VBC: Value Based Care or… Very Burned-out Clinicians?

Laura Houk, MD
John Houk, MD, FACP
ACP Hawaii Chapter Annual Meeting
February 23, 2019

Two points of view: From the beginning and the end

- *"From two points of view along the way have we a wide and satisfactory view of life-one, as, amid the glorious tints of early morn, ere the dew of youth has brushed off, we stand at the foot of the hill, eager for the journey; the other, wide, perhaps less satisfactory, as we gaze from the summit, at the lengthening shadows cast by the setting sun. From no point in the ascent have we the same broad outlook, for the steep and broken pathway affords few halting places with an unobscured view."*

Osler, William in Aequanimitas

Thesis and Outline

- Value Based Care (VBC)
  - How the healthcare system evolved to VBC
  - What are the elements that comprise VBC?
  - Problems with VBC
- Epidemic of burned-out clinicians
- Can we fix Value Based Care?
- Prevention and treatment for burn-out

What is Value Based Care?

- “Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes.”
- The “value” in value-based healthcare is derived from measuring health outcomes against the cost of delivering the outcomes.”
- Value = Outcomes/Cost

NEJM Catalyst 1/1/2017

How Did We Get to VBC?

- FFS: Hippocrates
- Group Health Insurance Plan: 1929
- Fee Schedules: 1960
- RBRVS: 1988

How Did We Get to VBC?

- *FFS: Hippocrates*
- *Group Health Insurance Plan: 1929*
- *Fee Schedules: 1960*
- *RBRVS: 1988*
- Managed Care: 1995
  - Gatekeepers and “Watchers”
- Patient-Centered Medical Home (PCMH): 2007
- Value Based Care: 2010

VBC, Latest “fashion” in healthcare policy

- **Patients spend less money to achieve better health**
- **Providers achieve efficiencies and greater patient satisfaction**
- **Payers control costs and reduce risk**
- **Suppliers align prices with patient outcomes**
- **Society becomes healthier while reducing overall healthcare spending**

NEJM Catalyst, January 1, 2017

Healthcare 2019: Is this VBC?

- Outcomes
- Cost Containment
- New kids on the block
  - Behavioral Health
  - Social Determinants of Health

Outcomes=Quality Care

- “We depend upon the doctors to define and provide quality care. HMSA does not want to get into the business of determining quality care.” Marvin Hall, CEO HMSA, 1988
- “Quality of care is easy to see but hard to measure.” Jim Grobe, MD, Gastroenterologist, QMC, Asst. Chief of State, 2018

Outcomes=Metrics =NCQA HEDIS=83 Measures

- More than **184 million people—over half our country's population**—are enrolled in health plans that report quality results using our Healthcare Effectiveness Data and Information Set. Americans receive **better care** and can lead **healthier lives** thanks to the accountability and benchmarking that HEDIS makes possible.
- **2019 HUG Package 2-Print**
  - SKU#10702-151-19
  - **Availability: In stock**
  - **$2,985.00**

HEDIS Measure: Controlling High Blood Pressure 13 Process Updates for 2018 alone

• Removed requirement to identify and use different thresholds for members 60-85 without a diagnosis of diabetes. • Revised the definition of representative BP to indicate that the BP reading must occur on or after the second diagnosis of hypertension. • Revised the event/diagnosis criteria to include members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year. • Removed the diabetes flag identification from the event/diagnosis criteria. • Incorporated telehealth into the measure specifications. • Revised the age requirements for the Exclusions for Medicare members enrolled in an ISNP or living long-term in an institution. • Changed references of “Medicare Part C monthly membership file” to “Monthly Membership Detail Data File.” • Clarified that organizations should use the run date of the Monthly Membership Detail Data File to determine if a member had an LTI flag during the measurement year. • Added exclusions for members with advanced illness and frailty. • Added administrative method for reporting. • Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance. • Updated the Hybrid specification to indicate that sample size reduction is not allowed. • Removed the requirement to confirm the hypertension diagnosis.

Health Plans Look to Doctors to Provide Data

- “The EHR, which was intended to improve patient care, has had the ironic and unintended consequence of impairing practice efficiency, largely because of poor design, a focus on regulatory reporting, and the burden placed on clinicians by data entry.” Diangi, Annals, 10/10/2017
- “My students are not data.” Punahou teacher, 2018
- Personal journey with metrics
- EMR clinical data transfer
  - HMSA/Coreo
  - MIPPS

Electronic Health Record-problems persist

- Adoption
  - Paper to EMR
  - EMR to EMR
  - Newbies
- “Feed the Box”
- Functionality
- Patient perception
  - Eye contact with clinician
- Check the box
  - Clinical summaries
  - Electronic printed patient education

Cost containment: the denominator

- Leading healthcare costs
  - Hospitalizations
  - Big Pharma
  - New Tech
- “Cure” for rising healthcare costs
  - Total Cost of Care
    - Share risk
    - Shared savings
  - Prior Authorizations

New responsibilities with added administrative burden

- *Behavioral Health*
- *Social determinants of Health*

Burn-out

- *“About half of physicians report at least one symptom of burnout, which is nearly twice the rate of other American workers.”*

AMA News, Sarah Berg, December 18, 2018

Physical signs and symptoms of physician burnout

- *Feeling tired and drained most of the time*
- *Tiredness that does not respond to adequate rest*
- *Lowered immunity, feeling sick a lot*
- *Frequent headaches, back pain, muscle aches*
- *Change in appetite or sleep habits*

Emotional signs and symptoms of physician burnout

- *Sense of failure and self-doubt*
- *Feeling helpless, trapped, and defeated*
- *Detachment, feeling alone in the world*
- *Loss of motivation*
- *Increasingly cynical and negative outlook*
- *Decreased satisfaction and sense of accomplishment*
- *Activities you used to enjoy are no longer fun*

Behavioral signs and symptoms of physician burnout

- *Withdrawing from responsibilities*
- *Isolating yourself from others*
- *Procrastinating, taking longer to get things done*
- *Using food, drugs, or alcohol to cope*
- *Cynicism and a negative attitude towards your patients and co-workers*
- *Taking out your frustrations on others*
- *Driving aggressively, road rage*
- *Snapping at your spouse, children, staff or co-workers inappropriately*
- *Skipping work or coming in late and leaving early*

Burn out in medical students

- *“Part of it is stigma,” one student said. “The other part is time. One of my roommates was struggling with mental health issues and she was seeing someone, but when she got to third year she didn’t really have time to continue seeing this person and so she relapsed because she didn’t have time to take care of herself.”*

“Medical school burnout: How to take care of yourself.” Medical student quote, AMA News, 2/1/2019

Correcting a broken system

- “Significant changes occurred in the profession when insurance companies and government agencies changed our status from physicians to providers and vendors…The healthcare system of the United States is going to change. We either do it right over a period of time or it will take 25 years to correct these changes.”

C. Everett Koop, MD, US Surgeon General, 1982-1989

Well let’s fix the system

- Professionalism
- Push back on worthless metrics
- Help from institutional “friends”
- Novel metrics
- EMR “functionality”

Professionalism

- “The profession of medicine is under siege. Our resistance must be professionalism.” Edward D. Harris, Jr., MD , 2000

Professionalism

- “Physicians should deliver the highest quality of care with integrity, honesty, and compassion and should be committed to the health and well-being of individuals and society through ethical practice, professionally led regulation, and high personal standards of behavior.”

CanMEDS 2000 Project

Well let’s fix the system

- Professionalism
- Organized “Push Back”
  - Influenza Vaccinations metric
  - ShareCare metric
  - CPC + metric adjustments
- Getting help from institutions
  - Hospital
  - ACP

ACP has your back

- Reduction in administrative burden, “hassle factors”
- Instrumental in RBRVS reform
- Founding organizations for Patient Centered Medical Home
  - Emphasis on comprehensive continuous care
  - Promote team-based care
- Promotes professionalism

What can Kaiser and HMSA do to help?

- Push back on HEDIS (like physicians revolted on MOC)
- Think twice before adding new policies that increase the administrative burden
- Eliminate prior authorizations
- Eliminate pay for quality

Revised Metrics

- Doctors desire provision of quality care over compensation
- Doctors monitor doctors
- Novel metrics: “We measure what we value. Many of us value the intrinsically motivating aspects of patient care, which include trusting relationships between physicians and patients and time outside of work for clinicians to have personally fulfilling interests. If we truly value these aspects of care, as we claim, then we should measure them.”

Yumi T. DiAngi, MD, et. al., “Novel Metrics for Improving Professional Fulfillment”, Annals of Internal Medicine, October 10, 2017

Novel Metrics using EMR

- Work after Work
- Teamwork
- Fair Pay
- Regulatory Balance
- Click Counts

Yumi T. DiAngi, MD, et. al., “Novel Metrics for Improving Professional Fulfillment”, Annals of Internal Medicine, October 10, 2017

Make our EMR more functional

- “After looking at the issues and determining the need for a systemwide approach, Yale found ways to reduce clicks and increase time spent with patients.”

AMA News, Sarah Berg, 12/3/2018

VBC: Very Burned-out Clinicians

- *"As burnout continues to receive growing attention, more health care organizations and institutions are searching for solutions to improve physician well-being."* *AMA News, Sarah Berg, December 18, 2018*

National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

- *Collect statements describing organizational goals or commitments to reverse clinician burnout and promote clinician well-being*
- *190 healthcare organizations submitted ideas*

Permanente Medical Groups

- *Step 1: Acknowledge that burnout is real and regularly assess the extent to which burnout impacts our practices;*
- *Step 2: Acknowledge the Quadruple Aim as a business imperative and continue to foster a Culture of Physician Well-being;*
- *Step 3: Acknowledge and commit to addressing the challenge of burnout at multiple levels:*
  - *External and regulatory*
  - *Organization*
  - *Leadership*
  - *Individual*

ACP's Physician Well-being and Professional Satisfaction Task Force

- *Identifying strategies and necessary infrastructure to improve:*
  - *the efficiency of practice*
  - *reduce administrative burden*
  - *promote an organizational culture of wellness*
  - *enhance individual resilience*

Mayo Clinic

- *Regularly measure well-being using validated instruments with national benchmarks*
- *Improve practice efficiency*
- *Invest in leadership development*
- *Optimize career fit*
- *Cultivate community at work*
- *Provide resources to promote well-being*
- *Facilitate organizational science*
- *Advocate for regulatory reform*
- *Participate with others to address burnout*

The Cure for Burn-out: Relationship-Centered Care

- "…to strengthen primary care in the United States: investing in primary care infrastructure and evolving primary care around a renewed repertoire of **relationships** that promote health."
- Clinician's relationship with:
  - Patients
  - Fellow clinicians
  - Communities
  - Self

Progress in Primary Care-From Alma-Ata to Astana
JAMA November 20, 2018

1 Doctor-Patient Relationship

- “During the past several years, one of the criticisms leveled at the practice of medicine in modern-day America has been the supposed loss the “old personal touch” from the doctor-patient relationship. These criticisms have been noted in both professional and lay publications and have indicated that the blame is often leveled specifically at the increase in subspecialization as well as the use of complicated and intricate diagnostic procedures which entail much technical time but little physician-patient interaction time.”

The Doctor-Patient Relationship

- “During the past several years, one of the criticisms leveled at the practice of medicine in modern-day America has been the supposed loss the “old personal touch” from the doctor-patient relationship. These criticisms have been noted in both professional and lay publications and have indicated that the blame is often leveled specifically at the increase in subspecialization as well as the use of complicated and intricate diagnostic procedures which entail much technical time but little physician-patient interaction time.”

Morton. D. Bogdonoff, MD JAMA April 5, 1965

Trust: Key to a sound doctor-patient relationship

- Adequate time to talk story: know your patient
- Adequate time for a good history
- Touch the patient: physical exam
- Shared decision making: discuss options
  - Not all symptoms require diagnosis and treatment
  - Plan includes option for active observation before testing
- Continuity of care

2 Relationship with fellow clinicians

- “We could probably do a lot better taking care of ourselves, but also to take care of each other. We are in a unique position to understand and relate to one another.”

“Medical school burnout: How to take care of yourself.” Medical student quote, AMA News, 2/1/2019

Support groups

- “Mayo Clinic found that giving physicians a way to gather in small groups for semistructured, private discussions in restaurants, coffee shops or reserved rooms results in measurably lower burnout and social isolation, and higher well-being and job satisfaction.” AMA News, Sara Berg, April 18,2018
- PODs
  - Change Working Group
- Schwartz Rounds

Team-based Care:
Relationship with other providers

- **“Bellin Health’s team-based care model created 92 percent job satisfaction.** This Green Bay, Wisconsin, system’s remarkably high level professional satisfaction can be attributed to the team-based care model. Since implementation in 2014, Bellin Health has seen a significant reduction in burnout across all staff, as well as improvement in patient satisfaction and quality of care. “ AMA News, Sarah Berg, 12/3/2018
- “…teams “flatten out,” so that nurses, social workers, and pharmacists take the lead on core clinical tasks like chronic disease management counseling for depression, and medication titration.”
- Health Managers in HPCA

Relationship to your community
Finding joy in giving back

- *Jill Omori: JABSOM HOME Project*
- *Kalani Brady: Kalaupapa*
- *Theresa Wee: Walk with a Doc*

Relationship with family and friends

- *Share a meal*
- *Discuss your doubts*
- *Share your successes*
- *Ask for help*
- *Give back: Wash the dishes :>)*

Relationship with self

- Reconnect to our calling: Humanistic aspects of medicine
- Exercise
- Sleep
- Nutrition
- Spiritual/Meditation

IM in Honolulu, 2019

- Overall better in past 38 years
- Improved quality
- Advent of team-based care
- PCP is foundation of healthcare
  - Increase in compensation
  - Attribution encourages continuous care

Summary

- Value Based Care (VBC)
- Epidemic of burned-out clinicians
- How to fix Value Based Care?
- The secret: relationships

Happy lives shall be yours…

- “Practically there should be for each of you a busy, useful and happy life; more you cannot expect; a greater blessing the world cannot bestow. Busy you will certainly be, as the demand is great…Useful your lives must be, as you will care for those who cannot care for themselves…And happy lives shall be yours, because busy and useful: having been initiated into the great secret-that happiness lies in the absorption in some vocation which satisfies the soul; that we are here to add what we can to, not to get what we can from, life.”

William Osler, Doctor and Nurse, in Aequanimitas