Building the foundation for an effective and efficient healthcare system: lessons learned in Southeastern Michigan

Insights from a Seven-Year, Multi-Stakeholder Initiative

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POINT-OF-CARE PARTNERS
HIT Strategy & Management Consultants

Contents and Background

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BACKGROUND OF THE SOUTHEASTERN MICHIGAN ePRESCRIBING INITIATIVE (SEMI)

The Challenge

Introduce health information technology (health IT) to a geographic area with physician practices of various sizes and often few technical resources.

The Model

Prioritize types of health IT to create a minimally disruptive path for greater health IT use by physician practices. Support the work with an active coalition of leaders representing key stakeholder groups. Leverage an outside organization for subject matter expertise, professional program management and technical support. Provide incentives to end users.

SEMI by the Numbers*

- 6 Top 10 Surescripts SafeRx awards
- $119M drug cost savings
- $11M prevented health care costs
- 8,000 ePrescribers
- 1M ePrescriptions per month

Prescribing Behavior**

- 7.6M moderate to severe drug-to-drug alerts
- 2.1M (28%) resulted in prescription change or cancelation
- 1.3M medication allergy alerts
- 343,000 (27%) resulted in prescription change or cancelation
- 11.4M dispensed prescription history lists downloaded by physicians
- 28% of the time physicians changed a prescription when presented with a formulary alert

* Assumes that SEMI contributed to half of the ePrescribing growth in the area. Drug cost savings (~$4.98 per script) are attributed to better drug (i.e., generic) and channel (i.e., mail vs. retail) selection.

** Based on December 2012 analysis on sample of 28M prescriptions written by SEMI physicians since the program began.

Introduction

More than seven years ago a group of powerful Southeastern Michigan organizations came together because they wanted to introduce health information technology (health IT) to physician practices in their region.

A coalition led by General Motors decided to begin with electronic prescribing (ePrescribing) because, although new to some, it was fast becoming a "proven" technology with the potential to deliver immediate benefit. It was also considered a less disruptive undertaking for physician practices that were not quite ready to take on a full electronic health record (EHR) system. Furthermore, ePrescribing had the infrastructure, standards, drivers, momentum and the promise of a measureable return on investment from drug cost savings and decreased adverse drug events. And so began the orchestrated effort of the coalition, many working with organizations who would otherwise be competitors, to help physicians adopt and use ePrescribing. In doing so, the coalition likely improved the quality of care, curbed medication-related cost and increased physician practice efficiency.

What came to be called officially the Southeastern Michigan ePrescribing Initiative (SEMI) sprung from the Three Autos' (General Motors, Ford and Chrysler Group LLC) early interest in ePrescribing. Henry Ford Health System and the Health Alliance Plan were willing to pilot the technology and prove the concept that would establish the best practices and materials to bring health IT to the rest of Southeastern Michigan. SEMI eventually grew to include Express Scripts, Blue Cross Blue Shield of Michigan, UAW Retiree Medical Benefits Trust, Surescripts, CVS Caremark and Catamaran — a group of highly influential employers, health plans, pharmacy benefit managers (PBMs) and industry health IT leaders.

Together, the coalition helped more than 8,000 physicians from seven counties begin using health IT. The best part: patients' lives were saved and improved, and physicians became more efficient. A survey of physicians participating in SEMI revealed that 70% believed they made more informed prescribing decisions and improved overall patient care. In addition, it is also likely that 82 lives were saved, 382 permanent disabilities averted and 845 temporary disabilities avoided[1], when comparing SEMI data to a peer-reviewed study on the impact of ePrescribing.

To more fully understand how the group achieved success and put Michigan on the national health IT map, we spoke with more than 20 top contributors representing various stakeholder organizations over different eras of the initiative.

Such common themes as collaboration, shared vision, leadership, commitment and the overall program structure topped the "success factors" list. None of these are particularly surprising. Yet, most business leaders are intimately aware of how hard it is to align all these pieces — at the same time.

1 Estimates were derived from applying the percentages of improvement in quality and reduction in adverse drug events from the SN Weingart et al. study to SEMI volumes through September 2011.

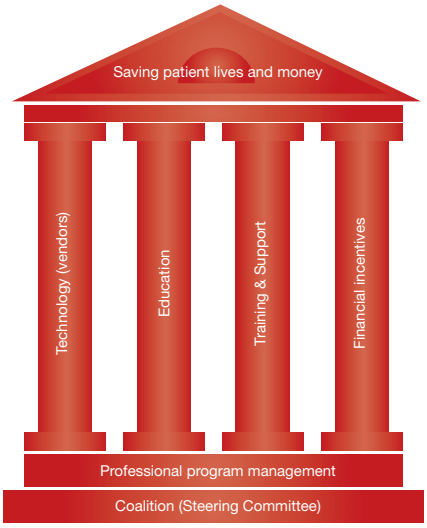
The SEMI Model

Organizations needing to implement a SEMI-like program do not need to reinvent the wheel. SEMI provides a proven model (see Figure 1).

It all begins with leadership and a champion. In the case of SEMI, General Motors initially fulfilled that role and subsequently helped maintain the program's momentum by providing peer-to-peer leadership, hosting steering committee meetings and, by extension, establishing a level of accountability that would have otherwise been unattainable.

The leader, however, must have committed and capable partners to execute. A crucial step is finding the organizations that can efficiently conduct a pilot and deliver an "early win" to garner the support of more organizations. SEMI found that in Henry Ford Medical Group (HFMG) and Health Alliance Plan (HAP). The two organizations organized a pilot across eight primary care clinics in three months and delivered enough data to write a business case for a larger rollout in six. HFMG implemented the remaining 300 PCPs across 30 sites by the end of the same year. In the second year, they extended the program to nearly 800 specialists. An increase in generic use rate (+2.33) of ePrescribing-enabled practices and the reduction in cases where severely contraindicated drugs were prescribed (-70,000) from August 2005 to April 2006 yielded a compelling value proposition for the Three Autos. Combined with positive marks from physicians, practice staff and patients, SEMI now had the solid footing it needed to expand.

Figure 1: SEMI Model



In a short period of time the coalition grew, and it was the vision and support of the type of companies represented on the SEMI steering committee that ultimately enabled its success. Each of the coalition members contributed at least one of its employees to the SEMI steering committee. Some organizations contributed executives with different skill levels and sets of responsibilities. Each invested time to meet. In the early years, these meetings were monthly and face-to-face, with interim conference calls. As the program matured, the level of intensity decreased but the commitment never wavered.

A Blueprint for Multi-Stakeholder Success

With leadership and a core group of "charter" organizations, any successful program must establish buy-in and obtain a commitment of resources—staff and financial—from appropriate stakeholders. To form the most solid foundation, the stakeholders must represent all of the entities whose processes are in need of improvement.

In the case of SEMI, the coalition membership represented all the key stakeholders impacted by the adoption and use of health IT:

- The health plans held the contracts with the physicians.
- The PBMs represented the claims processing and mail-order perspective.
- The employers were paying for the benefit and represented the interests of member lives (i.e., the automakers' employees and families).

The dynamics of this group make for a particularly instructive case study. Organizations who compete in their core business areas set that aside to work toward a common goal. For example, two industry leaders and competitors—Surescripts and RxHub—had never worked together on a program before SEMI. (They would go on to merge during the course of the program, and create the country's dominant ePrescribing network.) Others were not known in the healthcare industry as health IT experts, and cut their proverbial teeth on SEMI.

While there were clearly health IT experts on this steering committee, the group recognized early on that no one had the bandwidth available to manage the project on a day-to-day basis or objectivity of being a neutral third party. So the steering committee secured the services of professional project management. When they moved on to other business opportunities, the steering committee secured the services of the professional program management company, Point-of-Care Partners (POCP), who took a team approach to managing SEMI. The team included executive and project management staff, as well as a team of experts in areas such as analytics/reporting, training, physician office and pharmacy workflow as well as the germane software packages.

With a committed, multi-stakeholder steering committee with the relevant skillset and responsibilities, and a professional program management team, the coalition had the foundation necessary to construct and erect the pillars of the model:

- **Technology –** The coalition helped with system software selection, performing the due diligence that physician organizations (POs) and their member physician practices were unequipped to do.
- **Education –** The coalition developed tip sheets and hosted conference calls to provide POs with information on ePrescribing laws, trends and best practices. Later on, the coalition used webinars to educate physicians and some pharmacies on the requirements for electronically prescribing controlled substances.
- **Training & support –** The coalition recognized the need for initial training, which was provided first by the software vendor, but ultimately was found to be more effective when supplied by POs or SEMI itself. (Vendors are good at training how to use their solutions, and their motivation is to sell more of them. What SEMI found to be most effective was workflow training that encompassed how the technology was used in the practice.) Ongoing training and support was added through in-person, one-on-one practice consultations and monthly status calls with POs. The coalition also instituted a formal structure for helping POs and practices troubleshoot technical issues with software vendors and pharmacies.
- **Financial incentives –** Last, but certainly not least, the coalition offered incentives to the physician practices. Nearly every SEMI leader spoke about the importance of the incentives. It was a way of acknowledging the work and commitment of the practices. In the early years, incentives subsidized the initial implementation, but the coalition soon learned that there would be tremendous value in adding incentives for utilization Incentives were then payable after: 1) implementation (adoption) and 2) a certain number of prescriptions were transmitted (demonstrated use). This requirement is reflected today in the Centers for Medicare and Medicaid Services meaningful use policies. The coalition phased out the incentive piece once federal agencies and private organizations began offering incentives SEMI turned its attention toward implementation support, troubleshooting and education.

Today, it is rare for organizations to secure significant funding for an indefinite time period to help implement, or perhaps optimize, new or "unproven" technologies. All projects—big and small—must deliver a return on investment or at least prove that they are a required "cost of doing business," and SEMI did that. Projects must also be cognizant and aware of the impact of significant drivers, of which health care reform and the American Recovery and Reinvestment Act of 2009 are two. That is all the more reason why organizations have to be more strategic, propose a tested model and engage partners with successful track records.

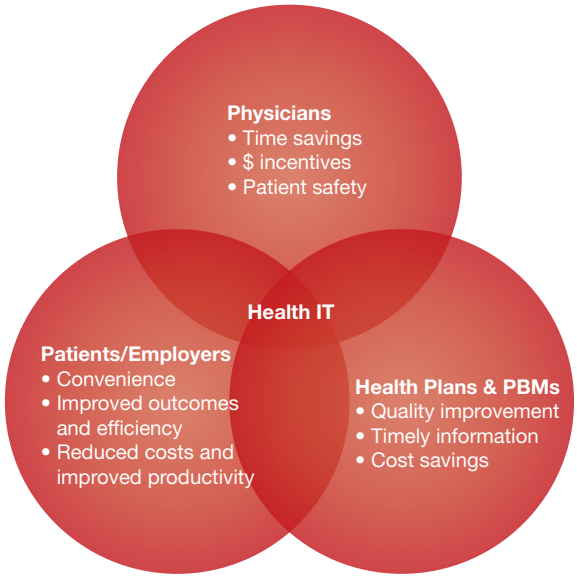
Multi-Stakeholder Benefits

Over its seven years of operation, the SEMI coalition spurred health IT use and benefited its members in various ways (see Figure 2).

- **Physicians –** saved and improved lives and likely increased practice efficiencies
- **Employers, health plans and PBMs –** improved the health of the community, realized value from drug cost savings and reduced hospitalizations, and learned about technology and physician practices
- **Vendors –** improved their products and gained better market share
- **Intermediaries –** learned about and improved transactions

The coalition was also able to benchmark against and learn from peers and other healthcare stakeholders — an important benefit especially given the long-term nature of the program.

Figure 2: Stakeholder Benefits



Applicability of the SEMI Model Today

SEMI created a model, materials and education that would inform the entire industry, including:

- What kinds of incentives work for physician practices
- What kinds of data and reports are needed
- What kinds of implementation assistance and resources are required
- Objectives, frequency and requirements of coalition meetings
- Necessary staff skillsets

Certain healthcare challenges are primed to leverage the SEMI Model (see Figure 3) and deliver important results for the industry. Unfortunately, many multi-stakeholder initiatives fall short of goals and objectives. They tend to exclude key stakeholders, underestimate the role of program management, create unrealistic timelines, leave out incentives, or do some combination of these. There needs to be a balance between strategy and operations to keep the program on target and prepared for the ever-changing healthcare environment. If achieved, stakeholders, such as those in SEMI, will authorize or obtain necessary funding. Results will justify the staff time and dollars to change processes and behaviors that improve the quality of healthcare across a community and ensure cost savings and efficiencies to a broad set of stakeholders.

In a time when all healthcare organizations, employers, physicians and others are struggling to find and implement solutions and processes that will slow rising costs and demonstrate higher quality of care, SEMI is a reminder that healthcare is distinctly local. While developing national clinical quality measures and standards-based transactions are important, local healthcare leaders should not assume they will magically materialize in their communities without working together to assure their success. The influence and follow-through necessary for success will come from those with the relationships and trust of community healthcare providers.

Figure 3: Leveraging the SEMI Model

Where could the SEMI Model work today?

1. Medication Therapy Management
2. Large-scale Electronic Health Record implementations
3. Prior Authorization
4. Real-time Formulary & Benefits Management
5. Clinical Decision Support

About Point-of-Care Partners

Point-of-Care Partners, LLC (POCP) is a leading US consulting firm that helps healthcare stakeholders develop and execute winning management strategies in an evolving electronic world. We have two active practices: eMedication Management and eCare Management.

For more information on POCP, please visit www.pocp.com.

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