



Perioperative Medicine Summit  
Evidence Based Perioperative Medical Care



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# Creating an Epidemic of Exceptional Value In Healthcare

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Professor of Medicine  
Chief Medical Quality Officer  
University of Utah Healthcare



**Franklin Michota**

Sept 7, 1967 - June 6, 2015

# CONNECTOR

A person with an innate ability to link people, ideas, and resources in a way that catalyzes transformative change.

# Objectives

- Gain an appreciation for the forces of **healthcare transformation** & the goal of delivering exceptional value:  
**Better outcomes at Lower costs**
- Create a **vision** of exceptional value that is centered on the **voice of the patient**, use of meaningful **measurement**, and longitudinal clinical care **teams**
- Translate this vision to **innovative approaches** in peri-operative care

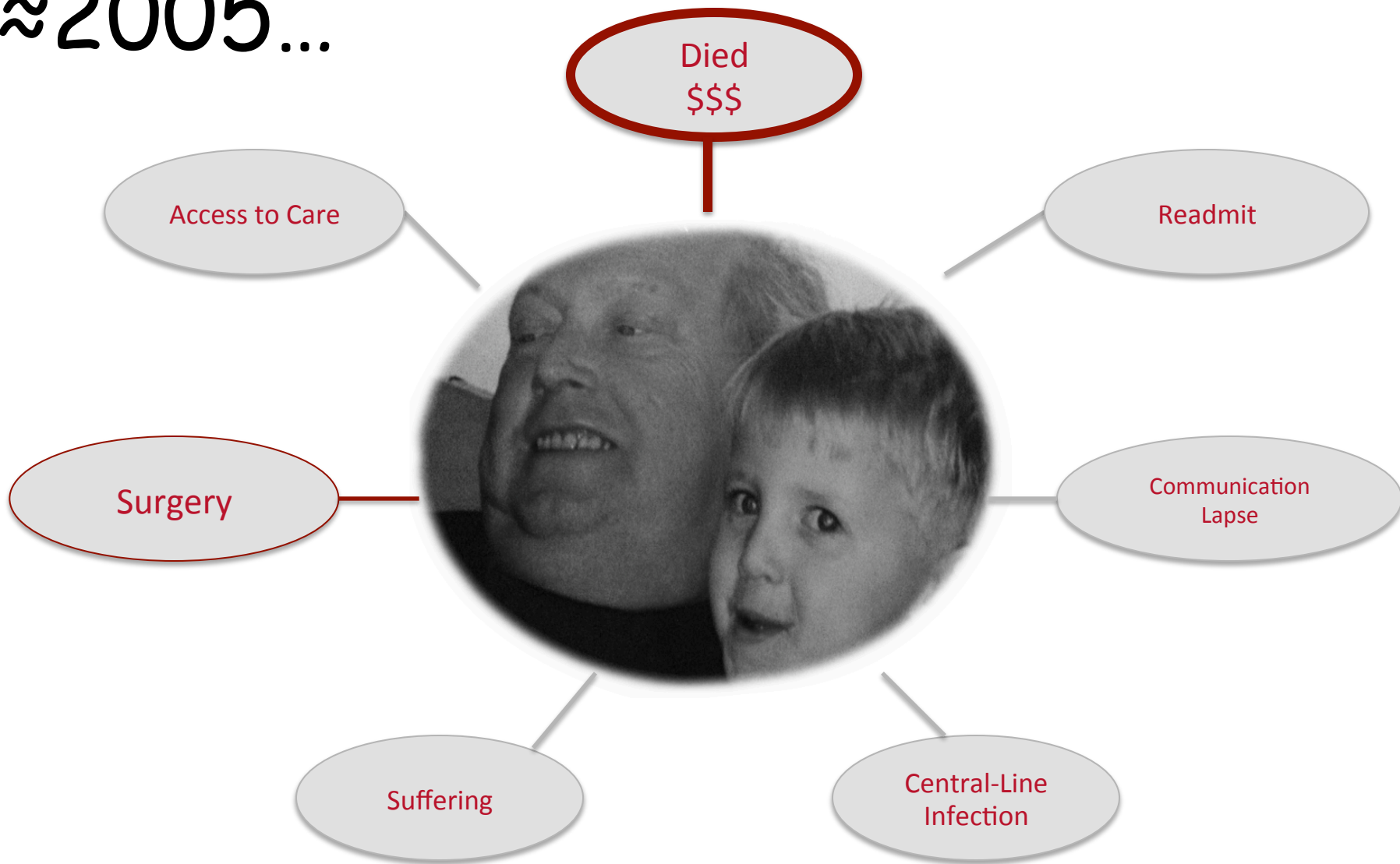
# Disclosures: UUHC



≈1905...



≈2005...



# Two separate but related imperatives are Driving Reform

## PUBLIC IMPERATIVE

Government facing  
fiscal challenges

- Quality & safety reform efforts
- Affordable Care Act
- Alternative Payment Models
- Provider Payment Reform

## PRIVATE IMPERATIVE

Employers/Employees  
Facing Escalating Costs

Age of consumer  
technology

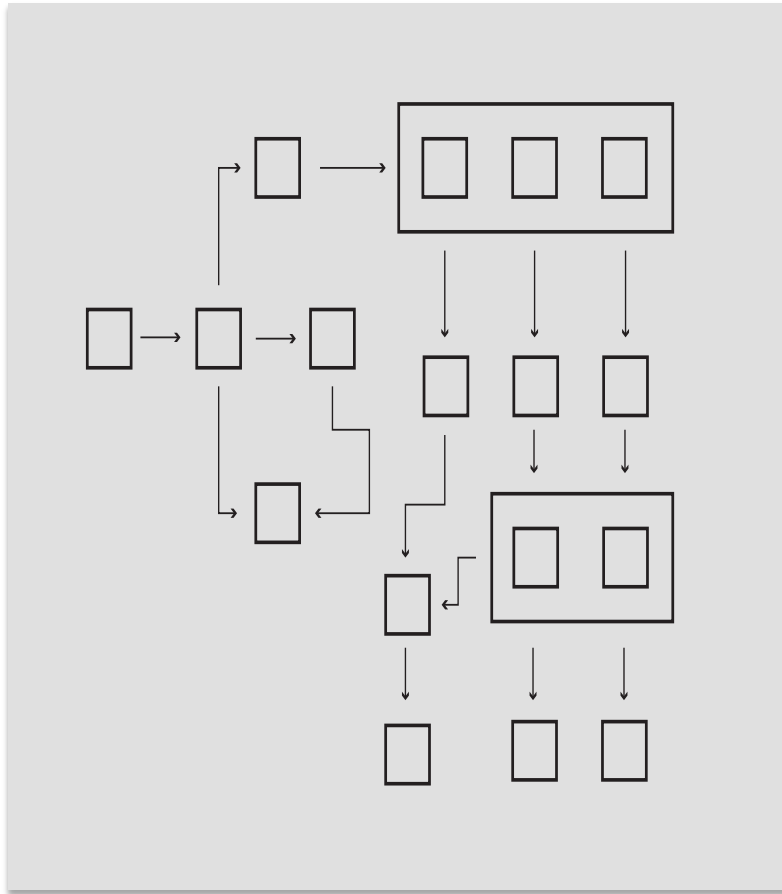
- Move to defined contribution
- High deductible health plans
- Consumerism

"More than at any other time in history, mankind (*healthcare*) is at a crossroads. *One path leads to despair and utter hopelessness, the other to total extinction.* Let's hope we have the wisdom to choose correctly."

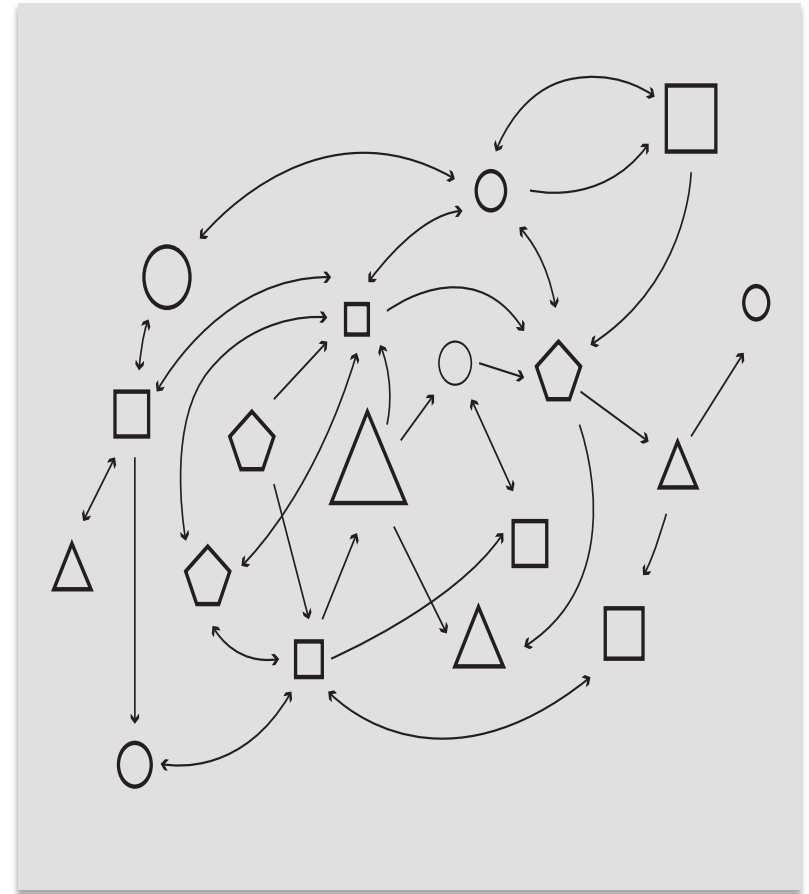
- Woody Allen



# BIG IDEA: In a VUCA world, clarity & vision are vital



COMPLICATED



VUCA



Competition that is based on the best health outcomes at lower costs

# Vision to action: The 3 Interconnected Revolutions...

1 PATIENT  
PERSON 2 VOLUME  
VALUE 3 EPISODE  
POPULATION

# BIG IDEA: The voice of the person receiving healthcare



**TRAVEL**

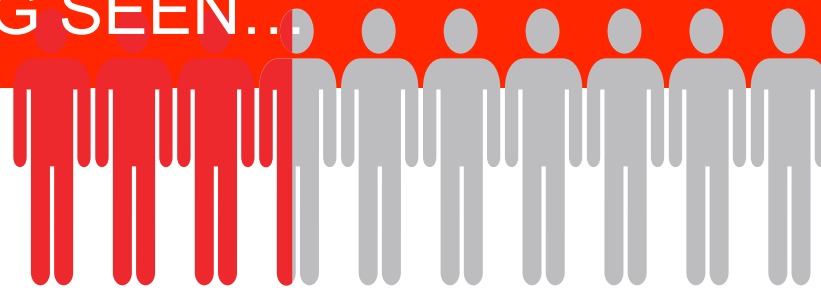


**BANKING**

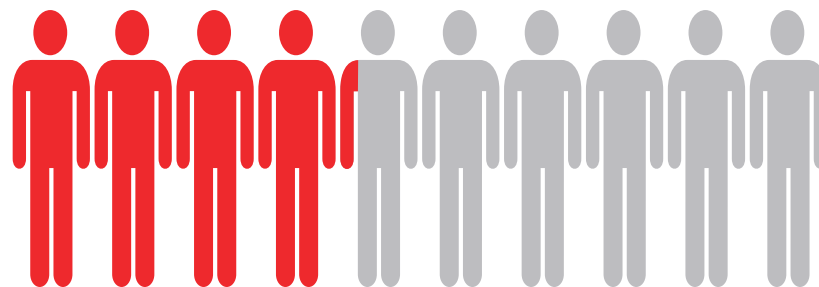
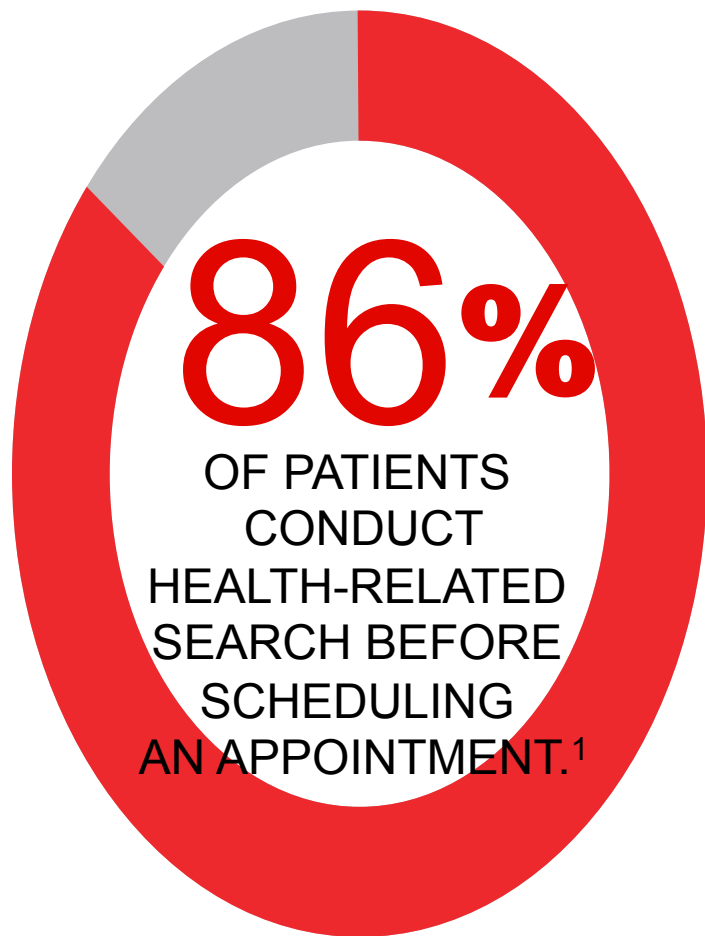


**HEALTHCARE**

# INFORMED PRIOR TO BEING SEEN...



MORE THAN  
**33%** OF AMERICANS USE  
SOCIAL MEDIA TO  
RESEARCH HEALTH  
CONDITIONS.<sup>1</sup>



**41%** SAY SOCIAL MEDIA  
IMPACTS THEIR CHOICE OF  
HEALTHCARE PROVIDERS.<sup>1</sup>

# [www.healthcare.utah.edu](http://www.healthcare.utah.edu)

Robert C. Pendleton, M.D., B.Sc.(Hons), FACP



Patient Rating:



4.7 out of 5

38 Patient Ratings  
1 Patient Comments



Clinical Details

Academic Profile

Education

Video & News

The Patient Rating score is an average of all responses to care provider related questions on our nationally-recognized *Press Ganey Patient Satisfaction Survey*.

[Learn About Our Survey](#)

Responses are measured on a scale of 1 to 5 with 5 being the best score.

Likelihood of recommending care provider

4.6 ★★★★★

Care provider spoke using clear language

4.7 ★★★★★

Care provider's explanation of condition/problem

4.7 ★★★★★

My confidence in care provider

4.7 ★★★★★

Care provider's effort to include me in decisions

4.7 ★★★★★

Wait time at clinic

★★★★★

Time care provider spent with me

4.6 ★★★★★

Care provider's concern for questions & worries

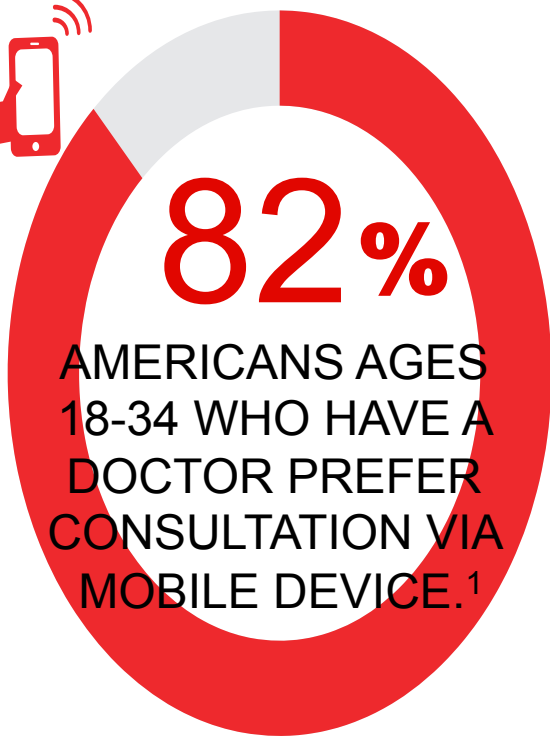
Care provider's friendliness and courtesy

4.8 ★★★★★

## Specialties

- Internal Medicine, General
- Hospitalist

MyChart



**2 OF 3**  
FIND PORTALS A CONVENIENT WAY TO COMMUNICATE WITH DOCTORS.<sup>3</sup>



**84%**  
PATIENTS BELIEVE THEY SHOULD HAVE FULL ACCESS TO MEDICAL RECORDS ONLINE.<sup>3</sup>



1. [Mdlive.com/new/press\\_05142014b.html](http://Mdlive.com/new/press_05142014b.html)

2. [Alogohealth.com/mhealthh-stats-mobile-apps-devices-solutions/](http://Alogohealth.com/mhealthh-stats-mobile-apps-devices-solutions/)

3. [Blog.ecgmc.com/2014/04/02/promoting-engagement-through-patient-ortal-adoption/](http://Blog.ecgmc.com/2014/04/02/promoting-engagement-through-patient-ortal-adoption/)  
Source: <http://www.cdwcommunit.com/perspectives/expert-perspectives/todays-digital-patient/>

# Vision to action: The 3 Interconnected Revolutions...

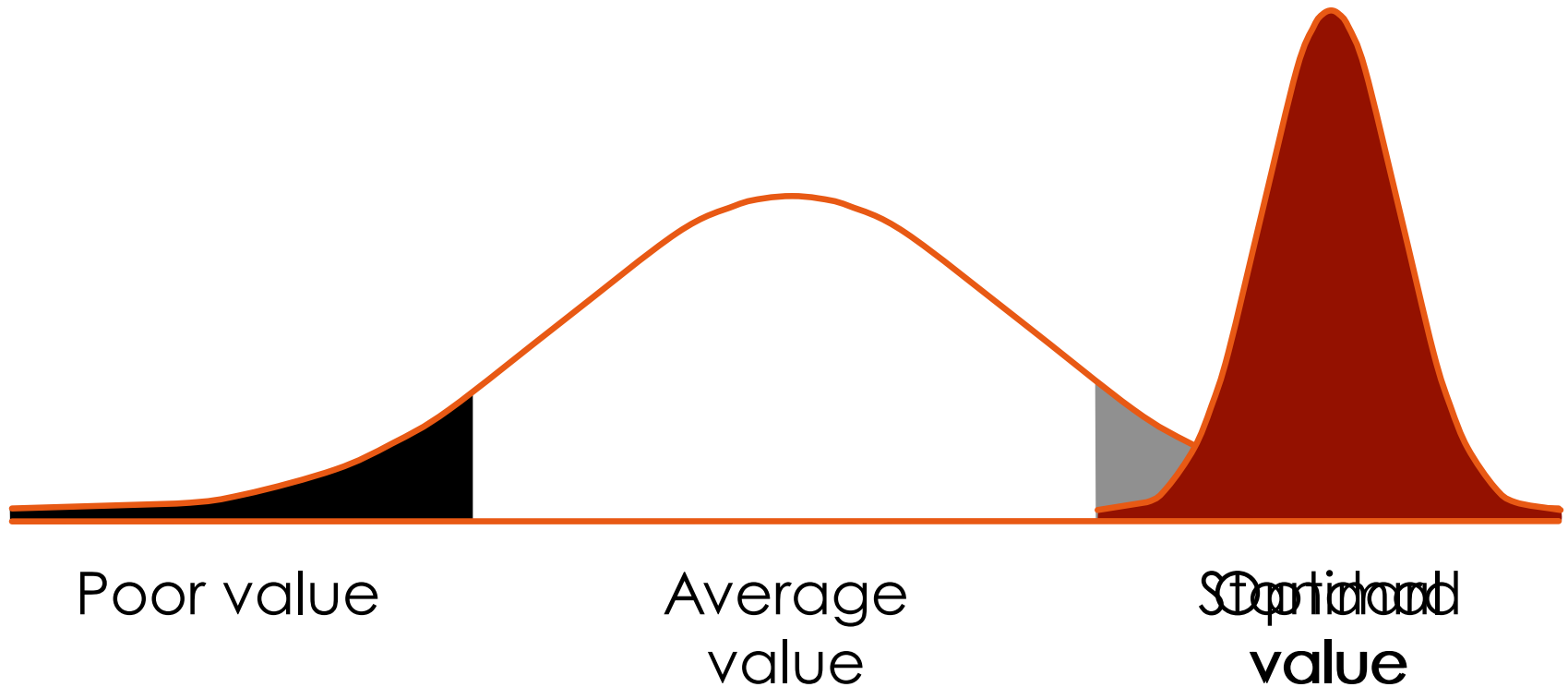
1 PATIENT  
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POPULATION



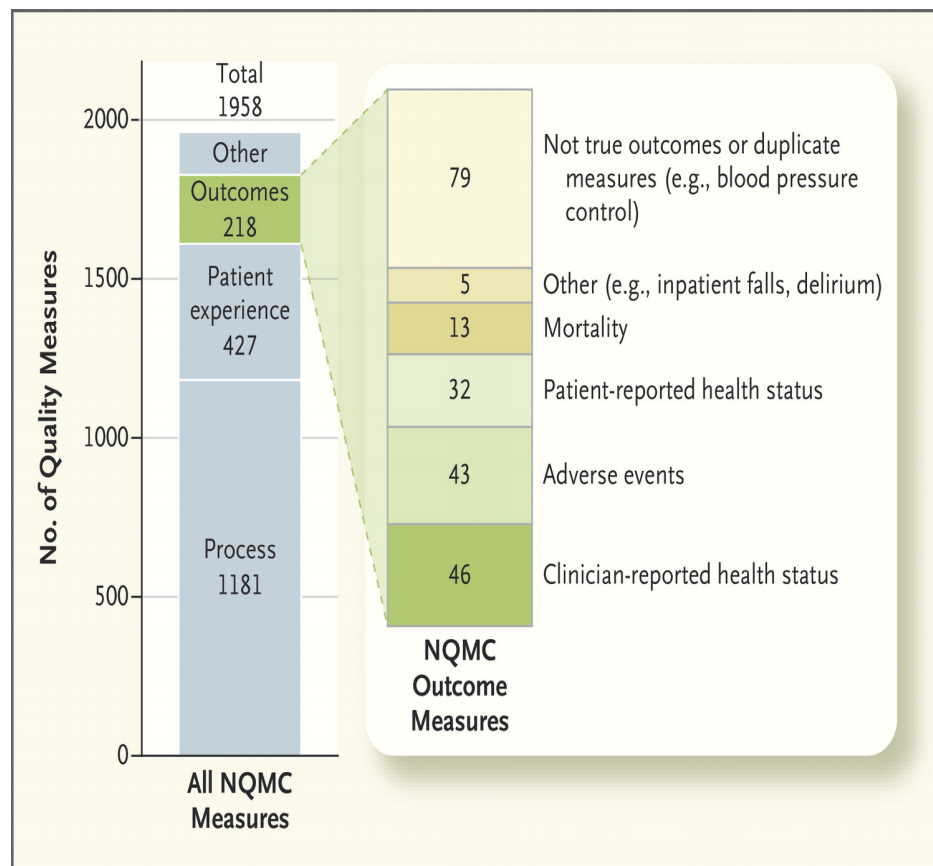
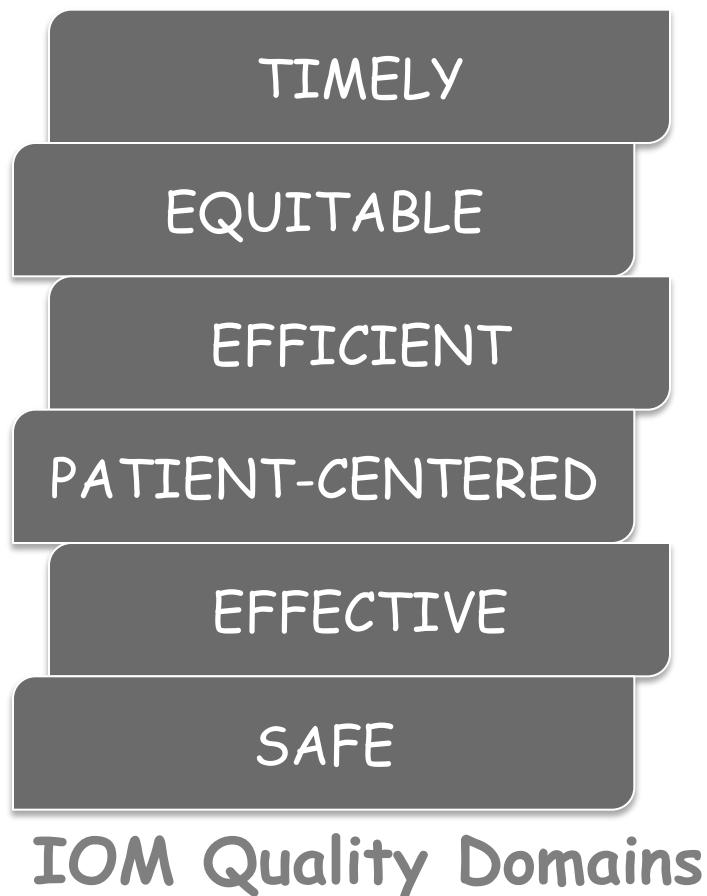
# BIG IDEA: Patient level MEASUREMENT



- Historical paradigm: quality assurance
- New archetype: measure & move the mean



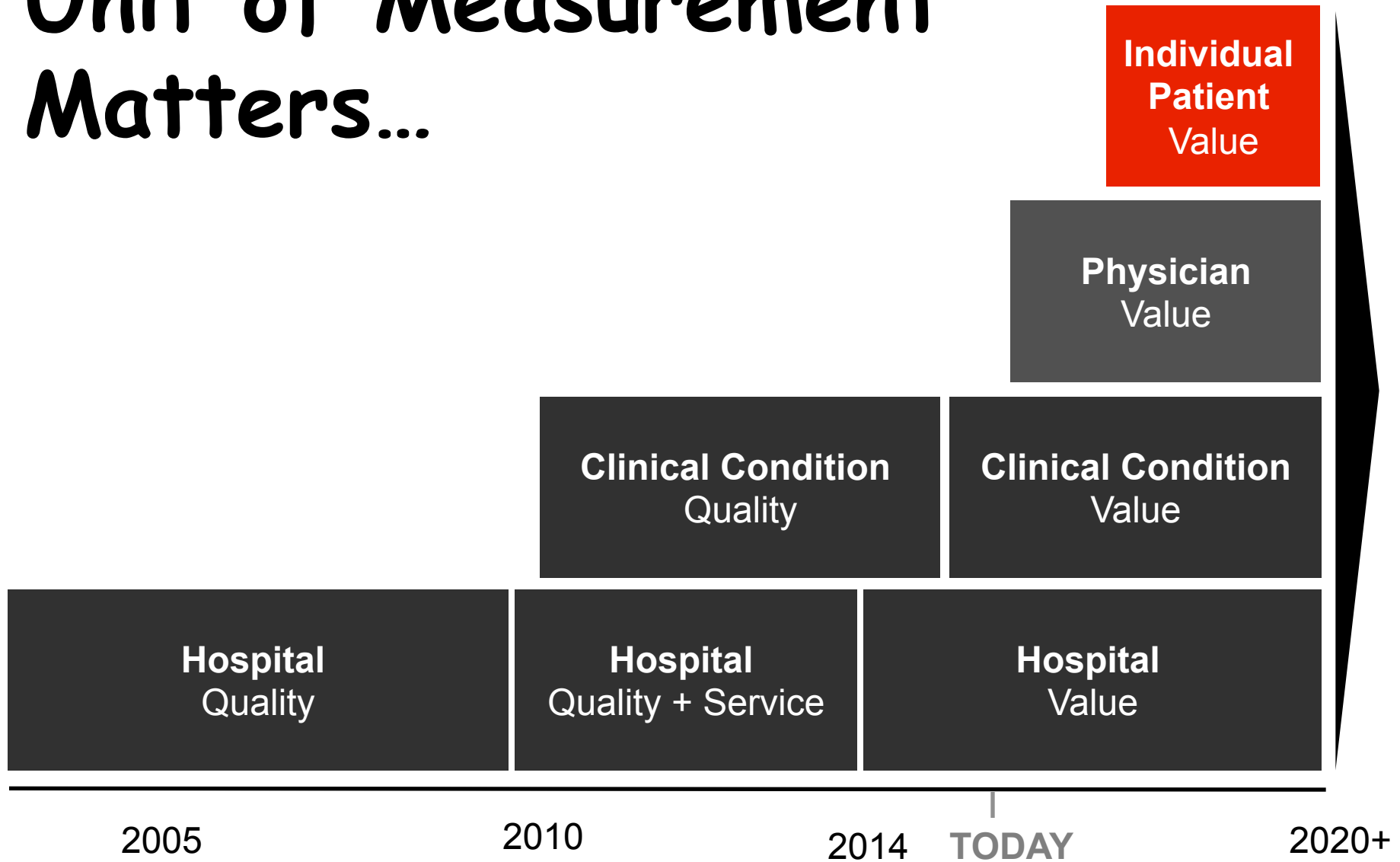
# We manage what we measure...

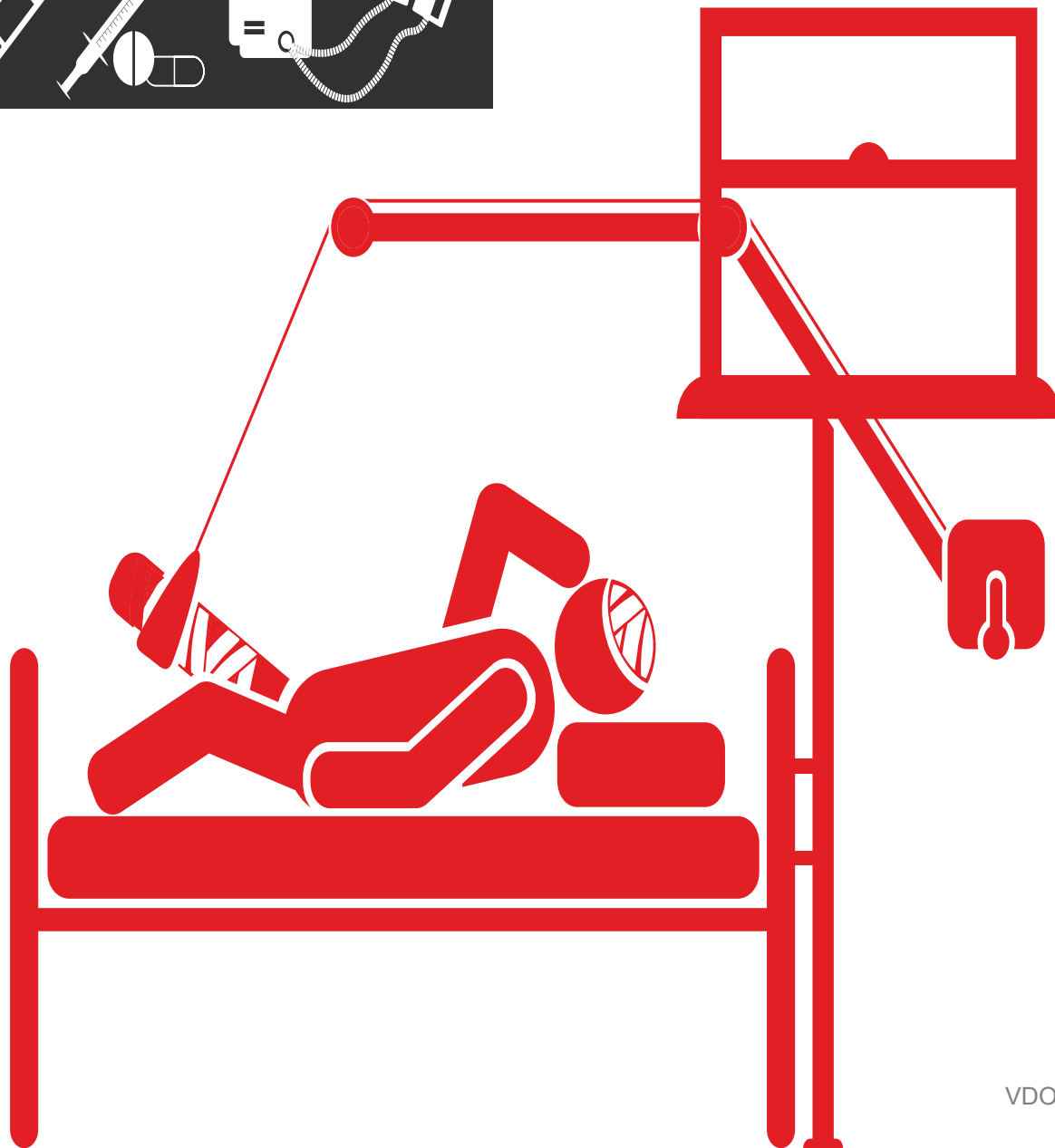
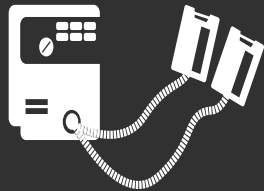


# Value, a Ratio...

$$\begin{array}{c} V \\ \text{VALUE} \end{array} = \frac{\begin{array}{c} Q \\ \text{QUALITY} \end{array} + \begin{array}{c} S \\ \text{SERVICE} \end{array}}{\begin{array}{c} \$ \\ \text{COST} \end{array}}$$

# Unit of Measurement Matters...





# UUHC Value Driven Outcomes: ORCA: Supply Usage by Case

**Input Controls**

Map Reset

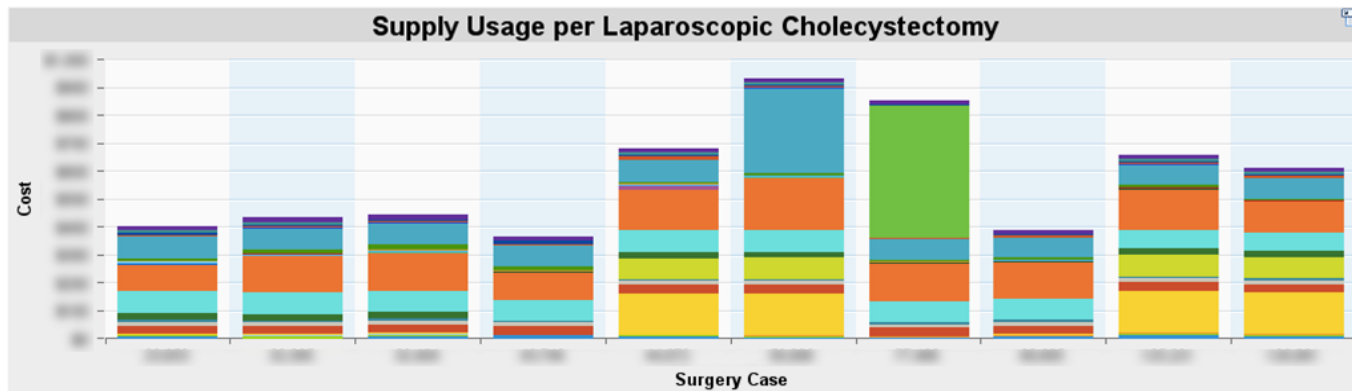
Block 1

Clear Filters

Surgery Case Number (Summary) =

Surgeon Name

- Surgeon 1
- Surgeon 2
- Surgeon 3
- Surgeon 4
- Surgeon 5
- Surgeon 6
- Surgeon 7
- Surgeon 8
- Surgeon 9
- Surgeon 10
- Surgeon 11
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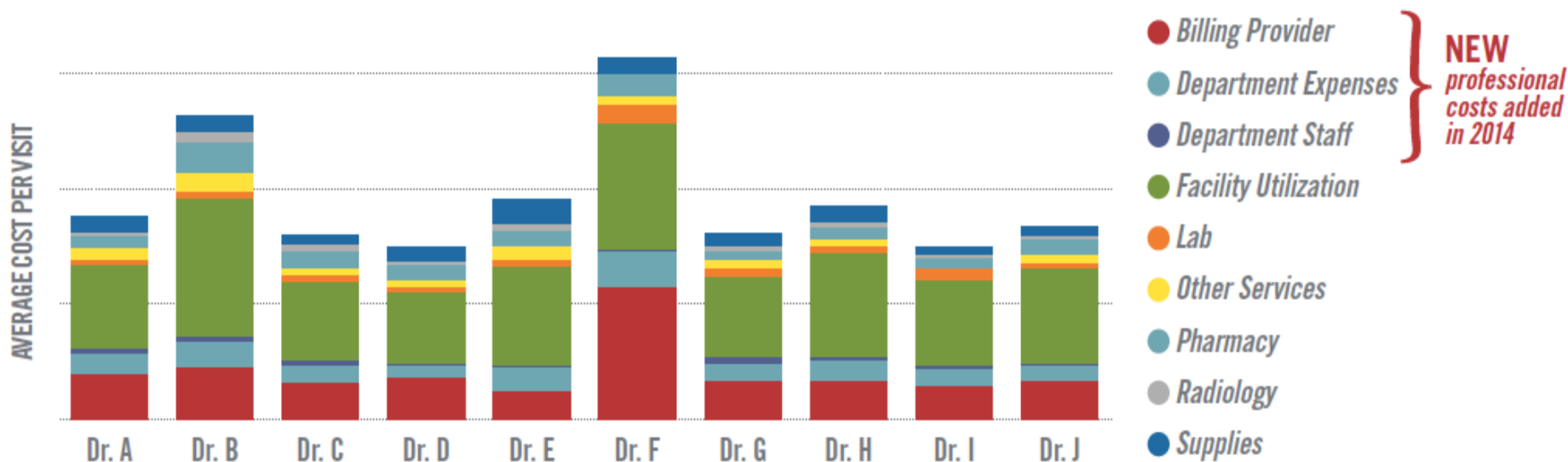
Supply Usage for Surgery Case **10000-10000**      Surgery Duration: 85 Min.      Total Supply Cost: **1000**

UNSPSC Description	Supply Implant Name	Cost Per Unit	Used	DPC Number Pulled	Total Cost
Surgical custom or specialty procedure packs	Pack, Cust Lap Chole	500.00	2	2	1000.00
Electrosurgical or electrocautery accessories or att	Bovie, Endopath, Pencil Handcontrol	100.00	1	1	100.00
Endoscopic monopolar or bipolar hand instruments	Bovie, Electrode 5mm Rt Angle	100.00	1	1	100.00
Endoscopic tissue or specimen removing devices c	Specimen Retriever 10mm	100.00	1	1	100.00
Endoscopic trocars or sheaths or obturators or can	Trocar 12mm 100mm Hisson	100.00	1	1	100.00
Endoscopic trocars or sheaths or obturators or can	Trocar 5mm 100mm Bladed	0.00	1	0	0.00
Endoscopic trocars or sheaths or obturators or can	Trocar 12mm 100mm Bladeless	100.00	1	1	100.00
Endoscopic cutting instruments	Tip Scissor Disp Metz Curved	100.00	1	1	100.00

Decision Support

# UUHC Value Driven Outcomes: Total Direct Cost Per Case

Value-Driven Outcomes (VDO) Report  
DRG 470 – Major joint replacement of the lower extremity



Source: Average hospital cost per visit, Discharges 2012–2014



# Patient Reported Outcomes

The ultimate measure by which to judge the quality of a medical effort is whether it helps patients (and their families) as they see it. Anything done in health care that does not help a patient or family is, by definition, waste, whether or not the professions and their associations traditionally hallow it.

(Berwick 1997)

Appointment Time	MRN	Name	Visit Number	Assessment Status	Completed Online?	Patient Handout
8:00 AM	<a href="#">12114559</a>	MERRILL, YVONNE	198334399	Not Started	No	<a href="#">12114559</a>
8:00 AM	<a href="#">20734464</a>	PUIG, ERIC	198329372	Completed	No	<a href="#">20734464</a>
8:30 AM	<a href="#">17280785</a>	CLAYTON-LEE, CASEY	197888508	Completed	No	<a href="#">17280785</a>
8:45 AM	<a href="#">16289399</a>	BEARNSON, JENNIFER	197993781	Completed	No	<a href="#">16289399</a>
9:00 AM	<a href="#">19508670</a>	WAMSLEY, MADELINE	198307351	Completed	No	<a href="#">19508670</a>
9:00 AM	<a href="#">20563961</a>	MAXWELL, LAWRENCE	197974909	Completed	No	<a href="#">20563961</a>
9:15 AM	<a href="#">02888394</a>	STARR, COLLEEN	194649525	Completed	No	<a href="#">02888394</a>
9:45 AM	<a href="#">02553055</a>	FERGUSON, HELEN	197625650	Completed	No	<a href="#">02553055</a>
10:00 AM	<a href="#">18276485</a>	MULSHINE, EILEEN	197219855	Completed	No	<a href="#">18276485</a>
10:15 AM	<a href="#">00436758</a>	ATHENS, JOHN	198049536	In Progress	No	<a href="#">00436758</a>
10:30 AM	<a href="#">09714635</a>	MECHAM, NICOLE	197692842	Not Started	No	<a href="#">09714635</a>
10:30 AM	<a href="#">11997160</a>	CLAYTON, JUDY	198738568	Not Started	No	<a href="#">11997160</a>
11:15 AM	<a href="#">09702960</a>	KOGIANES, AMY	197305255	Not Started	No	<a href="#">09702960</a>
11:30 AM	<a href="#">09159336</a>	BARTH, STEVE	198406594	Not Started	No	<a href="#">09159336</a>
11:30 AM	<a href="#">20521865</a>	STONE, RUTH	107625026	Not Started	No	<a href="#">20521865</a>

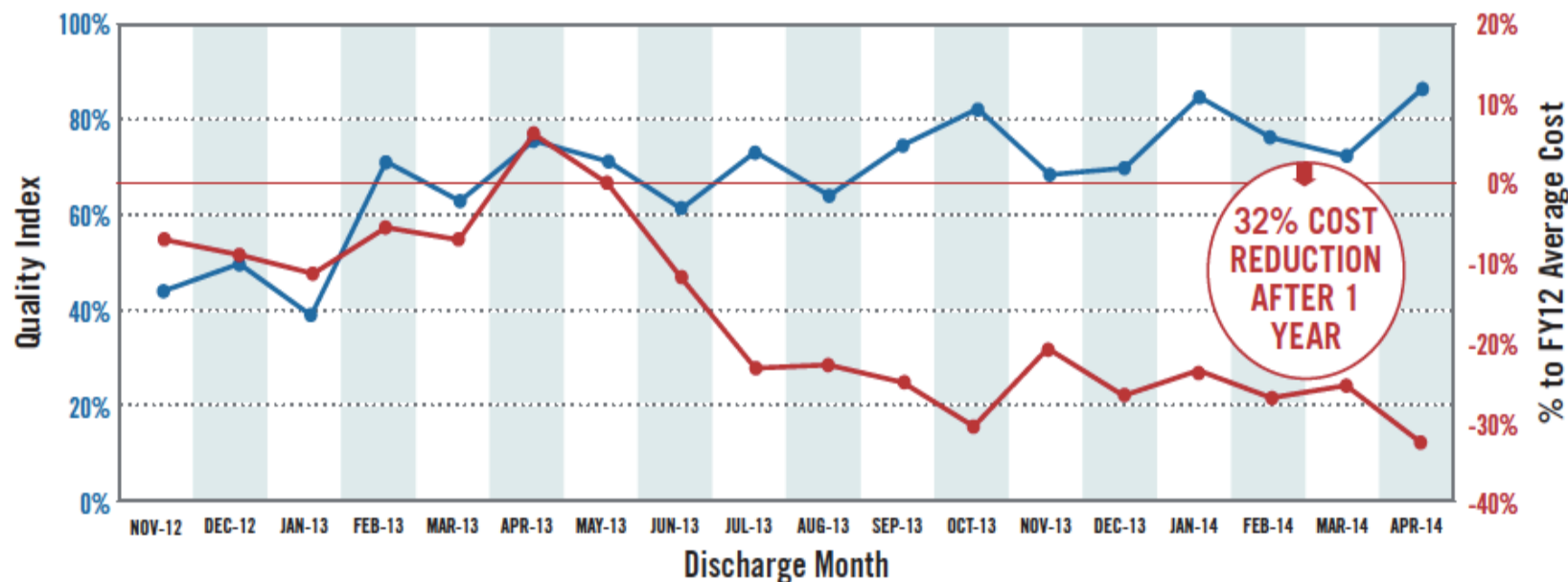
Provider Report

# Making **V**ALUE Driven Decisions

VALUE-DRIVEN OUTCOMES IN TOTAL JOINT REPLACEMENT:  
Higher quality drives lower cost

## PERFECT CARE INDEX AND AVERAGE COST

• Outcome: Perfect Care • % to FY12 Average Cost



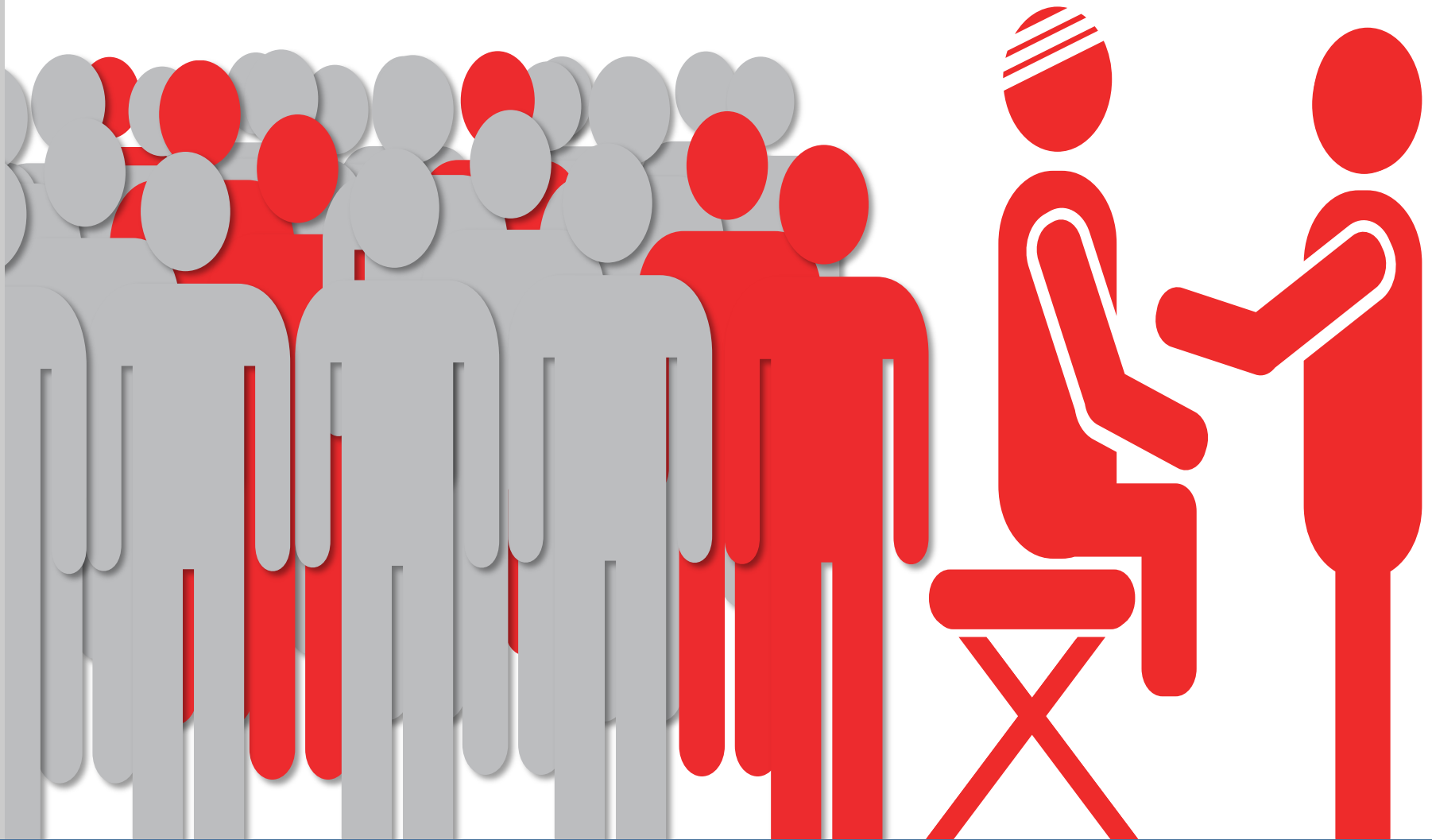
Quality Index: Percentage of all visits where selected care measure was met

% to FY12 Average Cost: Ratio of that months avg. cost compared to baseline 2012 avg. cost

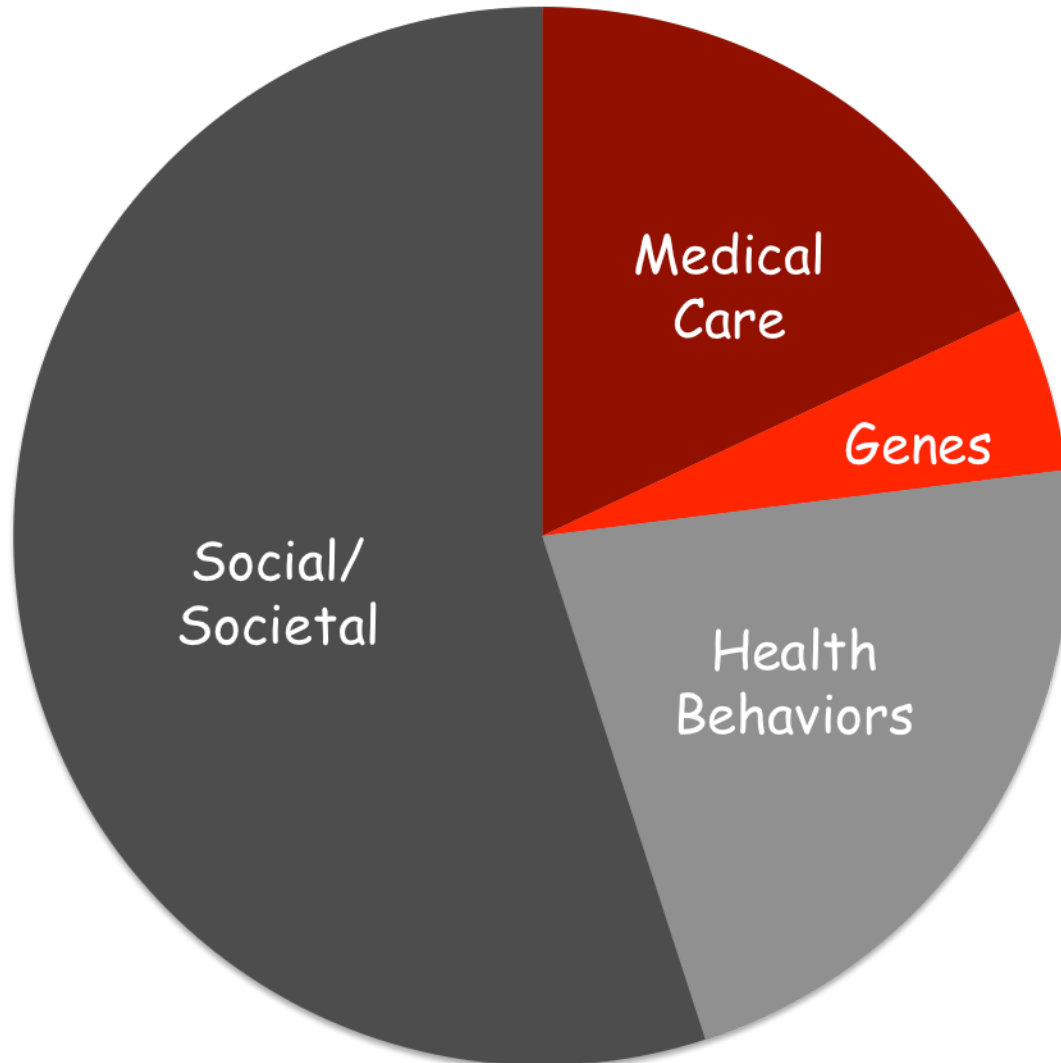
# Vision to action: The 3 Interconnected Revolutions...

1 PATIENT  
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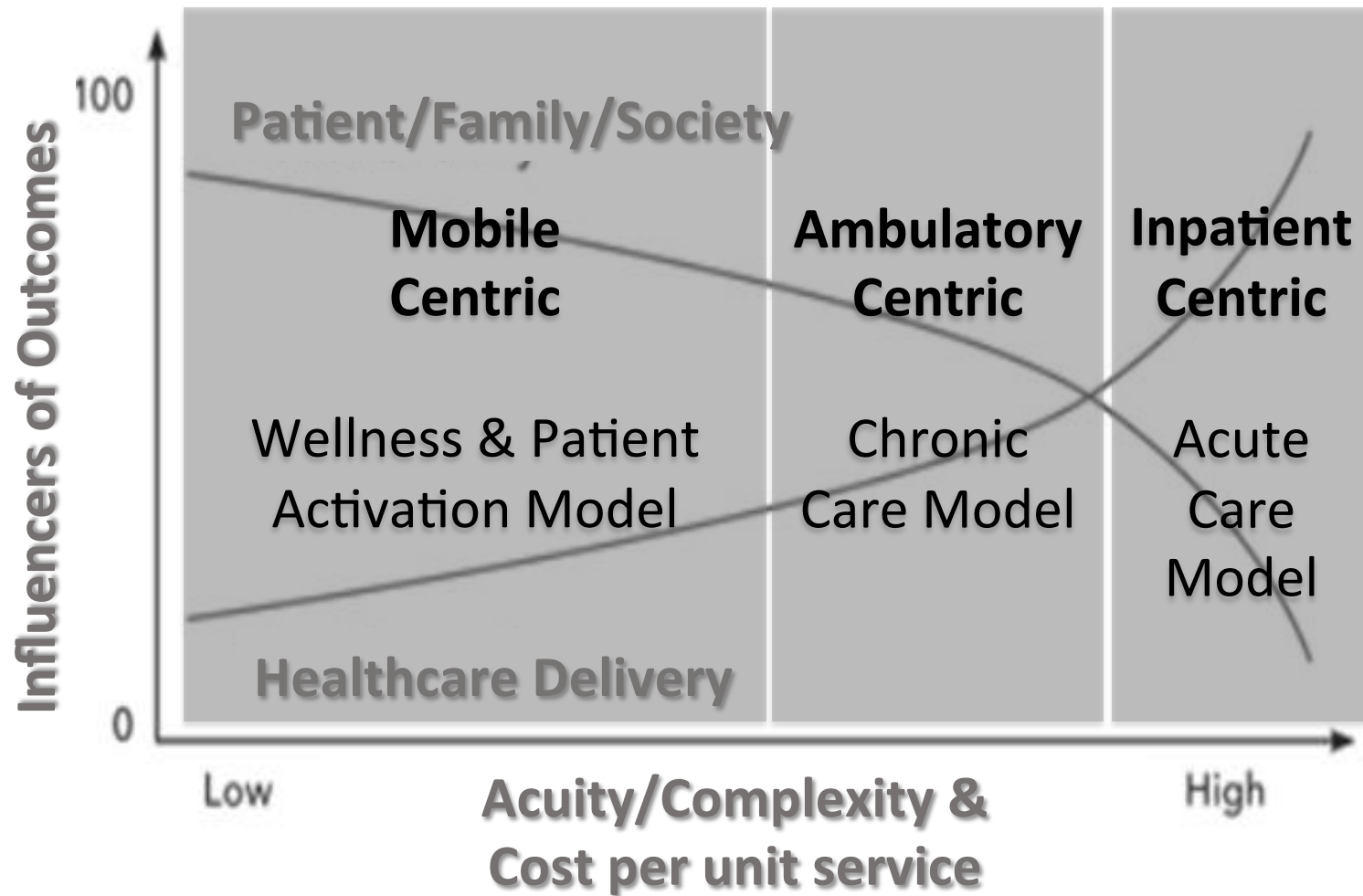
# BIG IDEA: LONGITUDINAL Care TEAMS



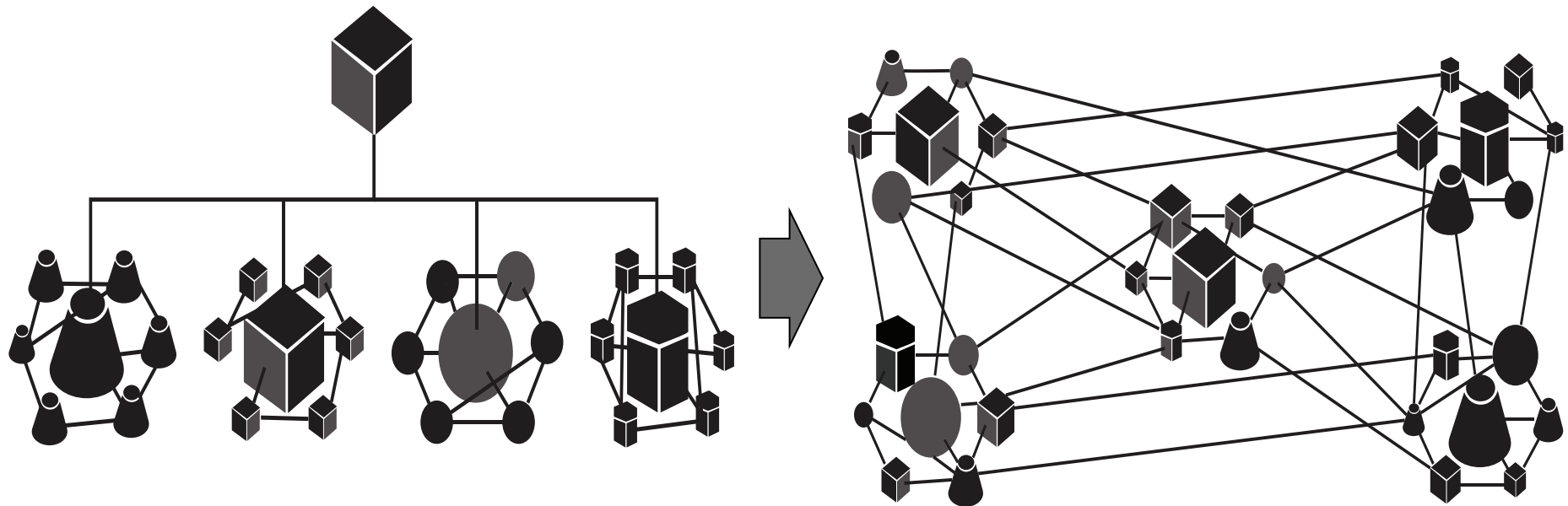
# Population Health Influences...



# Integrating to Advance Health...



# Teams need to be organized around the patients value stream...



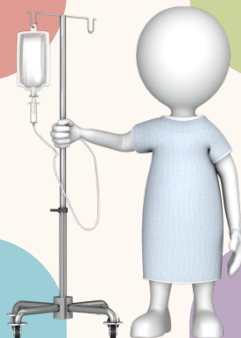
## 1. Teams organized around the patient and their needs

- Patients and population-based
- Market-facing presence
- Control over resources and required services

## 2. Integrated and coordinated care management

- Multidisciplinary care teams
- Expanded cycle of care
- Co-located space where possible

**Integrated**



**Units**

## 4. Financial integration

- A single bottom line for professional and facility
- Incentives aligned with system success

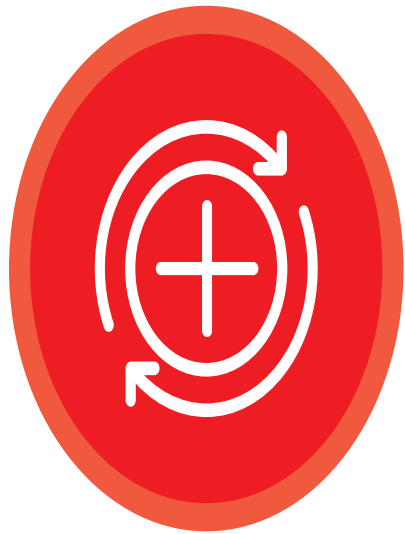
## 3. Singular and accountable governance

- Physicians and facilities
- Decision rights & accountability as close as possible to care delivery
- Measure of success is health outcomes and cost across a full care cycle

**Practice**



# FRAMEWORK FOR EXCEPTIONAL VALUE...



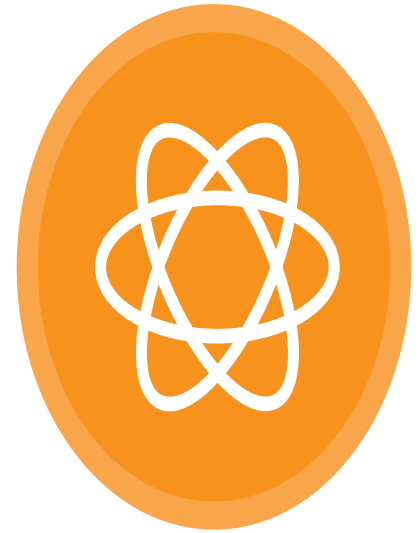
VISION



PATIENT



MEASURE



TEAM



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<http://healthsciences.utah.edu/value-university/index.php>