

Providers embrace data and collaboration to limit waste

By [Alex Kacik](#) | September 15, 2017

MemorialCare Health System has reduced its nonessential cesarean section rate by about a third over three years, which has helped the provider improve outcomes and lower costs.

The five-hospital system in Southern California previously hovered around the 30% mark for primary, uncomplicated C-section procedures, which are generally **more complicated, costlier and less effective**, said Helen Macfie, MemorialCare chief transformation officer.

MemorialCare partnered with Anthem, utilizing its new digital care coordination platform Vivity, to share data and hammer out best practices with seven other California health systems. That helped drive its nonessential C-section rates below the statewide goal of 23.9%.

"We pursued a similar goal where we had teams across our Vivity cohorts that compiled data and shared best practices and instilled a confidence that we could do this together," Macfie said. "We felt like we were making a difference together where individually we may not have gotten as far."

Anthem recently rolled out Vivity, which is a joint venture with the Southern California systems, to leverage clinical and claims data and create a comprehensive record for each patient.

The data reveals gaps in care to ensure patients get the right treatment in the right setting, flags high-risk members and allows providers to compare strategies to improve care quality and reduce unnecessary procedures. They use the data to make sure people get to the right specialist, plan care after they leave the hospital and **better manage pharmaceutical spending**, among other collaborative undertakings, said Dr. Laura Clapper, medical director for Vivity.

The providers sent out a checklist for potential C-section patients that determines if the procedure is a good fit and physicians informed patients of the benefits and drawbacks to make sure they are engaged and up to speed.

Allowing physicians to compare rates, outcomes and other data catalyzed a discussion on what processes work best, said Beth Ginzinger, Anthem's vice president of provider joint ventures for the west region.

"It was fascinating to watch," she said. "At a clinical level, these providers have never crossed paths. Once you get clinicians in a room on behalf of a joint venture, they don't feel that competitive nature. That culture filters through the organizations."

According to the 2016 Leapfrog Hospital Survey, 55% of hospitals have excessive C-section rates. "Cesarean sections carry serious risks of infection or blood clots, and many women experience longer recoveries and difficulty with future pregnancies. C-sections can also cause problems for babies, like breathing difficulties that need treatment in a newborn intensive care unit," Leapfrog noted.

Reducing nonessential C-sections is one strategy providers throughout the country are exploring to improve their operations as they look to trim costly variation and procedures that don't produce better outcomes, satisfy new payment models and align clinical processes. Unnecessary care is one of the biggest drivers of healthcare spending, amounting to about \$350 billion a year, said Braxton Millar, vice president of consulting at Advisory Board. Technology and data are key pieces to solving the equation but ultimately, a cultural change is needed to coordinate care and integrate physicians, he said.

"If physicians are not aligned, it's almost impossible for any other partnerships to maintain forward progress on care variation reduction," Millar said. "Wherever a patient shows up in the system, they need to receive the right level of care in the right setting. That shouldn't depend on what time they show up or the doctor. Systems need to build incentives around the best clinical and operational evidence."

The systems that have been most successful in aligning clinical operations have made data transparent to clinicians when decisions are made, said Kulleni Gebreyes, principal at the consulting firm PricewaterhouseCoopers.

"The ones that are pushing the envelope are sharing data on outcomes and cost-effectiveness and comparing that to other systems," she said. "Instead of having physicians search on their own through the EMR on what tests have been done or the outcomes of C-section versus vaginal birth, show them the outcomes at the time of decision-making."

Many systems are developing proactive approaches to develop treatment and medical education strategies for patients that are showing signs of hypertension and diabetes and to prevent more serious health complications, Gebreyes said.

While it will likely take time to transform longstanding procedures and thought processes, the next generation of physicians are bringing a new perspective to healthcare that will lead that change, Millar said.

"They are asking 'why aren't we doing this?'" he said. "Some of this will resolve over time as we come into the next generation of physician leaders who come in with the expectation of change."

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