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'Focus on the delta, not the data'

By Mike Miller | June 29, 2017

Last November, stress was high among the 235 doctors I work with at Shore Quality Partners. Medicare's Comprehensive Primary Care Plus program (CPC+) had hit their desks, and they had a mere two months to figure out how to comply with every single rule in the 245-page implementation guide.

As director of population health and physician relations for our clinically integrated network, my job is to guide our physician community through value-based programs. So when CPC+ hit the network, I do what I always do: focus on the delta, not the data.

By delta, I mean the difference between data points rather than absolute values — the incremental changes doctors will need to make, compared to what they're doing already. By looking at government programs through that lens, we can see what must be done to reach a goal, rather than stare down a towering list of obligations.

That alone can alleviate the anxiety that is often a barrier to change.

So to walk our physicians back from the edge, we took a side-by-side look at the new requirements of CPC+ along with everything we had already accomplished. Suddenly, the burdens of yet another program appeared manageable. We didn't have far to go to reach the new high bar.

Healthcare is evolving. And as Charles Darwin wrote, our survival depends on our ability to adapt — guided by data and the power it yields to change behavior. Today, everything depends on data: physician compensation via RVU production; forecasting downstream medical expense for shared-savings programs; stratifying patient risk scores for care management; and more.

But an avalanche of data, out of context, helps no one — and doesn't steer individual doctors on a path to improvement. When we look at clinical quality measures, we talk about "lowering cost" or "improving quality." But vague phrases don't break down strategy into manageable steps for physicians.

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That's why it's so essential to break down those goals, step by step and patient by patient. A physician who has completed hemaglobin A1c testing for 35.4 percent of a panel, for example, is 58.7 percent away from the needed Healthcare Effectiveness Data and Information Set (HEDIS) threshold of 94.1 percent for a commercial ACO contract. That seems like a big hill to climb.

But when we examine the number of patients required to reach that level, we see it is only 29. Ordering and verifying 29 hemaglobin A1c tests? That's a manageable task.

Performance varies among individual physicians, and so do their paths to improvement. But to perform well overall, ACOs must keep a vigilant eye on the rates of change for individual providers. Those rates are an early warning system, an opportunity to catch and reverse negative trends before they affect the entire group.

The "delta not data" approach can guide progress at all levels and prevent physicians from feeling either paralyzed or complacent. When asked to climb Mount Everest, low performers may simply picnic at the bottom rather than attempting the insurmountable. These physicians need to focus on their rate of ascent — on gradual improvement — rather than how far they have to go.

Meanwhile, high performers may decide to enjoy the view right where they are, becoming complacent in their progress. We need to view the goal of sustaining high performance with the same urgency we use for improving poor performance.

And we can — if we help doctors look at change in the right way.

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Artwork by Katherine Streeter