

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?

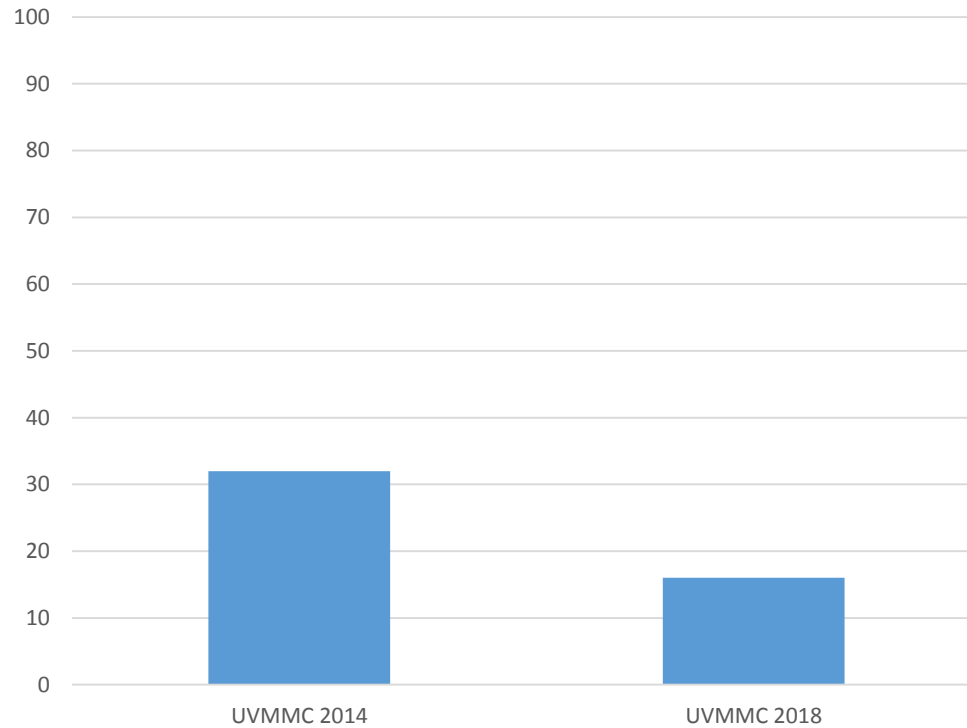
Emergency Medicine Chest Pain Protocol

- In 2014, 32% of chest pain patients admitted after Emergency Department evaluation
- Many of these patients cleared over a period of 24 -236 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

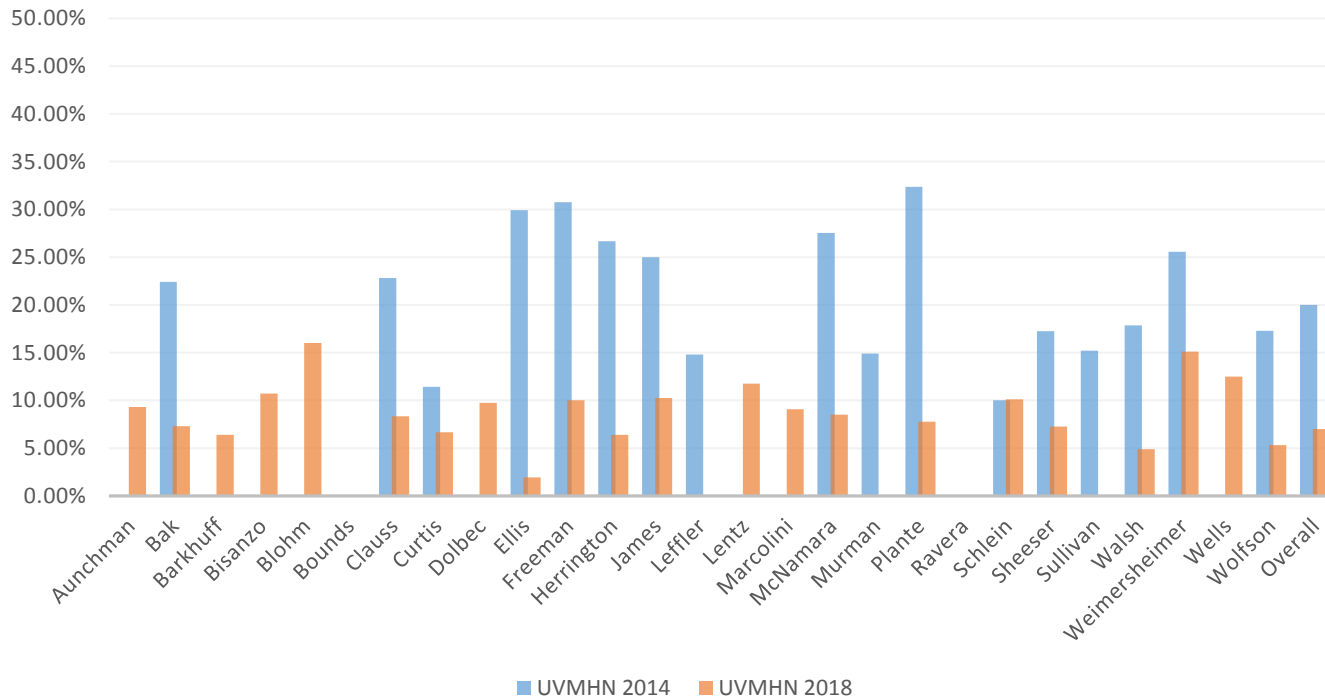
Timeline of Implementation

- 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 date 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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