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Improvement

Getting to
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UT HEALTH
CASE STUDY

UTHealth: A Case Study in Physician Engagement in Transparency

As healthcare organizations across America move from volume-based models to value-based models, their payment and cost evaluation methods must evolve accordingly. Through its Total Cost of Care (TCOC) Project, the Network for Regional Healthcare Improvement (NRHI), with support from the Robert Wood Johnson Foundation, is leading the way in establishing a standard way to report cost information so that it aligns with national efforts and yet is consistent, relevant and actionable at the local level. NRHI recognizes that regions of the country are in different places on the continuum of measuring and reporting Total Cost of Care. In an effort to leverage and spread learnings across regions, keep communities engaged and keep organizations moving forward with this work, a funding opportunity was offered for development regions to work on overcoming specific barriers.

*These Case Studies are the stories of how development regions gathered lessons **from the field** and applied them **to the field** to meet the needs of their particular communities, and advance payment and cost reforms in the process.*

The Barrier: Physician Engagement in Transparency

As advisors to the State of Texas in its initial initiative in healthcare cost transparency, UTHealth focused on improving physician engagement. Physicians across the state are generally resistant to public reporting on cost and quality. According to an initial discussion with the Texas Medical Association in 2015, provider resistance was attributed to perceived differences in risk, inability to control patient behaviors,

UTHealth
The University of Texas
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University of Texas Health Science Center at Houston (UTHealth) is home to the Center for Healthcare Data Research (Center). This Center is within the Division of Management, Policy, and Community Health, and houses claims, administrative data, and electronic health record (EHR) data that is made available for scientific, institutional review. The directors of the Center, Drs. Trudy Millard Krause, and Cecilia Ganduglia-Cazaban have been involved in an advisory capacity to the State of Texas in its initial initiative in healthcare cost transparency, conducted through the Texas Department of Insurance (TDI) since 2012. With the encouragement of TDI, the Center initiated efforts to increase the healthcare transparency efforts within the state through the expertise and data capabilities of the UTHealth Center. UTHealth received a Development Site Grant from the Network for Regional Healthcare Improvement (NRHI) as part of a project funded by the Robert Wood Johnson Foundation.

patient non-adherence, a perceived focus on "shaming" instead of improvement and inappropriate measures.

UTHealth explored using the HealthPartners' Total Cost of Care (TCOC) framework and other quality reporting measures which will ultimately reflect on providers and decided to engage them early on in the process. Objectives for this project were to:

- Inform the physicians of Texas of the intent to report on TCOC and Quality

- Receive the comments, concerns and key issues of physicians regarding transparency reporting

- Acknowledge and address the provider issues selected or adapt measures for reporting

- Engage physicians in the process through meetings, advisory groups and other formats

Resolution of the barrier will allow UTHealth to move forward with the support of the providers who perceive themselves to be most at risk from transparency. With provider support, UTHealth's Center for Healthcare Date Research (Center) will be accepted as the key institution for analysis and reporting on the cost and quality of healthcare in Texas.

Strategies to Overcome Barrier

UTHealth believes it is essential to persuade providers of the importance of transparency, and that in a state as large as Texas, it is essential to reach out to physicians practicing in varied environments, such as large metropolitan multi-specialty practices, solo practices, rural practices, accountable care organizations, hospital-employed physicians and academia.

Their strategy was a three-prong approach which began by reaching out to the key physician organizations and associations/societies within the state. They contacted the Texas Medical Association (TMA) and held an initial meeting with the association staff to define goals and to request their support. The TMA then reached out to their membership and identified three practicing physicians from around the state to work

directly with the UTHealth committee. Three conference calls with this group were held to define the project and to get a general sense of issues and concerns among physicians. UTHealth also presented to the Harris County Medical Society, the Tarrant County Medical Society and the Texas Hospital Association. They reached out to all other state medical societies as well but had little to no response initially. In addition, they met directly with several key members of the University of Texas Medical School and the UTHealth Physicians Group, and made a presentation at the association of rural health providers.

Actions

UTHealth identified a select group of individual physicians representing the various practice environments to participate in a "think tank". They scheduled a "Transparency Think Tank" (Think Tank) meeting for Saturday, March 26, to which they invited select physicians to represent various groups, specialties, associations and other affiliations. The Think Tank had 14 physicians from across the state, three representatives from professional associations/societies and three UTHealth School of Public Health team members. They met for four hours for general discussion on the issues of healthcare transparency, measurement and reporting challenges, and constituent value. The result of the meeting was extremely positive and encouraging with a unanimous agreement to move forward with the support of the physicians. UTHealth invited two physician members of the Think Tank to be guests at the NRHI Getting to Affordability (G2A) National Physician Leadership Seminar at Stanford University. This was an extremely beneficial experience for both the physician guests as well as the UTHealth staff. The two physician guests have become strong physician champions for ongoing efforts.

What Physicians and the Community Stand to Gain

Involvement of the physician associations, the TMA and the local medical societies has also been incredibly helpful. All such groups appreciated having a voice in the project and have become extremely supportive, to the point of referring interested parties to UTHealth and speaking on their behalf in state efforts.

They utilized the Think Tank to explore options for transparency reporting. The UTHealth team assessed issues relating to transparency reporting and the challenges

of claims data. Key issues that required decisions were identified and evaluated. These issues were discussed by members of the Think Tank using an on line discussion board, created and monitored by UTHealth staff. The team then developed concepts for five approaches for physician quality and cost reporting:

1. Use select measures from the 415 National Quality Forum (NQF)/Center for Medicare and Medicaid Services (CMS) Qualified Entity (QE) standard measures. They reviewed and selected 19 quality measures that could be completed with claims data, in addition to cost and utilization measures.

2. Use the CMS Accountable Care Organization (ACO) measures and apply to practice groups.

3. Use the Bridges to Excellence measures,

4. Use measures that relate to clinical/treatment events that are considered adverse or contrary to practice/recommendations and report reverse rate.

5. Do a two-phase approach, beginning with reporting population health measures by patient zip code to reflect the health of Texas and identify variation. A second phase would then apply findings to reporting on individual or group providers.

Results

UTHealth reached an agreement with the support of the Think Tank to begin reporting select measures by creating an Atlas of the Health of Texas (Atlas), similar to that prepared by Wisconsin Health Information Organization (WHIO). The WHIO Interactive Atlas of Health Care in Wisconsin can be found at http://wisconsinhealthinfo.org/reports/atlas-of-health-care-in-wisconsin. WHIO provided a webinar that detailed their experience and recommendations which was shared with Think Tank members. The initial Atlas will use existing data from the Center to identify variances in cost and quality across the State, as an initial step to demonstrate need. The current data held by the Center represents approximately 80% of insured persons in the state.

UTHealth secured commitments with UT Health Physicians group (Houston) and University of Texas Medical Branch (UTMB) physician group (Galveston) to test measures using their billing data. This project will test various methodologies

for similar measures and assess the value of billing (claims) data for certain performance indicators. This project is scheduled to begin in January 2017.

UTHealth contacted state legislators who are appointed to the Insurance Committee when they learned that they were expressing an interest in learning more about healthcare transparency and all payer claims databases (APCDs). They were then invited to meet with several staffers to provide information on these issues as well as to update them on the efforts at UTHealth. They are continuing to provide the state legislators on APCD information including attendance at their annual conference in October 2016.

In addition, the State of Texas recently created the Texas Health Improvement Network (THIN) with stakeholders from across the state. A member of the UTHealth team has been appointed to the network and has attended the first meeting. At this meeting they had the opportunity to discuss their efforts and how those efforts could support the activities of THIN. During the meeting, a representative of the TMA strongly supported UTHealth's reports and advocated for support from THIN. Following the meeting THIN contacted NHRI about membership in their national organization.

Lessons Learned

UTHealth was pleasantly surprised by what they accomplished in 10 short months with the assistance and support of NRHI's G2A initiative. The guidance and cooperation that they have received from NRHI staff and the other NRHI member organizations has been extremely helpful in keeping them on a course towards success. Some of the biggest lessons learned:

- The cost of healthcare cannot be reported on its own as a comparative measure. Cost plus quality indicate value and both must be reported and assessed to enable transparency efforts to affect healthcare decisions.

- Physicians will be the subject of transparency reporting, which can be both threatening as well as an opportunity for improvement. Their involvement from the beginning is crucial.

- It is important to demonstrate the need for transparency. Variations in practice that impact variations in cost and quality need to be identified as the drivers for transparency.

Acknowledgments

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Network for Regional Healthcare Improvement

ABOUT THE NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT (NRHI)

The Network for Regional Healthcare Improvement is a national organization representing over 35 regional multi-stakeholder groups working toward achieving the Triple Aim of better health, better care, and reduced cost through continuous improvement. NRHI and all of its members are non-profit organizations, separate from state government, working directly with physicians, hospitals, health plans, purchasers and patients using data to improve healthcare. For more information about NRHI, visit www.nrhi.org.

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For more information about the Getting to Affordability initiative, visit our website at www.nrhi.org/work/multi-region-innovation-pilots/tcoc or email us at gettingtoaffordability@nrhi.org.

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