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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
It’s the prices stupid!

Small % represent large amount cost

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 Millenium, 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....

Choosing Wisely Australia
An initiative of NPS MedicineWise
REACHING CONSUMERS

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

Better care Victoria

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%
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

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 CUFF 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.

LEADING BETTER VALUE CARE
CLINICAL INITIATIVES

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

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.

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
Collaboratives

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.

Overdiagnosis
Collaboratives

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
Waste reduction

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

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.

Learn more at kp.org/green

KLASS PERMANENTE. thrive

Healthierhospitals.org

Practicegreenhealth.org
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

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

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

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Reflections on reducing clinical waste

- Need project officer

- 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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