ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: Leading Value Improvement: Engaging Providers and Staff to Increase Value of Care

Name and Institution: Karen F. Murray, MD, University of Washington School of Medicine and Seattle Children's Hospital

Collaborators: Pam Rock, Vice President of Medical Specialties, Seattle Children's Hospital
Kelly Wallace, MBA, Chief Financial Officer, Seattle Children's Hospital
Mark Del Beccaro, MD, Chief Medical Officer

Background: Seattle Children's Hospital costs are higher than other regional and Children's Hospital Association children's hospitals. Continued pressures in the market to restrict networks and increase pricing transparency and consumer cost sharing is expected, and will favor lower cost/high value institutions. Additionally, anticipated shifts from fee-for-service to outcomes-based-payment systems mandate that we are able to objectively demonstrate the value of our care. We believe that the quality of our care is the best in the region, however, with our costs high the value of our care is less competitive; value is defined as quality or outcome/cost. We need to continue to improve patient safety, reduce wait times, recruit and retain the best people to deliver the highest quality and most up-to-date medical care, all while driving down cost.

Objectives: Establish and co-lead a Committee for Value Improvement (VI) at Seattle Children's Hospital. Engage providers and staff to recommend and lead strategies for organizational VI. Enhance communication between providers and hospital leaders regarding VI, and catalyze sustainable increases in the value of care at Seattle Children's Hospital.

Approach: Establish a committee of medical and hospital leaders to set strategy for and to lead VI initiatives institution-wide. Identify the highest impact opportunities for VI via cost-transparency, leveraging resources, and determining methods to display costs to providers in an effective manner; providers will choose the highest value option in testing and care delivery if knowledgeable about the quality and cost. Engage committee members to lead VI initiatives within their clinical teams. Communicate VI concepts, initiatives, and results widely to engage non-committee providers and staff in VI and establish a culture of VI. Communication via a column in the monthly practice-plan newsletter, weekly faculty-specific emails, and by developing a Power Point slide-set for delivery to all groups by committee members will be performed. Successes and best practices will be replicated via changes to Clinical Standard Work order-sets and guidelines of care.

Outcomes and Evaluation Strategy: A VI committee of medical and hospital leaders has been established with hospital and practice plan support. A high-impact institution-wide Cost Transparency project was initiated and a Cost Transparency sub-committee established. This group has developed an EMR pop-up when a high-cost medication is ordered that has a lower-cost same-efficacy alternative, and is also developing cost references for pharmaceuticals and laboratory tests. Additionally, each VI committee member has been charged with leading a VI initiative within their care team or group. The care-team initiatives are supported by committee resources, metrics for success and impact are established and are being monitored over time, with outcomes communicated widely.

Leading Value Improvement
Engaging Providers and Staff to Increase Value of Care

Karen F. Murray, MD, Chief of Pediatric Gastroenterology and Hepatology

Presented at the 2016 ELAM® Leaders Forum

Seattle Children's HOSPITAL · RESEARCH · FOUNDATION

UW Medicine UW SCHOOL OF MEDICINE

Background, Purpose, Methods

Background:
- Our costs are higher than other regional and Children's Hospital Association children's hospitals.
- We expect continued pressures in the market to restrict networks and increase pricing transparency and consumer cost sharing.
- As we morph from a fee-for-service to outcomes-based-payment systems we need to objectively demonstrate the value of our care.
- We believe that the quality of our care is the best in the region, however, with our costs high the *Value* of our care is strained.
- We need to continue to improve patient safety, reduce wait times, recruit and retain the best people, all while driving down cost.

Purpose:
- Establish and co-lead a Committee for Value Improvement (VI).
- Recommend and lead strategies for organizational VI.
- Engage providers to identify and lead VI efforts.
- Enhance communication between providers and hospital leaders regarding VI.
- Catalyze sustainable increase in the value of care at Seattle Children's Hospital.

$$Value = \frac{Improvement}{Cost} \times Appropriateness$$

Outcome, Patient experience

Price, Time, Energy

Methods:
- Establish a Committee of medical and hospital leaders to set strategy for leading VI institution-wide.
- Identify highest impact opportunities for cost-transparency and leverage resources to transparently display costs to providers.
- Engage committee members to lead VI initiatives within their clinical teams.
- Communicate VI concepts, initiatives, and results widely to establish culture and engage providers and staff in VI:
  - Monthly practice plan newsletter
  - Faculty-specific emails
  - Power Point slide-set for road show to all groups
- Replicate successes and best practices via changes to Clinical Standard Work order-sets and guidelines of care

DREXEL UNIVERSITY Executive Leadership in Academic Medicine College of Medicine

Outcomes

Committee:
Co-Chairs:
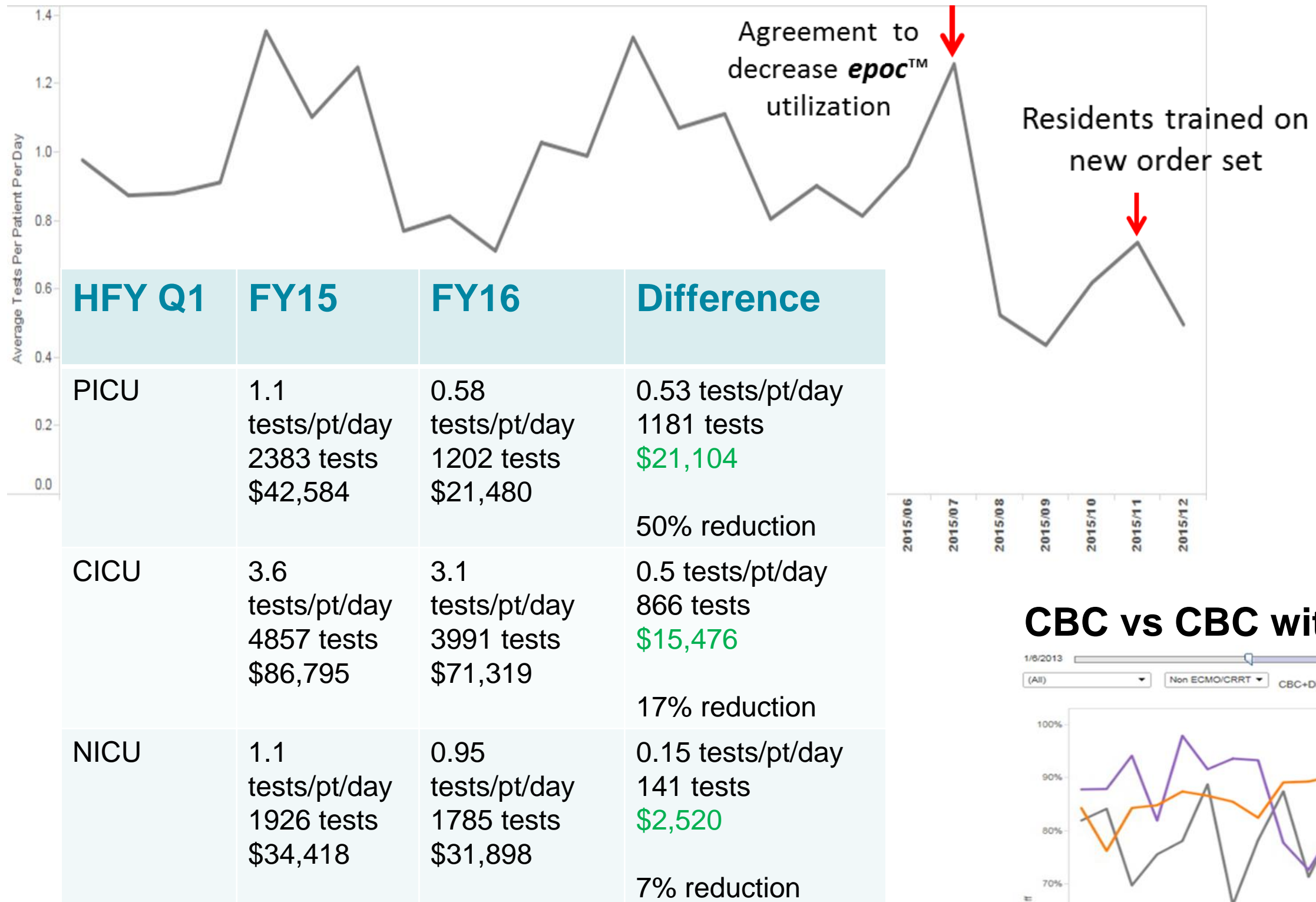- Karen F. Murray MD
- VP Medical Specialties

Members:
- Head, Lab Medicine
- GME
- Head, Supply Chain
- Project Management
- Hospital Medicine
- Pharmacy
- Head, ARNP/PAs
- Accountable Care
- CUMG
- Finance
- Research & Outcomes
- CPI & Anesthesia
- Chief, Critical Care
- Informatics
- Chief, Urology
- Clinical Standard Work
- CNO
- Chief, Radiology
- Otolaryngology
- CE/Finance Liaison
- Informatics/ICU
- Chief Pediatric Resident
- Chief, Orthopedics

Cost Transparency:
- Pop-up when ordering high-cost medication with a lower-cost alternative (e.g. Acetaminophen)
- Reference in EMR of medication costs with comparisons within drug classes.
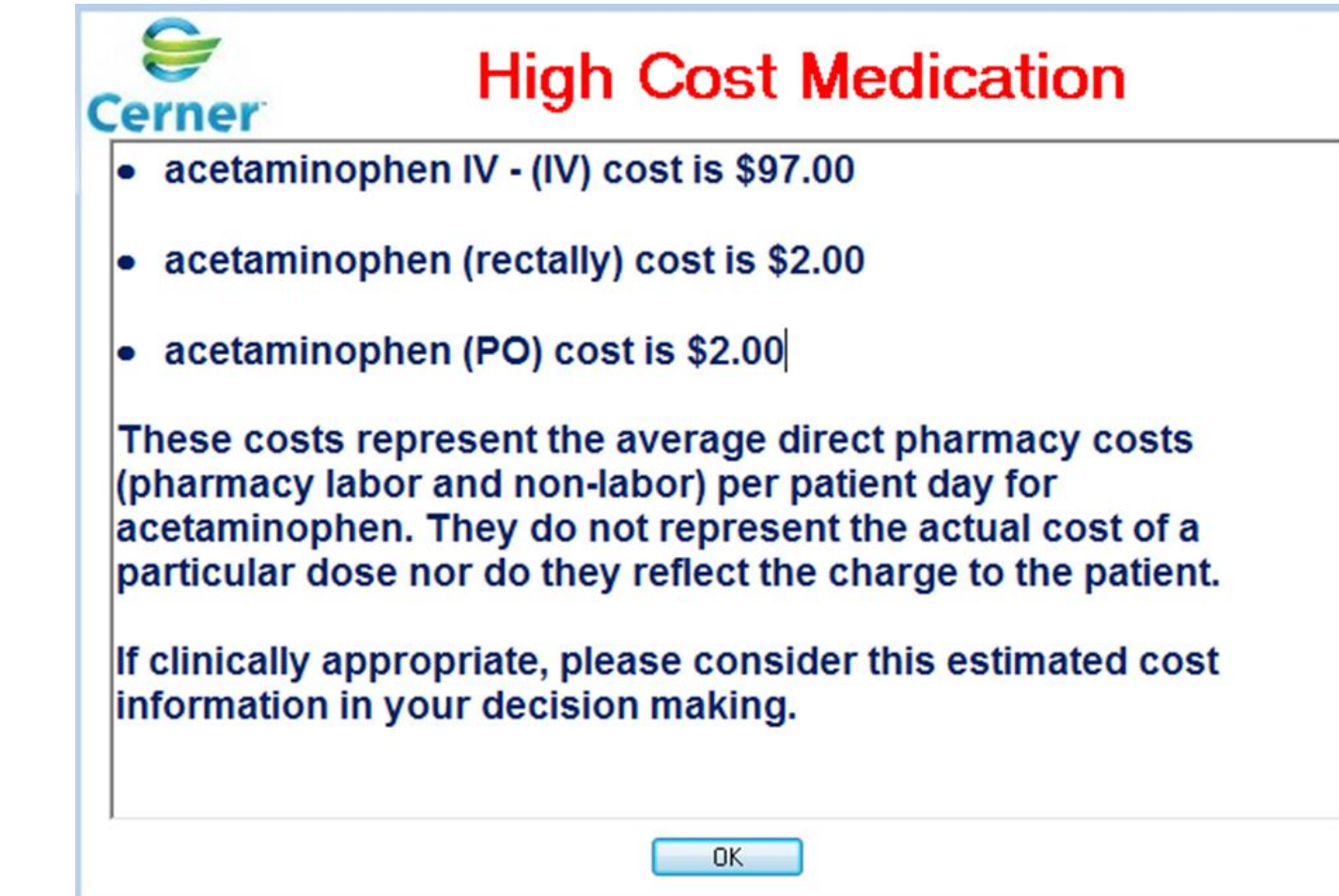- References in EMR to laboratory and radiology test costs

Point-of-Care reduction by ICU Teams:

Agreement to decrease *epoc*™ utilization

Residents trained on new order set

HFY Q1	FY15	FY16	Difference
PICU	1.1 tests/pt/day 2383 tests $42,584	0.58 tests/pt/day 1202 tests $21,480	0.53 tests/pt/day 1181 tests $21,104 50% reduction
CICU	3.6 tests/pt/day 4857 tests $86,795	3.1 tests/pt/day 3991 tests $71,319	0.5 tests/pt/day 866 tests $15,476 17% reduction
NICU	1.1 tests/pt/day 1926 tests $34,418	0.95 tests/pt/day 1785 tests $31,898	0.15 tests/pt/day 141 tests $2,520 7% reduction

Medication cost reference by class:

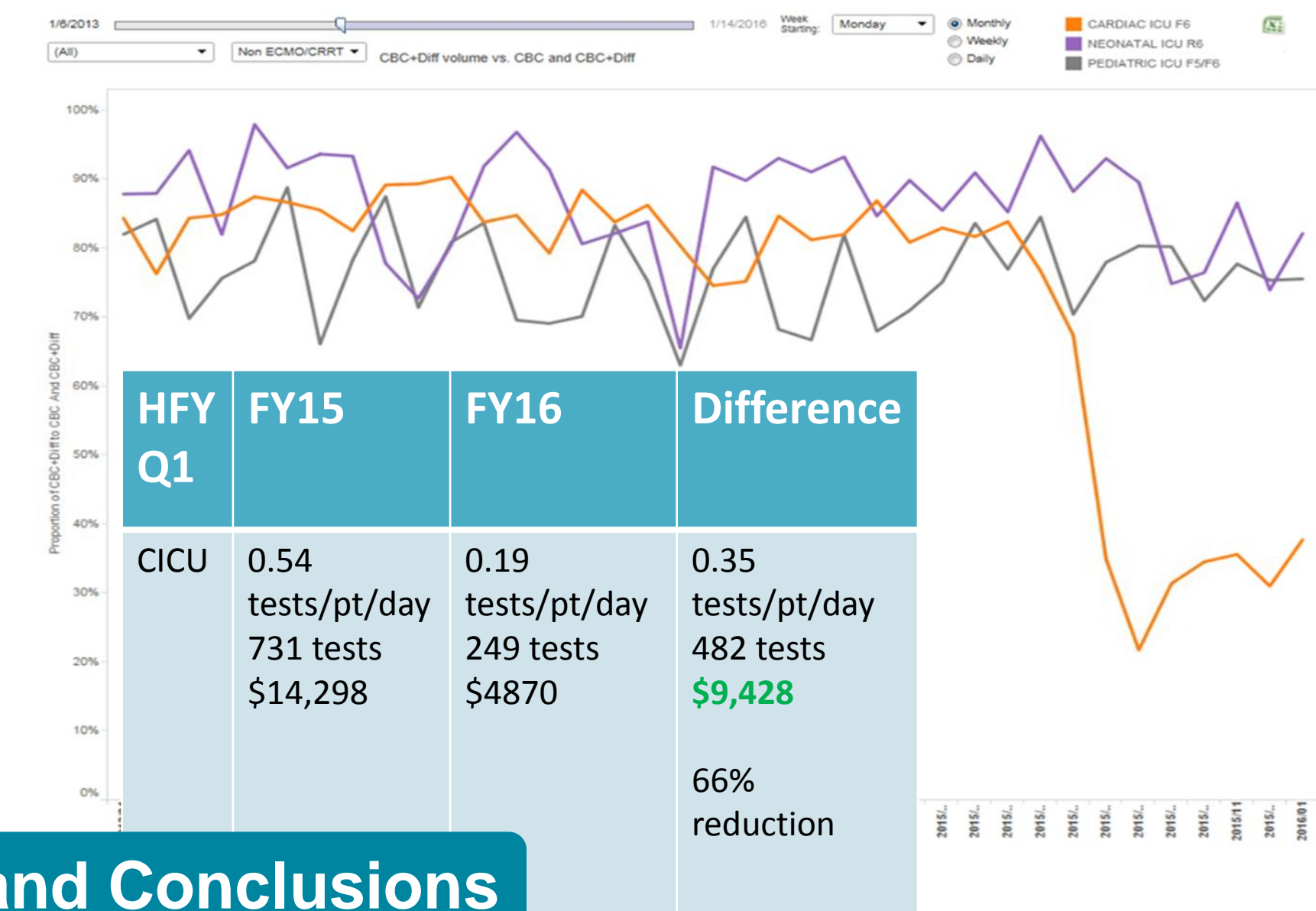| Analgesic Class Drug name	Indexed Cost
Acetaminophen IV	$97
Ketorolac IV	$6
Hydromorphone IV	$23
Methadone IV	$44
Morphine IV	$27
Nalbuphine IV	$17
Alfentanil IV	$5
Fentanyl IV	$2
Remifentanil IV	$159
Ketamine IV	$22
Acetaminophen PO	$2
Ibuprofen PO	$3
Naproxen PO	$24
Hydromorphone PO	$7
Methadone PO	$7
Morphine PO	$4
Oxycodone PO	$29
Tramadol PO	$1
Acetaminophen PR	$2
Fentanyl patch	$209

High-cost pop-up:

High Cost Medication
- acetaminophen IV - (IV) cost is $97.00
- acetaminophen (rectally) cost is $2.00
- acetaminophen (PO) cost is $2.00

These costs represent the average direct pharmacy costs (pharmacy labor and non-labor) per patient day for acetaminophen. They do not represent the actual cost of a particular dose nor do they reflect the charge to the patient.

If clinically appropriate, please consider this estimated cost information in your decision making.

OK

CBC vs CBC with diff in CICU:

HFY Q1	FY15	FY16	Difference
CICU	0.54 tests/pt/day 731 tests $14,298	0.19 tests/pt/day 249 tests $4870	0.35 tests/pt/day 482 tests $9,428 66% reduction

Discussion and Conclusions

Discussion:
- Committee formation with strategic institutional leaders facilitates visionary thought and productivity
- Opportunity for early wins ignites group
- One large, whole-group project focuses committee on vision
- Smaller member-led projects engage committee members
- Defining "cost" is important and allows for uniform language and calculations
- Projects thus far are impacting Value measurably, and Improving value by lowering cost is being discussed institution-wide; providers and staff are getting engaged.
- Metrics to measure VI over time have been determined

Conclusions for ongoing work:
- Providers and staff must lead VI efforts for the highest-impact and engagement
- Sustainability requires foundational changes to order-sets and standard work
- Communication of work and wins must be frequent and varied
- Leadership of change requires persistence and unwavering focus on the vision.