



**BARLOW / MCCARTHY**  
HOSPITAL - PHYSICIAN SOLUTIONS

# **Evolving Physician Relations Models that Create the Right Results**

**Healthcare Marketing and Physician Strategies Summit**

**April 30, 2014**

# Speaker Profile



Janell Moerer, MBA, serves as Group Vice President Strategy and Business Development for the Mountains North Denver Operating Group (MND OG) of Centura Health. Along with St. Anthony Hospital and OrthoColorado Hospital, this group encompasses Avista Adventist Hospital in Louisville, St. Anthony North Hospital in Westminster and St. Anthony Summit Medical Center in Frisco.

Moerer has brought to Centura Health a wealth of business development and strategy experience gained in the ambulatory care, hospital, post acute care, rehabilitation and insurance sectors. For the 12 years prior to joining our organization, she served as Vice President of Business Development, Innovation and Transformation for Via Christi Health, Kansas' largest provider of health services with 14 hospitals, and over 500 employed physicians.

Moerer earned her BS in Business Administration from the University of Nebraska at Kearney and her MBA from Washburn University in Topeka, Kansas. She is active with the American College of Healthcare Executives and a board member of Innovation Leader Network. Moerer and her husband Brent are the parents of two children.

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# Speaker Profile



**Summer Lesic**, serves as Group Director Provider Relations for the Mountain North Denver Operating Group (MNDOG) of Centura Health. Along with St. Anthony Hospital and OrthoColorado Hospital, this group encompasses Avista Adventist Hospital in Louisville, St. Anthony North Hospital in Westminster and St. Anthony Summit Medical Center in Frisco.

With an extensive sales background primarily in the pharmaceutical industry, her focus at Centura is been championing the systems of care initiatives by developing and implementing the current growth and retention strategy for provider relations team.

Summer earned her BS in Communication from Michigan State University in 2003. She and her husband are new parents, welcoming their first son in January.



Ann Tesmer began her career at Froedtert & the Medical College of Wisconsin in 1997 and initially held clinical roles within the hand surgery practice. Transitioning from direct patient care, she has spent the last 10 years focusing on access and relationship management. Ann is currently the director of Access Services which includes oversight of the hospital network call center, community education and the physician liaison program.

Ann received a Bachelor and Masters of Science degree in Occupational Therapy from Mount Mary College. She also earned a Masters of Business Administration from the Lubar School of Business at the University of Wisconsin-Milwaukee.



# Speaker Profile



Located in Hudson, Wisconsin, Kriss Barlow is a recognized expert in physician relations- retention and sales and working with teams to enhance physician strategy. She is a frequent presenter at national conferences and webinars including AAPL and is the author of four books including two HealthLeader's books; *A Marketer's Guide to Best Practices in Physician Relations* and *The Complete Guide to Physician Relationships in an Accountable Care Era*. Kriss is on the Board of Directors for SHSMD and is a certified sales instructor.

She has a Bachelors Degree in Nursing from Augustana College, Sioux Falls, South Dakota, and a Masters in Business Administration from the University of Nebraska, Omaha



- **Introductions and agenda**
- **Strategic scope of change: Janell**
  - Alignment of hospital with physicians
  - Current and future value of the field staff
- **Growing the right volume: Summer**
  - Earning results
  - Creating additional strategic opportunities
- **BREAK- 10 minutes**
- **Evolution of a model: Ann**
  - Listening to the internal audience and external needs
  - Systems of access disparate systems
- **Personal model assessment: Kriss**
- **Panel questions with audience discussion**

# Agenda



# Future State??

- Health care reform: expand coverage and reduce cost

**Cost**

**Clinical risk**

**Scale**

**Contracts**

- Who gets what part of the dollar?
- How do we assure “customers” of value?
- What’s the sweet spot with clinical integration and efficiency?
- Bundled payments mean we are together



# What's Happening Today?

- Futurists are busy
- Massive change slowed
- Physicians are uncertain
- Organizations have present and future strategies
- Today our payment is for volume
- Physician relationships are front and center in every scenario

## Choices:

- **Relations owns**
- **Practice management owns**
- **Other start-up roles own**





# What's Happening in Your World?

- Organization impact
- Program response
  - Under the radar
  - Change
  - Align
  - Other
- Proposed adaptations
- Obligations to add value
- Needs





# Physicians Today ...

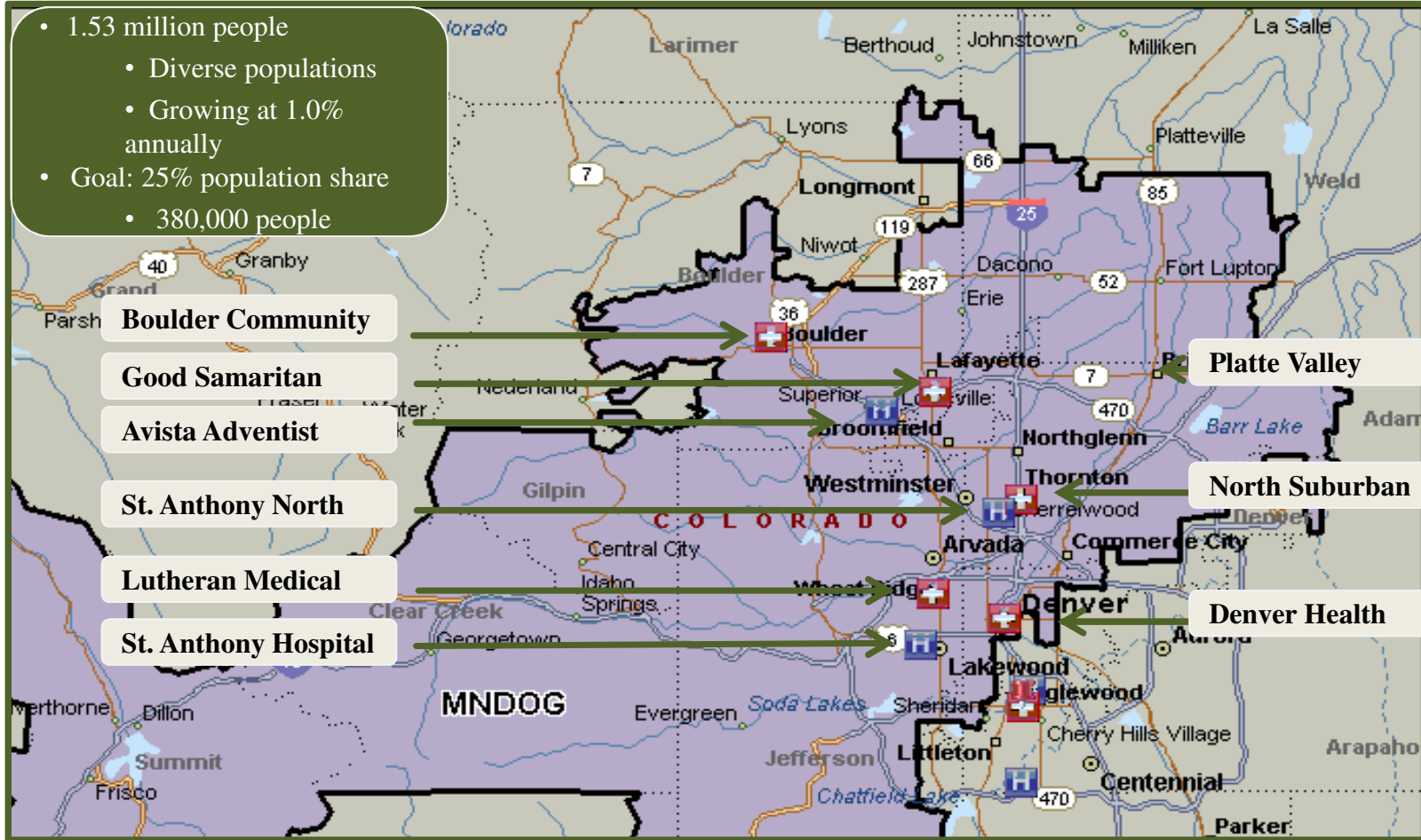
- Pending physician shortage
  - 90,000 plus by 2020
  - 130,000 plus by 2025
- Physician dissatisfaction in 2012 is 54% down from 69% in 2011
- 33% of all specialties spend +hours/ week on paperwork and administration
- Many of the survey's 3200 doctors expressed that, *“ACO by arrangements are a conflict of interest. Administrators, not physicians, will decide what's allowed. It would spell the end of solo/small group practices.”*



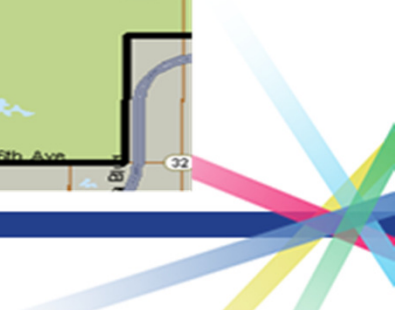
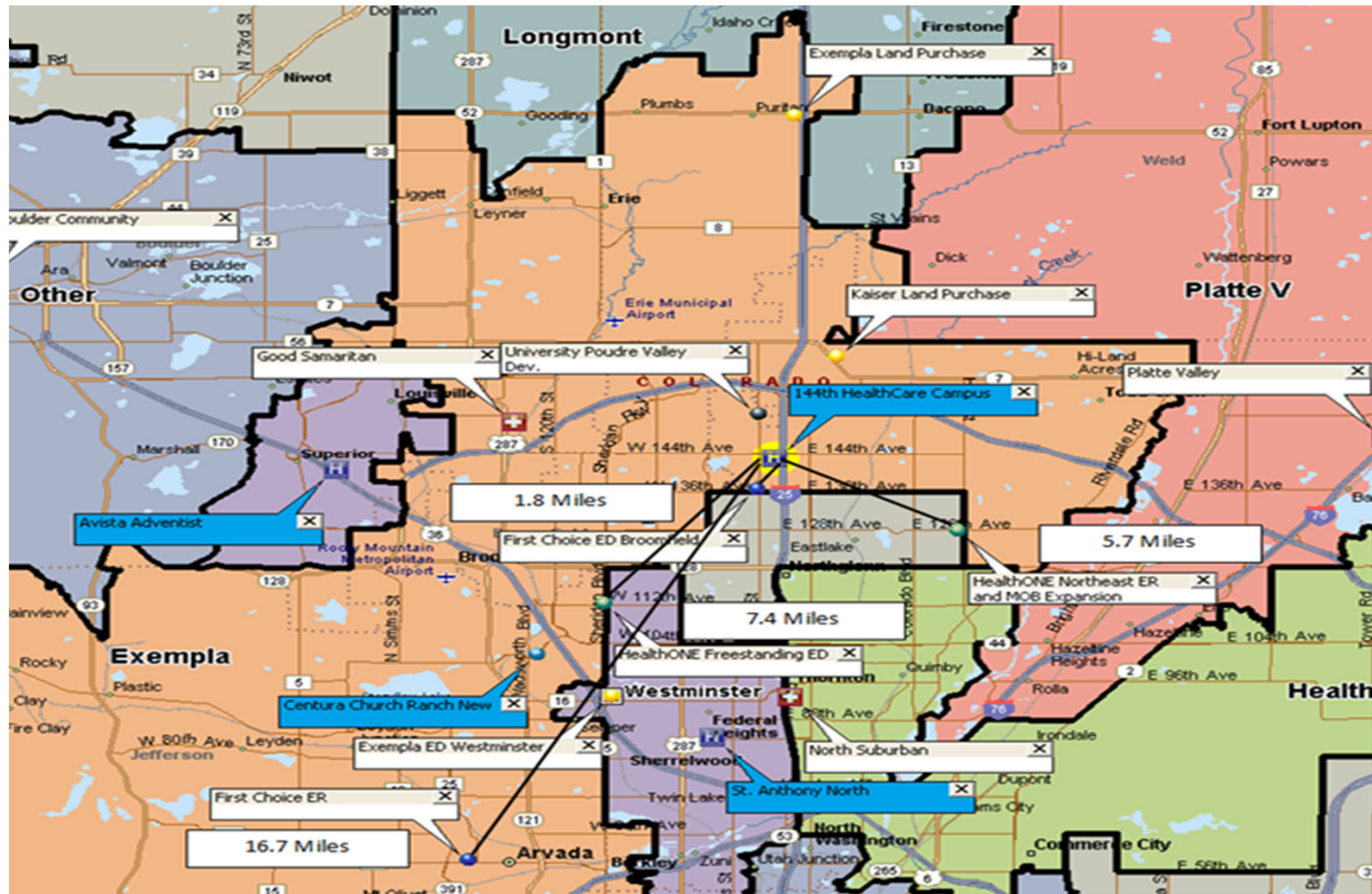
# Healthcare Marketing and Physician Strategies Spring 2014



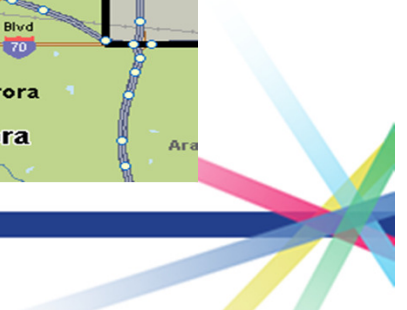
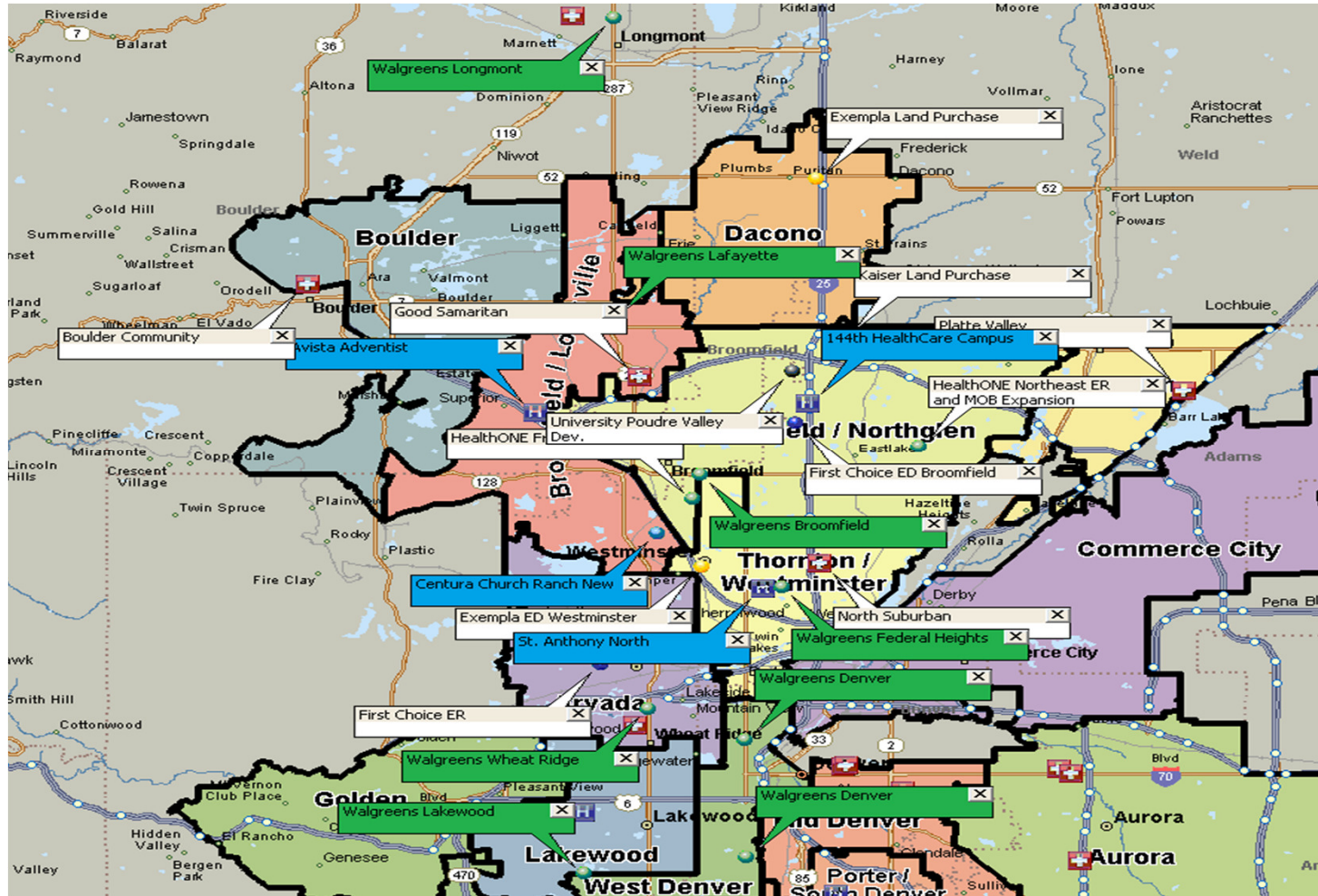
# Centura Mountain North Denver Group Populations & Hospital Landscape



# Centura Mountain North Denver Group Ambulatory Activity Accelerates...



# Centura Mountain North Denver Group Ambulatory Activity Acceleration.....



# North Denver Group Market: Primary Care

*Primary Care Focus:* Primary care groups & health systems are rapidly expanding in the market, threatening North Denver Group position & influence in the market

**Large PCP MSO: 185 PCPS**

**(131 in MNDOG)**

Total Lives: 75,000

Centura Lives: 45,000

Market activities: Pioneer ACO, Commercial risk products (Anthem Blue, CIGNA), Secure Horizons (MA)

**Kaiser: 500 PCPS**

**(161 in MNDOG)**

Total Lives: 540,000

Centura Lives: 0

Market activities: Continued growth along the I-25 corridor

**PCP Employed Group: 57 PCPS**

**(36 in MNDOG)**

Total Lives: 27,000

Centura Lives: 17,750

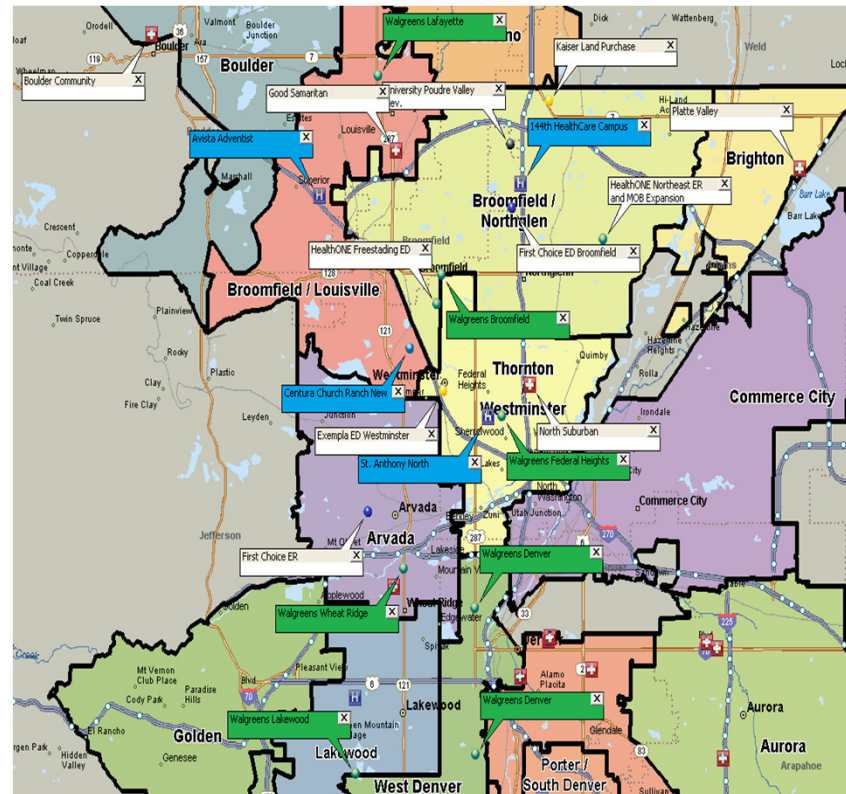
Market activities: Commercial risk (Cigna), Secure Horizons (MA), Alignment with competing health system for care management

**New Entrants to Market:**

DaVita – Building Colorado Physician Network

Infinite – Building Colorado PCP & Ambulatory Network

Free Standing EDs: Unattached to Health Systems – Build unscheduled access



# PCP Challenges and Strategies

## Employed PCP Group

## Large PCP MSO

### Alignment Strategies

- Continues to build and expand group across state; adding specialties
- Trying to sell competencies to hospital systems for care coordination
- Narrowing specialist network
- Prime for acquisition

- Developing Practice management tools
- Entering into Post-Acute Care
- Narrowing specialist network
- Pressure on PCP alignment through bonus

### Hospital Strategy

- No one preferred system – ensuring balance of admits to both through steerage
- Reduce IP admissions & move to OP/Ambulatory

- No one preferred system
- Reduce admissions and ER utilization

### Payer Strategy

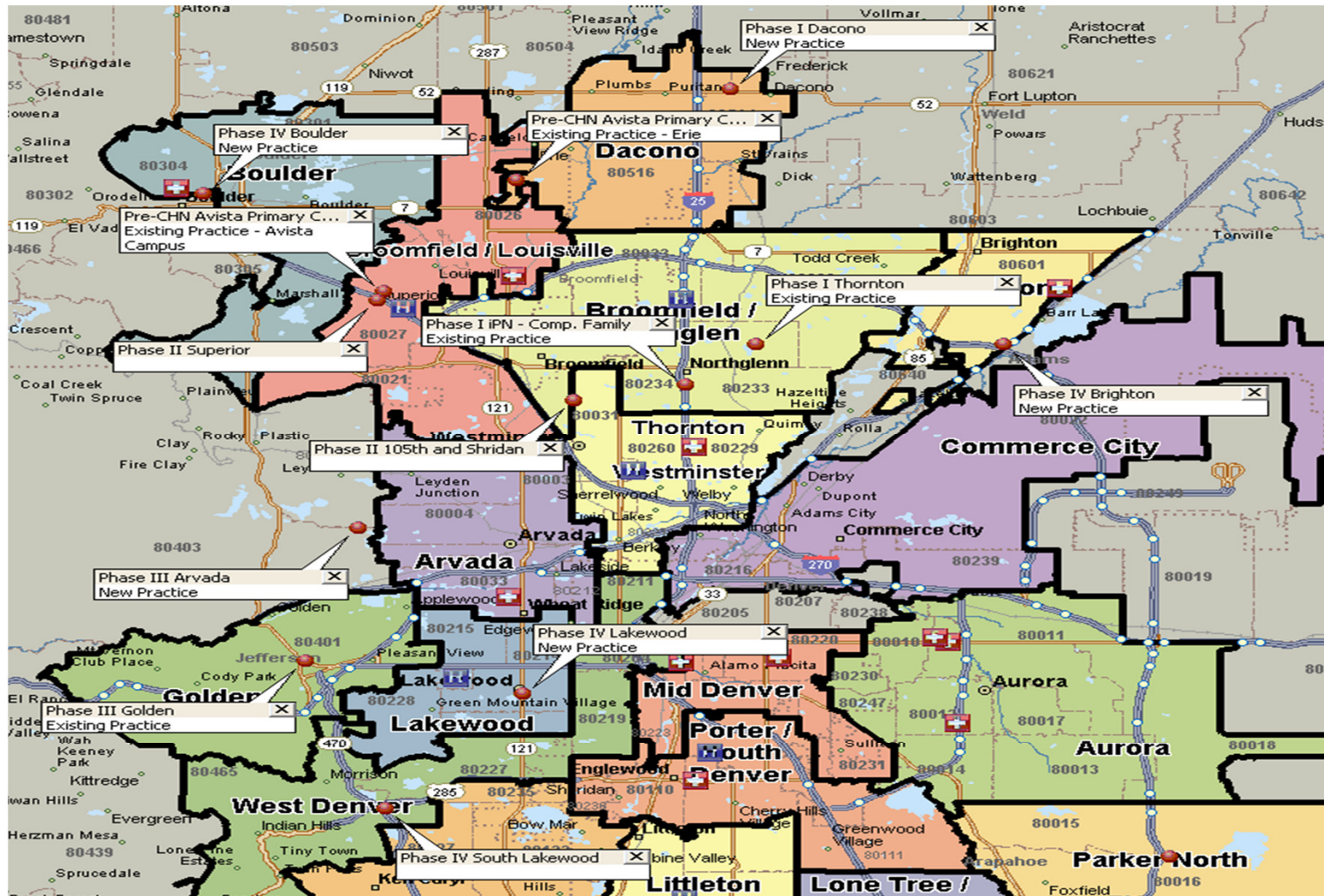
- Moving towards more commercial shared savings arrangements
- Secure Horizon – no Medicare FFS

- Have 80% of adult lives under shared savings arrangement as of 1/1/14
- Converted Pioneer lives to MSSP



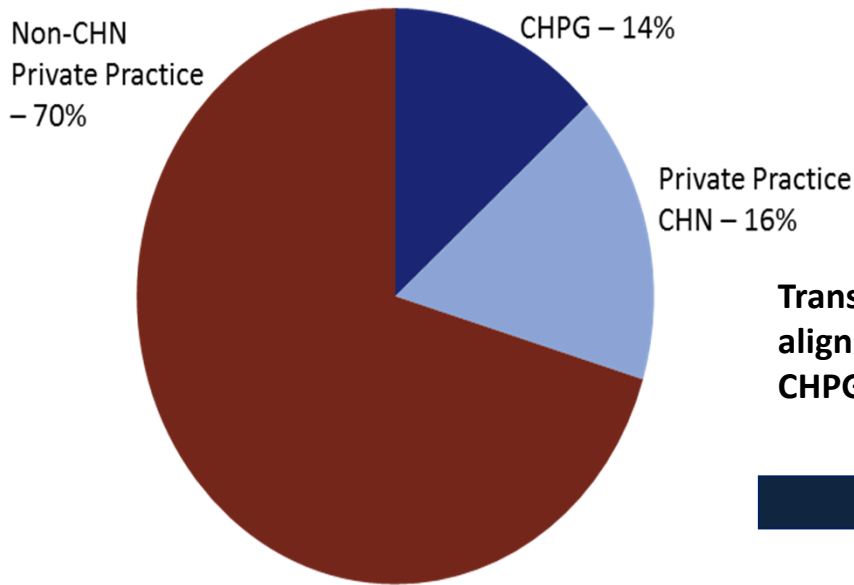


*Strategy:* 12-14 Ambulatory Health Sites; employ primary care physicians; increase alignment with private practice PCP and align with single specialty

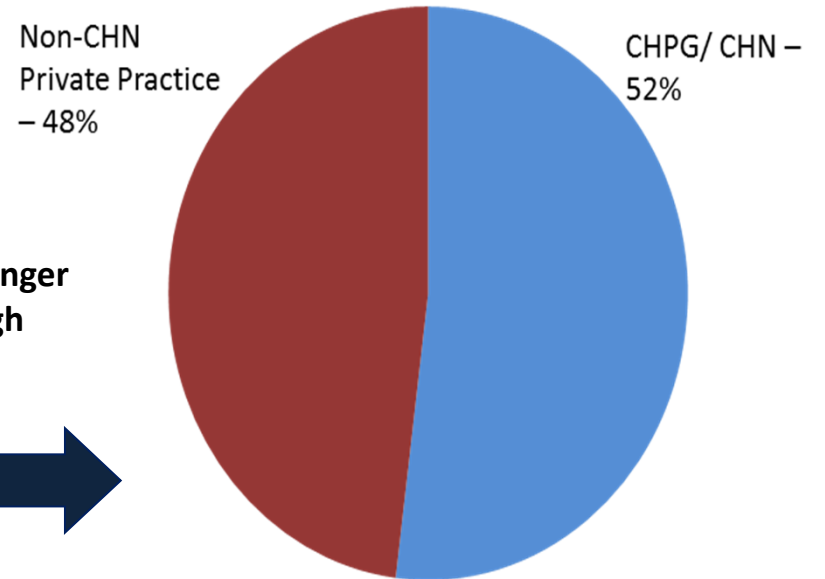


# North Denver Group: Physician Alignment

Centura Provider Supply  
(Aligned FTEs) - TODAY



Centura Provider Supply  
(Aligned FTEs) - FUTURE



Transition to stronger alignment through CHPG & CHN



**CHN: Colorado Health Neighborhoods for employed and private practice physicians to align for population contracts**



# Centura 20/20 MNDOG Group Leadership Team Structure

**Jeff Brickman**



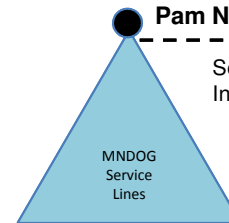
Dennis Barts - AAH  
 Jude Torchia - OCH  
 Paul Chodkowski - Summit  
 Carole Peet - SAN

Janell Moerer - Strategy  
 Michelle Fournier Johnson – HR  
 Ben Wiederholt – Mission Integration  
 David Thompson – Finance  
 Al Kemp, MD – CHPG  
 Mike West – CHPG  
 Pam Nicholson – SVP  
 Erin Denholm – Care Coordination - SCD  
 IT - TBD

**Janell Moerer**

**Pam Nicholson**

Senior VP Strategic  
 Integration



**Pam Bourg /  
 Kathy Mayer**

**Sharon Burnette**

**Shelly Leyba**

**TBD**

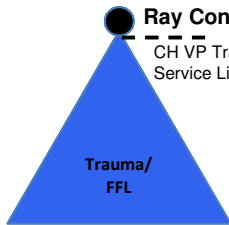
**Joe Robb**

**Summer Lesic**

**Scott Phillips**

**Ray Coniglio**

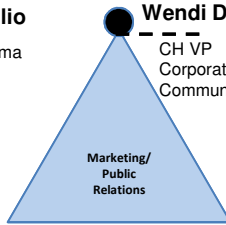
CH VP Trauma  
 Service Line



**Purpose:** Create, implement and drive a unified strategic vision, growth plan and evidence based practice model for Trauma services to position MNDOG as the market leader in Quality, Service, and Clinical effectiveness.

**Wendi Dammann**

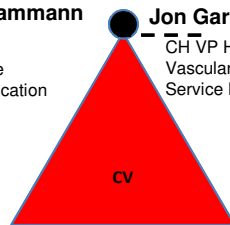
CH VP  
 Corporate  
 Communication



**Purpose:** Support Centura Health, MNDOG health campuses and physicians with timely communications and marketing plans that deliver tangible outcomes that are in alignment with the strategic vision

**Jon Gardner**

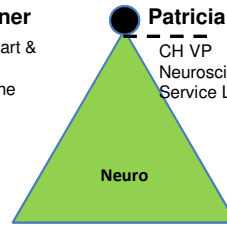
CH VP Heart &  
 Vascular  
 Service Line



**Purpose:** Create, implement and drive a unified strategic vision, growth plan and evidence based practice model for Cardiovascular services to position MNDOG as the market leader in Quality, Service, and Clinical effectiveness.

**Patricia Santos**

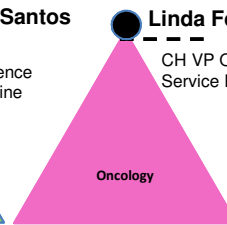
CH VP  
 Neuroscience  
 Service Line



**Purpose:** Create, implement and drive a unified strategic vision, growth plan and evidence based practice model for Neuroscience services to position MNDOG as the market leader in Quality, Service, and Clinical effectiveness.

**Linda Ferris**

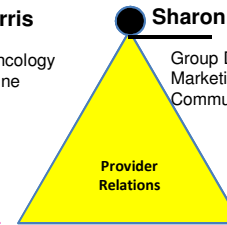
CH VP Oncology  
 Service Line



**Purpose:** TBD with New MNDOG Leader

**Sharon Burnette**

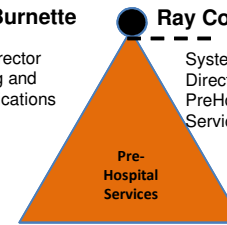
Group Director  
 Marketing and  
 Communications



**Purpose:** Create, implement, and drive volume and retention through physician relationship strategy for the entire MNDOG group.

**Ray Coniglio**

System Service Line  
 Director Trauma/  
 PreHospital  
 Services



**Purpose:** Support our customers and drive the strategic vision, plan, growth and evidence based practice for PreHospital / EMS relationships in the MNDOG Service area.



# A Path to Strategic Provider Relations

## Where we Have been

- Sales Force model with varied levels of positioning within hospital
- Push communication for referrals
- Hospital centric & single market & competitive within group
- Variation in focus, market/physician approach, reporting, market position
- Hospital messaging with inconsistent feed-back loop
- **Results to meet hospital referral goals**

## Group Goals for Strategic Alignment

- Preparation for changes in reimbursement
- Physician commitment for a shared vision
- Physician engagement in strategic planning
- Increased productivity
- Cost management
- Quality improvement and patient satisfaction
- Leverage with health plans
- Grow Systems of Care
- Physician retention
- Prepare for movement to value

## Where we are going

- Strategic Team Model positioned with senior leadership
- Push/Pull communication for alignment
- Physician alignment centric with Population approach
- Standardize focus, strategy, tactics, reporting, positioning
- Consistent messaging and proactive feedback
- **Results is MNDOG increase its market share: 20% to 25% & increase physician alignment goals.**



**SUCCESSFUL  
Alignment**



Centura Health®



# Healthcare Marketing and Physician Strategies

Spring 2014



# Growing The Right Volume And Beyond A Provider Relations Model

## Topic Overview

- Team structure
- Getting the right patients in our facilities
- Field approach and method
- Earning results, gaining internal credibility with demonstrated results
- Additional strategic opportunities beyond pure referral growth

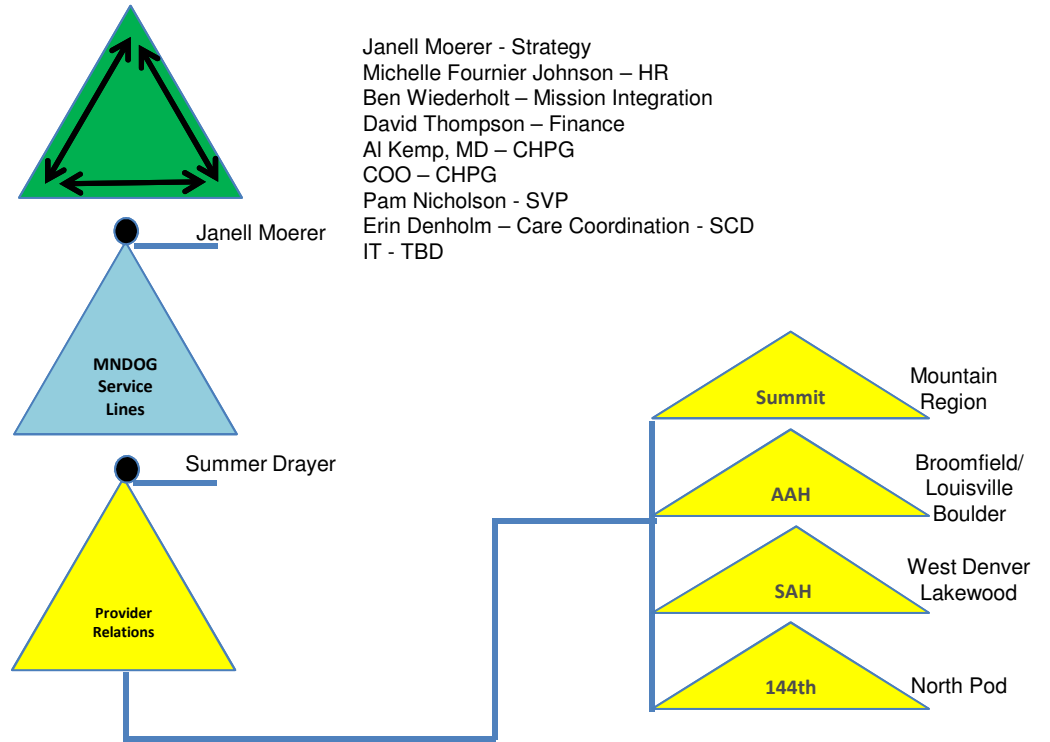


**Jeff Brickman**

**DRAFT**

Dennis Barts - AAH  
 Jude Torchia - OCH  
 Paul Chodkowski - Summit  
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Janell Moerer - Strategy  
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**Purpose:** Create, implement, and drive volume and retention through physician relationship strategy for the entire MND OG group.

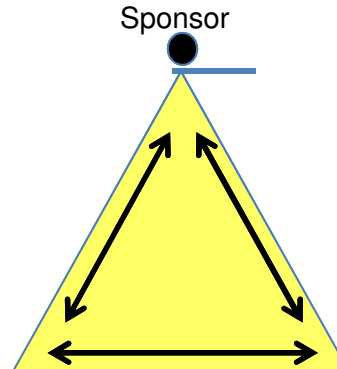
- Scope:**
- Grow Systems Of Care
  - Grow Individual Care Delivery
  - Physician Alignment and Retention
  - Communication Outside In
  - Communication Inside Out
  - Field Intel
  - Issue Resolution
  - Measure Volume Gains



## MNDOG Group Growth & Strategic Development Team Provider Relations

### Summer Drayer/Janell Moerer

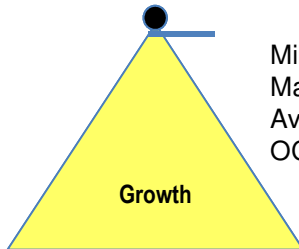
Jeff Brickman, CEO, SAH  
 Carole Peet, CEO, SAN  
 Dennis Barts, CEO, AAH  
 Paul Chodkowski, CEO, SASMC  
 Jude Torchia, CEO, OCH  
 Patrick Green, COO, SAH  
 Dr. Chris Ott, CMO, SAH  
 Dr. Fischer-Wright, CMO, SAN  
 David Smith, COO, AAH  
 Dr. Dave Ehrenberger, CMO AAH



Service Line Directors  
 Sharon Burnette – Marketing  
 Barbara Davis – Recruiting  
 Medical Staff Offices  
 Decision Support  
 Judy Carragher – Retention  
 Michael Curry – Growth  
 Mary Mlot – Growth/Retention  
 Avista Provider Relations TBD  
 OCH – Provider Relations TBD  
 Physician Leads – Departments  
 Peri-op Services  
 Andy Barth – Strategy  
 CHPG – Managers/Admin  
 CHN – John Suits/Kit Brekhus/Russ Tolley  
 iPN – Hans Wiik/Ako Quammie

#### Summer Drayer

Team Lead

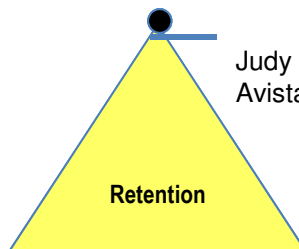


Mike Curry  
 Mary Mlot  
 Avista Rep  
 OCH Rep

**Purpose:**  
 Grow volume to Systems of Care and services that are operationally ready for promotion

#### Summer Drayer

Team Lead

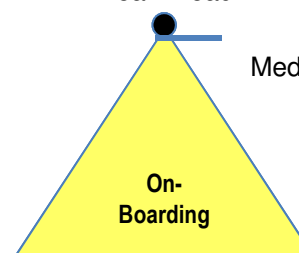


Judy Carragher  
 Avista Rep

**Purpose:**  
 Maintain and improve physician /satisfaction while maintaining loyal volume

#### Judy Carragher

Team Lead

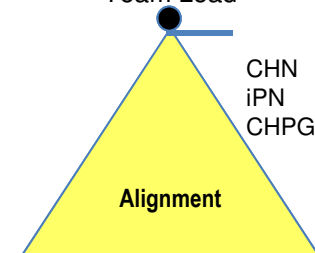


Medical Staff

**Purpose:**  
 To create a seamless and efficient integration process new physicians to the medical staff and/or community

#### Dr. Kit Brekhus/Dr. John Ho

Team Lead



CHN  
 iPN  
 CHPG

**Purpose:**  
 Identify and soften primary care/specialty practices for alignment strategies with MNDOG





# Getting The Right Patients In Our Facilities

## A. Connected systems of care

- 17 hospitals, over 6,000 physicians, and 30 Colorado Health Neighborhoods across Colorado and Western Kansas.
- Provider relations team educates the referring communities. Best practices are established with leadership and specialists on staff.
- Population health management

## B. Group service line model

- Clear concise sales messaging, including clinical differentiation for each entity
- Provide insight for program development and growth opportunities
- Streamline communication both internal and external to our physicians

## C. Targeting tools

- PRM/CRM
- Inpatient/Outpatient hospital discharges
- Clinic volume from owned practices
- Weekly/Quarterly provider relations reports

## D. Primary care driven

- Appropriate referral algorithms
- Advantages of referrals to specific entities
- Working with current primary care IPA's



# Field Approach and Method

## A. Group Model Structure

- 5 Hospitals , 1 Group Director, 4 Territory Managers. (3 Growth 1 Retention)
- Reporting structure aligned with marketing and business development
- Bi-weekly team meetings

## B. Reports Generated for Leadership

- Weekly Report and Quarterly Report
- Sales Dashboard/Representative
- Tracking Tools

## C. Data Driven Business Plan

- Pre-call planning
- Tracking ROI

## D. Gaining Credibility

- Product knowledge and the impact of clinical knowledge
- Features “tell” benefits “sell”

## E. Our “Toolbox” For Providing Value

- Call to action for leaders
- Becoming a true liaison vs. traditional sales rep
- Strong leadership support



# Earning Results, Gaining Internal Credibility with Demonstrated Results



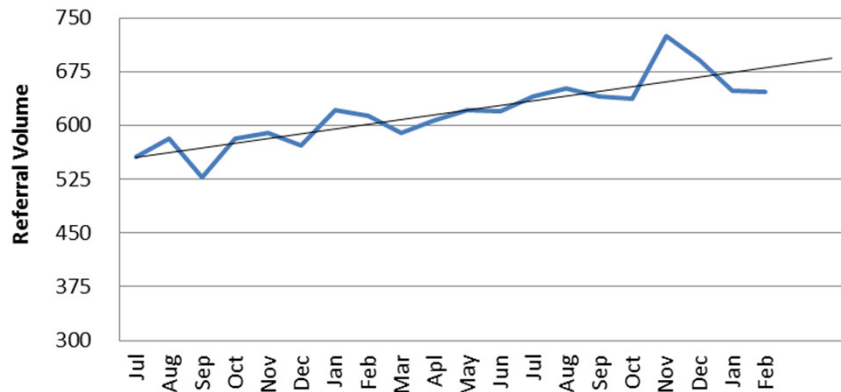
# Entity Quarterly and Year to Date Change

MNDOG	QUARTER CHANGE				YTD CHANGE			
FACILITY	FY14 Q2 to date	FY13 Q2 to date	CASE VARIANCE	PERCENT VARIANCE	YTD FY14	YTD FY13	CASE VARIANCE	PERCENT VARIANCE
Avista	4,252	4,147	105	2.5%	8,065	8,111	(46)	-0.6%
OCH	840	825	15	1.8%	1,600	1,527	73	4.8%
SASMC	870	936	(66)	-7.1%	1,810	1,987	(177)	-8.9%
SANMC	1,249	710	539	75.9%	2,394	793	1,601	201.9%
SAH	8,457	7,429	1,028	13.8%	16,690	14,214	2,476	17.4%
SAN	5,140	5,414	(274)	-5.1%	10,343	10,910	567	-5.2%

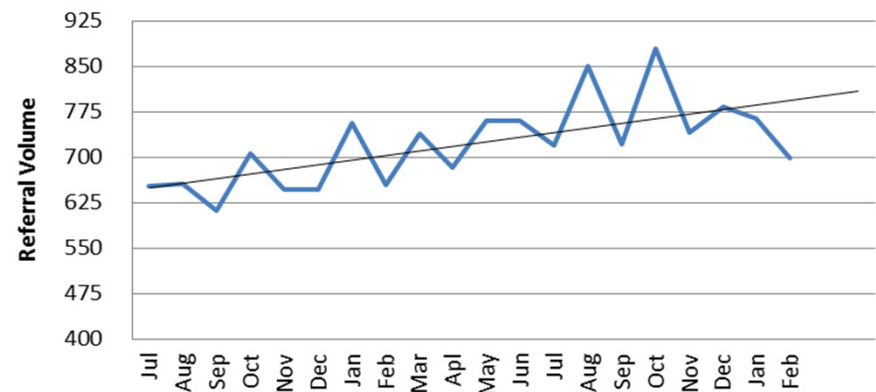


# Primary Care Physician Trending

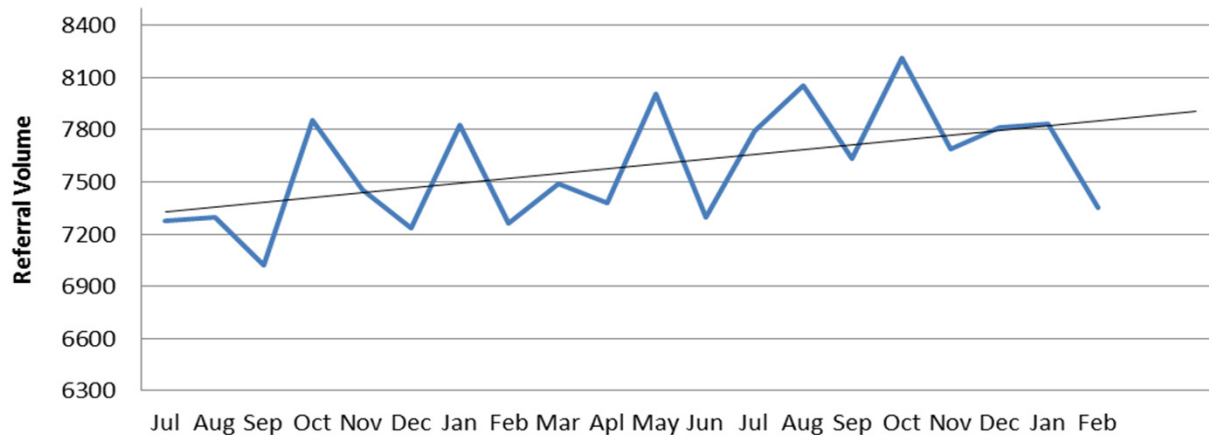
**New West PCP Referral Trend  
FY2013-FY2014**



**CHPG Primary Care Referral Trend  
FY 2013- FY2014**



**Private Practice Primary Care Referral Trend  
FY 2013- YTD FY 2014**



# Reporting Wins on a Quarterly Basis

1. Primary Care I/O referrals have grown by 23.4% in Q1 FY2014 vs. same time period last year. Provider relations team has seen significant volume increases from efforts working with our referring physician community practices.
  - Altitude Internal and Family – 156.3%
  - Lakewood Family – 114.9%
  - Golden Central New West – 92%
  - Arapahoe Peak Health – 71.4%
  - Applewood New West – 48%
  - Mile High Family Medicine - 44.1%
  - Golden View New West – 41.9%
  - Total Long Term Care/Innovage – 37.6%
2. Cardiovascular Surgery and Procedures are up by 28.7% Q1 FY2014 vs. Q1FY2013. In aggregate CV services have grown collectively with the addition of the Vascular surgeon.
3. Breast Center volume was up 25.5% in Q1 FY1 vs. same time period last year. Although Dr. Mencini is not satisfied with current screening volumes, the trend from referring PCP and other community offices remains positive. Future growth opportunities will not be as strong due to competitor pricing with comparable studies.
4. Overall elective volume was up 13.8% in Q1 FY14 vs. same time period last year. Key wins were seen with physicians that were specifically targeted for growth by provider relations team in conjunction with COO and Periop Services.



# Growth Results & Targets on Quarterly Basis

## Quarterly Summary of Growth Results by Clinical Category

	Growth Projection	Actual Volume	Variance		Real Growth	Opportunities and Threats
			Volume	%		
Neurosurgery	5% (180) surgical cases	168	-12	(6.7)%	(1.7)%	A comprehensive spine program on campus can reverse trend. Neuroscience director developing. OCH spine business grows
Cardiology	5% (342) procedures	423	81	23.7%	28.7%	*2 <sup>nd</sup> quarter in a row with 23%+ growth
Breast Center	5% (699) visits	842	143	20.5%	25.5%	change to market competitive pricing could accelerate case volume growth
Outpatient Imaging	5% (1673) visits	1812	139	8.3%	13.3%	
Radiation Oncology	5% (78) visits	87	9	11.5%	16.5%	growth likely due to RMCC relationship. Volume in Rad Onc will continue until the service is converted fully to RMCC. Monitor IP Oncology case growth going forward
Primary Care	10% (6654) admissions	7418	764	11.5%	20.5%	New West business model may threaten current business as they push elective business to Exempla.

## Activity with Growth Targets

	Number Rep to Physician Visits	Number MD to MD Visits	Number Rep to Office Staff Visits	Total
July FY2014	74	6	27	107
August FY2014	99	19	10	128
September FY2014	64	17	32	113
TOTAL	273	42	69	348



# Additional Strategic Opportunities Beyond Pure Referral Growth

## A. Physician Alignment Strategies/Connected Systems

- Centura Health Physician Group/Colorado Health Neighborhoods/Integrated Physician Network
- Importance of knowing and understanding the private practice physicians and their business needs outside of “boxes” to refer patients to

## B. Competitive Intel to Leadership

- Impact of the “total office call”
- Maintaining trust both internal and external
- New West physician group example

## C. New Physician On-boarding

- Who is involved
- Impact on growth

## D. Innovative With Potential New Business

- “Up sell” tactics
- Non-traditional referral sources







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**BREAK**

# Evolution of a Model

Ann Tesmer OTR, MBA

# Froedtert & the Medical College of Wisconsin



- Froedtert Hospital is the major teaching affiliate of The Medical College of Wisconsin
- Medical College Physicians is the largest multispecialty practice in the state comprised of 1,200 physicians
- Close working affiliation between the two organizations
  - Froedtert & the Medical College (F&MCW) jointly operate and own a network of clinical sites for primary care and outpatient clinical initiatives
- Our unique attribute in market  
“Community/Academic partnership”

# Community/Academic Partnership

- Services range from primary care to academic sub-specialties
- Many sub-specialties located in community setting
  - Some academically based
  - Some physicians with long standing community practice
- As planned, health network has grown exponentially in recent years

# Liaison Role in Partnership

- 1.0 FTE dedicated to this work
- Pivotal role in “onboarding” new physicians within primary care network in learning available sub-specialties
- “*Lunch and Learns*” have been primary method of facilitating relationships; 100+ completed in FY13
- Executive physician leadership approved activities

# Outcome of Liaison Outreach



# Imperatives for Future Success

- Find the value proposition
- Alignment within the health network and associated strategic priorities
- Buy-in at all levels within the physician practice(s)
- Enable right care, right place, right time
- Continuous evaluation of current processes

# How are we getting there?

- Back to the basics....physician partnerships
  - Strong alignment with physician leadership in both academic and community groups
  - Work directly with physician leaders of community group to create a plan going forward
- Broaden tactics
  - Venues for in-person meetings
  - Refine role of liaison supporting internal initiatives



# How are we getting there?

- Broaden tactics – cont'd
  - Maximize opportunities with technology
    - Referring Physician App
    - Referring Physician Newsletter
    - Referral functionality within EHR
    - One click access to physician directory on exam room desktops
- Demonstrate commitment and flexibility to meet needs of physicians and health network

# Key to Future Success: Precision Focus

- Provide strategies for maintaining direction
- Be principled in approach and frequently revisit priorities

Liaison Guiding Principle

*“Our desires will become their needs”*



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# Assess and Execute

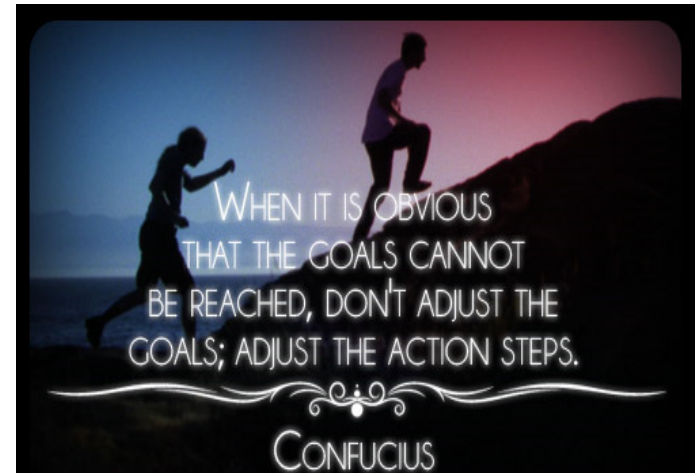
Current State

Future State



# What's the Goal: 2014

- Detail your program goal
- Objective measure of success
  - Quarterly
  - Annual
- Define the tactics
- Who else, what else to implement
- Measurement
- What if you don't reach the goal?





# #1. Your Must Haves

- Short list, less than 5
- Specific measures, shared with others
- Clear expectations
  - Field staff
  - Leader
  - Internal owners



*Separate  
busy  
vs.  
strategic*



## #2. Good Plans



***Success is the  
sum of detail***

Firestone

- Write it, do it
- Document the starting point
  - Where is doctor today?
  - What do you need to achieve?
  - Individual agendas
- Prepare for every visit, every time
- Directional data, trends and actual
- Clinical content belongs in physician sales and pre-call plans



## #3. Execution

- Understanding of physician engagement
  - Financial
  - Clinical
  - Relationship- trust
  - Business
- Internal understanding of growth
  - Leaders
  - Field staff
  - Internal stakeholders

### Exceed Expectations

- Knowledge, teaching
- Transparency
- Better options
- Beat deadlines
- Track, fix, leverage



## #4. Retain Better

### 1. Segment audience

- Categories, rationale
- 1<sup>st</sup> line communication
- Data involvement
  - Clinical findings
  - Focus areas
  - ?? Referral within employed

### 2. Enhance the conversation

- Strategic
- Expectations
- “Their world view”

### 3. Customized office support

***A satisfied customer is the best business strategy of all***

*LeBoeuf*

### 4. Leverage

- Quality test
- Message on financial impact
- Right message for others
- Comfort and role in advocacy
- Message to internal stakeholders re: issues





# Value at a Professional Level

- Credibility
- Intent
- Power to respond
- Finesse and impact to differentiate
- Listening and sharing
- Knowledge



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# PANEL DISCUSSION

Interactive session with attendees



# Parting Thoughts

- What you did yesterday is nice, what you plan for tomorrow makes a difference
- Leaders are weary of the barriers. Find action
- Listen and balance internal and external needs
- Nimbleness is our new mantra





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# THANK YOU

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