

Managing Information and Measurement to Achieve Excellence in Service Provision

Carolyn Oddo, PT, MS, FACHE
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Objectives

- To provide an overview of new and innovative models of care provision.
- To discuss the implications for physical therapy practice.
- To identify a core set of standardized measures to evaluate Patient Centered Medical Homes (PCMH's).
- To discuss outcome measures in the areas of cost/utilization/clinical quality.

New and Innovative Models of Care

- Affordable Care Act (ACA) signed into law by President Obama on 3/23/2010.
- Considered the most significant regulatory overhaul of the United States health care system since the passage of Medicare and Medicaid in 1965.
- “Triple Aim”
 - Better care for individuals
 - Better health for populations
 - Reducing per-capita costs

International Appeal



- Slowing growth in health care cost, achieving effective utilization of resources and improving patient outcomes are common themes world-wide

Support for New Models of Care

- The 2010 Affordable Care Act contains various provisions that support implementation of the medical home model including new payment policies, Medicaid demonstrations, and the creation of Accountable Care Organizations (ACO's) – which are similar to medical homes, on a larger scale.

Medical Home Model of Care

- Designed around patient needs and aims to improve access to care (e.g. through extended office hours and increased communication between providers and patients via email and telephone), increase care coordination and enhance overall quality, while simultaneously reducing costs.



Medical Home Concepts

- Each patient has an ongoing relationship with a personal physician.
- Physician leads a patient care team.
- Innovative approach to delivering comprehensive patient-centered preventative and primary care.
- Attention to the whole-person and integration of all aspects of health care offer potential to improve physical health, behavioral health, access to community-based social services and management of chronic conditions.
- Care is coordinated and/or integrated across all elements of the complex health care system.

Medical Home's Five Years Later

- 2009
 - 26 Medical Homes
 - 5 million enrollees
- 2015
 - 119 Medical Homes
 - 26 million enrollees



Medical Home Growth

- Health and Human Service Secretary Sylvia M. Burwell announced \$35.7 million in ACA funding to 147 health centers in 44 states, the District of Columbia, and Puerto Rico to support patient-centered medical homes through new construction and facility renovations.



Accountable Care Organization Model of Care

- Accountable Care Organizations (ACO's) are groups of physicians, hospitals and other health care providers who will form one entity to voluntarily provide coordinated care to Medicare patients.
- Goal: Coordination of care to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

Accountable Care Organization Concepts

- Accountable Care Organization's that meet or exceed goals of Triple Aim will share in the savings it achieves for the Medicare program.

Accountable Care Organization's 5 Years Later

- 2009
 - 9 Accountable Care Organizations
 - Established financial and quality metrics
- 2015
 - 340 Accountable Care Organizations
 - Quality reporting versus meeting targets



Implications for Physical Therapy Practice

- APTA Vision Statement
 - “Transforming Society by Optimizing Movement to Improve the Human Experience”



APTA Principles and Objectives for the US Health Care System and Delivery of PT Services

- The APTA supports a health care system that provides all individuals within the United States access to and provision of quality health care that meets the needs of individuals, patient populations, and communities.
- The system must include provision of coordinated, collaborative, comprehensive, effective (cost, quality, and value) care, including physical therapist services.
- Physical Therapists are integral to health care and health care teams and make unique contributions that are essential for comprehensive health care regardless of the model of health care delivery.

• Retrieved from http://www.apta.org/uploadedFiles/APTAorg/About_us

APTA Innovation 2.0: Early PT Adopters



- “Facilitating Access Improving Care-Physical Therapists are Integral ACO members”
 - Thomas Flynn, PT, PhD, OCS, FAAOMPT
 - “Adding Value to Postacute Care Settings Through Evidence-Based Physical Therapy Services”
 - Robin Marcus, PT, PhD, OCS
 - “Patient-Centered Medical Home: An Innovative Model for Childhood Obesity Prevention With the Physical Therapist as a Key Player to Improve Quality of Care and Reduce Costs”
 - Brian Wrotniak, PT, PhD
- Retrieved from <http://www.apta.org/Innovation2>

Standardized Outcome Measures

- The Healthcare Effectiveness Data and Information Set (HEDIS)
- Medicare Health Outcomes Survey (HOS)
- Meaningful Use
- Physician Quality Reporting System (PQRS)

PT Related Measures of Care

- Overuse and Appropriateness Category
 - Use of Imaging Studies for Low Back Pain (LBP)
- Screening, Prevention and Wellness Category
 - Adult BMI Assessment
- Chronic Condition Management Category
 - Controlling High Blood Pressure
 - Comprehensive Diabetes Care
- Measures Targeted Toward Older Adults Category
 - Physical Activity in Older Adults

Use of Imaging Studies for Low Back Pain

2014 State of Health Care Quality Health Plan Overview



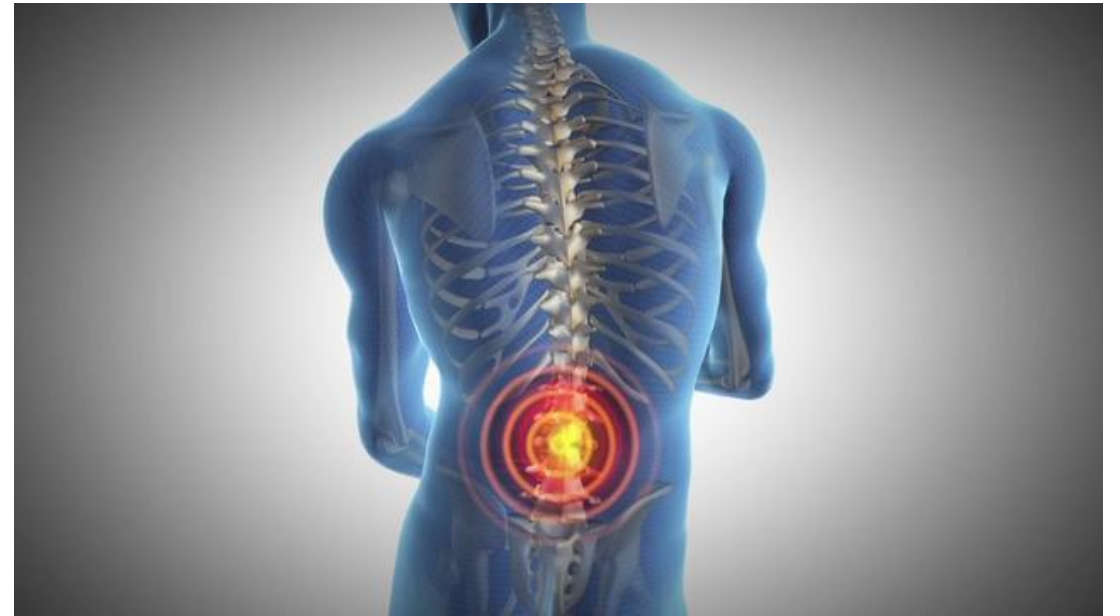
- Calendar year 2013 Results
- Statistical significance = 95%
- Data Source:
 - 814 HMO's
 - 353 PPO's
 - 171 million people
 - 54% of the US population
- Retrieved from 2014 National Committee for Quality Assurance State of Health Care Quality Report

Use of Imaging Studies for Low Back Pain

Quality Measure Definition

- The percentage of adults 18-50 years of age with a primary diagnosis of low back pain, who did not have an imaging study (plain x-ray, MRI or CT scan) within 28 days of the diagnosis

Overuse and Appropriateness Category



Use of Imaging Studies for Low Back Pain

Area of Cost

- Total direct costs of chronic back pain-related health care in a study of 39,425 patients was estimated to be \$96 million during one year (Mehra, Hill, Nicholl, & Schadrack, 2012)

Report Findings

- Avoiding imaging among patients for whom there is no clinical necessity can prevent unnecessary harm, reduce unnecessary surgeries to patients and reduce costs

Use of Imaging Studies for Low Back Pain

Area of Utilization

- 25-50% American adults affected yearly and it is one of the most common reasons for seeking health care (Haldeman & Dagenais, 2008)
- Evidence shows that many patients diagnosed with LBP receive excessive imaging

Report Findings

- Rates for imaging studies for LBP have been slightly lower for 5 years among commercial and Medicaid HMO's
- Commercial PPO rate has had slow but statistically significant improvement
- Have had statistically significant gains over the last 3 – 5 years

Use of Imaging Studies for Low Back Pain

Area of Clinical Quality

- LBP imaging before 28 days and without any red flags will not improve clinical outcomes or benefit the patient (Chou, Fu, Carrino, & Deyo, 2009)

Report Findings

- For the great majority of individuals who experience severe LBP, pain improves within the first two weeks of onset (ICSI, 2012)
- Conservative treatment and avoiding expensive imaging are key to effective, efficient treatment of uncomplicated LBP
- Exposure to radiation is reduced

Physical Therapy Research

- Newly consulted primary care referred patients with low back pain referred for advanced imaging as a first management was associated with higher health care utilization and charges than physical therapy (Fritz, Brennan, & Hunter, 2015)
- Patients managed by physical therapists were associated with reduced costs due to a reduction of imaging services (Daker-White et. al., 1999)
- Late referral to physical therapy for patients with low back pain may increase the risk for additional health care consumption and costs (Fritz, Childs, Wainner, & Flynn, 2012)
- Older adults with low back pain who receive imaging within six weeks of their doctors visit do not have better outcomes than similar older adults who do not receive early imaging. (Jarvik et al., 2015)

Physical Therapy Opportunities

- Physical therapists need a “seat at the table” with entities to influence selection of quality measures and to contribute towards meeting/exceeding targets
- Use data to demonstrate the value of physical therapy services



Physical Therapy Opportunities

- Adoption of innovative models of care for low back pain and musculoskeletal conditions that include:
 - Physical therapy as first management strategy
 - Physical therapists as entry point providers
 - Granting of imaging privileges for physical therapists



Thanks ya'll!



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