



Helping  
Cardiovascular  
Professionals  
Learn.  
Advance.  
Heal.



# Autonomy or Systems of Care?

## The Potential Conflict between the Art and Science of Medicine

### Medical Leadership Technology Forum

June 5, 2008

Jack Lewin, M.D., CEO

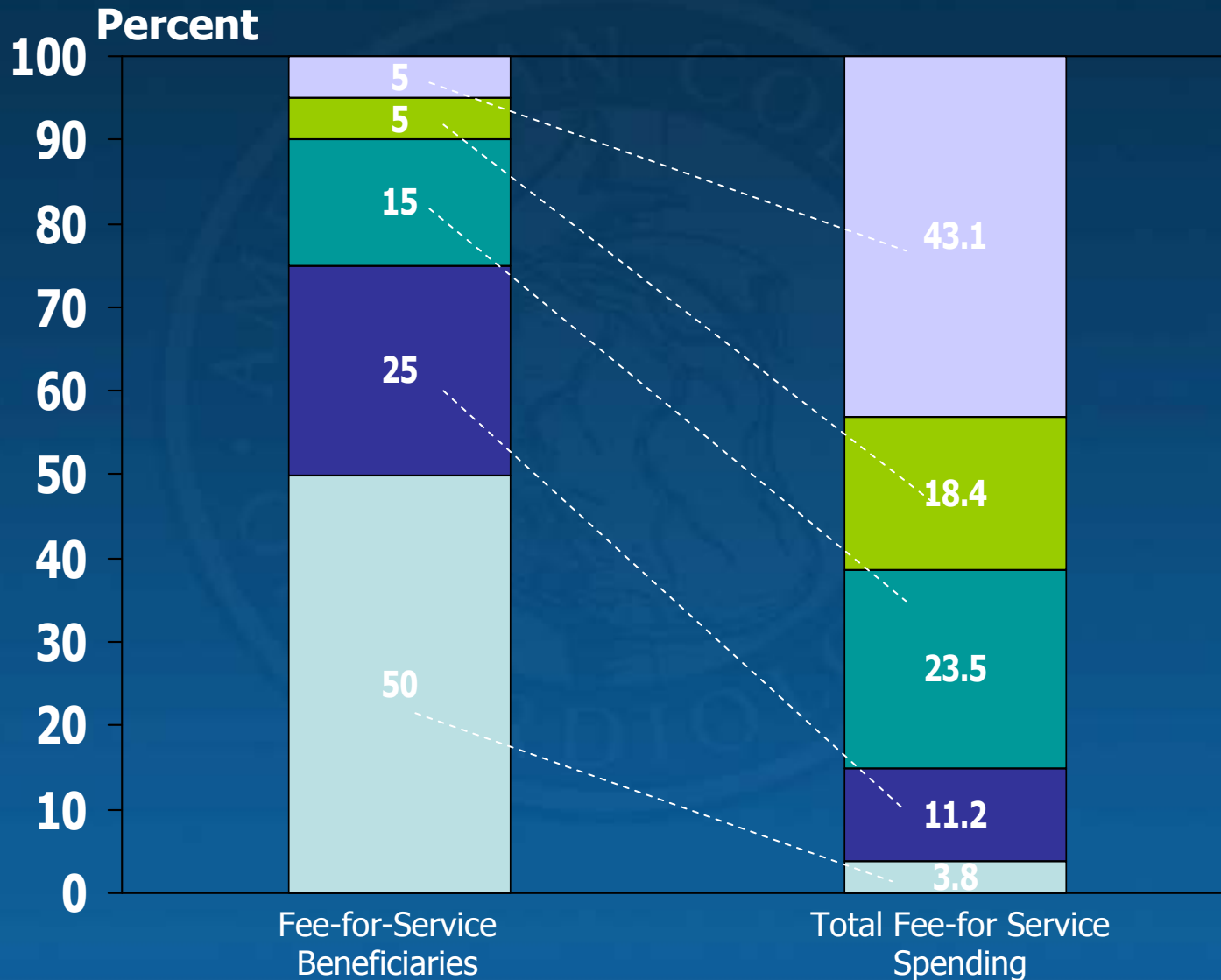
# Evolution of Health Care Policy

- Problems with **Access**
- Questions about **Quality**
- Concerns about **Cost**

# Growing Pressure for External Scrutiny

- The IOM Quality Chasm
- Beth McGlynn — Rand study in *NEJM*
- Wennberg's Variation Dilemma
- Institute for Healthcare Improvement
- Commonwealth Fund study
- ... and the rest of you in this audience!

# Distribution of Fee-for-Service Medicare Spending Among Beneficiaries, 2001



Source: Congressional Budget Office

# A Fork in the Road



# Common Components of Value-based Views

## Detailed Activities

Change incentives to improve quality of care

Discourage overuse of care through accurate payment

**Collect/disseminate performance and outcome data**

Change financial incentives for consumers

Identify/prevent fraud, abuse, and misuse

- Link payment to quality (P4P)
- Promote care coordination (medical home, ACO's) and primary care services
- Allow shared provider accountability arrangements (gainsharing)
- Bundle services (within and across payment systems)
  
- Current CMS process relies too heavily on the RUC?
- Identify and correct over-valued services to address differential growth
  
- **Measure physician practice patterns and patient outcomes**
- **Provide confidential performance feedback relative to peers**
- **Invest in comparative effectiveness**
- **Prioritize P4P, create guidelines, inform for coverage decisions**
  
- Beneficiary cost sharing; difficult as most Medicare beneficiaries have supplemental coverage with reduces/eliminates patient responsibility
  
- Reduce number of contractors responsible for paying Medicare claims
- Make contractors responsible for Part A and B claims
- Create performance incentives for new contract with low error rates

# Collect & Disseminate Performance and Outcome Data

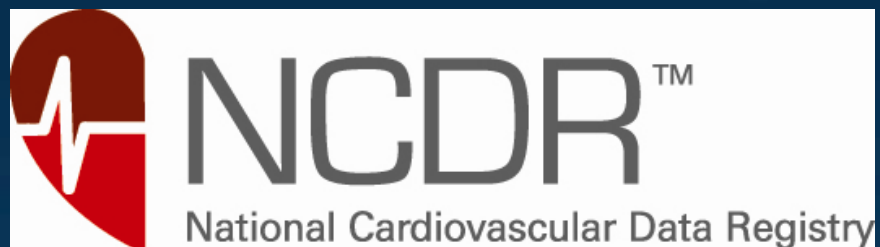
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# Peer Review on a Macro Scale

# QCARE





- ACTION
- PCI
- CARE
- ICD
- **IC<sup>3</sup>**

# Appropriateness Criteria

- Echo
- CT
- MR
- SPECT-MPI
- Stress testing
- Multi-modality

# Perverse Incentives

- Prairie Cardiovascular Consultants
- Fort Wayne Cardiology

# The Business Case

*How do we pay for systems of care and professional CQI?*

- Dues?
- Payers?
- Reimbursement incentives?
- The 5% solution?



# The Greatest Threat to *Physician Autonomy*

**Learning Systems**  
*rather than*  
**Cookbooks**



# The Patient



# Autonomy and Systems of Care

