



IMPROVING WISELY

improvingwisely.org

A NATIONAL PHYSICIAN ENGAGEMENT PROJECT

A Physician Program to Reduce Low Value Care, Improve Quality and Lower Costs

What is Improving Wisely?

***Improving Wisely* will create a physician-specific data report for specialty organizations to mail to individual physicians along with a cover letter from the organization.**

The *Improving Wisely* project uses sophisticated analyses to identify doctors whose performance is considered to be extreme outlier performance relative to the mean.

Outliers will be informed of their status relative to regional and national benchmarks, notified of ongoing review, and offered coaching and other resources. Extreme exemplars may also be similarly notified of their good performance. In the spirit of peer engagement, letters will be sent from the clinical specialty Physician Engagement Council (PEC)—a respected group of physician peers within the specialty that will have broad geographic and professional association representation. Reports will feedback specialty-specific metrics that are defined and endorsed by each specialty's PEC.

What problem does Improving Wisely address?

One-third of healthcare expenditures are wasteful and do not improve health. This waste harms patients in the form of inappropriate and unnecessary procedures, tests, and medications. Variations in quality result in disparities in risk-adjusted complication rates.

In addition to the human toll, the problem of variation is costing the U.S. healthcare system \$750 billion a year, according to the 2012 Institute of Medicine Report. Conversations regarding the cost and quality of healthcare are inseparably linked. Meaningful data on physician-level resource utilization and patient health and procedure complications can serve as surrogate measures of preventable cost in the healthcare system.

Remarkably in healthcare today, a physician can practice as an extreme outlier for their entire career and never know their performance relative to national benchmarks. In addition, a surgeon can operate their entire career and never receive feedback on their judgment or technique. Improving Wisely uses physician-endorsed methods to identify physicians who may need help. The performance notification aims to guide outlier physicians to the help of colleagues in a supportive, non-punitive manner. The goal is betterment, rather than embarrassment - a peer-to-peer dialogue, rather than a threatening notice.

What are the principles of Improving Wisely?

The *Improving Wisely* Campaign is designed to champion the following principles of change management:

- **Peer-based** monitoring of standards within specialty, independent of outside entities
- A positive, **non-punitive** approach
- **Transparent data** feedback to the doctor
- **Engaging** with clinicians, offering resources
- Utilizing a “**Hawthorne Effect**” to reduce variation
- **Facilitate awareness** about variation in medical quality within the specialty at large
- Promote a larger **conversation about potential interventions** to address costly variation

How Notification Works

Each clinical specialty PEC will edit and approve their own letter to include the above components. To engage outlier physicians in a meaningful way, a notification letter will contain the following elements, while emphasizing the positive purpose of the project to inspire improvement and promote high-quality care:

- Goal of achieving excellence in outcomes (specific metrics outlined)
- Confidential notification
- Non-punitive tone
- Educate the recipient of their performance and national or state benchmarks
- Offer resources of coaching, mentorship and educational resources
- Inform recipient of ongoing review
- Invite recipient to submit an explanation of the outlier data due to unique circumstances (underserved geography) or patient population (tertiary referral practice)
- Letterhead includes endorsement by a respected group of peer physicians within the specialty

Role of the Physician Engagement Council (PEC)

The PECs will serve a central role in this project and they will be the authors of the notification letter. PECs will be advised by the Project’s Executive Committee. The executive committee will serve as the steering committee and will oversee metric establishment, goal setting and ongoing evaluations. Members of the PEC will be chosen and invited based on the following criteria:

- Busy, practicing physician within the specialty
- Demonstrated national leadership within the specialty
- Respected by Peers
- Commitment to a two-year term

Additional Reading

In medicine, the problems of wide variations in quality and poor compliance with evidence-based care are as old as the profession itself. As with automobile safety, more education, while important, is not a realistic solution to the problem. So can peer-based data feedback in medical care be a game-changer for healthcare's quality and waste conundrum? Early experiences suggest it can.

Long after the World Health Organization's hand washing declaration and aggressive global awareness campaign, behavior change among healthcare workers remains a chronic struggle. At Long Island's North Shore University Hospital, hand washing compliance rates were consistently low despite educational efforts there. But serious about fixing the problem, the hospital installed cameras to monitor hand-washing rates and fed the data back to the staff by peers (the hospital's infection control doctors). As a result of the program, compliance increased from 6.5% to 90%, demonstrating the power of the Hawthorne effect in the medical setting.

At Indiana University, Rex et al. decided to utilize the record feature of colonoscopy video equipment to tackle the long-standing problem of quality variations of colonoscopies. For months, they performed a blinded review of colonoscopy videos performed by seven gastroenterologists who were unaware that their procedures were being recorded. Procedure quality scores and mucosal inspection time data were collected based on established criteria. Wide variations in quality were found. The researchers then announced to the gastroenterologists that their videos are being recorded and peer-reviewed. Following the announcement, colonoscopy mean inspection time increased 49% and quality of mucosal inspection improved 31%. This demonstrated that the Hawthorne effect and internal data transparency among peers can result in dramatic improvement in quality.

In the area of compliance with evidence-based practices, there is another example of using data to improve better medical care. Gottumukkala et al. have used video recording to monitor compliance with pre-procedure checklists with feedback to members of the medical team. The group reported substantial improvements in checklist performance with data monitoring.

There is also preliminary data that doctor-to-doctor coaching works. In the same way that football players learn from watching videos of past games with a coach, doctors can also learn from their performance with a coach. At the Brigham and Women's Hospital, Hu et al. developed a coaching program where, for one-hour, surgeons reviewed their procedure videos with an expert. All the surgeons who participated in the program found the experience to be valuable. Developing independent coaching networks will require an investment, but, beginning with the outlier physicians who need the most help, the potential reward of improving procedure quality and reducing complications is great. Data transparency marshaled and communicated by physician peers has wide-ranging implications to decrease waste in healthcare.

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