

*The heart and science of medicine.*

# Green Mountain Care Board UVMHealth.org

## Strategies to Reduce Cost and Improve Care

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# What is the Imperative

- Fee for Service pays for volume.
  - Incentivizes doing more cases.
- All Payer Model- a value based system
  - Allows for investments to keep the population healthier
- All Payer Model margin not generated by volume.
  - Margin comes from quality and efficiency.

# Network Quality Council

- Clinical Leaders/Quality Leaders/Administrative Leaders
- Meet every other month
- Use Clinical, Quality and Cost data.
- Focused on Care Variation and Cost Data.

# How do we choose projects?

- Utilization
- Variation
- Cost
- Quality

# Emergency Medicine Chest Pain Protocol

- What is it?
- Why did we pick it?
  - Improve care/Decrease cost/Enhance patient experience
- What was the opportunity?
- What did we do?

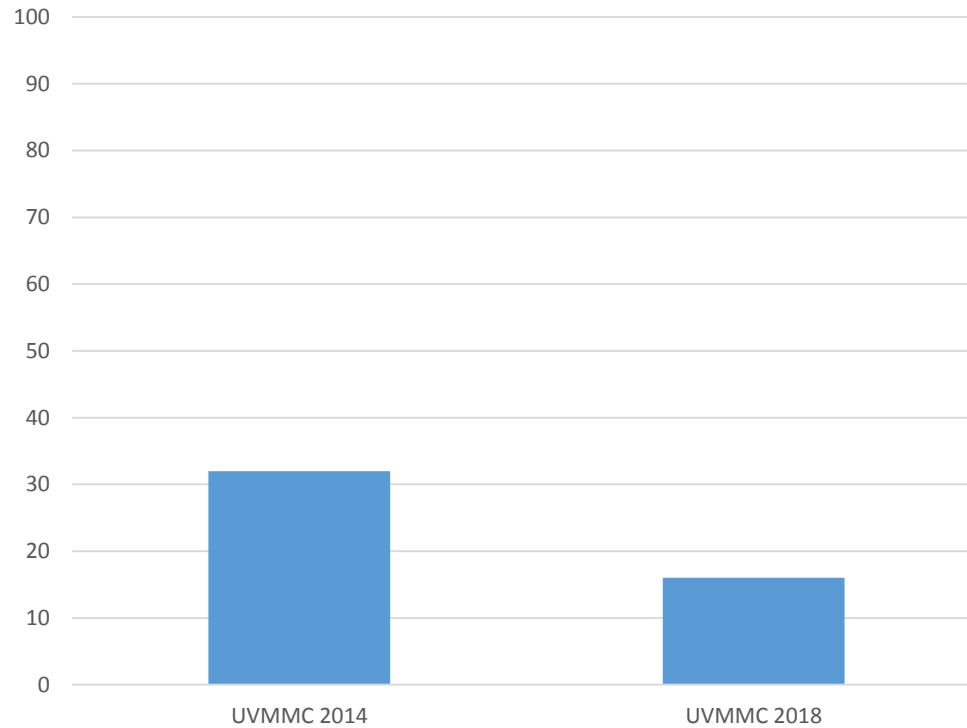
# Emergency Medicine Chest Pain Protocol

- In 2014, 32% of chest pain patients admitted after Emergency Department evaluation.
- Many of these patients cleared over a period of 24 - 36 hours and discharged.
- Through better tests/standardization/collaboration with Cardiology and Pathology in 2018, 15% of patients admitted.
- Careful follow up has found no missed heart attacks.

# Timeline of Implementation

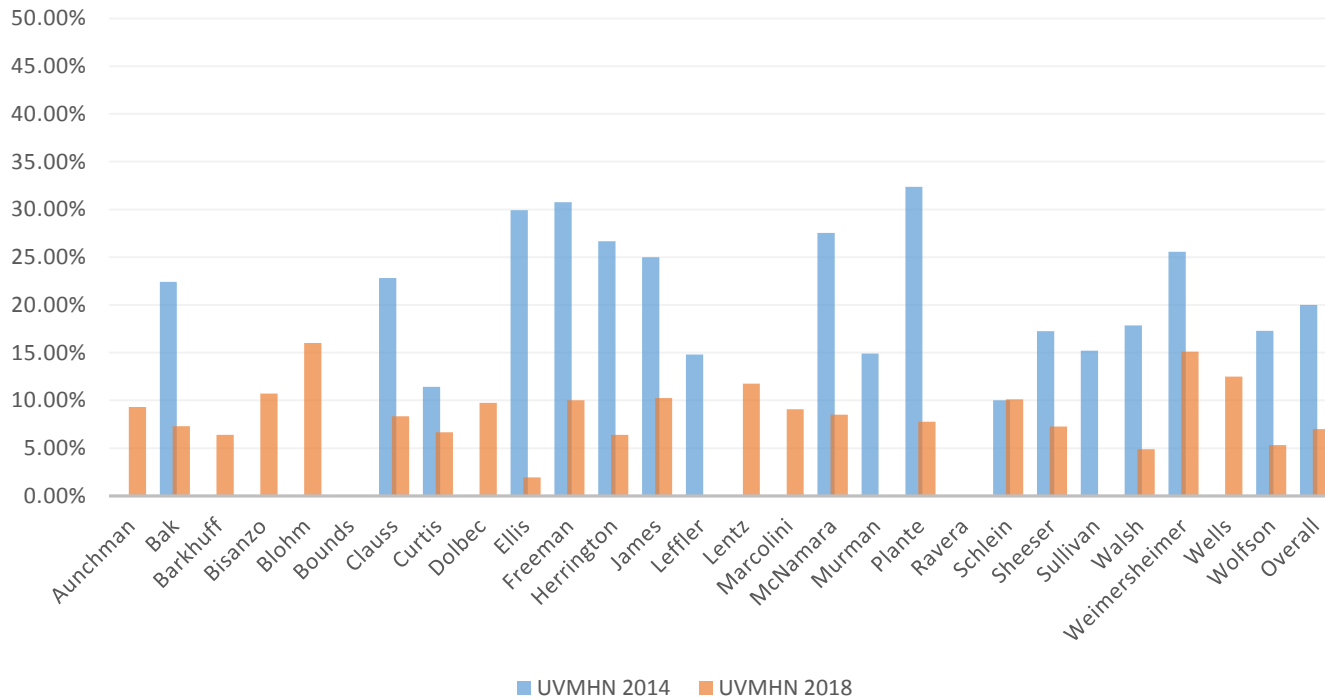
- 2015-More sensitive blood test available
- 2015 Work with Cardiology and Pathology to develop protocol
  - Efficient Cardiology out patient follow up developed.
- 2016 Test the system. Use the new blood test. Send select patients home.
  - Assure close follow up.
- 2017 Train providers.
- 2018 Full Implementation.

## Overall Chest Pain Admission Rates UVMHC, 2014 vs 2018





## UVMHN 2014 vs 2018 Troponin Negative Admission Rates



## Next Steps

- Continue robust follow up.
- Treadmill testing in the Emergency Department.
- Study Emergency Department Length of Stay.
- Good data essential for this type of project.
  - Combined with Local Expertise
- Application to further pathways

# Summary

- Saved 270 bed nights
  - Kept people out of the hospital who didn't need to be there.
  - Freed up beds for other patients.
- Saved at least \$750,000.
- Allowed for much more outpatient testing.
- Provided hospital level care in outpatient setting.

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Questions?

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