Clinical Pathways to Value Based Care

Friday
May 6, 2016
### Care Pathway Prioritization for Adult Inpatients (excluding Deliveries)

<table>
<thead>
<tr>
<th>Clinical Programs</th>
<th>Total Cases</th>
<th>ALOS</th>
<th>Medicare Geometric Mean LOS</th>
<th>Actual GHS Payment</th>
<th>Total Costs per Case</th>
<th>ALOS Var.</th>
<th>Day Opport.</th>
<th>Total Costs Opport. per Case</th>
<th>Total Costs Opport.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia</td>
<td>2,000</td>
<td>7.0</td>
<td>5.3</td>
<td>$12,500</td>
<td>$15,000</td>
<td>(1.7)</td>
<td>(3,398)</td>
<td>($2,500)</td>
<td>($5,000,000)</td>
</tr>
<tr>
<td>Total Knee and Hip Replacement</td>
<td>1,500</td>
<td>2.5</td>
<td>3.1</td>
<td>$12,000</td>
<td>$15,000</td>
<td>0.7</td>
<td>1,032</td>
<td>($3,000)</td>
<td>($4,500,000)</td>
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<tr>
<td>Spinal Fusions, Cervical, All Other, and Spinal Procedures</td>
<td>600</td>
<td>4.0</td>
<td>2.7</td>
<td>$20,000</td>
<td>$27,000</td>
<td>(1.3)</td>
<td>(766)</td>
<td>($7,000)</td>
<td>($4,200,000)</td>
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<tr>
<td>Coronary Artery By-Pass</td>
<td>250</td>
<td>11.0</td>
<td>9.1</td>
<td>$38,000</td>
<td>$53,000</td>
<td>(1.9)</td>
<td>(463)</td>
<td>($15,000)</td>
<td>($3,750,000)</td>
</tr>
<tr>
<td>Intracranial Hemorrhage and Cerebral Infarct</td>
<td>700</td>
<td>7.0</td>
<td>3.7</td>
<td>$8,500</td>
<td>$13,500</td>
<td>(3.3)</td>
<td>(2,292)</td>
<td>($5,000)</td>
<td>($3,500,000)</td>
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<tr>
<td>Major Small and Large Bowel Procedures</td>
<td>500</td>
<td>8.0</td>
<td>7.3</td>
<td>$18,500</td>
<td>$25,000</td>
<td>(0.6)</td>
<td>(312)</td>
<td>($6,500)</td>
<td>($3,250,000)</td>
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<tr>
<td>Coronary Intervention With our Without Stenting</td>
<td>900</td>
<td>4.0</td>
<td>2.8</td>
<td>$15,500</td>
<td>$19,000</td>
<td>(1.2)</td>
<td>(1,075)</td>
<td>($3,500)</td>
<td>($3,150,000)</td>
</tr>
<tr>
<td>Craniotomy and Endovascular Procedure</td>
<td>300</td>
<td>8.0</td>
<td>4.8</td>
<td>$20,500</td>
<td>$28,000</td>
<td>(3.2)</td>
<td>(951)</td>
<td>($7,500)</td>
<td>($2,250,000)</td>
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<tr>
<td>Psychosis, Alcohol and Drug Withdrawal</td>
<td>1,500</td>
<td>9.0</td>
<td>5.1</td>
<td>$10,000</td>
<td>$11,000</td>
<td>(3.9)</td>
<td>(5,908)</td>
<td>($1,000)</td>
<td>($1,500,000)</td>
</tr>
<tr>
<td>Renal Failure</td>
<td>800</td>
<td>5.0</td>
<td>3.9</td>
<td>$8,000</td>
<td>$10,000</td>
<td>(1.1)</td>
<td>(848)</td>
<td>($2,000)</td>
<td>($1,600,000)</td>
</tr>
<tr>
<td><strong>Top 10 Clinical Programs (51 MS DRGs)</strong></td>
<td><strong>9,050</strong></td>
<td><strong>6.1</strong></td>
<td><strong>4.4</strong></td>
<td><strong>$13,392</strong></td>
<td><strong>$17,006</strong></td>
<td><strong>(1.7)</strong></td>
<td><strong>(14,980)</strong></td>
<td><strong>($3,613)</strong></td>
<td><strong>($32,700,000)</strong></td>
</tr>
</tbody>
</table>
What was included in the Data Discovery?

- Volumes & ALOS: location of services, admission source (facility transferred from) and discharged disposition
- Mortality Rate, 30 Day Readmission Rate, All Quality data being monitored and reported out
- APR DRG Severity of Illness & Risk of Mortality
- Diagnosis/Procedures
- Resource Utilization by Day of Stay & cost per unit
- Current Order Sets
- Coding
What is a Pathway?

• A shared definition and understanding is the foundation of the work
• Multidisciplinary management tool
  – Based on evidence-based practice for a specific group of patients with a predictable clinical course
    • DRG
  – Interventions are defined, optimized and sequenced either by hour (ED), day (acute care) or visit (homecare)
• Outcomes are tied to specific interventions
  – Crystallized in the development and use of a single all-encompassing bedside document to define the care a patient is likely to be provided going forward
  – Ultimately as a single unified legal record of the care the patient has received and the progress of their condition
A Pathway Covers the Continuum of Care

- A pathway encompasses the pre-hospital environment, the acute care episode, and the post acute phase
  - Home, home health, or post-acute stay
- The pathway should highlight behaviors that drive quality and utilization to the best practice
What is the Best Practice?

• Draw from EB guidelines, Core Measures
• Internal data for elements driving variable cost
  – LOS
    • Discharge planning
      – Post acute partners
    • Provider behaviors
  – Materials
Where to Begin

• We have chosen our acute care environment
  – Data availability and rigor
  – Existing infrastructure to support change

• Top opportunities by volume…and cost
  – More to come on the details of this analysis
Who to Bring to the Table

- Physician leaders
- Business Intelligence
- Quality Department
- Case management
- Nursing
- Therapies
- IT/Clinical Knowledge Management
Why Do all of This Work?

- Reduce *unnecessary* variation in care
  - Not all patients will stay on a pathway, and that is OK
  - Allows for proper allocation of limited resources
    - More efficient delivery of care
      - Time is more than money
    - Higher quality of care
    - Lower cost of care
Why Do All of This Work?

- Improve the continuity of care
  - Better documentation
    - Recognition for the good work you are doing!
    - Better hand off to ambulatory or post acute providers
  - Increased transparency of care
  - EMR crucial
Quality of Care

• The keystone argument for cause
• MORE IS NOT ALWAYS BETTER
• All of the preceding factors allow for a patient centered environment
  – Not “cookbook medicine”
  – Thoughtful choice of therapies, merging the patient’s case and best practice's
Lessons Learned

• Expect pushback
  – Kubler-Ross stages of Data

• Do the job right the first time:
  – How many times have we done this before?
  – Your data will likely require several stages of refinement to reach a point of truth

• Do not push change until you have reached this agreement with physicians
  – Go through the data with them
  – Get the patients in the right bucket
Lessons Learned

• Educate early and often
  – Reticence has been due to lack of awareness rather than defiance

• Follow through:
  – If clarification is requested, provide it
  – Respond to opportunities that are identified along the way
    • Documentation, gap in SW or HCM coverage
Clinical Pathways

TAKE HOME POINTS:
This is Valuable Work

• This is the opportunity to show clinical staff that the priorities of the organization and the providers are aligned to give the best care to patients

• Buy-in can be lost by failure to follow through, or failure to place resources where needs are identified to produce lasting change
A Living Process, Not a Task

• Keep perspective
• The process must be tended based on performance
• Financial impact will take time to realize, as it will follow culture change