



Collaborating to Improve Wisconsin Health Care

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Thomas Hirsch, MD, MS



2008

- ETF began expressing interest in medical management programs to further improve care for its members
- Treatment of LBP was the first intervention
 - With the aid of Dr. John Hansen, ETF convened a committee of Plan/PPO Medical Directors to analyze low back care data and make suggestions regarding improving care

2009 to Present

- ETF began discussing other clinical areas
 - ETF data and/or the literature suggested significant variation in utilization among Plans/PPOs
- Based on peer-reviewed published studies, the interventions of interest had to fulfill all or most of these criteria:
 - Improve patient med/surg outcomes
 - Improve patient safety and/or satisfaction
 - “Right size” utilization based on the literature

Selected Interventions

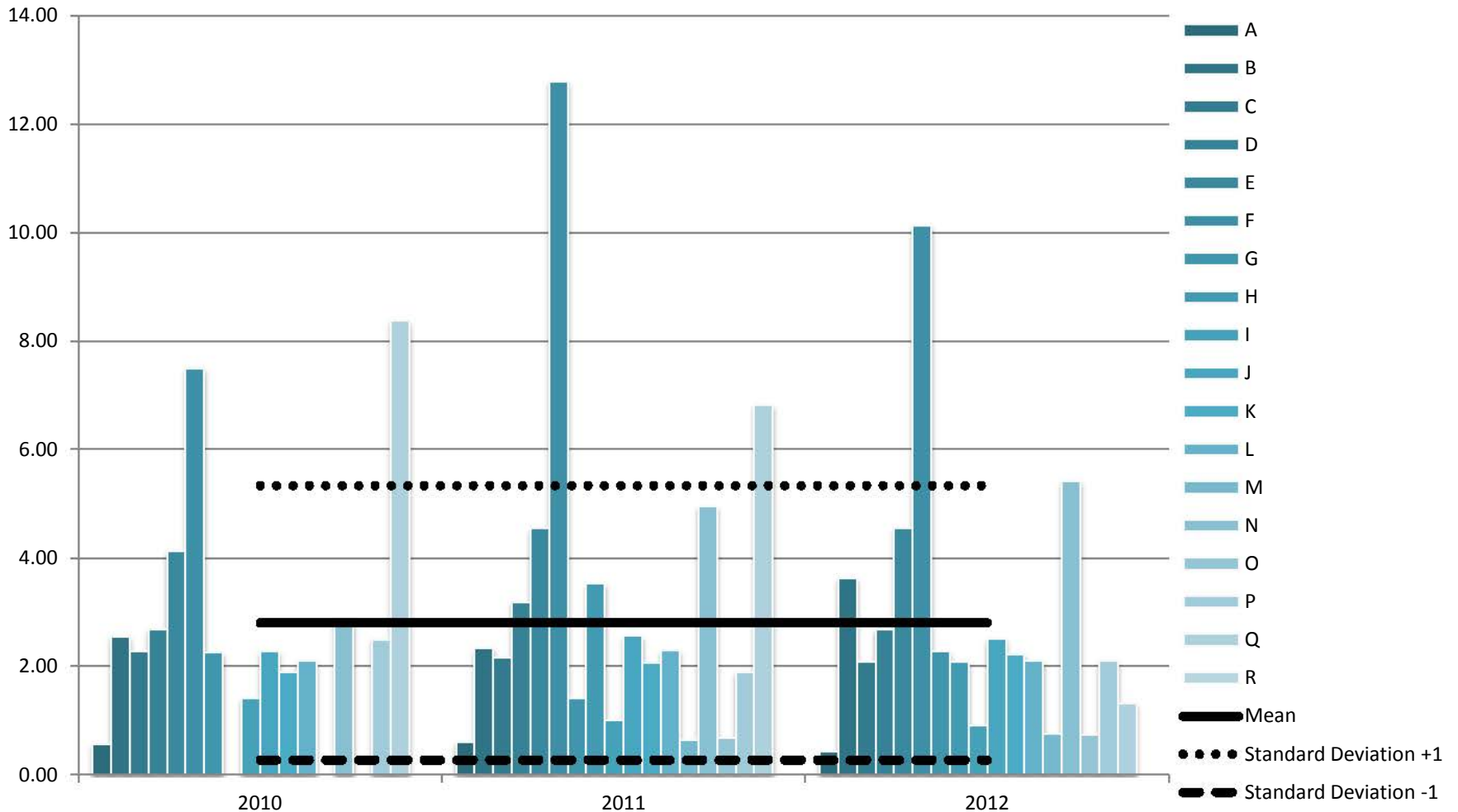
- Management of LBP
- Elective, out-patient high tech radiology
- Coordination of Care around hospital discharge
- Shared decision making
- Improving EOL care

ETF and Plan/PPO Collaboration

- Annual feedback to Plans/PPOs regarding yearly DMS
- Annual ETF Fall Conference to discuss interventions with Plans/PPOs beginning 11/2010
- Meetings between ETF leadership and Medical Directors requesting feedback re: LBP and SDM
- Pending 11/19/13 and 12/6/13 meetings with Medical Directors requesting feedback re: future of SDM as well as improving EOL care

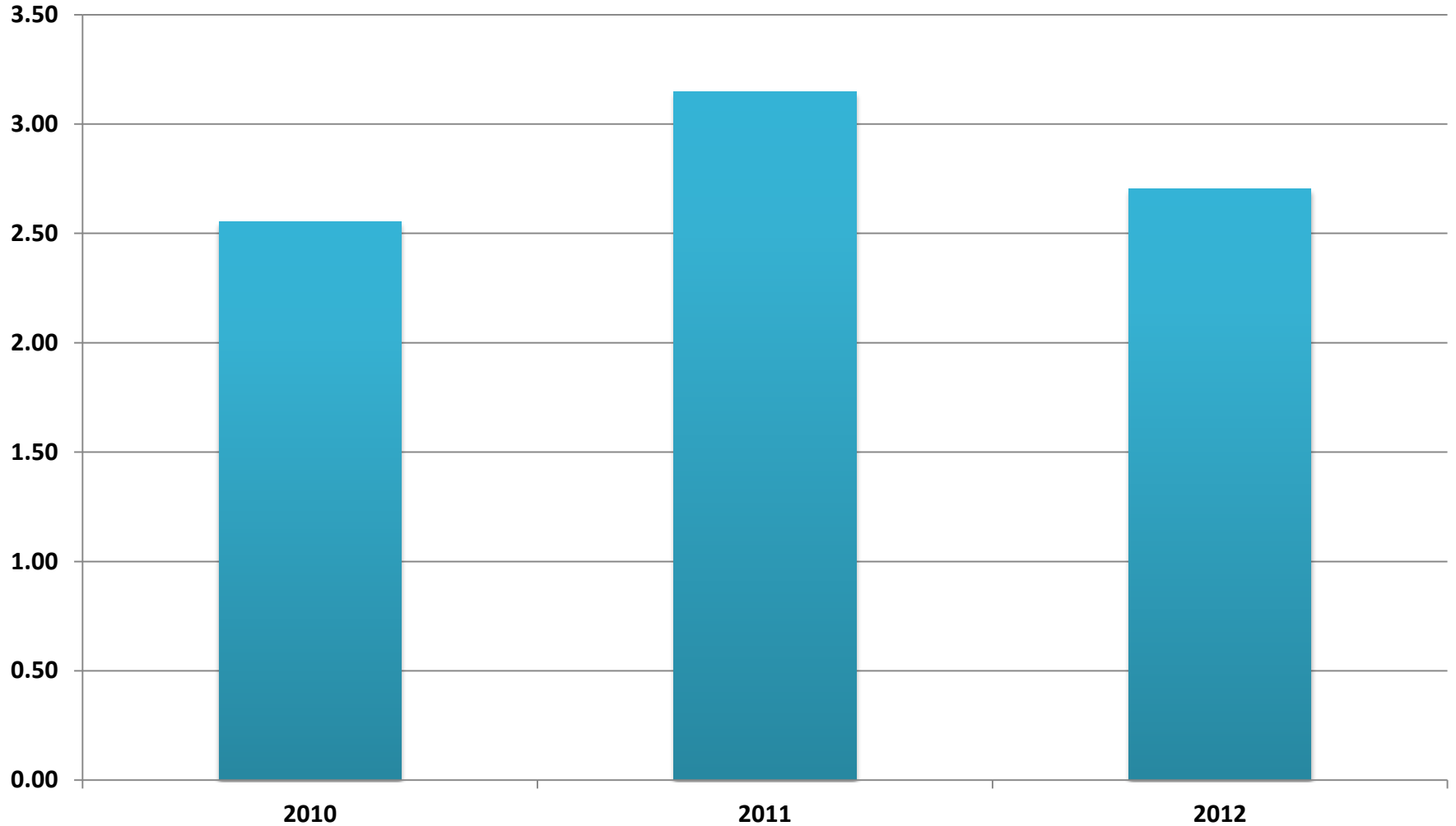
What Do the Data Show?

Low Back Surgery/1,000 ETF Members



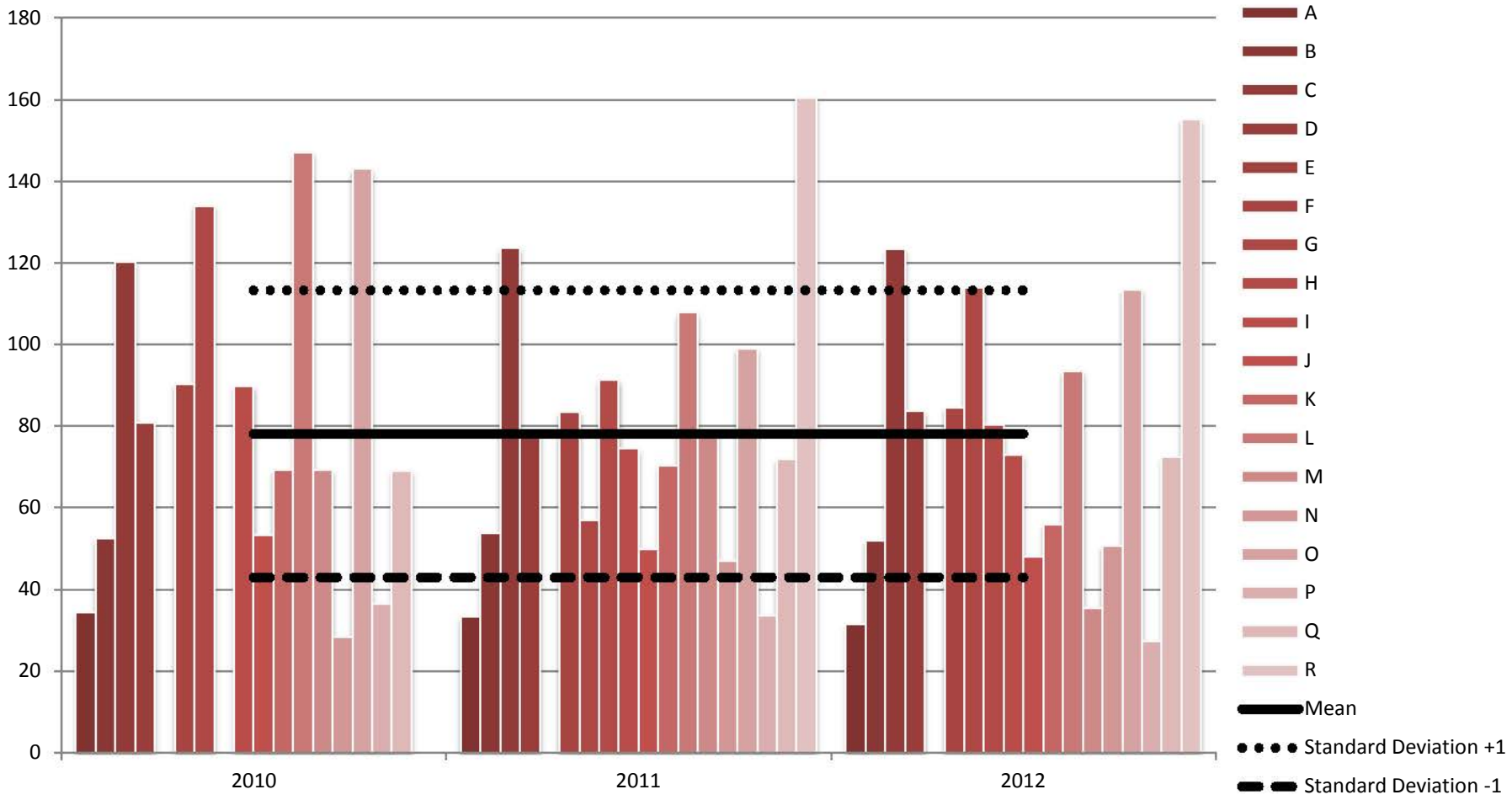
*Graph includes data from all health plans

Low Back Surgeries/1,000 ETF Members



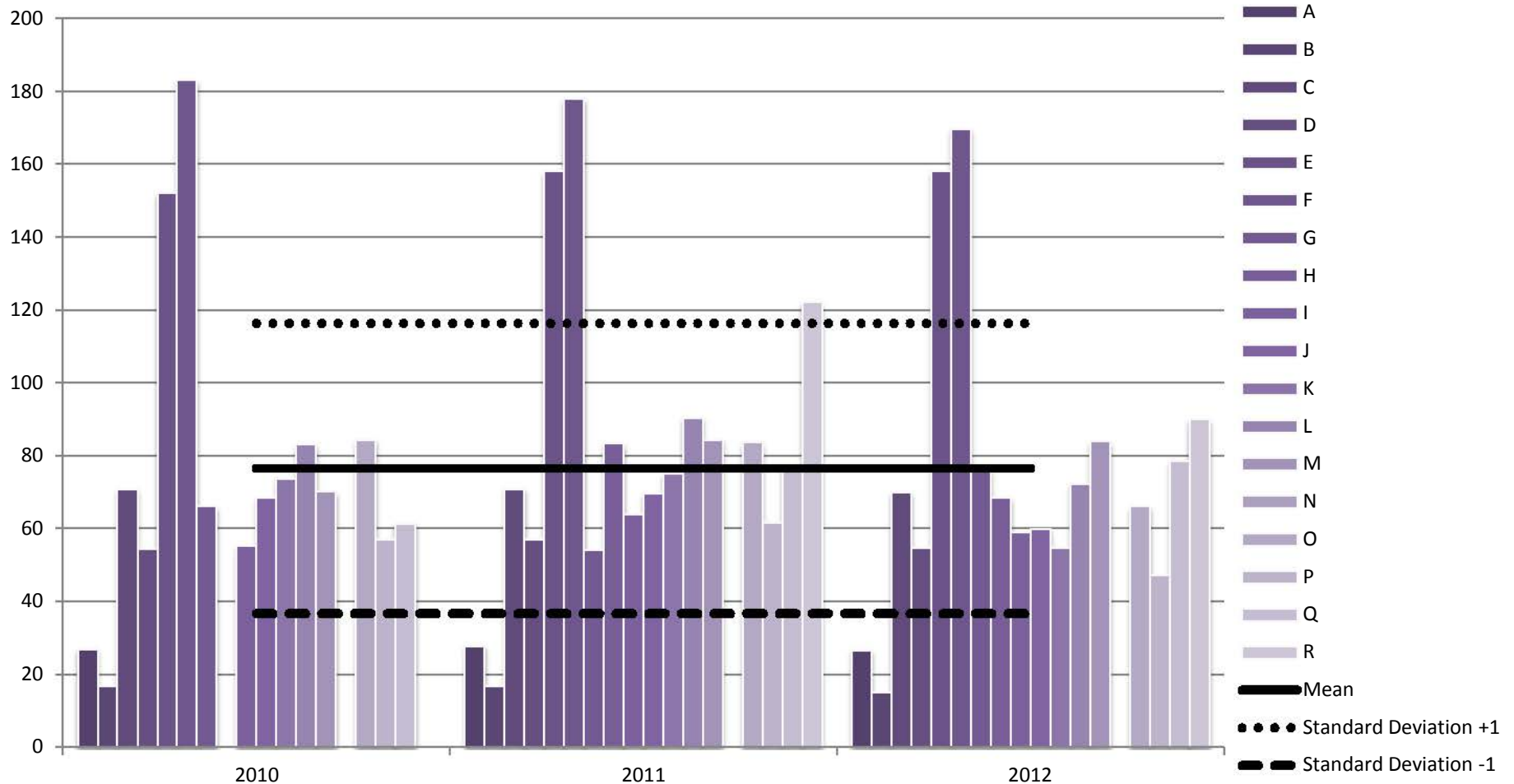
*Graph includes data from all health plans

Elective CT/1,000 ETF Members



*Graph includes data from all health plans

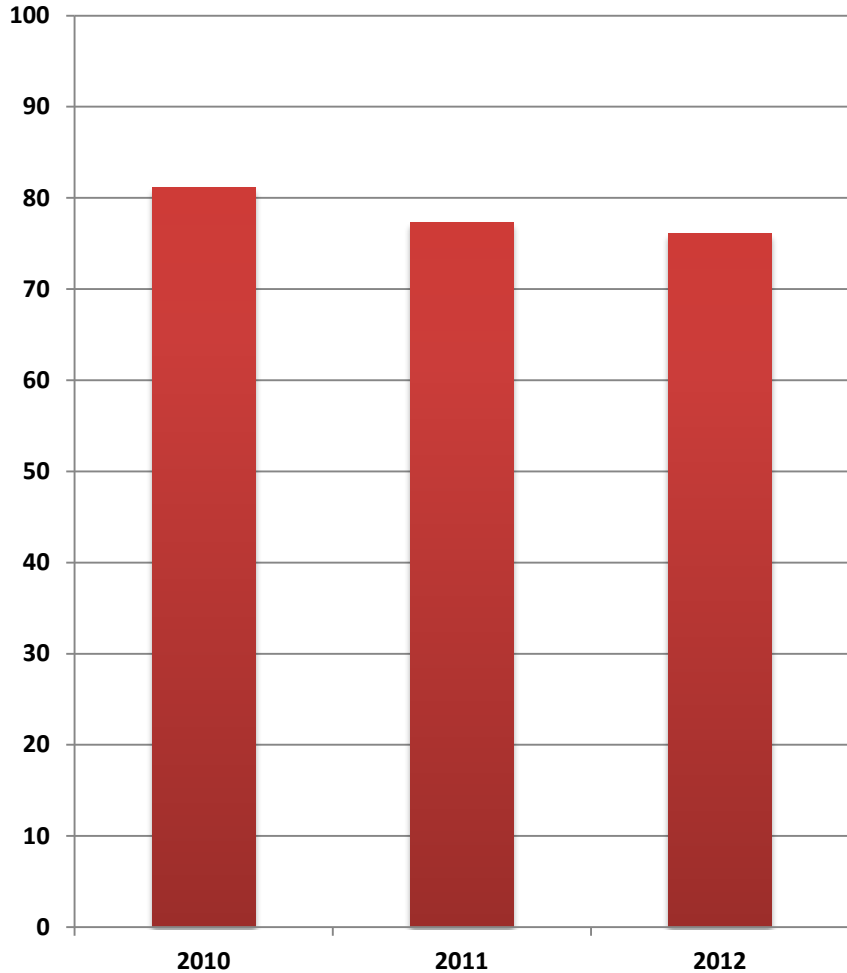
Elective MRI/1,000 ETF Members



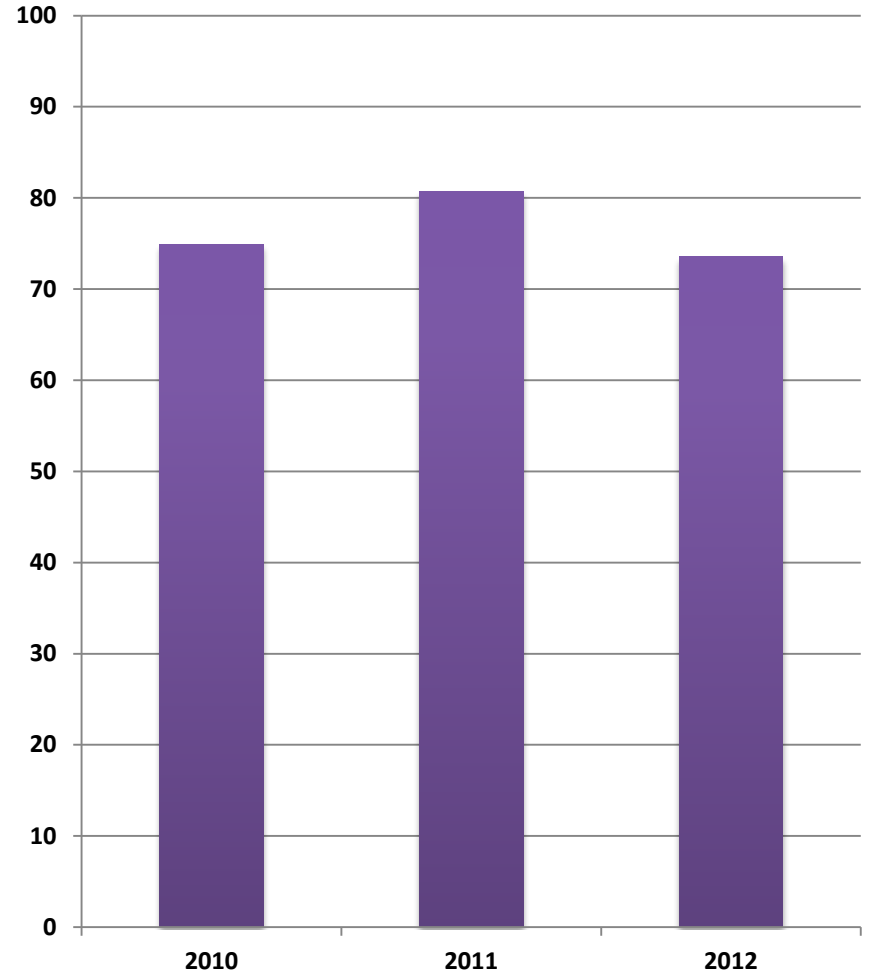
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Elective Out-patient Radiology

CT Scans/1,000 ETF Members

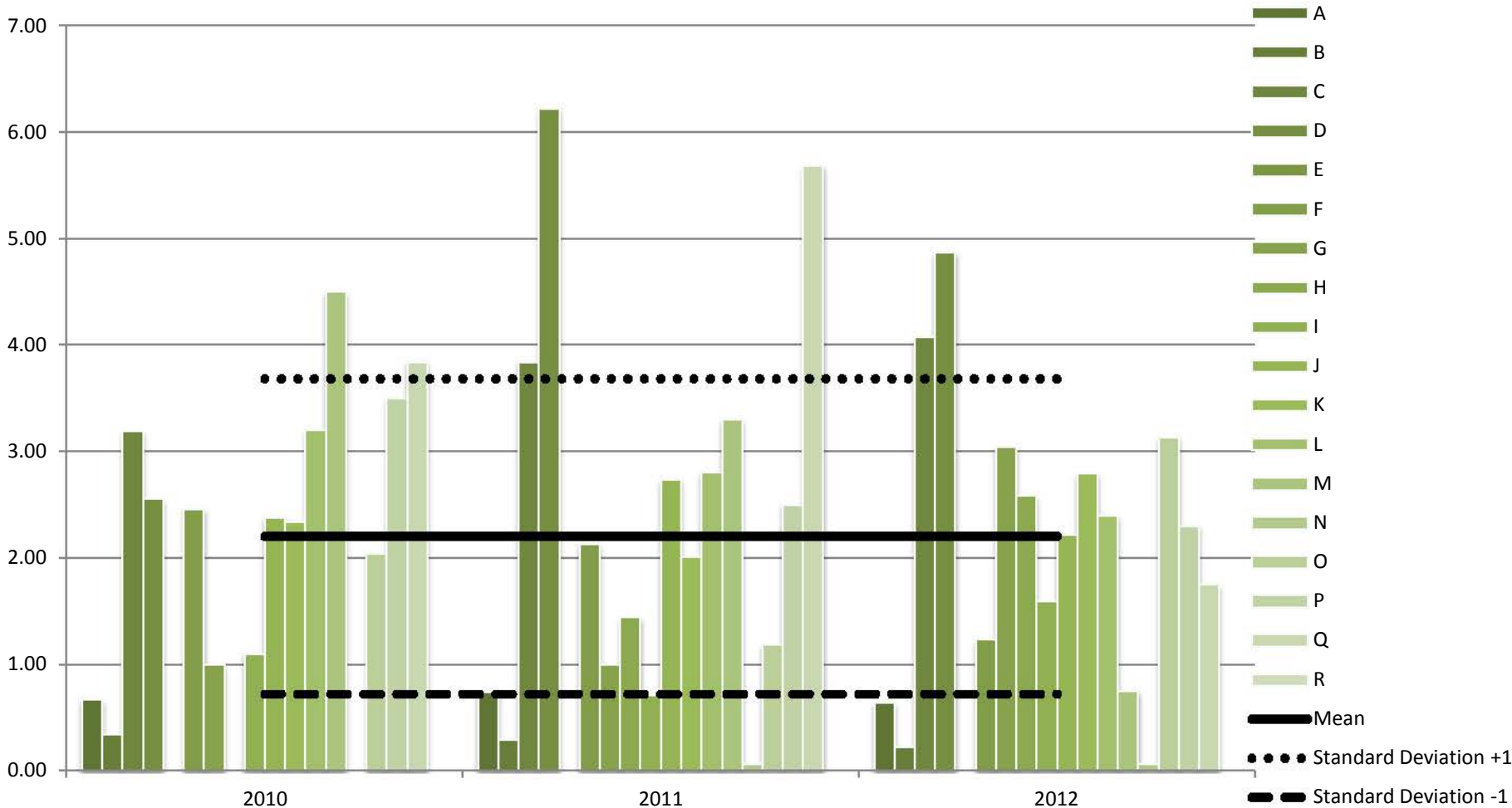


MRI Scans/1,000 ETF Members



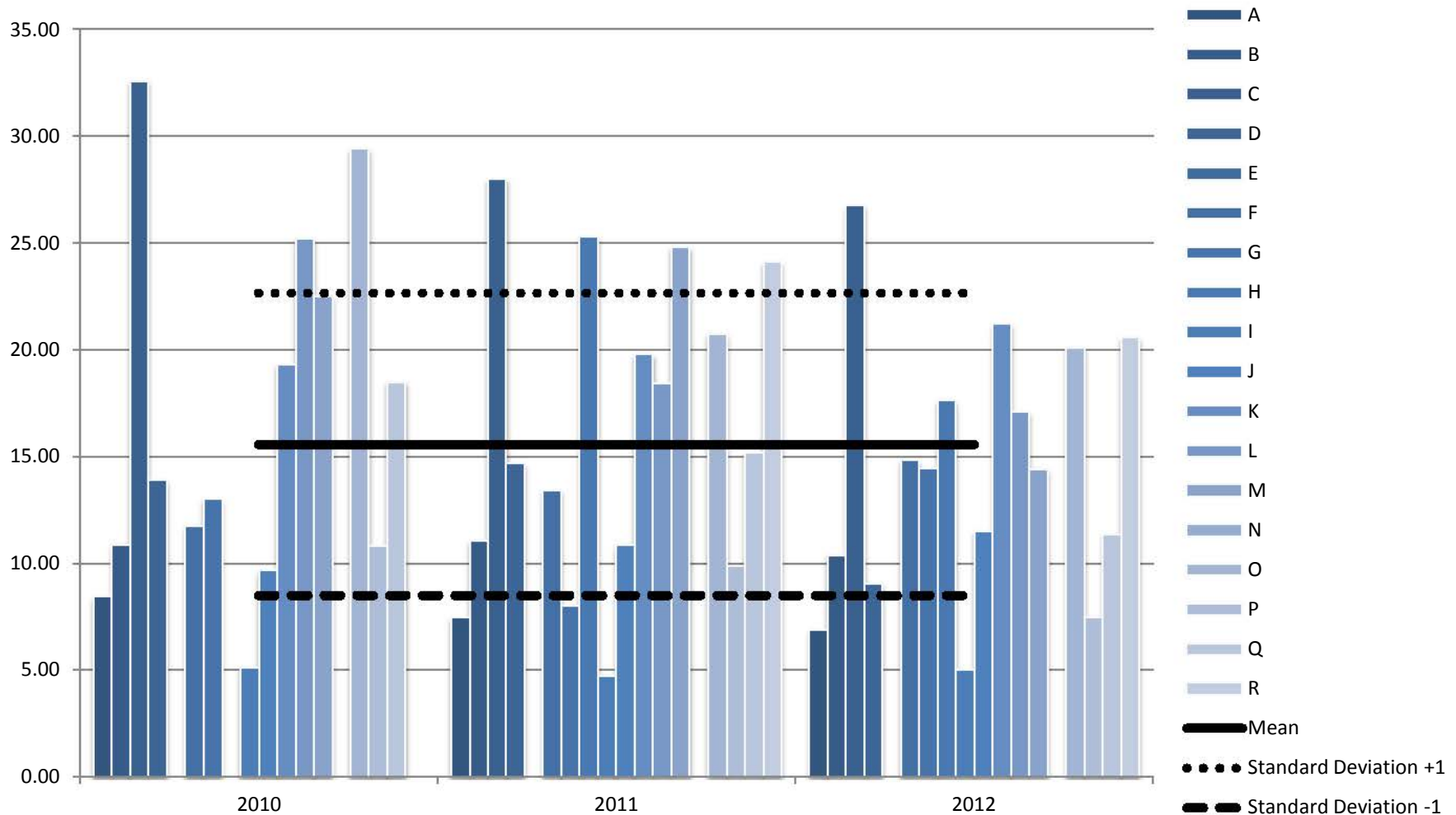
*Graphs include data from all health plans

PET Scans/1,000 ETF Members



*Graph includes data from all health plans

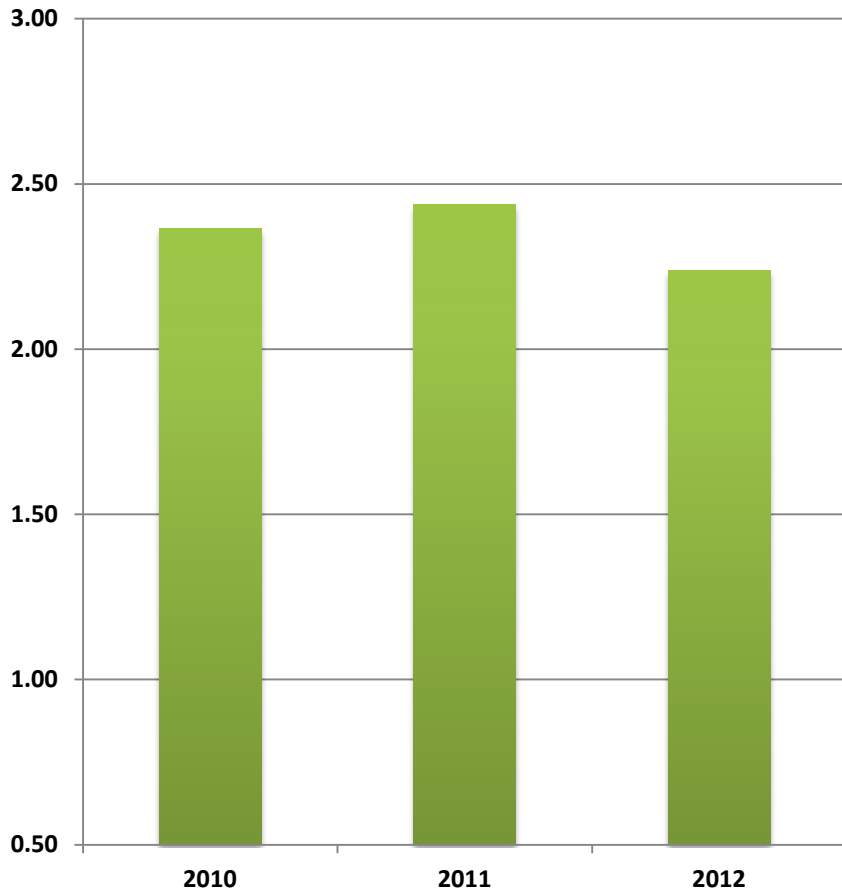
Nuclear ETT/1,000 ETF Members



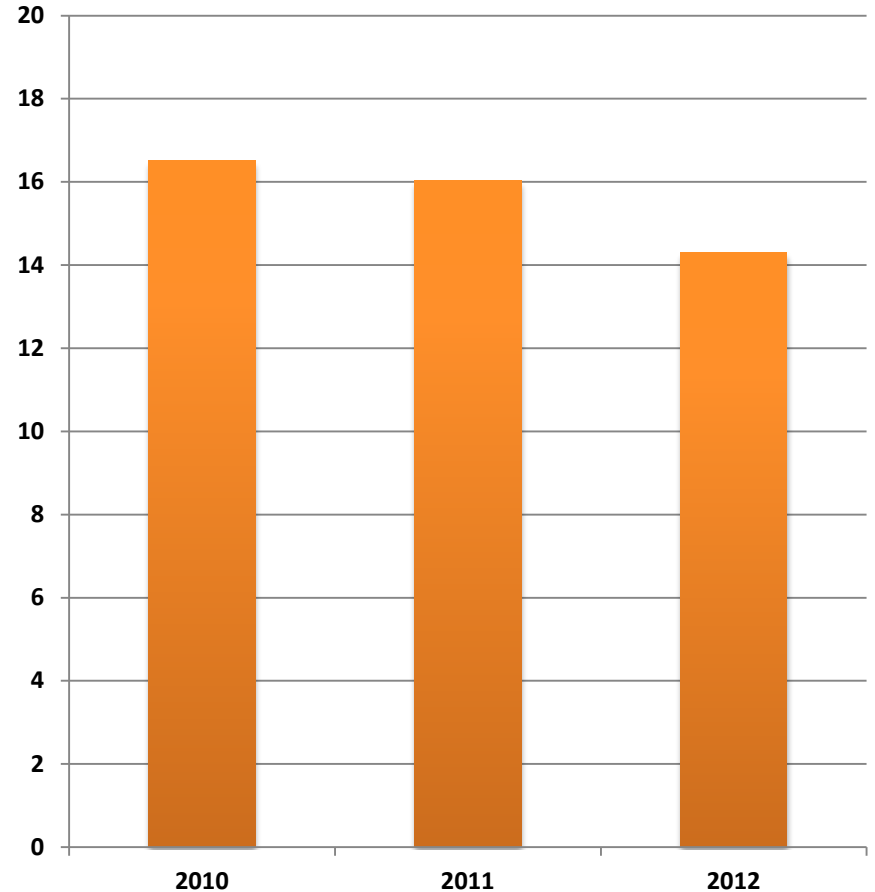
*Graph includes data from all health plans

Elective Out-patient Radiology

PET Scan/1,000 ETF Members

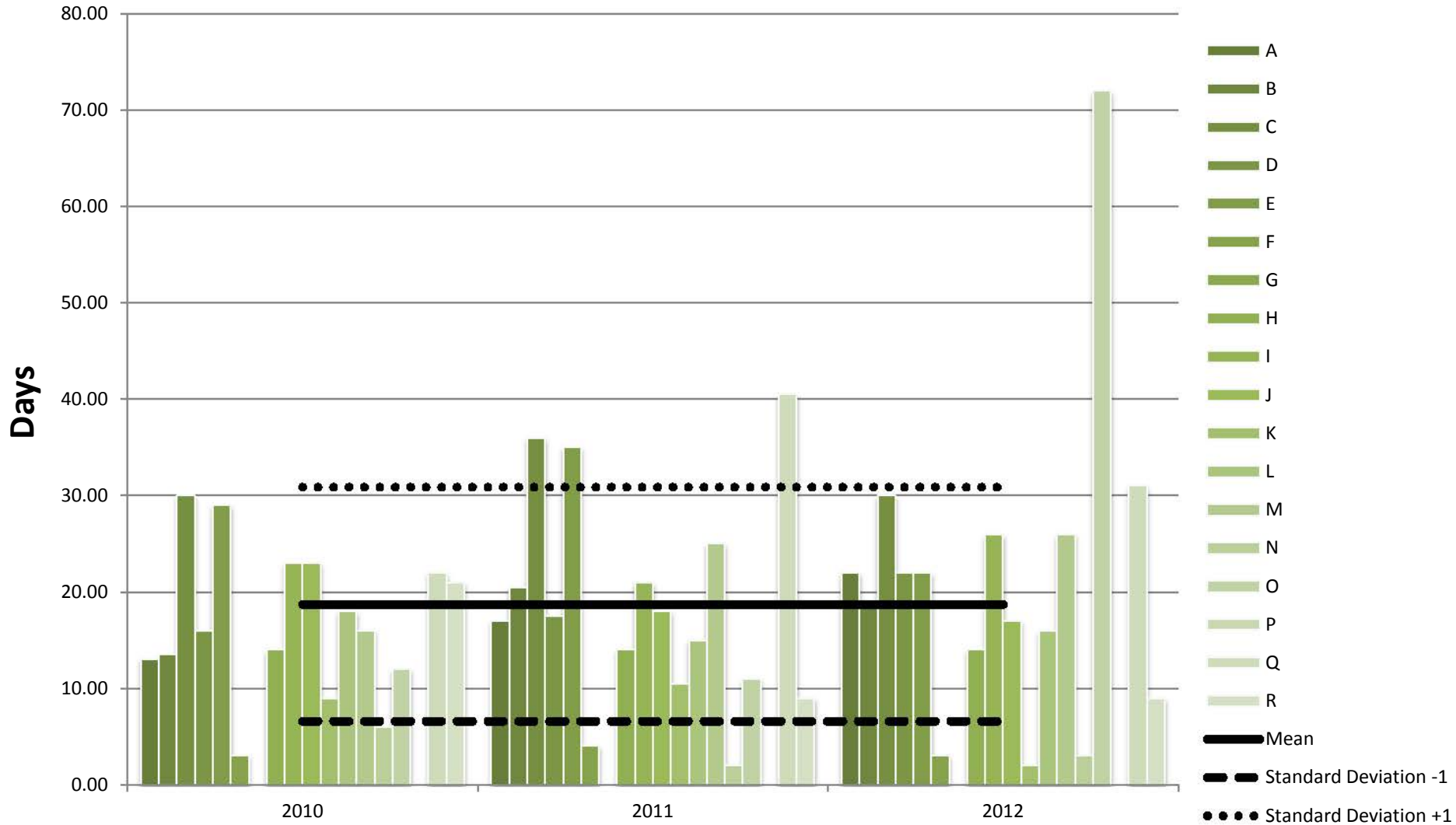


Nuclear Stress Tests/1,000 ETF Members



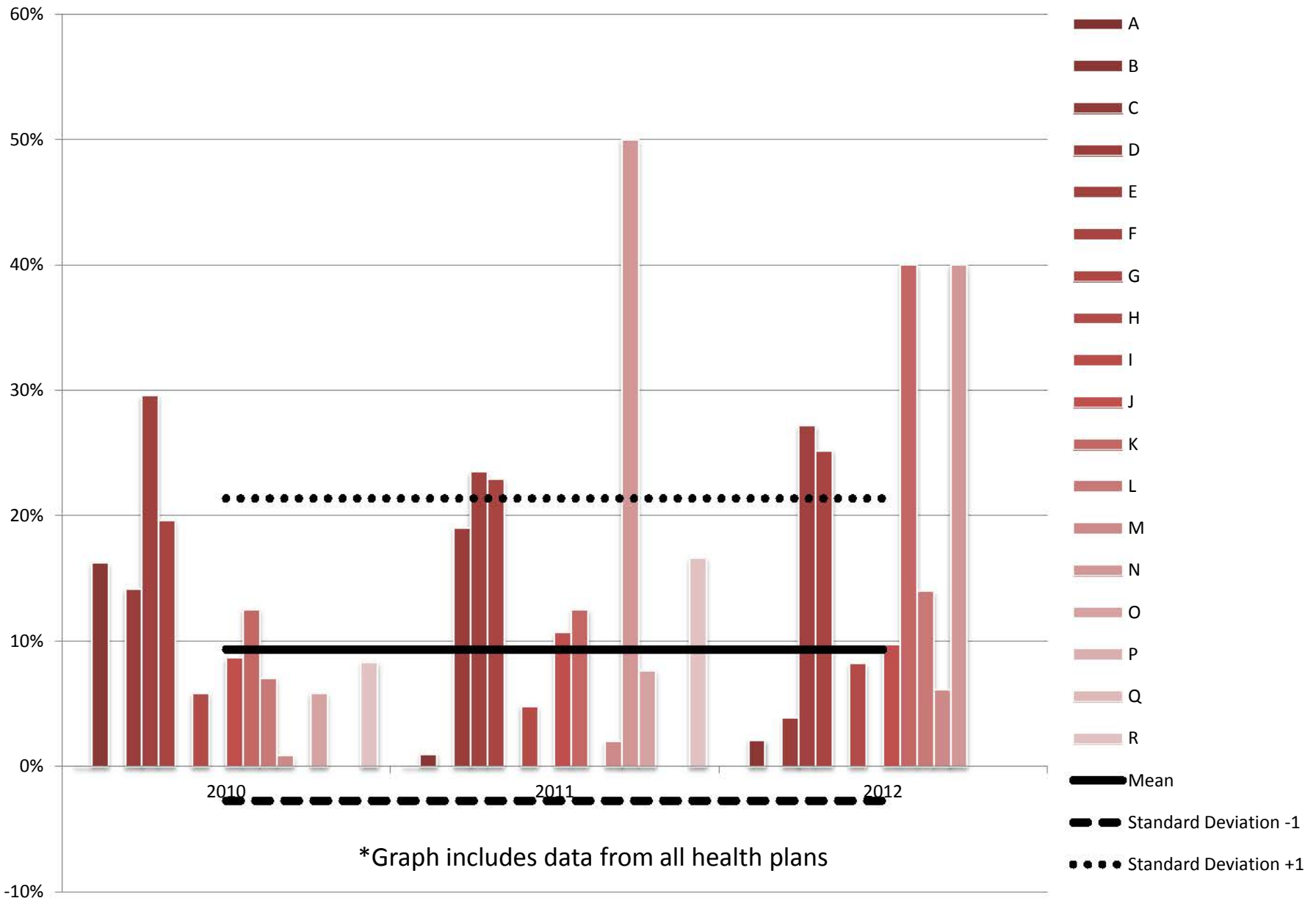
*Graph includes data from all health plans

Median Hospice LOS for Commercial BOB



*Graph includes data from all health plans

≤ 1 Day Hospice LOS for Commercial BOB

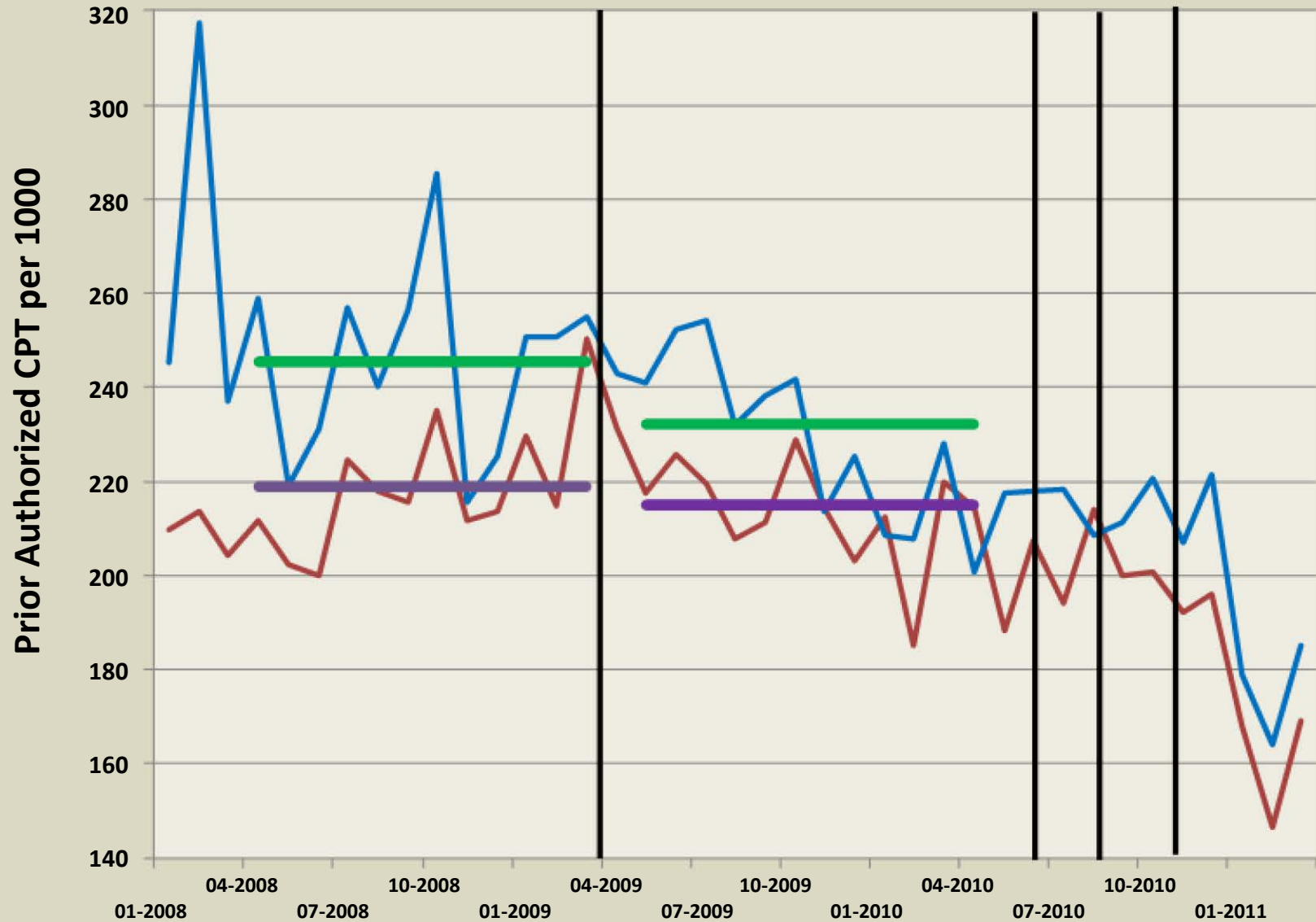


What Do the Data Show?

- Significant variation across all Plans/PPOs that is not explained by demographic differences
- Many opportunities to improve
- Beware of some year-to-year data variation due to changing data definitions
- Some Plans have made very significant progress; others have not
 - Median Hospice LOS; < 5 day Hospice LOS
 - LB surgery utilization
 - Radiology utilization

Prior Authorized Radiology Procedures per 1000 by PCP Group

(Commercial Utilization of CPT Codes Prior Authorized by Vendor)



Preparing for 01/01/13

- Winter-Spring 2012
 - ETF created proposals for several prior authorization requirements and requested feedback from all Plans/PPOs
- May 2012
 - The Group Insurance Board endorsed contractually requiring these prior authorizations starting 01/01/13

January 1, 2013

- Required interventions:
 - Prior authorization of elective, out-patient CT, MRI, PET and Nuclear ETT
 - Prior authorization for LBP patients before consulting with Orthopedics or Neurosurgery to ensure an adequate course of conservative care
 - Follow-up calls to ETF members discharged with a diagnosis of CHF, AMI or CAP within 2-5 days post-discharge



Looking Ahead

- Gradual expansion of SDM from 2014-2017
- Advanced Care Planning/ EOL programs possibly for 01/01/15