

Surgical Rate Project

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Humboldt Del Norte Independent Practice Association

Humboldt

- Far northern California, 130,000 residents, 3 towns
- Rural, poor, high morbidity and mortality
- 240 physicians, about 65 PCPs, many NPs and PAs
- 26 PCP practices, many solo, 5 docs is big practice
- 3 hospitals, in 2 systems – Fortuna, Eureka, Arcata

Why?

- Preference-Sensitive Procedure Rates
- All Over the Map
- Laurence Baker
- Humboldt County had high rates
- 6 out of 13 were high, up to 2.5 times state average
- CABG, cholecystectomy, hysterectomy, carotid endarterectomy

Project Participants

- IPA – physician owned, HMO products
- Administrative and clinical leadership
- Aligning Forces Humboldt at CCRP
- Community liaison and engagement leadership
- String of community projects with AFH/IPA
- Project supported by CHCF and RWJF

Project Premises

- High rates should be examined
- A quality improvement project
- Three tracks: Community Group, PCPs, Surgeons/Specialists
- CG members represented patients, employers, government, labor, more

Interventions

- Visits by Laurence Baker and four clinical experts
- Meet with the CG Friday noon, PCPs Friday evening
- Long meeting with Surgeons/Specialists Saturday morning
- Lots of logistics
- Shared Decision Making (SDM)

Meeting Agendas

- Overview of the procedure, indications, benefits, risks, new treatments
- Geographic variation
- Patient preference, provider preference, health care systems bias
- Shared Decision Making
- Clinical practice – case presentations
- Why are rates high?
- Customized to each group

Highlights – Community Track

- Recruiting and educating
- Baker visit – expert – shared competencies
- Physician visits – validated issues, fostered security with subject matter, interesting
- PCP visit in lieu of surgeon visit
- Staff reports on PCP and surgeon meetings
- CG mission was confusing, became clearer over time

Highlights – PCP Track

- PCPs were interested in care guidelines – nuts and bolts
- Less interested in big picture
- Clinical experts hesitant to recommend best practices
- Open communication, shared practice differences
- Marked differences in PCP vs. surgeon expectation for referral

Highlights – Surgeon/Specialists Track

- Best alignment – expert and local surgeons/specialists
- Very polite – few hard questions – referral concerns
- Frank discussion in small homogeneous group
- Marked differences in PCP vs. surgeon expectation for referral
- No smoking gun, but fairly clear why rates might be high

Challenges and Issues – Clinical Experts

- Finding clinical experts
- Comfort with their role and subject matter
- Required specific guidance
- We had to stay engaged with expert before visit
- Low expertise in population health and SDM

Challenges and Issues – Shared Decision Making

- No local knowledge
- Confusion with usual care (risks and benefits of surgery)
- Debate about best SDM setting, PCP or Surgeon
- Some receptivity from PCPs
- Concern about finding time, logistics

Final Meeting

- Everyone represented
- CG member provided background, journey, increased understanding, effort
- Tone of personal reflection
- 2nd CG member made recommendations
- No push back, offers of help
- Impressed by commitment, competence and community role
- “Help us make decision about products and programs”

Recommendations

1. Offer Shared Decision Making in the community
2. Improve communication between primary and specialty care
3. Standardize evaluation and treatment for these common conditions
4. Accept community-wide data
5. Continue with community based process to improve care

“All Over the Map”

www.chcf.org/variation

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