Engaging Physicians in Population Health Management

Healthcare Marketing and Physician Strategies Summit
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Introductions

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About PinnacleHealth

- Non-profit healthcare system providing healthcare for the people of Central Pennsylvania since 1873
- Healthcare network includes four hospital campuses, primary care practices, specialty practices, outpatient surgery and imaging centers, PinnacleHealth Cancer Center, Inpatient and Outpatient care
- The new West Shore hospital and cancer center will open in May 2014
- 591 licensed beds
- Primary service area includes 550,000 people in a five-county area
Pinnacle patients have convenient access to services through:

- 2 east shore hospitals
- 1 west shore hospital (May 2014)
- 12 outpatient imaging sites
- 13 outpatient laboratory sites
- 19 family medicine locations
- 5 internal medicine locations
- 3 pediatric practice sites
- As well as dozens of independent physician practices and ancillary services
Key Services: PinnacleHealth

- Primary Care
- Cardiovascular
- Cancer
- Emergency/Urgent Care
- Bariatrics
- Imaging
- Women’s & Children’s Services
- Physical Medicine & Rehabilitation
- Orthopedics/Spine
- Minimally Invasive/Robotic Surgery
- Pennsylvania Psychiatric Institute
Annual Statistics: PinnacleHealth

- Discharges: 35,300
- Emergency Department Visits: 107,600
- Out-patient Visits: 1.3 million
- Surgeries: 21,325 (in our hospitals)
- Open Heart Surgeries: 600+
- Births: 4,000
- Employees: 5,000
- Medical Staff: 800+ active and courtesy staff
Population Health Management

- In the past, we concentrated on getting patients into the hospital and creating more downstream revenue.

- In the future of Population Health Management, we must focus on how to safely and efficiently keep patients out of the hospital, concentrating on “transition management”.

- More comprehensive view of the continuum of care (ICU, inpatient, SNF, home care, hospice,...)
Transforming from Fee-for-Service to Fee-for-Value

- Must do’s
  - Improve clinical quality, efficiency, and cost effectiveness across departments and service lines, organizing care around patient needs
    - Metrics established and monitored
  - Define optimal traditional service area volumes

- PinnacleHealth participating in regional accountable care organization: RiverHealth ACO
River Health Accountable Care Organization

- RiverHealth, a Medicare ACO, was approved to operate in January 2014
- Collaboration between PinnacleHealth, Susquehanna Health System, Family Practice Center, and Annville Family Medicine
- Is responsible for 37,000 Medicare beneficiaries
- 238 primary care physicians and growing
To accelerate physicians’ readiness for urgent change in a competitive environment, we established a

Medical Advisory Panel (MAP)
The Medical Advisory Panel

WHY we needed it:

- To foster communication and collaboration among 800+ employed and independent physicians, and between physicians and PinnacleHealth administration

- To educate physicians on Why and How to move from Fee for Service to Fee for Value

- Addresses problems in operations, finance and procedure often beyond the scope of the typical Medical Executive Committee
The Medical Advisory Panel

HOW we developed it:

- Independent consulting firm, Cambridge Management Group, (CMG) interviewed 100+ Pinnacle physicians and administrators to identify
  - Physician leaders, both current and up-and-coming
  - Current operating and clinical “problems” and business opportunities
- Invited two physician leaders to co-chair new Medical Advisory Panel
Physician Village
1,200 - Physician Referral (care coordination) Network

- 800 Pinnacle
- 400+ Primary referral
Physician Village

1,200 - Physician Referral Network
Impatient Revenue, Peer Influence, Both

Revenue = *green mode*
Influence = *blue mode*
Pack leaders = *yellow (gold) mode*
Physician Village

Peer-to-Peer Dialogue
Developing New Leaders and Fresh Connections

Principles

- Whole physician community (system) in the room
- MAP looks at whole-system content
- MAP self-manages its work
  (with active, long term support and coaching from hospital-system colleagues)

- Independent
- Employed
- Primary
- Specialist
- Age, gender
- Hospital system
- Nursing, technical colleagues
- Competition, alternatives
- Evolving payment, organization
- Scaled resources
The Nine Current MAP Projects

- Transitions of Care
- Non-traumatic Spine Pain/ ICHOM Low Back Pain
- Surgical Cost per Case
- HIE: Access, Use and Usefulness
- Total Knee Replacement
- Physician Workforce Panel
- Choosing Wisely- Cardiology
- Choosing Wisely- GI
- ICHOM- Coronary Artery Disease
Transitions of Care

Mission

➢ Address problem that had long plagued medical staff, i.e. the absence of a useful Transition of Care Document (TCD) for use by primary care physicians and referring physicians after patient's discharge

➢ Existing document was always either presented too late to be useful or was so cumbersome, long and complicated, that its value was minimal
Developed a new Transitions of Care Document (TCD) that

- Is delivered to the office within 36 hours of discharge for the first post discharge follow up visit which is usually scheduled within 5 – 7 days
- Contains relevant information but remains readable
- Does not add significantly to the work of the discharging physician to complete
Transitions of Care cont.

Process:

- Document developed to pull information from existing documents in medical record
- The only additional fields required to be completed included admitting and discharge diagnoses, which required 2 extra “clicks”
- Changed Medical Staff by-laws to require that TCD be dictated and signed within 24 hours and then transcribed and sent within the following 24 hours
- Instruction given to all admitting attendings on the required completion of the TCD
Transitions of Care cont.

Impact:

- Improved quality of patient care
- Increased physician satisfaction
- Increased patient and family satisfaction

Currently monitoring the number of TCD created and “picked up” by referring physicians, PCPs and specialists
Financial Impact of TCD

- Estimate 1 hour/day/physician time savings
  - No need to weed through cumbersome documents or chase missing information
- Primary care practitioner time $100/hour
- 100+ physician network

Total savings/year = $2,600,000/year
Non-traumatic Spine Pain

Three-part Mission:

1. Develop evidence-based care pathway for evaluation and treatment of non-traumatic spine pain
2. Develop (integrated practice unit) Spine Clinic
3. Implement ICHOM Standard Set for low back pain
1. Evidence-Based Care Pathway

Developed evidence-based protocols for lumbar and cervical pain that:

- Decrease the number of back pain visits to ED
- Optimize non-surgical treatment modalities
- Facilitate patient referrals to appropriate site
- Increase referrals to Pinnacle ancillary services
2. Spine Clinic

Established a mid-level practitioner spine clinic that

- Offers all support services in one place
- Increases patient convenience
- Enhances coordination of care
- Improves cost-sharing
- Provides additional ancillary revenue to Pinnacle
3. ICHOM Standard Set for Low Back Pain

- Beginning to study and evaluate a standardized set of health outcomes, developed by International Consortium for Health Outcomes Measurement (ICHOM), that can guide physicians in the long-term treatment of low back pain

- Will adopt and implement throughout Pinnacle as deemed appropriate
Spine Center – Projected Impact

- Anticipated volume increase over 5 yrs approximately 80%
- Financial impact from office visits approximately $1.4 million
Spine Clinic- Further Impact (projected)

- Imaging----10% increase
- Pain management----30% increase
- Physical therapy---- 30% increase
- Surgical volumes----12% increase

Total projected new revenue
~ $4.7 million
Choose MAP Projects Wisely

When selecting initial projects, MAP members should consider projects that:

- Don’t set off too many “land mines”
- Don’t make anyone look bad
- Include some Early Wins (“Low Hanging Fruit”)
- Include clear objectives, obtainable metrics and agreed-upon definitions of success
Why do the Physicians Participate?

Why NOT, might be the easier question to answer. Participation is

- Time consuming
- Politically charged
- Stressful
- Expensive
Why do the Physicians Participate? cont.

- They have seen and felt problems that they would like to have resolved
  - HIE, Physician Workforce Panel, Low Back Pain
  - They want to manage the solution for their own benefit and for the benefit of many others

- They feel a loyalty to the community to improve healthcare delivery

- They hope to achieve a political or economic gain
  - Physician Workforce Panel, Surgical Cost per Case
  - Solidify hospital contracts by providing added value
Why do We Participate?

- Satisfaction in my part of improving healthcare delivery in my community
  - We are fulltime clinicians and administrators of our large practices and have developed skills that help us to be effective in managing the MAP
  - We want to prove our added value to the health system
  - We enjoy the opportunity to build relationships
Why is the MAP Successful?

- Fosters a culture of cooperation among medical staff leaders, and between medical staff and administration
  - Leads to more productive and collegial working environment
  - Advances conflict resolution
- Improves insights into each party's challenges; understanding multiple perspectives leads to quicker and more satisfying problem-solving
- Leads to more productive conversations
Why is the MAP Successful? cont.

- The projects chosen were a result of a survey of the medical staff; i.e. projects represent problems identified by the physicians themselves.

- The projects chosen were of personal interest or meaning to specific members of the MAP, who then were selected to lead the projects.
Critical Elements of a MAP

- Choose co-chairs wisely. They must be influential, strong leaders with the ability to gain consensus, think strategically and foster trusting, constructive relationships between health system (hospital) and physicians.

- Choose members who are seen as Best in Class by their fellow physicians, represent a cross-section of the Medical Staff (employed/independent, specialty, gender, age, etc.) and have sufficient time to devote to MAP.

- Unbiased, outside facilitation is required. It cannot be seen as directed solely by the health system or hospital.
Critical Elements of a MAP cont.

- Senior doctors and C-suite executive(s) sponsor MAP and physician leaders, and provide visible, continual backing

- Health system/hospital actively supports MAP with information, staff, coaching, just-in-time learning and fresh connections

- Expect physicians to decide and lead on issues for which they are competent and responsible

- Expect and guard against political realities, entrenched behaviors and turf battles
Questions?

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