The Cleveland Clinic’s Journey from Volume to Value in the Era of Healthcare Reform

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About Me…

- Practicing internist and ID physician for 32 years
- Cleveland Clinic 1986-2002, 2011-present
- Massachusetts 2002-2011
- Doctoring and medical education my core skills
- No disclosures
Agenda

• Our imperative

• Our strategy

• Transforming the care delivery model
Our Burning Platform

- Cost
- Price
- Outcomes
- Transparency
- Growth strategy
The Value Imperative

Volume ➔ Value

The shift to value is the centerpiece of our strategy
Value Defined

Value = \frac{\text{Outcomes}}{\text{Cost}}

\begin{align*}
\text{Outcomes} & : \text{Quality, Health Status, Process, Experience} \\
\text{Cost} & : \text{Event, Episode, Per Capita}
\end{align*}
Reducing Unnecessary Variation

- Improves quality
- Decreases cost
- Demonstrates value
Value-Based Care: Central to Strategy

- Care System
- Retail Venues
- Home
- Community-Based Organizations
- Post-Acute (other)
- Independent Physician Offices
- Skilled Nursing Facilities
- Rehab
- CC Clinic
- Emergency
- Ambulatory D&T
- Hospitals
- MyChart

Strategy

Value-Based Care System

Retail Venues

Home

Community-Based Organizations

Post-Acute (other)

Independent Physician Offices

Skilled Nursing Facilities

Rehab

Care System

MyChart

Ambulatory D&T

Hospitals

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Strategy

Value-Based Care System
Cleveland Clinic Integrated Care Model

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Transforming Care

- Evidence/Experience
- Standardization
- Hand-offs
- Continuum

System of Care
- Pt Experience
- Quality
- Safety
- High Reliability
- Efficiency

VALUE
Tool: Care Paths

- Standardization vehicle
- Integration mechanism
- Led by Clinical Institutes
Care Path Defined

• Multidisciplinary
• Optimizes value
• Reduces unnecessary variation
Care Path Defined

• Evidence or experience-based

• Not always a single approach

• Expected practice yet allows judgment

• Some clinical activities will not apply
Care Path Development

1. Disease Identification
2. Care Path Guide
3. Technical Specs & Workflow
4. Mapping
5. Programming/Build
6. Production
Care Path Approach

1. Disease Identification
   - Enterprise Criteria
   - Scope/Episode

2. Guide
   Clinical Narrative
   • Purpose
   • Background and Significance
   • Clinical evaluation and Documentation
   • Workflow Narrative and Tools
   • Outcome measures
   • Citations

3. Content
   Knowledge Base
   • Visit/Venue Matrix
   • Workflow Diagrams
   • Documentation
   • Orders
   • Metrics
   • Snapshots
   • Reports

4. Mapping
   Data Definition
   • Map to ontologies
   • Data sources
   • Data storage
   • Rules
   • Mock Ups

5. Programming
   Build
   • Epic configuration
   • Orders/Order Sets
   • Factors
   • Forms

Move to Production

Near-term work
Fully Mature Care Path Guide
Will Address:

- Quality metrics
- Appropriateness criteria
- Screening & prevention guidelines
- Health status measures
- Cost
Care Path Guide Development Approach

• Driven by Clinical Institutes
  - > 750 caregivers

• Collaboration - Cross-Institute, Cross-Venue & Quality Alliance

• Wave 1: 50 Care Path Guides by 12/31/13
We are building Vespas and Maseratis...
Purpose of this Guide:
The Cleveland Clinic Orthopaedic and Rheumatologic Institute performs more than 1200 primary Total Hip Arthroplasties (THA) per year, making it one of the higher volume surgeries in the Cleveland Clinic. THA is also one of the most variable surgeries performed in the United States, with cost\(^1\) procedure, implant selection, length of stay (LOS), infections and re-admission rates, and post-operative management\(^2\) varying greatly between and within most systems.
Comprehensive Care Coordination
The Second Key Competency

- Aligned across the continuum
- Focus on high risk patients
- Primary and specialty care
- Leverage technology
VBC = Care Transformation

Clinical Leadership is Critical
Contracting

- We are aligning contracting with the clinical enterprise
- Multidisciplinary contracting team with Physician and Finance Co-Chairs
- Subject matter content experts for specialty care
The Cleveland Quality Alliance

Jointly-established quality standards
Reward for quality and efficiency
Drive to better outcomes
Drive to improve value for patients, providers and payers
The Quality Alliance
Four Strategic Objectives

• Superior practice quality and efficiency
• Document high-quality care
• Recognize superior performance
• Distribution vehicle for CCICM
Over 5,000 Provider Members

Quality Alliance Member Total
5,080

As of 1.11.13

Total Membership = MD/DO/DPM/Team-Health ED (3,545) + AHP (1,535)
Most providers are specialists

- Specialist: 63%
- PCP: 37%
We are moving to population management in all primary care practices

- 260,000 lives
- 240 providers
- 39 practices at 29 sites
- Team based care
  - Testing different models of PCMH
  - Embedded care coordinators, pharmacists
  - Enhanced access
- Epic registry function
- Advanced IT population management and analytic capabilities in development
Other care transformation tactics

- Wellness widget
- E-visits
- Shared medical appointments
- Distance health
- Other lower cost sites of service
- Rationalizing sites of service distribution
- Preferred post-acute partnerships
... And we are teaching the young people these new skills

- 126 IM residents moved to block rotations in population management in July 2012
- CCLCM curriculum implemented years 1, 2
- OU and South Pointe partnership
The Cleveland Clinic’s Secret Sauce

- Model
- Leadership
- Culture
- Innovation
- Engagement
- Pride

Patients First
“The strength of the pack is the wolf, and the strength of the wolf is the pack…”

Rudyard Kipling
“The future belongs to those who believe in the beauty of their dreams…”

Eleanor Roosevelt
Q & A
Cleveland Clinic

Every life deserves world class care.