

Reducing Costs in Value-Based Care

Executive Summary:

- One approach to increasing value in care is to decrease the use of tests and treatments which have low value
 - Cedars-Sinai Medical Center is using such an approach to improve the value of its care
 - They have been using the approach over several years and it has been very successful
 - The Medical Group Management Association suggests loading Clinical Quality Measures from the MIPS program into EHR's to insure that practices get rewarded for using best practices
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One of the keys to success in the value-based care environment is to provide care that is less costly—better care at a lower cost. Providers who can do this will be rewarded by payers at contract negotiation time. Also, providers who reduce costs while providing high quality care can become part of payers' preferred network or part of narrow networks.

One approach to lower costs while providing high quality care is through the use of case management. Nurses or other non-physician providers can 'keep an eye' on patients with multiple chronic conditions and help them achieve the care goals that have been agreed upon by the patient and physician. Patients who can meet their care goals will generally use less care resources.

Another approach is to decrease the use of low value services and tests. One advantage of this approach is that it depends only upon the providers. An example of this approach according to the Choosing Wisely website (www.choosingwisely.org) is to avoid the use of preoperative stress tests in patients who have no cardiac history and who have good functional status who are going to have non-cardiac thoracic surgery. Using stress tests can cause harm because it can delay the surgery. Following these guidelines lowers the cost of care.

In an online article 'Reducing Low-Value Care Key to Value-Based Reimbursement Success' February 1, 2018 at website [RevCycleIntelligence](http://RevCycleIntelligence.com) Scott Weingarten, MD, MPH at Cedars-Sinai Medical Center states that this is an approach used there. Dr. Weingarten is the Chief Clinical Transformation Officer. At Cedars-Sinai physicians are made aware of tests, care and treatments which are of low value. This is provided through clinical decision support tools, which can be embedded in EHR's. He says, "it isn't always easy to change how providers deliver care, especially since physicians practiced under the fee-for-service system that encouraged them to adopt a "try everything" approach to treatment for so long." The clinical decision support tool points out to physicians the low value of a test or care process and the decision is left up to the physician what to do. Feedback is given to each physician periodically about his use of low-value care. Over time, Dr. Weingarten has seen physicians cancel more and more low-value tests or processes.

One way to adopt this approach is to examine the guidelines at Choosing Wisely and input relevant information into EHR's being used. Choosing Wisely is an initiative from the American

Board of Internal Medicine and encompasses about 70 specialty physician societies that represent 600,000 physicians. One can start on a small scale by inputting into EHR's information for treatment of medical conditions that one commonly encounters at one's practice site. A transformation team can be formed at the care site and one of its tasks will be to identify which evidence-based processes and practices should be adopted from this site. IT or other staff can then update the EHR's with this information.

The Medical Group Management Association recommends this approach to increasing revenue at sites. It states in the article "Uncovering Revenue Opportunity in Your Existing EHR Data" that 11% of physician groups do not analyze any of the data in their ERH, much less input templates for evidence-based practice. It encourages groups to examine the Clinical Quality Measures of the MIPS program of CMS and see which measures can be implemented and reported, often through the EHR. Doing so can lead to increased reimbursement from CMS at a later time.

Besides inputting clinical pathways or treatments specific to one's practice, clinicians can purchase commercial clinical support systems. There are many, including First Databank and Cerner. These work with EHR's and registries to provide real-time advice. Cedars Sinai uses such a system.

It is critical to give feedback to clinicians about their use of such clinical support systems. Analysis of each clinician's use of such systems is important. Details of the use of tests and treatments that are of low value can be detailed in scorecards for each clinician to see. Cedars-Sinai takes this approach. Over time, the use of low-valued tests and treatments have dropped there. As their use has dropped, the value of care has improved along with patient outcomes. Costs for delivering care have dropped too. They are delivering better care at a lower cost to both patients and payers.

As you can see, one way to deliver better care at a lower cost is through the elimination of low-valued tests and treatments. This approach takes time but with effective feedback using data analysis the gains are assured. The approach of eliminating low-valued processes, those that have marginal impact on goals and outcomes, makes good sense in any business environment.

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