LEVERAGING DATA TO CHANGE THE RISK MITIGATION GAME

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Introduction

- Understanding how empowering doctors with their own data could serve as one of the foundational elements necessary for success.

- Utilized in a very specific way, data can also provide a gateway to professional liability risk mitigation.

- Risk Management and positive economics—a “missing link” and a “game changer.”

- It’s not theoretical anymore…
To really impact risk... you have to change behavior!
Adverse Clinical Outcomes Are Our Claims … a **Rumbling** Bigger Issue

New “plus” factor can be corporate negligence

New “numbers” on damages
We all know what causes claims... by specialty

For example in OB...

**CLINICAL CLUSTERS**
- Shoulder Dystocia
- Uterine Rupture
- Preeclampsia
- C-sections

**MPL CLAIMS**
- Lack of Communication
- Lack of Specific Documentation
- Lack of Disclosure
- “Plus Factor”
But can we slow this down?

Even more...
With specific tasks behind each adverse outcome… which are either accomplished (to mitigate) or not

Substantiated by Data/Studies…
The Department of OB-GYN at NY Weill Cornell Medical Center published results of reduced number of sentinel events and liability payments after implementing a comprehensive obstetric patient safety program over a 6 year period.

**Effect of a comprehensive obstetric safety program on compensation payments and sentinel events**

Our objective was to describe a comprehensive obstetric patient safety program and its effect on reducing compensation payments and sentinel adverse events. From 2003 to 2009, we implemented a comprehensive obstetric patient safety program at our institution with multiple integrated components. To evaluate its effect on compensation payments and sentinel events, we gathered data on compensation payments and sentinel events retrospectively from 2003, when the program was initiated, through 2009. Average yearly compensation payments decreased from $27,561,810 between 2003-2006 to $2,550,136 between 2007-2009. Sentinel events decreased from 5 in 2000 to none in 2008 and 2009. Instituting a comprehensive obstetric patient safety program decreased compensation payments and sentinel events resulting in immediate and significant savings.

Key words: compensation payments, medical liability, obstetric adverse outcomes, patient safety, sentinel events.

**FIGURE 2**

Compensation payments by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Compensation Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>$50,540,309</td>
</tr>
<tr>
<td>2004</td>
<td>$32,307,595</td>
</tr>
<tr>
<td>2005</td>
<td>$32,924,537</td>
</tr>
<tr>
<td>2006</td>
<td>$4,547,787</td>
</tr>
<tr>
<td>2007</td>
<td>$25,000</td>
</tr>
<tr>
<td>2008</td>
<td>$25,000</td>
</tr>
<tr>
<td>2009</td>
<td>$25,000</td>
</tr>
</tbody>
</table>


From the Department of Obstetrics and Gynecology, New York Weill Cornell Medical Center, New York, NY.
Data shows:

Patient Safety = Sentinel Events

Implementation of a comprehensive OB patient safety program decreased the occurrence of severe adverse outcomes at New York Weill Cornell Medical Center from 2000 - 2009!


From the Department of Obstetrics and Gynecology, New York Weill Cornell Medical Center, New York, NY.
Improving teamwork among doctors and nurses

Improving communication

Hiring a patient safety nurse

Standardizing practices

In a very specific task-oriented, compliance-driven fashion

Yale School of Medicine

50% drop in MPL claims and 95% decrease in payments for claims (from $50M to under $3M) after initiating a patient safety program that included:

- Improving teamwork among doctors and nurses
- Improving communication
- Hiring a patient safety nurse
- Standardizing practices

Study: A Comprehensive Obstetric Patient Safety Program reduces liability claims and payments

A comprehensive obstetric patient safety program reduces liability claims and payments, Pettker, Christian M. et al. American Journal of Obstetrics & Gynecology, October 2014, Volume 211, Issue 4, Pages 319-325. From the Department of Obstetrics, Gynecology, and Reproductive Science, Yale School of Medicine, New Haven, CT; Department of Obstetrics and Gynecology, The Ohio State University College of Medicine, Columbus, OH; and Yale-New Haven Hospital.
The key, is knowing if we…

“employed physicians, members of an IPA, insureds”…

are doing the specific tasks that reduce risk?
Must bravely ask...

Are we really changing behavior?

- Specific tasks, documentation, and specific communication
- 

  Measuring “science-based”
Healthcare reimbursement continues to change...

- Even after the ACA
- Even after the new administration
- Value based reimbursement is more important than ever!
- Stop loss... the next frontier and the same data is needed
So... the Same Data

- Helps focus on who and in what way action is needed
- Health insurers use to increase reimbursement
The Missing Link

Creating value for doctors

Data Collection Platform
- Specific relevant data
- By specialty
- Dashboard comparative
- Used to negotiate

Physicians
- Reduce adverse events
- Creates safer practices
- Reduces claims

Payors
- Value-based contracts

MPL
- Improved loss ratios
- Differentiation
L. Gregory Pawlson, M.D., MPH, FACP

- Executive Director, Quality Innovations, Blue Cross and Blue Shield Association (2011-12)
- Executive Vice President, NCQA (2000-2011)
  Oversight of HEDIS measures and research on quality and cost, primary liaison to physician boards and organizations
- Currently Clinical Professor at George Washington University School of Medicine and Health Sciences and Adjunct Professor, School of Public Health and Health Services and School of Nursing
- Health Policy Fellow, Robert Wood Johnson Foundation
- Past President & Chairman, Board of the American Geriatrics Society
- Past Board Member, Society of General Internal Medicine

“Health reform accelerated the changes in provider reimbursement from volume to value.

The market dynamics that were created, including trends in provider consolidations, will continue or even accelerate with the new administration.

This makes defining, measuring and delivering value-based care all the more critical to the healthcare marketplace.”

- L. Gregory Pawlson, M.D., MPH, FACP
Patient experience & patient engagement will/have become part of compensation
These have always been a component… but undervalued
You can’t measure everything…

…So Find the Maximum Opportunity For Impact
So, what to measure?

By specialty, certain specific aspects of...

- Patient Experience/Engagement
- 3-5 Clinical Measures (not 30)
- Physician Health
- Relevant Liability Risk
Fortunately the overlap is significant

Behavior that enhances economics can concurrently reduce risk
A few words about patient engagement…

- The next frontier
- Patient experience leads to engagement
- **Patient experience needed 100%**
- Cornerstone of population health
- Necessary element of accepting risk
- Lends itself to **2-sided measurement**
Measuring should be easy…

- Not complicated
- Not expensive
- Not punitive
And… it should benefit/empower the doctor

**Doctors, Hospitals**
- Own their Data
- Empowerment in Negotiations
- Reductions in Bad Debt
- Increased Referrals
- Reputation Management
- Enhanced Economics

**MPL, ReInsurers**
- Diagnostic Tool for Behavior Change
- Claims Reductions
- Loss Ratio Reductions
- Increased Profitability
- Vendor vs. Partner
- Market Differentiator

*The Overlap*
All will need a score

- ACO or Virtual ACO
- Patient-Centered Medical Specialty Neighborhood
- Second Generation Clinically Integrated Network
- An Employer Coalition
- Stop Loss Insurance
CAN THIS BE DONE?
* One of many tools
Gastroenterology

- Independent GI group with 20 physicians
- Relative lock on local GI marketplace; few competitors
- Stopped measuring “patient satisfaction” because scores were low
- Fee-for-service contracts; last updated 7 years ago

- Gathered credible, robust, GI specific data on:
  - Patient Experience
  - Patient Engagement
  - Clinical Effectiveness in Quality & Safety
  - Cost Efficiency

- Used data to engage payors in value-based reimbursement

- Generated additional $300k in annual FFS revenue after 1 month

- Foundation of quality, bundled payment, and shared savings program development
Primary Care

- 120 Provider, independent primary care group
- 7 years experience in value-based contracting; varying success
- 35% of gross revenue generated through value-based contracts

Gathered credible, robust, primary care specific data on:
- Patient Experience
- Patient Engagement
- Clinical Effectiveness in Quality and Safety
- Cost Efficiency

- Measured, increased patient engagement / compliance
- Monitored patient experience in real-time; prevented “surprises”
- Eliminated risk of losing value-based payments (35% of revenue!)
Orthopedic Surgeons

- 18 Provider, independent orthopedic and spine practice
- Significant competition from more dominant, local orthopedic group
- Dabbled in CMS bundle payments without any real ROI
- Not measuring clinical effectiveness or patient experience

- Gathered credible, robust, Ortho specific data on:
  - Patient Experience
  - Patient Engagement
  - Clinical Effectiveness in Quality & Safety
  - Cost Efficiency

- Used data to engage primary care, increase volume of referrals
- Used data to engage payors in upside-only shared savings
- Increased reimbursement for joint replacement by >50%
- Zero adverse outcomes in program through measuring, monitoring
* One of many tools
Enhance Economics

Reduce Risk

Overlap

- Quality
- Cost
- Patient Experience
- Physician Health
- Safety
This **supports** Risk Management efforts and supports your core business...
In Short …

- Reimbursement based on quality and efficiency is here to stay ... and will evolve
- Physicians may need to organize differently... perhaps work collaboratively with their hospitals, perhaps virtually
- Necessitating the need for measurement of relevant data points
- Physicians being willing, ready and able will drive the market
We Welcome Your Questions...

Please use the microphone so others may hear you.