



## Empowering Physicians as Change Agents

### A Common Goal: Hospital-Physician Alignment and the Pursuit of Value-Driven Care

Value-based purchasing (VBP) and other reform payment models, where cost and quality are equally integral parts of the equation, are imminent replacements for traditional fee-for-service reimbursements. To participate and survive industry reform, hospital and health system executives must navigate from today's volume and utilization incentive system to tomorrow's pay-for-performance reimbursement model.

In order to successfully transition from a volume-based business model and optimize value, high-performing hospitals know that physicians must be aligned with healthcare improvement initiatives and committed to supporting health system goals.

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**System Chief Quality Officer**

### Empowering Physicians as Change Agents

Like most health systems, the issue of engaging physicians to embrace change is being faced at a regional, non-profit healthcare delivery system in Idaho that recently was approved to participate in the Medicare Shared Savings Program. The organization's CEO recently stated, "We are trying to find ways to make investments in promoting health, keeping people healthy, and lowering health costs. We're also adopting evidence-based medicine, which reinforces best practices and eliminates the waste that comes with irrational variation in approaches to care. We can't innovate without physicians who share this vision of transformation."

This health system was quick to embrace technology as a means to empower physicians as change agents, providing them with applications that automate information analysis to focus healthcare improvement efforts across the health system. A prime example of this is the adoption of WhiteCloud Acute Foundations™, a solution that provides rapid discovery of irrational variation and the identification of top-performing physicians and clinical groups to enable the standardization of best practices, improved patient outcomes, and optimized efficiency of acute care. The breadth of data included in the solution is comprehensive, covering multiple patient satisfaction, quality, safety, and resource metrics across numerous disease groups or "cohorts".

Upon reviewing Acute Foundations, the health system's Senior Leadership team immediately recognized the value of information from the application and approved a pilot implementation with the Ortho-Neuro service line. In March of 2012, the Ortho-Neuro service line leadership reviewed their data and quickly got behind the application's implementation. The Ortho-Neuro Quality Medical Director characterized the value of Acute Foundations for physicians facing healthcare reform path by stating, "I'd rather review the analysis ahead of time, understand my options and decide what to do, than be told what I will do."

The Ortho-Neuro team initially focused in on Total Knee replacement procedures, which had a variation in charges of \$3.2M, primarily driven by OR Time, Implants, and Average Length of Stay (ALOS) categories. There were over 30 types of implants comprising seven brands that were selected across the group. Six months after implementing Acute Foundations, the Average OR Time and Length of Stay dropped 13% and 12% respectively, and surgeons selected one of the top 5 implant types 14% more frequently:

Charge Category	% Improvement	Effect	Savings
Average OR Time	13% Reduction	Ave OR Time 124 to 108 min.	15K min. = \$1.2M in charges/yr.
ALOS	12% Reduction	ALOS 3.4 to 3.0	381 days/yr.
Implants	14% Increase	Implant selection from: - 66% to 80% in top 5 implant types - 44% to 58% in top 2 implant types	Standardization

The transparency of data offered by the solution also surfaced categories that did not show opportunity including supplies, pharmacy, and lab. Ultimately, the Acute Foundations application equipped the Ortho-Neuro physician leaders with the information they needed to engage the physician group to own and adopt critical changes in their practice.

The successful adoption of Acute Foundations in the Ortho-Neuro service line has spurred demand across the organization. Because the application was specifically designed to be used by doctors, providing them with autonomous access to care quality and cost information that can be easily used to transform how care is delivered, physician leaders are eager to adopt Acute Foundations. “This is exciting,” said the System’s Cardiology leader. “(Using) this application is like finally putting the wheels on the cart we need to carry us along the reform journey.” Even physicians who have a reputation for resisting change are expressing support. One surgeon, after seeing the application and hearing the accolades from his peers, acknowledged the theme of eliminating waste is one that is being preached from “highly respected practicing surgeons,” and was motivated to review his personal care variation analysis and identify specific changes he wants to make in his practice.

Other service line physician leaders are not only using Acute Foundations to identify opportunities, they are promoting its value without solicitation at high level leadership meetings. “It (Acute Foundations) is stimulating lots of positive interest from physicians around the variations in quality or resource utilization, and leading to dialogue about why and what changes are needed to reduce them,” said the System Chief Quality Officer. “The Executive Medical Director for Women’s Health was espousing the benefits of the application to other leaders from across the System – they’re using this information to engage each other and improve healthcare.”

### Early Findings

In addition to the opportunity in Total Knee Replacement surgery identified by the Ortho-Neuro service line, many other physician groups are in the preliminary stages of adopting Acute Foundations and initial findings are quite promising:

Physician Group	Cohort(s)	Identified Savings Opportunity
Bariatric Surgery	<ul style="list-style-type: none"> <li>Laparoscopic Gastroenterostomy</li> </ul>	\$1M in Supply and Pharmacy charges
Gastrointestinal	<ul style="list-style-type: none"> <li>Gastroparesis</li> </ul>	7% Reduction in Readmissions
Orthopedic Surgery	<ul style="list-style-type: none"> <li>Total Hip</li> </ul>	\$1.2M in OR Time
Spine Surgery	<ul style="list-style-type: none"> <li>Anterior Cervical Fusion</li> <li>Posterior Lumbar Fusion</li> </ul>	\$2.8M in OR Time, Implant charges, and Supply charges
Vascular Surgery	<ul style="list-style-type: none"> <li>Endarterectomy</li> </ul>	\$500K in OR Time, Length of Stay, and Imaging charges
Woman’s Health	<ul style="list-style-type: none"> <li>Hysterectomy</li> </ul>	\$4.7M in OR Time, Length of Stay, and Supply charges

### Conclusion

Engaging physician leadership is critical to successfully navigating healthcare reform. To become change agents that drive health system objectives, physician leaders must be empowered with autonomous and automated analysis of information that rapidly identifies opportunities to decrease waste and improve care quality.

At this health system, a developing army of physician change agents are utilizing Acute Foundations to support their journey of transforming healthcare. The level of insight offered by Acute Foundations has fostered hospital-physician collaboration to rapidly improve quality and efficiency.