



Engaging Physicians to Achieve High-Value Healthcare

**AMGA Quality Summit
Phoenix, Arizona
September 26, 2013**

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Adrienne Boissy, MD**

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Objectives

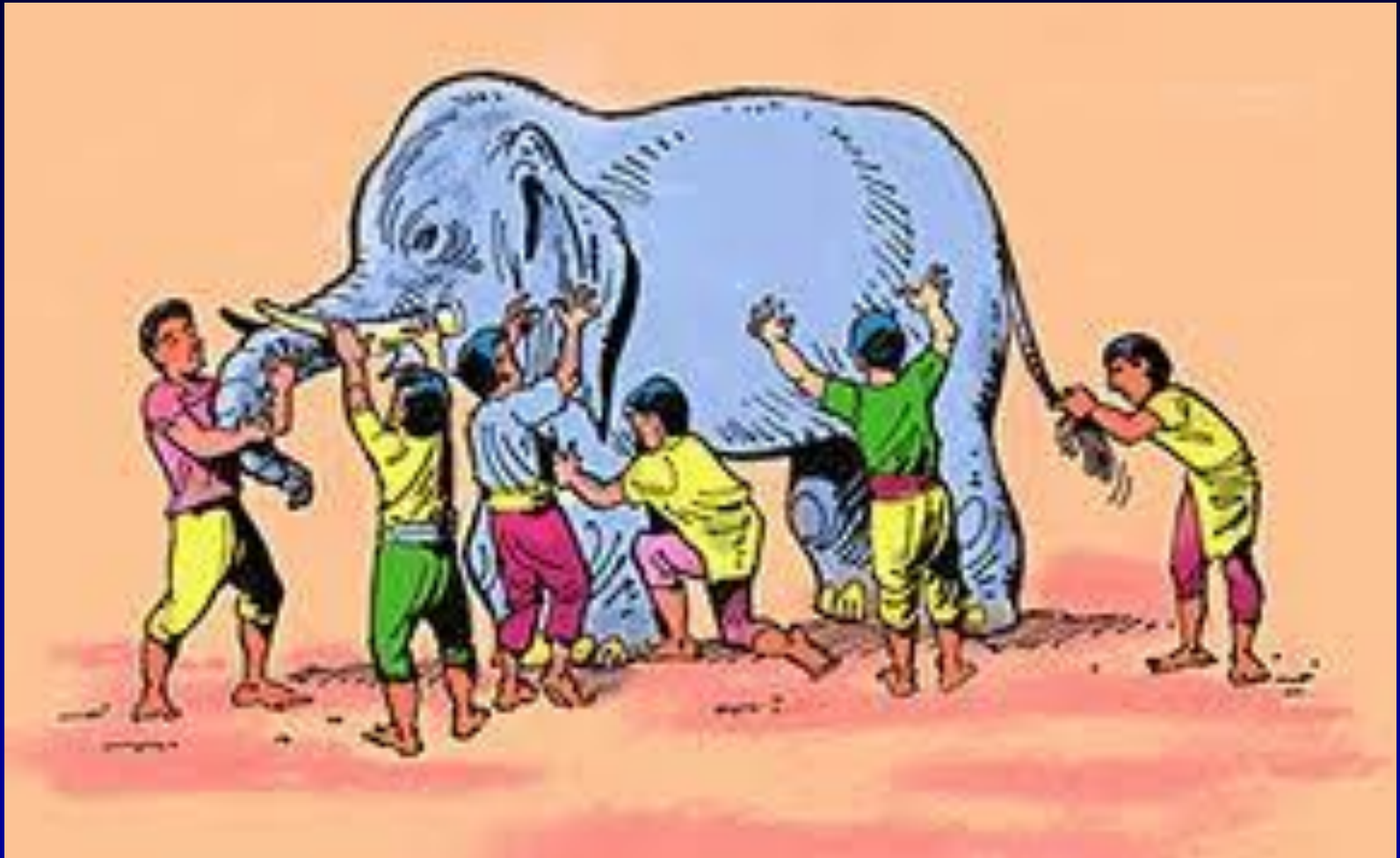
- **Design a strategy to educate physicians about critical healthcare initiatives**
- **Help physicians embrace personal responsibility through the use of data**
- **Understand how to implement a professional conduct program**
- **Understand the elements of an effective program to improve physician communication**



The Environment

James Merlino, MD
Chief Experience Officer
Associate Chief of Staff

Healthcare Tomorrow ?



The New World

Volume-Based



Value-Based

Payment

Fee-for-Service

Outcome Based

Incentives

Volume

Value

Focus

Acute Episodes

Populations

**Role of the
Provider**

Single Episodes

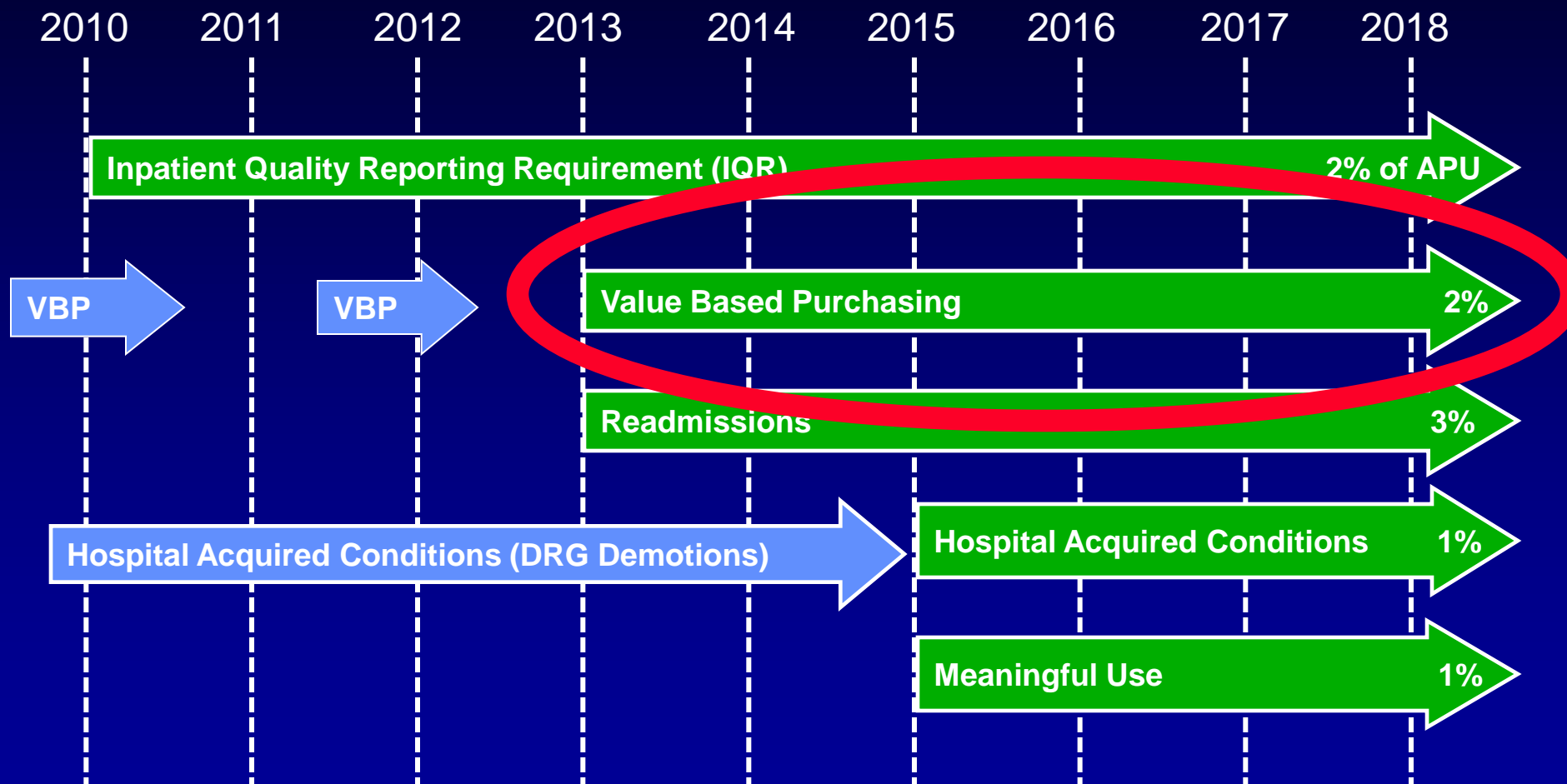
Care Continuum

Information

Retrospective

**Real-time &
Predictive**

Quality – Based Payment Reform Initiatives



2013 VBP Measures

AMI	Fibrinolytic therapy received within 30 minutes of hospital arrival
	Primary PCI received within 90 minutes of hospital arrival
Heart Failure	Discharge instructions received
Pneumonia	Blood culture performed prior to administration of first antibiotic(s)
	Initial antibiotic selection for CAP in immunocompetent patient
Healthcare-Associated Infection	Prophylactic antibiotic(s) one hour before incision
	Selection of antibiotic given to surgical patients
	Prophylactic antibiotic(s) stopped within 24 hours after surgery
	Postoperative Urinary Catheter Removal on Postoperative day 1 or 2
	Cardiac surgery patients with controlled 6AM postoperative serum glucose
Surgical Care Improvement	Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period
	Surgery patients with recommended venous thromboembolism prophylaxis ordered
	Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery
Patient Experience of Care	HCAHPS survey results on patient interaction with doctors, nurses, and hospital staff; cleanliness and quietness of the organization; pain control; communication about medicines; and discharge information

Value Based Purchasing: FY2014

2nd Year of VBP Reporting:

- April – December 2012: Performance period
- Measures:
 - 13 Core Measures
 - 8 HCAHPS
 - 3 Mortality
 - 8 Hospital Acquired Conditions
 - 2 Composite PSI
 - 1 Efficiency (spend per beneficiary)
- \$\$ impact 2014

**New Measures
For FY 2014**

Increasing Accountability



ConsumerReports[®]Health

Special Report for Massachusetts residents

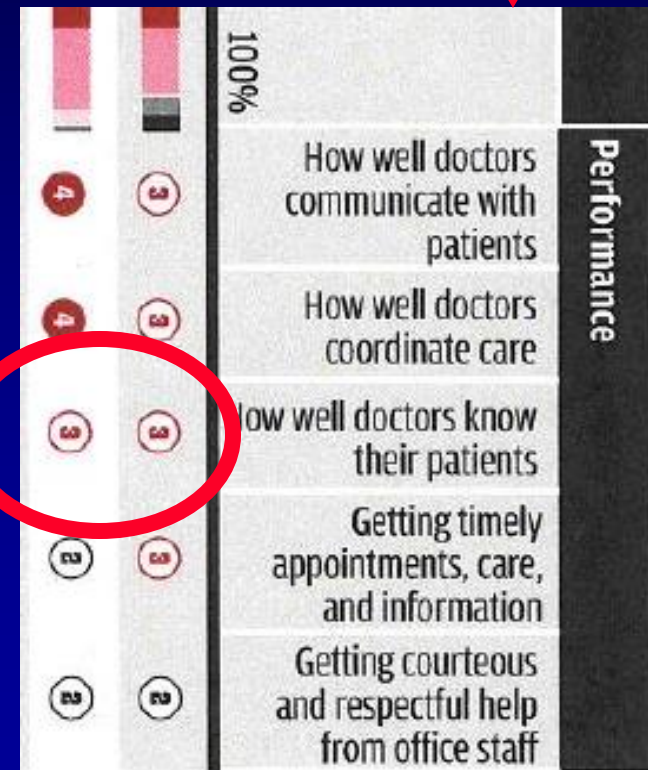
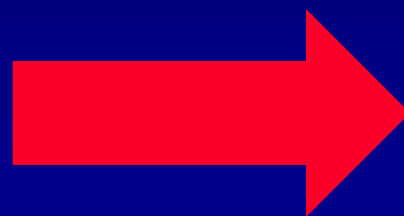
How Does Your Doctor Compare?

Ratings of practices for adults Continued

Based on patient experience In alphabetical order, within regions and towns

Town	Practice Name	Address	Willingness to Recommend	Performance				
				How well doctors communicate with patients	How well doctors coordinate care	How well doctors know their patients	Getting timely appointments, care, and information	Getting courteous and respectful help from office staff
			0%					
Chestnut Hill	Beth Israel Deaconess Healthcare - Chestnut Hill	25 Boylston St., Suite 204	81	4	3	3	3	3
Chestnut Hill	Brigham and Women's Hospital, Physician Group	850 Boylston St., Suite 530	81	4	4	3	3	3
Chestnut Hill	Personal Physicians Health Care	1244 Boylston St., Suite 306	98	4	4	4	4	4
Chestnut Hill	The Fish Center for Women's Health	850 Boylston St., Suite 402	78	4	3	4	3	3
Newton	Brigham and Women's Hospital at Newton Corner	272 Centre St.	81	4	4	3	3	3
Newton	Newton Wellesley Internists	2000 Washington St., White bldg. suite 546	74	4	3	3	3	3

Compared like
Washing
Machines



Physician Compare

[About Physician Compare](#)

[About the Data](#)

[Resources](#)

[Help](#)

ABC Group Practice

Primary Specialties: Cardiology, Cardiac Surgery

[Add to My Favorites](#)

Is this your Group Practice?
[Update your information here](#)

[General Information](#)

[Locations](#)

[Patient Experience of Care](#)

[Clinical Quality of Care](#)

[Affiliated Healthcare Professionals](#)

Quality of Care for Patients with Diabetes

You can use the star ratings below to see how well this group practice does at providing recommended care to their patients with diabetes and helping them to control their blood sugar, blood pressure, and cholesterol. [More Information.](#)

More stars are better.

▼ Controlling blood sugar levels in patients with diabetes.



If patients with diabetes have blood sugar levels that stay too high, it can lead to heart disease, stroke, and kidney disease. Doctors should use the A-1-C lab test to check patients' blood sugar levels and should work with patients with high levels to bring their blood sugar under control.

To give the group practice its star rating, Medicare looked at the percentage of patients with diabetes who had a high blood sugar level (above 9% on their most recent A-1-C lab test). More stars are better because it means fewer of the practice's patients had high blood sugar.

Physician Exposure

- Outcomes
 - Medicare / States / Payers
- Complaints
 - Joint Commission / Medicare / States
- Behavior
 - Joint Commission / States / Medicare
- Patient Experience
 - Medicare / States / Payer / Companies

Score - Scorecard

C

*Taussig Cancer Institute
Patient Experience Physician Report
December 1, 2009 through November 30, 2010*

Center Name	HCAHPS		Medical Practices			Ombudsman	
	N	% Always	N	% V Good	% V Good	Patients	Issues
Hematologic Oncology and Blood Disorders	25	77%	20	88%	100%		
Hematologic Oncology and Blood Disorders	29	63%	34	81%	81%		
Hematologic Oncology and Blood Disorders			5	48%	40%		
Hematologic Oncology and Blood Disorders			3	78%	100%		
Hematologic Oncology and Blood Disorders	14	71%	5	43%	40%		
Hematologic Oncology and Blood Disorders	23	86%	16	83%	84%		
Hematologic Oncology and Blood Disorders			12	88%	82%		
Hematologic Oncology and Blood Disorders			1	100%	100%		
Hematologic Oncology and Blood Disorders			16	64%	81%		
Hematologic Oncology and Blood Disorders	19	86%	11	86%	82%	1	1
Hematologic Oncology and Blood Disorders			2	100%	100%		
Hematologic Oncology and Blood Disorders			29	87%	80%		
Hematologic Oncology and Blood Disorders			11	73%	82%		
Hematologic Oncology and Blood Disorders			5	68%	80%	1	1
Hematologic Oncology and Blood Disorders	8	71%	35	74%	83%	1	1
Hematologic Oncology and Blood Disorders	5	73%	14	87%	100%		
Hematologic Oncology and Blood Disorders			2	98%	100%		
Hematologic Oncology and Blood Disorders	7	100%	5	88%	80%		
Hematologic Oncology and Blood Disorders	29	85%	11	77%	73%		
Hematologic Oncology and Blood Disorders			11	87%	81%	2	2
Hematologic Oncology and Blood Disorders	1	33%	11	87%	82%	1	1
Hematologic Oncology and Blood Disorders	21	71%	13	80%	82%		
Hematologic Oncology and Blood Disorders	4	50%	8	100%	100%		
Hematologic Oncology and Blood Disorders			4	100%	100%		
Medical Genetics			4	100%	100%		
Medical Genetics			3	69%	67%		

Verbatims

- **“Never sure who my doctor was..”**
- **“Surgeon never saw me – until I was very critical”**
- **“Never saw my surgeon – only the fellow”**
- **“Doctor had attitude”**
- **“Doctor was rushed”**
- **“Too many doctors – I never new who was in charge.”**
- **“ ----- group was backing out of the door as my wife was asking questions – very rude.”**

Action Steps

- **Create the burning platform**
- **Define their role**
- **Embrace transparency**
- **Emphasis individual accountability**
- **Its about how we deliver care**
- **Physicians can lead this**

We have met the enemy ...



... and he is us

Pogo



Components of Culture that Supports Change

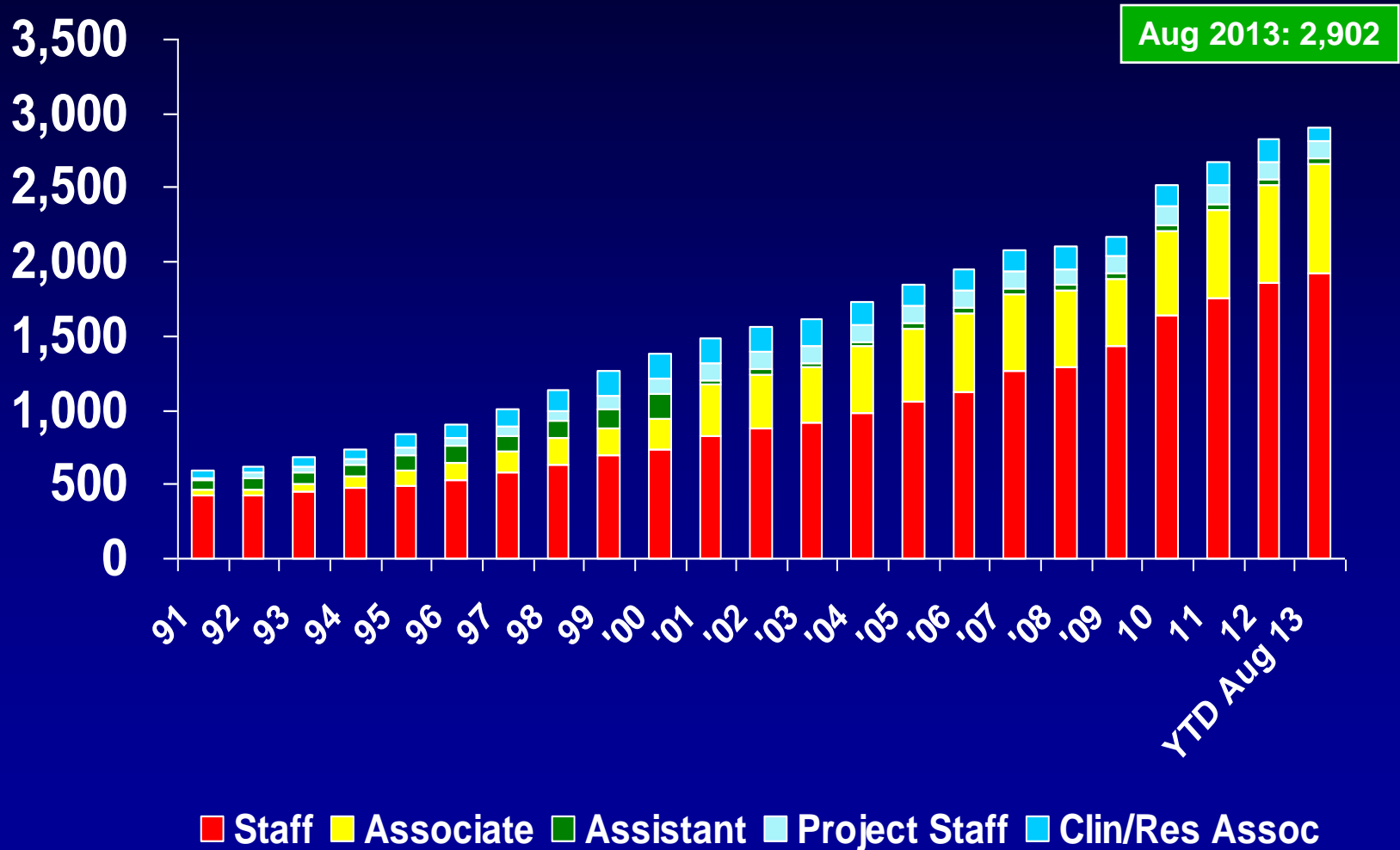
Robert W. Coulton, Jr., MD
Executive Director
Office of Professional Staff Affairs

Structure Provides Proper Environment

- **Employed model**
- **Salary-based**
- **Institute structure**
- **Strong culture**
- **Physician-led**
- **Shared risk and reward**
- **Financial health**

Professional Staff

Ohio Staff Trends



Annual Professional Review

- **One year contracts**
- **Comprehensive self evaluation, department evaluation and BOG review**
- **Consistent performance data presented**
- **Allows for alignment of incentives between Staff and the organization**

Managing Professional Conduct Challenges

- **Traditions in healthcare that allow (encourage?) inappropriate behavior**
- **Fear of reprisal**
- **Specialty traditions**
- **Cloak of secrecy**

Forces That Brought About Change

- **Effects on patient safety**
- **Effects on patient experience**
- **Effects on employee satisfaction**
- **Effects on organizational costs**
- **Right thing to do**

Physician Conduct Committee

- **Committee Membership**
 - **12 physicians**
 - Physician Chair (Orthopedic Surgeon)
 - President / President-elect Medical Staff
 - **Ex officio**
 - Executive Director OPSA
 - Chief Human Resources Officer
 - Office of General Council
 - Chief Experience Officer

Disruptive Behavior

- **Behaviors that undermine a culture of safety means any behavior that prevents or interferes with an individual's or group's clinical/academic performance or creates an unprofessional, unsafe, intimidating, hostile or offensive work environment and jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital.**

Professional Conduct Committee

- **Not intended to replace appropriate leadership at department and institute level**
- **Operates under appropriate levels of confidentiality**
- **Conducts comprehensive and fair evaluations of reported incidents**
- **Encourages employees to come forward with concerns**
- **Not intended to restrict healthy criticism with the intension of improving patient care**
- **Not intended to restrict complaints against poor performing employees**
- **Not intended to restrict good-faith patient advocacy**

Cleveland Clinic Behavior Management Process

11/12/08

Level I – relatively mild disruptive behavior or 1st offense

Level II – Incident presents significant disruption, 2nd offense or serious policy infraction

Level III – Major policy infraction, serious misconduct, 3rd offense or breach of patient ethics

Level I Response

1. Confirm facts of report
2. Notify physician & discuss appropriateness
3. Obtain commitment that behavior will not be repeated
4. Record in file
5. Notify Institute & Department Chairs
6. Follow up or monitor behavior

Behavior repeated?

NO YES

Behavior repeated?

NO YES

Level II Response

1. Confirm facts of report
2. Conduct investigation
 - obtain assessment of cause
 - interview relevant parties
 - present findings to committee
3. Notify physician & discuss
4. Obtain commitment to change/remediation activities (preferably in contract form)
5. Formal letter to file (cc. to Chair)
6. Notify Institute & Department Chairs
7. Notify Chief of Staff
8. Mandatory follow-up program

Level III Response

1. Confirm facts of report (can consider administrative leave pending investigation, or summary if need to protect patients or employees)
2. Conduct investigation (legal usually involved)
3. Notify physician & discuss
4. Notify Institute & Department Chairs
5. Present results of investigation to BOG
6. BOG and Chief of Staff determine definitive action

Behavior controlled by monitoring, training, etc.

Suspension/restriction/regulatory action

Root Causes of Disruptive Physician Behavior

- **Dealing with stressful & emotional situations**
- **Fatigue**
- **Burnout**
- **Systematic pressure for increased productivity and cost containment**

Possible Actions

- Determine that no action is warranted
- Intervene informally using a senior colleague
- Refer the matter back to the immediate supervisor
- Require a written apology to the complainant
- recommend to the Chief of Staff:
 - counsel/issue a warning
 - refer to Physician Health committee
 - implement formal remediation
 - consider disciplinary action pursuant to the *Major Policies for the Professional Staff*

Case Outcomes

- **Total of 80 concerns filed in three years**
- **35% did not result in an “incident level”**
- **Males represent 65% of the staff and 85% of the complaints**
- **Surgical staff make up 20% of the organization but 60% of the complaints**
- **38% of complaints are filed by physicians followed with 29% by registered nurses**

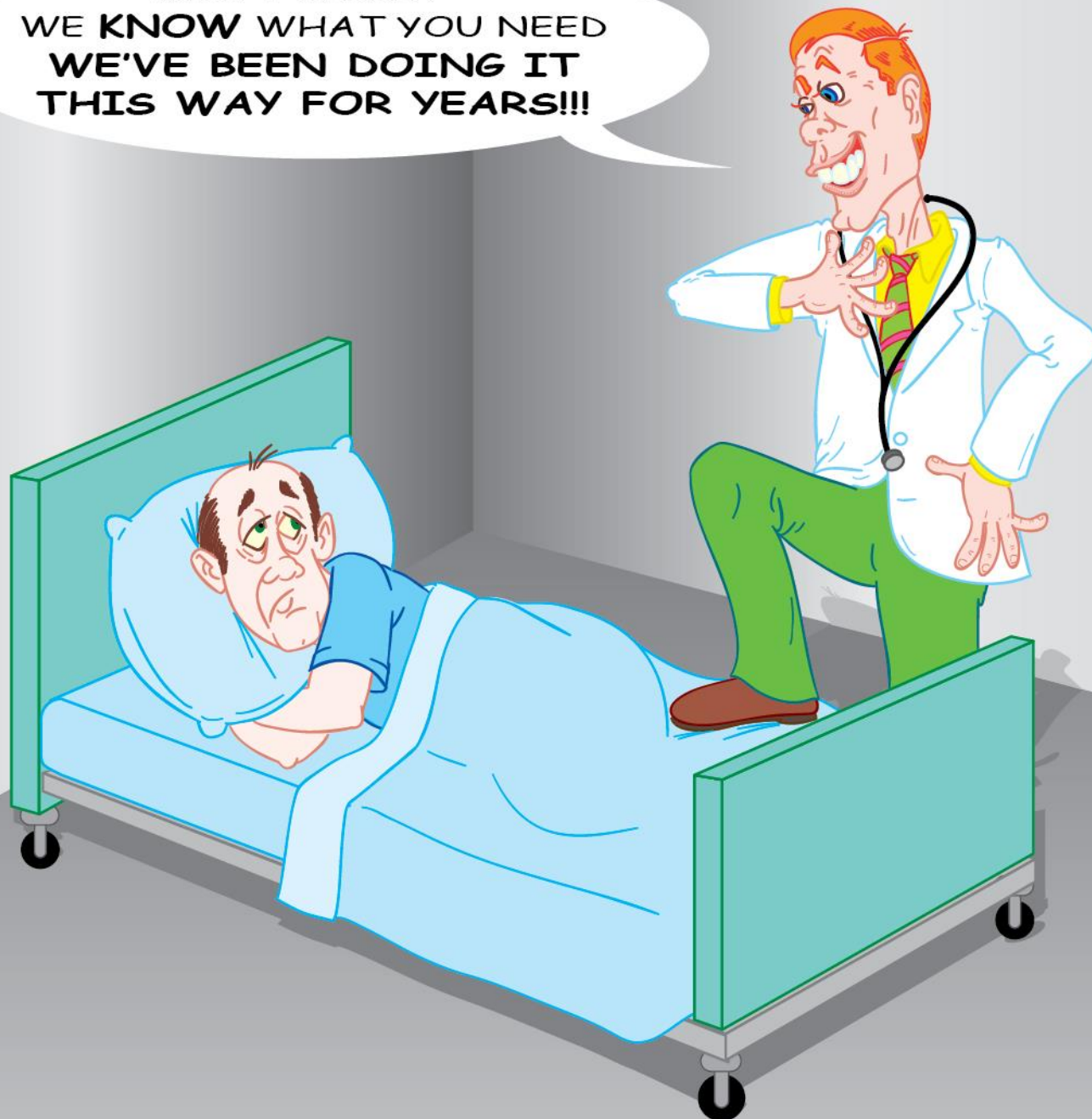
Lessons Learned

- **Not overwhelmed with volume of frivolous complaints**
- **Viewed as overwhelmingly positive by both physician staff and employees**
- **Resulted in transitions of employment**
- **Concern has been retaliation**

Engaging Physicians in Communication Skills Training...Anything is Possible

**Adrienne Boissy, MD, MA
Medical Director, Center for Excellence in
Healthcare communication**

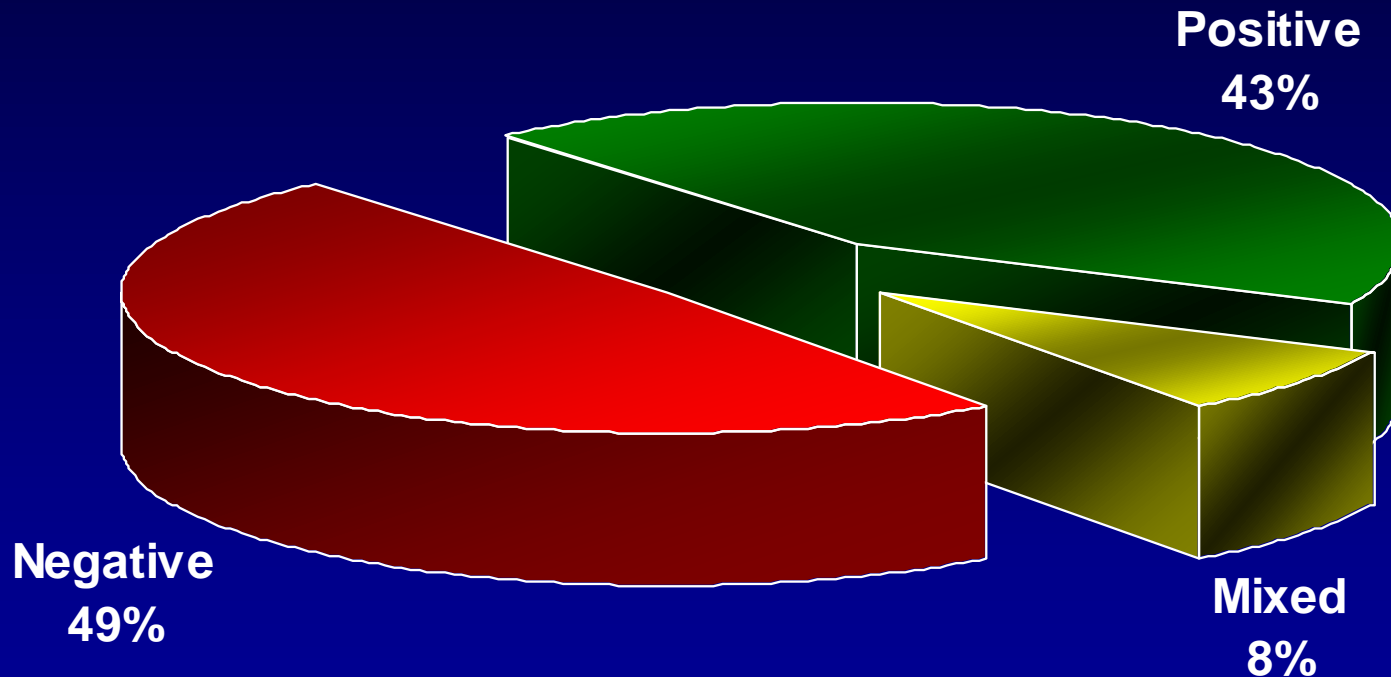
DON'T WORRY -
WE **KNOW** WHAT YOU NEED
WE'VE BEEN DOING IT
THIS WAY FOR YEARS!!!



Doctors
are *Excellent* at
Communicating with
Patients....

...Just ask them !

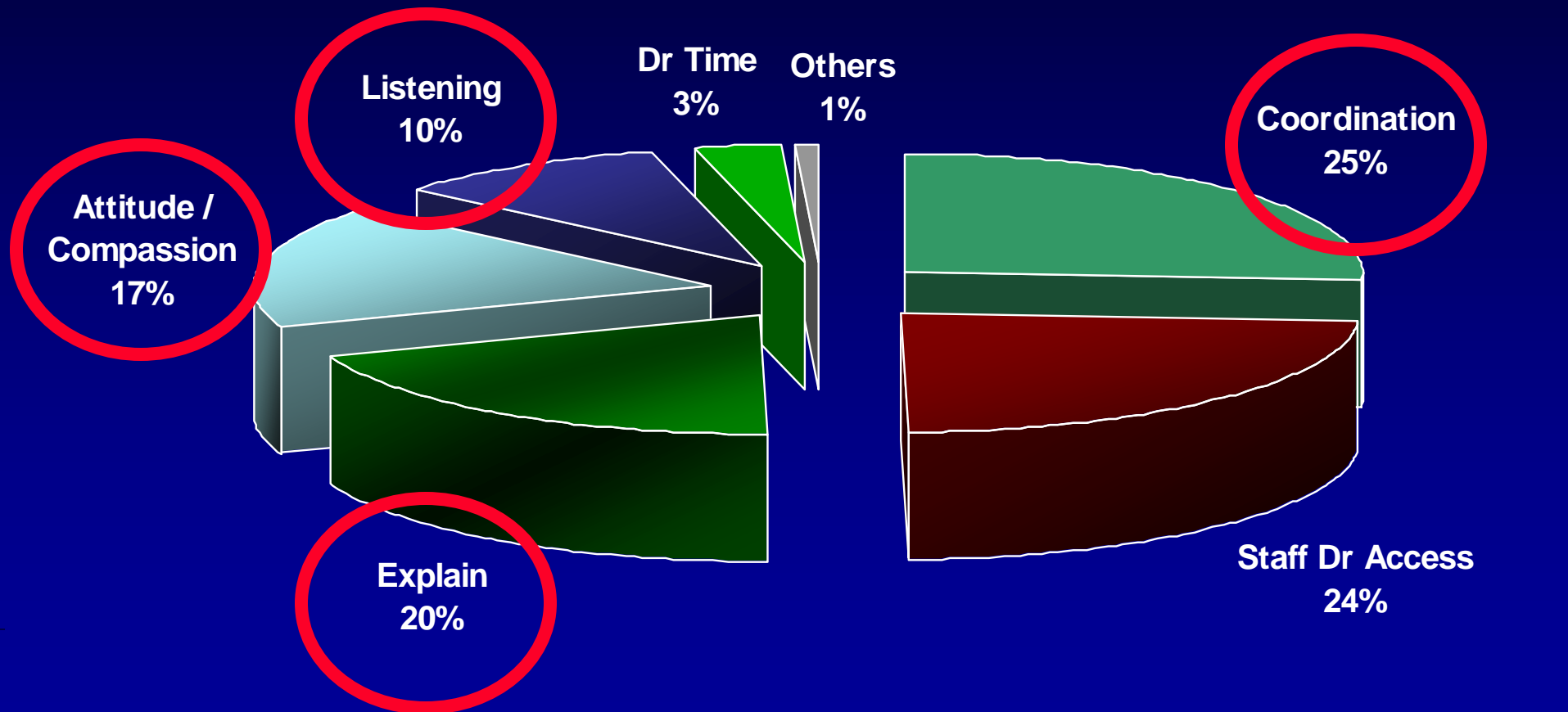
Physician Patient Comments



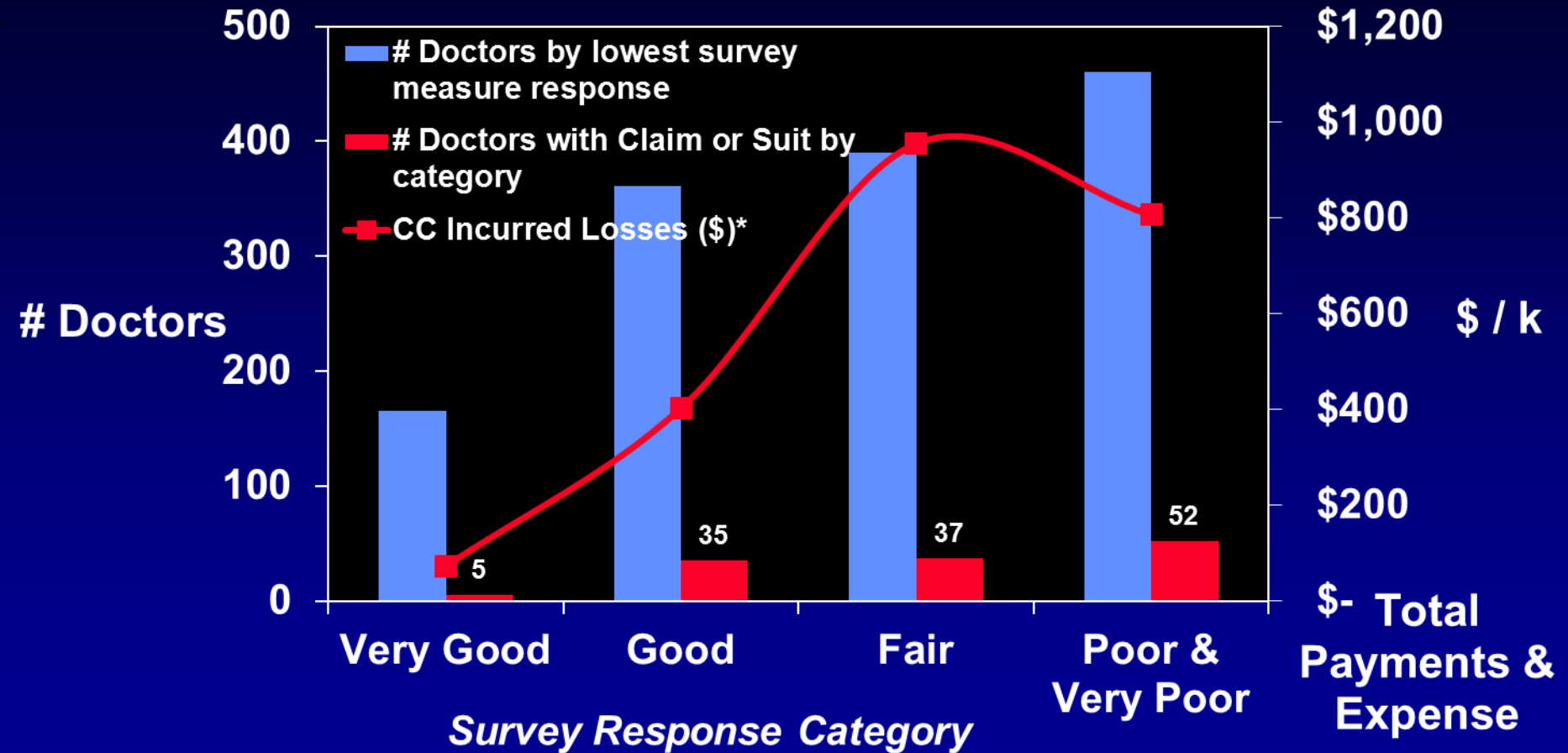
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Opportunities for Improvement

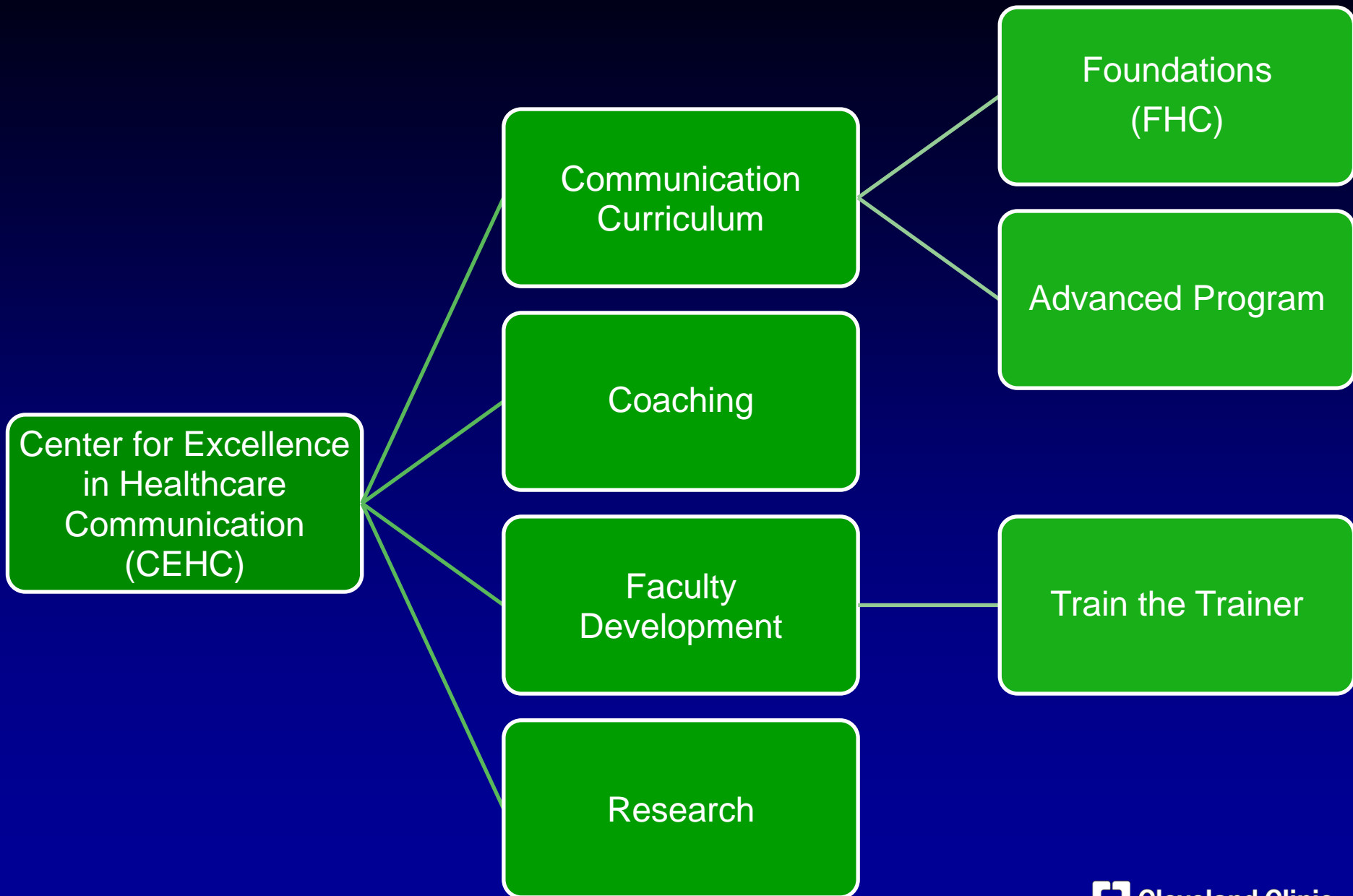
Doctor Communication Verbatims



Characteristics of Physician Survey Scores & Legal Finance



Physician related claims and suits from the lowest 2 response categories comprise 80% of all legal payments and expenses in this study.

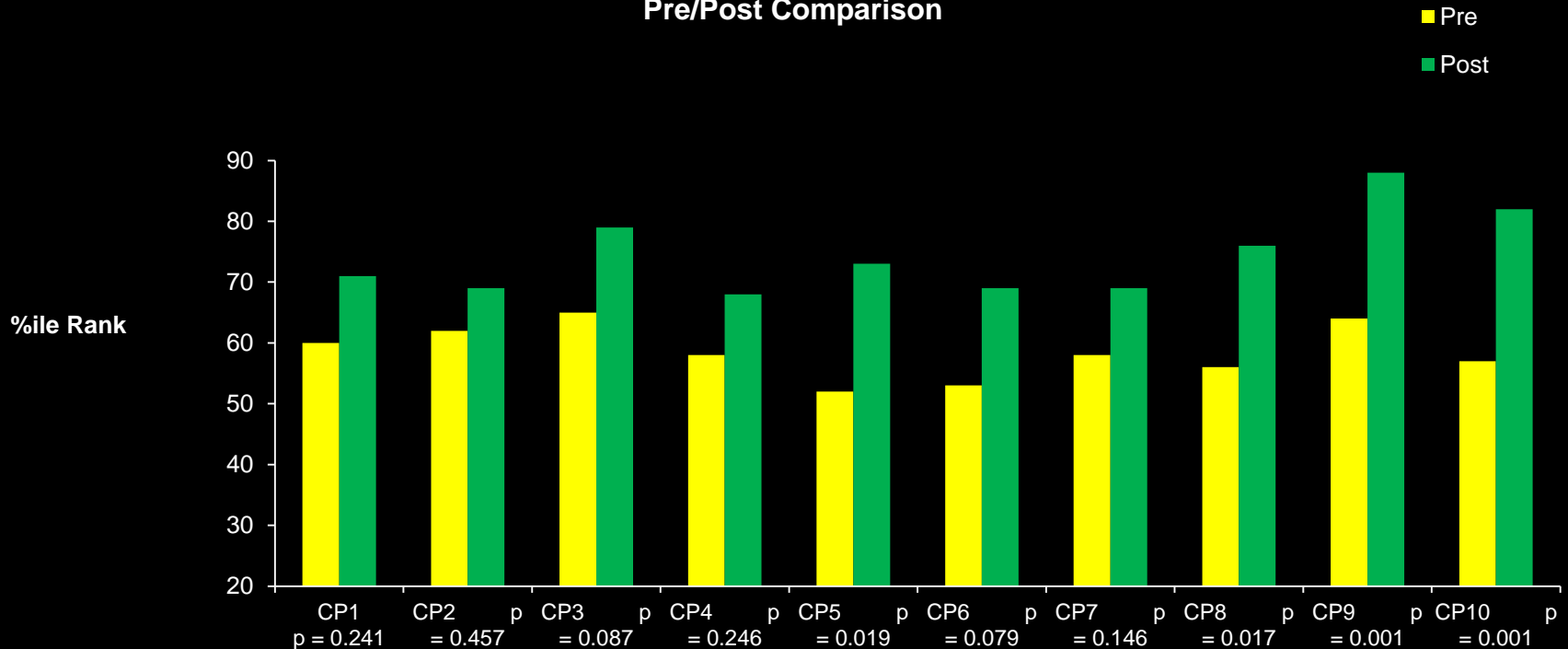


Key strategies

- **Doc to Doc**
- **Surgeons**
- **Leadership support – verbiage, time**
- **Safe setting with 10-12 participants**
- **Let MDs bring their own cases that haunt them**
- **This is an investment in our staff**
- **Not about hugging**

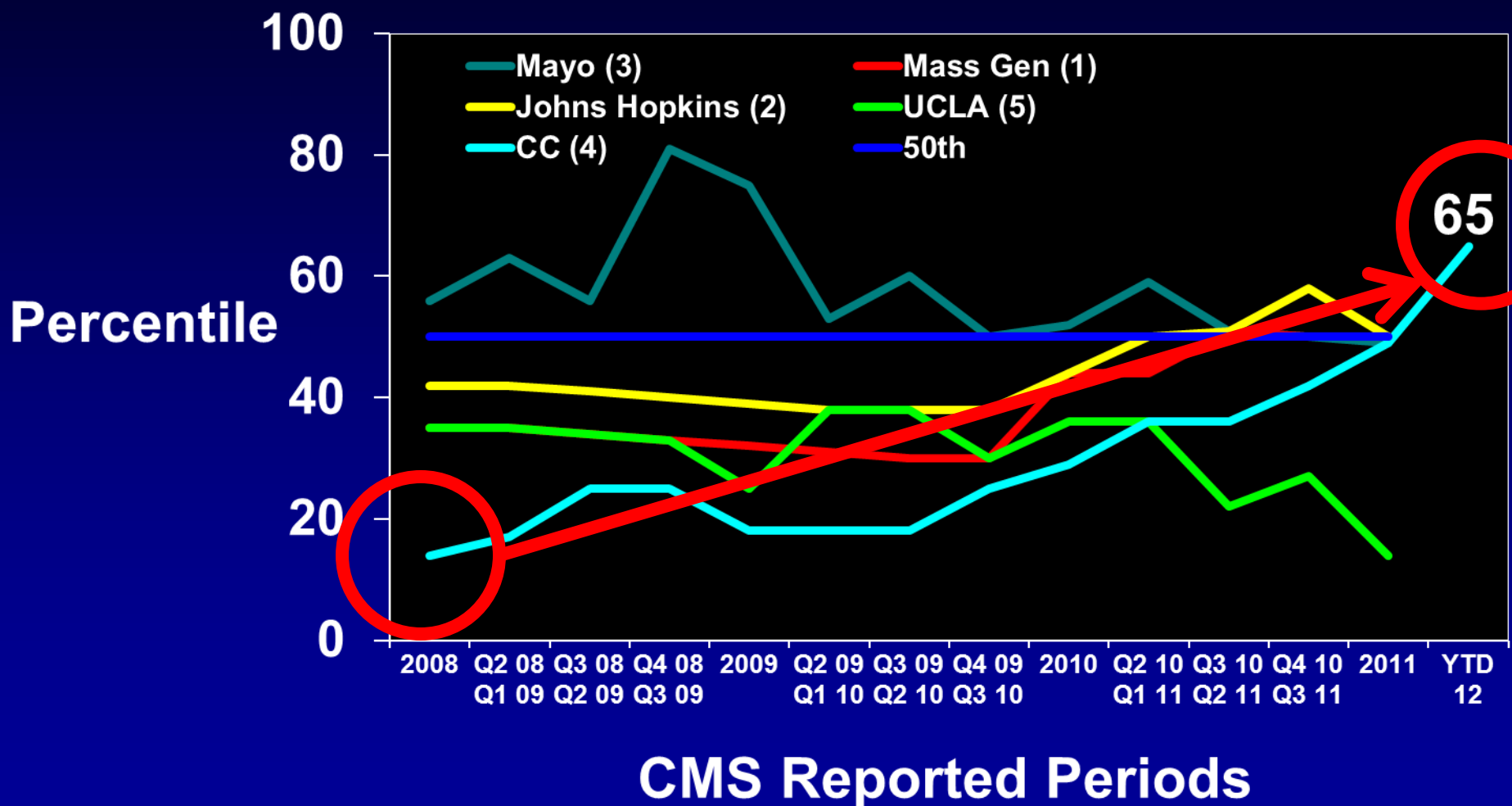
Outpatient Surveys

Ambulatory Provider Communication Pre/Post Comparison



* Benchmark reference, Press Ganey all client medical practice survey scores Oct 2012 - March 2013 from 843 U.S. medical practices

Doctor Communication



My Lessons

- **Everyone can change something**
- **Effective communicators can elevate not so effective**
- **Its not really “good or bad”**
- **Disconnect between intent and interpretation**
- **Recognition of cues**
- **Importance of aloudness**



Cleveland Clinic

Every life deserves world class care.