

## Advocate Health Care

Title: Practice Operations Coach

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**PURPOSE:** Describe briefly the overall purpose of this position, i.e., Why does it exist?

The purpose of this position is to provide subject matter expertise, consultation and education to Advocate Physician Partners/Advocate Health Partners physician members on the following topics: ambulatory office patient care process work flow improvements, ambulatory efficiency and hospital utilization management, diagnosis coding improvement to insure accurate physician profiling, updates and communications relating to office EMR enhancements, and other initiatives supporting AdvocateCare and Clinical Integration. The Physician Performance Coach is dedicated to working with physicians and physician office staff to improve performance on key AdvocateCare outcomes which drive organizational performance improvement. The incumbent, by carefully analyzing available medical economics, quality and other data, will identify opportunities for improvement and develop and implement actions plans with a goal of helping the physician improve his or her practice performance relative to key AdvocateCare metrics and PHO capitated contracts financial performance. The PPC will provide in depth coaching to physicians and office staff members of assigned practices to develop their specific performance improvement plan.

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### I. ACCOUNTABILITIES AND JOB ACTIVITIES:

- A. Hold regular coaching sessions with identified APP physician members to help them meet various AdvocateCare and Medicare ACO goals, share performance data and results and jointly develop improvement action plans. 50 %
1. Coaching sessions include the following topics: patient attribution methods, patient opt in or out processes, tactics for controlling cost of care, reductions in admits/1000 and length of stay, reducing unplanned patient readmissions, tactics for avoiding ambulatory sensitive admissions, meeting the HITECH Meaningful Use requirements, excelling performance in the clinical CI measures as well as the CMS ACO outcome measures (total measures this position coaches physician performance on is over 100 CI measures and 65 CMS ACO measures, although more will be developed), how to improve physician profile, updates and communications relating to office EMR enhancements.
  2. Direct the physician to other key APP resources to assist with performance improvement, such as PHO medical director, PHO Director, Provider Relations or Quality Improvement staff, etc.
  3. Provide the physician with specific recommendations on improvement action plans.

4. Provide full and complete explanations about the various APP incentive programs to physicians.
5. Jointly, with the physician, decide on next steps, including the next period for feedback on performance
6. Share with the physician reports, displays and dashboards that quickly identify the drivers of performance issues
7. Meetings primarily are held face to face with individual physicians, in order to maximize the exchange of information and ideas specific to the particular physician circumstance.

B. Development of monitoring and feedback programs for physician performance on key AdvocateCare initiatives. 25 %

1. Support the development of tools to assist APP physicians in meeting various Advocate/Care goals, including educational materials for patient offices and patients, email alerts and reminders and APP newsletter articles, embedded decision support tools within, the electronic referrals system, EMR and CIRRIIS systems, as well as others to be determined.
2. Oversee the development and production of electronic dashboards and reports and other helpful and unique displays that provide the physician with information on his or her performance on a regular basis and which can be used during 1:1 coaching sessions with the physician and his/her staff.
3. Develop plan for monitoring physician performance on the AdvocateCare incentive measures, including physician and physician practice group utilization, financial performance and clinical measures, with a special focus on on results relating to AdvocateCare (including FFS and HMO full risk contracts) and Accountable Care organization attributed patients related performance.

- C. Apply knowledge of business and analytics to provide information to physicians, senior and executive leaders. Complete extensive analysis of the available AdvocateCare metrics, claims data and other data in order to understand the specifics of what issues are driving the outcomes and financial results.

Skills and Experience:

1. Demonstrated excellent relationship management skills.
2. Demonstrated excellent negotiation skills.
3. Strong project management & strategic thinking skills.
4. Strong organizational skills.
5. Significant knowledge of hospital and physician (multi-specialty group, IPA or PHO) operations and services impacted by managed care and health care reform.
6. Significant knowledge about both the clinical and financial aspects of managed care, including capitation and global budgets.
7. Demonstrated experience in preparing and delivering written and oral reports.
8. Strong skills for using various information systems tools to identify performance improvement opportunities, communicate these opportunities to physicians and track improvements.

1. Master's Degree or equivalent in relevant area
2. 5-7 years experience in performance improvement, operations, finance, marketing experience with at least 2 years in a relevant physician / hospital / managed care environment.
3. >2 years experience working collegially with physicians.
4. Experience in managed care/capitation/global budgets for the provision of health care services.

1. Daily local travel to physician offices.
2. Some early/late evening meetings.

# Assessment Examples

Advocate Health Care  
October 5, 2012

# Assessment Tool Sample

APP HIGH PRIORITY PRACTICE OFFICE ASSESSMENT TOOL		
Practice: Date:		
ADVOCATECARE INDEX FACTOR: PATIENT EXPERIENCE		COMMENTS/ RATINGS
<b>General</b>	Appearance? Website? How far is office from Hospital? How far is office from ACL?	
<b>Waiting Room</b>	Patient Information? <ul style="list-style-type: none"> <li>• New patient</li> <li>• Brochures</li> </ul> Policies Posted? Busy?	
<b>Scheduling</b>	Posted Office Hours Accurate? Meeting Standards? Open Slots Available Daily?	
ADVOCATECARE INDEX FACTOR: PHYSICIAN ENGAGEMENT		COMMENTS/ RATINGS
<b>Membership</b>	Capacity? Covering Physicians?	
<b>Involvement</b>	New Physician Onboarding? Completes CI In Person or Online? AdvocateCare Concepts Mastered?	
<b>Hospital Physician Relations</b>	IConnect? Hospital Complaints? Pending Transactions?	

Quality Improvement Department  
 Advocate Physician Partners  
 Office Assessment Tool

Practice Name: <input style="width: 90%;" type="text"/>	Date of Assessment: <input style="width: 90%;" type="text"/>
PHO: <input style="width: 90%;" type="text"/>	QI Staff Contact: <input style="width: 90%;" type="text"/>

	Comments
<b>1. #P4P Patients / per practice</b> <input type="checkbox"/> < 100 <input type="checkbox"/> < 750 <input type="checkbox"/> < 300 <input type="checkbox"/> < 750 – 1000 <input type="checkbox"/> < 500 <input type="checkbox"/> > 1000	
<b>2. Completion Rate</b> <input type="checkbox"/> Current QI year <input style="width: 40px;" type="text"/> %	
<b>3. Completion Rate Obstacles</b> <input type="checkbox"/> Parents want to delay / refuse <input type="checkbox"/> Services rendered by Provider	
<b>4. Staff Knowledge Base</b> <input type="checkbox"/> Understands <input type="checkbox"/> Needs Improvement	
<b>5. Engagement</b> <input type="checkbox"/> Engaged / Proactive <input type="checkbox"/> Time Issues <input type="checkbox"/> Resistant <input type="checkbox"/> Good Relationship with QI Staff	
<b>6. Obstacles</b> <input type="checkbox"/> Staff Claims – No time to do work <input type="checkbox"/> Computer efficiency <input type="checkbox"/> Staff turnover <input type="checkbox"/> Unknown <input type="checkbox"/> Registry population issues (i.e. Age / duplicates / linkage / CIRRS) <input type="checkbox"/> Office doesn't have tools to do job <input type="checkbox"/> Physician resistance	
<b>7. QI Staff Recommendations</b> <input type="checkbox"/> Recommend additional one/one training <input type="checkbox"/> Monthly QI contact / review	

# Action Plan Samples

Advocate Health Care  
October 5, 2012

ADVOCATE CARE  
ER VISITS/1000 STRATEGIES

Education/Communication	Access	Care Managers	Disease Mgt/Pharmacy	Pediatric	Medicare



ADVOCATE CARE  
INPATIENT STRATEGIES

Admits/1000		Average Length of Stay		30 Day Readmissions		% Inpatient Acute Days

Advocate Medical Group Action Plan

Issue	Solution 1	Solution 2	Solution 3	Solution 4	Solution 5	Responsible Part	Timeline	NOTES
ER Visit Frequency	Identify that OCMs are given this list and have contacted the patient	Determine each Practice's Access. Morning/evening hours call service	Telephonic Visits, Walk in, same day appts	Materials posted in practice/rooms on what to do before the ER(i.e. phone # to call)	Marketing of Walk-in hours, UC,	OCMs, PCPs, Marketing Dept		Can OCMs see who visited the ER previous day?
ER Non-Emergent (levels 1,2,3)	Educate patients about Urgent/Immediate Care Resources	Materials posted in practice/rooms on what to do before the ER(i.e. phone # to call)	Practice Managers/Directors given list of PCPs with high # of utilizers to work with PCP	Robust Triage System	Blackbox Technology for info posting at big sites	Practice Directors/Mgr, Marketing, Admin, PCPs, OCM		Local management work with high ER PCPs and Out of Network PCPS. What to do about code 780. Levels 1-3 make up 50% of visits
ER Chronic	Patient lists given to pharmacy and quality to work with asthmatics, diabetes, etc.	Utilize Home Health for homebound patients w/active mgt	Postings of Benefits of not going to ED	Track missed appointments. Active outreach to consistent appointment failures	Phytell (patient outreach system)	OCM, Pharmacy, Quality, Home Health, Appt Sch., Marketing, Admin, PCPs		Southside most prevalent for all ER users
ER Out of Network	Education explaining benefits of staying in System	Immediate F/Up day after for reasons	Urgent Care/Immediate Care	System showing local ER/UC wait times	Expansion of more UCs in the other markets	OCM,Admin, Marketing, PCPs		Patient Portal to post infomration??
ER Pediatrics	Pediatric Triage (no missed calls)	Cross-coverage	Urgent Care/Immediate Care	Patient Education	Specific OCM, i.e. Asthma specialist	Admin, OCM, PCPs		

Admissions	Determine protocol for ER docs and PCPs	Work with pharmacy, quality, and OCM for patient mgt	Utilize observation visits when appropriate		ED Dept, PCPs, Pharmacy, Quality, Hospitalists	20% of Admits involve L&D,OB	
Readmissions	ER/Inpatient CM make F/Up Appts	OCM receives patient name to contact	Appointment scheduling confirms appointment day/time	Phytell	Hospitalists Coordination of f/up care	50-64 biggest age group	
Length of Stay	Expand use of hospitalists	Additional documentation/coding training specific to specialty	Round primarily in the mornings	Increase communication with ICM	Hospitalists, PCPs, Coding, ICM, Admin		
Inpatient Out of Network	Increase Marketing Outreach about Advocate Hospitals. Reduce Out-Network ER	Refer to AMG/Advocate Specialists	System showing local ER/UC wait times	Education Explaining Benefits of Staying in System	Home Health	Marketing, Home Health, PCPs, Specialists, Admin	80% of Admits In-Network

# Physician Performance Expectations - AMG

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October 5, 2012

# Physician Performance Expectations

**The following are expectations for physicians at the Advocate Medical Group:**

## **General**

- Be consistently respectful, polite, and professional in working with reception, nurses, answering service and other staff members who manage appointment scheduling and patient flow.
- Avoid appointment cancellations and changes to schedule except for professional and unavoidable reasons; give reasonable advance notice prior to scheduling vacation or other planned time off.
- Return calls from other physicians and other health providers as quickly as possible; respond to all pages within a reasonable period to time. Be available by pager or phone after office hours; if unavailable, notify answering service.
- Complete chart notation in a timely fashion, including appropriate coding of diagnoses and procedures.
- Arrive on time for the first appointment (unless unavoidably detained for professional reasons) and make every effort to stay on schedule throughout the day.
- Ensure legibility of handwritten notes; provide accurate and complete medical record documentation that meets clinical and regulatory requirements.
- Act in accord with the Advocate Code of Business Conduct and Advocate Conflict of Interest Policy, including adherence to guidelines and policies on coding and documentation.

## **Patient Relations Standards**

- Always strive to maintain the dignity, comfort and satisfaction of patients and family members.
- Listen to the patient, hear what they are saying, and respond appropriately.
- Greet patients in a congenial manner and with a smile when appropriate; apologize if you are behind schedule.

# AMG Advocate Care Index Handout

Advocate Health Care

## AMG ADVOCATECARE MONTHLY INDEX DASHBOARD

Data is from 4/1/11 to 3/31/12

	ER Visits/1000	ALOS	Admits /1000	%30 Day Readmissions	In-Network %
AMG Actual	180.2	3.21	67.2	5.9%	58.2%
AMG Target	178.0	3.73	63.5	6.1%	63.7%
Change from Baseline	1.98%	0.52%	0.86%	-0.17%	0.57%

AMG Region	Division	Member Months	ER Visits /1000	ALOS	Admits /1000	%30 Day Readmissions	In-Network %
South	Practice 1	50,327	168.0	3.34	67.5	5.3%	58.4%
South	Practice 2	49,664	236.3	3.53	57.9	6.6%	43.8%
South	Practice 3	45,529	175.9	2.94	61.7	5.1%	64.1%
South	Practice 4	31,244	164.8	3.50	66.1	4.8%	45.9%
South	Practice 5	20,780	167.5	4.19	67.6	6.8%	64.0%
South	Practice 6	13,108	167.5	4.11	62.9	5.6%	66.0%
South	Practice 7	12,461	176.8	3.13	69.3	5.6%	70.9%
South	Practice 8	9,831	199.0	3.10	72.0	4.4%	84.2%
South	Practice 9	5,868	161.6	3.52	59.3	7.2%	27.6%
South	Practice 10	4,675	215.6	2.23	63.3	6.0%	60.5%
South	Practice 11	3,845	171.2	2.58	78.9	7.2%	100.0%
South	Practice 12	2,158	211.3	4.67	60.1	4.7%	57.6%
	<b>SOUTH REGION</b>	249,521	177.6	3.40	68.6	6.1%	53.1%

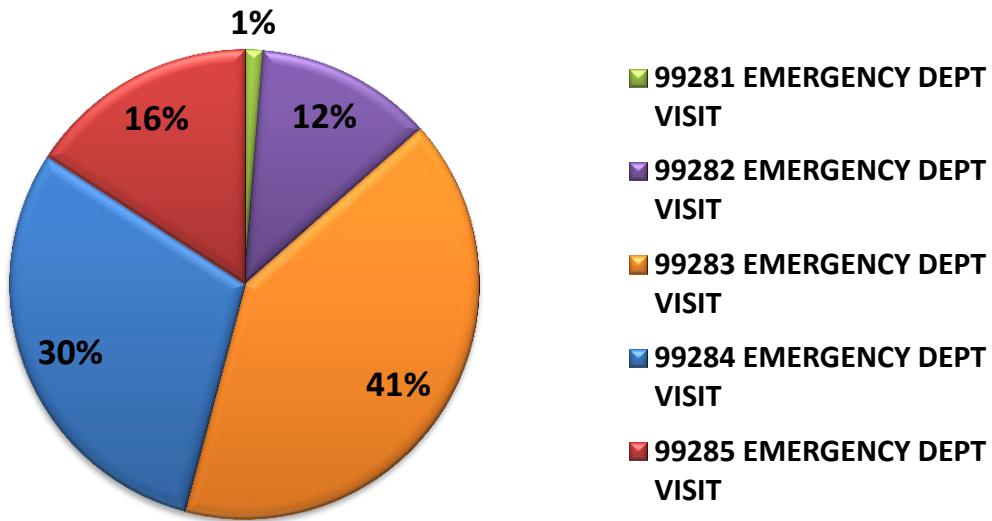
## AMG ADVOCATECARE MONTHLY INDEX DASHBOARD

Data is from 4/1/11 to 3/31/12

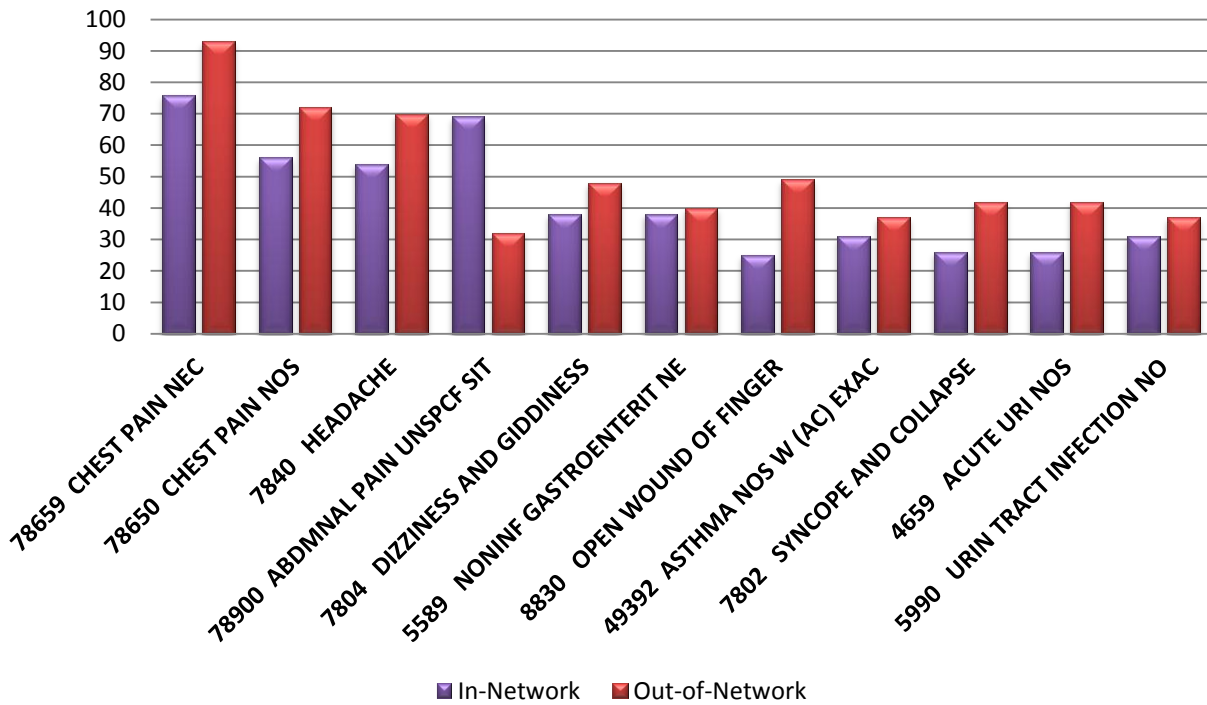
	Member Months	ER Visits/1000	ALOS	Admits/1000	% 30 Day Readmissions	In-Network %
REGION X Actual	400,745	170.9	3.29	61.1	4.8%	59.9%
REGION X Target		178.0	3.73	63.5	6.1%	63.7%
Change from Baseline		-2.04%	-1.12%	0.43%	-0.39%	-0.67%
<b>Practice Name</b>	<b>14,516</b>	<b>160.9</b>	<b>2.90</b>	<b>51.9</b>	<b>5.9%</b>	<b>55.3%</b>
Physician A	2,675	188.0	3.34	54.3	9.8%	51.6%
Physician B	4,598	186.3	3.12	49.4	4.2%	75.0%
Physician C	1,826	179.8	2.78	57.1	0.0%	32.3%
Physician D	2,243	156.5	2.32	48.9	8.0%	80.4%
Physician E	3,174	155.6	2.63	47.3	6.8%	49.0%

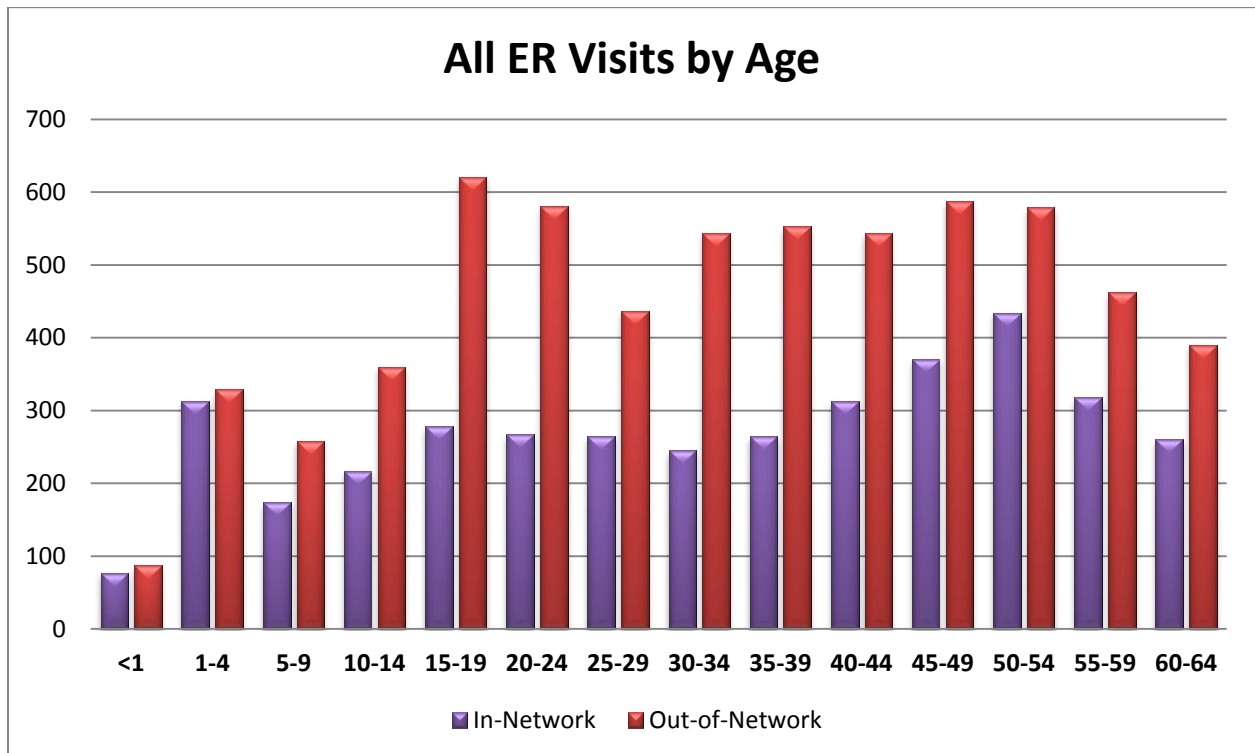
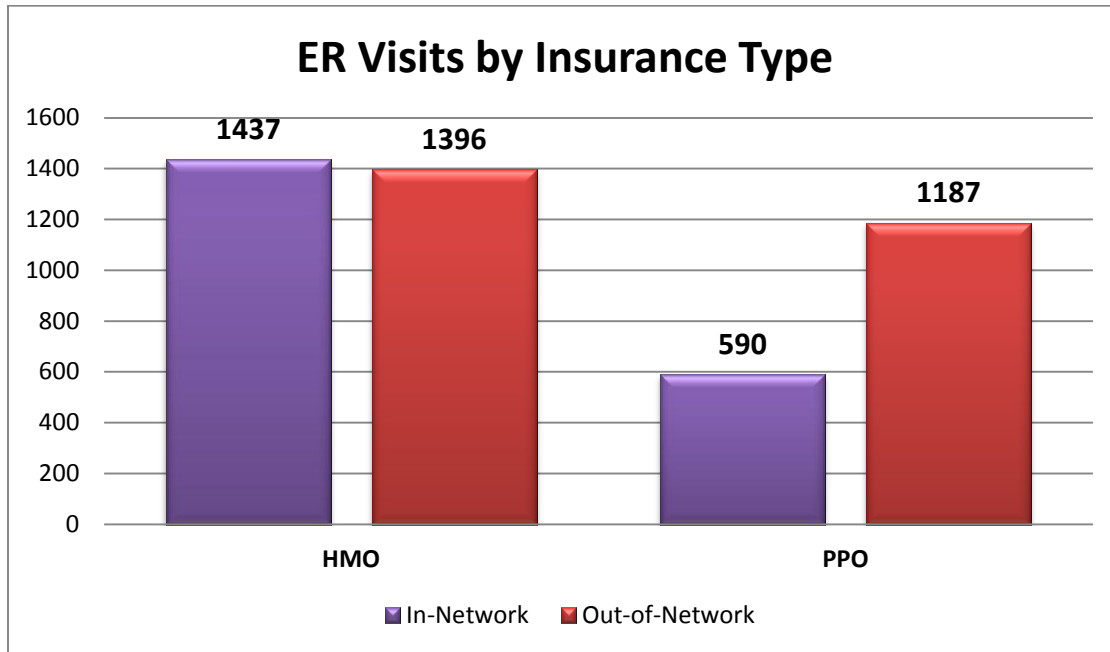


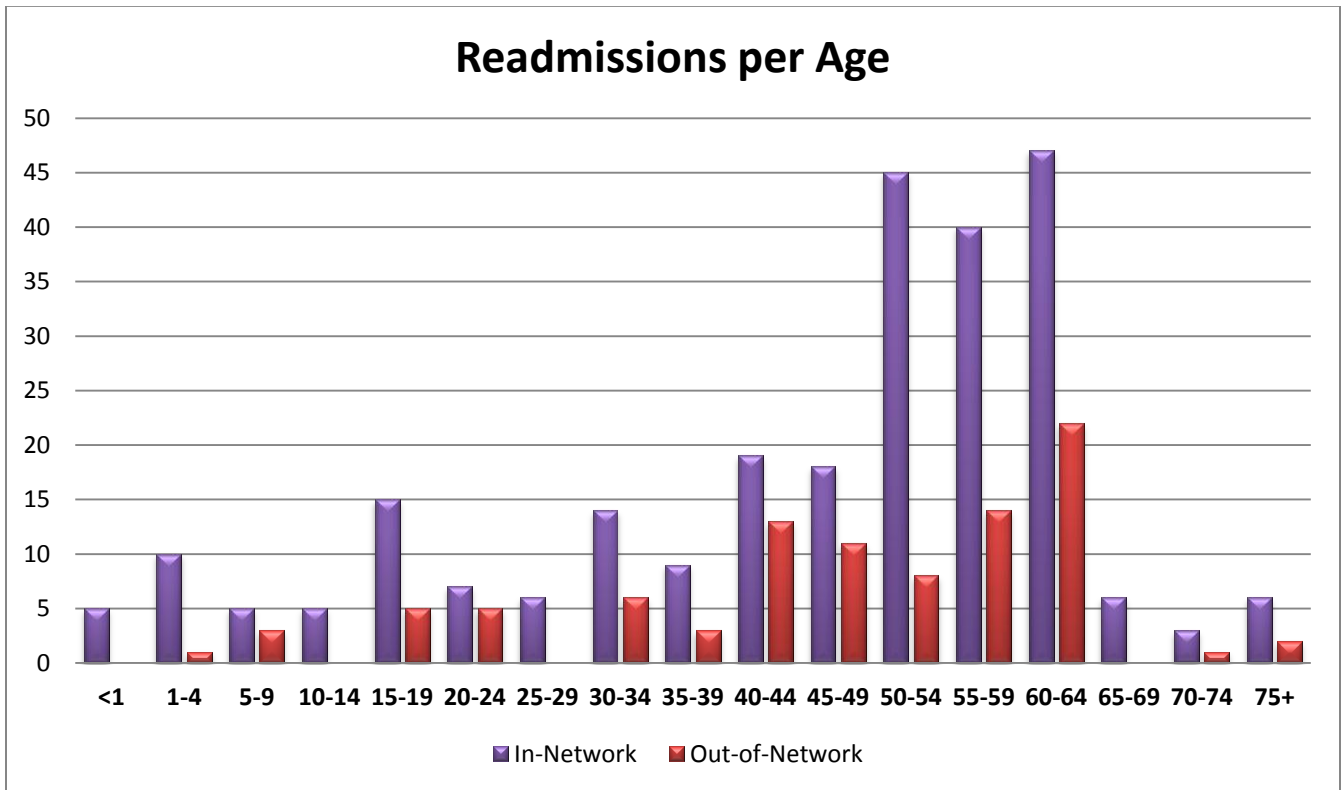
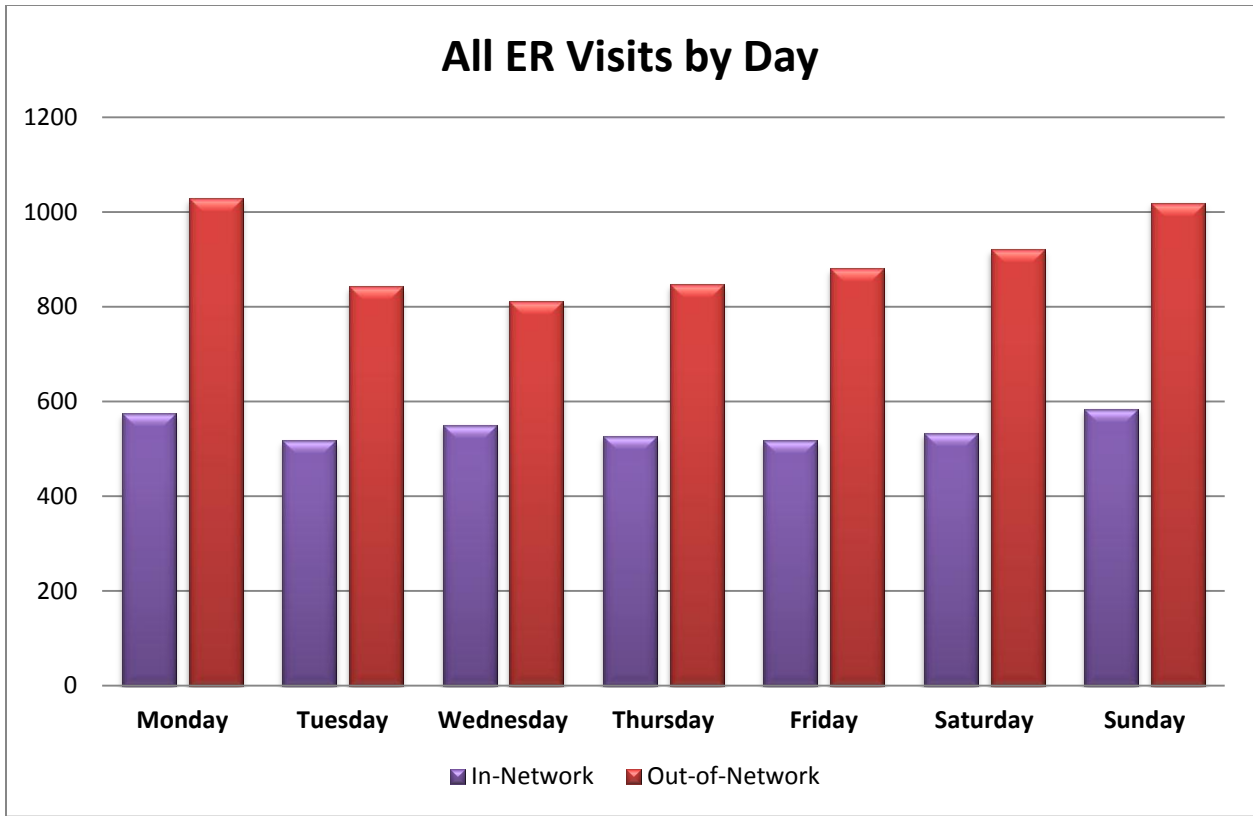
### ER Visits by Level



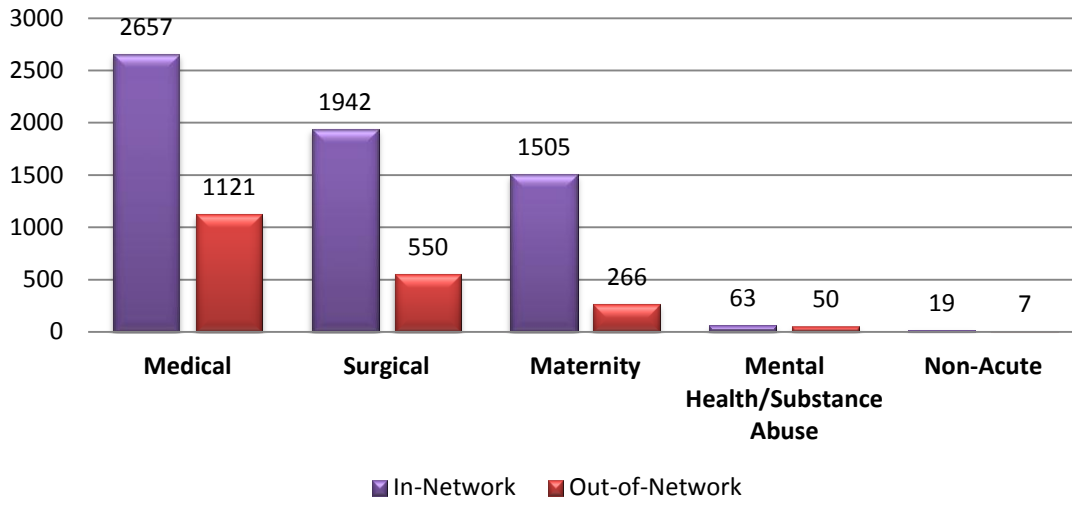
### Top 11 ER Diagnoses



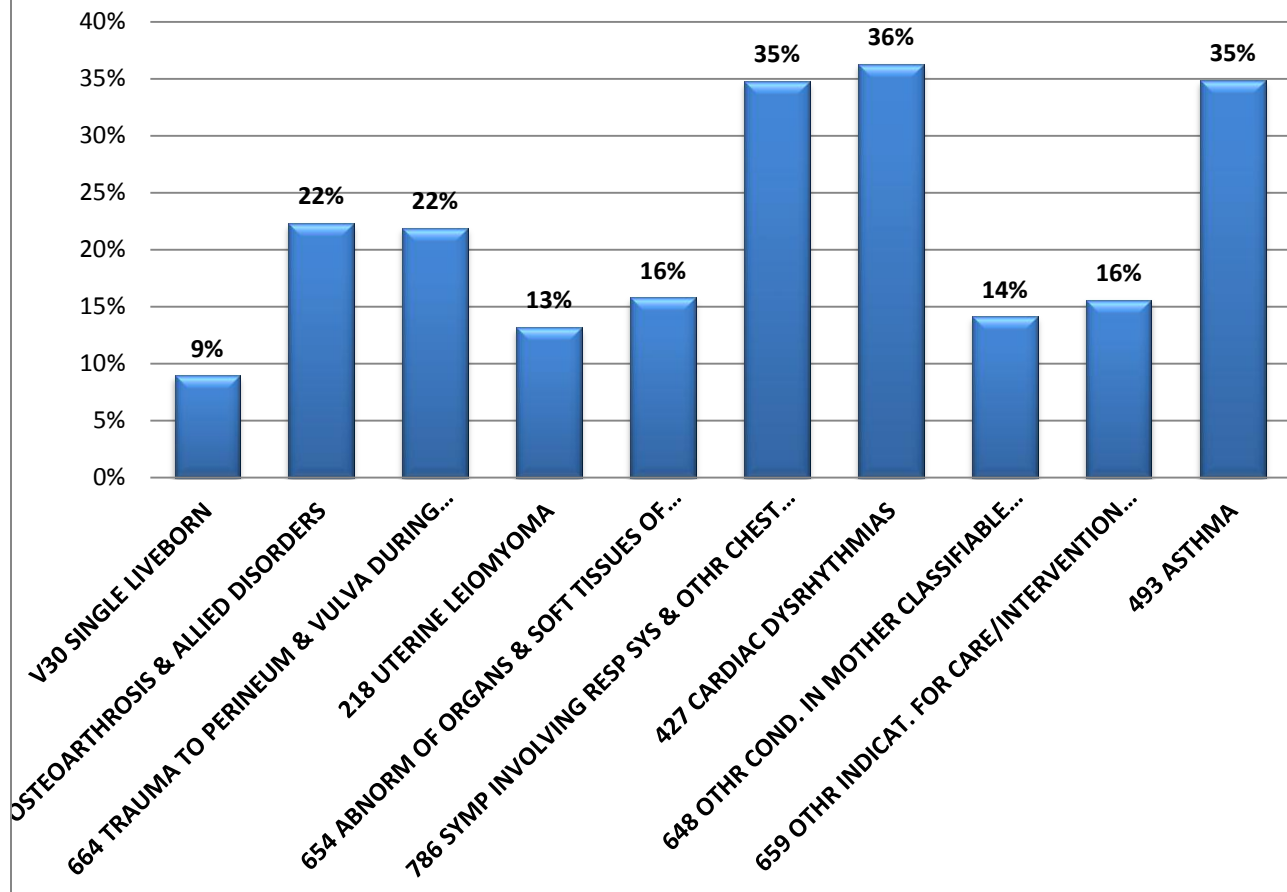




## Admissions by Service Type



## %Out-of-Network Admissions for Top 10 Diagnoses



### % Out-of-Network Procedures for Admissions (Top 10)

