

DOING WHAT'S BEST.

Through High Value Care

Winter/Spring 2019

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HIGH VALUE CARE SUCCESSES

The HVC Program has already made an impact at McLaren. The blood management project has helped raise awareness about blood transfusion recommendations, including treating preoperative anemia and offering transfusion alternatives, resulting in a 30 percent reduction in unnecessary transfusions.

The repetitive testing project, which aims to improve access to prior test results and educate providers about appropriate testing frequency, has led to a 3 percent systemwide reduction in superfluous lab work, or nearly 100,000 fewer unneeded tests each year.

“As we eliminate low value services, we produce high value care,” says **Tim Hannon, M.D.** “McLaren Health Care is building on the success of these projects and expanding the scope and scale to eventually involve every area of clinical practice.”

COMMITTING TO HIGH VALUE CARE

What is high value health care? Physicians may define it as care that achieves the best medical outcome, but patients may see it as convenient, affordable care.

At McLaren Health Care, we've defined high value care as an outgrowth of our mission, “Doing What’s Best.” High value care balances four factors when considering a medical test or treatment for patients: potential benefits, potential risks, the costs of any interventions, and patient preferences. McLaren’s High Value Care (HVC) Program, launched in January 2018, offers guidance and tools to enable clinicians to provide this kind of optimal, cost-effective, patient-centered care.



Michael McKenna, M.D.

Building on Success

The seeds of McLaren’s HVC Program were planted in 2014, when the system partnered with **Tim Hannon, M.D.**, and Strategic Healthcare Group, to create an evidence-based blood management program.

“After the success of the blood management program, we realized that the educational and communication methodologies, measurement and analytic tools, and technology infrastructure we had developed could be applied to other projects,” says **Michael McKenna, M.D.**, McLaren Executive Vice President and Chief Medical Officer. Thus the concept of applying HVC principles to multiple areas of clinical practice took root.

Physician Engagement with HVC

A critical key to the success of the HVC Program was earning physician buy-in and having them lead the way in determining how to best evaluate care from a value and cost perspective.

“The first step was building a physician-led governance structure,” says Dr. Hannon, who is now the CEO of Healthcare Forward. “We established a master committee, the High Value Care Corporate Steering Committee, which is chaired by Dr. McKenna and populated by physicians of different specialties from hospitals across the system. We then established physician-led HVC Committees at each McLaren subsidiary.” These teams worked together to determine which projects would benefit the entire system.

The first official HVC project was an initiative to reduce unnecessary laboratory testing. A Repetitive Testing Task Force recommended frequency restrictions on 67 lab tests and created a variety of support tools to help clinicians order essential tests. This project is ongoing, as are initiatives to improve antibiotic stewardship and to reduce inpatient testing for coagulation disorders. Future projects will examine palliative care practices and will delve into how to order imaging scans more effectively.

“High Value Care is about fundamentally changing how we deliver care across the continuum,” Dr. McKenna says. “This is a never-ending process of trying to do the right thing, all the time.”

For more information on the McLaren High Value Care Program, please visit www.mclarenhvc.org.

REPEAT LAB TESTING: HOW MUCH IS TOO MUCH?

The right lab test performed at the right time can save a life. Yet when that same test is repeated unnecessarily or too soon, it can become a waste of resources that adds cost but no value to patient care. Equipping providers with tools to help them establish appropriate lab test frequency to reduce overutilization is one aim of the McLaren High Value Care (HVC) Program.

In June 2018, the program launched new systemwide rules that offer clear guidance on appropriate frequency for ordering



Dennis Spender, M.D.

67 lab tests. “They state which tests are allowed to be repeated and how often,” says **Dennis Spender, M.D.**, a member of the corporate HVC Steering Committee and chief medical officer of McLaren Laboratory Services.

Clinical leaders on the McLaren Repetitive Testing Task Force,

Corporate HVC Steering Committee, and Subsidiary HVC Teams helped provide input on the repetitive testing restriction



rules, which are based on the availability of scientific evidence about optimal frequency of tests, such as vitamin D and CBC tests, both of which are included on the list. The rules indicate that providers should wait at least 30 days before repeating vitamin D testing, and they dictate a test limit rule of 24 hours between CBC tests if the previous result was normal.

Addressing the Problem from Every Angle

Many factors can contribute to a lab test getting ordered more frequently than necessary, including prior results not being available. As a result, the McLaren HVC Program is taking several steps to encourage appropriate frequency, including the following:

- *Educational outreach*
The list of tests and their frequency restrictions, educational videos, infographics, research, and other resources are centrally located on the McLaren HVC website at www.mclarenhvc.org. Subsidiary HVC Teams will also help disseminate information on the issue at their locations.
- *Established gatekeepers*
McLaren Medical Laboratory staff members are helping alert providers to potential concerns. For example, the lab may contact providers who have unknowingly requested a repeat of a lifetime test. “These tests are genetic in nature. The results stay the same whether the patient is 1 day or 100 years old,” says Dr. Spender.
- *Electronic reminders*
Some McLaren sites use Cerner electronic health records. At these sites, notifications about order entry restrictions, such as pop-up alerts and other electronic reminders, are in the works.
- *Data analysis*
Information about how and when tests are ordered is aggregated and reported using hc1, a software platform designed for health systems and labs. Computer system administrators are available to help each site’s Subsidiary HVC Team analyze data to track progress.

Without the benefit of test frequency guidelines, lack of awareness and administrative errors can result in wasteful, duplicative tests.

“Repeating tests too frequently can lead to excessive expenditures, excessive blood draws, and a waste of resources, including the time of personnel,” Dr. Spender says.



[Scan here to learn more about McLaren's Repetitive Lab Test Restrictions.](#)



MHC Annual HVC Summit

April 17, 2019

MHC ANNUAL HVC SUMMIT

McLaren Health Care has embarked on a strategic initiative to improve outcomes and reduce unnecessary costs by advancing High Value Care. The Institute of Medicine estimates that 30 percent of health care costs are consumed by unnecessary or inefficient services, so efforts to improve utilization of tests and treatments are vital to improve both quality and stewardship.

The McLaren High Value Care Initiative is a multiyear project and focuses on improving utilization of lab testing, continuing the journey to improve blood utilization, and then expanding into imaging and end-of-life care.

The First Annual McLaren High Value Care Summit has been scheduled for April 17, 2019. We invite you to submit posters related to the High Value Care Summit. Please visit www.mclarenhvc.org or <http://hvpaa.org/hvpaa-2018-national-conference-abstracts> to look for ideas on topics.

CALL FOR POSTERS

All poster abstract submissions for the MHC Annual HVC Summit must be submitted by March 1, 2019. Poster presentation participants will be determined following evaluation of each poster by the High Value Care Education & Communication Committee. Participants will be notified via email. Applicants should make sure to include their email address on their poster abstract submission application. All selected poster presentation participants will have their posters displayed at the MHC Annual HVC Summit and will be eligible for an award.

The Poster Abstract Submission Form and the Guide to Poster Abstract Writing are available at www.mclarenhvc.org.

For poster submissions or questions, please contact Danette Hayman at danette.hayman@mclaren.org or Chandan Gupte at chandan.gupte@mclaren.org.



HIGH VALUE CARE STEERING COMMITTEE

- Dr. Michael McKenna*, EVP/CMO – MHC
- Dr. Timothy Hannon, CEO – Healthcare Forward
- Dr. Dennis Spender, CMO – McLaren Laboratory
- Don Henderson, VP – McLaren Laboratory
- Chandan Gupte, VP Clinical Excellence & Research – MHC
- Danette Hayman, Director Corporate Quality – MHC
- Dr. Brad Ropp, CMO – McLaren Medical Group
- Dr. Sarah Liter-Kuester, CMIO – McLaren Port Huron & Cerner Project Physician Lead
- Dr. Robert Flora, Chief Academic Officer – MHC
- Dr. Binesh Patel, CMO – McLaren Flint
- Dr. Kevin Carter, Chair, Department of Radiology – McLaren Oakland

- Dr. Michael Ziccardi, CMO – McLaren Physician Partners
- Carlos Rios-Bedoya, Director, Corporate Scholarly Inquiry
- Dr. Erlene Seymour, Physician Member – Hematology Oncology
- Dr. Asif Ishaque, Physician Member – Internist
- Dr. Heather Signorelli, Consultant, Healthcare Forward
- Bernie Adams, Director, Performance Improvement
- Andy Kleckner, Analyst/Program Manager, Healthcare Forward
- Diane Janowiak, Senior Director of Client Solutions, hcl.com

*Committee Chair