COMPETENCY ORIENTATION GUIDE

Competency: Align evidence-based care efforts with cost-saving strategies under value-based contracts
Competency: The Committee on Evidence Based Care

BACKGROUND

The Accountable Care Learning Collaborative is a non-profit organization dedicated to accelerating the health care industry transition to accountable care by identifying the care delivery competencies needed for providers to succeed in risk-bearing payment models. The ACLC's Competency Orientation Guides (COGs) each give an overview of a single competency and break it down into more digestible components. Each COG represents the distilled insights from the deliberations of a dedicated committee comprised primarily of leaders from provider organizations, but also industry partners, and ACLC staff. In this case, this COG was developed by the Committee on Evidence Based Care (the "Committee") which convened between October and December of 2019.

COMPETENCY IMPORTANCE & CONTEXT

As the health care sector transitions to a value-based payment system, stakeholders seek strategies to increase the quality of and decrease the cost of care. The renewed application of evidence-based care (EBC) presents a solution by facilitating the reduction of preventable variation in care and improving outcomes by ensuring practice is informed by evidence. Although there is widespread recognition of EBC as a valuable and necessary tool in health care, the practical application of the concept can be difficult – especially when balanced with the need to reduce costs. Additionally, when one accounts for the potential mismatch that exists between the payer, health system, provider, and patient definition of positive care outcomes, execution can become particularly challenging. As such, the Committee, through a combination of pre-session interviews and group discussions, broke the competency down into activities related to prioritization and activities related to continuous review.

Competency Framework

Competency: Align evidence-based care efforts with cost-saving strategies under value-based contracts

1. Curate a prioritized list of care delivery services for system standardization and implementation planning based on evidence-based care (EBC) adherence rates, and cost and quality impactibility

   A. Generate focus areas based on internal data and employee nominations

   B. Generate focus areas based on external information sources and best evidence*

2. Regularly and systematically convenes clinicians, administrators, and payer partners to collaboratively review market (e.g. payer, HIE), health system, and individual EBC performance

   A. Review individual performance vs health system performance

   B. Review health system performance vs market performance*

   C. Deliberate on supporting technology development, modifications, and purchases*

   D. Makes recommendations to the prioritization team based on health system performance*

*Aspects to be considered in future committees

IMPORTANT TERMS

Evidence-based Care (EBC) was agreed upon as the most appropriate title for the Committee, as the term is inclusive and flexible for discussion purposes, as opposed to terms used in narrower, more defined fields like Evidence-based Medicine. Additionally, when discussing the elimination of unnecessary services, the Committee settled on the term value-optimization rather than waste to ensure the focus remained on quality rather than exclusively cost savings. Lastly, the term preventable or avoidable variation was determined to be more appropriate than unnecessary or unjustified variation when used in reference to care that varies for reasons other than clinician discretion based on patient profile or patient choice.

SUB-COMPETENCIES AND COMMON ELEMENTS

1. Curate a prioritized list of care delivery services for system standardization and implementation planning based on EBC adherence rates, and cost and quality impactibility

Element A: Generate focus areas based on internal data and employee nominations

Committee Insights:
- Identifying where there is variation in care should be the starting point for EBC work focused on value-optimization.
- Quality should be the primary driver of EBC work, not cost. If quality improves, costs will be reduced either indirectly through improved patient outcomes, or directly if the organization is engaged in a contract with quality-related payment incentives.
- Provider systems should focus on an array of factors when prioritizing EBC work, including:
  - Impact to patient – this should be the primary driver of any EBC efforts
  - The volume of services – services provided rarely or to a very small subset of patients may not be the most important focus
  - Total cost of care – if a service has a low per-case cost but is a high-volume service, the total cost of preventable variation can be a burden on the system
- "Bottom-up" prioritization (where employees nominate focus areas) activates those who deliver care to develop, disseminate, and implement practice change. This helps to generate buy-in and commitment across the organization.

Challenges and Responses:
- **Challenge:** Obtaining access to reliable and meaningful data about the patient population in order to make informed decsions.
- **Response:** It is unnecessary and impossible to gather every data point before reengineering EBC work. Use the data that is available to provide a snapshot of current patient management and as new data are acquired over time, use it to make incremental care improvements

Potential Qualitative Indicators:
- Organization generates an internal list of focus areas annually with corresponding quarterly performance reports
- Employees show high engagement in the focus area generation process

2. Regularly and systematically convene clinicians, administrators, and payer partners to collaboratively review market (e.g. claims and HIE data), health system, and individual EBC performance

Element A: Review individual performance vs health system performance

Committee Insights:
- Patients should be explicitly included in EBC prioritization, practice design, and implementation efforts; patient experience, and shared decision making should be incorporated into protocols executed in the clinical space.
- Clinicians have the advantage of being more patient-centered than payers and administration and are earnest in their beliefs that they are providing the highest quality care, but they may lack the data and context that administrators can bring. This can create a sense of conflict between clinicians and administration.
- Successful implementation requires local adaptation at the practice, clinic, and unit level. Changing local climate is critical to facilitate this adaptation, and is best achieved by empowering clinical staff leaders.

Challenges and Responses:
- **Challenge:** Clinicians' tendency to focus on individual practice rather than overarching organizational goals.
- **Response:** Clinicians should be focused on one patient at a time, while the administration provides clinicians with the support needed to optimize outcomes for each patient interaction, and the data to give insight into how their care is driving outcomes at the population level.
- **Challenge:** Overcoming conflict between clinicians and administration.
- **Response:** Hire individuals who understand both the clinical and administrative side of health care and can act to bridge the gap between the perspectives of the respective groups and the resulting processes.

Potential Qualitative Indicators:
- Alignment between health system quality metrics and payer quality metrics
- Presence of clinical-administrative hybrid staff members

GENERAL RESOURCES FOR FURTHER EXPLORATION:

- InterQual and MCG are guidelines frequently used by payers when designing plan product and coverage determinations
- NEJM Catalyst Innovations in Care Delivery article describing how payer-provider partnerships can accelerate the adoption of evidence-based care
- The ACLC's whitepaper, "Skills and Mindsets of Leadership Teams in Successful ACOs," provides leaders with guidance to enhance local change adoption
- Cochrane produces systematic review of research to guide providers in delivery evidence-based care
- Choosing Wisely provides guidance on fostering communication about evidence-based care between patients and clinicians
- The US preventive Services Task Force provides makes recommendations on screening and preventive services