

Are Providers Using RWE in Rapid Fire Learning Healthcare Decisions

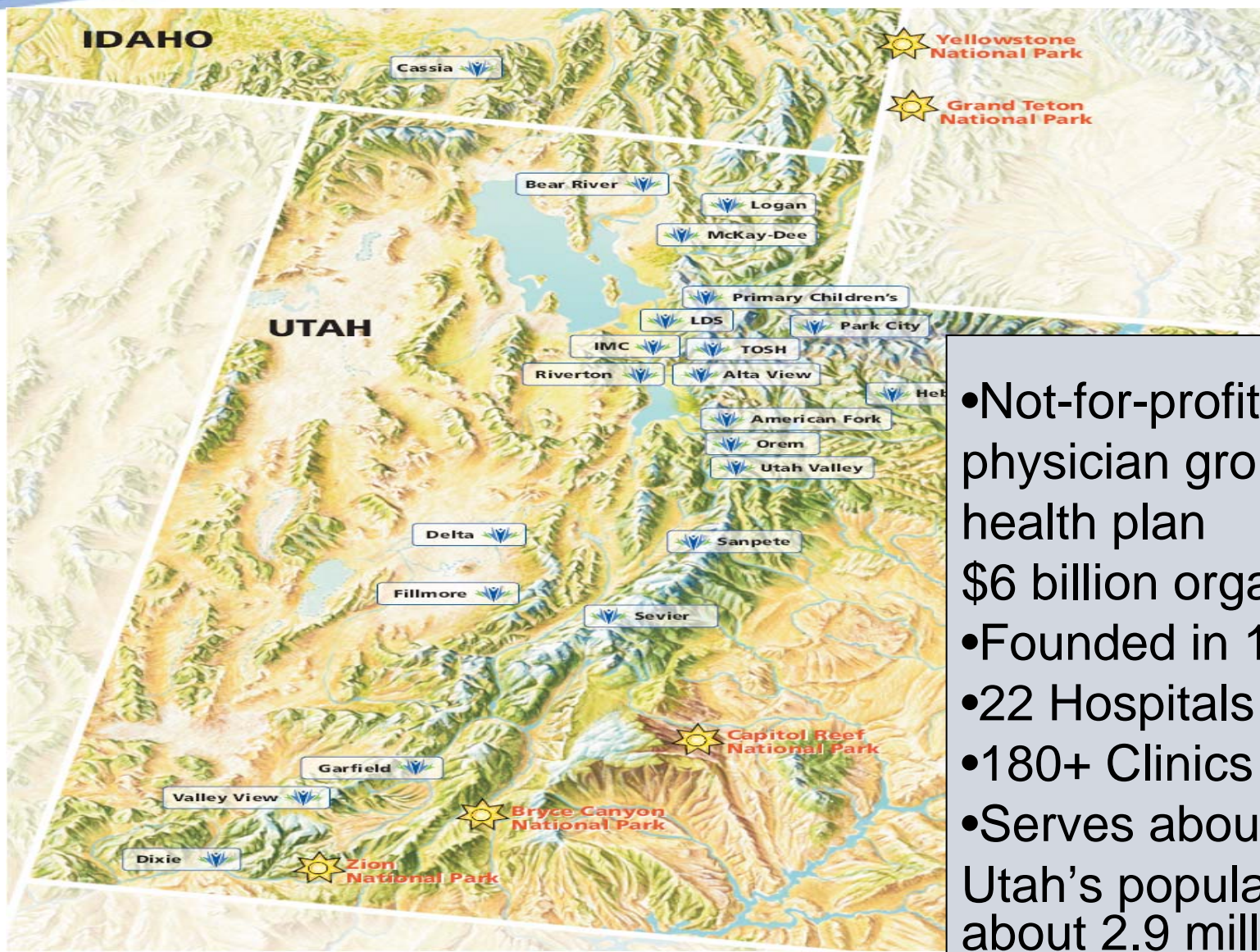
September 17, 2013

5th National Comparative Effectiveness Summit

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Intermountain Healthcare

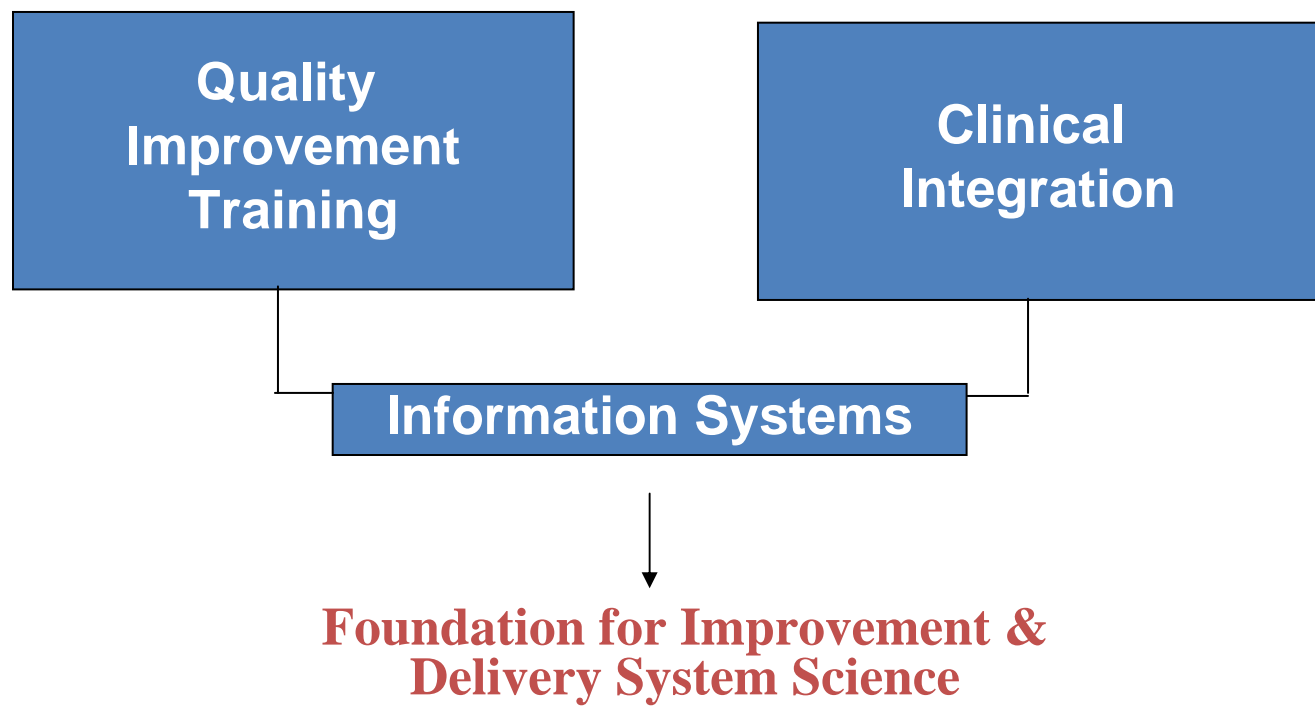


- Not-for-profit hospitals, physician group, and health plan
- \$6 billion organization
- Founded in 1975
- 22 Hospitals
- 180+ Clinics
- Serves about 60% of Utah's population of about 2.9 million

Driving Health System Improvement: Role of the ‘Learning Commons’

**A Vital Resource to Support the
Clinical Enterprise in Achieving
Mission Critical Performance**

Mission Critical Support for Performance Excellence



Current Core Functions of the Institute

- 1. QI Training**
- 2. Clinical Program Support**
- 3. Delivery System Transformation Support**
- 4. Operationally Meaningful Research**
- 5. Dissemination & Shared Learning**

→Embedding research capacity into the delivery system.

Role of Research at Intermountain

Priorities:

- 1. High operational utility**
2. Of interest to clinical investigators
3. Of interest to close partners
4. Of interest to external investigators/entities

If we knew what we were doing, we wouldn't call it research.

A. Einstein

Mental Health Integration Example

Goal: to **reach** as many patients and families as possible...

- **Detection**
- **Satisfaction**
- **Functional Improvement and Cost**



Inefficiency Waste from Process Variation

Reducing variation in compliance with evidence-based guidelines.

- **Care Process Models (CPMs)** are narrative documents that aim at representing state-of-the-art medical knowledge.
- **Clinical Decision Support (CDS)** tools can include all ways in which health care knowledge is represented in health information systems.

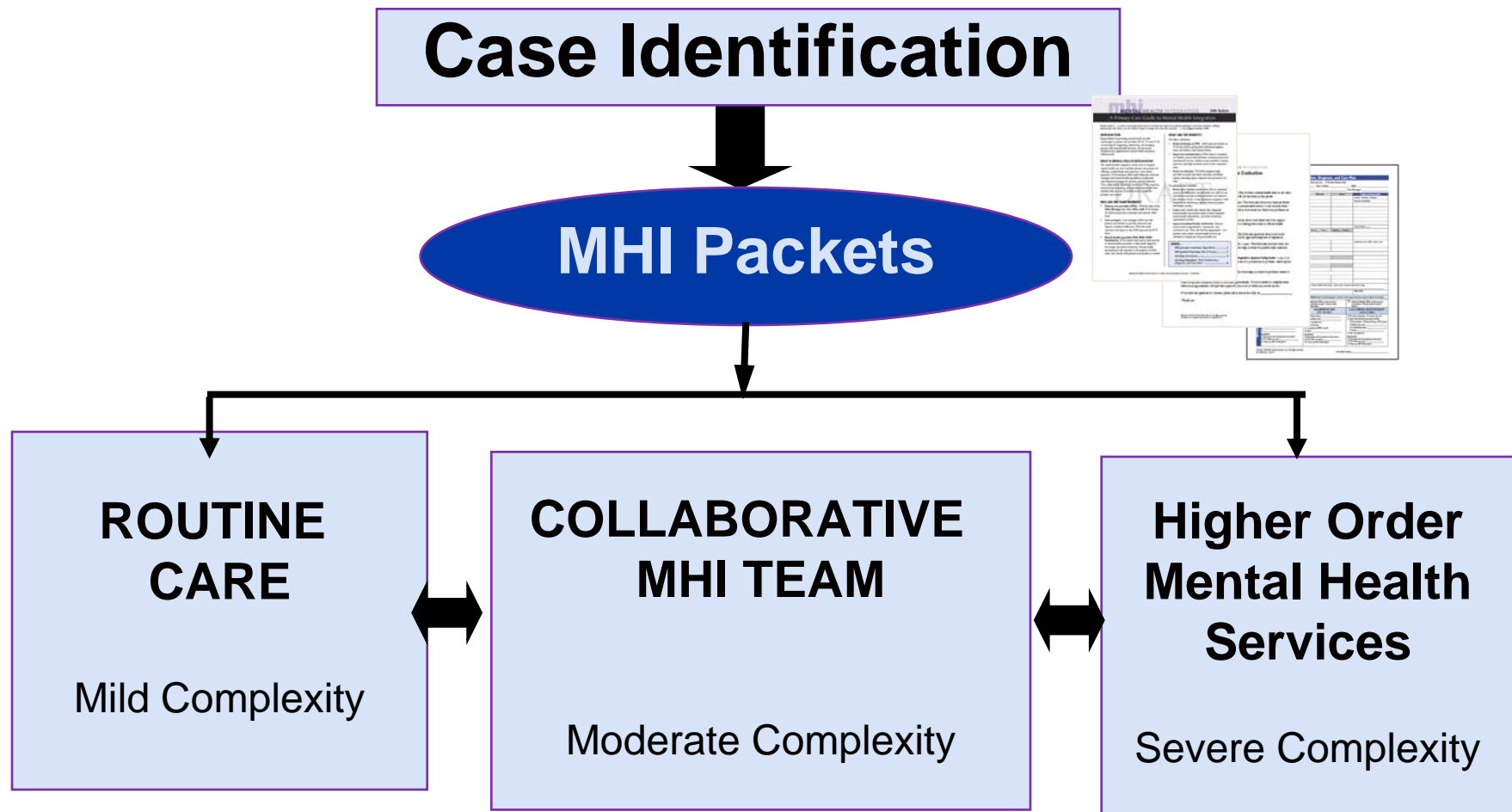
EB-CPM: Mental Health Integration (MHI)

A standardized clinical and operational process that incorporates mental health as a complimentary indicator of wellness & healing

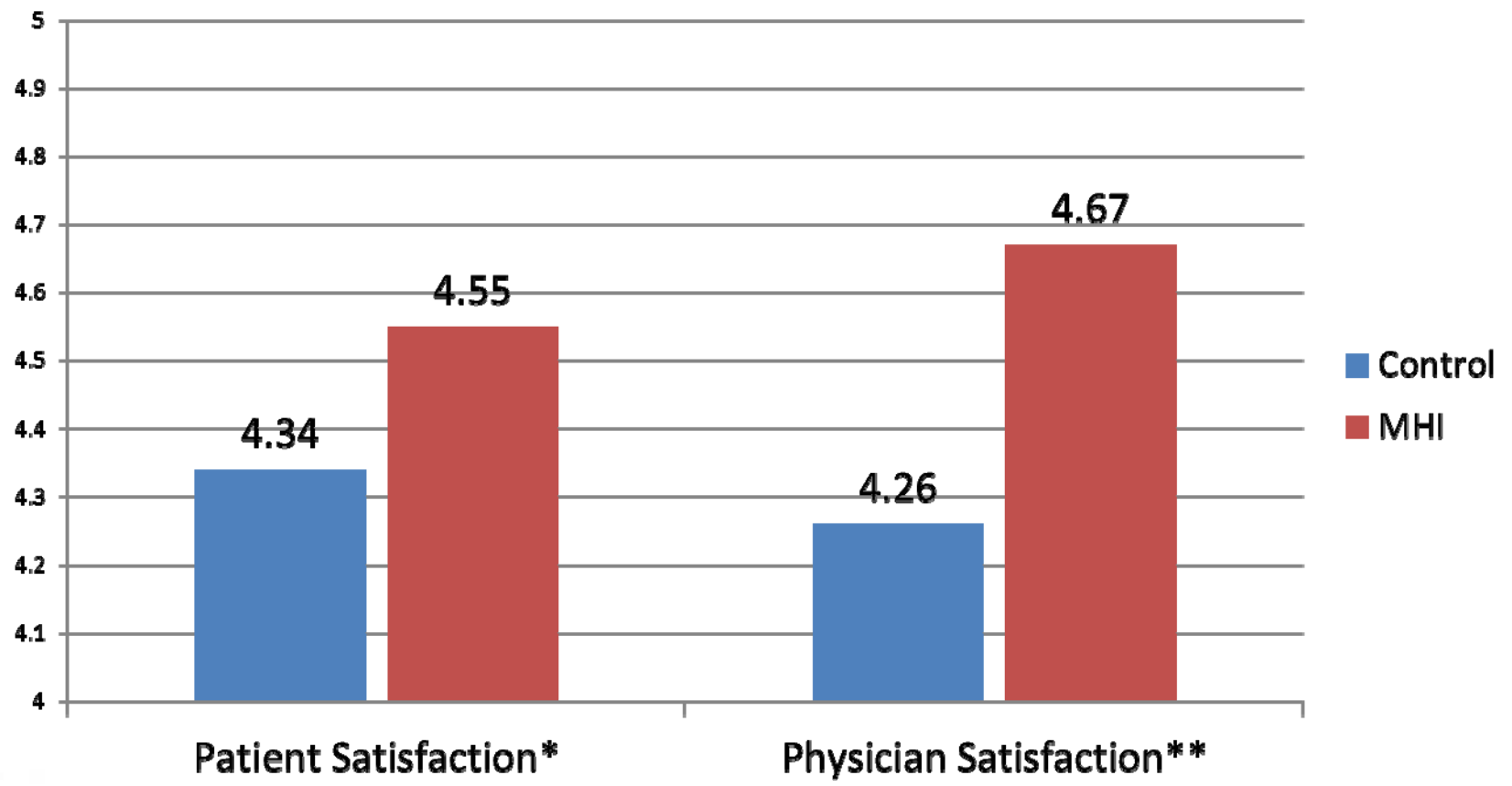


MHI Treatment Cascade

“Care Treatment & Management Matching”



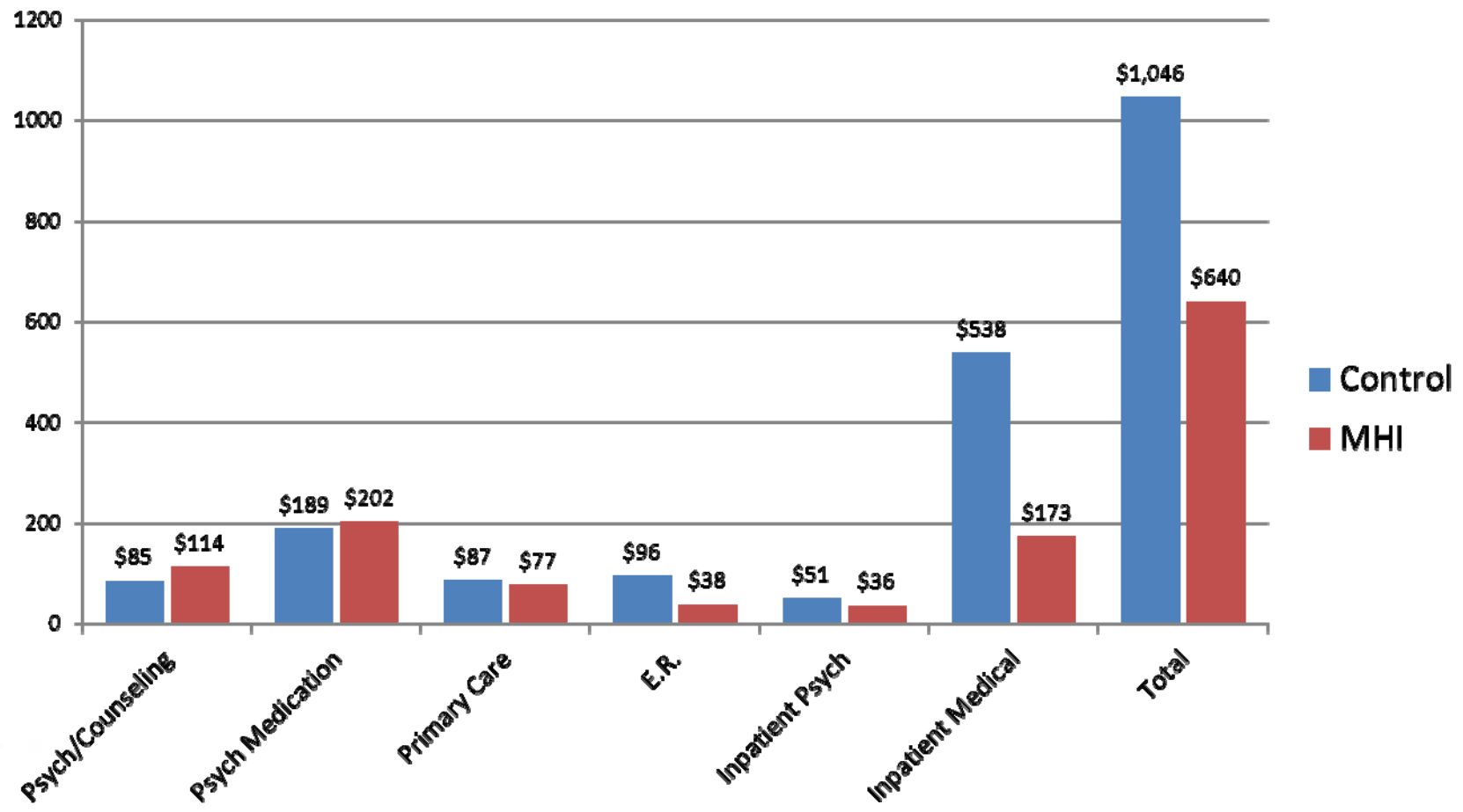
MHI Patient and Physician Satisfaction



*Overall quality of service in meeting my needs and expectations

**Overall quality of service I was able to provide in meeting my patient's needs

MHI Total Cost of Care for At-Risk Patients



The High Value Healthcare Collaborative

Dubbed by Press as “Dream Team”...

THE WALL STREET JOURNAL

WSJ.com

December 15, 2010, 6:01 PM ET

By Ron Winslow

A Health-Care Dream Team on a Hunt for the Best Treatments



Here’s a premise we’ll bet you’ve heard before: If only the rest of the country could deliver the kind of high-quality, low-cost medical care that such organizations as the Mayo Clinic and Intermountain Healthcare provide, America’s health-care problems would be solved.

But unlike viruses, best health-care practices aren’t contagious. For reasons of culture, economics, training and commitment (to name a few), there’s a wide variation in the quality of care, patient outcomes and cost of services in the U.S. despite high-profile examples of providers who generally get it right.

Founding Partners

1. Mayo Clinic
2. Intermountain Healthcare
3. Dartmouth Hitchcock Medical Center
(The Dartmouth Institute (TDI) – data center, convener)
4. Denver Health

Partners & Affiliates

5. Baylor Health Care System
6. Scott & White Healthcare
7. University of Iowa Health Care
8. Beaumont Health System
9. North Shore-Long Island Jewish Health System
10. MaineHealth
11. Providence Health & Services (affiliate)
12. Sutter Health
13. UCLA Medical Center
14. Virginia Mason Medical Center
15. Beth Israel Deaconess Medical Center

Recent Additions

16. Hawaii Pacific Health

17. Sinai Health System

18. Banner Health

19. NYU

20. Eastern Maine

Dept of Defense Tricare (*MOA signed*)

- All are integrated delivery systems
(+/- insurance – ownership vs. partnership)
- Currently represent ~15% of all care delivery in the U.S.
- Other systems showing active interest
- Core funding: Annual member payments
supplemented by grants

Core Activities

- **MCA – Master Collaborative Agreement**

- **“All in” collaborative projects –**
 - Total knee
 - Diabetes mellitus
 - Heart failure (just starting)
 - Episodic bundled payment (focus: total knee)
 - Medicare data base analysis (TDI expertise)

Core Activities – cont'd

- **Voluntary collaborative projects –**
 - CMMI Innovation Challenge - ~\$120MM
 - **Shared Decision Making** – hip, knee, spine, diabetes, HF
 - Sepsis
 - 3 QI projects in complex chronically ill patients
 - Other

Comparing SDM decision aids at Intermountain for informed decision making

	Emmi Solutions	Health Dialog
Hip replacement	X	X
Knee replacement	X	X
Spine surgery		X
Low back pain	X	X
ICD insertion		X
Bariatric surgery	X	
Prostate cancer	X	
Breast cancer	X	

Contribute to the Evidence Base



Selected Publications

- Reiss-Brennan, B, P Briot, LA Savitz, W Cannon, R Staheli. “Cost & Quality Impact of Intermountain’s Mental Health Integration Program,” *Journal of Healthcare Management*, 55(2):97-113, 2010.
- James, B, Savitz LA. (2011) “How Intermountain Trimmed Health Care Costs Through Robust Quality Improvement Efforts,” *Health Affairs*, 30(6):1185-91.
- Bayley, KB, T Belnap, LA Savitz, A Masica, N Shah, NS Fleming. “Challenges in Using Electronic Health Record Data for CER: Experience of Four Learning Organizations and Solutions Applied,” *Medical Care*, 51(8 Suppl 3):S80-62013, 2013.



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*Healing for life*SM