ABSTRACT: 2013 ELAM Institutional Action Project Poster Symposium

Project Title: The UW Health Accountable Care Organization (ACO) – Creating Infrastructure for Publishing Our Innovations

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Background, Challenge or Opportunity: Models of health care delivery such as ACOs create incentives to provide high-value, not just high-quality, care at academic health centers. UW Health has recently formed an ACO, and many UW faculty and staff are now leading innovative interventions to increase the value of care delivered to ACO patients. However, these innovations are usually not formally evaluated or published.

Purpose/Objectives: The <u>purpose</u> of my project is to create infrastructure to support faculty in publishing high-quality evaluations of ACO interventions, and pilot-test this infrastructure with faculty and staff leaders who are charged with reducing hospital readmissions. This <u>infrastructure</u> includes: (1) a data analytics resource that creates monthly risk-adjusted reports displaying the impact of an intervention on outcomes of interest, and (2) a public web resource on publishing quality improvement projects.

Methods/Approach: As Director of the Health Innovation Program (HIP), my role is to oversee the development of UW Health data resources to support health services research. HIP currently hosts 12 research working groups attended by more than 200 faculty, staff, and trainees; these groups have produced almost 200 publications and $30 million in federal funding. More recently, HIP is developing operational reports on the cost and quality of care delivered to ~150,000 UW Health ACO patients using claims data from Medicare and a local UW Health-owned health plan. In these roles, I work closely with clinical, operational, and academic faculty and staff leaders.

Working with UW leadership, I developed a plan to conduct a pilot test of the infrastructure necessary to track the impact of readmission reduction interventions on the UW Health ACO for both institutional benefit (continuously improving the interventions) and academic visibility (publishing the findings). The <u>pilot test</u> includes: (1) quarterly meetings of clinical, operational, and academic faculty and staff leaders to provide input into the development of the monthly reports on the impact of the readmission reduction intervention and to develop plans for academic publication, (2) delivery of regular monthly reports for review, and (3) use of the public web resource to document the project in a manner suitable for publication. <u>Progress to date</u> includes (a) launch of the working group (2 meetings to date), (b) development of an intranet site for report delivery, (c) development of a draft monthly report, and (d) launch of the web resource on publishing quality improvement (www.hip.wisc.edu/qi_Publish).
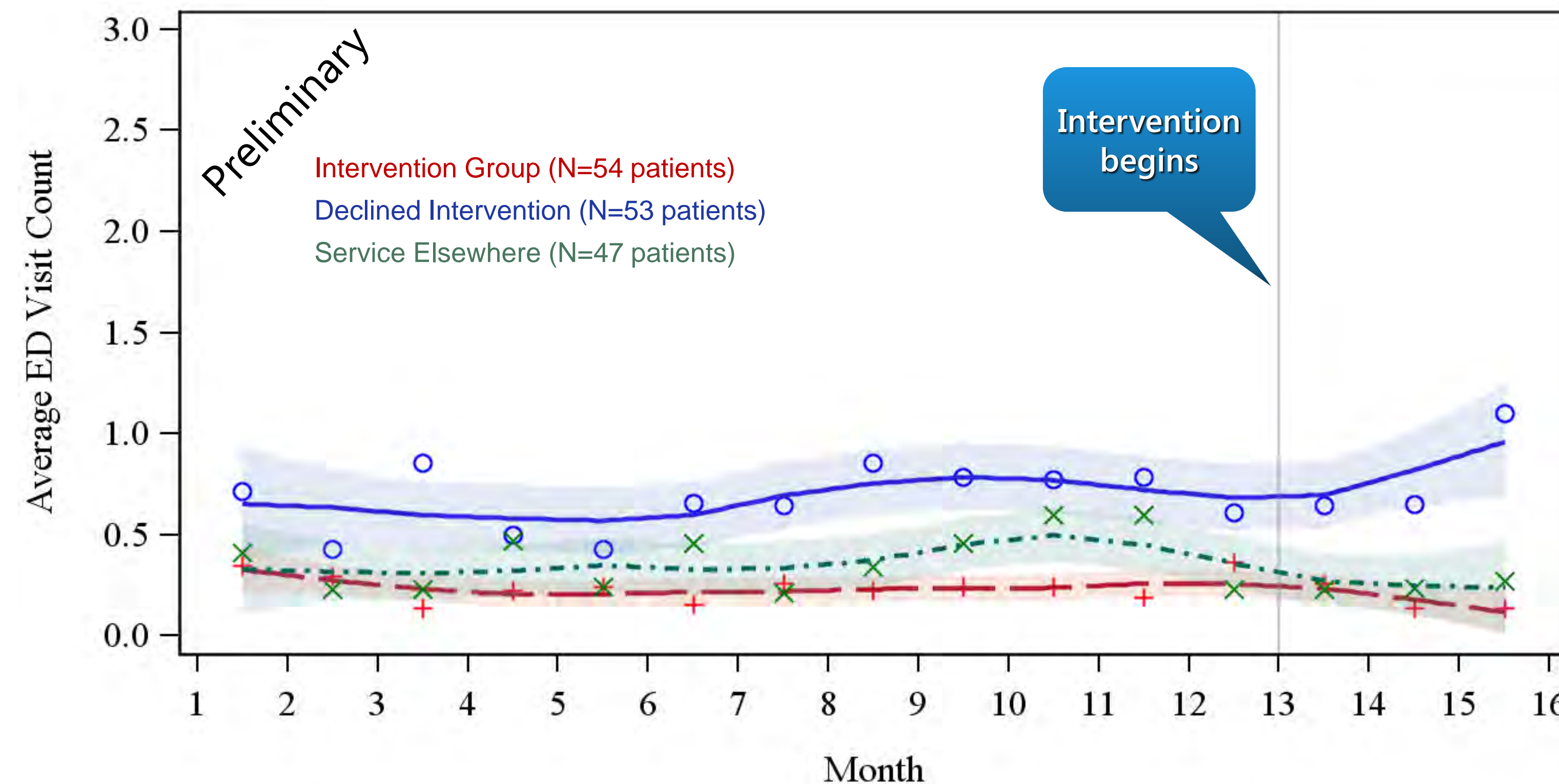
Outcomes and Evaluation Strategy: The success of this project will be measured annually through impact metrics (reduction in readmissions, reduction in ACO costs) as well as traditional academic metrics (abstracts, publications).

The UW Health Accountable Care Organization (ACO)
Creating Infrastructure for Evaluating and Publishing our Innovations

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Opportunity

- UW Health recently formed an ACO
- Faculty/staff lead innovative interventions to improve quality & reduce cost
- Innovations typically not formally evaluated (for internal benefit) or published (for external benefit)
- Evaluation and publication are key components of a **learning academic healthcare organization**

Purpose of the Project

1. To create infrastructure to support faculty in publishing high-quality evaluations of interventions
   - ✓ <u>Evaluation</u>: A **data analytics resource** that auto-generates monthly risk-adjusted reports displaying the impact of an intervention on an outcome of interest
   - ✓ <u>Publication</u>: A **public web resource** on publishing quality improvement projects
2. To pilot-test this infrastructure with faculty & staff leaders who are charged with reducing hospital readmissions

Build on Existing Infrastructure

- The Health Innovation Program
- 12 research working groups attended by >200 faculty, staff, & trainees with >200 publications and $30 million in funding
- Provides analytics support to the ACO
   - ✓ Work closely with clinical, operational, and academic faculty and staff leaders
   - ✓ Data from Medicare and a local HMO
   - ✓ Reports on the cost and quality of care delivered to ~150,000 ACO patients

Examining Intervention Impact: Auto-generated Monthly Risk-Adjusted Report

Preliminary

Intervention Group (N=54 patients)
Declined Intervention (N=53 patients)
Service Elsewhere (N=47 patients)

Intervention begins

Y-axis: Average ED Visit Count (0.0 – 3.0)
X-axis: Month (1 – 16)

Create New Infrastructure

1. Launch new forum for stakeholder engagement – quarterly meetings of clinical, operational, and research faculty and staff;
2. Build data warehouse and programming code to auto-generate monthly reports for review;
3. Design and implement public web resource with templates for publishing quality improvement work.

Progress to Date - Pilot on Reducing Readmissions

1. Developed a preliminary monthly report using test data from a small related intervention implemented by the UW Health ACO
2. Developed a password-protected intranet site for report delivery
3. Launched the public web resource on publishing quality improvement
4. Launched the working group (2 meetings to date), which provided:
   - ✓ Feedback on the design of monthly reports
   - ✓ Consensus on plans for academic publication
   - ✓ Agreement to use the publishing web resource

Outcomes

Impact Metrics
- ✓ Reduce ED Visits
- ✓ Reduce readmissions
- ✓ Reduce cost of care

Academic Metrics
- ✓ Web site use
- ✓ Abstracts
- ✓ Publications

6-Step Process for Publishing QI Work

Web site mirrors Maintenance of Certification Part IV requirements; contains downloadable templates

Discussion/Conclusion

Interpretation of Results
- ✓ Preliminary: intervention reduced ED visits slightly
- ✓ 13 registrations since Feb 2014 for the web resource

Impact to Date
- ✓ Early report results changed intervention implementation
- ✓ Increased interest in publishing quality improvement

Next Steps
- ✓ Complete 18-month pilot; scale to other interventions

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