



“Spotlight on Improvement” highlights real stories of current efforts, including: programs being initiated; practices being implemented; and outcomes being targeted and/or achieved. They’re an opportunity for learning from others as well as a spark for further ideas on how we may work together to improve health care quality in the region.”

Group Health Cooperative:

Increasing provider-patient shared decision making and reducing unnecessary testing

Background

[Group Health Cooperative](#) began in 1947 as a community cooperative to improve the accessibility and affordability of quality health care. In fact, Group Health is one of the few health care organizations in the country that is governed by consumers, with their board comprised of health plan members who are elected by other members. Group Health includes a health plan, delivery system, research institute, and foundation. Today, Group Health provides medical coverage to over 630,000 residents in Washington and nearly two-thirds of their members receive care at Group Health medical centers. Group Health Physicians (GHP) is an American Medical Group Association Acclaim Award-winning medical group. GHP surgeons and hospitalists serve as medical staff at major Washington hospitals in Group Health's contracted network. Group Health employs over 1,000 providers, including more than 500 specialists in 75 medical specialties and subspecialties.¹

Problem

According to some estimates, more than a third of US health care expenditures are considered wasteful.² To address this issue, the [Choosing Wisely](#)[®] campaign has brought together lists of procedures and tests from professional societies (such as the American Academy of Family Medicine) where unnecessary testing may be occurring. The overuse of testing and procedures that evidence has found to be unnecessary, or sometimes even harmful, is also called “low value” care. The goal of the [Choosing Wisely](#)[®] campaign is to encourage provider and patient conversations on the necessity and safety of tests, treatments and procedures and to avoid unnecessary or potentially harmful care whenever possible.³

Solution/Step 1: Identify goals that are meaningful, achievable, and measurable

The Group Health Foundation provided funding to study ways where Group Health can both improve quality and reduce low value care. One of the areas studied was looking at potentially unnecessary testing, in which two tests were selected for more detailed examination:

- **PAP Tests** (also known as PAP Smears) are a method of [cervical cancer screening](#)⁴ used to detect potentially pre-cancerous and cancerous cells in a woman’s cervix. Looking closely at their internal PAP practices, Group Health found almost 8,000 unnecessary PAPs for women ages 21 to 65, based on the [Choosing Wisely](#)[®] recommendation of having the test once every three years for women who have not had a hysterectomy.⁵
- **PSA Tests** are used to measure the blood level of [prostate-specific antigens](#)⁶ (an enzyme produced by the prostate); these tests are used for prostate cancer screening in men. The [Choosing Wisely](#)[®] recommendation is to not routinely screen for prostate cancer using a PSA-based screening test yet does not designate any age range.⁷ This recommendation is debated for men younger than 75, yet all professional groups agree that screening men over 75 is harmful. Therefore, Group Health selected the use of PSA screening in men over 75 years of age.

Solution/Step 2: Address and support the goals from multiple angles

In November 2012, a grant through the Group Health Foundation provided an opportunity for a multifaceted quality improvement intervention:

Intervention 1: Provider education, reports, and surveys

- Group Health's initial focus was education to providers and clinic staff, providing information and tools on the Pap and PSA Choosing Wisely recommendations, including peer comparison reports on the use of pap smears done more frequently than clinically necessary and PSA screening in men over 75. In addition to reports on these specific clinical activities, peer comparison reports on how providers compare in rates of overall use of imaging, prescribing, lab testing and referrals were provided. The reports were seen positively by the providers, and, in fact, providers expressed great interest in having more detailed data so they could drill down on episodes of care where perceived lower-value care was delivered. Additionally, there was a strong desire to have more timely and actionable outcome measures from a number of providers. The results from a provider survey is helping shape future efforts, from what additional measures should be focused on to how and when the information should be provided.

Intervention 2: Electronic Medical Record Trigger Tool

- To address the request for timely and actionable information, Group Health developed and implemented a trigger-tool that provides real-time identification of pap tests done more frequently than clinically necessary and of PSA testing in men over 75 years of age. An algorithm analyzes data from the electronic medical record and identifies the clinical activity and triggers a notification Email. A brief (approximately 30 second) electronic chart review ensures that the clinical scenario is one of potentially low value care (e.g., no clinical circumstances that warrant testing). A follow up Email is sent to the ordering provider and clinic chief with a brief summary of the clinical issue, as well as links to published resources for further information.

Intervention 3: Consumer Engagement

- Group Health developed a joint website with Consumer Reports Health for the general public plus education materials provided on the MyGroupHealth portal. Group Health is also testing Consumer Report patient education materials at the point of care, such as when a patient comes to an urgent care clinic where the appropriate materials (e.g., back pain information for someone with back pain issues, brain imaging for headache, etc.) are handed to the patient during the triage portion of the visit.

Results/Step 3: Evaluate the results

- Early results suggest a 25-30% overall decrease in too frequent pap-screening when comparing six months pre and post-intervention (April – October 2012 to April – October 2013) with the same time of year selected to adjust for seasonality. However, PSA screening among men over the age of 75 has been less sensitive to intervention, showing small but consistent decreases in the past year. The differences in these findings is largely attributable to opportunity for intervention – since too frequent pap tests were occurring in approximately 20% of women but PSA testing in men over age 75 falls around 3-3.5% at Group Health.

Challenges/Step 4: Learn from the results

Refining the Trigger Tool Sensitivity:

- The development of the algorithm and the operationalization of the Choosing Wisely[®] Recommendations are affected by tolerance around their sensitivity and specificity. For example, Group Health operationalized the definition of a too frequent pap test, which was comfortable for provider to provider comparison reports. However, the sensitivity of how the recommendation is defined needs to be different for an automated trigger tool to be properly developed. As an example, nearly 50% of pap smears done in women over the age of 65 were considered to be appropriate for their clinical indication when their medical record was reviewed for possible malignancy.

Want to recommend a program for an upcoming Spotlight?

Contact us!

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About the Alliance

The [Washington Health Alliance](#), an Aligning Forces for Quality Community, is a non-profit made up of those who provide, pay for and use health care, working to improve quality of care at a price more people can afford. More than 165 organizations have joined the Alliance, including The Boeing Company, Starbucks, Puget Sound Energy, WA State Health Care Authority, King County and many other employers, physician groups, hospitals, consumer organizations, unions, health plans, pharmaceutical companies, associations and others.

A cornerstone of the Alliance work is the [Community Checkup](#), a regional report to the public comparing the performance of clinics and hospitals for basic measures of quality care in Washington State.

Challenges/Step 4: learn from the results (CONT'D)

Measurement Challenges:

- Measurement challenges include operationalizing the Choosing Wisely measures that also are able to reflect variability in the measures. For example, one provider may only have 10 men over 75 in their panel and another may have 100 men. The opportunity for over testing may not differ, but the variability around the measurements are more challenging to convey making trends difficult to measure and report.

Keys to Success

- Providers are asking for up-to-date, timely, and actionable information. Learning what providers want and need is essential to developing an effective program to change behavior.
- There will continue to be tension around measurement accuracy, validity, and variability. Being transparent about the process and goals is crucial.
- Community engagement in re-aligning standards of care, educating patients about the harms of receiving “low value care” and addressing provider’s fear of litigation will be key drivers for regional success.

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Resources

1. Group Health: www1.ghc.org/html/public/about/overview.html
2. Health Affairs: www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=82
3. Choosing Wisely: www.choosingwisely.org
4. About Cervical Screening: http://en.wikipedia.org/wiki/Cervical_screening
5. Choosing Wisely Pap Tests: www.choosingwisely.org/doctor-patient-lists/pap-tests/
6. Prostrate Specific Antigen: http://en.wikipedia.org/wiki/Prostate-specific_antigen
7. Choosing Wisely PSA Tests: www.choosingwisely.org/doctor-patient-lists/american-society-of-clinical-oncology/

Learn more about what the Washington Health Alliance and the Washington State Medical Association are doing for the Choosing Wisely campaign in Washington State, at:

www.wacommunitycheckup.org/ownyourhealth/

www.wsma.org/choosing-wisely