



Tim Bartholow, MD

Your Society

Society's 'Leadership 15' using WHIO data to find areas to reduce cost, improve quality

Tim Bartholow, MD

1.6 million Wisconsin lives and nearly 7.3 million episodes of care. When the Wisconsin Health Information Organization's (WHIO) data mart version 2 went live in August 2009, the Wisconsin Medical Society (Society) had already spent months reviewing this data, and saw in it the potential to help reduce waste in our health care system and improve the quality of patient care.

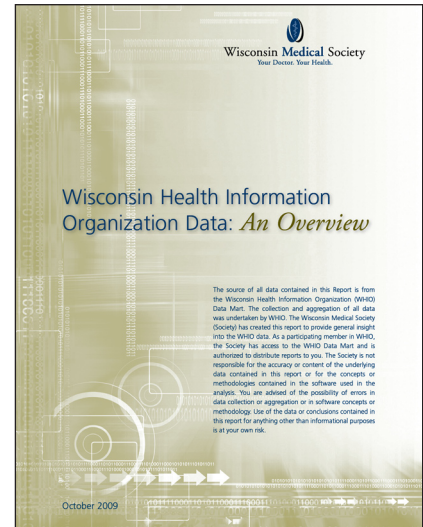
Wisconsin consistently is ranked at the top when it comes to providing high quality care—most recently by the Agency for Healthcare Research and Quality—and at the same time, Wisconsin physicians provide some of the lowest cost care in the nation. But there is always room to get even better.

As a physician who spent 16 years practicing family medicine, I saw patients whose deductibles went from \$1000 5 years ago to \$6000-\$10,000 during the past few

years. And these were patients who were well insured. I also saw patients with small group or individual policies like farmers—50-year-old patients who were otherwise well—paying \$1000 a month for insurance with \$10,000, \$12,000, even \$15,000 deductibles—if they could get insurance at all. On behalf of our patients, we need to find ways to reduce costs so that they aren't forced to make choices between medical care and other necessities.

The WHIO data mart represents a predominantly fully insured population and is based on 27 months of pooled claims data from 5 health insurers: Anthem, Humana, UnitedHealthcare, Wisconsin Education Association Trust, and WPS Health Insurance.

Both clinic and individual physician data are in the data mart, and we expect new insurers to be added in the future. In fact, by April of 2010, the data mart will represent 50% of Wisconsin residents. In the future, new data will be added when the data mart is updated every 6 months. (For the Society's overview of the WHIO data mart, visit www.wisconsin-medicalsociety.org/_WMS/communications/whio/whio_overview_102909.pdf.)



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The Society believes that, used with the understanding of its limitations, the WHIO data mart has the potential to be an excellent tool to help direct quality and efficiency efforts.

With that goal in mind, we have launched an initiative called Leadership 15, which brings together physicians from each of 4 key areas: orthopedics, cardiology, gastroenterology, and behavioral health, and representatives from the purchaser/employer community. Over the next few months, these 4 workgroups are delving into this data to identify where the greatest variations exists and work-

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ing to develop recommendations for reducing cost while maintaining or improving quality.

We believe this work is unprecedented. Physicians traditionally have not seen a price tag on every physician order, nor do we want all of our care to be about cost. We also have not historically sat down together with doctors from other groups and geographies to talk about best cost practices. But as the business community seeks ways to reduce costs, it's important that quality isn't compromised. So physicians must lead these efforts.

The WHIO data allows us to examine both cost and quality over an entire episode of care, down to the individual physician level. This transparency helps us understand where we're spending dollars every day. We can see that Physician A uses fewer hospital days and Physician B uses more with similar outcomes, but the price tag varies by thousands of dollars. And this leads doctors to ask: "If I cost more than my colleague, yet additional value is not obvious, isn't it my duty to use those health care dollars more carefully? And when I don't, aren't there some who go without or pay more?"

I encourage you to stay tuned for more information about this work as it unfolds. When the Leadership 15 workgroups have finished their analysis, they will identify and recommend improvement efforts, and the Society will communicate these findings through the *Journal* and other media. We are confident this effort will lead to lasting improvement in our health care system and will ultimately result in even higher quality, cost efficient care for the patients of Wisconsin.

Thank you to our reviewers

The *Wisconsin Medical Journal* would like to thank those who served as manuscript reviewers this past year. Manuscript review is an important collegial act and is essential to the integrity of the *Journal*. We are grateful for their help in ensuring authors receive prompt, objective, and insightful feedback on their work.

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