Bringing Value to General Internal Medicine. What Leaders Can Do.

Chris Moriates, MD
Assistant Dean for Healthcare Value
Associate Professor of Internal Medicine
Dell Medical School at The University of Texas at Austin
Disclosures

Royalties from McGraw-Hill
Guidelines, Algorithms
Evidence-Based Medicine

Choosing Wisely

American College of Cardiology
American College of Physicians
American College of Obstetricians and Gynecologists
American College of Radiology

Quality is Our Image
Important... but
This Is Your Culture
Success depends on culture

Recent research focusing on the culture of group practices and other smaller units argues that as medical groups adapt to changes driven by healthcare reform, **their success will depend on their cultures**

Success depends on culture

Organizational culture was the key factor distinguishing hospitals with high and low 30-day mortality rates for patients with acute myocardial infarction.

“Evidence-based protocols and processes, although important, may not be sufficient for achieving high hospital performance in care for patients with AMI.”
What the hell is “Culture”?
“Most anthropologists would define culture as the shared set of (implicit and explicit) values, ideas, concepts, and rules of behavior that allow a social group to function and perpetuate itself.”

Literary theory:
“Everything is arranged so that it be this way, this is what is called culture.”
Jacques Derrida

And of course: Culture is “the way we do things around here”
Lundy & Cowling, 1996
“Organizations will generally try to create needed change **without** addressing, budgeting for, or having the patience for culture change

- God bless them if they are successful
- The vast majority won’t be

Leaders can’t create a culture, but they **MUST** create the conditions for a great one to emerge”
All of the CEOs cited the following long-term talent priority:

“Physician/clinical leaders who can connect as peers with other physicians in the organization and help drive culture change”
Culture can be defined and measured
"Over the past few years, we changed our culture at UCSF!"

"Wait, how do you know that?"
Development of a high-value care culture survey: a modified Delphi process and psychometric evaluation

Reshma Gupta,1,2 Christopher Moriates,3,4 James D Harrison,3 Victoria Valencia,3,4 Michael Ong,1 Robin Clarke,1 Neil Steers,1 Ron D Hays,1 Clarence H Braddock,1 Robert Wachter3

### Table 2  High-Value Care Culture Survey factor characteristics

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of items</th>
<th>Cronbach’s $\alpha$</th>
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<tr>
<td>Leadership and health system messaging</td>
<td>17</td>
<td>0.94</td>
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<tr>
<td>Data transparency and access</td>
<td>2</td>
<td>0.80</td>
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<tr>
<td>Comfort with cost conversations</td>
<td>3</td>
<td>0.70</td>
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<tr>
<td>Blame-free environment</td>
<td>2</td>
<td>0.70</td>
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</table>

For full details of psychometric standardised regression coefficients for each factor, see online appendix I.

Fit indices of four factor model: GFI 0.980, NFI 0.975 and RMSR 0.058.

GFI, Goodness of Fit Index; NFI, Normed Fit Index; RMSR, root mean square residual.
Culture Can Be Changed

Will

Ideas

Execution

Engaging Residents in improvement

Residents are:

• On the “front lines”

• Writing the vast majority of orders

• Most aware of the waste and inefficiencies in the system

• Enthusiastic

• Most able to affect change amongst their peers
Wait, wait....

What’s my motivation?
“Best Care at Lowest Cost”
What We Are Up Against

Video: “Overrun with Overuse, Part 2”
Teaching Value Project, Costs of Care, 2013
CHANGE THE CONVERSATION
Teachable Moments

Nambudiri. JAMA Internal Medicine, 2014
Teachable Moments

• First author must be a trainee

• “Story from the frontlines” illustrating avoidable care

• “Teachable Moment” explaining the evidence

• Suggested total length: 600-800 words
Why was I successful as a resident in starting my own program:

1) Scaffolding

2) Support and Resources

3) Self-identified mentors
Engaged Frontlines and Leadership

An organized process for engaging and supporting frontline clinicians in efforts to remove unnecessary costs from health care delivery systems.

Gonzales, Moriates, et al. [in press]
Frontline Staff

Engagement
Time
Infrastructure
Engagement: Crowdsource
Time

Up to $50,000 per project team

Can be used over 1-year implementation phase

Gonzales, Moriates, et al. [in press]
Executive Sponsor
Mentorship and institutional level coordination

Director
Visible leader, maintains engagement of frontline and executive sponsors, plans phases of program

Program Manager/Data Analyst
EHR data extraction and analysis, overall management of program needs and program meetings

Implementation Scientist
Identify conceptual frameworks and logic models for designing optimal implementation; program evaluation

Health IT Solution Expert
Design tools within EHR including improving workflows, analysis and error resolution
Caring Wisely Project Cost Savings Dashboard

**Blood Transfusion Reduction (2013-2014)**

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<td>19,843</td>
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<td>2016</td>
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Saved More Than $3 Million So Far...

Saved to Date: $347,124

Saved Q1 + Q2 FY16 vs FY15: $182,691
“Caring Wisely” Project

• Two strategies

  • Restrictive threshold (<8 g/dL)
    • Favored approach

  • Liberal threshold

Goal: Improve adherence to restrictive strategy
The dataset

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**Clinical Service**

**Hemoglobin Threshold**

- Liberal threshold
- Restrictive threshold

Slide and Data Analyses by Alvin Rajkomar, MD (UCSF)
Caring Wisely Initiative

LEVERAGING ACADEMIC MEDICINE TO REDUCE COST, INCREASE VALUE, AND ENABLE INNOVATION

PICTURED ABOVE:
From left; Viet D. Clevhan (Orthopedic Surgery), Kevin Blatt (Orthopedic Surgery), Christopher Amsel (Neurological Surgery), Richard O’Donnell (Orthopedic Surgery)

Neb No More After 24: Improving Use of Appropriate Respiratory Therapies
In collaboration with Hospital Medicine and Respiratory Therapy

Transfuse Just One First: Improving Blood Utilization Stewardship
In collaboration with Blood Banking and Transfusion Medicine

UCSF Center for Healthcare Value
An implementation strategy that includes:

- Culture change
- Oversight
- Systems Change
- Training

Mourning the Morning Lab
The SHM Choosing Wisely list challenges us to not “perform repetitive CBC and chemistry testing in the face of clinical and lab stability.”

Don’t perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Hospitalized patients frequently have considerable volumes of blood drawn (phlebotomy) for diagnostic testing during short periods of time. Phlebotomy is highly associated with changes in hemoglobin and hematocrit levels for patients and can contribute to anemia. This anemia, in turn, may have significant consequences, especially for patients with cardiopulmonary diseases. Additionally, reducing the frequency of daily unnecessary phlebotomy can result in significant cost savings for hospitals.
Think Twice, Stick Once

Doctors, Stop Sticking Your Patients So Often

Cheryl Clark, for HealthLeaders Media, March 19, 2015

UCSF physicians launch national 'Think Twice, Stick Once' campaign to decrease unnecessary blood draws. Patients dislike blood tests and may even be harmed.

Doctors, stop sticking your patients so many times for redundant blood work during their hospital stays, especially when results won't affect your clinical decisions.

It's not always so urgent. Blood draws add costs, and it's not so much fun for patients to get poked with a sharp needle multiple times a day. I know it would make me grouchy.

Besides, you might be causing or hastening their anemia.

Those are among the themes in the UCSF Medical Center's "Think Twice, Stick Once" campaign that began last July through the efforts of young University of California, San Francisco internal medicine house staff doctors led by Daniel Wheeler, MD.

The practice of testing patients' blood every morning, every evening, and sometimes repeatedly in between—an average of more than twice per day—has evolved in

Wheeler, et al. JAMA Internal Medicine, 2016
Value-based care and you

Step 1: Role Model!
Value-based care and you

Step 1: Role Model!
Attending physicians have a responsibility not only to talk the talk but also to walk the walk if we hope to help create a generation of physicians who come to understand that the best doctors are often defined by restraint rather than action. Over the past year, I have tried to guide my inpatient teams to do less than we are normally inclined to do. It has been challenging at times, but the experience has convinced me that modeling high-value care is the most effective way to teach it.”
• Provide feedback to trainees about the ability to defer practices that are out of sync with evidence, discordant with healthcare stewardship, or in conflict with patient preferences

• Acknowledge discomfort with uncertainty and fear of making a mistake

• Replace the stock phrase for excessive testing “This is a teaching hospital” with “This is a teaching hospital – so we are not doing an unindicated test or treatment”
SMALL ACTS TRANSFORM THE WORLD
Do you have any questions?
What questions do you have?
Thank You

Chris Moriates, MD
Cmoriates@Austin.utexas.edu

@ChrisMoriates