physicians supported by specialists
- Quality measurements based on Choosing Wisely principles
- Incentive program
- Quality improvement program
- CME opportunity

JOSEPH CANDIO, JR.

Physician Advocacy Liaison
Lehigh Valley Physician
Hospital Organization



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Lehigh Valley Physician Hospital Organization (LVPHO)

- LVPHO Mission
 - High-quality health care
 - Satisfied patients
 - Positive outcomes at an affordable cost
- Triple Aim Alignment
 - Better Care
 - Better Health
 - Better Cost

Achieving Clinical Excellence[®] (ACE)

- Components
 - Participation
 - Quality & Efficiency
- Importance of Choosing Wisely alignment
- LVHN ACO Medicare Shared Savings Program
- ACE/Choosing Wisely incentives
- Analytics and measurement

KERRY SNYDER

Director of Health Informatics
Populytics



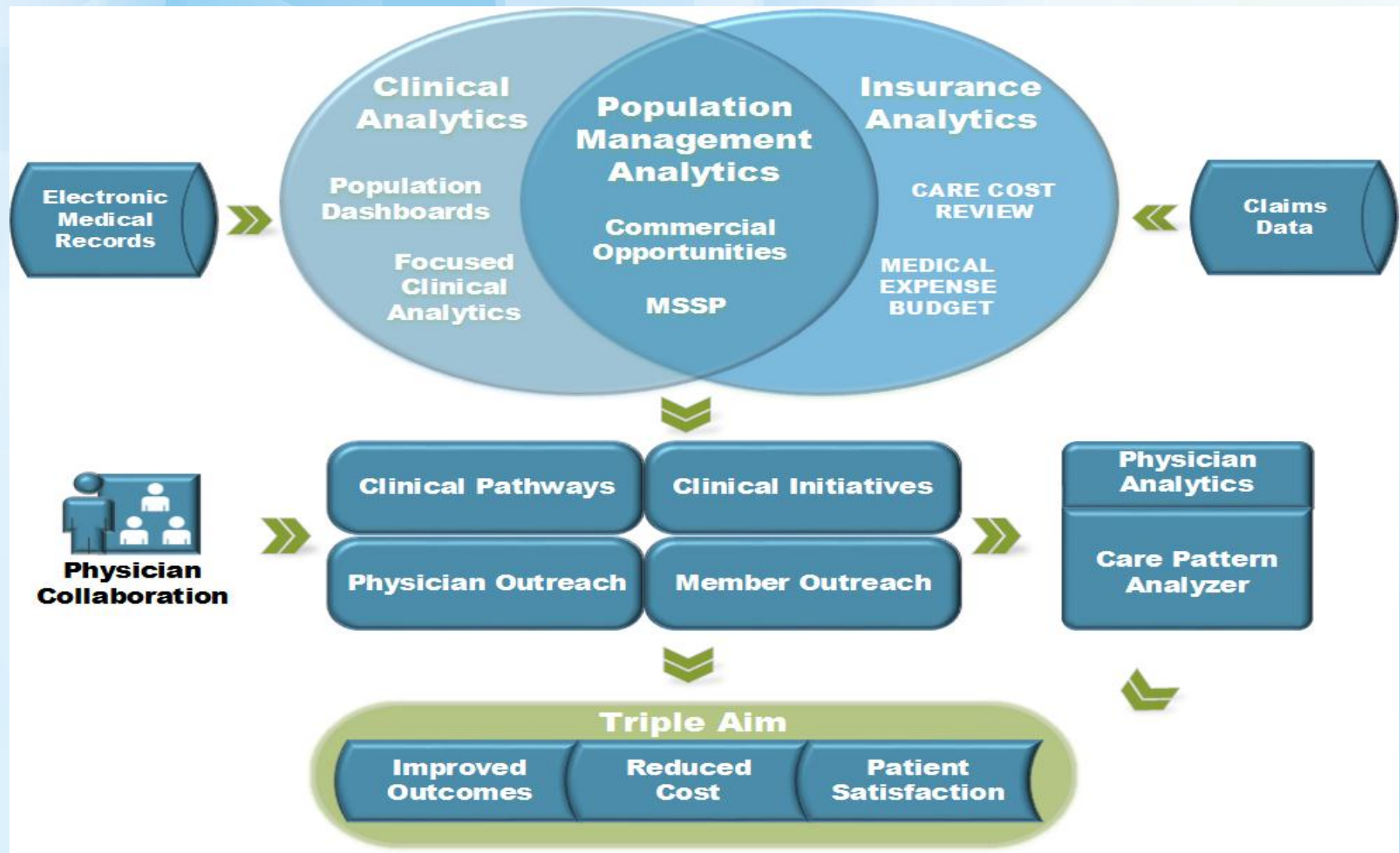
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Populytics Analytics

- Overview
- Analytic Tools
- Evidence-Based Medicine (EBM) Measures

Population Management Analytics



Population Health Analytic Tools



Models to identify risk and stratify the population. Groupers include Episode Treatment, Episode Risk and Pharmacy Risk used to develop models for measuring risk and stratifying populations.



Includes claims data from 40M commercial/covered lives. Utility for benchmarking, bundled payment, care pathway development and improvement.



An integrated platform combining data from electronic medical records and pre & post adjudicated claims enabling a care management workflow application to assist robust management of populations.



Individual risk scores identify patients with high probability of future risk & cost. Provides forecasts of costs, future medical needs.



Provider-centric view of cost and quality of population care from multiple perspectives. Identifies cost/care drivers in populations and paths for improvement.

Analyze patterns of care by physicians, measuring quality outcomes and efficiency of treatment patterns.

Analytics Infrastructure

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Medical & Rx Claims
Data

Clinical Data EMR

Health Assessment Data

Provider File Data

Member /Patient Data

Symmetry
Impact Intelligence
OptumOne

Financial Models
Program Measurement
MEB

Quality Metrics
Clinical Pathways

Wellness
BeneFIT

Member Stratification
Predictive Models
Targeted Patient Outreach

Physician Pattern Analyzer
ACE Physician Incentives

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The Symmetry Toolbox

Episode Treatment Groups (ETG)

- Combines medical and pharmacy claims for related services into a complete episode of care
- Complex algorithm determines when episodes begin and end
- Severity adjusted to account for comorbidities, complications, and treatment
- Provides the basis for modeling risk
- 525 base ETGs and over 1400 severity adjusted ETGs

Episode Risk Groups (ERG), Pharmacy Risk Groups (PRG)

- Combine ETGs and diagnoses into risk markers
- Model risk both retrospectively and prospectively
- Identify members of highest risk
- Risk adjust population-based measures of provider performance
- Understand levels and trends in risk and risk-adjusted costs
- Compare risk-adjusted costs across lines of business, populations and over time

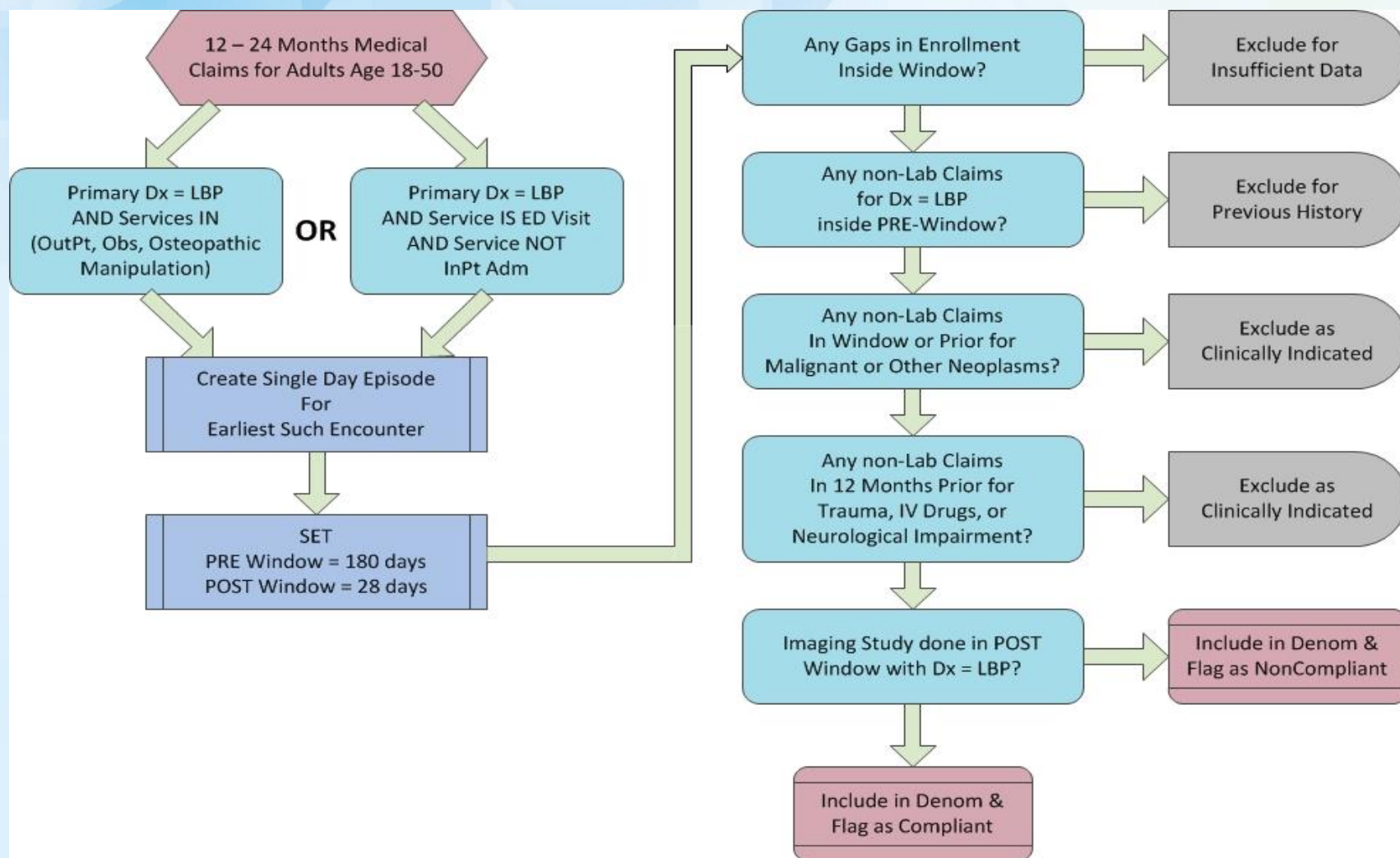
Evidence-based Medicine Connect (EBM Connect)

- Unit of analysis for physician quality measurement (used for both PCPs and specialists)
- HEDIS and STARS improvement, including using prospective measures
- Identify members with history of gaps in care
- Include rules to measure compliance with Choosing Wisely Principles

EBM Measure Support

AAFP Choosing Wisely Principles			Corresponding EBM Connect 8.3 Measures		
Item No.	Items that Physicians and Patients should question	Rationale	Case Description	Rule Type	Rule Description
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.	Low Back Pain, Use of Imaging Studies (National Standard)	NS-H	Patient(s) with uncomplicated low back pain that did not have imaging studies.
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 \$5.8 billion in annual health care costs.	Sinusitis, Acute	CP-O	Patient(s) with acute sinusitis that received any antibiotic.
				CP-I	Patient(s) treated with an antibiotic for acute sinusitis that received a first line antibiotic.
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 disease) and there is little evidence for improved outcomes.	Non-Recommended Cervical Cancer Screening in Adolescent Females (National Standard)	NSHA	Patient(s) 16-20 years of age that had a cervical cancer screening (cervical cytology or HPV test) in the last 12 reported months.

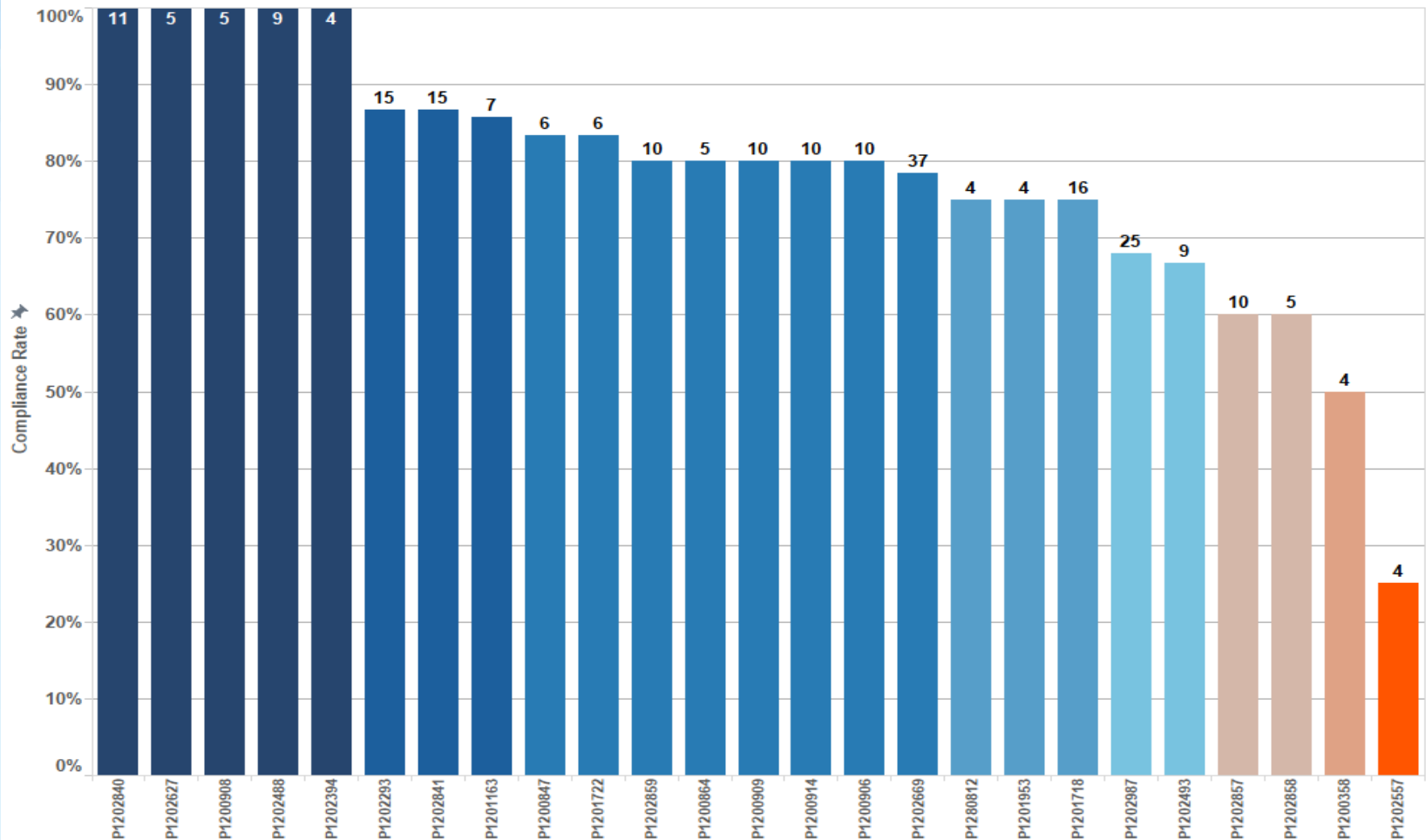
EBM Measure for Imaging with Low Back Pain



Low Back Pain Data

EBM Rule: Patients with low back pain should not have imaging studies unless there are specific indications.

Compliance Rate and Number of EBM Opportunities by Practice



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Conclusion

- Why now?
- What next?

Questions?

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