Evolving Physician Relations
Models that Create the Right Results

Healthcare Marketing and Physician Strategies Summit
April 30, 2014
Janell Moerer, MBA, serves as Group Vice President Strategy and Business Development for the Mountains 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.

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.
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.
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
Future State??

- Health care reform: expand coverage and reduce cost

  - 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.”

AAMC and Medscape Survey
Centura Mountain North Denver Group
Populations & Hospital Landscape

- 1.53 million people
- Diverse populations
- Growing at 1.0% annually
- Goal: 25% population share
- 380,000 people

Boulder Community
Good Samaritan
Avista Adventist
St. Anthony North
Lutheran Medical
St. Anthony Hospital

Platte Valley
North Suburban
Denver Health

MNDOG
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

<table>
<thead>
<tr>
<th>Large PCP MSO: 185 PCPS (131 in MNDGO)</th>
<th>Kaiser: 500 PCPS (161 in MNDGO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Lives: 75,000</td>
<td>Total Lives: 540,000</td>
</tr>
<tr>
<td>Centura Lives: 45,000</td>
<td>Centura Lives: 0</td>
</tr>
<tr>
<td>Market activities: Pioneer ACO,</td>
<td>Market activities:</td>
</tr>
<tr>
<td>Commercial risk products (Anthem Blue, CIGNA), Secure Horizons (MA)</td>
<td>Continued growth along the I-25 corridor</td>
</tr>
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<table>
<thead>
<tr>
<th>PCP Employed Group: 57 PCPs (36 in MNDGO)</th>
<th>New Entrants to Market:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Lives: 27,000</td>
<td>DaVita – Building Colorado Physician Network</td>
</tr>
<tr>
<td>Centura Lives: 17,750</td>
<td>Infinite – Building Colorado PCP &amp; Ambulatory Network</td>
</tr>
<tr>
<td>Market activities: Commercial risk (Cigna), Secure Horizons (MA), Alignment with competing health system for care management</td>
<td>Free Standing EDs: Unattached to Health Systems – Build unscheduled access</td>
</tr>
</tbody>
</table>
### PCP Challenges and Strategies

<table>
<thead>
<tr>
<th>Employed PCP Group</th>
<th>Large PCP MSO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alignment Strategies</strong></td>
<td><strong>Hospital Strategy</strong></td>
</tr>
<tr>
<td>- Continues to build and expand group across state; adding specialties</td>
<td>- No one preferred system – ensuring balance of admits to both through steerage</td>
</tr>
<tr>
<td>- Trying to sell competencies to hospital systems for care coordination</td>
<td>- Reduce IP admissions &amp; move to OP/Ambulatory</td>
</tr>
<tr>
<td>- Narrowing specialist network</td>
<td></td>
</tr>
<tr>
<td>- Prime for acquisition</td>
<td></td>
</tr>
</tbody>
</table>

- Developing Practice management tools
- Entering into Post-Acute Care
- Narrowing specialist network
- Pressure on PCP alignment through bonus
- No one preferred system
- Reduce admissions and ER utilization
- 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

- Non-CHN Private Practice: 70%
- CHPG: 14%
- Private Practice CHN: 16%

Centura Provider Supply (Aligned FTEs) - FUTURE

- Non-CHN Private Practice: 48%
- CHPG/CHN: 52%

Transition to stronger alignment through CHPG & CHN

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

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.

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.

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.

Purpose: TBD with New MNDOG Leader

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

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 feedback loop
- Results to meet hospital referral goals

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.

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

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
**Purpose:** Create, implement, and drive volume and retention through physician relationship strategy for the entire MNDOG 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
**Purpose:**
Grow volume to Systems of Care and services that are operationally ready for promotion.

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

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

**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

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

<table>
<thead>
<tr>
<th>Clinical Category</th>
<th>Growth Projection</th>
<th>Actual Volume</th>
<th>Variance</th>
<th>Real Growth</th>
<th>Opportunities and Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurorsurgery</td>
<td>5% (180) surgical cases</td>
<td>168</td>
<td>-12</td>
<td>(6.7)%</td>
<td>(1.7)%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A comprehensive spine program on campus can reverse trend. Neuroscience director developing. OCH spine business grows</td>
</tr>
<tr>
<td>Cardiology</td>
<td>5% (342) procedures</td>
<td>423</td>
<td>81</td>
<td>23.7%</td>
<td>28.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*2nd quarter in a row with 23%+ growth</td>
</tr>
<tr>
<td>Breast Center</td>
<td>5% (699) visits</td>
<td>842</td>
<td>143</td>
<td>20.5%</td>
<td>25.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>change to market competitive pricing could accelerate case volume growth</td>
</tr>
<tr>
<td>Outpatient Imaging</td>
<td>5% (1673) visits</td>
<td>1812</td>
<td>139</td>
<td>8.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>5% (78) visits</td>
<td>87</td>
<td>9</td>
<td>11.5%</td>
<td>16.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Primary Care</td>
<td>10% (6654) admissions</td>
<td>7418</td>
<td>764</td>
<td>11.5%</td>
<td>20.5%</td>
</tr>
<tr>
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<td></td>
<td>New West business model may threaten current business as they push elective business to Exempla.</td>
</tr>
</tbody>
</table>

## Activity with Growth Targets

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Number Rep to Physician Visits</th>
<th>Number MD to MD Visits</th>
<th>Number Rep to Office Staff Visits</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>July FY2014</td>
<td>74</td>
<td>6</td>
<td>27</td>
<td>107</td>
</tr>
<tr>
<td>August FY2014</td>
<td>99</td>
<td>19</td>
<td>10</td>
<td>128</td>
</tr>
<tr>
<td>September FY2014</td>
<td>64</td>
<td>17</td>
<td>32</td>
<td>113</td>
</tr>
<tr>
<td>TOTAL</td>
<td>273</td>
<td>42</td>
<td>69</td>
<td>348</td>
</tr>
</tbody>
</table>
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
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”
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
#2. Good Plans

- 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

Success is the sum of detail

Firestone
#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
   - 1st line communication
   - Data involvement
     - Clinical findings
     - Focus areas
     - ?? Referral within employed

2. Enhance the conversation
   - Strategic
   - Expectations
   - “Their world view”

3. Customized office support

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

A satisfied customer is the best business strategy of all

LeBoeuf
Value at a Professional Level

• Credibility
• Intent
• Power to respond
• Finesse and impact to differentiate
• Listening and sharing
• Knowledge
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
THANK YOU
Janell, Summer, Ann and Kriss

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