SMARTCare: Smarter Management And Resource Use for Today’s Complex Care Delivery

Center for Medicare Medicaid Innovation Project Grant
Florida Chapter, Wisconsin Chapter
American College of Cardiology

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A collaborative effort sponsored by the American College of Cardiology to:

• Reduce variation and cost while...
• ... improving the quality of care in patients with established or potential CAD....
• ... by employing proven tools at the time of care....
• ....and adopting new payment models

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Comparative Medicare Spending by State
Medicare Data from 2003-2009

Hospital Variation in Non-Acute PCI
Rate of Inappropriate PCI procedures

144,737 (28.9%) of All PCIs:
- 50.4% Appropriate
- 38.0% Uncertain
- 11.6% Inappropriate

(Urgent Stents: 98.6% Appropriate)

Chan, PS, et.al

Helping Cardiovascular Professionals
In April 2012, the College joined eight other medical specialty societies in releasing specialty-specific lists of "Five Things Physicians and Patients Should Question" based on current evidence about management and treatment options. ACC's early involvement in the initiative helped pave the way for an additional 17 societies to unveil lists as part of Phase II of the Campaign.

According to the ABIM Foundation, Choosing Wisely is a concrete response to the ongoing public debate about whether doctors are overtreating patients with too many scans, tests and procedures. That pushes up costs by at least $210 billion a year, according to the Institute of Medicine, and can also reveal false positives. That in turn prompts further unnecessary testing and treatment, which can be harmful. "When it comes to health care, more is not necessarily better," said ABIM Foundation President Christine Cassel. "Through these lists of tests and procedures, we hope to encourage conversations between physicians and patients about what care they truly need."
American College of Cardiology
Five Things Physicians and Patients Should Question

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

2. Don’t perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.

3. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic native valve disease

5. Don’t perform stenting of non-culprit lesions during percutaneous coronary intervention (PCI)
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Project Abstract
SMARTCare proposes to address documented clinical quality, resource use and cost variation in the treatment of stable ischemic heart disease (SIHD). This variation in care has been documented by sources such as the Dartmouth Atlas and clinical registries. Specifically, SMARTCare will reduce complications, procedures not meeting current appropriate use standards, and episode cost; achieve high levels of patient engagement; improve quality of life; and increase the number of patients at risk reduction goals. The project will accomplish these changes by impacting three key decision points: 1) appropriateness of noninvasive cardiac imaging; 2) treatment decision between medical therapy, stenting, and bypass surgery; and 3) optimizing medication and lifestyle interventions. The tools will provide customized patient benefit and risk information based on evidence and registry data in real time. The tools will answer the question: “What impact could this decision have on my health and risk factors based on patients like me who have chosen among these options?” Feedback about impact on overall clinical care and cost will be made available through an interactive dashboard and analysis tool. Ongoing tracking will allow sites to modify use of their tools over time to enhance impact. The information also will be used to support an episode of care shared savings/bundled payment model and quality incentive payments during the project.
What do we propose to demonstrate in this innovation proposal?

- Reduce to < 8% the average number of procedures not meeting current appropriate use criteria (currently 10–20% of imaging & 15-40% of elective PCI)
- Reduce to < 2% average rate of bleeding and complications
- Improve to at least 90% risk reduction goal & maximal therapy
- Achieve high levels of patient engagement as measured by patient decision quality surveys
- Improve quality of life based on Seattle Angina Questionnaire
- Decrease average case costs by 15-20%
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Overview

Target Populations: Work-up and treatment of:
1. Stable Ischemic Heart Disease (known CAD with stable symptoms)
2. Potential Ischemic Heart Disease (suspected CAD with stable symptoms)

Participating Centers:
6 in Florida, 6 in Wisconsin

Review of Implementation Plan:
1. Essential Components: Tools and Tactics
2. Patient and Physician Workflow: Where tools are inserted
3. Payment Incentives
4. Summary of Measures of Success
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What is “Innovative” in this Innovation Proposal?

• POINT OF CARE CARDIOLOGY CLINICAL TOOLS
  • FOCUS Decision Support Software
  • ePRISM Decision Support Software
  • INDIGO Risk Management Software
  • Health Dialogue
  • PINNACLE Registry

• PAYMENT REFORM
  • Prospective Case Management Fee
  • Alternative Payment Models (e.g. Bundle Payments to replace fee-for-service) were proposed but determined by CMMI to be out of the scope of this project for the initial phase
  • However, the grant allows possible inclusion of “payment reform test models” in the later phases – if the project demonstrates primary study outcomes.
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**Essential Components**

**Tools:**
- Non-invasive decision support (FOCUS)
- Invasive decision support Shared (ePRISM)
- Treatment based on individualized risk profile (INDIGO)
- Performance benchmarking (PINNACLE)
- Immediate Feedback to Clinicians: (Dashboard)

**Tactics:**
- Local Cardiologist, Nursing, and Administrative Champions for SMARTCare
- Training on decision support, patient management software
- On site clinical coordinator (FTE) – MD and project support
- Case Management Fee
- Payment reform models to be tested in later phases of project
**Evaluation for ischemic heart disease**
- History and physical
- Seattle Angina Questionnaire (symptomatic)

**Non-invasive cardiac imaging**
- FOCUS – Imaging Appropriate Use Decision Support
- INDIGO – primary prevention personal CHD risk profile if negative imaging or mild ischemia
- Shared decision making tool if at least moderate

**Pre-cath visit**
- Discuss shared decision making tool information (PCI, CABG, medical therapy)
- ePRISM – informed consent/personalized QOL, bleeding, restenosis and mortality risk

**Follow-up**
- INDIGO – secondary prevention personal CHD risk/benefit information
- Decision quality survey
- Seattle Angina Questionnaire
- Patient experience

**STOP – Symptoms, Talk Options, Order Appropriately, and Prescribe OMT**
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What software tools will be utilized to provide appropriate use guidelines and decision support at the point of care?

Indigo
Integrated EHR / PM Solution

PINNACLE Registry
Practice INNovation And CLinical Excellence

Helping Cardiovascular Professionals Learn. Advance. Heal.

ncdr
National Cardiovascular Data Registry

IMAGING IN
FOCUS
**Decision Support Tools**

The ACC has developed appropriate use criteria (AUC) that define when and how often physicians should perform a given procedure or test in the context of scientific evidence, the healthcare environment, the patient’s profile, and the physician’s judgment. The College has created point of order tools through which physicians can access the AUCs during a patient encounter with minimal workflow disruption.

Blue Cross Blue Shield of Delaware (BCBSD) is supporting use of the ACC’s FOCUS: Cardiovascular Imaging Strategies tool by Delaware cardiologists to make more informed decisions about the appropriate use of certain diagnostic imaging tests this year. BCBSD will pay for cardiologists in the state to use the online tool, which allows for consistent application of AUCs to determine when and which cardiovascular imaging tests are needed. Other payers are also interested in the program. The program provides feedback reports on the patterns of appropriate use to physician practices and health plans. FOCUS participants then use the reports to complete action plans and share best practices.

A voluntary community of 50 sites using FOCUS saw a 50 percent decrease in inappropriate use of medical imaging over a 12 month time period. FOCUS not only improves patient care---it will greatly reduce unnecessary spending.
Data Flow
Cardiology Patient Tools

Altering Practice With Evidence-Based Feedback
Evaluation of Stable Chest Pain

Patient-Provider Encounter

Need For Stress Test
FOCUS

Need For Cath/PCI
Shared Decision-Making

Cath Lab
Resource Support
ePRISM

Cath/PCI Procedure
NCDR: Cath-PCI Registry

Post-Procedural Quality
WHIO Datamart
CMS Data and Metrics
NCDR: Cath-PCI Registry

Convalescent Treatment
Pinnacle
INDIGO
Seattle Anginal Questionnaire
Patient Satisfaction Survey

Post-Treatment Quality
WHIO Datamart
CMS Data and Metrics
Registry Metrics
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**What are the next Steps? ………..**

1. Adopt a “culture” of innovation – read background information and journal articles provided on the SMARTCare website.

2. Educate other Physicians and Staff on the importance of the ACC SMARTCare Innovation proposal – emphasize the project rationale and overall goals.

3. Review the patient management tools, FOCUS, ePRISM, INDIGO, PINNACLE – utilize the web based tutorials on line.

4. Discuss the patient flow dynamics with physicians, clinical staff and billing services - details will be forthcoming after formal grant approval (March 30).

5. Identify key personnel that will be critical to project success – especially project coordinator and IT support.