

Physician Engagement: Innovation on the Front Lines

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Crystal Run Healthcare



Crystal Run Healthcare



- Physician owned MSG in NY State, founded 1996
- 300 providers, 15 16 locations
- Joint Venture ASC, Urgent Care, Diagnostic Imaging, Sleep Center, High Complexity Lab, Pathology
- Early adopter EHR (NextGen®) 1999
- Accredited by Joint Commission 2006
- Level 3 NCQA PCMH Recognition 2009, 2012



Crystal Run Healthcare ACO

- Single entity ACO
- April 2012: MSSP participant
- December 2012: NCQA ACO Accreditation
- 25,000 commercial lives at risk
- MSSP
 - 10,400 attributed beneficiaries
 - 82% primary care services within ACO



Outline

- Physician Engagement
 - Overview of Strategies
- Innovation Contest
 - RFP
 - Rehab
 - Crystal Care League
 - Reducing ER Utilization
 - Choosing Wisely
 - Oncology Pathways



Physician Engagement

Poll the Audience

What strategy has been the most effective to engage your physicians?

- A. Burning Platform
- B. Focus on Organizational Mission
- C. Effective Communication
- D. Provide Performance Data
- E. Transparent Data Sharing
- F. Change Compensation Formula



Physician Engagement Burning Platform

- R.I.P. FFS
- Healthcare Reform
- SGR
- High Cost + High Quality +
Infrastructure = Perfect Storm



Physician Engagement

Mission Critical

The Triple Aim

- Improve the health of the population
- Enhance the patient experience of care
- Reduce, or at least control, the per capita cost of care.

Crystal Run Mission

- “The mission of Crystal Run Healthcare is to improve the **quality** and **availability** of, and **satisfaction** with, health care services in the communities we serve. To accomplish this goal, the practice emphasizes both traditional **medical excellence** as well as responsiveness to consumer needs through **service excellence and patient empowerment**



Physician Engagement Communication

- Meetings
- “The Page”
- Internal Expertise
- Outside Experts
- Email – “Hot Topics”
- Newsletter
- Twitter: @crystalrunACO



VBC Newsletter

DEDICATED TO INFORMING CRYSTAL RUN HEALTHCARE PROVIDERS ON VALUE BASED CARE

1. Not sure what an insurance exchange is?

- a. [Learn more here:](#)
- b. [Learn A LOT more here:](#)

2. Struggling to boost your patient experience scores?

- a. [Click here to think about empathy in a new way:](#)

3. Are you getting credit for the work you're doing?

You can't get credit if you don't document in the right place. [Click here](#) to learn how to maximize quality performance on Medicare's quality measures.

4. Is Medicare our only Value-based Contract?

Treating all of our patients the same is an important part of our culture. As we transition to value, aligning contracts to value-based payments allows us to maintain this culture. We now have 6 value based contracts in place.

5. Only 50,000 people signed up for Obama-care but 6 have signed up to follow us on Twitter.

Follow @CrystalRunACO at twitter.com



Physician Engagement Data

- Sources: internal, payer, claims, surveys
- Scorecard
- Validity
- Transparency



Physician Engagement

5 Stages of Data

- **Stage 1: Denial**
 - “I’m different”
- **Stage 2: Anger**
 - Don’t believe the data
- **Stage 3: Bargaining**
 - Drill down necessary
- **Stage 4: Depression**
 - Recognizing practice limitations
- **Stage 5: Acceptance**
 - Conversation is about the standard and the patient, not the data



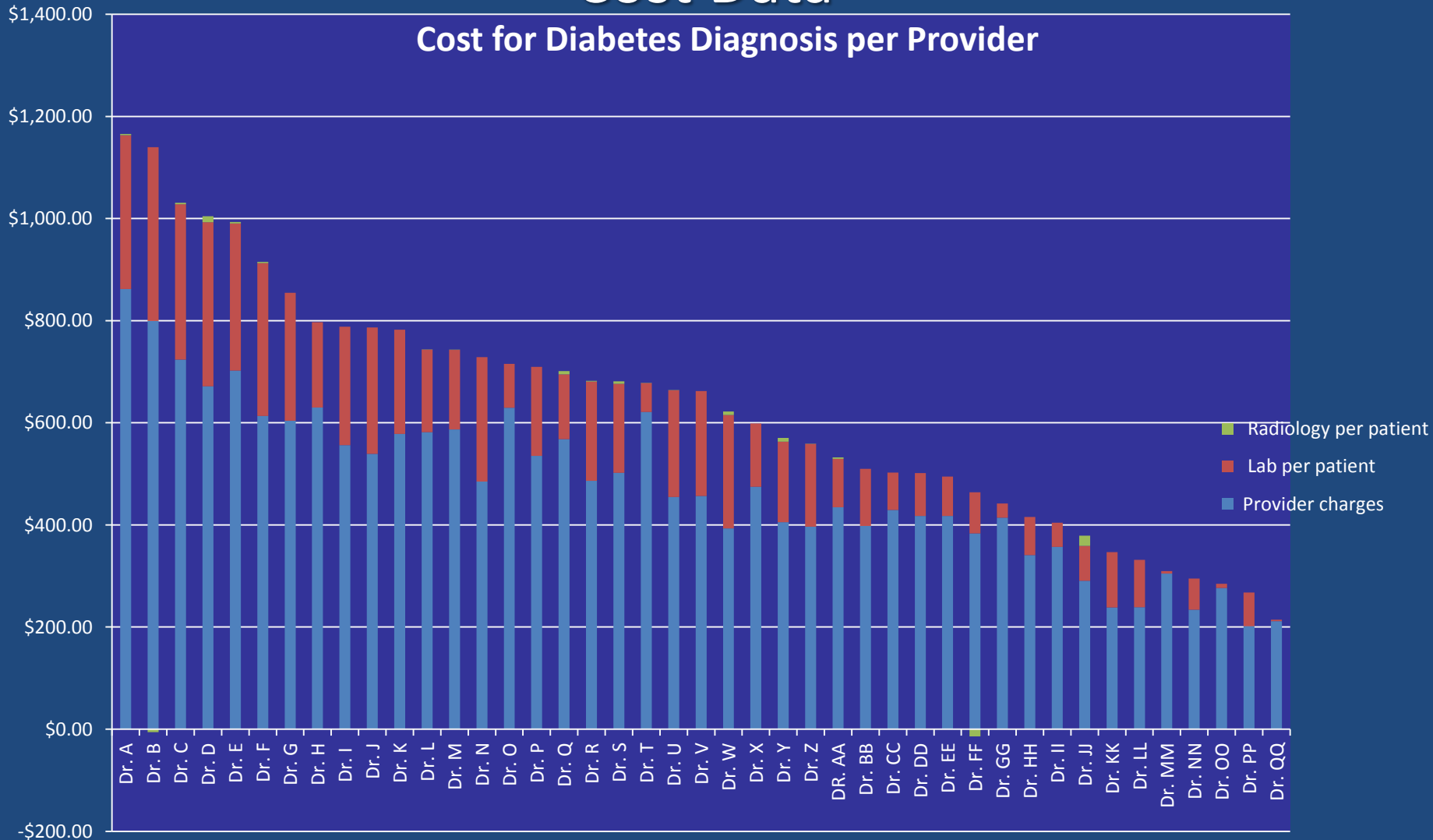
Physician Engagement Quality Scorecard

Physician	Specialty	Measure	Num	Denom	Score	Points	90th Percentile	75th Percentile	50th Percentile	25th Percentile	<25th Percentile
Barbanel MD, Eric W	Internal Medicine	Colorectal cancer screening	418	563	74.25%	10	70.00%	63.00%	56.00%	50.00%	50.00%
Barbanel MD, Eric W	Internal Medicine	Controlling high blood pressure	722	837	86.26%	10	68.00%	65.00%	61.00%	55.00%	55.00%
Barbanel MD, Eric W	Internal Medicine	Med Reconciliation	1390	1400	99.29%	10	91.00%	88.00%	81.00%	70.00%	70.00%
Barbanel MD, Eric W	Internal Medicine	Pneumonia vaccination for patients > 65	127	137	92.70%	10	82.00%	78.00%	73.00%	66.00%	66.00%
Barbanel MD, Eric W	Internal Medicine	Screening mammography age 40-69	145	207	70.05%	2.5	80.00%	76.00%	72.00%	69.00%	69.00%
Doti MD, Sandy W	Internal Medicine	Colorectal cancer screening	430	654	65.75%	7.5	70.00%	63.00%	56.00%	50.00%	50.00%
Doti MD, Sandy W	Internal Medicine	Controlling high blood pressure	292	432	67.59%	7.5	68.00%	65.00%	61.00%	55.00%	55.00%
Doti MD, Sandy W	Internal Medicine	Med Reconciliation	1058	1083	97.69%	10	91.00%	88.00%	81.00%	70.00%	70.00%
Doti MD, Sandy W	Internal Medicine	Pneumonia vaccination for patients > 65	82	201	40.80%	0	82.00%	78.00%	73.00%	66.00%	66.00%
Doti MD, Sandy W	Internal Medicine	Screening mammography age 40-69	109	183	59.56%	0	80.00%	76.00%	72.00%	69.00%	69.00%
Gonzalez-Klayman MD, Noemi	Internal Medicine	Colorectal cancer screening	199	303	65.68%	7.5	70.00%	63.00%	56.00%	50.00%	50.00%
Gonzalez-Klayman MD, Noemi	Internal Medicine	Controlling high blood pressure	296	397	74.56%	10	68.00%	65.00%	61.00%	55.00%	55.00%
Gonzalez-Klayman MD, Noemi	Internal Medicine	Med Reconciliation	734	775	94.71%	10	91.00%	88.00%	81.00%	70.00%	70.00%
Gonzalez-Klayman MD, Noemi	Internal Medicine	Pneumonia vaccination for patients > 65	104	139	74.82%	5	82.00%	78.00%	73.00%	66.00%	66.00%
Gonzalez-Klayman MD, Noemi	Internal Medicine	Screening mammography age 40-69	110	164	67.07%	0	80.00%	76.00%	72.00%	69.00%	69.00%
Guindi MD, Nabil	Internal Medicine	Colorectal cancer screening	30	71	42.25%	0	70.00%	63.00%	56.00%	50.00%	50.00%
Guindi MD, Nabil	Internal Medicine	Controlling high blood pressure	104	170	61.18%	5	68.00%	65.00%	61.00%	55.00%	55.00%
Guindi MD, Nabil	Internal Medicine	Med Reconciliation	812	884	91.86%	10	91.00%	88.00%	81.00%	70.00%	70.00%
Guindi MD, Nabil	Internal Medicine	Pneumonia vaccination for patients > 65	8	24	33.33%	0	82.00%	78.00%	73.00%	66.00%	66.00%

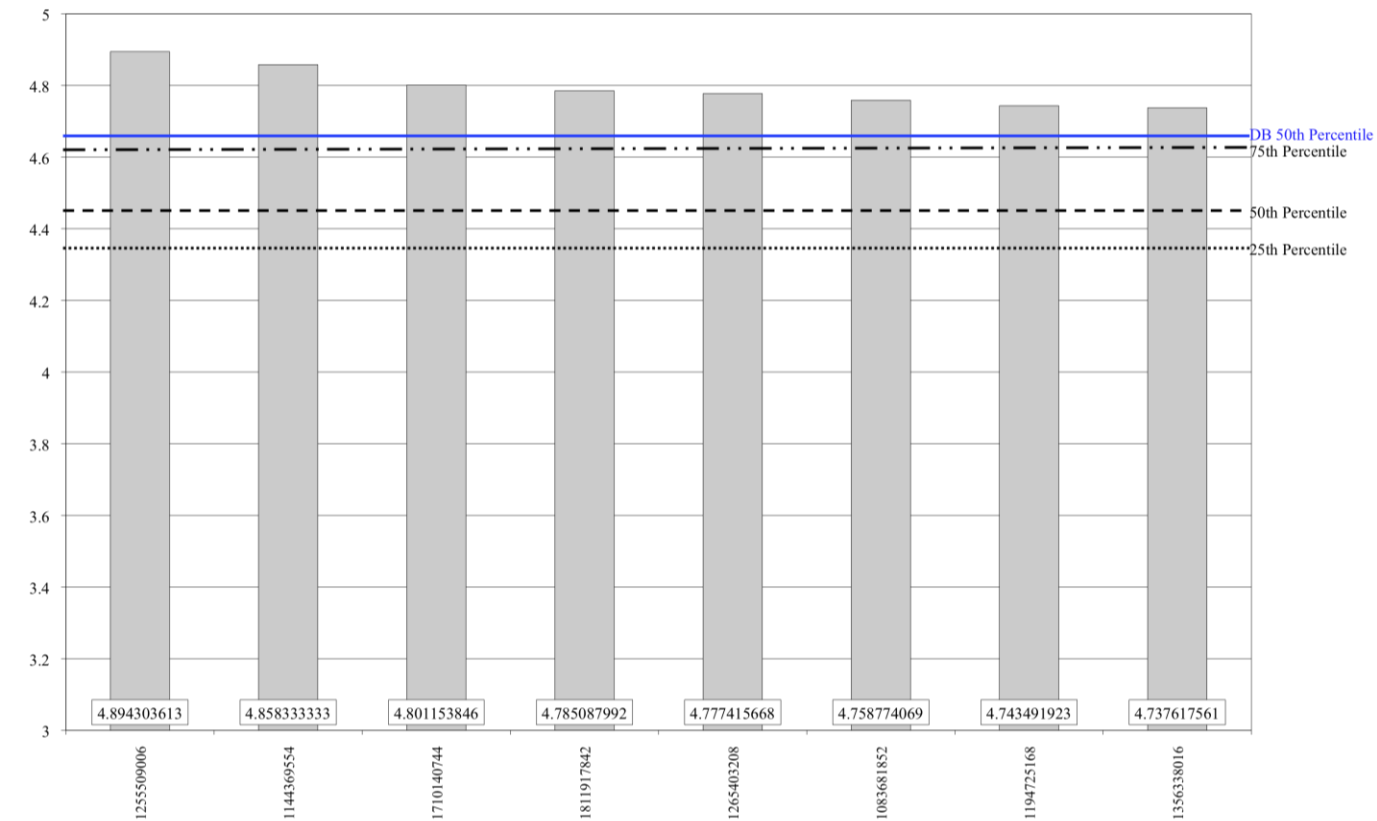
Physician Engagement

Cost Data

Cost for Diabetes Diagnosis per Provider



Physician Engagement Satisfaction Data



Dotted Lines Indicate Your 25th, 50th and 75th Percentiles
Solid Line Indicates the Database 50th Percentile

Provider Codes

Assessments:

<input checked="" type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		
<input type="radio"/>		

Add Common Assessment

Add or Update Assessment

☐ Fasting

COST GUIDE:

<\$10 \$
 \$10 to \$30 \$\$
 \$30 to \$70 \$\$\$
 >\$70 \$\$\$\$

[Lab Costs](#)

Hematology

- ☐ CBC/auto diff: \$\$
☐ Hgb/Hct: \$
☐ PT/INR: \$
☐ PTT: \$
☐ Sed rate: \$
☒ Microbiology/Misc
☐ Rapid Flu: \$\$
☐ Rapid strep: \$\$
☐ Rapid HIV, oral
☐ Throat Culture: \$\$
☐ Blood Culture: \$\$
☐ Chlamydia/GC amp: \$\$\$\$
☐ Genital culture: \$\$
☐ Culture herpes: \$\$\$\$
☐ Culture stool: \$\$\$
☐ Stool FOBT IA:
☐ PAP: [details](#) \$\$\$
☐ Preg, HCG Qual: \$\$
☐ Preg, HCG Quant: \$\$
☐ Preg, Urine: \$\$
☐ UA, Urinalysis: \$
☐ UTI Protocol: \$
☐ Urine Culture: \$\$
☐ Urine Microalb: \$

Chemistry

- ☐ ALT (SGPT): \$
☐ AST (SGOT): \$
☐ Bilirubin, total: \$
☐ BUN: \$
☐ Calcium: \$
☐ Chol, total: \$
☐ CPK: \$
☐ Creatinine: \$
☐ Ferritin: \$\$
☐ GGTP: \$
☐ Glucose, fasting: \$
☐ Glucose, finger: \$
☐ Hgb A1C: \$\$
☐ Iron/IBC: \$\$
☐ LDH: \$
☐ Lead: [Info](#) \$
☐ Magnesium: \$
☐ Phosphorus: \$
☐ PSA: \$\$
☐ Protein, total:
☐ Uric acid: \$
☐ Vit B12/Folate: \$\$\$
☐ Vit D 25 OH: \$\$\$

Panels [i](#)

- ☐ BMP: \$
☐ CMP: \$\$
☐ Electrolytes: \$
☐ Lipid Panel: \$\$
☐ Hepatic 1: \$
☐ Hepatic 2: \$
☒ Therapeutic Levels
☐ Digoxin level:
☐ Dilantin level:
☒ Endocrinology
☐ Cortisol: \$\$
☐ Free T4: \$\$
☐ TSH: \$\$
☐ TSH reflex: \$\$
☐ Estradiol: \$\$\$
☐ Estriol:
☐ FSH: \$\$
☐ LH: \$\$
☐ Progesterone: \$\$
☐ Prolactin: \$\$
☐ Testost, free: \$\$\$
☐ Testost, total: \$\$\$

Serology

- ☐ ANA: \$\$
☐ Epstein Barr: \$\$\$
☐ H. Pylori: \$
☐ H. Simplex 1: \$\$
☐ H. Simplex 2: \$\$\$
☐ Hep A Ab: \$\$
☐ Hep B Ab: \$\$
☐ Hep B surf Ag: \$\$
☐ Hep B core Ab: \$\$
☐ Hep C Ab: \$\$
☐ HIV scr serum: \$\$
☐ HIV RNA PCR:
☐ Lupus: \$\$
☐ Lyme Ab Rflx WB: \$\$\$
☐ Measles: \$\$
☐ Mono screen: \$\$
☐ Mumps: \$
☐ RA factor: \$
☐ RPR: \$
☐ Rubella: \$\$
☐ Varicella IgG: \$

Pathology

CSF Labs

Tumor Markers

Urine Chemistries

Other Tests

Order comments

Office Labs

Perform in future:

Timeframe: today

or on this date: 03/11/2014

Routine/stat: [Order Module Processing](#)

Place Order

Print Lab REQ

Save & Close

Cancel

Physician Engagement

Compensation – Poll the Audience

What percentage of your current physician compensation is based on value?

- A. None
- B. <5%
- C. 5-10%
- D. 10-20%
- E. >20%



Physician Engagement Compensation

- No physician left behind!
- You get what you incentivize!
- Physician Matrix 2011-2013
- New Compensation Formula 2014



Physician Engagement Compensation

- Step 1: Physician Matrix
 - Improving Quality of Care (30%)
 - Reducing Cost of Care (10%)
 - Improving Patient Experience of Care (25%)
 - Administrative Responsibilities (35%)
 - Leadership Development (“Extra Credit”)



Physician Engagement Compensation

- Improving Quality of Care (30%)
 - Three quality measures per specialty
- Reducing Cost of Care (10%)
 - Charges per patient
- Improving Patient Experience (25%)
 - Patient satisfaction survey
 - Access (3rd Next Available)



Physician Engagement Compensation

- Administrative Responsibilities (35%)
 - Coding, note completion, vacation requests, meeting attendance, standard schedule
- Leadership Development (“Extra Credit”)
 - Committee involvement, CME presentation or attendance, interview dinners, honors & awards, community involvement



Physician Engagement Compensation 2014

- Increase value to 10% income
- Remove administrative tasks
- Focus on improving quality, patient experience and reducing cost
- 2 value initiatives per provider
- Align quality with payer metrics
- Group and individual measures





Value-Based Care Innovation Contest

- December 2012
- Internal Grant Competition
- Criteria:
 - Advance value
 - 3 month implementation, 6 month outcome
 - Define resources, defined outcomes
- Selection of Finalists
- Compensation



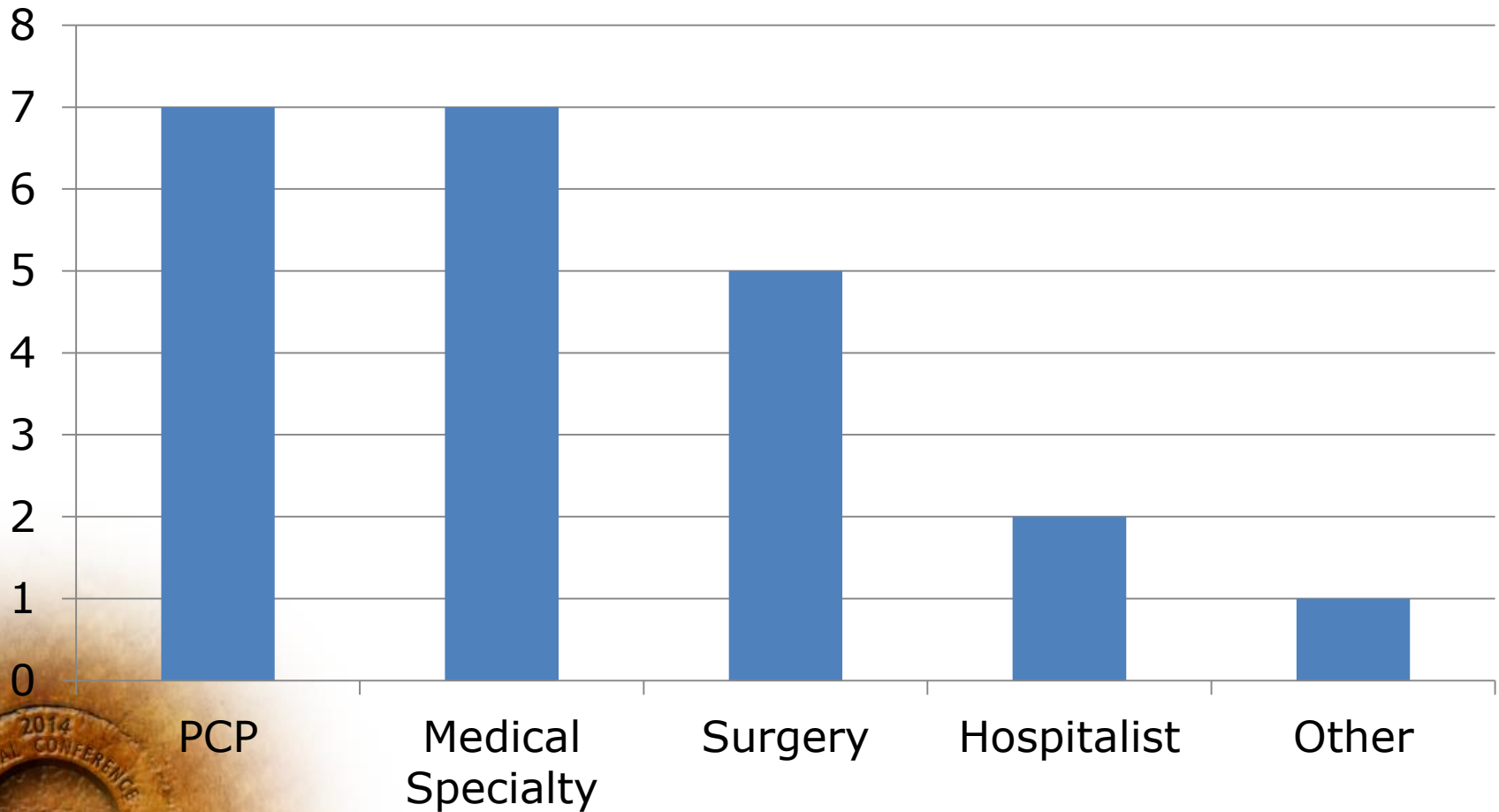


Value-Based Care Innovation Contest

- 33 proposals from 22 providers
- Improve Quality: 10
- Reduce Cost: 16
- Improve Experience: 14



Innovation Contest Proposal Sources



Innovation Contest Finalists

- Reducing Readmissions from Rehab
- Multidisciplinary Best Practice League
- Reducing ER visits through Education
- Choosing Wisely at CRHC
- Oncology Pathways



Sub-Acute Readmission Prevention Initiative (SARPI)

- Orthopedic Surgeon, Director of Bone and Joint Center
- Methodology: Educational Series to rehab staff and providers
- Outcome: Reduced readmissions from subacute rehab after fracture, joint replacement



Innovation Contest

SARPI

- Presentation:
 - Outlined procedure
 - Outlined potential complications
 - Reviewed management of complications
 - Stressed calling orthopedist with questions
 - Focus on sites of service



Innovation Contest

SARPI

- Outcomes: pending
- Data Collection Challenging
- Initiative led to SNF Summit:
 - Collaboration of local facilities and hospital
 - Readmissions, Avoidable Admissions
 - Stay Tuned!



Crystal Care League

- Orthopedic Hand Surgeon
- Methodology: multidisciplinary task force to develop and implement best practice standard for management of cross-discipline disorders
- Outcomes: cost of care, adherence to pathway



Innovation Contest

Crystal Care League

- Carpal Tunnel: 1 PCP, 2 Neuro, Ortho, PMR
- Back Pain: 1 PCP, 2 Neuro, Ortho, PMR
- Process:
 - Develop Protocol
 - EMR Modification
 - Monitor Adherence, charges per diagnosis



Reducing Emergency Room and Urgent Care Visits

- Family Medicine Physician
- Methodology:
 - Chart Review ER visits in PCMH
 - Target non-emergent, emergent primary care treatable
 - Patient Outreach, education
- Outcomes: reduction in avoidable ER visits



Innovation Contest

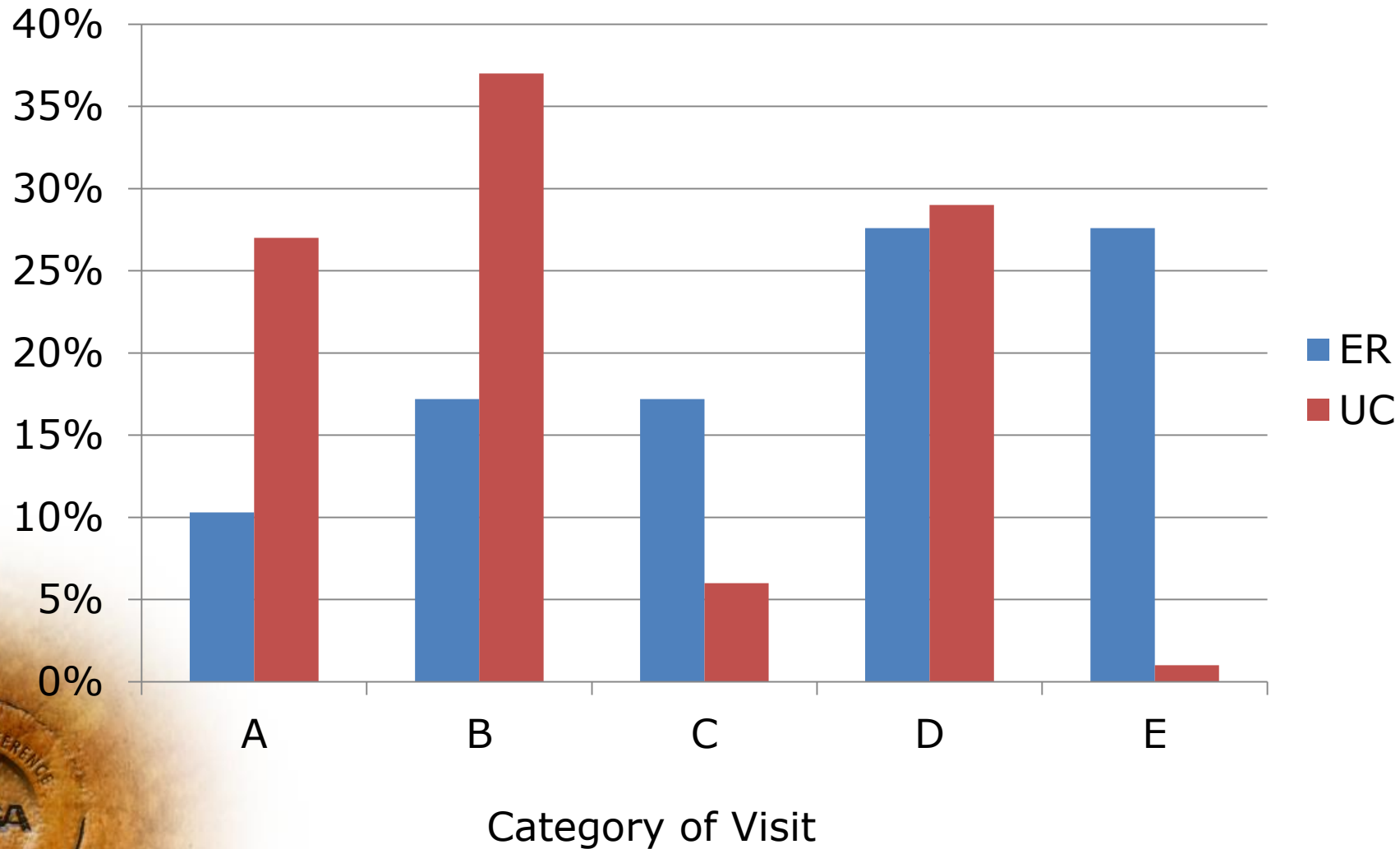
Reducing ER/UC Visits

Classification (NYU Model)

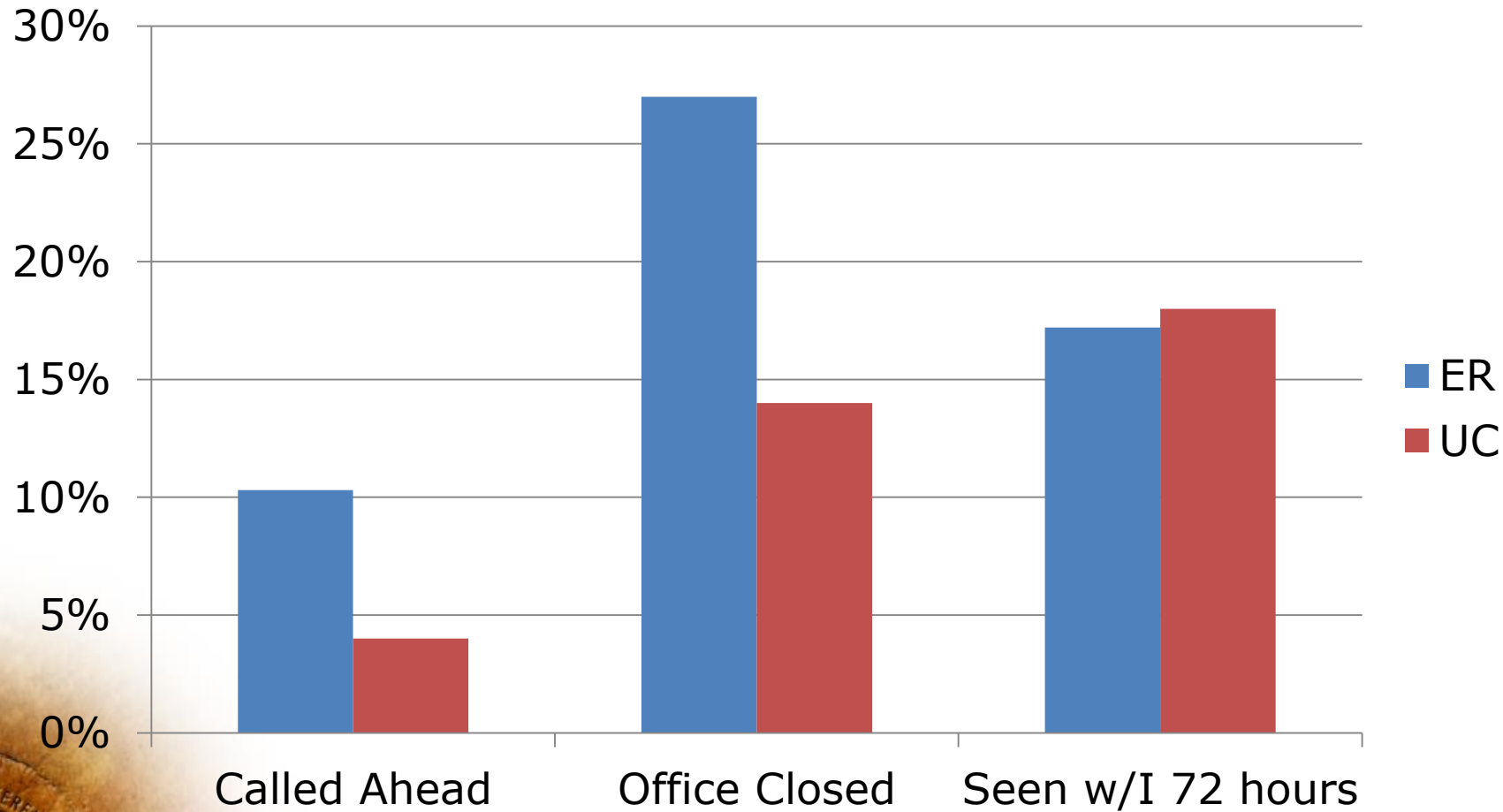
- A. Non-emergent
- B. Emergent / Primary Care Treatable
- C. Emergent: ER needed -
Preventable/Avoidable
- D. Emergent: ER needed – Not Avoidable
- E. Not Classified



Innovation Contest Reducing ER/UC Visits



Innovation Contest Reducing ER/UC Visits



Your Medical Home

Your Medical Home is a team based health care model led by your primary care physician that provides comprehensive, coordinated medical care with the goal of obtaining and maintaining better health. With you at the center, your medical home team, made up of your primary care physician, nurses and other medical professionals, care for you when sick and help you maintain your health and wellness.

CrystalRunHealthcare.com

Communicate Online With Your Provider Through NextMD®

NextMD® is Crystal Run Healthcare's safe and secure patient portal that enables you to communicate with your provider online. Eliminate time-consuming phone calls and instead refill prescriptions, review test results and communicate directly with your provider from the comfort of your computer.

■ Your Primary Care Physician – Your First Line of Defense

In a non-urgent medical situation, your **FIRST CALL** should always be to your **PRIMARY CARE PHYSICIAN (PCP)** before going to the urgent care or emergency room. Your PCP knows you and your health better than anyone and can evaluate your symptoms and advise you of the best course of action to treat your condition.

Your health and convenience is important to us, which is why at Crystal Run we offer you access to:

- **Same-day primary care appointments** available in Middletown, Goshen, Warwick, Monroe, New Windsor and Rock Hill.
- **Extended hours available:** Monday – Thursday 7:30AM–7:30PM, Friday 7:30AM–5:30PM, and Saturday 9AM–3PM
- **Providers available 24/7** to answer your health-related questions.
- **24/7 access** to make appointments, request prescription refills or request a return call from a provider.

■ Coordinated Care When and Where You Need It

When acute conditions or evaluations need attention outside regular hours, Crystal Run's Urgent Care ensures you have health care options whenever you need them. By **calling your primary care provider first**, they can help you determine your best option for care based on your symptoms and medical history. For issues that arise after hours, our on-call physician is able to communicate with the urgent care or emergency room staff and relay any vital medical information that might save you time, and ensure that you receive the highest quality care.

■ Hospital Medicine at Crystal Run Healthcare

Should you require admission to the hospital, our Crystal Run hospitalists are on site at both Orange Regional and Catskill Regional Medical Centers to coordinate your treatment within the hospital and will have full access to your shared Electronic Health Records (EHR). This is vital in avoiding errors and ensuring that your existing conditions and medications do not conflict with your care during your hospital stay.

■ What Option Is Right For Me?

My Doctor, Urgent Care or The Emergency Room?

Your PCP can best meet your needs for most conditions, but for after-hours mishaps that can't wait, Urgent Care offers a more convenient alternative to the emergency room. **For life threatening emergencies**, such as chest pain or sudden severe pain, you should always **dial 911 or visit your nearest emergency room**.

When your PCP can best meet your needs:

- Back pain or chronic pain
- Coughs, colds, sore throat, and ear infections
- Headaches
- Management of any of your chronic medical illnesses
- Mild Asthma
- Minor injuries including those that happen at work
- Rashes
- Sprains
- Urinary Tract Infections
- Wellness exams

When an Urgent Care can best meet your needs:

- Allergic reactions (non life-threatening)*
- Animal bites
- Broken bones
- Coughs, colds, sore throat, and ear infections*
- Diarrhea with possible dehydration
- Fever or flu-like symptoms*
- Minor burns or injuries
- Moderate Asthma
- Rash or other skin irritations*
- Sprains and strains

**These conditions can be managed by your PCP during office hours*

When you need to go to the Emergency Room:

The emergency room is the best option to treat critical conditions.

- Chest pain
- Difficulty breathing
- Loss of consciousness
- Life-threatening allergic reaction
- Life-threatening asthma
- Severe bleeding or head trauma
- Sudden loss of vision or blurred vision



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Choosing Wisely

- www.choosingwisely.org
- ABIM Foundation, Consumer Reports
- Choosing care that is:
 - “Supported by evidence, not duplicative, free from harm, truly needed”
- Specialty Societies: Five Things Physicians and Patients Should Question



An initiative of the ABIM Foundation

Choosing Wisely

Are you currently utilizing the Choosing Wisely initiative in your value based programs?

A. Yes

B. No



Choosing Wisely

- Internal Medicine Physician
- Methodology: Implement four C.W. initiatives relevant to adult primary care
 - Medical Home Site Pilot (20%)
 - Provider Education
 - Marketing to patients
 - EMR modifications
- Outcomes: utilization of relevant testing before and after implementation



Your Health: Fact Not Fiction

How To Be A Smarter Patient And Live Longer

General Guidelines For High Value Care & Better Health

To Do List

☐ Hypertension Screening

Why: Treating hypertension has proven benefits for preventing strokes, heart disease and kidney disease.

☐ Cholesterol Screening

Why: This screening can help inform treatment plans for people who have risk factors for heart disease.

☐ Colon Cancer Screening

Why: Early detection helps decrease mortality from colon cancer.

☐ Glucose Screening

Why: Often in the early stages of diabetes, symptoms are not prominent, but early treatment leads to much better outcomes.

☐ Universal HIV Screening (once)

Why: Early detection and treatment for HIV saves lives.

☐ Depression Screening

Why: Treatment can improve one's quality of life.

☐ Screening for Smoking, Alcohol, Drug Use

Why: These behaviors affect overall health and can lead to problems at work and at home.

☐ Flu Vaccine (yearly)

☐ Pertussis/Tetanus Vaccine (every 10 years)

IF you are female:

☐ Pap Smear (every 3 years)

Why: There is no benefit from annual pap smears.

IF you were born in the U.S. between 1945-1965:

☐ Hepatitis C Screening

Why: Early detection and treatment of Hepatitis C saves lives.

IF you are 65 years or older or smoke cigarettes, have chronic heart or lung disease, diabetes, alcoholism, cirrhosis or immune problems:

☐ Pneumovax Vaccine

To Question List

☒ Imaging Tests for Nonspecific Low Back Pain

Why: Test results will not change your course of care in the first 6 weeks.

☒ Imaging Tests for Headaches

Why: Usually, information offered by the patient is enough to make a diagnosis. This test rarely provides useful information (less than 1% of the time); has a high false positive rate (20-30%); and if it is done via CT scan, results in radiation exposure.

☒ Antibiotics for Sinusitis

Why: Most sinus infections are viral, which do not respond to antibiotics.

☒ Pre-Operation Chest X-Rays

Why: For patients without breathing problems, the test does not improve surgical outcome or patient safety, and is an unnecessary radiation exposure.

☒ Routine Electrocardiograms (for asymptomatic, low-risk people)

Why: The chance of low-risk individuals having silent heart disease is tiny.

IF you are male:

☒ Prostate Specific Antigen Screening

Why: There is controversy and conflicting data over whether the screening has an impact on saving lives.

Screening tests not recommended:

☒ Total body scans

☒ Pelvic Ultrasound

☒ Ca 125

☒ CEA

Everyone is different.

The example guidelines here, as well as other tests and screenings, should ALWAYS be discussed with your healthcare providers.

DOCTOR + PATIENT

CONNECT COMMUNICATE COLLABORATE



Today's concerns/reason for visit:

Cr Chwise Backpain

Choose Wisely - Backpain

Have the symptoms persisted for greater than 30 days? ☒ No ☐ Yes

Are there any "red flags" surrounding the back pain? ☒ No ☐ Yes

Are you ordering an MRI? ☒ No ☐ Yes

Are you ordering an X-Ray? ☐ No ☒ Yes

Cancel

OK


Anemia, Other Chronic Disease 285.29

Anemia, Pernicious 281.0

Anemia, Unspecified 285.9

Code

250.00

How to use this template: 

My List

Diagnosis	Code	
ADHD	314.01	
Annual Physical	V70.0	
Anxiety	300.00	
Asthma	493.90	
Back pain	724.5	
bee/wasp sting	E905.3	
Bipolar Disorder	296.7	
Cervicalgia	723.1	
Conjunctivitis (Pink Eye)	372.03	

Comments

Today's assessments:

	Today's Assessments	Code	Status
<input checked="" type="radio"/> Clear	Back pain	724.5	Stable
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			
<input type="radio"/> Clear			

Details

	Diff. DX
	Diff. DX
	Diff. DX
	Diff. DX
	Diff. DX
	Diff. DX
	Diff. DX
	Diff. DX

Add Assessment to:

Chronic
List

My
List

Add

Add

Add Common Assessment

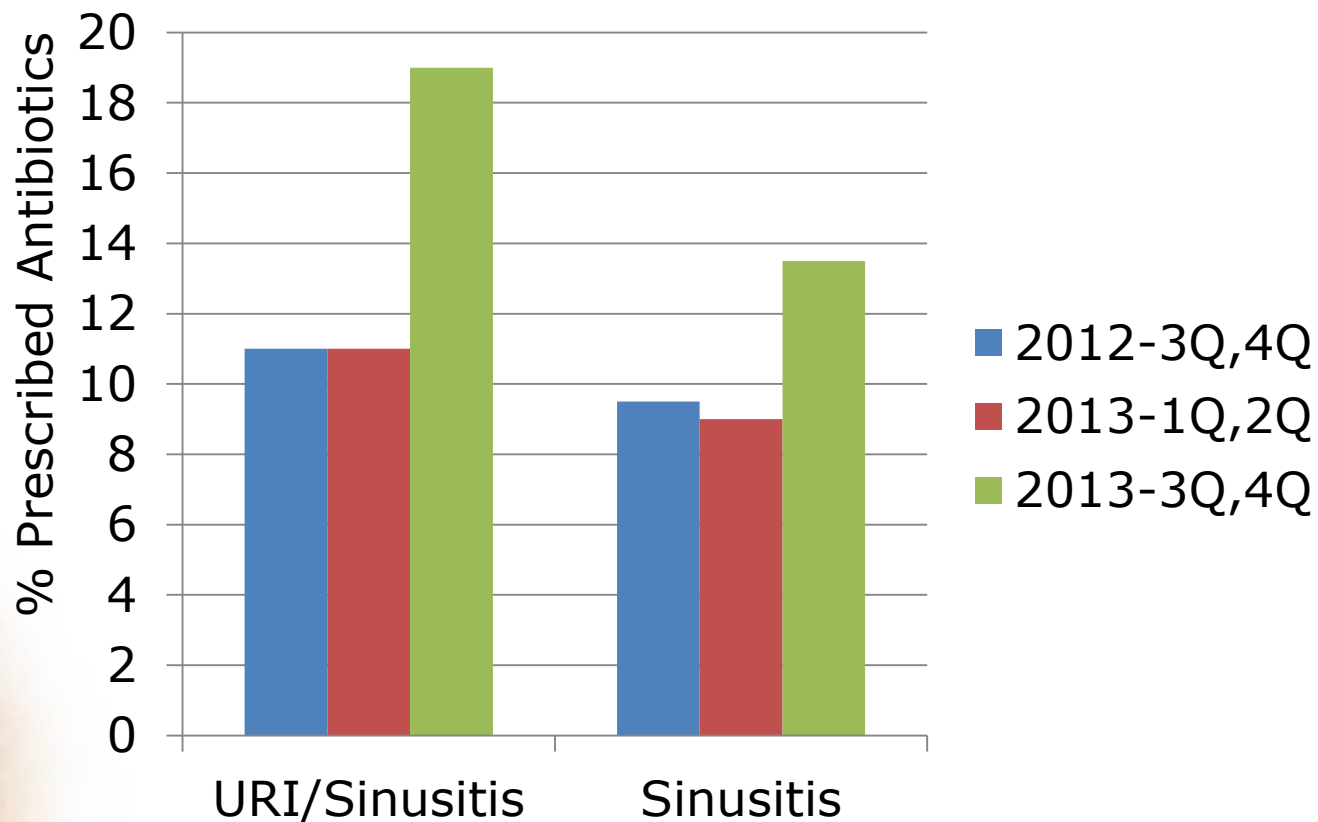
Sort DX

Save & Close

Innovation Contest

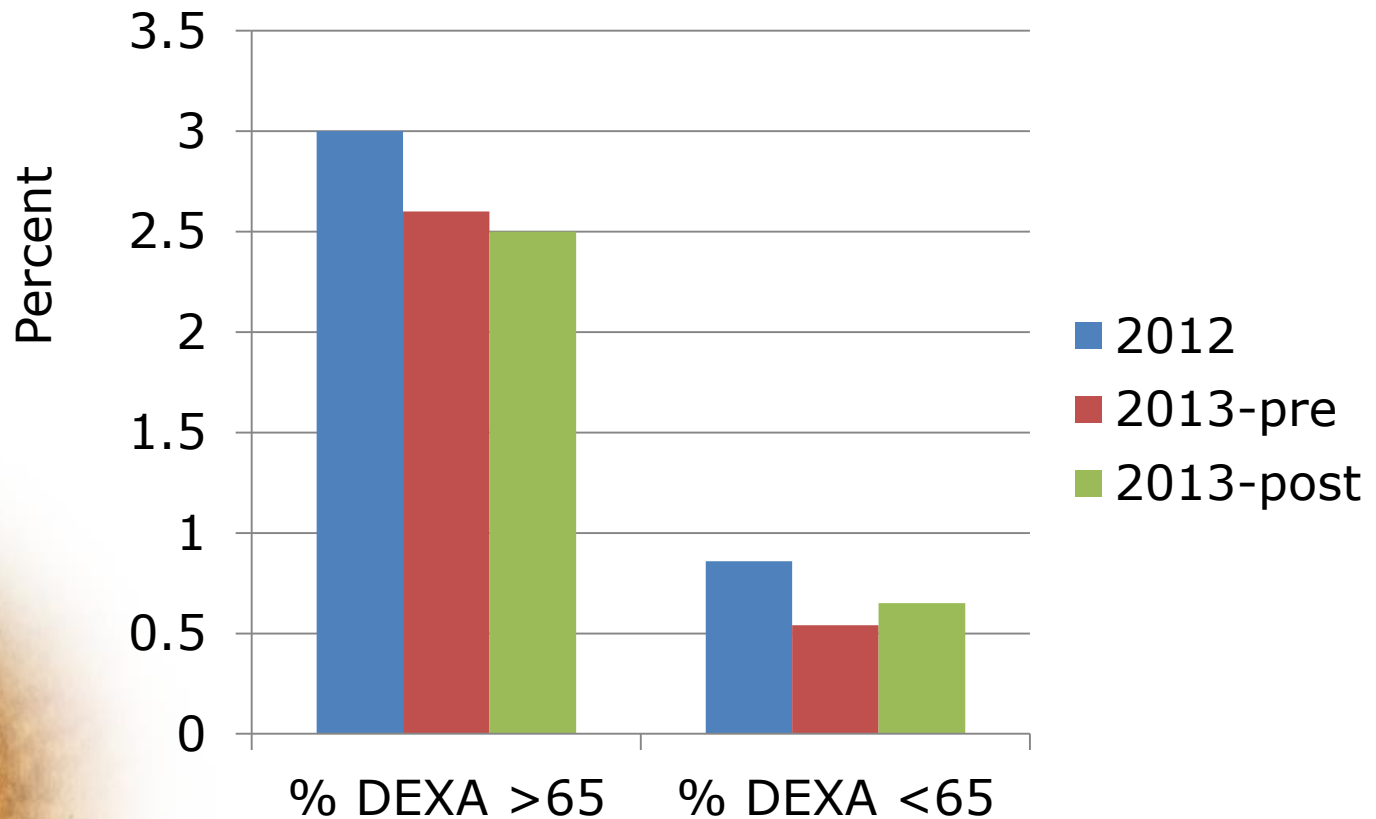
Choosing Wisely

Outcomes: Antibiotics



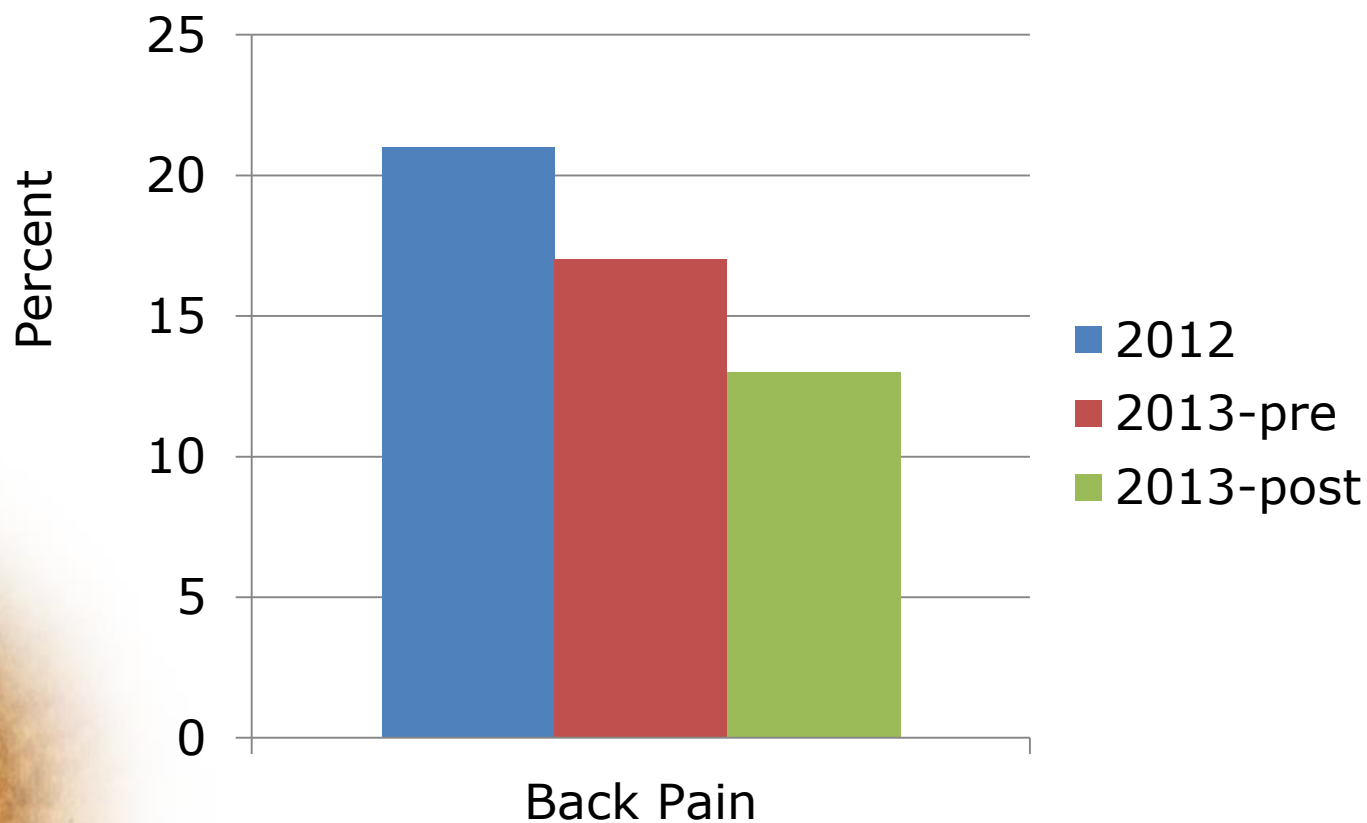
Innovation Contest Choosing Wisely

Outcomes: DEXA



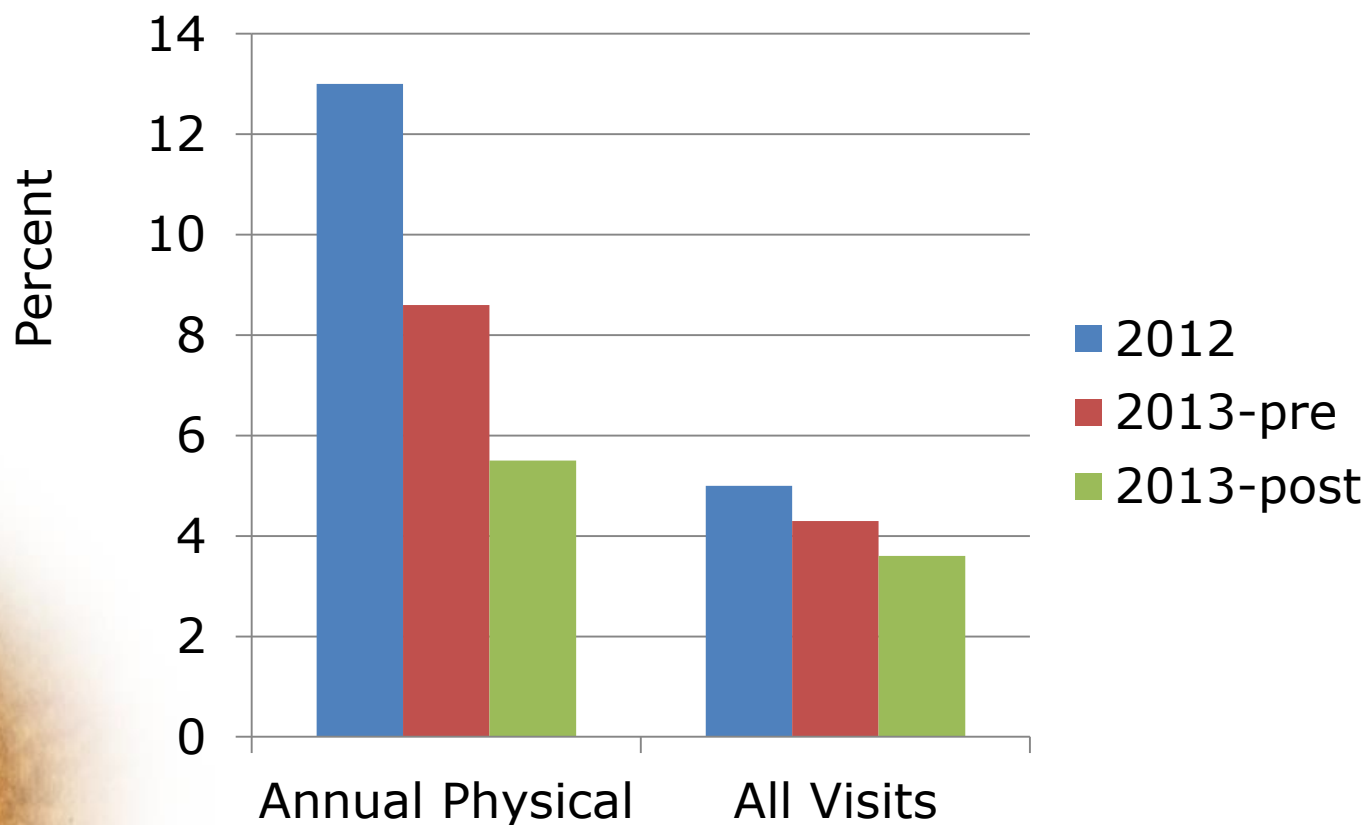
Innovation Contest Choosing Wisely

Outcomes: Imaging Low Back Pain



Innovation Contest Choosing Wisely

Outcomes: ECG's



Innovation Contest

Choosing Wisely

- Conclusions:
 - Many Variables:
 - Impact on Cost:
 - Impact on Experience



Breast Cancer Pathway

- Two Oncologists
- Methodology: Write and implement a breast cancer pathway
- Outcomes: evaluate cost associated with specific aspects of care
 - Growth factors
 - Radiographic imaging ie PET
 - Radiation oncology costs
 - Surveillance program



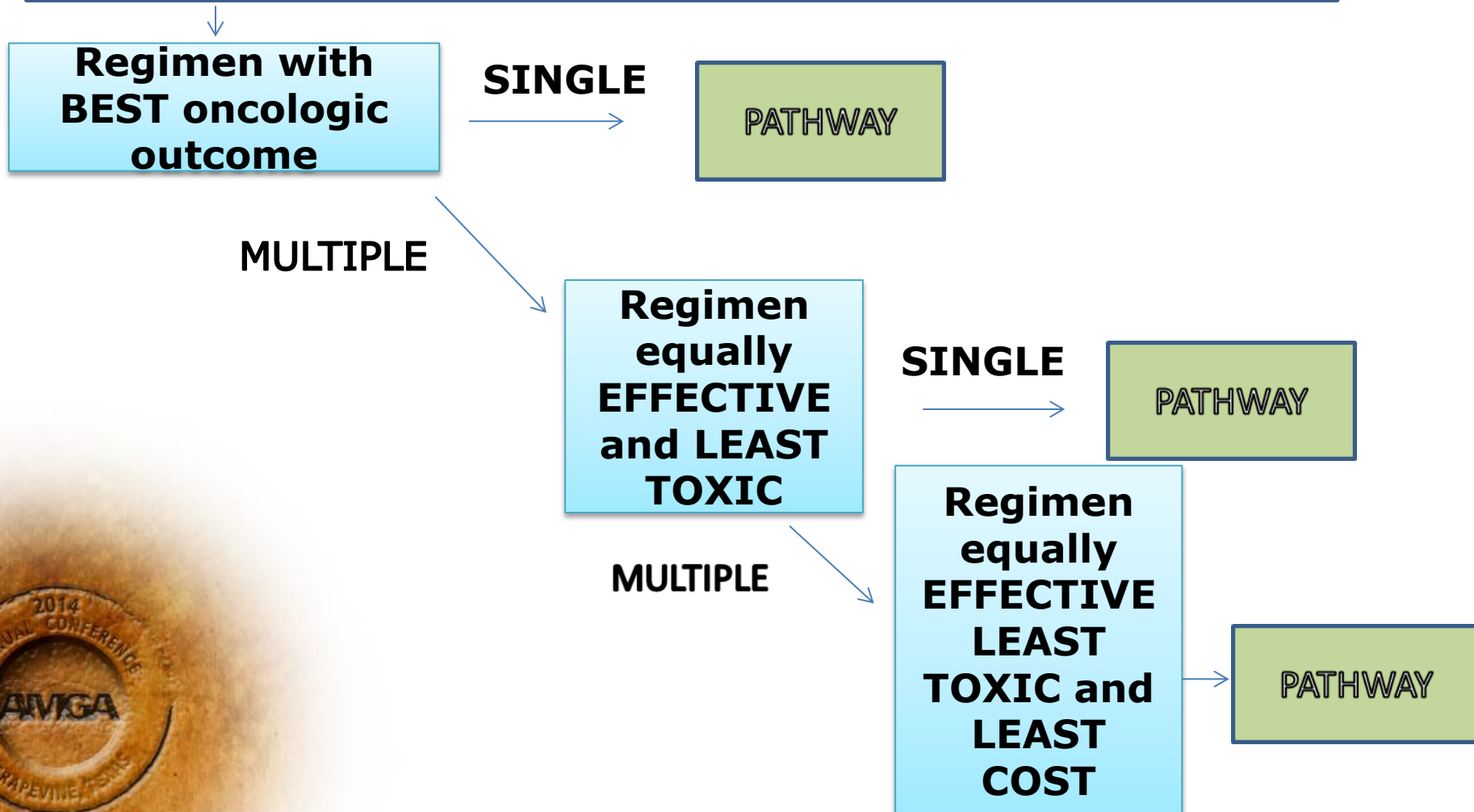
WHY Cancer Care Pathways

- Prepare for healthcare reform
- Better understand cost and predict cost for future
- Allow for reporting of quality and value
- Many value based methods are primary care specific; importance of looking at value in medical sub-specialty
- Oncology has become increasingly broad and complex; allow for latest evidence based practice



Cancer Care Pathways

Define stage, state of disease and medical co-morbidities
Review all available literature and guidelines



Crystal Run Healthcare Innovation Project

- QOPI (Quality Oncology Practice Initiative) certified practice of 4 medical oncologists
- One of 22 practices to achieve this standing in 2011
- Proposal submitted for innovation contest as we realized that value based care approach includes sub-speciality care (high cost)



Pathway Implementation

- NCCN (National Comprehensive Cancer Network) guidelines include evidence based guidelines but broad
- Goal was to obtain single best treatment algorithm to include a majority of patients (80%; there is art to medicine)
- Modify EHR to notate on/off pathway status



Breast Cancer Pathway Example

T2N1M0 breast cancer ER+ PR+ Her2
negative (node positive); normal cardiac
function

Pre-pathway—many options

dose dense AC>T, AC>T q 3 weeks, TC

Pathway:

AC every 3 weeks and T weekly

(equal efficacy, least toxic, less cost)



Implementation of Breast Cancer Pathways

- Implemented pathway starting March 2013.
- Comparison groups include patients treated between March-Sept 2012 (**BEFORE** implementation of pathway) and patients treated between March-Sept 2013 (**AFTER** implementation of pathway)
- Use of PEG-Filgrastim **BEFORE** and **AFTER** pathway implementation regardless of on/off pathway status

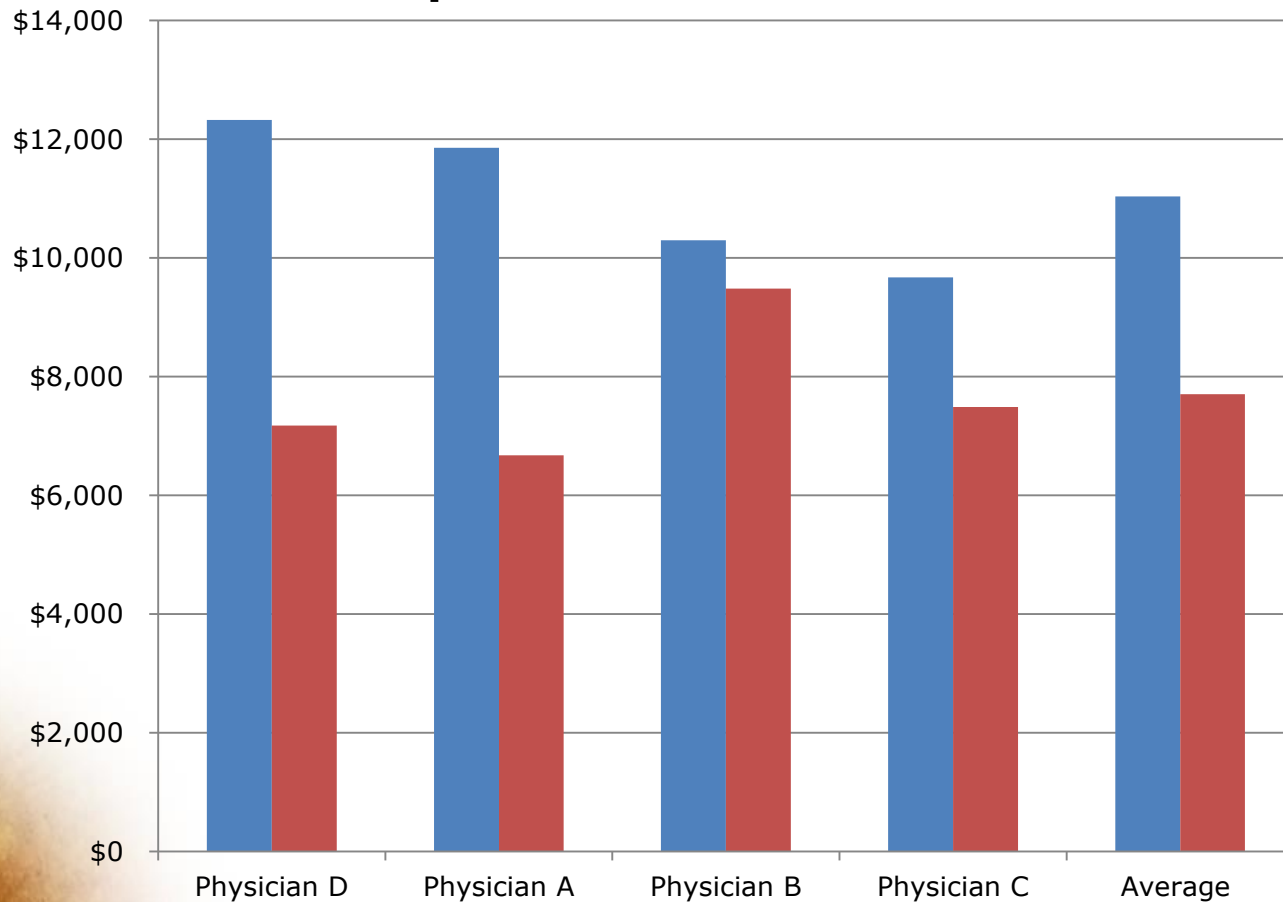


PEG-filgrastim in Breast Cancer costs BEFORE and AFTER implementation of Cancer Care Pathways

	Cost per patient BEFORE pathway	Cost per patient AFTER pathway	TOTAL difference Per patient
Physician D	\$12324	\$7176	\$5148
Physician A	\$11856	\$6676	\$5180
Physician B	\$10296	\$9484	\$812
Physician C	\$9672	\$7488	\$2184
Average	\$11037	\$7706	\$3331



PEG filgrastim cost per Breast Cancer patient **BEFORE** and **AFTER** pathway implementation



**Total cost difference
(equalized as cost per patient treated)
PEG-filgrastim use in Breast cancer patients**

2012 pre-pathway
791 pts



\$595, 920

2013 post-pathway
817 patients



\$368, 160

**TOTAL COST
SAVINGS
\$227, 760**



Cancer Care Pathways Summary

- Cost per breast cancer patient with regards to PEG –filgrastim cost declined
- Results still pending of costs of radiology
 - Decreased use of PET scans (estimated 1/4 as many scans done—each PET \$3120)
 - Decreased use of un-warranted imaging as part of staging and surveillance
- Results still pending on radiation oncology costs
 - Short course radiation (hypo-fractionated 16 fractions; not 35) for selected patients



Other results

- Decreased cost per patient even in non breast cancer patients (ie more rigorous adherence to guidelines in other diseases)
- Variation reduction within practice
- Increased safety and efficiency
- Increased adherence to national guidelines in a quickly moving and complicated field



Conclusions

- No physician left behind
- Physician expertise and innovation is a key driver to advance value
- Consider assisting physicians with project management to implement innovations



Questions ???



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