Choosing Wisely:
Engaging Physicians in Resource Stewardship

Christopher Moriates, MD
UCSF Division of Hospital Medicine
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Disclosures

• I will receive royalties from McGraw-Hill for my upcoming book “Understanding Value-Based Healthcare” (expected March 2015)
Why are you here?
A Trip Through The “Tube of Truth”?

American College of Physicians
Five Things Physicians and Patients Should Question

1. Don’t obtain screening exercise electrocardiogram testing in individuals who are asymptomatic and at low risk for coronary heart disease.
   In asymptomatic individuals at low risk for coronary heart disease (10-year risk <10%) screening for coronary heart disease with exercise electrocardiography does not improve patient outcomes.

2. Don’t obtain imaging studies in patients with non-specific low back pain.
   In patients with back pain that cannot be attributed to a specific disease or spinal abnormality following a history and physical examination (e.g., non-specific low back pain), imaging with plain radiography, computed tomography (CT) scan, or magnetic resonance imaging (MRI) does not improve patient outcomes.

3. In the evaluation of simple syncope and a normal neurological examination, don’t obtain brain imaging studies (CT or MRI).
   In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.
Questions for the group

Why do YOU care as a hospitalist about improving healthcare value?
A Changing National Landscape

- Government and Payers
  - Value-Based Purchasing
  - ACOs
  - ACA

- Physicians
  - Ethics
  - Initiatives

- Public Opinion

[Image of a cartoon showing the relationship between hospitals, uninsured, insured, and patients]


Overtreatment Is Taking a Harmful Toll
By TARA PARKER-POPEN

[Link to article: http://well.blogs.nytimes.com/2012/08/27/overtreatment-is-taking-a-harmful-toll/]
An Uninsured Patient’s Perspective

Clip courtesy of This American Life from WBEZ Chicago

NON-INVASIVE CARDIO     3689.00
EEG/EMG                  1259.00
RADIOLOGY-GENERAL        340.00
PHARMACY-MAIN            1795.35
EMERGENCY-HOSPITAL       2779.00
PRE HOSPITAL EMS         253.00
C.T. SCANNING            2714.00
MAGNETIC RESONANCE IMAGE 6963.00

TOTAL CHARGES:           36027.35
Sources of $750B of Waste and Excess in Healthcare

- Unnecessary Services $210 billion
- Inefficiently Delivered Services $130 billion
- Prices That Are Too High $105 billion
- Excess Administrative Costs $190 billion
- Fraud $75 billion
- Missed Prevention Opportunities $55 billion

How much does this cost?

Illustration by Peter Arkle
Bloomberg.com 7/11/11

Choosing Wisely

Five Things Physicians and Patients Should Question

1. Don't place, or leave in place, urinary catheters for incontinence or convenience or monitoring of output for non-critically ill patients (acceptable indications: critical illness, obstruction, hospital, perioperatively for <2 days for urologic procedures; use weights instead to monitor diuresis).

2. Don't prescribe medications for stress ulcer prophylaxis to medical inpatients unless at high risk for GI complications.

3. Avoid transfusions of red blood cells for arbitrary hemoglobin or hematocrit thresholds and in the absence of symptoms of active coronary disease, heart failure or stroke.

4. Don't order continuous telemetry monitoring outside of the ICU without using a protocol that governs continuation.

5. Don't perform repetitive CBC and chemistry testing in the face of clinical and lab stability.

Impaired patients require more intensive care in terms ofЧ higher,Care for patients with severe infections or critical care patients in non-critical environments, a significant cost to hospitals.

Society of Hospital Medicine – Adult Hospital Medicine

Illustration by Peter Arkle
Bloomberg.com 7/11/11
Two separate motivations to consider costs:

1. Macroeconomic resource stewardship

2. The Physical and Financial safety of the patient in front of us

Moriates, Shah, Arora. First, Do No (Financial) Harm. JAMA, 2013
“COST” interventions: 
Culture 
Oversight 
Systems 
Training

Moriates and Shah. JAMA Internal Medicine. August, 2014
Culture

Valuing cost-consciousness and resource stewardship as practiced standards of medical professionalism at the individual and team level.
Role Model
“Teachable Moments”  
(Accepting articles now!)

Brief articles that highlight “Stories from the Frontlines” of when overtreatment and/or overtesting leads to potential harm

Maximum specifications: 500-800 words, 3 authors (1st author must be Trainee).

Other Examples
Oversight

Requiring accountability for cost-conscious decision-making at both a peer and organizational level.

Background

- Two strategies
  - Restrictive threshold (<8 g/dL)
    - Favored approach
  - Liberal threshold

*Goal: Improve adherence to restrictive strategy*

Slide and Data Analyses by Alvin Rajkomar, MD
The dataset

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<th>Hemoglobin Prior to Transfusion</th>
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Clinical Service

Hemoglobin Threshold

Liberal threshold

Restrictive threshold

Slide and Data Analyses by Alvin Rajkomar, MD
Slide and Data Analyses by Alvin Rajkomar, MD
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Slide and Data Analyses by Alvin Rajkomar, MD
Lesson

Slide and Data Analyses by Alvin Rajkomar, MD

2012 VS 2013
Systems

Creating supportive systems for housestaff to make cost-conscious decisions using institutional policy, decision-support tools, and evidenced-based clinical guidelines.

System Changes

- Automatic telemetry expiration
- Best Practice Advisories
- Linked orders / Ordersets
Transfusion Orders - Routine or STAT
- Use this section for patients that DO NOT REQUIRE ACCELERATED ADMINISTRATION of blood products for critical needs or hemorrhaging patients.
- Routine: Blood is available for transfusion within 4 hours, often sooner.
- STAT: Blood is available for transfusion in under an hour and is administered one unit at a time per nursing procedure.

Red Blood Cells - Your patient's Hgb is < 7.0

RBC Blood Manual
- Crossmatch and Transfuse
 Guidelines for ordering Type and Screen:
- A Type and Screen specimen, less than 3 days old, is required for a Red Cell crossmatch. The most recent Type and Screen result(s) along with clot expiration date are displayed within the Prepare RBC order below.

Guidelines for ordering Check Specimen:
- Test to be ordered ONLY if patient has no previous ABO/Rh performed by UCSF Blood Bank and Check Specimen result value displayed within the Prepare RBC order is "Yes".

Prepare RBC 1 Unit
- Routine
  - Once First occurrence Today at 1519
  - Number of units: 1 Unit
  - Transfusion Indications: Anemia

Transfuse RBC
- Routine
  - TRANSFUSE 1 UNIT, Starting Today at 15:10

Transfusion Orders - Routine or STAT
- Use this section for patients that DO NOT REQUIRE ACCELERATED ADMINISTRATION of blood products for critical needs or hemorrhaging patients.
- Routine: Blood is available for transfusion within 4 hours, often sooner.
- STAT: Blood is available for transfusion in under an hour and is administered one unit at a time per nursing procedure.

Red Blood Cells - Your patient's Hgb is 7.0 - 7.9

Substantial evidence shows that a hemoglobin of 7.0 - 7.9 g/dL is well tolerated by most hospitalized, stable patients even in the presence of pre-existing cardiovascular disease
Clinical practice guideline recommends limiting RBC transfusion to
1. Postoperative patients or s/p PCI (percutaneous coronary intervention)
2. Patients with pre-existing cardiovascular disease who have chest pain, orthostatic hypotension or tachycardia unresponsive to fluid resuscitation, or CHF

RBC Blood Manual
- Crossmatch and Transfuse despite Hgb >= 7.0
 Guidelines for ordering Type and Screen:
- A Type and Screen specimen, less than 3 days old, is required for a Red Cell crossmatch. The most recent Type and Screen result(s) along with clot expiration date are displayed within the Prepare RBC order below.

Guidelines for ordering Check Specimen:
- Test to be ordered ONLY if patient has no previous ABO/Rh performed by UCSF Blood Bank and Check Specimen result value displayed within the Prepare RBC order is "Yes".

Prepare RBC 1 Unit
- Routine
  - Once First occurrence Today at 1523
  - Number of units: 1 Unit
  - Transfusion Indications: Anemia

Transfuse RBC
A Low-Tech Solution

Training

Providing the knowledge, skills, and tools housestaff need to make cost-conscious decisions in their learning environments.
Resources for Training Physicians

High Value Care

www.highvaluecarecurriculum.org

Cost Awareness Curriculum


Costs of Care / ABIMF “Teaching Value” Project

www.teachingvalue.org

UNDERSTANDING VALUE-BASED HEALTHCARE

LANGE
How Do You Operationalize These Ideals in the Hospital?

UCSF Division of Hospital Medicine
High Value Care Committee
UCSF Division of Hospital Medicine
High Value Care Committee

**Current Major Targets:**
Nebulizer Usage
Stress Ulcer Prophylaxis (PPIs)
Blood utilization Stewardship (Transfusions)
Telemetry
Inpatient Echocardiograms
Lab Testing

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**What is Caring Wisely?**

An organized process for engaging and supporting frontline clinicians in efforts to remove unnecessary costs from health care delivery systems.
Commitment to Action

THE BEST CARE AT THE LOWEST COSTS for our patients

What could you do on Monday in your own practice to improve the value of the care you and your colleagues deliver?
Thank You

Questions / Comments:
Chris Moriates, MD
Division of Hospital Medicine, UCSF
Cmoriates@medicine.ucsf.edu
Twitter: @ChrisMoriates