



Efficiency Collaborative Change Package Table of Contents

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Action	How to Implement	Tips/Tools/Resources
<p>Secure Senior-Management Buy-in evidenced by Commitment to:</p> <ul style="list-style-type: none"> • Quality and the QI process • Personnel/resources for project • Project is explicitly part of strategic goals • Embraces a culture around misuse/overuse/under-use rather than solely on “reducing cost” • Establish and/or align meaningful incentives for project 	<ul style="list-style-type: none"> • Agree on values, goals and measures for the project • Conduct regular briefings/communications on the project • Share project successes • Incorporate projects as a standing agenda item at senior-level meetings • Ensure that the incentive created for practitioners are consistent with senior management goals 	<ul style="list-style-type: none"> • Create a dashboard that tracks performance in the agreed upon measures, sharing information at least quarterly
<p>Form an Interdisciplinary Team that Meets Often and includes:</p> <ul style="list-style-type: none"> • PO Medical Director to lead the process; • <u>Experienced</u> project manager; • Community Based Physician champion • IT/Analyst • Physician outreach manager (i.e. network mgmt staff) 	<ul style="list-style-type: none"> • Team meets at least monthly (suggestion to meet every two weeks) • ALL team members attend meetings • Meeting agendas include all topic domains • Establish values for the project and hold team accountable to these – suggest respect, transparency, honesty • Encourage a culture that admits and raises problems, concerns and disagreements; encourage those individuals to identify potential solutions • Regularly ask, “How is this team working? What could we do to be more successful? How can I help you be more successful (leader would ask)?” 	<ul style="list-style-type: none"> • Physician champion should be a thought leader and practicing doctor, preferably in the specialty area being studied and an early adopter/enthusiast • Pay physician champions for their time • Create a dashboard showing data to share at team meetings • Leader and project manager meet regularly to review and attend to process

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Action	How to Implement	Tips/Tools/Resources
<p>Identify Variation and Opportunities for Improvement by collaboratively reviewing data and eliciting input from team on meaningful measures to focus on</p>	<ul style="list-style-type: none"> • Use an episode grouper to identify sources of variation or run baseline data (include 3 years) using claims on areas believed to have variation • Select measures (areas) using the following criteria: high variation and cost, opportunity for shared savings or other benefit to PO, incentives can be created at both doctor/plan level, sponsor acceptance of measures, and measures tested with physicians for traction and acceptability • Establish specific goals for measures selected (utilization, process, and balancing measures) • Create individual physician comparative data • Identify potential “interventions” by comparing low and high performers; solicit their input to understand differences 	<ul style="list-style-type: none"> • Episode groupers such as ETGs are excellent tools for identifying variation. Vendors that license ETGs are Paul Katz of Intelligent Healthcare, Rob Greene of Focused Analytics and Ingenix, the developer of ETGs. • An analysis of data should inform potential interventions specific to each measure • Run variation charts/graphs at the doctor level and identify target physicians for education

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Action	How to Implement	Tips/Tools/Resources
<p>Prepare for the Physician Visit by identifying physicians to target for education and potential interventions for measures analyzed and reported</p>	<ul style="list-style-type: none"> • In measures selected, team reviews variation charts to determine which practitioners have explained versus unexplained variation. Engage physician champion and specialty leaders in the process to validate findings and to come up with ideas for interventions for each measure (refer to tip sheet "Preparing for the Physician Visit"). • Initially select physicians where unexplained variation is high, patient volume is high, and physicians practice in a large same specialty practice (this is good for spontaneous diffusion of spread) • Assemble accurate physician-specific data which includes blinded comparisons within the practice and specialty. Bring all comparative data with you, including specific data on practice partners in case they ask you for it. • Identify some area where the physician is performing above average to demonstrate non-judgmental approach • Have a physician outreach member contact the practice manager for the physician to schedule the visit (refer to tip sheet "Preparing for the Physician Visit"). • Determine what the outreach staff should look for in the visit to report back to the physician leader and team. Ex – practitioners responses to feedback, words used by medical director suggesting judgment, effectiveness of discussion distinguishing cost measures vs. overuse/misuse measures 	<p>Refer to tips for "Preparing for the Physician Visit" page 8.</p>

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Action	How to Implement	Tips/Tools/Resources
<p>Conduct an Effective Onsite Visit with Physician by engaging physician in a Non-Judgmental Conversation</p>	<ul style="list-style-type: none"> • Medical director, or physician champion attends first meeting with an outreach staff; outreach staff handle subsequent meetings • Conduct a non-judgmental conversation using data that identifies variation and comparative information to peers and network average focusing on medical appropriateness, not cost • Continuously evaluate the stages of change and where physician stands relative to change – denial, anger, bargaining • Address physicians reasons for being different and be open to providing additional data if requested • Offer physician specific feedback of sharing actions for improvement and eliciting their thoughts on how to improve • Encourage staff to help physician succeed by developing system solutions to ensure improvement • Conclude visit with a summary letter restating purpose of visit, action items, and any follow-up items • Offer praise where physicians are improving or exceeding targets 	<p>Refer to tips for “Conducting a Physician Visit” page 9-10.</p>

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Action	How to Implement	Tips/Tools/Resources
<p>Develop Actionable Reports that are accurate, dramatic and deliver a respectful message</p>	<ul style="list-style-type: none"> • Reports include physician-specific data with practice group and PO comparisons • Run charts are an effective way to display data • Display dollars to physician if target is met and money lost based on performance now • Use variation charts with individual marked in red • Reports should be attractive and easy to understand so good to include input from marketing staff and test with other physicians • Contact information for questions and improvement tips should be included in the report 	<ul style="list-style-type: none"> • Sample Report from RIPA • Sample Report from Intelligent Healthcare • Sample Run Charts • Tips for interpreting run charts • Sample variation chart from RIPA
<p>Continuously Measure and Evaluate whether Approach is Working by measuring performance against goals quarterly quantitatively and qualitatively</p>	<ul style="list-style-type: none"> • Use a reporting tool which includes ability to monitor and report financial measures; in addition to balancing measures where appropriate such as: <ul style="list-style-type: none"> ○ Cost and utilization metrics for each measure. Use standardized costs where physician has no influence over costs • Develop a report to measure interim process measures such as: <ul style="list-style-type: none"> ○ # of physician visits; # of physicians that attended a training etc. where appropriate, and other measures to evaluate whether physicians are engaged in making changes ○ Outreach staff report on each intervention practice with regard to what they have tried and identify what worked and what didn't • Continuously evaluate whether targets are "reasonable" based on new literature and data across the network 	<ul style="list-style-type: none"> • Sample Reporting tool from the CQC Efficiency Collaborative • Sample Narrative Report from the CQC Efficiency Collaborative

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Action	How to Implement	Tips/Tools/Resources
<p>Create Effective Project Communications to sustain change and build into culture of organization</p>	<ul style="list-style-type: none"> • Involve PR/Marketing individuals to construct a communication strategy that includes: <ul style="list-style-type: none"> ○ Description of the project with focus on values and goals ○ Praising of successful physicians ○ Savings achieved from each measure ○ Best practice tips identified through the project • Use newsletters, plaques and physician meetings to spread the word • Invite successful targeted physicians to make presentations at physician meetings • Present information to other departments within the organizations • Present information at Senior Level meetings 	<ul style="list-style-type: none"> • Sample communication strategy

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Tips for Preparing for the Physician Visit

Criteria for Explained Variation

Criteria for explained or necessary variation, which exempts the practitioner from the need to change may include:

- 1) specialty practitioners agree that practitioner in question's practice is different;
- 2) the percentage of new patients seen by the practitioner in question after seeing a same specialty physician within 6 mos is statistically and clinically significant different from peer average. Self-referral within a group is excluded with exception of physicians who treat similar problems; and
- 3) over 30% of the practitioners' work consists of work peers agree is complex and where there are only a couple practitioners in that specialty who perform the work.

Contacting Physician Practice

Conduct communications with respect, transparency, and a non-judgmental tone which should include:

- 1) Provide the reason for the visit.
- 2) Leave information for the practitioner that the office manager and key staff are invited to attend (suggesting nothing terrible is coming).
- 3) Conduct the meeting, usually 45-60 minutes, at the physician's office.
- 4) Offer for the meeting to be at lunch time and that lunch will be provided for practitioner and staff (a peace offering).
- 5) Inform the practice manager that a medical director and a provider outreach staff member will be attending.

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Tips for Conducting the Physician Visit

- 1) Bring lunch; attend with provider outreach staff member (who will provide most of the follow-up, saving valuable medical director time).
- 2) Open the visit with some joining statement – either commenting on the practice site, noting professional or personal accomplishments, acknowledging some positive performance results (establishing a tone of safety).
- 3) Explain the reason of the visit – that the physician group has set as a goal maximizing physician reimbursement while improving quality of care. The visit is about meeting the PO's goal. "As part of our contract, we are rewarded for reducing underuse, overuse and misuse of services. Over the past 6 months we have been examining variation in how our practitioners address a number of clinical areas. The goal is to understand where physicians practice differently and, where possible, reduce unnecessary variation that leads to increased cost". One of the areas we are looking at is(ex. Choice of non-invasive tests in the evaluation of CAD). Have you ever seen any data on what you do (or order) compared to what others do (or order)? I would like to share our data with you and see what you think".
- 4) Remember the stages of change and see where the practitioner is at.
- 5) Stop and use the table metaphor to evaluate how things are going. From our data, it seems that you are ordering many more nuclear studies than stress echo's. Our review of the literature (share parts that are appropriate) suggests that these tests are equivalent yet the cost differential between the two is \$345. Because we are capitated as a group, it is in all our best interests to use the most cost-effective strategies that **deliver similar or better results**. What do you think?"
- 6) Address practitioner's reasons for being different. If more research needs to be done, suggest that the outreach staff can look for the data or information and return with it (this establishes the relationship between the outreach staff and the office).

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- 7) Bring up the thing the physician does well to balance the power of the criticism.
- 8) **Never ask the practitioner to change. Leave the data expressed as a graphic for them to look at.** Let them know that the group is continuing to track this metric and will send him/her follow-up data over the next 6 months.
- 9) If the practitioner asks how others accomplish the behavior change, suggest what has been seen in other practices, then ask the outreach person for their thoughts. Encourage the outreach person to explore the issue with other (more successful) practitioners and get back to the practitioner being visited.
- 10) If things are going well, ask the staff how they can help the practitioner succeed in improving performance in the desired measure.
- 11) Conclude with:
 - a. "Are there any issues I need to know about from your point of view?"
 - b. "For this measure project, the medical group wants to be sure the process is respectful. Did you feel I was respectful in this visit?"
 - c. So, -----, the outreach staff, will be _____(summarize the post-meeting tasks).
 - d. Thank them for meeting with you.
- 12) Send a summary letter, thanking them for meeting with you, restating the purpose of the project and the importance of achieving results. Encourage questions and concerns and offer access via email or phone, giving the number and email address.
- 13) Debrief with the outreach staff after the meeting, especially about the issue(s) agreed to before the visit.

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Points to Remember

- Empowering the outreach staff-practitioner relationship in front of the practitioner is time effective.
- **The power of the medical director visit cannot be overestimated; being non-judgmental frees the practitioner to focus on the message rather than on being defensive.**
- Listen carefully for clues that the practitioner feels defensive about being judged as “bad” or deficient or lower quality. Articulate clearly that “we are working hard to make sure that our group offers the highest quality care at the most affordable price. To do that we have to challenge each other to consider cost in the context of quality. So we all need to improve and this is an area we would like you to consider changing some of your practice patterns”. The task is absolving the practitioner of any embarrassment or humiliation they are experiencing.
- Focus clearly on behavior change not on judging the practitioner. Any direct or indirect judgment message will shut the visit down and create a defensive response.
- Don’t be surprised if on the way out the physician or one of the folks participating in the meeting comes up to you and lets you know that they understand the message and that you will observe a change in behavior. That comment is a process outcome reflecting success in creating the desired milieu for the visit.
- Always look for opportunities to help the practitioner, showing them the PO is both representing the group and working to ensure the group’s success. Offer assistance with data or system improvement ideas.
- Remember that each practitioner spoken to will tell others about the visit. Data suggests that others in the group will change in addition to the index practitioner if the visit is viewed as respectful and medically sound. It is NOT necessary to speak with all in the group to change the group’s behavior. Offer to provide the other group members with similar data if desired. (The reason to target those in large groups first.)
- As much as possible get away from talking about money and talk about medical appropriateness of the recommended behavior change.
- Create concurrent information about the recommended behavior changes. Have educational programs and describe the project in newsletters and occasional emails.
- As change occurs, begin to determine if the panel average is the correct target or if the curve needs to be moved. If it needs to be moved, begin to visit some of the high volume large groups.

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Good Ideas for Interventions for Collaborative Measures

Measure	Rationale	Action	Improvement Opportunity	Estimated Timeline	IT Required Capabilities
Measure 1 Reduce overuse/misuse of ARBs, combination medications and non generic CCBs	Aligns with national clinical guidelines ACEI's equally effective and less expensive Generic CCBs are available - amlodipine	Use ACEIs, HCTZ and generic β -blockers as first line medications	40% increase in desired medication use	1-yr	Intermediate
Measure 2 Reduce overuse/misuse of non-invasive testing for diagnosis of CAD	Stress echo is usually an appropriate alternative to a nuclear study The American College of Cardiology has developed appropriateness criteria for use of non-invasive testing related to the E/M of CAD Reducing nuclear cardiology utilization in favor of stress echo has been accomplished elsewhere	Use stress echos and other non-invasive alternatives to nuclear cardiology and CT angio in the evaluation and management of CAD	25% reduction in group utilization of nuclear imaging studies with equal but not greater increase in stress echos without increase in cardiac cath rate	1-yr	Intermediate
Measure 3 Reduce overuse/misuse of extremity MR	Orthopedists report overuse and misuse of extremity MRs by PCPs Rochester, NY has been able to reduce MR use without evidence of affecting quality or delaying needed care	Use MR for evaluation for surgery rather than diagnosis	20% reduction in extremity MR utilization	1 year	Intermediate

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Measure	Rationale	Action	Improvement Opportunity	Estimated Timeline	IT Required Capabilities
<p>Measure 4</p> <p>Reduce ED utilization for non-emergent conditions</p>	<p>Emergency room care is expensive and discontinuous</p> <p>Many visits are for conditions easily treated in the office or urgent care center/after hours program Incentives for practices to provide these after hours and urgent services are poorly developed</p>	<p>Redesign incentives to promote alternative sites to seek care</p> <p>Address barriers to providing needed urgent services in non-ED settings</p>	<p>10-15% reduction in visits to ED for non-emergent conditions</p>	<p>18 months</p>	<p>Advanced</p>