



Making a Smooth Transition to Value: Bringing Joy Back into the Practice of Medicine



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Disclosures/Conflicts of Interest

- **Research Support:**
 - Agency for Healthcare Research & Quality
- **Royalties:**
 - Walters Kluwer (Self)
 - OM1 (Institution)
- **Consultant:**
 - Center for Medicare and Medicaid Services
 - Carrum Health
 - Purchaser Business Group on Health
- **Governance/Leadership Roles:**
 - AAOS (Board of Directors)

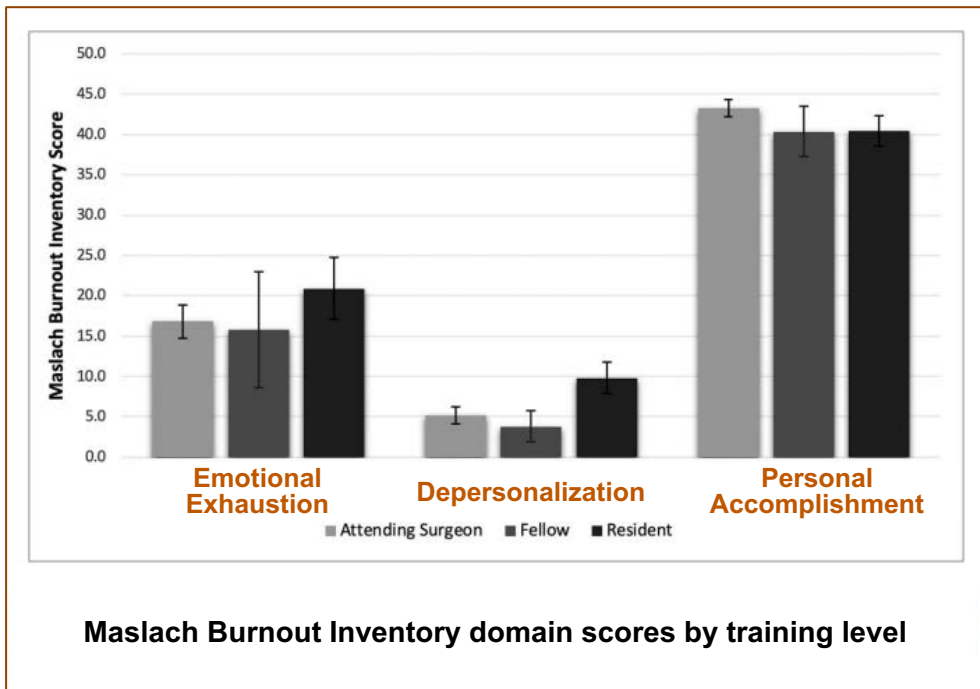
Strategies to address health care challenges in the U.S.

- Insurance reform (e.g., ACA, Medicaid expansion)
- Payment model reform (e.g., BPCI)
- Technology (e.g., EHR, telehealth)
- Consolidation
- Increased regulation





Physician Burnout



Premature Retirement

**Decreased Cognitive
Function**

Suicide

Costing \$4.6B annually



Burnout is typically framed as a chronic stress response

Resilience interventions
show
little meaningful impact on
burnout prevalence...

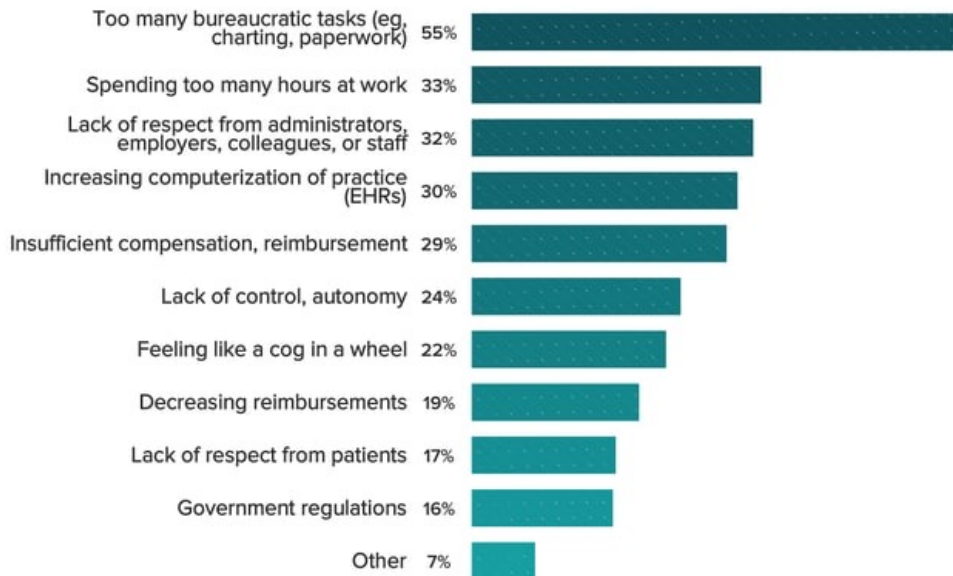
These fail to address the **true**
root causes
of burnout





Burnout is better understood as system-level moral injury

What Contributes Most to Burnout?



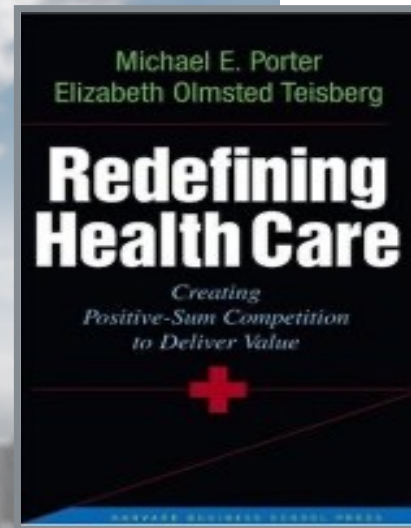
Physicians experience constant **moral injury**...

Due to the **systematic misalignment** of the *burden* vs *purpose* of their work

Evidence shows...

***Extrinsically* motivated tasks interfere with meaningful *intrinsic* motivators**

“Delivering high value for patients is the central goal of every health care organization.”
The #1 problem: We've lost sight of the goal
Improving care to patients

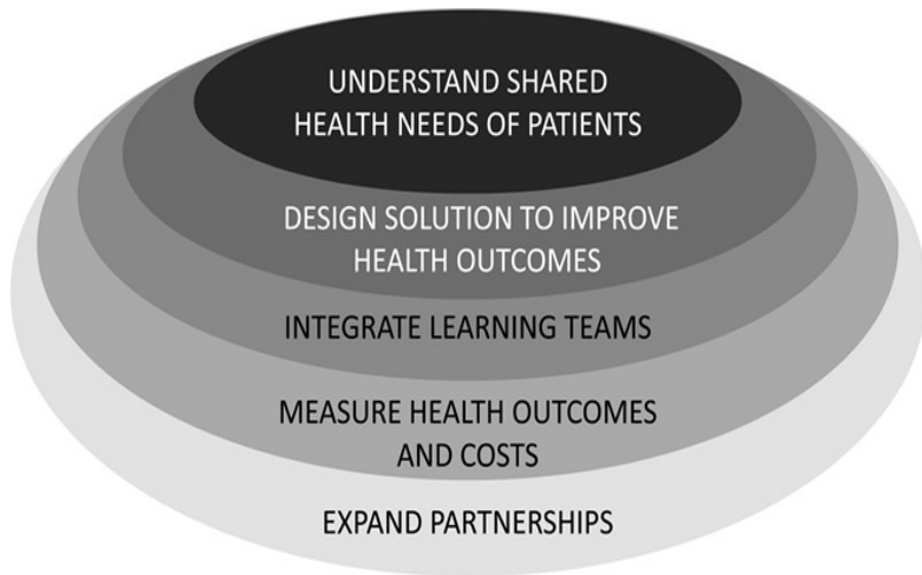


$$\text{Value} = \frac{\text{Health *outcomes* that matter to patients}}{\text{Costs of delivering those outcomes}}$$



Combatting burnout requires system-level solutions

5-Stage VBHC Implementation Framework



Aims

Align clinical work
with **patient goals**

~

Facilitate **relationship-
centered** care

~

Minimize **moral injury**



1. Understand the Shared Health Needs of Patients

Current State

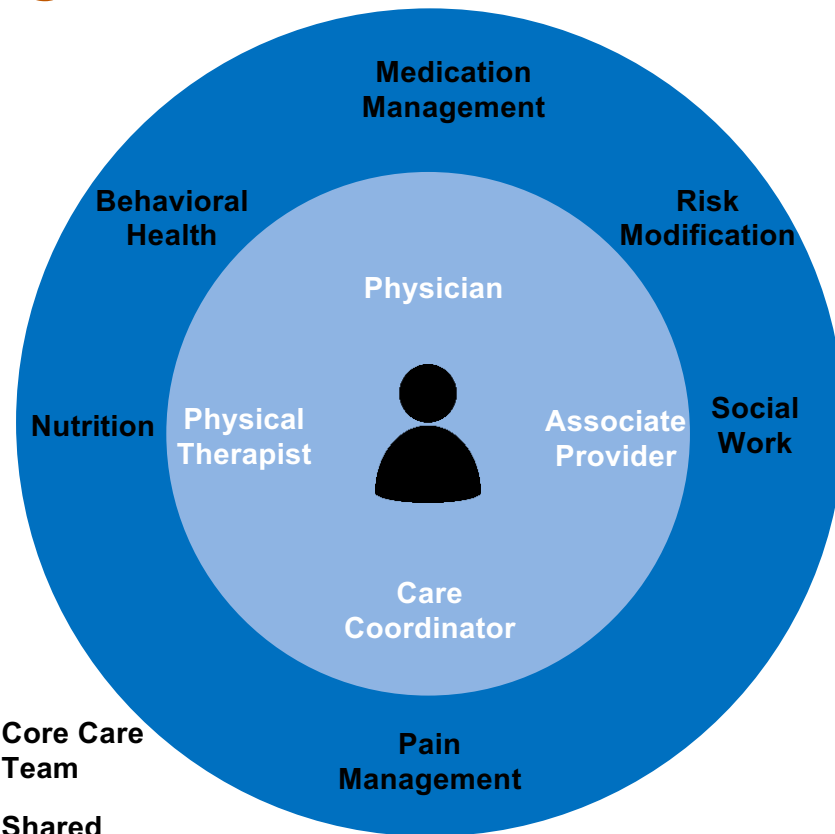
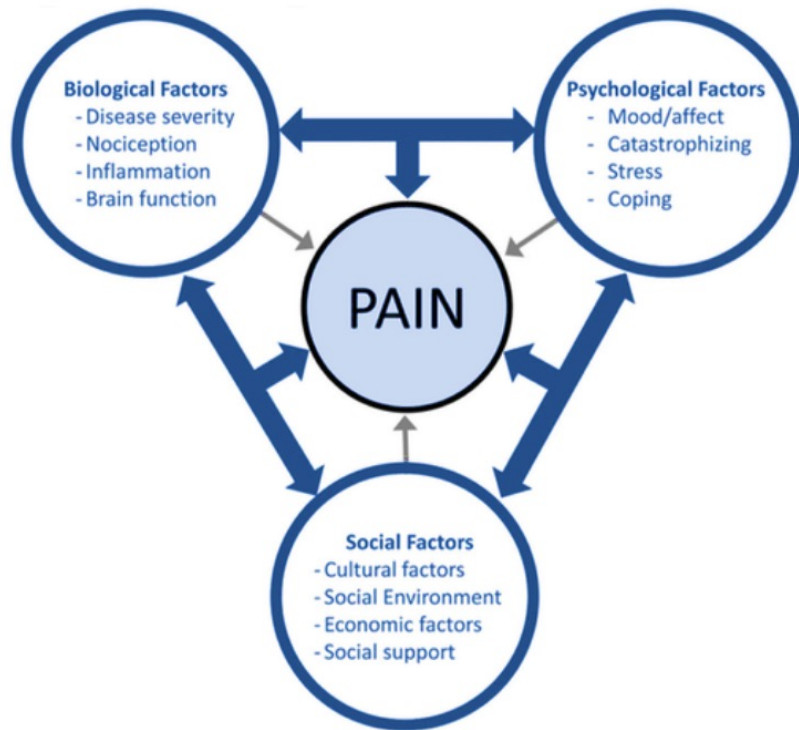
- Care structured around **physician specialty**
- Confusing, **disjointed care** for patients
- **Unpredictable referrals & redundant tasks** for providers



Value-Based State

- Care organized by **patient needs**
- **Coordinated, centralized care** for patients
- **Improved referral quality & collaboration** for clinicians

2. Design a Comprehensive MSK Program... *to combat burnout*



- Core Care Team
- Shared Resources

Surgeons lack time & expertise to address psychosocial factors



3. Integrate Learning Teams... *to combat burnout*

Sharing patients and space has enormous benefits

Strong team culture

Flattened hierarchies

Interdisciplinary learning



Enhanced care coordination

Reduced referral burden

Improved Retention

'Downstreaming' Care



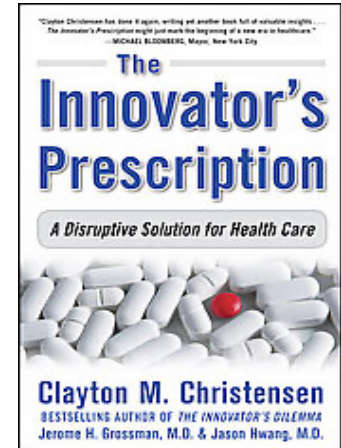
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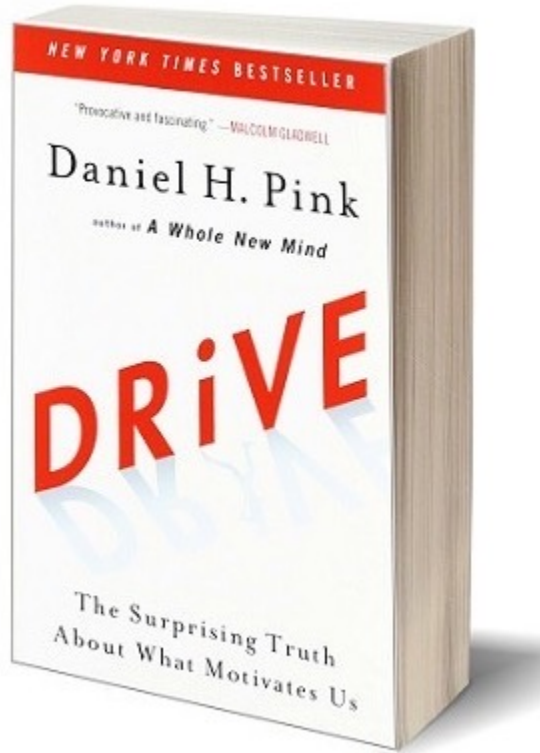


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What Motivates Professionals?



- **Mastery**
- **Autonomy**
- **Purpose**



Measure health from the patient's perspective

Traditional measures (e.g., process, wRVU's, complications, readmissions):

Missing patient voice
Increased reporting burden



Value-based outcomes measures (e.g., PROMs):

Workload aligned with patient goals



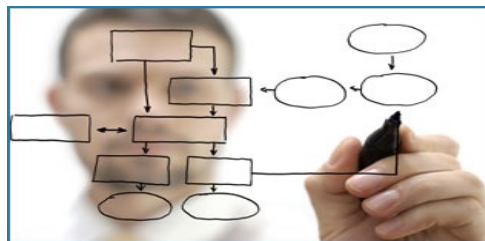
What do we measure today?



Structural



Process



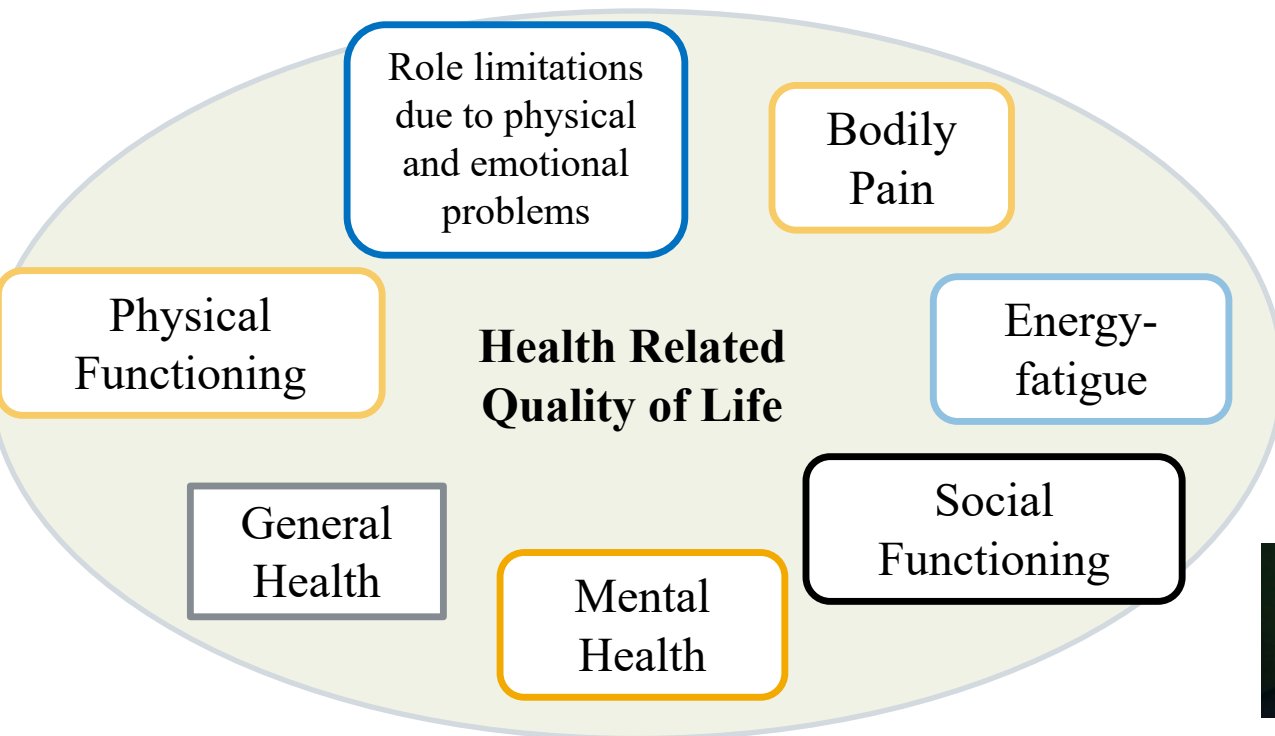
Experience



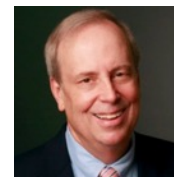
What Outcomes Matter to Patients?

PATIENT REPORTED Outcomes (PROs)

Report of a Patient's *Health Status* that comes directly from the patient



“Wouldn’t information about a person’s pain levels and mobility be a better measure of health care quality than knowing the average number of minutes that a doctor spends with their patients?”



AJRR American Joint Replacement Registry

Blog



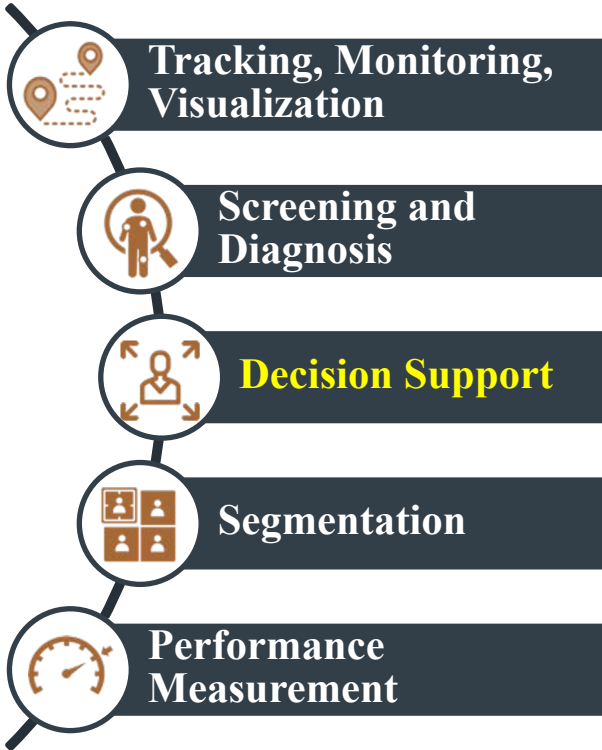
Distinctions Between PRO, PROM, and PRO-PM

Concept	Patients with Clinical Depression
PRO Patient-reported outcome	Symptom: Depression

Source: National Quality Forum. “Patient-reported outcomes (PROs) in performance measurement”, January 10, 2013



The Power of PROMs



We systematically and longitudinally track, monitor and visualize PROs with our teams and with patients

We use psychological PROs e.g. PHQ-2, as a measure for screening and diagnosis of depression

We combine PROs with clinical data to trigger referrals and support SDM using predictive analytics

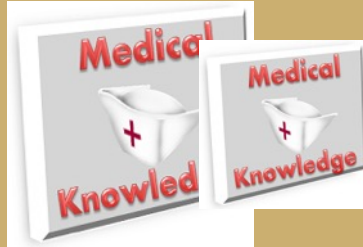
We use activation measures e.g. PAM-10 to segment patients into low / high activated individuals triggering psychosocial and nutritional support

We use standardized measurement sets for our populations and time frames for assessment. These measures require risk adjustment.



Shared Decision Making

Clinician

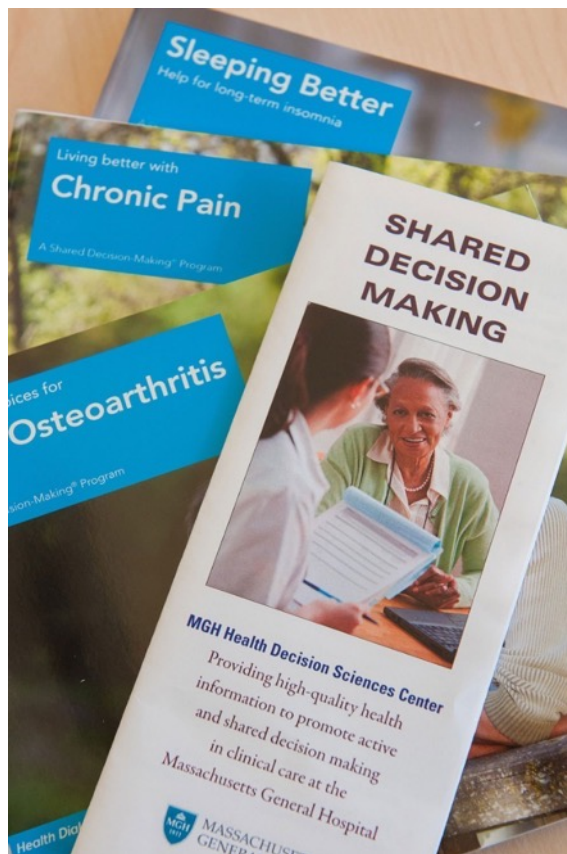


Patient



Shared Decision Making

Decision Aids



Arthritis: Should I Have Knee Replacement Surgery?

1 Get the Facts 2 Compare Options **3 Your Feelings** 4 Your Decision 5 Quiz Yourself 6 Your Summary

What matters most to you?

Your personal feelings are just as important as the medical facts. Think about what matters most to you in this decision, and show how you feel about the following statements.

Reasons to have knee replacement surgery	Reasons not to have knee replacement surgery
I want to be able to do low-impact activities, such as swimming and golf, as well as chores and housework.	My knee doesn't really get in the way of the physical activities I like or need to do.

More important Equally important More important

Personalized Shared Decision Making

NEJM
Catalyst



Shared Decision Making: Time to Get Personal

Tanmaya Sambare, Lauren Uhler,
MPH & Kevin Bozic, MD, MBA

Dell Medical School

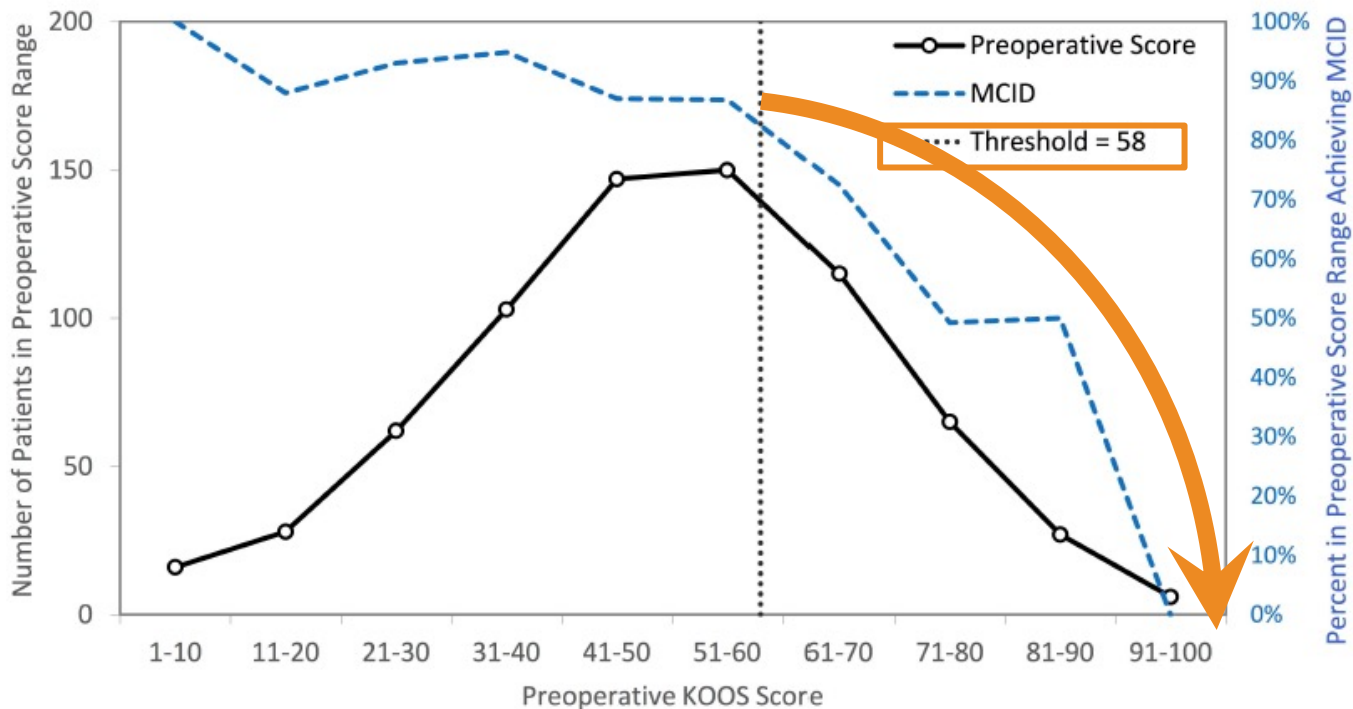
Article • August 30, 2017

PROMs in Clinical Decision Making

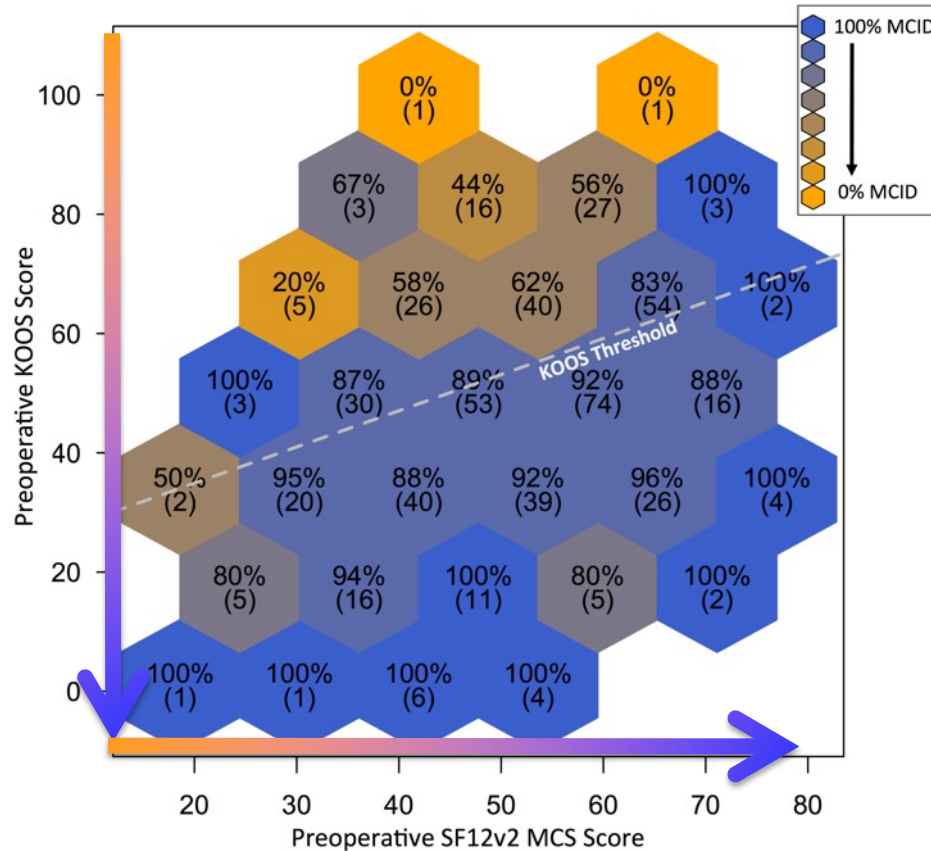
Can Preoperative Patient-reported Outcome Measures Be Used to Predict Meaningful Improvement in Function After TKA?

Jonathan L. Berliner MD, Dane J. Brodke BA, Vanessa Chan MPH,
Nelson F. SooHoo MD, Kevin J. Bozic MD, MBA

Clinical Orthopaedics
and Related Research®
A Publication of The Association of Bone and Joint Surgeons®



Using PROs to Inform Appropriateness of Surgery

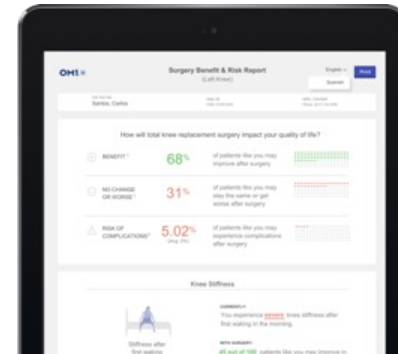


Predictive Analytic Modeling

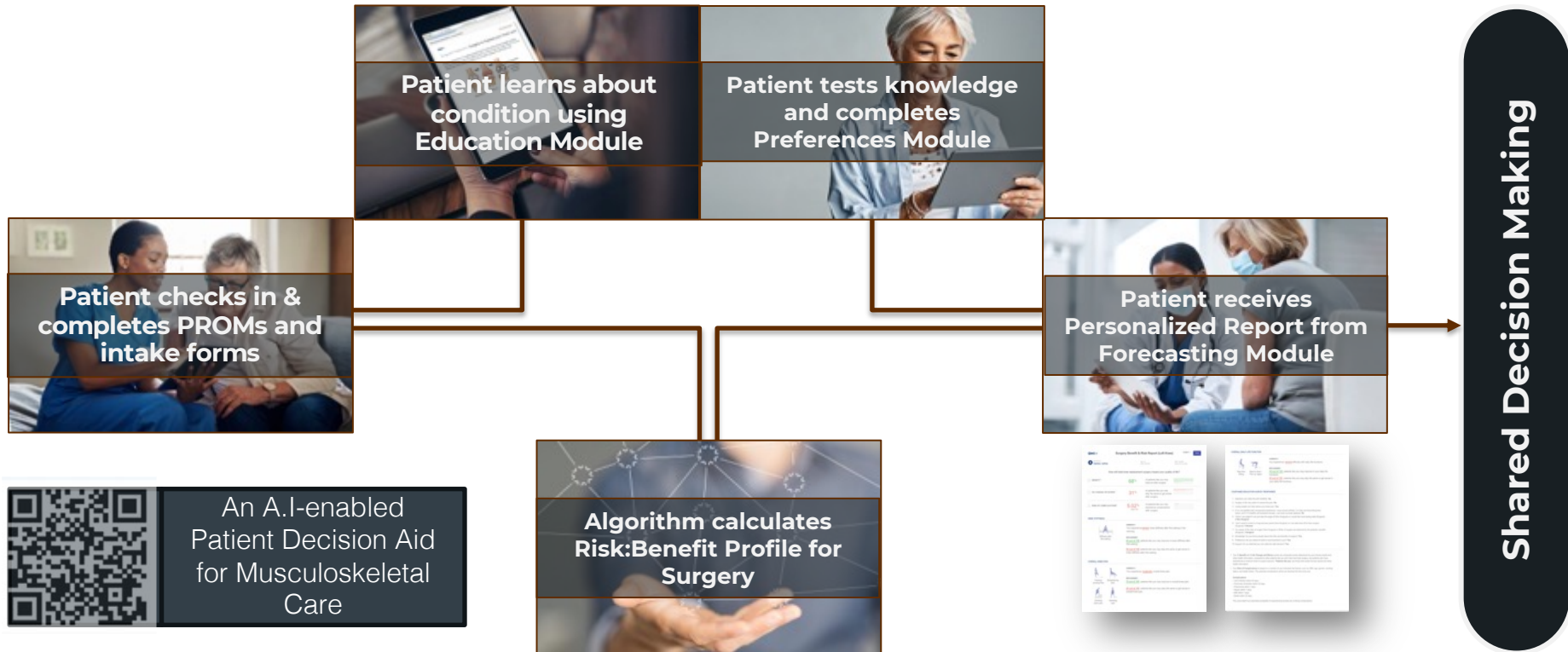
Education



Personal
Forecasting



Personalized prediction for decision support and shared decision-making



Personalized Forecasting



RCT: Comparison of an Artificial Intelligence-Enabled Patient Decision Aid vs Education Material Among Adults With Knee Osteoarthritis

[ClinicalTrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT03956004) Identifier: NCT03956004

POPULATION

46 Men, 83 Women



Adults with knee osteoarthritis of Kellgren-Lawrence grade 3 or 4, with body mass index 20-46
Mean (SD), 62.6 (8.9) y

SETTINGS / LOCATIONS



Single academic musculoskeletal integrated practice unit clinic, Austin, Texas, US

INTERVENTION

129 Individuals randomized and analyzed



60 Control
Informational decision aid only



69 Intervention
Decision aid plus artificial intelligence-based personalized risk-benefit report

PRIMARY OUTCOME

Decision quality, measured by questions 3.1-3.5 of the Knee Osteoarthritis Decision Quality Instrument (K-DQI)

FINDINGS

Intervention group showed improved **Decision Quality, Level of Shared Decision Making, Patient Satisfaction, and Capability.**



Pathway to Integrating PROMs into Practice



MASSACHUSETTS



Most Important Reason to Measure Outcomes?

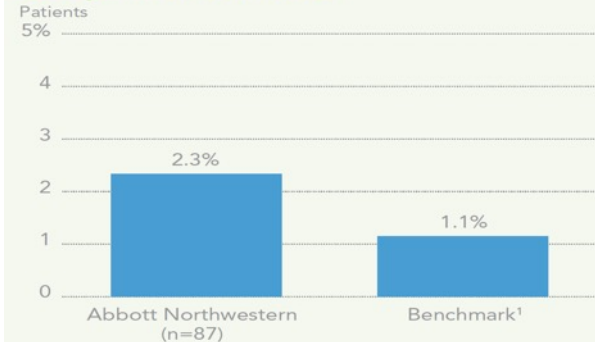


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Deep infection rate



Value-based Healthcare: Measuring What Matters—Engaging Surgeons to Make Measures Meaningful and Improve Clinical Practice

Angela L. Winegar PhD, Jamie Moxham MSPH, Thomas P. Erlinger MD, MPH, Kevin J. Bozic MD, MBA

A Surgeon Scorecard Is Associated with Improved Value in Elective Primary Hip and Knee Arthroplasty

Angela L. Winegar, PhD, Lauren W. Jackson, MPAff, Tanmaya D. Sambare, BA, Tiffany C. Liu, MD, Sean R. Banks, PhD, Thomas P. Erlinger, MD, MPH, W. Randall Schultz, MD, MS, and Kevin J. Bozic, MD, MBA



Scheduled Hips

DSMC-UT OVERVIEW

Please select

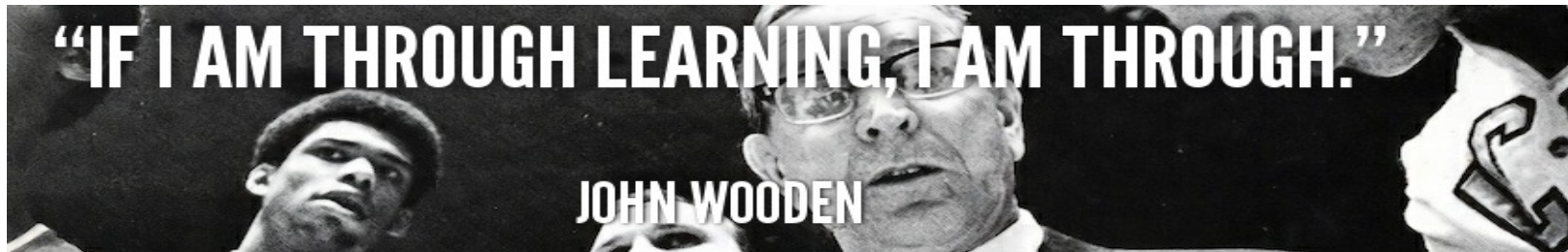
Category: HIP | DRG: (All) | Start Date: 4/1/2019 | End Date: 9/30/2019 | Provider Name: (All) | Procedure Type Class: Scheduled

Operational Metrics	Average Surgery Time	Average Room Time	Average PACU Time
Network	105	150	108
DSMCUT	91	128	125
Bozic, Kevin J MD	77	114	158
Kilbride Jr, Earl John MD	63	87	113
Koenig, Karl M MD	90	124	103
LAVERTY, DAVID Charles	47	76	60
McArthur, Benjamin MD	135	178	100



The best competition I
have is against myself to
become better.

- John Wooden



5. Expand Partnerships – with Payers and Employers

Current State

- **Fee for service or capitation** are most common
 - FFS: pay per procedure
 - Capitation: pay per head per time period
- Neither is aligned with **value**



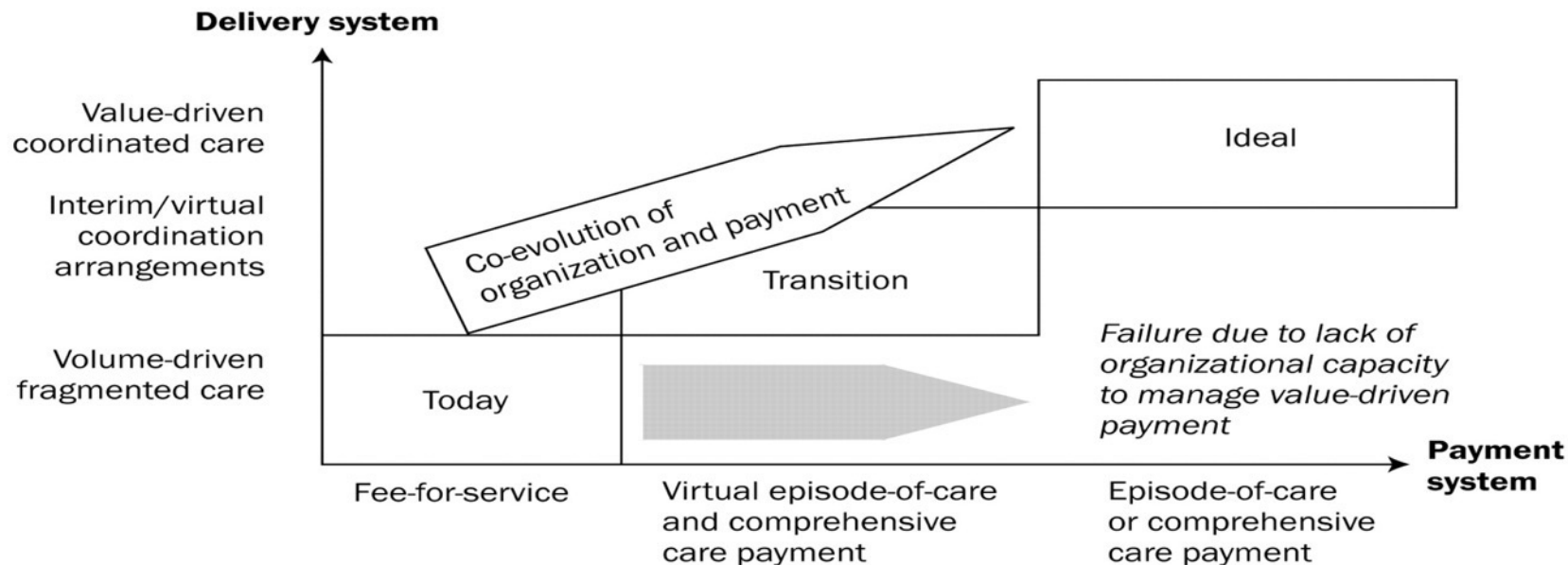
Shift to VBHC

- **Bundled payments** incentivize outcomes *and* lower costs
 - Pay **per care cycle**, by **condition**
 - **Risk-adjusted**
 - Contingent on outcomes
- Providers rewarded for **innovative, high-value care**



Payment Model Rewards Innovation

EXHIBIT 4 Transition In Both The Payment And The Delivery Systems



SOURCE: Author's analysis.

TJR Bundles Drive Care Coordination Across Acute, Post-Acute Settings

strategy



Hospitals Strengthen Bonds with Post-Acute Providers

Pre-Operative Care

Pre-Operative Pathway



Surgeon Pre-Op Visit



Pre-Admission Testing



Hospital

Acute Care

Inpatient Pathway



Inpatient Rehab



Skilled Nursing Facility



Home Health Agency



Outpatient Physical Therapy

Shared Post-Acute Pathways



Primary Care Visits



Surgeon Follow-up Visits

Post-Acute Care



REVIEW ARTICLE

The Impact Of Bundled Payment On Health Care Spending, Utilization, And Quality: A Systematic Review

EXHIBIT 2

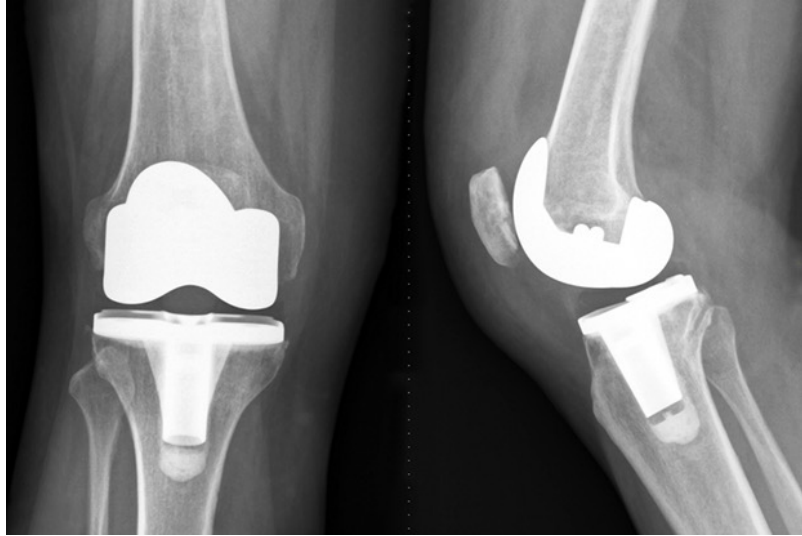
Summary of results from 20 studies that compared a bundled payment model and fee-for-service reimbursement, by study outcome

Outcome	Direction of outcome	ACE	BPCI	CJR	Overall
HEALTH CARE SPENDING					
Episode payments	-	0/2	5/12	1/3	6/16
Spending by type					
Inpatient hospitalization	-	0/2	3/8	0/1	3/10
Postacute care period	-	1/1	2/2	— ^a	3/3
Institutional postacute care	-	— ^a	1/1	1/1	2/2
Skilled nursing facility	-	0/2	3/4	1/1	4/6
Inpatient rehabilitation facility	-	0/2	3/5	1/1	4/7
Long-term acute care hospital	-	0/1	0/3	0/1	0/4
Home health agency	+	0/2	3/6	0/1	3/8
UTILIZATION					
Discharge to:					
Postacute care facility	-	— ^a	5/9	2/3	7/12
Home health agency	-	— ^a	2/5	0/2	2/7
Home or self-care	+	— ^a	1/5	0/1	1/6
Length-of-stay					
Inpatient	-	1/1	7/11	1/2	8/13
Postacute care facility	-	— ^a	1/4	1/2	2/6
QUALITY					
All-cause readmission rate	-	1/2	4/14	1/3	6/18
Complication rate	0	1/1	— ^a	3/3	4/4
Mortality	0	1/1	2/2	1/1	4/4
Emergency department visits	0	1/1	3/3	2/2	5/5
UNINTENDED CONSEQUENCES					
Risk selection or case complexity	+	— ^a	1/3	0/2	1/5
Volume	-	— ^a	3/3	2/2	5/5

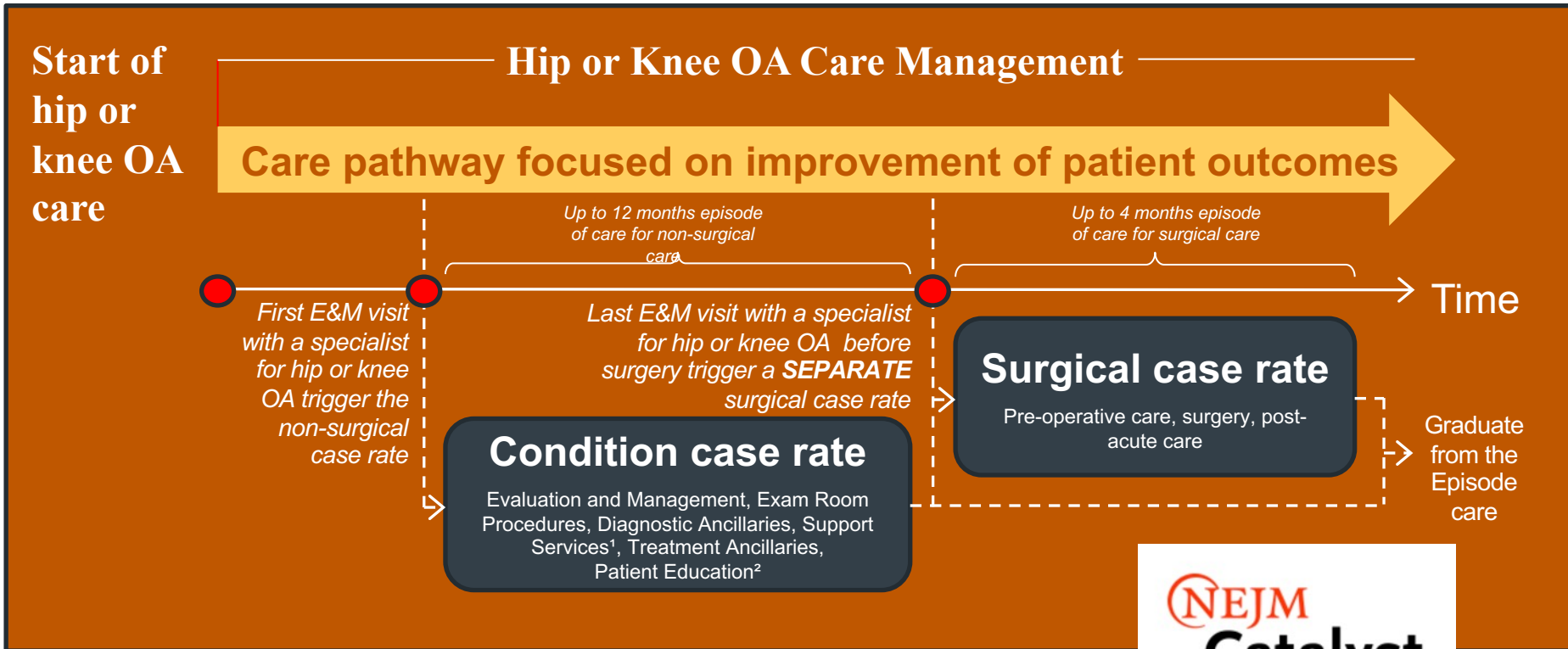
Key Results

- 1.6% reduction in episode spending
- Lower inpatient and post-acute care spend
- Reduced ALOS and readmissions
- Increased discharge to home/self-care
- Increased case complexity

What's missing from procedure-based bundles?



Moving Upstream from Procedure-Based Bundles



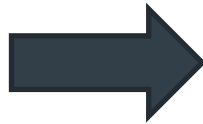
1. Support Services include DME, immunization/vaccine, etc. (only will be given if it is necessary);
2. Patient education includes service & materials fees, patient's history, registration, education, etc.

Payment Model Drives Delivery System Reform

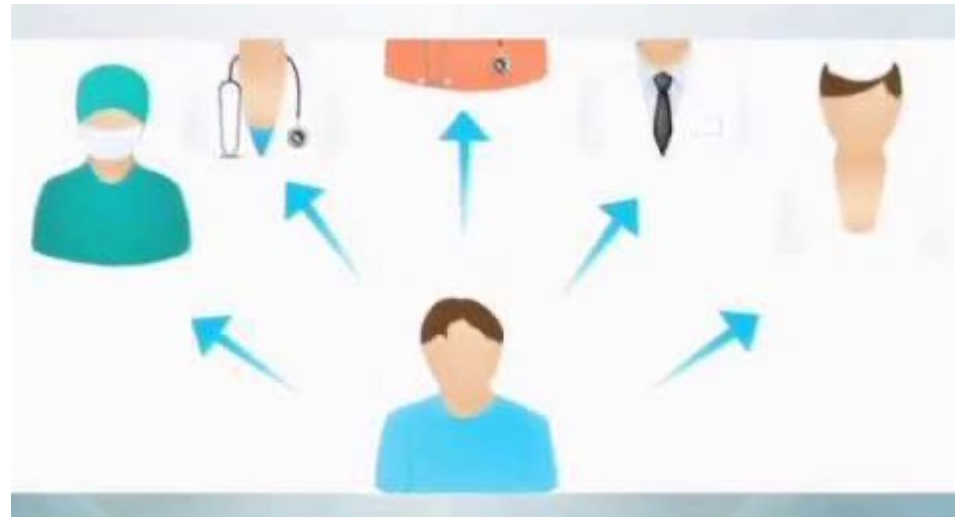
TJR Bundles



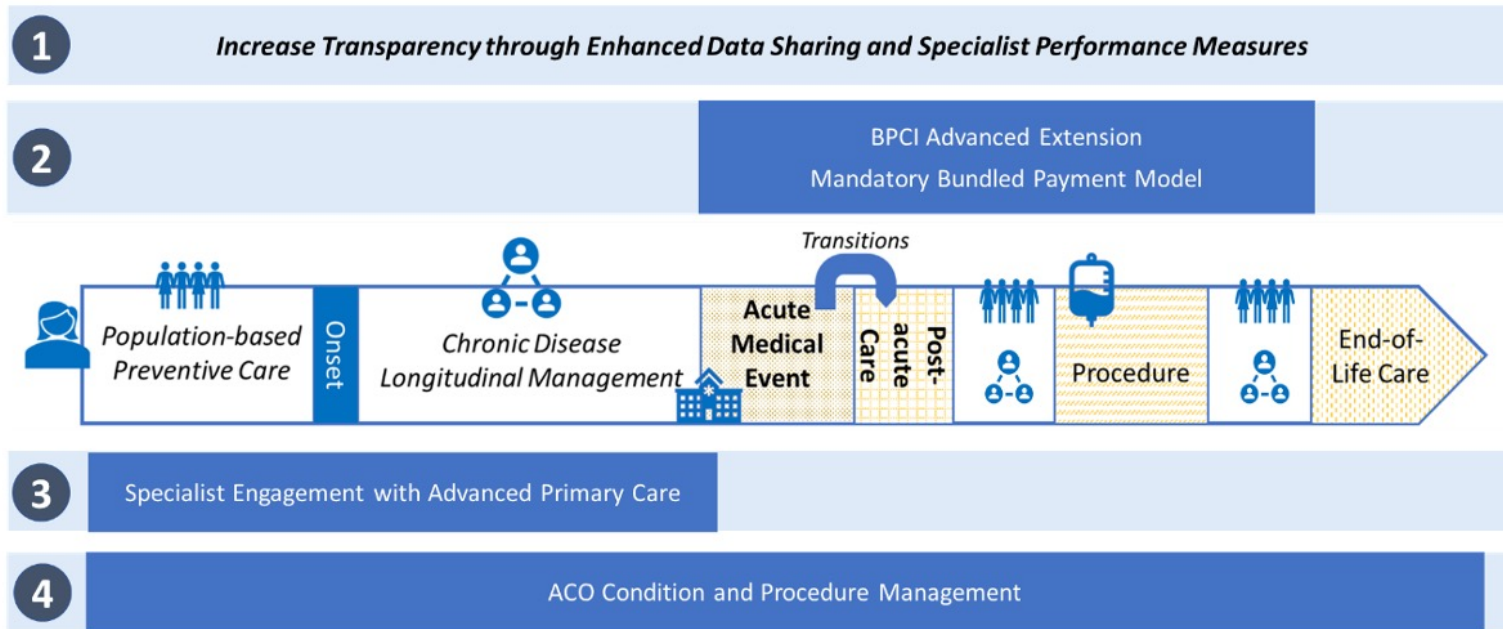
Hospitals Strengthen Bonds with Post-Acute Providers



Arthritis Bundles



Elements of the CMS Specialty Strategy



Source: Aligned Elements of the CMS Specialty Strategy and Beneficiary Care Experience, CMS Blog on “CMS Innovation Center’s Strategy to Support Person-Centered, Value-Based Specialty Care,” Nov. 2022
Patient pathway figure based on “Comprehensive Specialized Care: The Missing Piece in Value-Based Care Reform,” Duke-Margolis, UT Austin-Dell Medical, Signify Health, July 2022

Slide courtesy of Mark McClellan, MD, PhD



The University of Texas at Austin
UT Health Austin

Musculoskeletal Institute

<https://utexas.app.box.com/s/tb273wstcp6mtad5hpg3oev0lmlgcb6r>

Summary: Why is VBHC Better for Patients AND Physicians?



- Incentive to *redesign* care delivery model
- Payment model rewards *innovation*
- Access to *measurement* tools
- Puts physicians back in *leadership* roles



Leadership Opportunity

- *"Change has a considerable psychological impact on the human mind.*
- *To the fearful, it is threatening, because it means that things may get worse.*
- *To the hopeful, it is encouraging, because things may get better.*
- *To the confident, it is inspiring, because the challenge exists to make things better."*

– King Whitney, Jr. WSJ, June 7, 1967

UT Health Austin Musculoskeletal Institute VBHC Immersion Program

*Take a behind-the-scenes look at our
Musculoskeletal Institute, a one-stop-
shop for high value musculoskeletal care*

December 7-8, 2023 in Austin, TX



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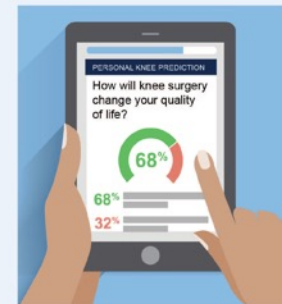
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Joint Insights

An Evidence-Based TJR Tool to:

- Predict Outcomes
- Inform Clinical Decision Making
- Inform Surgery Appropriateness
- Encourage Shared Decision Making



Try a demo of
Joint Insights
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Contact Us

Schedule a
full demo

Write us at
jointinsights@om1.com

Thank You!!