2012

ABIM FOUNDATION FORUM

Choosing Wisely in an Era of Limited Resources

By Tim Lynch, JD and Daniel Wolfson, MHSA

At the end of July, 140 leaders from across the health care field gathered at the 2012 ABIM Foundation Forum to examine innovations that are changing health care for the better by:

- improving the quality of care delivered;
- increasing its responsiveness to patients; and,
- eliminating waste to lower the cost of care.

This meeting built upon the 2011 Forum, which focused on physicians and other stakeholders' obligation to steward health care resources and rigorously avoid waste and overuse. Through plenary talks, small-group innovation sessions and hallway discussions, participants examined how these innovators are succeeding, the obstacles they had to overcome to do so, the challenges they still face, and how the lessons learned can be translated to other health care institutions and programs.

This meeting built upon the 2011 Forum, which focused on physicians and other stakeholders' obligation to steward health care resources and rigorously avoid waste and overuse.

In addition, in light of the economic crises affecting our nation and the health care system, the Forum featured innovators that are providing better care for the most costly, vulnerable and complex patients.

The meeting also occurred against the backdrop of increasingly high-profile efforts to encourage the health care sector to avoid unnecessary care—a focus driven in part by the launch earlier this year of the *Choosing Wisely*® campaign—a partnership that includes the ABIM Foundation, Consumer Reports, and more than 25 specialty societies. Originally conceived and piloted by the National Physicians Alliance, the campaign, in which specialty societies identify tests and procedures that are used too frequently, has helped drive media, physician and public attention to the risks associated with overuse and the need for physician-patient conversations about appropriate care decisions. Both the campaign and the issues it highlights were frequent topics of discussion, and a reference point for evaluating the innovations under discussion.

Dr. Lee said we live in the "golden age of health care knowledge" but we struggle to deal with the chaos that results from progress; he suggested, however, that we are beginning to see real progress.

Setting the Stage: Learning from Leaders

American Board of Internal Medicine (ABIM) and ABIM Foundation President and CEO Christine Cassel, MD said in her opening remarks that while the 2011 Forum was devoted to establishing the moral case for preserving resources, the 2012 Forum was focused on practical ways this could be done. In keeping with that focus, the Forum's first day featured a series of talks and discussions designed to show how health care systems and practices can be responsible for health care outcomes and the cost of care of patient populations.

The Kimball Lecture, the Forum keynote address that honors former ABIM and ABIM Foundation President and CEO Harry Kimball, MD, was delivered by Tom Lee, MD, CEO of Partners Community Healthcare (Partners) in Boston. (A paper by Dr. Lee addressing the same issues as his lecture was simultaneously published in *The New England Journal of Medicine*.) Dr. Lee said we live in the "golden age of health care knowledge" but we struggle to deal with the chaos that results from progress; he suggested, however, that we are beginning to see real progress. He described Partners' overarching goal to improve the value of care for patients and families, as *defined by patients*. To achieve that goal, Partners created "care redesign teams" to focus on improving outcomes and reducing waste in a variety of areas, and is testing new methods to collect Patient Reported Outcome Measures to test their progress.

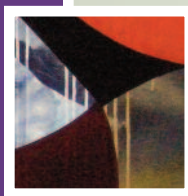
Informed by this discussion, participants then turned to an effort to define the competencies physicians, patients/caregivers and the health care system need in order to move to an accountable care system.

Those teams—which included physicians and other clinicians—have identified measures that define "value" for various patient subsets, begun collecting data, and initiated improvements aimed at improving outcomes and/or lowering costs. Dr. Lee concluded with the thought that improvements in care delivery will not happen until we define value and begin to measure it, reach consensus about the areas where we need to improve, and improve through learning.

Dr. Lee was asked about how specialists have reacted to Partners' reforms, and he said they expressed considerable concern at the outset but that their concerns have lessened as they have recognized the overall improvements the reforms have delivered. He also said that patient-centeredness has become a part of the business strategy in a way it never had been. Dr. Lee said that reducing costs by 10 percent or more would require a reduction in capacity, for example, through closing hospitals. He described the opposition to that step, suggesting that politicians presented a bigger obstacle to cost reduction than specialists.

During the ensuing panel discussion, both Patricia Gabow, MD, President and CEO of Denver Health, and Nancy Schlichting, CEO of the Henry Ford Health System, stressed the importance of having a framework (such as Lean principles) and a disciplined structure in order to eliminate waste. Dr. Gabow and Dr. Lee expressed different views about the value of financial incentives, with Dr. Gabow saying they simply reward people for doing the right thing and Dr. Lee suggesting that financial incentives help build physician engagement in reform efforts. There was also an interesting discussion of how political leaders could be persuaded that excess capacity was a problem that required some facilities to close. Suggestions included making the case regarding the negative consequences of too much capacity for the system's overall viability, presenting solutions for how people in the areas directly affected by closings would receive care, and developing plans to help affected employees.

Informed by this discussion, participants then turned to an effort to define the competencies physicians, patients/caregivers and the health care system need in order to move to an accountable care system. For physicians, competencies included the ability both to work as part of a team and to lead; knowledge about costs and the impact of physicians' decisions on patients; and the need to facilitate shared decision-making, navigate difficult conversations,



To spur creative thinking and educate participants about how health care systems and practices were becoming responsible for outcomes and the cost of care, a dozen participants offered innovation sessions.

and teach patients how to be more effective advocates for their own health and health care. For patients and caregivers, numerous participants talked about the need for improved health literacy and for patients to better understand and become comfortable discussing health care costs. For the system, participants discussed the need for real-time information systems, time for health care workers to learn and improve, and a greater focus on aligning the culture of health care delivery with professional values.

To spur creative thinking and educate participants about how health care systems and practices were becoming responsible for outcomes and the cost of care, a dozen participants offered innovation sessions. Featured topics included:

- Geisinger Health System's success in delivering high-quality care while controlling the cost of care, the innovations it plans to try to export to other health care environments, and the challenges associated with disseminating those innovations outside of Geisinger;
- the success of MinuteClinics®, in both financial and quality terms, their use of alternative providers and their spreadability;
- the Clinical Integration program at Advocate Physician Partners in Illinois, one of the nation's largest commercial Accountable Care Organizations, under which 3,000 independent physicians and 900 employed physicians jointly negotiate with insurance companies; and,
- Massachusetts' effort to develop an integrated model of care delivery and financing for dual eligible members under age 65 that leverages lessons learned from the medical home and the independent living movement to improve the quality of care and generate savings for the system.

Harvey Fineberg, MD, President of the Institute of Medicine, closed the Forum's first session by summarizing the day's lessons. He first discussed the difficulties that health care organizations have in trying to learn from one another, suggesting we lack reliable pathways to transfer information and action between innovators and potential adopters.

He then offered four routes for health systems that would like to reduce the cost of care:

- **Prevention:** avoid the need for health care services, which will require competencies for both physicians and the public;
- **Efficiency:** deliver care more efficiently, such as through Lean principles;
- **Substitution:** use less costly resources, by adopting service models that achieve better outcomes while using less expensive technical and human resources; and,
- **Elimination:** remove excess capacity and unnecessary procedures from the system, which will require overcoming political challenges.

Diving Deeper: A Focused Look at Change

The Forum's second day offered a variety of ways for attendees to learn about organizational change and improvement. They heard from three leaders in promoting learning health care systems: Mark Smith, MD, CEO of the California HealthCare Foundation; Dr. Gabow; and Gregory Poulsen, Senior Vice President of Intermountain Healthcare.

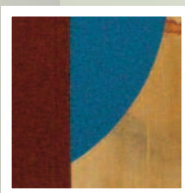
The Forum's second day offered a variety of ways for attendees to learn about organizational change and improvement.

Dr. Smith said that the two greatest challenges facing the American health care system—complexity and cost—had worsened over the last decade. The medical literature has exploded, physicians face dizzying options for diagnosis and treatment of many conditions, and the average American can no longer afford the average health insurance policy. To address the problems of cost and complexity, Dr. Smith said the health care system needs to have:

- better information systems, with real-time access;
- better patient-clinician partnerships, especially as patients increasingly have a greater financial stake in their health care;
- better incentives for improvement; and,
- a culture with strong leaders who promote solutions.

He concluded by arguing that all change requires strong organizations with the kinds of infrastructure, capabilities and skills that only organizations such as large physician groups can deliver. He also highlighted the disconnect between the needs of evaluating high-functioning systems and certification of individual physicians, arguing that both are linked and need to be better aligned.

In the ensuing discussion, Martín Sepúlveda MD, a Fellow and Vice President at IBM, as well as an ABIM Foundation Trustee, said that it is wrong to think about the affordability issue as one affecting primarily vulnerable populations, arguing that the issue is "pervasive across the vast spectrum of our population," including in the highly educated



In today's economic climate, every clinician should assume every patient they see cannot afford health care.

and well-paid IBM workforce. He suggested that in today's economic climate, every clinician should assume every patient they see cannot afford health care.

Dr. Gabow then discussed Denver Health's efforts to eliminate waste through the adoption of Lean principles. Waste, noted Dr. Gabow, is "disrespectful to patients for asking them to undergo processes with no value." She started with the premise that every unimproved process in care delivery includes 60 to 90 percent waste, and offered the example of pharmacy costs. Even though Denver Health already had the lowest pharmacy costs of its peer institutions, they were able to cut an additional $10 million. Overall, Denver Health had achieved $158 million in hard financial benefits over the previous six years through the adoption of Lean principles, while seeing quality rankings improve and mortality rates drop.

Dr. Gabow offered a number of lessons, including:

- leadership from the top is required to create transformation;
- cultural transformation requires the entire workforce to be engaged;
- transformation requires a clear process; and,
- processes should be applicable to all places in the institution.

Mr. Poulsen then discussed Intermountain's experience in dramatically improving the availability of data: getting information at the place it is needed at the time it is needed. His talk was highlighted by the story of how the obstetricians at Intermountain were ignoring the recommendation of the American College of Obstetricians and Gynecologists that labor not be induced before the 39th week of pregnancy.[1]

The senior physicians believed the recommendation was only for the benefit of new physicians, and their experience allowed them to make better decisions about appropriate care. At the request of one physician, however, Intermountain used its data to perform a study comparing the likelihood that women induced at weeks 37, 38, 39 and 40 would have their babies placed in the intensive care unit on a ventilator after delivery. There turned out to be a significant difference, albeit one no individual physician would notice in his or her own practice given the small number of babies who wound up in the ICU—1.12 percent for babies in the 37th week as opposed to only .21 percent at the 39th week. Armed with these data, Intermountain was able to effectively eliminate elective inductions before the 39th week, saving $4.6 million annually and avoiding 230 babies being placed on a ventilator and families going through the trauma of having a newborn in the ICU.

[1]1999 Clinical management guidelines for obstetrician-gynecologists. Washington (DC): American College of Obstericians and Gynecologists; 1999 Nov. 10 p.

In the discussion that followed these presentations, Arnold Milstein, MD, Professor of Medicine at Stanford University, reflected on his own study of delivery system changes like those at Denver Health and Intermountain. In interviews with leaders who had taken Lean principles far in their own institutions, he found that they said the first 18 months of the process had been the worst of their lives. They said they would never have lasted in their positions had they not warned their boards in advance about the significant objections that would be raised by physicians in their institutions, particularly those in high-margin specialties. Dr. Milstein suggested that health system boards should be enlisted to encourage and protect innovative CEOs, and that an element might be added to the *Physician Charter* regarding physicians' attitudes toward disruptive change.

The Forum is intended not only to inform participants but also to inspire them to take responsibility for playing a role in improvement.

At the close of the second day, Donald Berwick, MD, former CMS administrator, summarized the group's areas of agreement and disagreement.

He suggested that there was consensus that:

- there were significant opportunities to reduce costs while improving health;
- "work of no value" was the area from which to find these savings;
- leadership, transparency and trust were all critically important; and,
- professionalism holds promise for motivating improvement.

Meanwhile, he found that there was still significant disagreement regarding:

- the role, form and power of incentives;
- how we can transition from the status quo to the desired future state; and,
- how to explain the issues involved to the public.

He also agreed with other participants who had stressed the importance of "returning the money" from health care to other sectors such as education and infrastructure.

The Forum is intended not only to inform participants but also to inspire them to take responsibility for playing a role in improvement. To help achieve this goal, on the second and third days of the Forum, attendees self-organized into more than a dozen groups designed to address a particular issue.

Some potential initiatives, which teams are currently working to advance, are described below:

- **Promoting High-Value, Cost-Conscious Care in Medical Education and Training**
  This group will help promote the education and training of physicians in high-value, cost-conscious care, drawing on the talent and determination of this generation of trainees to address these issues. Action steps include building on existing initiatives such as the American College of Physicians' High-Value, Cost-Conscious Care Initiative, creating a toolkit/repository of teaching tools, convening a meeting of program directors and chairs across disciplines, and aggressively publicizing programs that are leaders in promoting this kind of training.
- **Finding Creative Ways to Get *Choosing Wisely* to Consumers and the Public**
  This group will seek to fully engage consumers in the *Choosing Wisely* campaign, through publicizing relevant stories of individuals' experiences with the health care system, patient surveys, promoting mainstream media attention and potentially developing checklists for patients and physicians.
- **Tools to Train Care Teams, Including Patients, to Have Crucial Conversations**
  In order to promote better physician-patient communication about care decisions, this group will explore existing communication resources, convene physicians and patients to determine their needs for communication aids, and seek to catalyze the production of materials including videos, checklists, etc.
- **Reducing Costs Now and Over the Next Five Years**
  This group will work actively to reduce health care costs, with subgroups devoted to cost-saving changes to fee for service payments, standardizing statewide scope of practice and prescription drug renewal policies, changes in health plan contracting and administrative simplification to reduce costs and waste.
- **Persuading Policymakers to Support Innovation**
  To assure that policymakers continue to support efforts to create a more sustainable health care system, this group will develop messages in support of reforming the payment system and maintaining the Affordable Care Act, working with innovators to make their success stories accessible to policymakers, and seeking partners with shared interests.

Patients reject the concept of "value" in health care, associating that word with discount stores.

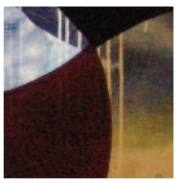
To achieve our larger goal of an efficient and effective health care system, we need a significant cultural change that would include bringing patients, families and consumers into the conversation as equal partners in our efforts to redesign and improve the quality and efficiency of the system.

Communicating About Stewardship

The Forum's final day focused on how we can communicate about resource stewardship with the public and with stakeholders across the health care system. A panel with Jackie Judd, Vice President of the Kaiser Family Foundation, James Guest, JD, President and CEO of Consumers Union, Patrick McCabe, a communications consultant at GYMR Public Relations, and Debra Ness, President of the National Partnership for Women & Families, agreed that many consumers want to be active participants in their care—"talked with," not "talked to."

Mr. McCabe discussed focus group research his firm has been involved in and which has found a dramatically increased understanding of and interest in costs among consumers than even a few years ago. However, he said that patients reject the concept of "value" in health care, associating that word with discount stores and saying that they want the best for their health. Ms. Ness suggested that many people, particularly from underserved communities, equate "quality" with access to services and the receipt of tests and treatments. She also said that to achieve our larger goal of an efficient and effective health care system, we need a significant cultural change that would include bringing patients, families and consumers into the conversation as equal partners in our efforts to redesign and improve the quality and efficiency of the system—a stark contrast to how managed care was introduced and marketed in the 1990s. Mr. Guest said that consumers as a whole respond best to receiving information about both cost and quality—if they receive only information about cost, they will simply assume that whatever care is most expensive must be the best.

During the ensuing discussion, Helen Darling, President of the National Business Group on Health, discussed the need for messengers who inspire trust in consumer audiences. She said employers and health plans do not inspire the necessary trust because consumers believe they have a financial stake in reducing health care spending, not necessarily in improving health outcomes. Physician groups, in contrast, especially those associated with mothers and children, have particularly high credibility and are trusted. As for the message, she proposed that physicians help communicate that "more is not necessarily better" and stressed the need for people to do all that they can to be as healthful as possible and also to have full knowledge of benefits, risks and harms in all decisions affecting their health.



Closing on this optimistic note, participants left the Forum energized to take lessons from innovative organizations back to their own institutions.

Wrapping Up, Looking Forward

Ezekiel Emanuel, MD, Diane v.S. Levy and Robert M. Levy University Professor at the University of Pennsylvania, closed the Forum with the suggestion that we are at a serious transformation point in health care analogous to the transformation of medicine "from snake oil to science" in the early 20th century. To achieve the change we need, however, he said there are three necessary prerequisites:

- moving away from fee-for-service as a payment system toward episode payment or global payment;
- increasing transparency on cost and quality at all levels; and,
- changing medical education, which needs to include management skills.

Although each of these clearly present challenges, he expressed optimism that by 2020 we would have a health care system much better than what we have today, even if the intervening years are rocky.

Closing on this optimistic note, participants left the Forum energized to take lessons from innovative organizations back to their own institutions. We hope that all participants will play an active role in promoting change in the coming year, including by taking part in the efforts described above to advance high-value, cost-conscious care in education and training, improve physician-patient communication about difficult decisions, and persuade policymakers of the importance of supporting a more sustainable health system.

NOTES

FOUNDATION

510 Walnut Street | Suite 1700
Philadelphia, PA 19106-3699
215.446.3530 | **1.800.441.2246 x 3530**
www.abimfoundation.org