Northwestern Medicine®

Northwestern Medicine

Building in Value by Focusing on Physicians and Patients

Presented for: AHA Webinar

Presented by: Thomas Moran, VP & Chief Medical Informatics Executive NMHC

Presented on: October 18, 2018

Facts

Everyone knows what is best practice but…

- 30% of health care spending is unnecessary $750 Billion/year
- Examples:
  - **Antibiotics for Sore throat:** don't do it
    - 10% of patients have Strep A cause, but 60% get antibiotics
  - **High Cost Imaging:** don't order for uncomplicated headache, low back pain
    - High cost imaging use has increased in the last 10 years
- If doctors understand what is best, why don't we change?

Perception of Value

- **Views:**
  - **Patient**: outcomes, quality, satisfaction, access, affordability
  - **Physician:** outcomes, quality, high value is what they know of the patient and their needs, to order the right labs, the right exams the right consults, time with patient, efficiency, cost
  - **Health System:** Cost, denials, revenue, quality
  - **Payer:** cost, quality, outcomes

Perception of Value

- **Value ≠ Quality ≠ Cost**
  - The terms cannot be use interchangeably
  - The basis of value is defined by the patient not the physician or the system.
    - *Value = is a composite of patient experience, quality and cost. The quality of services patients receive, how they appreciate what they receive, did it meet their satisfaction and is it delivered at a price they could afford.*

- **Value = perceived quality + perceived satisfaction + affordability**

What is the problem

We have so much data we are lost with little to no information and lack of trust

WHY WE FAIL

If physicians cannot see or find the information needed to care for a patient quickly, what do they do?

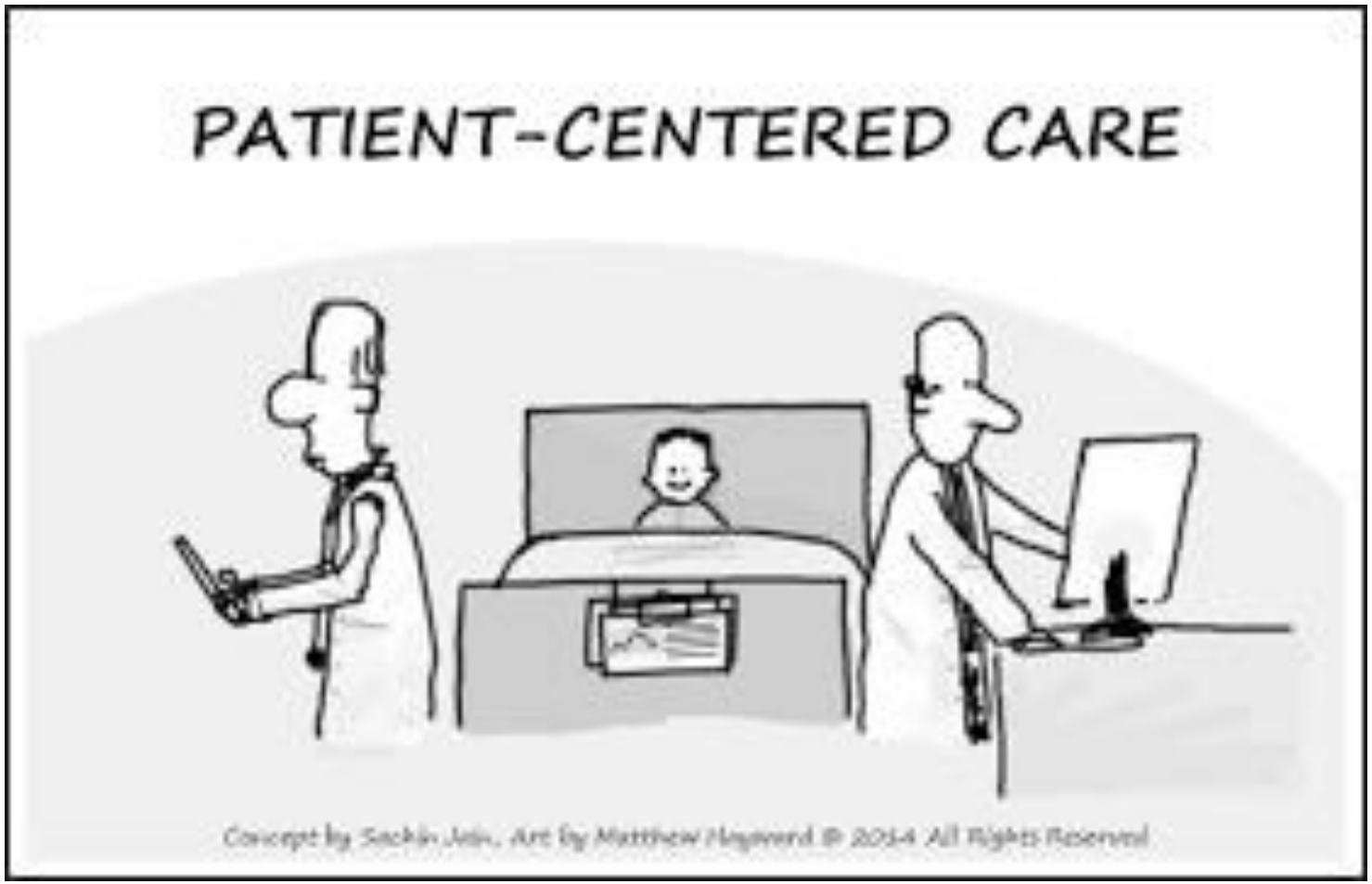
They order another one or two

To get the information

Physician perception of the EHR value

You make me do more work but it adds no value for me or for my patient

Patient perception of the EHR Value



Moving the Needle – Awareness and Education

- Webinars
- MyLearning
- Links to Choosing Wisely
- Medication Cost and efficacy

DOES NOT MOVE THE NEEDLE MUCH!

Moving the Needle - EHR Ordering

- Order Set consolidation across campuses
  - Best practice combined with local knowledge
- Duplicate order checking
- Prior results visible in order completer window
- Prior (within 6 weeks) Renal Function linked to Imaging requiring contrast
- Generic medications as default
- Rx is aligned to payer
- Ortho OP – linking CC to pull what has been done
  - Right Knee pain = sidebar report of all prior right knee care

Begins to move the needle

Moving the Needle – EHR Information Viewing

- 1 Click report for Prior VS
- Synopsis view shows problem over time
- HF synopsis shows parameters over time
- Side Bar reports
- Simplified Navigator – show only needed actions

Starts turning data into usable information

It’s Complicated

- 4 regions
- 11 campuses
- 4 Employed medical groups
- academic and community focus
- 1 IT department
- Need to align with system goals
- Need to meet local goals
- Provide consistent experience for patients no matter what door they come in
- Oh by the way decrease cost and increase revenue
- And, most important keep everyone happy

Clinical Informatics

Adding Value – The Health Informatics Role

The Liaison - the go between for our IT analysts and our front line clinical /operational teams. Working to develop content, workflows, and desired patient outcomes

The Big Picture – helped predict upstream/downstream impacts of decisions, and facilitated discussions to address the right problems

The Reviewer - Participate in training activities, including review of curriculum, roles impacted, and content beyond Epic functionality

The Observer – observe workflows and facilitated improvement efforts to meet needs

The Helper - Participated in and guide charge capture efforts

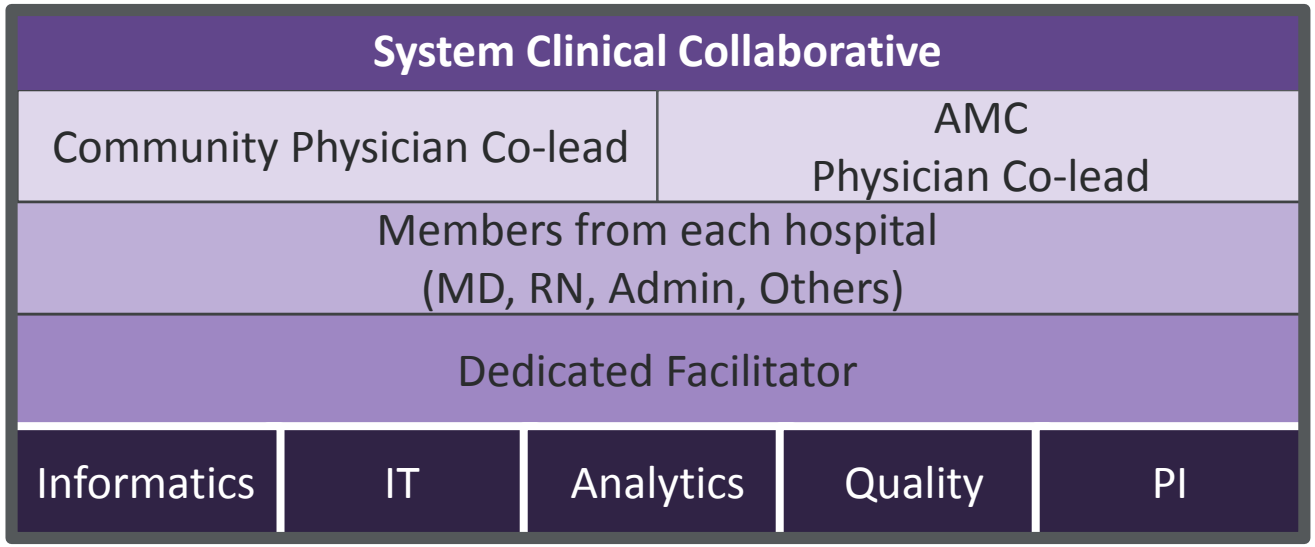
The Connector - Facilitate relationship building across the system, contributing to NM system development

System Clinical Collaboratives

System Clinical Collaboratives (SCCs)

To Improve Care across System

- Clinical focus/Specialty-specific, physician-led, Nursing Partnered inclusive work groups
- Supported predictable dedicated resources
  - IT/Epic, Analytics, Quality, Informatics and PI
- Members responsible for making decisions, disseminating information to Department/Chair, and garnering approvals



SCC Areas of Focus

1. Improved patient outcomes
2. Reduce inefficiencies and optimize the EMR
3. Establish and implement best practices
4. Reduce clinical variation
5. Incorporate innovations into clinical care
6. Develop quality measures

SCC's

Live

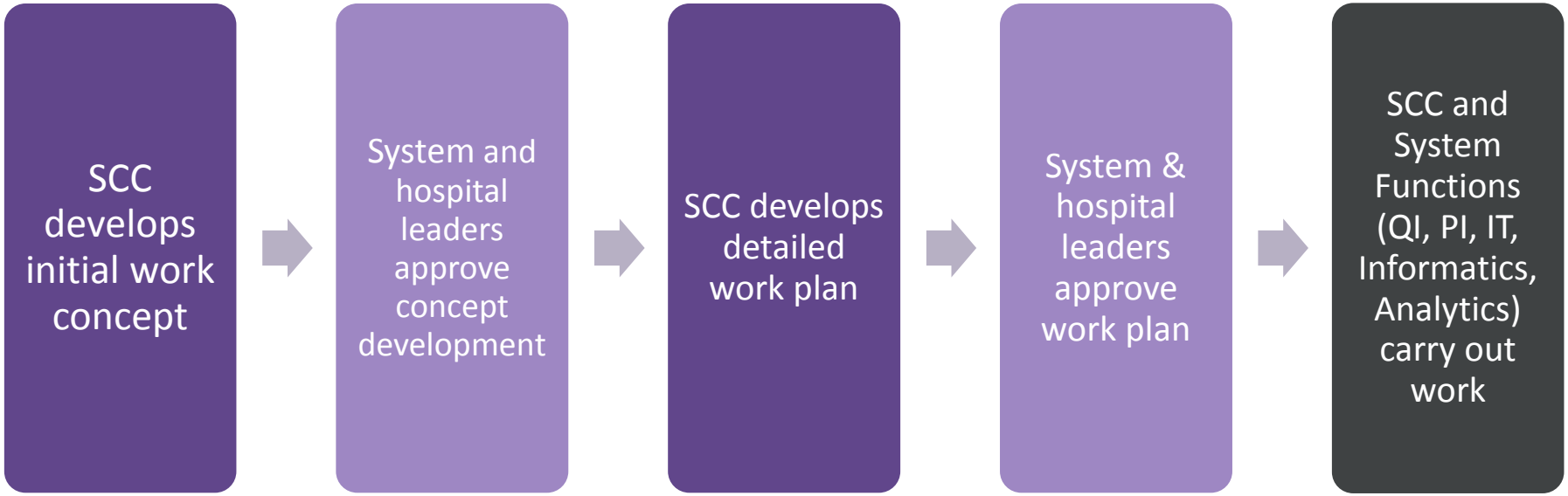
- Anesthesia
- Emergency Medicine
- General Surgery
- Hospital Medicine
- Lab/Path
- Nursing
- OB/GYNE
- Perioperative
- Primary Care
- Radiology
- Behavioral Health
- GI
- Medication Safety
- NICU/PEDS
- Ortho
- Transplant
- Patient Technology
- Pulmonary
- BCVI (cardiology)
- Critical Care
- Neurosciences
- Rad Onc

SCC's

In the works

- Dermatology
- Nephrology
- Oncology
- Ophthalmology
- Otolaryngology
- Urology
- Allergy/Immunology
- Rheumatology

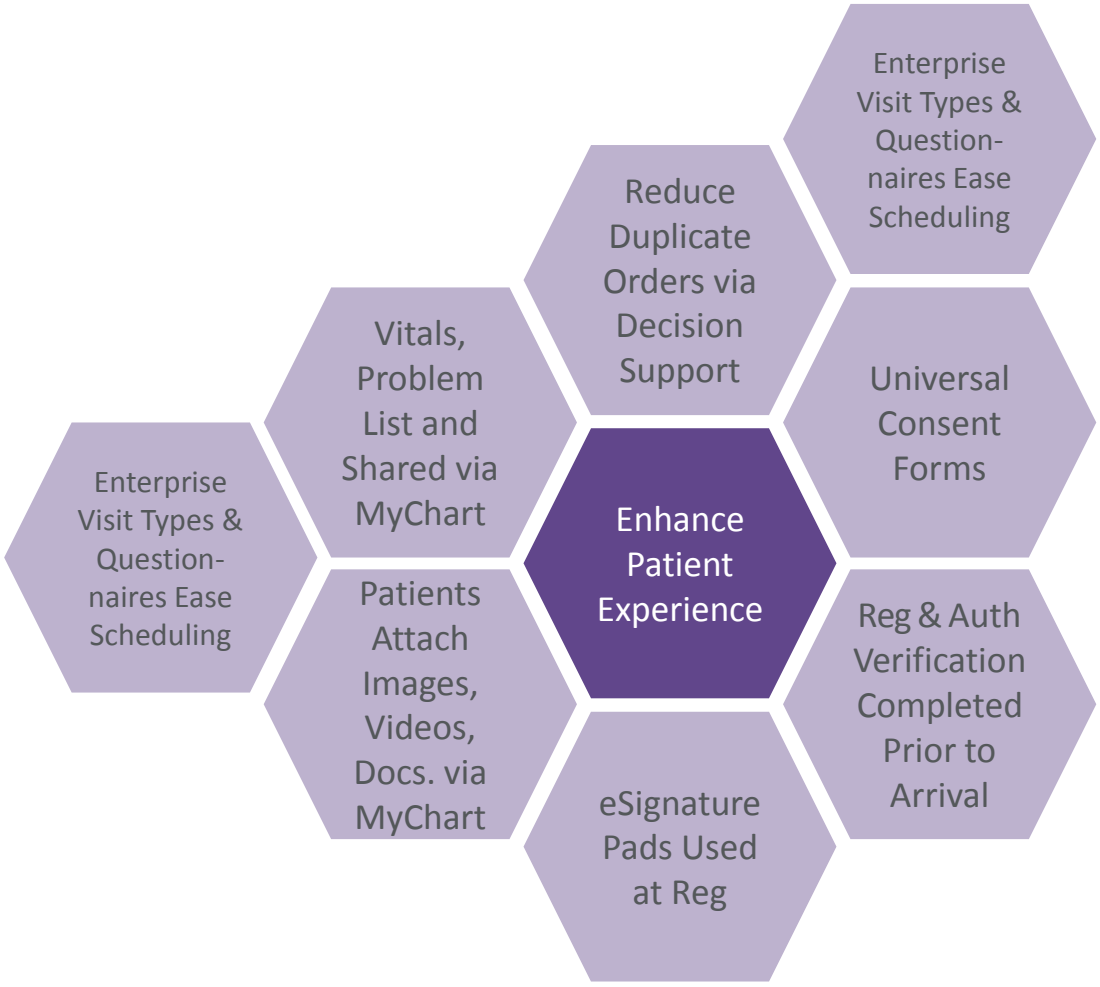
SCC Workflow Overview



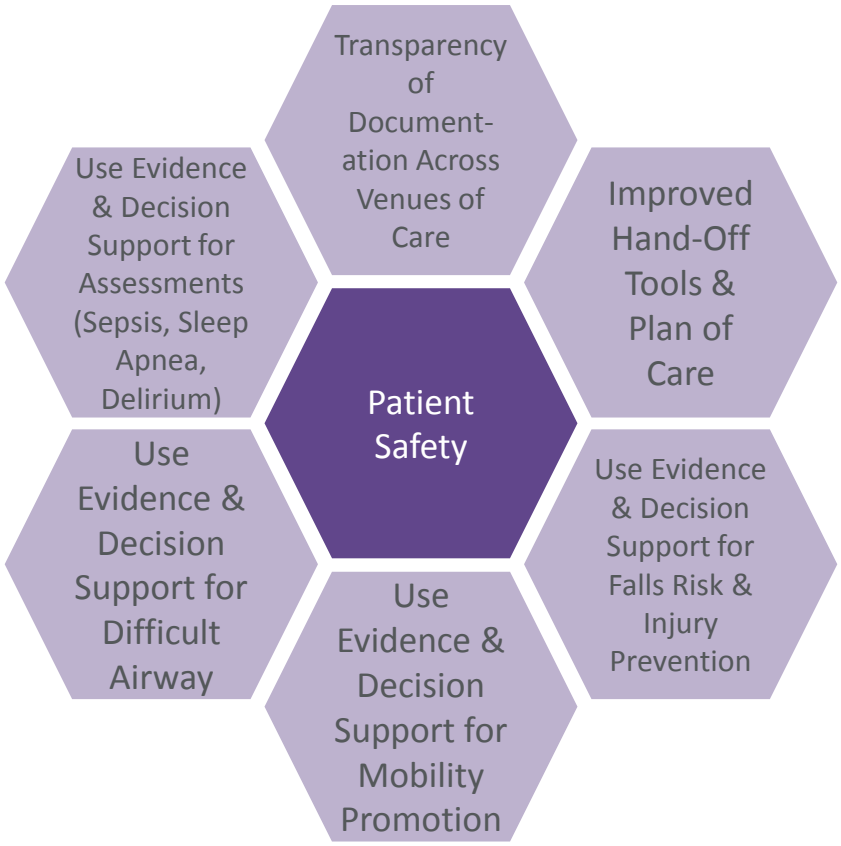
Benefits of the New SCC Model

- Clinicians are at the center of decision-making
- Streamlines improvement initiatives
- Built in dedicated support staff
- Improves engagement and collaboration across NM
- Allows the factory (IT) to get the work done

Patient Experience



Patient Safety



Clinical Experience

Northwestern Medicine®

Questions