



American Airlines
Joins With
Physicians,
Health Groups
To Speed Adoption
Of Evidence-
Based
Practices

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ALLIANCE OF INFLUENCE

It's no secret to participants in the health care industry that the lag time between the discovery of more effective forms of treatment and the incorporation of those evidence-based practices into routine patient care is inordinately long – as much as 15 to 20 years, the Institute of Medicine reports.

As benefits manager at American Airlines, Jackie Quick is acutely aware of this statistic. So is Marianne Fazen, Ph.D., director of the Dallas-Fort Worth Business Group on Health, an employer-sponsored coalition focused on quality, accountability and affordability for employees. And, as an Irving, Texas-based family physician, Scott Conard, M.D., knows firsthand about the long lag time.

All have been part of independent projects aimed at advancing the quality of medical care. But not until recently did their organizations come together to try to reduce this knowledge-to-practice delay.

The joint effort, called AIM for Excellence, identifies the most frequently visited physicians in the Dallas area, then supplies them with information about the latest evidence on treatments for heart disease, diabetes and stroke – three of the most common, costly and deadly chronic diseases in the nation. Those targeted physicians' adherence to the scientific standards will then be compared to doctors who aren't part of the educational outreach, and the data shared with the physicians involved, in an effort to encourage improvement.

"We've worked throughout the years to help employees optimize the care they need," Quick said. "Now we're trying to take it to the next level to say, 'How can we

work with physicians in a way that helps them bring the evidence-based medicine guidelines into practice in a period that's shorter than 15 to 20 years?' If that happens, our employees will get better care at their physicians' offices, which may lessen complications and improve their productivity and quality of life. Ultimately, that should lead to lower health care costs and better value."

Those involved acknowledge that their goal is not new; many groups have worked to improve the quality of treatment of chronic conditions. But what makes this effort different – what gives it a better shot at working, they say – is the breadth of the organizations involved. >>

“We realized what has been missing in the whole work site health improvement effort is physician involvement, and you can’t really change health care without that,” Fazen said. While the primary goal of the AIM project is to improve the health of American Airlines workers, she added, it will also allow the group to evaluate the influence of employers on physician behavior.

“We know that health plans have been trying to influence practice patterns and drive physician adherence to evidence-based medicine, but we also know anecdotally that there has been some resistance from some physicians,” she said. “So, we wondered whether, if employers came in as the triangulated third party – as a purchaser of health care – we could use our desire for transparency around quality and our desire for recognizing value, and participate with the physicians directly. In other words, if we could make physicians aware that employers are really interested in quality care for their employees, then would this influence their practice patterns? Would it make a difference?”

The Top 100

In order to answer those questions, Fazen said, the team realized it needed a study group of physicians to receive the educational outreach, along with a control group that wouldn’t. By analyzing claims data from the roughly 500 Dallas-Fort Worth area physicians in UnitedHealthcare’s network, Paul Solomon, M.D., who headed a group of 130 primary care physicians before becoming a UnitedHealthcare medical director, was able to identify nearly 100 physicians who had seen at least 100 American Airlines employees or family



From left to right, Jackie Quick, benefits manager at American Airlines; Scott Conard, M.D., family physician at Tiena Health; and Marianne Fazen, Ph.D., director of the Dallas-Fort Worth Business Group on Health.

members over the past year. That became the AIM physician group, while the area’s physician community as a whole was the control group.

“That data made it real easy to get started,” Fazen said. And it set the stage for analyzing the impact of the outreach and providing physicians feedback on their progress. “We knew that as part of that claims database, there was this wonderful physician reporting mechanism that we could tap to evaluate a performance improvement program,” she said, adding that reviewing claims data would also be less intrusive than asking physicians to complete forms describing patient treatments.

American Airlines and the Dallas-Fort Worth Business Group on Health already knew the health areas they wanted to target. According to the Centers for Disease Control and Prevention, chronic diseases such as heart disease, stroke and diabetes account for about 70 percent of all U.S. deaths and approximately 75 percent of health care costs each year. Those diseases also offer some of the richest opportunities for improved physician treatments, Fazen said. For instance, if all U.S. heart attack survivors received timely Beta Blocker therapy, an estimated 1,500 deaths could be averted each year, according to the National Committee for Quality Assurance.

For the AIM project, the group turned to the prevention guidelines of national organizations such as the American Heart Association and the American College of Cardiology to determine treatment standards they could measure, including the prescription of Beta Blockers and ACE inhibitors, as well as LDL cholesterol screening for diabetic patients.

“Then we sent all of the physicians in the study group feedback on how they performed on those standards in 2004, how they performed compared to the other physicians in the AIM group, how they performed compared to the control group and how they performed compared to physicians nationally,” Fazen said. At the same time, the team analyzed anonymous data on the physician group as a whole to see how close they were to the project’s goal of adherence to the identified evidence-based standards at least 85 percent of the time.

Dr. Solomon said while the AIM physicians were performing better on aggregate than local, state and national averages, there were still opportunities for improvement: 44 percent of the physicians had scores less than 80 percent in one or more areas. “So even though as a group they did well, we knew that by sharing data and information around evidence-based medicine, there would still be opportunities to influence the care they give, and therefore the health outcomes of the individuals they treat,” he said.

Data To Doctors

In addition to the original communication, which explained the program and provided physicians with the baseline data, the group throughout the year will receive educational tools, such as check lists for treating patients with diabetes or heart diseases, as well as reminder notes they can stick on patients’ charts and a list of clinical resources for additional information. They also receive personal invitations to continuing education workshops on health care topics such as heart disease, stroke and diabetes.

At the end of 12 months – in summer 2006 – the physicians who have participated will receive a new set of data detailing how their practice patterns have changed.

“That data will show them where they’ve incorporated evidence-based medicine principles into their practices and where there are still opportunities to improve care,” Dr. Solomon said. “For consumers, in the short term, that means fewer complications, fewer readmissions and better preventive care. In the long term, it can mean a better quality of life, a longer life and a more disease-free life.”

The data will also help the doctors involved reach their goals of better care for their patients and quicker incorporation of evidence-based guidelines, said Dr. Conard, who is part of a five-member physician advisory panel that provides suggestions on how best to facilitate the communication between American Airlines and the AIM physicians.

Right now, he said, the time it takes for physicians to adopt those standards consistently is far too long. “It’s not months, and that’s what we all want it to be, so we can practice medicine in a new and better way,” he said. “I think it’s exciting that were getting together the different groups of people we have in order to really improve quality in medicine. As physicians, we’re trying to understand employers’ needs and how we can be a better partner – and that’s not something that’s commonly done.”

Fazen said the initiative will also benefit employers and consumers outside of American Airlines since the physicians in the AIM group are seeing individuals throughout the Dallas Fort-Worth area, regardless of where they’re employed.

“Our desire is to lift all the boats in the harbor, not just those belonging to American Airlines,” she said. “It’s really a win-win for all the players in this community, and – if it works – it’s a model that can be expanded to other communities through the National Business Coalition on Health. There are 75 groups like ours around the country just chomping at the bit.” ■

