Empowering Clinicians to Reduce Unnecessary Care:
Understanding Practice Pattern Variation
Questions and Answers

*This document reflects discussion during the third Reducing Unnecessary Utilization learning module presented on November 17, 2016.

NRHI SAN Clinical and Quality Experts included on the Q&A panel:
Jan Singer, Massachusetts Health Quality Partners
Howard Beckman, MD, EagleDream Health

Are there any different approaches for primary care versus specialty practices when it comes to practice pattern variation analysis (PPVA)?

Approaches are usually the same. Focusing on differences in indications for procedures and conversations within or between specialties can be meaningful. It can be helpful for specialists and primary care providers to have conversations together about procedures that are needed for referrals to be accepted and those that are not as they will only be repeated by the specialist. These discussions can include reasons for certain procedures, for example MRIs. These conversations can result in significant changes and cost savings.

Critical to success in reducing variation is behavior change and change is most successful when it comes from internal motivation. Providers need to feel respected and receive acknowledgment that they are doing the best they can do. We need to ensure data is being shared in a non-judgmental way.

Tips from Dr. Howard Beckman on creating engagement for behavior change when talking to providers about practice pattern variation analysis:

- Keep the message clear and simple- don't overwhelm with data during initial conversations with providers. Frame PPVA as a standard part of organization's processes and start by sharing the variation curve. Give time for the providers to react and respond and try to refrain from sharing your thoughts on the variation.
- The stages of grief can apply when sharing variation data, often first comes denial about the variation and then anger. Respond to the emotion by calling out

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the anger and asking about it. Often by saying "*You seem upset"* you will receive a response like, *"I am upset"* which can lead to a meaningful discussion about the providers concerns (i.e mistrust of data, suspicions of intentions of project, etc.) and if you uncover the reasons for the anger you can address this and move forward. Some of the most influential conversations can be between people in their own group, learning different ways of doing things that they were previously unaware of. Providers tend to be non-confrontation people, so having these conversations can be very important, but tricky, training is recommended.

- Be aware to not use judgmental words, such as "outlier." Calling someone an outlier almost by definition results in defensive behavior which can lead to increased emotion and hostility.
- It is recommended to have an observer in the room, such as a QI Advisor who can point out what may have preceded a change in behavior.
- The less you ask people to change their behavior, the more they change their behavior. Showing providers the variation curve and asking them to think about what they may be doing differently is often enough. This gives the providers a chance to change their behavior without being forced or coerced. It's part of this model of collaborating and partnering without being oppressive.

What are some suggestions for practices who do not have access to a rich data source?

Providers can begin to look at the information they do have, especially if they have utilization data. They can see if there is a health plan or several practices that are part of the same group that would want to look at their data together. It's recommended to have about 20,000 data points to use the grouping process. Reach out to the largest insurer in your area. Insurers are looking for a competitive advantage and if they have a sense that you are willing to look at cost and quality together, they are more likely to want to work with you to share data. You can also reach out to the Regional Health Improvement Collaborative (RHIC) in your region to see what data they have access to. For more information on RHICs in your area, reach out to NRHI (elevi@nrhi.org)

Are there any unintended consequences of practice pattern variation analysis to be aware of?

If done correctly PPVA creates stronger community relationships. Entering into a process where people are working together under common goals can create an unexpected benefit. Dr. Beckman shared an example of a provider who was hesitant to

work with the insurer. The provider asked, *"Are you asking me to trust the insurer?"* To which Dr. Beckman replied, *"No, I'm asking you to give them a chance to be trustworthy."* This was an opportunity to restart relationships and work together successfully. The opportunity to come together on common ground was much greater than expected, which can foster strong relationships when people are honest about the goals.

MHQP required anyone who wanted to use data to participate in a training focused on improving skills in talking in a supportive manner to others about difficult topics raised by their performance as presented in the data. Training in these skills is critical to the success of these relationships.

In many instances, the cost drivers are not what people expected or were areas where providers had preconceptions of what their own behavior was that differed from their actual behavior, which shows the importance of having a data driven process.

For additional NRHI SAN resources: https://nrhisan.healthdoers.org/home

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