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MODELS FOR REDUCING WASTE IN HEALTHCARE

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VALUE IN HEALTH CARE

Principles of Value-Based Health Care Delivery

- The overarching goal in health care must be **value for patients**, not access, cost containment, convenience, or customer service

$$\text{Value} = \frac{\text{Health outcomes}}{\text{Costs of delivering the outcomes}}$$

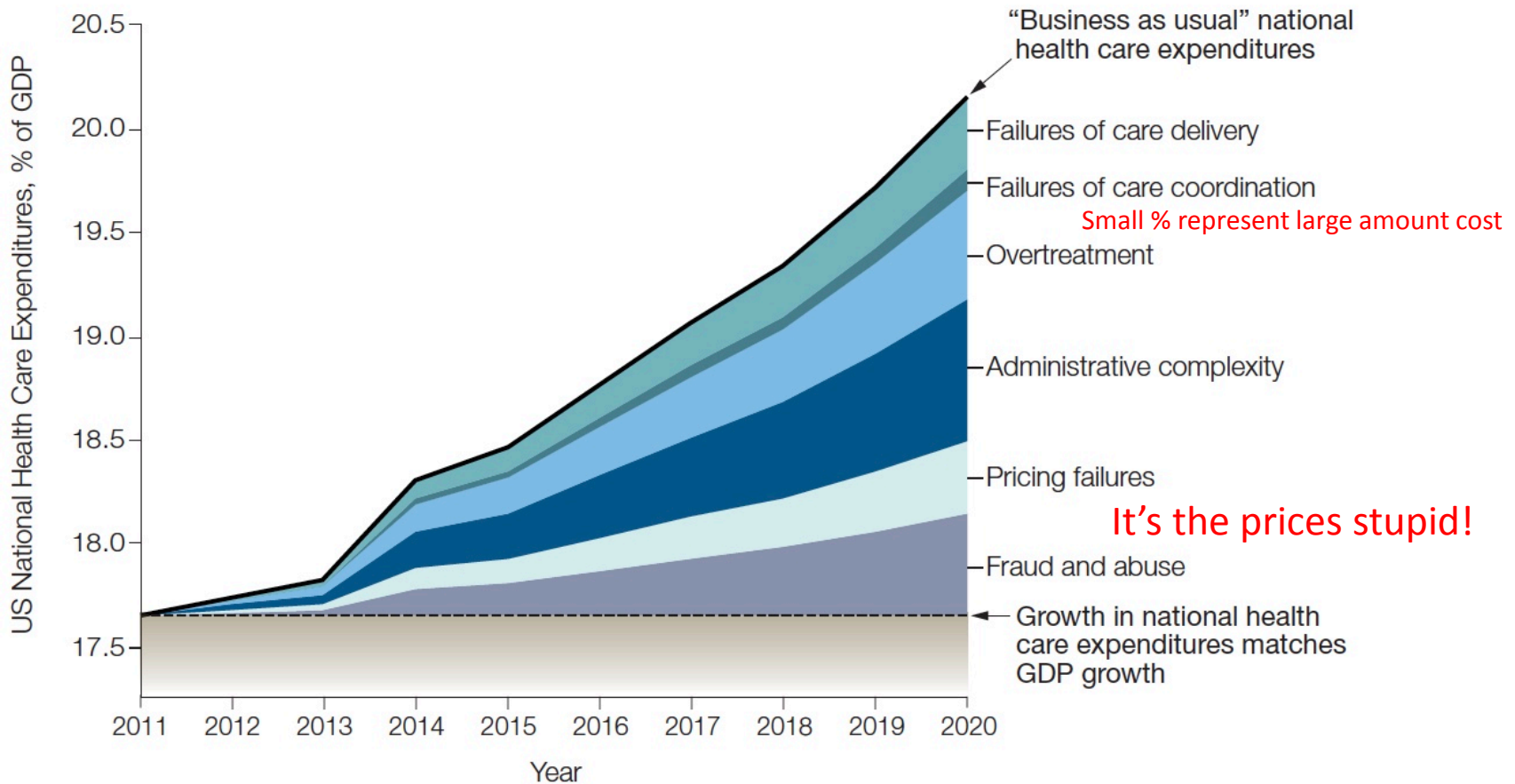
- Outcomes are the **health results that matter for a patient's condition** over the care cycle
- Costs are the **total costs of care for a patient's condition** over the care cycle

VALUE



- VALUE will decrease if:
- Costs increase and don't change outcome
= unnecessary tests/procedures
- Value will decrease even more if test/procedure worsens outcome (non-evidence based)
- Value will decrease if waste in the system

Figure. Proposed “Wedges” Model for US Health Care, With Theoretical Spending Reduction Targets for 6 Categories of Waste



JAMA. 2012;307(14):1513-1516

Unintended consequences of health-care industry

- Energy use
- Waste generation
- Travel

CHOOSING WISELY AUSTRALIA

- Starting a national conversation about tests, treatments and procedures that provide no benefit and in some cases may cause harm
- Focused on high quality care, supporting conversations between the consumer and clinician
- Based on the best available evidence and what care is truly needed
- Part of a global movement to assess low value care

Medical professionalism

- In 2002, ABIM wrote “Medical Professionalism in the New Millennium, A Physician Charter”.
- It includes the fundamental principle of social justice:
- The medical profession must promote justice in the health care system, including the fair distribution of health care resources.

Australian Perspective

- ▶ There is a problem with over testing (82%)
- ▶ Medical practitioners have a responsibility to help reduce over testing (94%)
- ▶ Consumer demand for unnecessary testing is considerable
- ▶ Medical practitioners believe they have influence in reducing over testing (91%)
- ▶ More than half 'often' discouraged patients requesting tests they think unnecessary (56%)

THE ISSUES

- Not all tests add value
- Can expose the consumer to undue risk of harm and cost
- Consumers are often unaware
- Many tests have become ingrained in the system “routine panel”



Currently participating colleges/societies

- Australasian Chapter of Palliative Medicine
- Australasian College of Emergency Medicine
- Australasian Society for Infectious Diseases
- Australasian Society of Clinical Immunology and Allergy
- Australian and New Zealand Intensive Care Society
- Australian College of Nursing
- Endocrine Society of Australia
- Haematology Society of Australia and New Zealand
- Royal Australasian College of Surgeons
- Australasian College of Dermatologists
- Australian Physiotherapy Association
- Royal Australian and New Zealand College of Ophthalmologists
- Royal Australian and New Zealand College of Radiologists
- Royal Australian College of General Practitioners
- Royal College of Pathologists
- Society of Hospital Pharmacists
- Royal Australasian College of Physicians (EVOLVE)

And more coming....

REACHING CONSUMERS

- Supporting both consumers and clinicians to have conversations about appropriate care
- Consumer resources for website
- Engaging with consumer organisations



5 QUESTIONS TO ASK YOUR DOCTOR BEFORE YOU GET ANY TEST, TREATMENT OR PROCEDURE

Some medical tests, treatments, and procedures provide little benefit. And in some cases, they may even cause harm. Use the 5 questions to your doctor to make sure you end up with the right amount of care — not too much and not too little.

- 1 DO I REALLY NEED THIS TEST OR PROCEDURE?** Medical tests help you and your doctor or other health care provider decide how to treat a problem. And medical procedures help to actually treat it.
- 2 WHAT ARE THE RISKS?** Will there be side effects? What are the chances of getting results that aren't accurate? Could that lead to more testing or another procedure?
- 3 ARE THERE SIMPLER, SAFER OPTIONS?** Sometimes all you need to do is make lifestyle changes, such as eating healthier foods or exercising more.
- 4 WHAT HAPPENS IF I DON'T DO ANYTHING?** Ask if your condition might get worse — or better — if you don't have the test or procedure right away.
- 5 WHAT ARE THE COSTS?** Costs can be financial, emotional or a cost of your time. Where there is a cost to the community, is the cost reasonable or is there a cheaper alternative?

For further information visit
choosingwisely.org.au

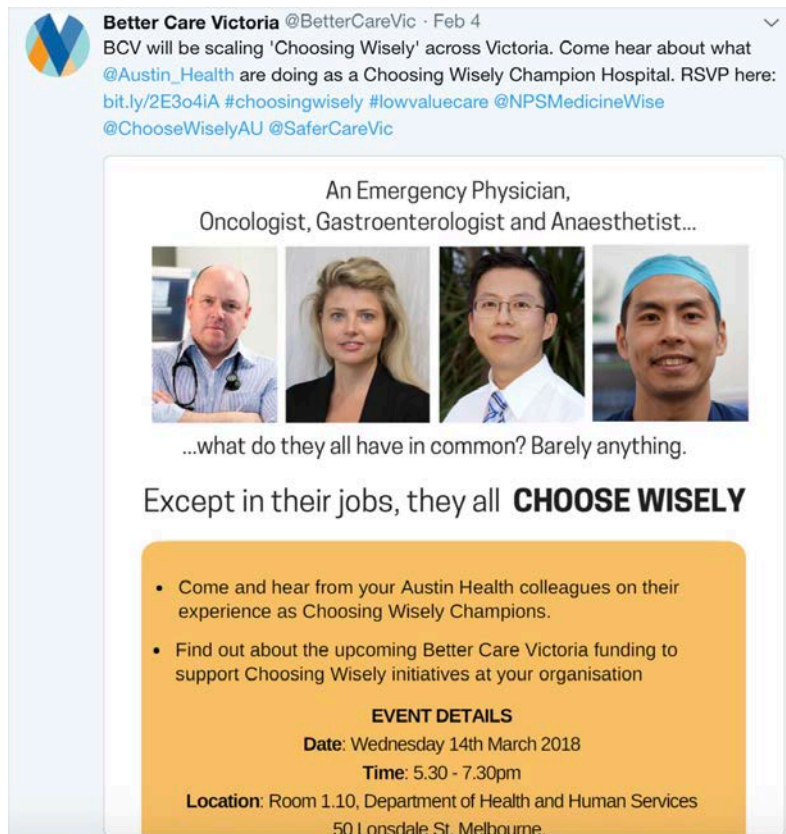
Join the conversation
@ChooseWiselyAU

Adapted from material developed by Consumer Reports. Choosing Wisely Australia® is an initiative enabling clinicians, consumers and healthcare stakeholders to start important conversations about unnecessary tests, treatments and procedures. With a focus on high quality care, Choosing Wisely Australia is being led by Australia's medical colleges and societies and facilitated by NPS MedicineWise.

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Australian examples

Better care Victoria



Better Care Victoria @BetterCareVic · Feb 4
BCV will be scaling 'Choosing Wisely' across Victoria. Come hear about what @Austin_Health are doing as a Choosing Wisely Champion Hospital. RSVP here: bit.ly/2E3o4iA #choosingwisely #lowvaluecare @NPSMedicineWise @ChooseWiselyAU @SaferCareVic

An Emergency Physician,
Oncologist, Gastroenterologist and Anaesthetist...



...what do they all have in common? Barely anything.

Except in their jobs, they all **CHOOSE WISELY**

- Come and hear from your Austin Health colleagues on their experience as Choosing Wisely Champions.
- Find out about the upcoming Better Care Victoria funding to support Choosing Wisely initiatives at your organisation

EVENT DETAILS
Date: Wednesday 14th March 2018
Time: 5.30 - 7.30pm
Location: Room 1.10, Department of Health and Human Services
50 Lonsdale St. Melbourne.

Royal Brisbane and Women's

- Part of performance frameworks
- 30 + departments
- Items such as “fasting clock”, CREDIT (cannulation in ED), POC bHCG, Timer on O-neg blood, local anaesthetic, dietitian referrals...
- Hiring policies
- Funding for outcomes 10% ABF for Metro North

Project examples

Gold Coast pathology

- Data visualization tools
- Reduced duplication/reordering.
- 19% patient growth, 5% order growth.

Review of Australian studies looking at overuse of care

- Laboratory tests (blood cultures, coagulation testing, troponin)
- Radiology (low back, abdominal pain)
- Therapies (blood products, PPIs, antibiotics, elderly overprescribed)

- Can reduce by 15-35%



Choosing Wisely
Australia

An initiative of NPS MedicineWise

Champion health services

- Local implementation
- Clinician led
- Commitment to implementation & evaluation
- Network for sharing & learning
- Differing models (hospital wide, pilot departments)

Choosing Wisely WA Champion Sites

Royal Perth Hospital
Sir Charles Gairdner Hospital
Fiona Stanley Hospital
WACHS Wheatbelt

High Value Healthcare Collaborative

Every cent counts initiative North Metro

Adaptation of Choosing Wisely

- What elements of the campaign are relevant to your organisation?
- Cost? Volume? Patient risk?
- Can they be measured?
- How do they align with other programs (national standards, clinical standards, ABF)?
- Can you change physician or patient behaviour?

Collaboratives

NSW

LEADING BETTER VALUE CARE

CLINICAL INITIATIVES

Leading Better Value Care Clinical Initiatives will focus on eight shared clinical priorities across the NSW health system.

LEADING BETTER VALUE CARE PROGRAM

Commencing in 2017/18, the NSW Health system will refocus - away from the traditional approach of measuring value in terms of volume/output in relation to costs, to measuring value in terms of the Triple Aim of health outcomes, experience of care and efficient and effective care (in relation to costs).

ABOUT THE CLINICAL INITIATIVES

Healthcare is adapting to suit the changing needs and expectations of communities, patients and carers. NSW must meet the challenges of planning, funding, delivery and evaluation of services that are posed by an increased demand, an ageing population and the increased prevalence of chronic disease.

Topics: 1. Management of Osteoarthritis (ACI) 2. Osteoporotic Refracture Prevention (ACI) 3. Local musculoskeletal service (ACI) 4. Diabetes High Risk Foot Services (ACI) 5. Inpatient Management of Diabetes Mellitus (ACI) 6. Management of Chronic Heart Failure (ACI) 7. Management of Chronic Obstructive Pulmonary Disease (ACI) 8. Renal Supportive Care (End Stage Kidney Disease) (ACI) 9. Adverse Events: Falls in Hospitals (CEC)

High Value HealthCare US

Collaborative Efforts

To date, HVHC has focused its work on six high-cost, high-variation health conditions, including patients considering hip, knee, or spine surgery; and patients diagnosed with congestive heart failure, diabetes, or sepsis.

Today, HVHC Board Committees oversee topic areas that include:

- Payment Modeling: e.g., Bundle Framework for condition-based episodes; Complexity Modifier for outlier patients undergoing lower extremity joint replacement; Value-based Payment Model design to align measures and associated payments with more efficient and effective care at lower cost
- Clinical Improvement: e.g., Advanced Illness Group focusing on end of life care; Sepsis Dissemination & Implementation to broadly implement and measure the 3-hour bundle
- Measures Reporting: e.g., CMS Hospital Readmission Reduction Program; CMS Inpatient Quality Reporting; Meaningful Use Specialized Registry
- Advocacy: e.g., collective comments on legislation such as MACRA; public-private partnerships to inform evidence-based improvements to rulemaking such as CJR and PAMA
- Affinity Groups: e.g., OpenNotes to increase adoption of electronic notes sharing at HVHC Member sites; Payment Reform to help Members understand and address the financial impacts of upcoming payment models

Founding Members

[Dartmouth-Hitchcock](#)

[Intermountain Healthcare](#)

[Mayo Clinic](#)

[The Dartmouth Institute](#)

Collaborative Members

[Baylor Scott & White Health](#)

[Beth Israel Deaconess Medical Center](#)

[Hawaii Pacific Health](#)

[Northwell Health](#)

[Providence Health & Services](#)

[Sentara Healthcare](#)

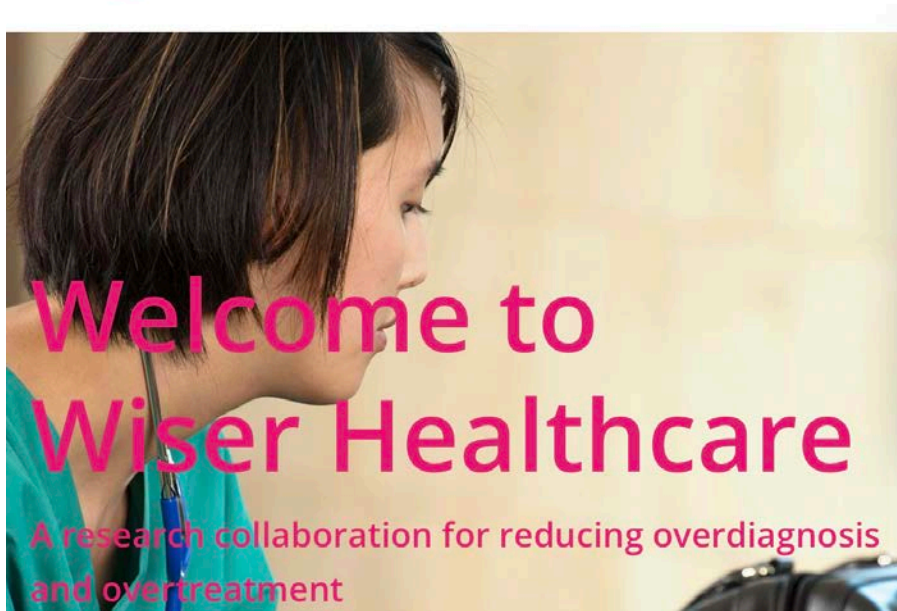
[UC San Diego Health System](#)



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Collaboratives



Overdiagnosis



Michigan Value Collaborative

- Insurers & hospitals
- Identify shared priorities
- Contribute data and learnings
- Come together to understand variation, identify best practice, lead intervention pre, during and post hospital.



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Collaboratives



SIGN UP FOR EVENT ANNOUNCEMENTS



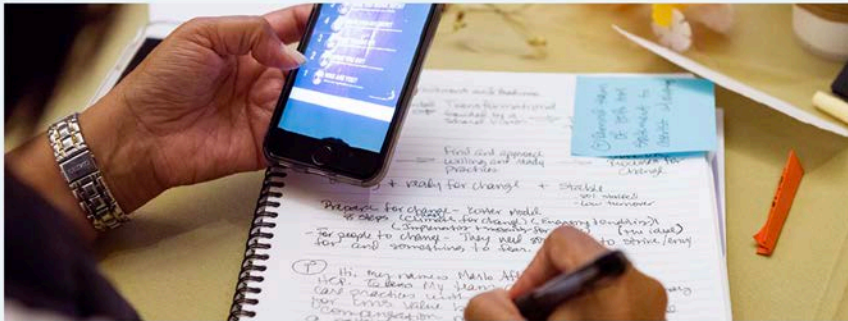
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Managing Total Cost of Care

Overview

Cost Action Community



Summary:

To help provider organizations address total cost of care, CQC launched the Cost Action Community (CAC) in 2016. The Cost Action Community is designed to support Provider Organizations in diagnosing and addressing opportunities to improve measures of hospital and emergency department utilization. It consists of learning sessions, webinars, peer networking, and individualized coaching to support participants. Content will address foundational interventions across care settings as well as key infrastructure concerns.

For questions or for more information, please contact **Dr. Bart Waid, CQC Medical Director** at: bwaid@calquality.org

Ad – hoc example

5 WA ICUs

Reduce PPI prescribing

Extrapolate nationally

Direct savings \$2.2 million

Indirect (from reduction complications) \$16.6 million

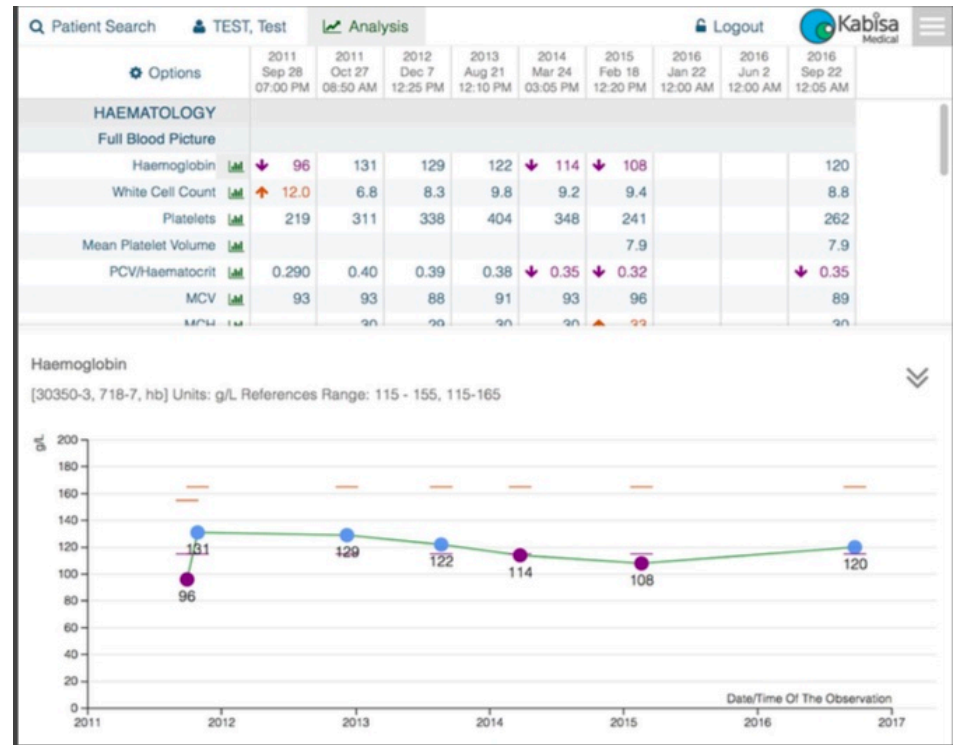
United by common interest
Central coordination learning



Reducing duplication in testing



Homegrown!!



Waste reduction

Kaiser Permanente's 2025
Environmental Stewardship Goals:
Raising the Bar on Environmental Responsibility



every person. Creating these has always been central to our mission.



Kaiser Permanente's Environmental Stewardship program is anchored in our community benefit work and embedded throughout our organization. Our environmental stewardship efforts help us advance our mission and our vision for total health – our approach that emphasizes the social, environmental, behavioral and clinical aspects that shape one's well being.

Each of Kaiser Permanente's 2025 goals offers an opportunity to raise the bar on environmental responsibility, not just for Kaiser Permanente but for the broader social and economic sectors in the U.S. and globally. We hope they inspire us all to create a future where total health is at the core of all that we do.



CLIMATE ACTION

Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than we emit.



SUSTAINABLE FOOD

Buy all of our food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly.



WASTE REDUCTION

Recycle, reuse or compost 100% of our non-hazardous waste.



WATER CONSERVATION

Reduce the amount of water we use by 25% per square foot of buildings.



SAFER PRODUCTS

Increase our purchase of products and materials meeting environmental standards to 50%.



MANAGEMENT & ACCOUNTABILITY

Meet international standards for environmental management at all of our hospitals.



COLLABORATION

Pursue new collaborations to reduce environmental risks to foodsheds, watersheds and air basins supplying our communities.

[Healthierhospitals.org](https://www.healthierhospitals.org)

[Practicegreenhealth.org](https://www.practicegreenhealth.org)



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Learn more at kp.org/green

KAISER PERMANENTE **thrive**

IHI Hospital Inpatient Waste Identification Tool

- Modules include
- Ward; Patient care; Diagnosis; Treatment and Patient (perception) Module
- Designed to provide a snapshot of potential areas of waste, as identified by frontline clinical staff.
- Once areas identified, then frontline staff, finance and leadership come together to look for reasons and solutions.

Example of prioritisation

Financial Implications in the *Current System*

		Substantial Cost Savings	Moderate Cost Savings	Cost Neutral, Expense Increase, or Revenue Loss
Quality of Care Implications	High	Reduce Hospital-Acquired Infections (\$7K-\$40K per case)	Reduce Blood Culture Contamination (\$/patient day) *Reduce Handoff Confusion (\$/case)	*Reduce Heart Failure Readmissions (\$/case)
	Low			*Decrease Use of Lab and X-ray Services (\$/patient day)

*In the changing health care reform environment, this improvement is likely to have more positive

Reflections on reducing clinical waste

- **Need project officer**
 - Chalmers, Elshaug et al BMC Research Notes 2018 – using admin datasets – 17/824 recommendations measurable.
- **Need sustainability**
- **Need clinicians on the floor willing to get involved**
- **Measure in whatever way you can (manual, finance, activity)**
- **Partner with finance**
- **Part of movement : MBS review, Atlas of Variation**

To find out more or become involved:



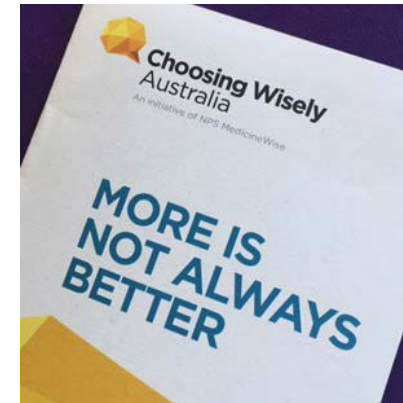
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National meeting 30 May 2018, Canberra

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