
Virginia Mason Provider-Employer-Payer Collaboratives Target Common Medical Conditions

Virginia Mason Medical Center, Seattle, WA

Keywords: access, evidence-based care, clinical pathways, headache, large joint pain, low back pain, quality improvement, payer collaboration, employer collaboration, clinical value streams, marketplace collaborative, Virginia Mason Medical Center, Seattle, Washington.

Virginia Mason Medical Center in Seattle has worked in collaboration with health plans and employers to develop standardized approaches to the care of patients with common medical conditions. Called marketplace collaboratives, these efforts have eliminated unnecessary treatment and decreased costs to employers, health plans, patients, and providers while improving quality and value. To date, Virginia Mason has implemented clinical value streams for low back pain, headache, large joint pain, and breast concerns not related to cancer screening. The strides made in quality by this approach have been impressive.

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At Virginia Mason, Collaboration Among Providers, Employers, and Health Plans to Transform Care Cut Costs and Improved Quality, by C. Craig Blackmore, Robert S. Mecklenburg, and Gary S. Kaplan

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The initial task of the first marketplace collaborative was to define quality. After much deliberation, the collaborative participants decided that quality related to five key factors: patient satisfaction; the practice of evidence-based care; rapid access to care by patients; patients' rapid return to functioning; and cost. Once the definition of quality was determined, the next step was to identify the optimal, evidence-based care for low back pain, the focus of the first collaborative. Each subsequent marketplace collaborative has selected a different condition to target for improvement. Called "clinical value streams," these standardized clinical pathways ensure that best practices are followed and unnecessary test and treatments are eliminated.

To date, Virginia Mason has implemented clinical value streams for low back pain, headache, large joint pain, and breast concerns not related to cancer screening. The strides made in quality by this approach have been impressive. For instance, the headache clinical value stream focused on patients with uncomplicated headache in

which no other symptoms of concern were present, such as head trauma or fever. These patients typically do not require expensive imaging tests, but many were receiving them anyway. Through the collaborative process, Virginia Mason decreased the use of MRIs by 23 percent, so delays in seeing a doctor because of pending test results were minimized. New policies were implemented that allowed patients to get in to see a doctor the same day as their headache developed in 95 percent of cases. The result has been that patients with headache now score their care at an impressive 91 in terms of patient satisfaction.

At Virginia Mason, collaborative efforts among providers, payers, and employers have lead to improved care delivery according to a common definition of quality. By developing and implementing evidence-based care pathways, quality parameters are being achieved by a decrease in unnecessary care and costs, and with high patient satisfaction and rapid access.

Keywords: Virginia Mason Medical Center, evidence-based care, clinical pathways, quality improvement, payer collaboration, employer and hospital collaboration, clinical value streams, marketplace collaborative.

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