Cost Stewardship in the Face of Uncertainty:
Lessons from the ACP High Value Care Curriculum

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Cost Stewardship in the Face of Uncertainty

I. The Arguments for Cost Consciousness
II. Uncertainty and the Costs of Healthcare
III. Lessons from the ACP/AAIM Curriculum

The Arguments for Cost Consciousness

• Altruistic Arguments:
  - Patriotic
  - Population Health
  - Moral/Theological
  - Patient Centered

• Less Altruistic Arguments:

The Patriotic Argument for Cost Consciousness

• Healthcare spending is at 17% of U.S. GDP and is projected to reach 20% in the very near future.
• Spending at this level could potentially bankrupt the federal government.

The Patriotic Argument for Cost Consciousness

• 5% of the GDP is spent specifically on medical tests and procedures that do not improve outcome.
• This represents a sum of about 750 billion dollars a year
• Physicians are responsible for 87% of this wasteful spending
The Population Health Argument for Cost Consciousness

• In 2008 we in the United States spent more than $7,500 per person on one year’s worth of health care

• This figure is between 2 and 3 times that of many other industrial countries

• Despite this monetary investment we lag behind other countries in many key health measures

The Arguments for Cost Consciousness

• Altruistic Arguments:
  - Patriotic
  - Population Health
  - Moral/Theological

• Less Altruistic Arguments:
The Moral/Theological Argument

- “Though Shalt Not Waste”
- The principle is rooted in Biblical Law Deuteronomy 20:19–20

The Arguments for Cost Consciousness

- **Altruistic Arguments:**
  - Patriotic
  - Population Health
  - Moral/Theological
  - Patient Centered

- **Less Altruistic Arguments:**

The Patient Centered Argument for Cost Consciousness

- Cost affects access
- Cost affects compliance
- Cost affects health decisions

An Uninsured Patient’s Perspective

- Julian McCullough, comedian
- Recorded at “Told,” a storytelling show in New York City
- “How much? No health insurance, 7 days in the hospital, … appendectomy.”
  - $45,000
The Less Altruistic Arguments for Cost Consciousness

- In the not-so-distant future, it will be part of your job description and compensation package.
- It is going to be on the boards!!!

New Health Care Reimbursement Models

- Accountable Care Organizations (ACO)
- Bundle Based Payments
- Physician Hospital Organizations

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Provider Cost Transparency Alone Has No Impact on Inpatient Imaging Utilization

- Knowledge of cost alone may not be enough to change physician practice patterns
Healthcare Waste

Knowledge of cost alone may not be enough to change physician practice patterns.

Dr. Good Memory Story #1

Back Pain and Cancer

- When Dr. Good Memory was an intern he had a pt with breast ca who had back pain and LE weakness.
- The patient had a cord compression and Dr. Good Memory didn’t catch it.
- He now orders imaging or empiric treatment for all patients with this constellation of symptoms.

Dr. Good Memory Story #2

New Headache

- When Dr. Good Memory was a 3rd year resident practicing in clinic he had a young female who complained of a disabling, unilateral, pounding HA with no neurological symptoms and normal exam.
- She was sent home with analgesics, but months later it was determined that she had CNS lymphoma.
- Dr. Good Memory learned from this experience to order a screening head CT for all new patients with HA.

Uncertainty and Cost Stewardship

- In both of the above scenarios knowledge of the cost of testing is not going to change Dr. Good Memory’s plan as he believes he is doing what is right for the patient.

- If Dr. Good Memory sees 3 new HA patients a month, he would have seen 1,080 new HA patients in a 30 year career.
- At $326/CT he will have spent $352,080 during his career on this practice.
- This amounts to $11,736/year.
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Lesson #1
There is always a down side!!!
Balance Benefits with Harms and Costs.

Lesson #2
Talk to your patient!!
The answer lies in the patient story.

Migraine Headaches
• Migraine –
  • Dull throbbing quality, unilateral with photophobia, scalp tenderness, nausea. May last days. May be preceded by aura
  • "POUND"
    • Pulsating
    • Duration of 4-72 hours
    • Unilateral
    • Nausea
    • Disabling

Likelihood Ratio for migraine by number of POUNDING criteria met:
• 4 of 5 criteria – LR 24
• 3 of 5 criteria – LR 3.5
• 2 or fewer criteria – LR 0.41

Red Flags
• Onset after age 50
• Change in HA pattern
• Acute onset of "worse HA of life"
• Pt with CA Hx or immuno-compromised
• HA + Fever
• HA + Neuro Deficit
• Signs of increased ICP
• Personality changes
• Pt on anticoagulation
Lesson #3

• There is strength in numbers!!

Rates of Significant Intracranial Abnormalities in Pts with Migraine HA and Normal Neuro Exam

<table>
<thead>
<tr>
<th>Study</th>
<th>Number of patients</th>
<th>Significant abnormality detected</th>
<th>Rate</th>
<th>Upper 95% CI</th>
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| 10

Evidence-Based Guidelines in the Primary Care Setting: Neuroimaging in Patients with Nonacute Headache – The US Headache Consortium

Providing High Value Cost-Conscious Care:

Biostatistical Concepts You Need to Know

Likelihood Ratios
Appropriate use of stress testing in pts with suspected CAD

Providing High Value Cost-Conscious Care:

Balancing Benefits with Harms and Costs

Overdiagnosis
Screening for prostate CA with PSA

Providing High Value Cost-Conscious Care:

Overcoming Barriers

Pressure of patient demands
Advanced imaging for LBP

Summary

• It is important to provide high value cost conscious care for our patients.
• Currently, physicians lack knowledge about the cost of care they provide.
Summary

• Providers need to be educated about costs of specific tests and procedures, but this will play only a small part in changing practice patterns.

• The biggest contributor to cost control will be the effective dissemination of medical literature and evidence based guidelines that can inform decisions about high value care.

Questions or Comments