

# Development of a Hospitalist Committee Focused on Improving Healthcare Value

Christopher Moriates MD, Maria Novelero MA MPA, Michelle Mourad MD, Katie Quinn MPH, Bradley A. Sharpe MD, Robert M. Wachter MD



## BACKGROUND

- One of the aims of healthcare reform is to realign hospitals' financial incentives from a focus on production to one on value

$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$

- While hospitals and physicians are beginning to implement initiatives targeting this new goal, few of them have well-developed frameworks
- In March 2012, we created a **High-Value Care Committee (HVCC)** within our hospitalist group

## GOAL

To create a framework for identifying, designing, and promoting projects specifically aimed at improving healthcare value at a large academic medical center

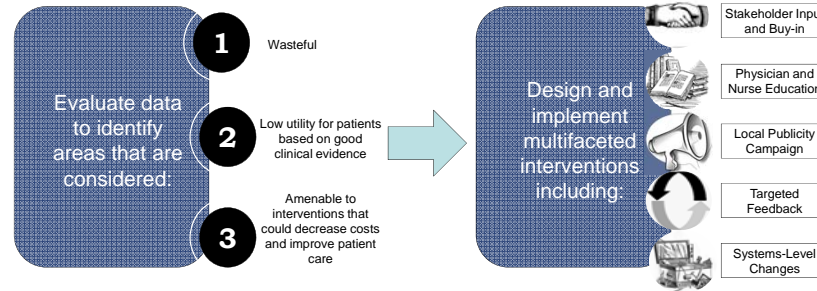
## MISSION STATEMENT

To raise cost awareness, reduce unnecessary resource utilization, increase efficiency and patient throughput, and create stewards of high-value, responsible health care

## COMMITTEE MEMBERS

Hospitalists | Resident Physicians | Nurses  
Pharmacists | Administrators | Project Managers

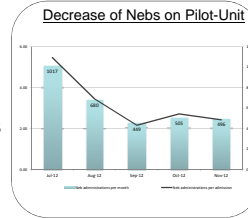
## APPROACH TO PROJECTS



## INAUGURAL HIGH-VALUE CARE PROJECTS

### 1 Nebs No More After 24: Appropriate Nebulizer Utilization

Promote appropriate nebulizer use and early transition to metered-dose inhalers (MDIs)

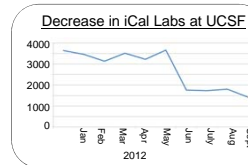


### 3 DeSTRESS Patients: Decrease Inappropriate Stress Ulcer Prophylaxis

Decrease use of inappropriate stress ulcer prophylaxis in the ICU by 25%

### 2 iReduce iCal: Ionized Calcium ONLY When Needed

Decrease the number of ionized calcium (iCal) tests ordered on inpatients



### 4 Step Out of Step-Down: Appropriate Use of Telemetry and Step-Down

Promote appropriate transfer of patients out of step-down units

## PRELIMINARY RESULTS

- Nebulizer rates on a high-acuity medical floor reduced >50%
- Ionized calcium (iCal) rates reduced >50% (following introduction of CPOE and an educational campaign)
- Inappropriate stress ulcer prophylaxis in the ICU reduced >25% with a bundled initiative
- HVCC provides an arena for vetting value-based project, even those initiated outside the committee

## LESSONS LEARNED

Successful value projects require:

- Thoughtful **stakeholder buy-in** and robust provider **education**
- Compelling **data** and **targeted feedback**
- Focus on **change management** and **culture shift** with consistent messaging

## CONCLUSION

The HVCC is a **hospitalist-led mechanism** that is successfully **promoting healthcare value** and **engaging clinicians**