

HealthDoers Network October Newsletter
Addressing Inappropriate Use through Choosing Wisely



Roger Panella

Chief Operating Officer, GDAHC

Roger Panella is the Chief Operating Officer for GDAHC and has more than 26 years of progressively responsible experience in the automotive and logistics industries. He is a strategic business, supply chain and human resources executive driving process improvements and savings in the materials management, vehicle transportation, health care, compensation/organization planning, and finance functions. Notably, Roger developed innovative and widely benchmarked health care solutions, negotiated creative union (UAW) and supplier agreements, and reduced operating costs in the warehousing, sequencing and delivery of materials to parts distribution centers and dealers.

Prior to GDAHC, he was Vice President Strategy, Safety, Quality, and Risk Management at Allied Systems Holdings, Inc., which was the largest carhaul company in North America. Previously, Roger was an executive at Chrysler, LLC, spending 18 years in various roles across Human Resources and the Mopar Parts Division. At Chrysler, he was responsible for the company's health care programs, covering 350,000 people at an annual cost of \$2.5 billion. In that role, Roger co-led national negotiations with the UAW on health care programs in 2003 and 2007, collaborations that reduced costs for Chrysler and saved thousands of autoworker jobs.

Roger holds a master's in business administration from the University of Michigan's Ross School of Business and a Bachelor of Arts in Materials and Logistics Management from the Michigan State University's Broad College of Business. He has also completed an executive development program at IMD in Lausanne, Switzerland.

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Question 1: Why is over- or misuse of health care services a compelling issue for your region, and what role does your regional collaborative play to address it?

Over- and/or misuse of health care services, such as certain tests and procedures, may pose potential harm to patients and can be costly, resulting in inappropriate allocation of limited resources. For example, using antibiotics to treat viral respiratory illnesses constitutes a misuse, as these antibiotics are intended to treat bacteria, not viruses. Antibiotics also carry a substantial number of side effects that can make a patient feel worse; and are life threatening to individuals who are allergic. Repeated use or overuse of antibiotics has led to the creation of “superbugs,” which are difficult and expensive to treat; in many cases, “superbugs” no longer respond to treatment and have opened the door to potential outbreaks and epidemics.

One of the ways that GDAHC is working to combat the risks associated with the over- and misuse of antibiotics is by encouraging physicians and providers to collectively adopt a single best practice for antibiotic use, instead of using varying and competing guidelines across the community. The Choosing Wisely guidelines are helping us formulate guidelines to frame that single practice. Having a single best practice to address problems like antibiotic use for respiratory illnesses, can help to cut down on medical overuse while decreasing potential harm and unnecessary costs to patients.

Question 2: Why key article, tool or resource related to Choosing Wisely should everyone know about and utilize or share?

GDAHC has worked with Consumer Reports (CR) to develop a variety of resources with new content. Most recently, we partnered with CR and the UAW Retiree Medical Benefits Trust to develop recommendations on getting the right care to stay healthy as one ages; these resources and information are being circulated nationally and are excellent resources for both patients and providers. The resources include an [easy-to-read brochure](#) outlining what medical tests and procedures are appropriate for seniors and those procedure that are likely not necessary, along with an [e-hub](#) that provides seniors with more in-depth information relating to their specific health concerns. In our experience, it is valuable to provide patients with positive “should do” messages in addition to those more negative “don’t do” messages.

Additionally, GDAHC has a [microsite](#), developed by Consumer Reports, that provides valuable resources on the Choosing Wisely initiative as well as our target areas. This has been a helpful tool as it organizes all of the necessary information, for providers and patients alike, into one place. It also provides information on ways that consumers and employers can get involved with Choosing Wisely.

Question 3: What are one or two effective strategies you’ve adopted to address inappropriate use of services? And, what are one or two barriers preventing the field from making more progress?

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Our most effective strategies have come out of our partnerships. Through our partnership with Henry Ford Health System, more than 80 Choosing Wisely protocols have been incorporated into their EPIC system as “best practice alerts” (BPAs); as a result, all physicians in the HFHS network have immediate access to these alerts and can directly implement those alerts while delivering care. This process works quite simply: when a provider attempts to order a test, medication, or procedure that is inconsistent with a Choosing Wisely best practice, the BPA will appear, reminding the provider of the best practice and—if the providers chooses to proceed despite the recommendation—requiring the provider to specify the reason for proceeding.

In order to communicate with healthcare consumers, we have partnered with a number of large insurers, employers, and sponsors, which affords an access path to healthcare consumers. These partnerships give us amazing feedback and insights that help to better tailor our own approach and have helped shape the materials for seniors that we developed with Consumer Reports and the UAW Retiree Medical Benefits Trust and that have been rolled out nationally.

From a barriers standpoint, it seems that the various unique quality initiatives that don't focus on one best practice create inconsistency for physicians. This inconsistency is translated into potential over- and misuse of treatments, which can be draining physically, emotionally, and financially on patients. Additionally, if patients feel like they can't openly talk with their doctors, then they will be less likely to seek out and engage in health care. Choosing Wisely guides providers and patients to a single best practice for care and aims to get everyone talking.

A continuing barrier is around acceptance and adoption of Choosing Wisely by some providers and patients alike. Even though we as a society have made great strides in empowering patients, there is still a reluctance by many to question their providers. We have heard some patients say that they view Choosing Wisely as an attempt by their employer or insurer to limit their care—that's why GDAHC has been committed to promoting “to do” messages. Plus, some providers view the program as an attempt to micromanage the care they deliver and to limit their income streams. These barriers are not unique to southeast Michigan. While we are not promoting in any way direct employment contracts between providers and hospitals or health systems, we have seen in our local Choosing Wisely initiative more success with the providers who are employed through by a health system. This is in part because the health system provides the infrastructure to integrate Choosing Wisely into the providers' workflow and has a mechanism in place to gauge compliance; and also because in that model provider compensation is not influenced by the number of procedures or tests ordered.