

2018 PGIP Fact Sheet

Resource Stewardship Initiative

Overview

Resource stewardship is the responsible management of health care resources to ensure patients achieve optimal outcomes while avoiding tests, treatments and procedures that have little or no added value or can be harmful. Prudent stewards consider which health care resources produce a benefit to the patient and avoid those that are of low value, potentially harmful or cost significantly more than those of similar value.

The Resource Stewardship Initiative encourages Physician Organizations and practitioners to reduce the use of 16 specific medical services, procedures, and tests that may be overused or are of questionable value, particularly those where there is significant variation among POs. All POs that were participating in PGIP when the initiative started in 2016 take part in the initiative

Background

Despite unusually low inflation in health care over the past few years, health care costs in the United States continue to rise, generally faster than the rate of the economy. Although there are many factors contributing to high health care costs, some stem from wasteful and unnecessary care. The Institute of Medicine estimates that unnecessary services contribute to the \$210 billion of annual wasted medical care.ⁱ Another study, by Berwick and Hackbarth, found that overtreatment accounted for between \$158 billion and \$226 billion in wasteful spending in 2011.ⁱⁱ The cost of unnecessary health care just in Michigan is estimated at \$15 billion annually.ⁱⁱⁱ

In 2015, the Health Care Resource Stewardship Committee core group, a small contingent of PO leaders, worked to frame how these efforts could best apply to a PGIP initiative. The HRSC core group, representatives from the Center for Healthcare Research and Transformation, University of Michigan, and Blue Cross staff, collaborated to design the initiative to address health care overuse. Together they developed the RSI's measurement specifications and test measures.

Goals and objectives

The RSI is designed to:

- Increase PO and physician involvement in the stewardship of health care resources
- Encourage conversations at the PO level and between physicians and patients about appropriate and necessary health care
- Identify and reduce variation in the use of potentially overused/unnecessary services
- Reduce the downstream costs of health care associated with performing overused/unnecessary services

- Promote the use of evidence-based health care services
- Provide data to the POs and physicians on performance and improvement on measures of judicious use
- Assist the POs and physicians in implementing interventions to promote behavior change
- Evaluate the effects of interventions and incentives on performance

The following 16 measures are rewarded through participation in RSI:

Antibiotics for adult acute bronchitis	Nuclear medicine/myocardial perfusion imaging (MPI) and stress echocardiogram
Appropriate treatment for children with upper respiratory infection	Colonoscopy with anesthesiologist/nurse anesthetist
Use of imaging studies for low back pain	Concurrent endoscopy and colonoscopy
Women younger than 30 years of age receiving human papillomavirus (HPV) testing, alone or in combination with cytology for cervical cancer	Laparoscopic cholecystectomy with and without robotic assistance
Pap smears for women younger than 21	Laparoscopic hysterectomy with and without robotic assistance
Imaging for uncomplicated headache	Annual testing - EKG testing
Imaging studies for syncope	Annual testing - Chest X-rays
Routine annual cervical cytology screening (Pap tests) in women 30–65 years of age	Annual testing - Vitamin D

The Resource Stewardship Initiative also includes three measures that are not rewarded, but are included for informational purposes: Intensity-modulated radiotherapy vs. brachytherapy treatment for prostate cancer, IMRT vs. 3-dimensional conformal radiotherapy treatment for breast cancer, and IMRT vs. 3D-CRT treatment for lung cancer.

Participation criteria

All Physician Organizations that were part of PGIP as of 2016 participate in this initiative. New PGIP physician organizations will join this initiative in 2019.

Results

It is still too early to see meaningful changes in the data. However, highlights of what POs accomplished as a result of the RSI include:

- Improvement in the specific measures selected by POs was better than improvement for the overall PGIP population. The average actual rate dropped (improved) in thirteen of the seventeen PO selected measures, compared to improvement in six of the seventeen measures for the entire PGIP population.

- Completion of 798 IHI Open School Courses by PO staff to assist with planning their improvement on their chosen measures
- Conversations among POs and local hospitals and urgent care centers regarding best practices
- More conversations among doctors about resource use

For additional information about this Initiative, contact:

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About Value Partnerships

Over a decade of innovation, Value Partnerships is a collection of clinically-oriented initiatives among Michigan physicians, hospitals, and Blue Cross Blue Shield of Michigan that are improving clinical quality, reducing health complications, controlling cost trends, eliminating errors, and improving healthcare outcomes throughout Michigan.

About PGIP

PGIP, a BCBSM **Value Partnerships** program, encourages, and rewards practitioners to more effectively manage patient populations and build an infrastructure to more robustly measure and monitor care quality. Over **40** Physician Organizations across the state of Michigan - representing nearly **20,000 primary care physicians and specialists** - are working together in PGIP to improve the delivery of healthcare for Michigan Blues members.

PGIP is cultivating a healthier future for all Michigan residents by catalyzing an all-payer system. Patients throughout the state, regardless of payer, benefit from improved care processes developed in the PGIP provider community.

For additional information about PGIP:

Send an email to valuepartnerships@bcbsm.com.

Visit our website at www.valuepartnerships.com.

ⁱ Institute of Medicine. Transformation of health system needed to improve care and reduce costs. (n.d.) Retrieved from <http://resources.iom.edu/widgets/vsrt/healthcare-waste.html>.

ⁱⁱ Berwick, D. & Hackbarth, A. (2011). Eliminating waste in US health care. *Journal of the American Medical Association*, 307, 14, 1513-1516.

ⁱⁱⁱ Frequently Asked Questions. (n.d) Retrieved from:

<https://public.mphi.org/sites/sim/faqs/Documents/Frequently%20Asked%20Questions%205.30.13.pdf>.

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