ADDRESSING THE BLIND SPOT IN HEALTHCARE

Practicing Wisely®

NIHCM Webinar
January 25, 2019

OLIVER WYMAN
NIHCM webinar participants

Michael Drescher  
Director of Value-based Contracting  
*BlueCross BlueShield of Tennessee*

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Cardiologist and Medical Director of Clinical Transformation, *Providence Heart and Vascular Institute*

Lucy Liu  
Customer Success, *Practicing Wisely*  
Principal, *Oliver Wyman*

Marty Makary, MD  
Pancreatic Surgeon and Professor of Surgery and Health Policy, *Johns Hopkins Medicine*
Entry → Procedure / Diagnostic → Recovery
Overuse is a $265 billion problem perpetuated by this blind spot.
Breast re-excision rate

Re-excision within 12 months after the initial lumpectomy
Breast re-excision rate

Re-excision within 12 months after the initial lumpectomy

<table>
<thead>
<tr>
<th>NPI</th>
<th>Name</th>
<th>Location</th>
<th>Re-excision rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Philadelphia, PA</td>
<td>70.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Springfield, MO</td>
<td>64.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New York, NY</td>
<td>50.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gainesville, FL</td>
<td>50.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birmingham-Hoover, AL</td>
<td>50.0%</td>
</tr>
</tbody>
</table>
Different-day elective upper and lower endoscopy rate by physician

Different-day elective upper and lower endoscopy rate by physician

<table>
<thead>
<tr>
<th>NPI</th>
<th>Name</th>
<th>Location</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Jersey</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kinston, NC</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Waycross, GA</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anaheim, CA</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meridian, MS</td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>
Individual Surgeon Data Report

Improving Wisely Quality Collaborative
Benchmarking Performance Among Peers Using an ACMS-Endorsed Metric

Data for Dr. [redacted] (NPI: [redacted]):

The graph represents the distribution of physicians performing Mohs surgery in the U.S.†

The average number of stages per case for a surgeon in the U.S. = 1.7 stages per case
Your avg stages per case = 3.4 stages per case (outlier)

Dr. [redacted]’s avg stages per case = 3.4
(99th percentile)

You are more than 2 std devs from the national avg stages per case. Your avg stages per case is above that of 99% of other Mohs surgeons in the United States.

Average stages per case by surgeon for head and neck Mohs surgery (CPT 17311)

Impact of “Dear Doctor” Letters

• Thank you for the recent report. I had no idea where I stood relative to my peers nationally and now I know. I’m above average but will take a careful look to see how I can improve.

• I love showing this metric to my patients.

• I absolutely love it! I have wanted to know for some time where I stand relative to my peers regarding my average number of stages versus my peers and to my chagrin it just arrived in the mail! It gives us a nice benchmark to how we are doing.

• Thanks for sharing this data. I’ll work on my technique. Will this information be used for anything? Will it be made public? Please let me know.

• I’d like to learn more about the retraining offered by ACMS.

• When will the next report be delivered?

• Thank you for the report. Very important.

• I had heard of the reports coming out and was glad to see I’m not an outlier.
Correlation Between 24-Hour Predischarge Opioid Use and Amount of Opioids Prescribed at Hospital Discharge

Eric Y. Chen, MD, PhD\textsuperscript{1,2}; Andrew Marcantonio, DO, MBA\textsuperscript{2}; Paul Tornetta III, MD\textsuperscript{1}

Findings  In this cross-sectional study that included 18,343 postoperative patients from 2 Massachusetts medical centers, there was wide variation in the amount of opioids prescribed at hospital discharge given a patient's individual 24-hour predischarge opioid use. Of the patients who no longer used opioids prior to hospital discharge, 45.6% were nonetheless prescribed opioids at hospital discharge.
## Post-Surgical Opioid Guidelines

We convened a multidisciplinary consortium of physicians, nurses, pharmacists, and patients to develop ideal opioid prescribing patterns after common medical procedures utilizing a modified Delphi approach. Best prescribing practices are listed for post-surgical narcotic naive patients at discharge.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Start with this: Acetaminophen 1g PO 8 hours, Ibuprofen 400mg PO 8 hours (unless contraindicated)</th>
<th>If Needed, Opioid Pills Recommended at Discharge: Oxycodone 5 mg tablet*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laparoscopic cholecystectomy</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>10 Tablets**</td>
</tr>
<tr>
<td>Laparoscopic inguinal hernia repair, unilateral</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>12 Tablets</td>
</tr>
<tr>
<td>Open inguinal hernia repair, unilateral</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>10 Tablets</td>
</tr>
<tr>
<td>Open umbilical hernia repair</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>14 Tablets</td>
</tr>
<tr>
<td>Arthroscopic partial meniscectomy</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>8 Tablets</td>
</tr>
<tr>
<td>Arthroscopic ACL or PCL repair</td>
<td>Acetaminophen and/or Ibuprofen (NSAIDs) OR Tramadol</td>
<td>20 Tablets</td>
</tr>
</tbody>
</table>
CORE Offers Free Resources to Educate Clinicians and Empower Patients

See all the ways we are fighting the opioid crisis

**Prescribing Guidelines**
Learn More

**Patient Education**
Learn More

**Latest Opioid Research**
Learn More

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New post-surgical pain management guidelines released
We convened a multidisciplinary consortium of physicians, nurses, pharmacists, and patients to determine ideal opioid prescribing practices

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64,026 Opioid Overdoses in 2016

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Featured Articles
Average number of Opioids prescribed after lumpectomy, by surgeon

Average number of opioid pills per patient

Number of surgeons

0 5 10 15 20 25 30 35

1-5 6-10 11-15 16-20 21-25 26-30 31-35 36-40 41-45 46-50 above 50
Average number of Opioids prescribed after lumpectomy, by surgeon

<table>
<thead>
<tr>
<th>NPI</th>
<th>Name</th>
<th>Location</th>
<th>Average number of opioid pills prescribed per patient</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Cape Coral-Fort Myers, FL</td>
<td>45.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Immokalee-Marco Island, FL</td>
<td>45.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sugar Land, TX</td>
<td>40.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Salisbury, MD-DE</td>
<td>40.2</td>
</tr>
</tbody>
</table>
What is Practicing Wisely®?

Michael Drescher  
BCBS of Tennessee

Ty Gluckman, MD  
Providence Heart and Vascular Institute

Lucy Liu  
Practicing Wisely

Marty Makary, MD  
Johns Hopkins
Appropriateness is the missing dimension to today’s existing measurements of physician performance

Overall physician performance

Measurements of individual physician performance

APPROPRIATENESS
QUALITY
COST

=
Practicing specialists lead the development and deployment of Practicing Wisely® measures

**Ideation**
Review Appropriate Use Criteria  Identify areas of high utilization

**Development**
Explore national claims data  Define range of better practices

**Review**
Interrogate measure build and provide feedback

**Approval**
Endorse measures

**Measure review**
Review recommended measures for deployment

**Engagement**
Share individual reports

**Iteration**
Regularly update measures based on input from practicing physicians and evidence-based guidelines

Led by Practicing Wisely® Physician Advisory Council

Led by physician champions
Practicing Wisely® develops measures to evaluate whether a doctor delivers appropriate care

Example measure: Stress Testing with Nuclear Imaging

% of physicians in each category

1. Range of better practices (<50%)

Half of physicians practice outside the range of better practices

1. Practicing specialists define the range of appropriate variation...

2. ...and define the measure logic (e.g. medical coding, exclusions)

2. Proportion of a physician’s patients who receive stress testing with nuclear imaging
Visibility into clinical decisions alone can drive change in practice patterns and reduce unexplained variation.

**STRESS TESTING WITH NUCLEAR IMAGING**

**DISTRIBUTION OF PHYSICIANS IN YOUR PEER GROUP**
CARDIOLOGISTS PERFORMING STRESS TESTS AT

- **Your rate** 76% (≥ 1 standard deviation above the national mean)
- **Target rate** ≤ 50%
- **Peer group mean** 60%
- **National mean** 58%

**NPI**
01/01/2016 - 12/31/2017

**YOUR RATE**
76%

**TARGET RATE**
≤ 50%

- Your rate is > 1 standard deviation above the national mean
- Your rate is above 74% of the physicians in your peer group

**PEER GROUP³ MEAN**
60%

**NATIONAL MEAN**
58%

Your mean rate: 76% (> 1 standard deviation above the national mean)

Distribution of your peer group’s individual mean rates

Range of better practices
Individual measure performance is summarized into an overall Appropriate Practice Score (APS) per physician.

Appropriate Practice Score (APS) distribution

In order of increasing APS (higher is better)
Knowing who delivers more appropriate care can power a range of network management decisions

1. **Steer patients** to more appropriate specialists via:
   - Physician referral tools
   - Patient navigation and transparency tools
   - Benefit and network design levers (cost-sharing, incentives, COEs)

2. **Identify outliers** for removal or intervention

3. **Nudge low- to mid- performing physicians** to improve

4. Integrate appropriateness metrics into **specialist reimbursement programs**
Our products today

**Practicing Wisely® ACO Enablement solution**

The Practicing Wisely® ACO Enablement solution has been deployed by leading accountable care organizations (ACOs) to identify and reduce variation, create a culture of appropriateness, demonstrate value to payers, and prepare for risk.

- Demonstrated impact on physician behavior
- Proven specialist acceptance of Practicing Wisely® measures
- Actionable information to improve practice patterns
- Community of specialists to share best practices

“What’s remarkable is some of us are doing this all the time, and others none of the time. This is a wake-up call for our practice.”
- Quality committee leader in large multi-specialty practice

**Practicing Wisely® Network Improvement solution**

The Practicing Wisely® Network Improvement solution has been deployed by leading payers to identify and reduce unnecessary care, improve quality of care, and drive medical cost savings.

- Demonstrated impact on physician behavior
- Proven specialist acceptance of Practicing Wisely® measures
- Actionable information to identify outliers, hot-spots of unnecessary care, and steer patients to better physicians

“Measures like this have allowed us to capture huge savings – we have been looking for a pipeline.”
- National health plan

Opportunity Assessment

Client spends $127 MM on wasteful and potentially harmful care each year across sample of Practicing Wisely® measures

<table>
<thead>
<tr>
<th>Waste by Segment</th>
<th>Waste by Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedics</td>
<td>$85 MM (66%)</td>
</tr>
<tr>
<td>Cardiology</td>
<td>$43 MM (34%)</td>
</tr>
<tr>
<td>Commercial PPO</td>
<td>$66 MM (52%)</td>
</tr>
<tr>
<td>Commercial HMO</td>
<td>$15 MM (12%)</td>
</tr>
<tr>
<td>MA PPO</td>
<td>$12 MM (9%)</td>
</tr>
<tr>
<td>MA HMO</td>
<td>$10 MM (8%)</td>
</tr>
<tr>
<td>Other group retiree products</td>
<td>$25 MM (19%)</td>
</tr>
</tbody>
</table>

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How are physicians and health systems responding?

Michael Drescher  
BCBS of Tennessee

Ty Gluckman, MD  
Providence Heart and Vascular Institute

Lucy Liu  
Practicing Wisely

Marty Makary, MD  
Johns Hopkins
BlueCross BlueShield of Tennessee has been piloting Practicing Wisely® with cardiology practices
We engaged providers early and partnered closely with their physician champions to roll-out these measures.

Overview of Practicing Wisely® Physician Engagement Playbook

- Review of physician performance
- Engage external practices
- Identify physician champions
- Introduce to physicians
- Distribute reports
- 1:1s
- PAC discussion
- Distribute updated reports
- Monitor feedback
- Add new measures / specialties
- Review of physician performance

Led by Practicing Wisely® (PW)
Led by BCBST
Led by physician champions
Measures provided new, eye-opening information on intra-group variation in practice patterns.

Example measure: Stress Testing with Nuclear Imaging

Each physician's percent of stress tests performed with nuclear imaging

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Avg: 50%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 10%</td>
</tr>
<tr>
<td></td>
<td>Orange</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 2</th>
<th>Avg: 69%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 10%</td>
</tr>
<tr>
<td></td>
<td>Orange</td>
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</table>

<table>
<thead>
<tr>
<th>Group 3</th>
<th>Avg: 59%</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Under 10%</td>
</tr>
<tr>
<td></td>
<td>Orange</td>
</tr>
</tbody>
</table>
Ensuring physician understanding and acceptance of these measures has been a critical part of the process.

Physician feedback throughout engagement process:

- Introduced pilot to provider administrators: ++
- Introduced pilot to practicing physicians: --/+ 
- Shared measures and results with physician champions: ++
- Shared performance results with entire practice: --/+ +
- Distributed physician reports and monitored feedback: ++
Both practicing physicians and provider leadership valued the data for transparency into practice patterns.

Provider 1

“Most striking is that there are physicians making this decision 0% of the time, and others 100% of the time. This is a wake-up call for the practice.”

Provider 2

“I’m not surprised to see who the outlier on advanced imaging is – we just never had the data and a reason to bring it up with him.”

Provider 3

“Even though it looks like we are performing well on the Delayed PCI measure, we really need to look into the few docs who are over-stenting.”
Unnecessary care is an ecosystem problem... what can we do to tackle it?

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Practice Patterns

- Capture appropriateness
- Use evidence + clinical wisdom
- Designed to help
- 1,600% ROI
- New book details research