

# Practice Operations Coaching

American Medical Group Association  
Institute for Quality Leadership

October 5, 2012

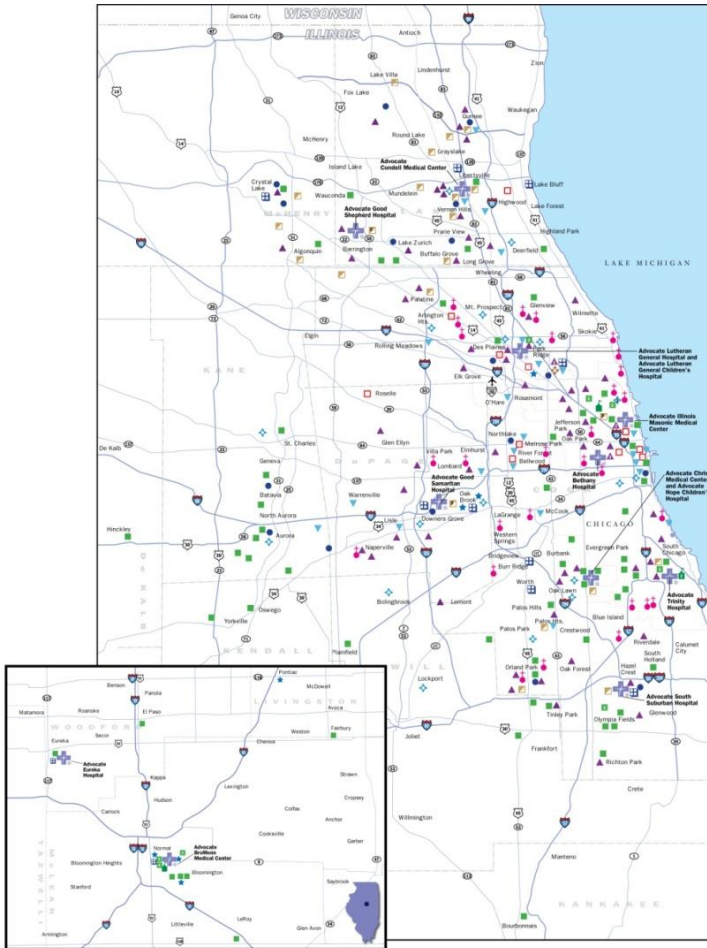
# Presenters

- Kevin McCune, MD, Chief Medical Officer, Advocate Medical Group
- Judi Miller, Vice President, Medical Services and Clinical Integration, Advocate Physician Partners
- Scott Kent, Vice President Field Services, Advocate Physician Partners
- Jan Skoda, Vice President, Field Services, Advocate Physician Partners
- Kate Kalthoff, Practice Operations Coach
- Rick Bobos, Practice Operations Coach

# Practice Operations Coaching

Background

# Advocate Health Care



- Founded 1995
- \$4.7 Billion Annual Revenue
- AA Rated
- 12 Acute Care Hospitals
  - 2 Children’s Hospitals
  - 5 Level 1 Trauma Centers
  - 4 Major Teaching Hospitals
  - 4 Magnet Designations
- Over 250 Sites of Care
  - Advocate Medical Group
  - Dreyer Medical Clinic
  - Occupational Health
  - Imaging Centers
  - Immediate Care Centers
  - Surgery Centers
  - Home Health / Hospice

# MVP

**MISSION.** To serve the health needs of individuals, families and communities through a wholistic philosophy rooted in our fundamental understanding of human beings as created in the image of God.

**VALUES.** Stewardship. Partnership. Equality. Excellence. Compassion.

**PHILOSOPHY.** We understand people have physical, emotional and spiritual needs and their relations to God, themselves, their families and society are vital to health and healing.

# Advocate 2020 Strategic Framework

*Mission, Values, Philosophy*

*A faith-based system providing the best health outcomes and building lifelong relationships with those we serve*

**Operational Excellence**

*Health Outcomes  
Advocate Experience  
Funding our Future*

**Growth**

*Partnerships  
Loyal Patients  
Brand Development*

**Coordinated Care**

*Access  
Smooth Transitions  
Innovative Care Models*

**Strong Physician Engagement**

# Pluralistic Approach to Physician Partnering

Physicians on Medical Staffs ~ 6,000

Advocate Physician Partners = 4,350

Employed /  
Affiliated = 1,150

Independent APP = 3,200

Independent  
Non-APP ~ 1,900

AMG (Employed) = 1,000

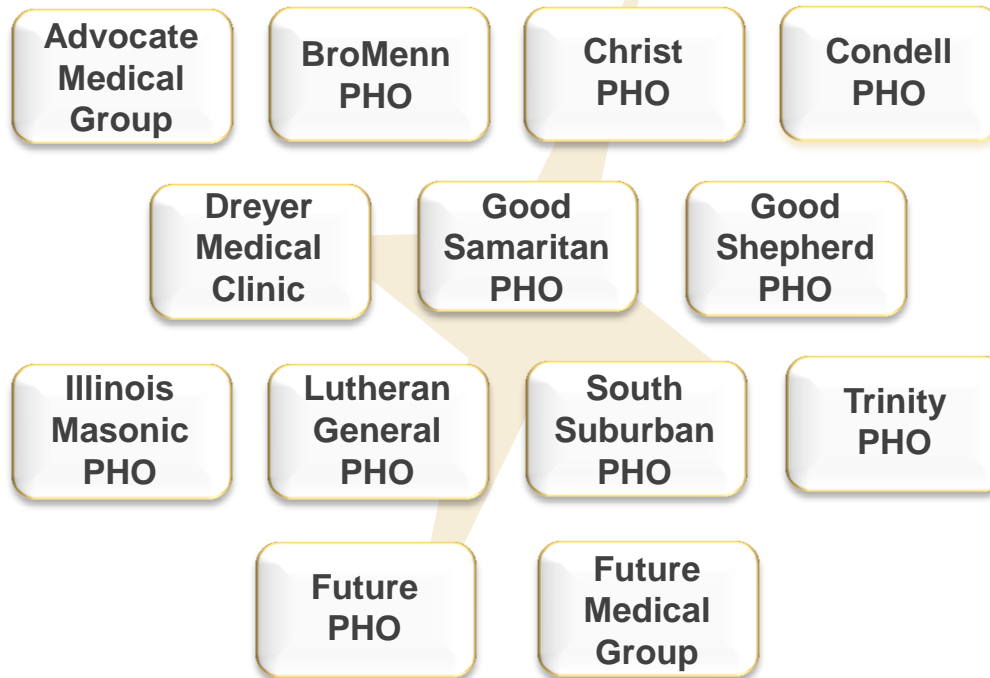
Advocate Dreyer (Affiliated) = 150

230,000 Capitated Lives/700,000 PPO Lives

215,000 "Attributable" Lives

# Advocate Physician Partners Vision

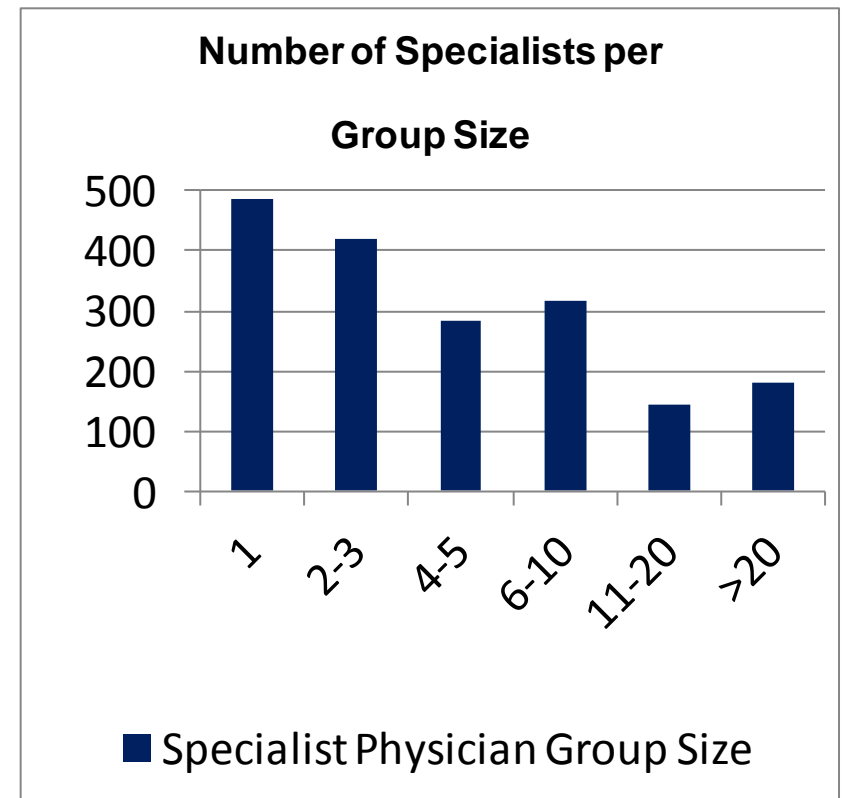
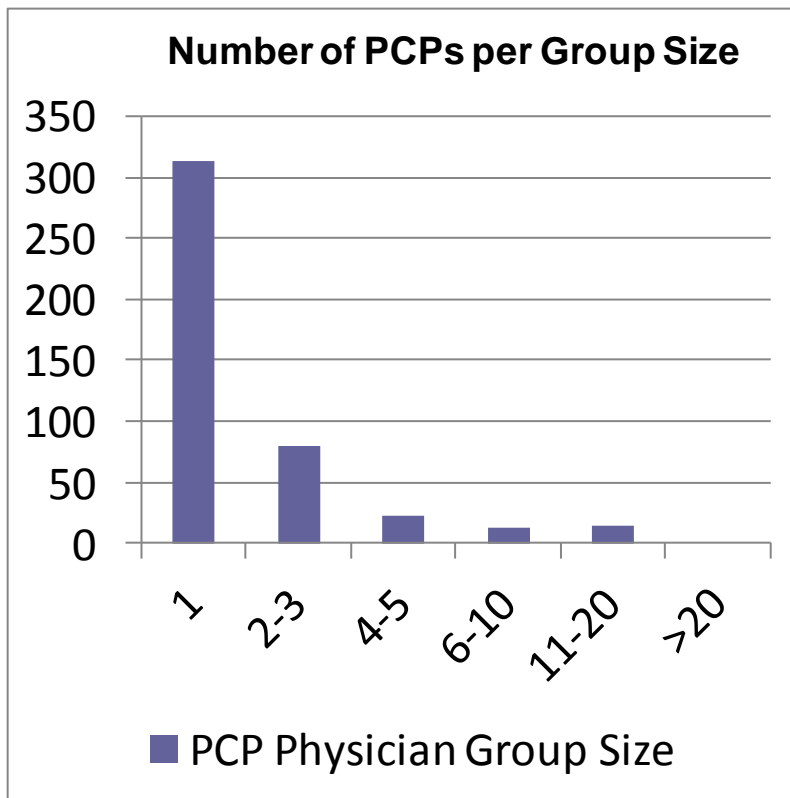
To drive improvement in Health Outcomes, Care Coordination and Value Creation through an innovative and collaborative partnership with our physicians members and the Advocate System





# APP Physicians by Practice Group Size

50% of PCPs Are Solo Practitioners, 27% In Offices of 2-3



# APP Partnership with Physicians Since 1995



- 1995 HMO Risk
- 2003 Clinical Integration
- PPO Contracts
- 2011 Shared Savings/ACO – Commercial
- 2012 Shared Savings/ACO – Medicare
- SynAPPs Electronic Medical Record Program
- Value Added Programs Include Health Insurance and Vendor Discounts

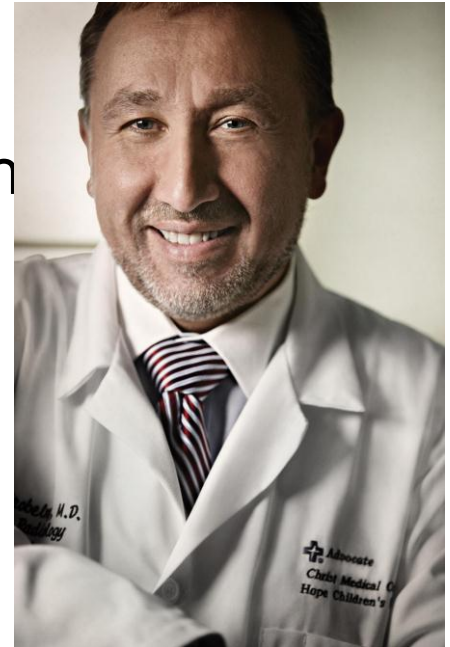
# Clinical Integration



- Physician Driven
- Physician Commitment to a Common & Broad Set of Clinical Initiatives
- A “Group Without Walls”
- Working Together to Improve Quality, Safety and Cost-Effectiveness of Care Rendered to All Patients
- Single Incentive Fund

# Advocate Medical Group

- **2007:** 450 Advocate Employed Physicians
  - Four Distinct and Separate Medical Groups
  - Two of These Groups Managed Through Hospital Infrastructure
- **2008:** Formation of Single Dedicated Physician Practice Management Team
- **2009:** Advocate Board Approval AMG Governing Council Charter and Merger of Groups
- **2010:** Regional Dyad Governance and Management Development
- **2012:** Growth to More Than 1000 Clinicians



**Advocate Health Care  
Board of Directors**

**Advocate Medical Group  
Governing Council**

AMG  
Regional Councils

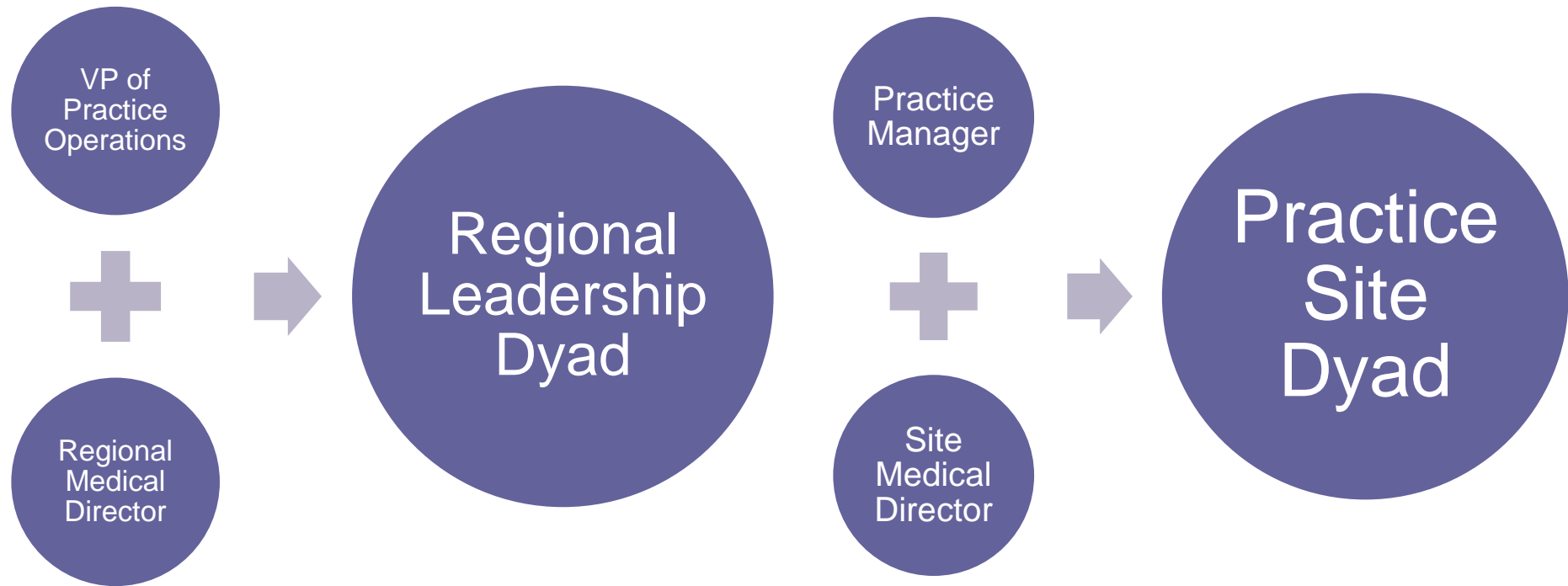
AMG Practice Sites/  
Departments

*AMG Vice-presidents  
Medical Management/  
AMG Vice-presidents  
Operations*

**AMG Governing Council Committees**

Health Outcomes Committee  
Operational Improvements Committee  
Physician Engagement Committee  
Strategic Planning & Development Committee  
Finance Committee

# Management Dyad



# 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

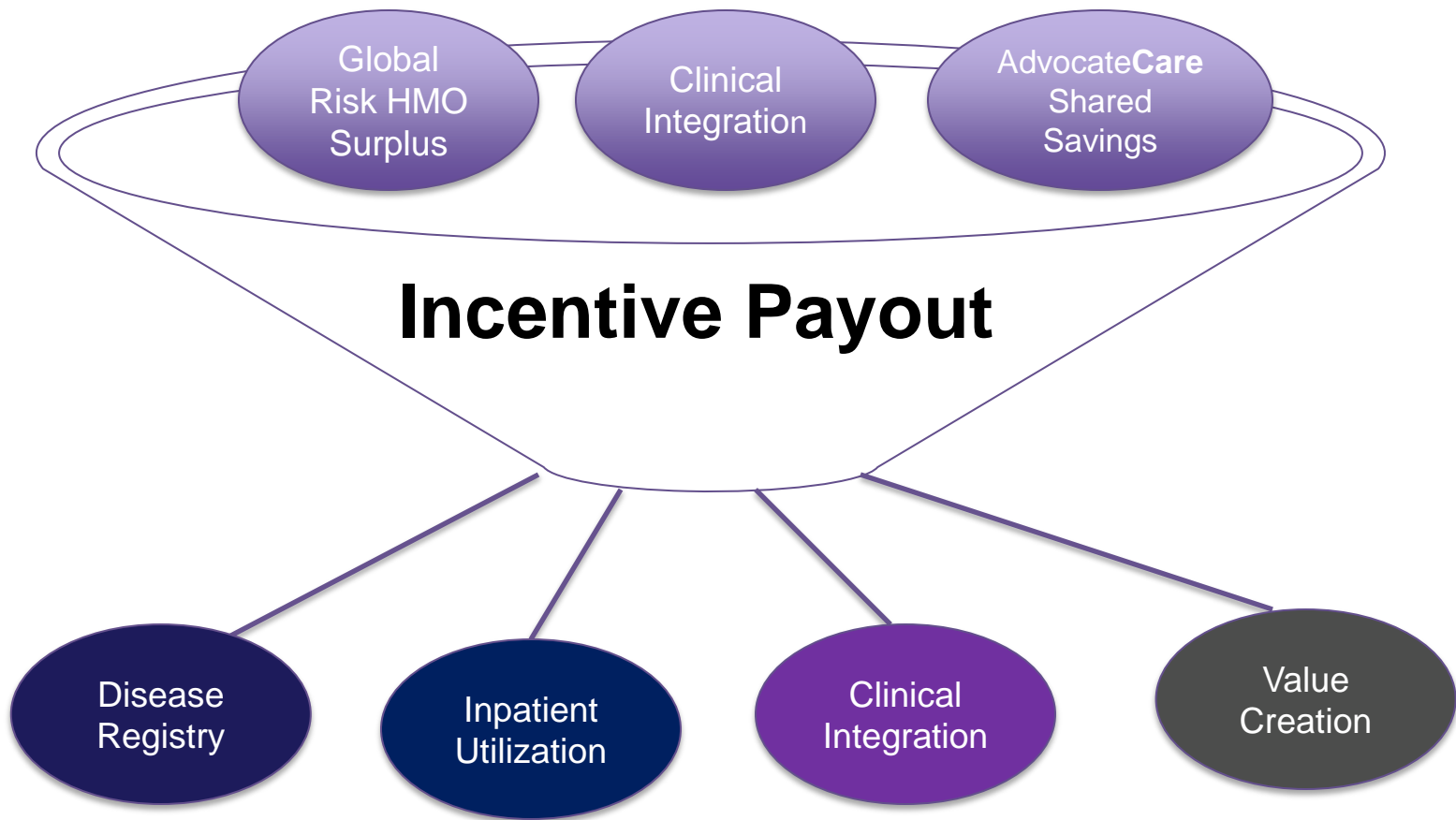
- Always strive to maintain the dignity, comfort and satisfaction of patients and family members.
- Listen to the patient, hear what they are saying, and respond appropriately.
- Greet patients in a congenial manner and with a smile when appropriate; apologize if you are behind schedule.

# Central Tenets of An ACO

- Successful Clinical Integration Program
- Transformation to Population
- Health Management Company
- Putting the Patient & Patient
- Interests First
- Driving Value Creation
  - Right Care, Right Time, Right Place, Right Cost
- Accountable Care Provides Partnership Opportunities
  - Physician & Hospital Partnership to Eliminate Waste
  - Provide Better Patient Care and Care Coordination
  - Incentives Aligned



# “One Program, One Set of Measures, One Set of Incentives”



# ACO Benefits to Physicians

- Better Overall Care and Outcomes for Patients
- Develop Lifelong Relationships with Patients
- Improve Patient Experience
- Extension of Clinical Integration Program
- Opportunity for Revenue Enhancement
- Access to Patient Utilization from Various Providers
- Transition to One Model of Care Regardless of Payer
  - Standard Approaches and Processes
  - Improve Office Productivity and Efficiency

# Blue Cross “Attributed” PPO Contract

- January 2011 Start Up
- “Attributes” PPO Members to APP Doctors
- Approximately 150,000 lives
- Focus on Reducing “Trend” Relative to Non-APP Providers
  - All Expenses, Risk Adjusted
  - Change in APP Spend vs. Rest of Network
- “Advocate**Care**” – The Advocate Model of Care

# Medicare Shared Savings Contract

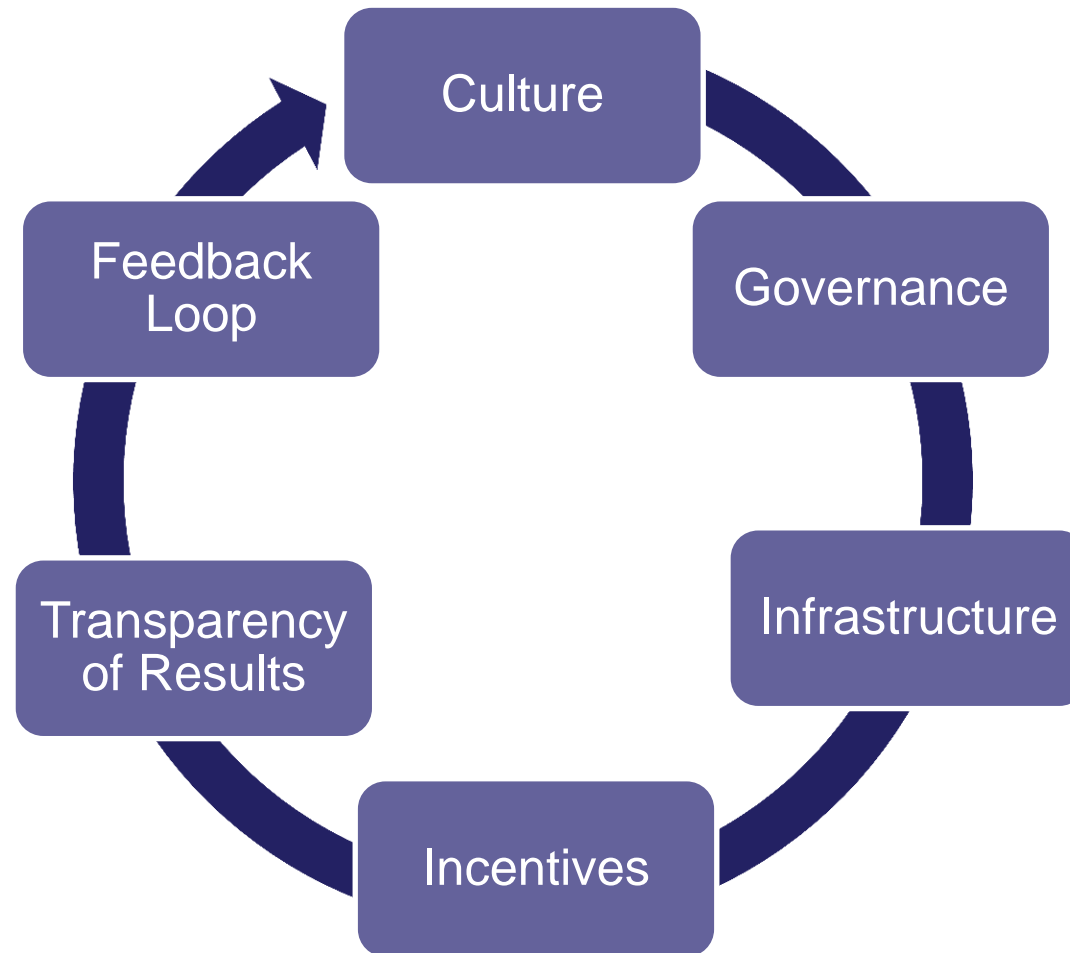
- July 2012 Start Up
- Attributes Medicare Beneficiaries to APP Physicians
- Focus on Reducing “Trend” Relative to Non-APP Providers
  - All Expenses, Risk Adjusted
  - Change In APP Spend vs. Rest of Network
- “Advocate**Care**” – The Advocate Model of Care

# AdvocateCare Model

## Changing Paradigms ...

<b>FROM...</b>	<b>TO...</b>
<b>Silo Care Management</b>	<b>Enterprise Care Management</b>
<b>Episodes of Care</b>	<b>Value-Driven Coordinated Care</b>
<b>Discharges</b>	<b>Transitions</b>
<b>Utilization Management</b>	<b>Right Care at the Right Place at the Right Time</b>
<b>Caring for the Sick</b>	<b>Improving Health Status</b>
<b>Production (Volume)</b>	<b>Performance (Value/Lower Cost)</b>

# Key Drivers



# Culture Change



- Communication
  - Internal: Advocate & APP Audiences
  - External Audiences
- Physician Engagement in Design
- Training
- Support Services
- Physician Practice Performance Coaching
- Collaboratives

# AdvocateCare Tactics

- Clinical Integration as Foundation
- AdvocateCare Goals and Outcomes
- Implementation of EMR and Data Warehouse
- Care Management Data Systems
- Population Management Data Analytics
- Advanced Medical Practice



# AdvocateCare Dashboard

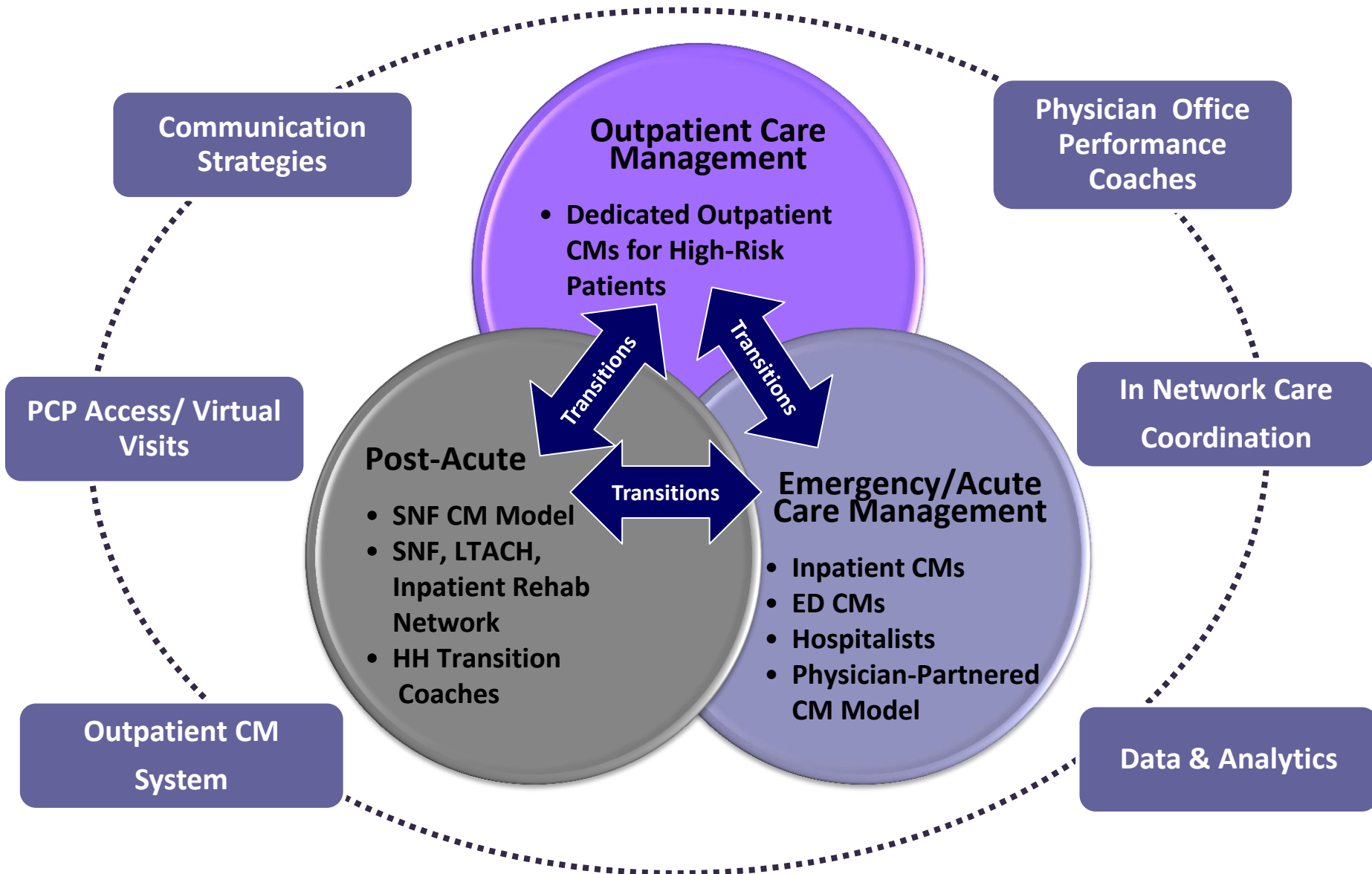
- Population Measures
  - ER Visits/1000
  - Admits/1000
  - Length of Stay
  - Readmissions
  - Network Care Coordination
- CI Quality Measures
- Patient Experience



# Data Support

- Practice Coaches and Other Advocate Physician Partners Staff Assist Physicians in Understanding Performance on Key Measures
  - All 5 Advocate **Care** Index Measures
  - Patient Experience (CG-CAHPS)
  - Relevant Clinical Integration Measures Including Chronic Disease and Prevention

# 2012 Infrastructure & Support



# Video Introduction to AdvocateCare – Population Management

# Practice Operations Coaching

Approach for Independent Physician Practices

# Physician Engagement

- Engage Physicians – Accountable for Own Success
  - Understanding Their Patients from a Population Perspective
  - Correlation Between Patient Outcomes, Value and Revenue
- Even for Top Performers Have an Opportunity!
  - Individual Patient Care Management
  - Share Best Practices with Others
- Work on Contributing Factors and Watch the Metrics Move!
  - Patient Access
  - Outpatient Care Management
  - Inpatient Utilization
  - Referral Patterns

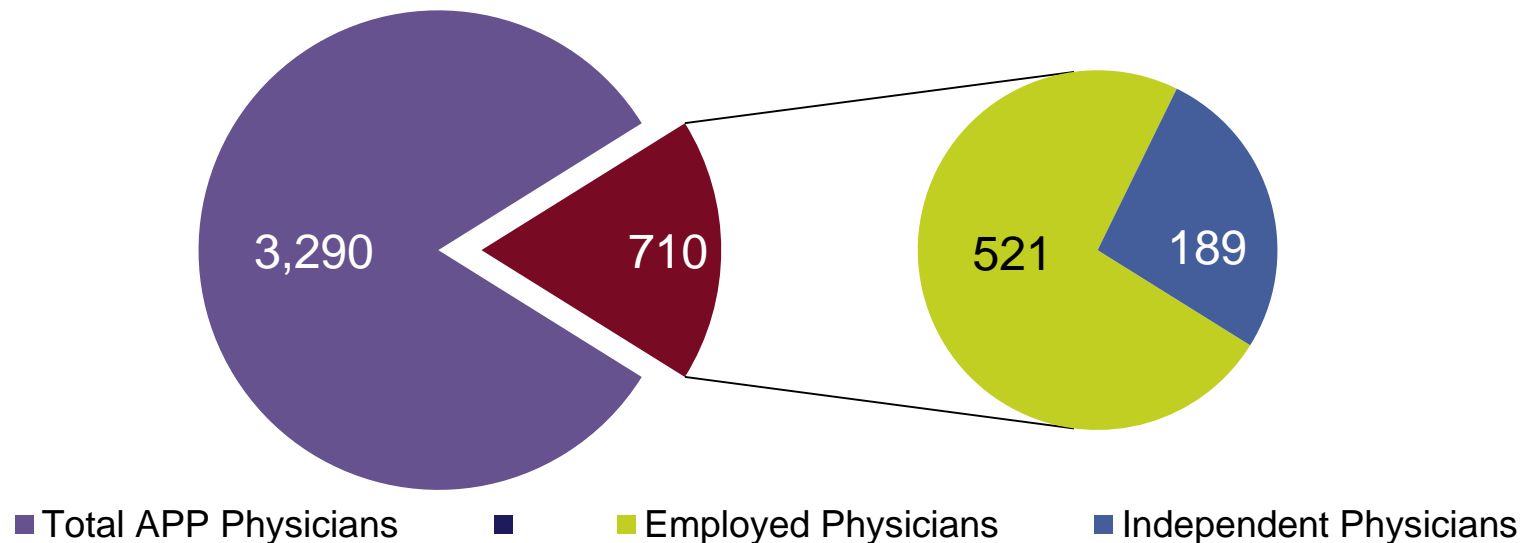
# Why Change Approach Now?



- Move From Membership to Partnership!
- Competing Demands for Resources
- Infrastructure in Place
- Operating in Silos
- Many “Touches” Per Practice - Uncoordinated



# Which Physician Practices Drive Overall Success?

- Identified Physician Practices Representing Top 50% of Patient Membership = High-Volume
  - Global Risk HMO, BCBS PPO Attributed, Medicare Attributed
  - Only 77 Practices with 710 Physicians





# Focus on Outcomes

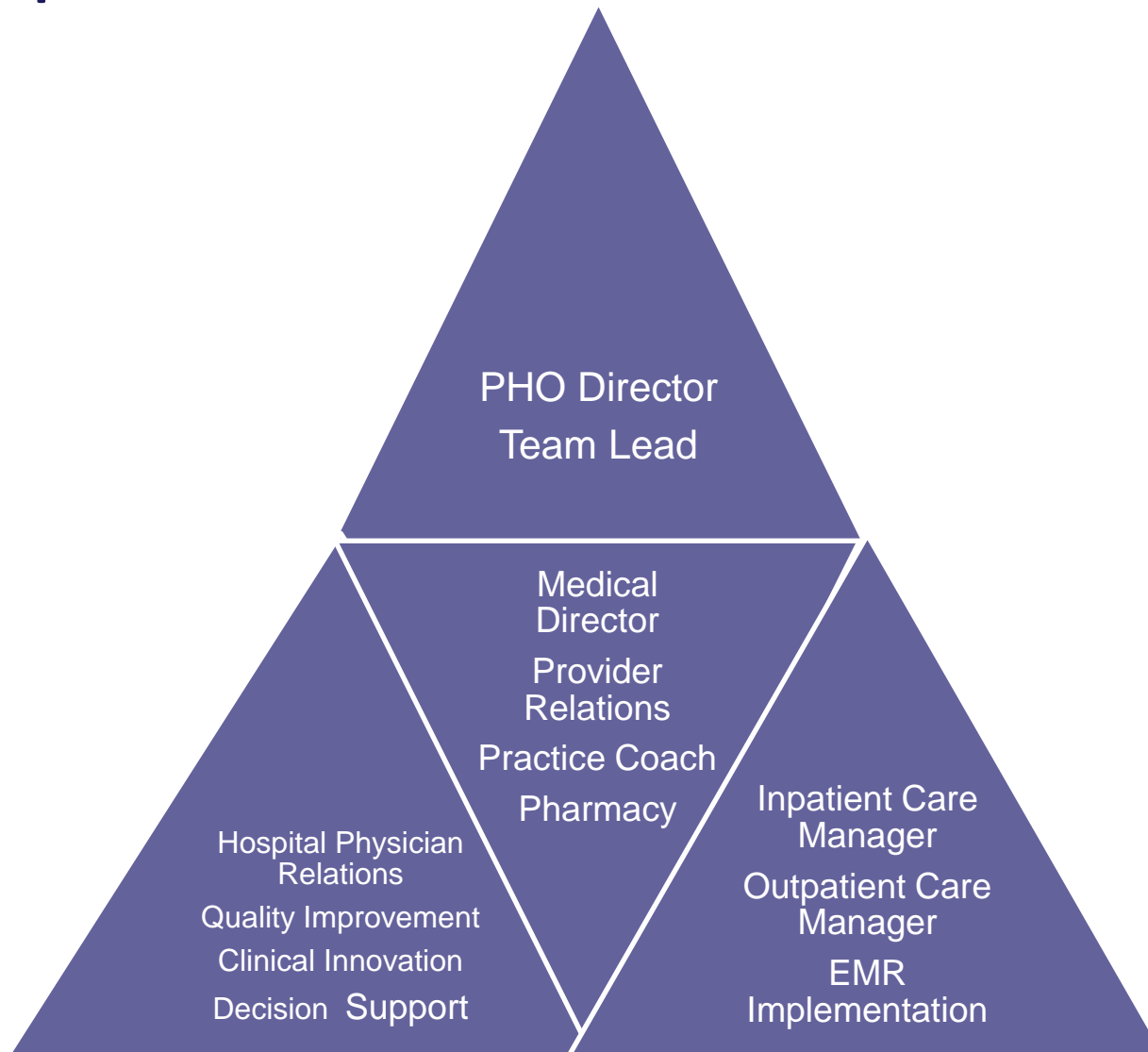
- Simplify and Focus Resources
- Five Measures –AdvocateCare Dashboard
  - ED Visits/1000
  - Admits/1000
  - Length of Stay
  - 30 Day Readmissions
  - % Days In-Network
- Easily Identify Metric Results
  - Stop-Light Approach  
- Partner With Physicians to Move Metrics
  - Resources Focused on High Volume Practices

# Monthly Team Lead Meeting

- Identify Practice Issues & Opportunities
- Assess Issues
- Prioritize and Coordinate Deployment of Resources
- Develop Action Plan with Assignments & Deadlines
  - Approach Varies by Practice
- Prioritize and Coordinate Deployment of Resources
- Establish Formal Reporting Process



# Field Operations Team Structure



# Physician Practice Assessment

- Incorporate Into Initial Team Meetings
- Assess Current Practice Status
- Goal -> Team Member Base Level Knowledge of Physician Practice
- Don't Get Hung Up on the Tool; Focus on the Use !

# 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 Office Assessment Tool

Quality Improvement Department Advocate Physician Partners Office Assessment Tool	
Practice Name: <input type="text"/>	Date of Assessment: <input type="text"/>
PHO: <input type="text"/>	QI Staff Contact: <input 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	<input type="text"/>
<b>2. Completion Rate</b> <input type="checkbox"/> Current QI year <input type="text"/> %	<input type="text"/>
<b>3. Completion Rate Obstacles</b> <input type="checkbox"/> Parents want to delay / refuse <input type="checkbox"/> Services rendered by Provider	<input type="text"/>
<b>4. Staff Knowledge Base</b> <input type="checkbox"/> Understands <input type="checkbox"/> Needs Improvement	<input type="text"/>
<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	<input type="text"/>
<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 / CIRRIIS) <input type="checkbox"/> Office doesn't have tools to do job <input type="checkbox"/> Physician resistance	<input type="text"/>
<b>7. QI Staff Recommendations</b> <input type="checkbox"/> Recommend additional one/one training <input type="checkbox"/> Monthly QI contact / review	<input type="text"/>

# AdvocateCare Dashboard

	ED Visits/1000	Admits/1000	Average Length Of Stay	Readmissions	% Advocate Acute Days
<b>PHO Actual</b>	<b>166.5</b>	<b>61.4</b>	<b>3.93</b>	<b>5.49%</b>	<b>60.2%</b>
<b>PHO Target</b>	<b>178.0</b>	<b>63.5</b>	<b>3.73</b>	<b>6.09%</b>	<b>58.0%</b>

<b>Name of Practice</b>	<b>146.0</b>	<b>71.7</b>	<b>3.80</b>	<b>8.14%</b>	<b>56.4%</b>
<i>Dr. A</i>	115.8	72.0	3.4	9.09%	40.8%
<i>Dr. B</i>	158.5	43.2	2.9	0.00%	92.0%
<i>Dr. C</i>	138.2	65.8	3.9	10.00%	48.6%
<i>Dr. D</i>	208.7	74.5	2.8	0.00%	56.7%
<i>Dr. E</i>	126.7	66.8	4.9	11.11%	57.8%
<i>Dr. F</i>	156.1	58.5	2.7	N/A	N/A
<i>Dr. G</i>	77.4	N/A	N/A	N/A	N/A
<i>Dr. H</i>	227.0	227.0	3.7	0.00%	100.0%
<i>Dr. I</i>	175.0	95.7	4.1	14.29%	53.5%

# Practice Level Metrics

- ER Visits by Level of Care

Procedure Code	Services	Paid/Service
99281 EMERGENCY DEPT VISIT	1	\$310.00
99282 EMERGENCY DEPT VISIT	30	\$325.61
99283 EMERGENCY DEPT VISIT	108	\$642.33
99284 EMERGENCY DEPT VISIT	121	\$1,208.12
99285 EMERGENCY DEPT VISIT	67	\$1,698.20
<b>Summary</b>	<b>327</b>	<b>\$1,037.96</b>

- ER Visit Frequency

# of ER Visits in 12 Months	Claimants	Claimants % of Total	ER Visits	ER Paid
1	233	85.0%	233	\$659,639
2	33	12.0%	66	\$244,643
3	6	2.2%	18	\$41,772
4	1	0.4%	4	\$14,262
5	1	0.4%	5	\$17,584
<b>Summary</b>	<b>274</b>	<b>100.0%</b>	<b>326</b>	<b>\$977,900</b>



# Practice and Physician Level Metrics

- Inpatient Dashboard

Product	HMO & PPO						
Provider Name	Member Months	Admits	Days	Average Length of Stay	Admits/1000	Days/1000	In-Network Days %
Dr. A	6,837	41	140	3.4	72.0	245.7	47.9%
Dr. B	3,332	12	35	2.9	43.2	126.1	94.3%
Dr. C	3,647	20	77	3.9	65.8	253.4	63.6%
Dr. D	2,415	15	42	2.8	74.5	208.7	69.0%
Dr. E	5,209	29	142	4.9	66.8	327.1	82.4%
Dr. F	615	3	8	2.7	58.5	156.1	100.0%
Dr. G	370	7	26	3.7	227.0	843.2	100.0%
Dr. H	4,389	35	144	4.1	95.7	393.7	68.1%
<b>Total for Practice Name</b>	27,124	162	614	3.8	71.7	271.6	69.5%

# Develop Action Plan

- Practice Assessment Tool
- Identify Practice Opportunities
- Assign a Local Lead for Each Opportunity
- Plan Execution & Messaging
- Drive & Measure Improvement
- Report Results Back to APP Field Operations Team at Monthly Meeting

***Individualized Approach by Practice***

# Sample Practice Action Plan

<b>ER Visits/1000</b>		
<b>Responsible Party</b>	<b>Action Item</b>	<b>Timeline</b>
<b>Practice Operations Coach and Outpatient Care Manager</b>	<b>Identify 'frequent flyers' in the ER and refer them for Care Management.</b>	<b>Immediately</b>
<b>Outpatient Care Manager</b>	<b>Discuss 'frequent flyers' with physician; collaborate on a care mgmt plan and begin telephonic visits</b>	<b>5 business days</b>
<b>Practice Operations Coach</b>	<b>Examine practice hours and accessibility. Uncover opportunities to open up same-day appointments and after-hours availability.</b>	<b>Complete by the next Field Operations meeting</b>
<b>Practice Operations Coach</b>	<b>Work with physicians and office manager in developing tools to educate patients on what to do and how to reach them after hours</b>	<b>Within 30 days of Field Ops meeting</b>

# Frequent Questions from Physicians

- Live Births Are Good Admissions. Why Do They Appear to Count Against Us In the Admits/1000 Score?
- This Isn't My Patient. How Is This My Patient?
- How Can I Tell My PPO Patients Which Hospital to Use? They Go to the Closest One.



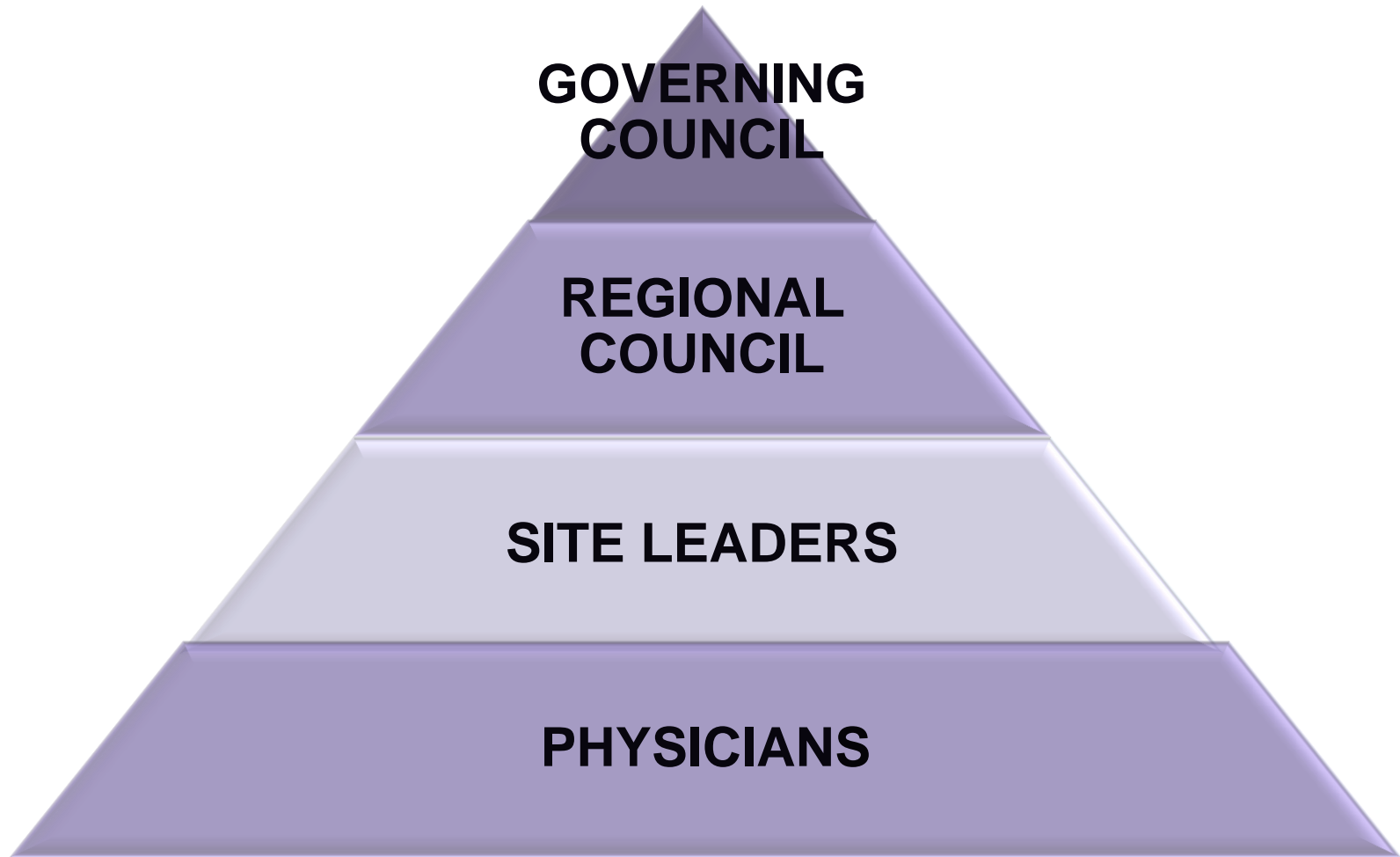
# Practice Operations Coaching

Analysis and Tactics for Helping Employed Physicians Succeed

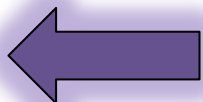
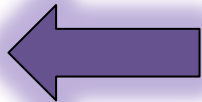
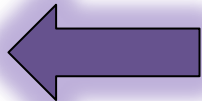
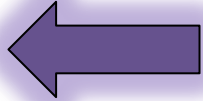
# The Practice Operations Coach for Employed Physicians

- Approach to Coaching Employed Physicians
- Types of Analysis
  - Emergency Department
    - All Advocate Employed Physicians
    - Pediatrics
    - Medicare
  - Inpatient
    - All Advocate Employed Physicians
    - Medicare
- Tactics for Improvement
- Challenges and How to Overcome Them

# Approach to Coaching



# Approach to Coaching

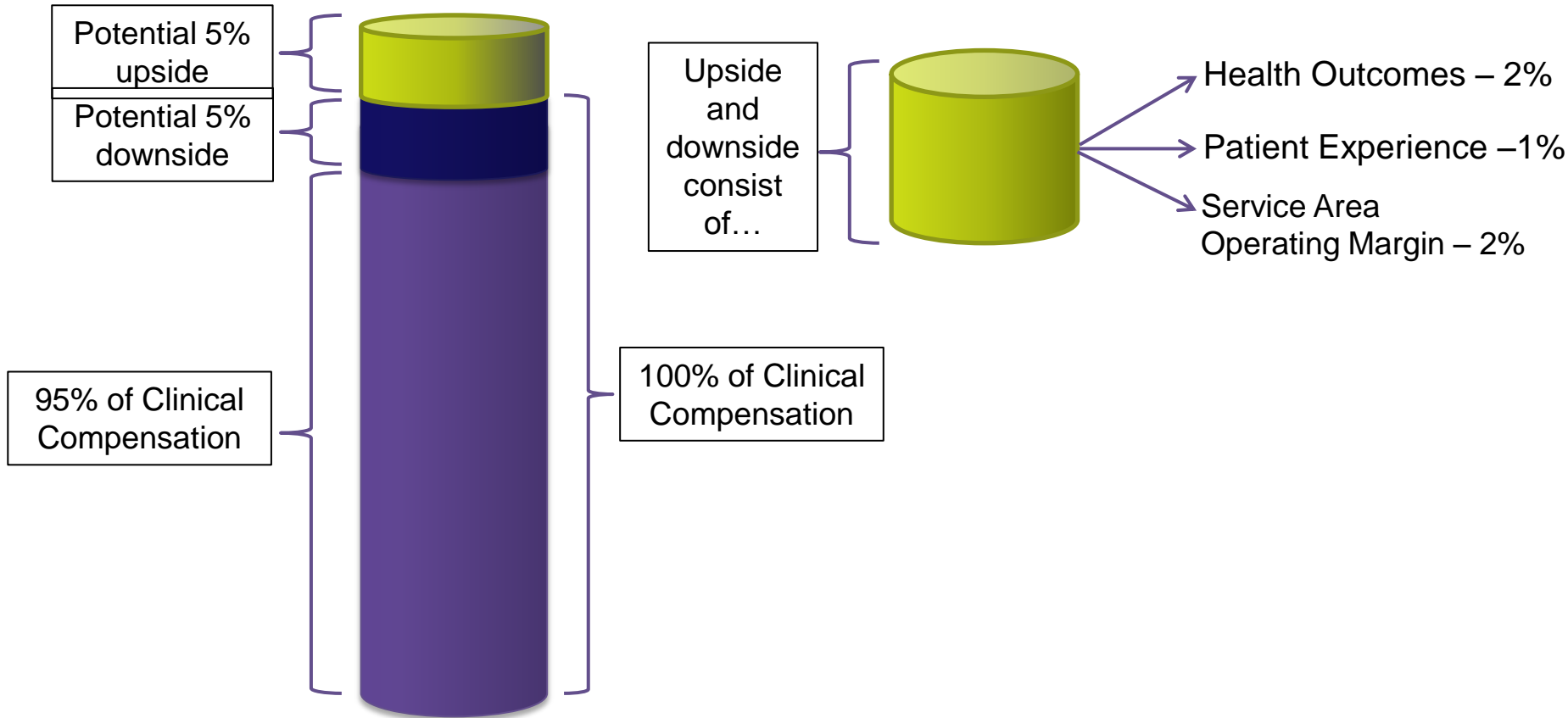
- Governing Council  **AUTHORITY**
  - President, COO and CMO
  - Other High Level Leadership
- Regional Council  **COACH**
  - VPs of Medical Management
  - VPs of Operations
  - Regional Physician Leaders
- Site Leaders  **COACH**
  - Medical Directors
  - Directors of Operations
- Physicians  **COACH**



# Approach to Coaching

- Move to One Culture: AMG Boot Camp
- Consistent Message Delivered from the Governing Council Via the Practice Operations Coach Down to the Employed Physicians Through Each Respective Channel
- Determine High Volume Practices and Physicians in Need of Assistance
- Do Not Get Overwhelmed by the Data/Numbers
- Avoid Data Paralysis
- Compensation Plan Change Drives Focus
  - Group Incentives
  - Transparency

# Clinical Compensation – Year 1&2



Draw Methodology Remains Unchanged

# Health Outcomes Distribution

<b>Health Outcomes Scaling</b>				
		<b>Target Scores</b>		
<b>Category</b>	<b>Weight</b>	<b>Minimum</b>	<b>Goal</b>	<b>Maximum</b>
Clinical Integration	70%	79	83	90
Patient Safety	10%	50 <sup>th</sup> Percentile	68 <sup>th</sup> Percentile	90 <sup>th</sup> Percentile
AdvocateCare Index	20%	50	100	150

# Analysis

## Areas of Focus

**ALL of AMG**

**Top 10  
High Vol.**

**Medicare**

**Pediatrics**

**Poor  
Performing**

# Analysis

- Emergency Department (2 Levels of Analysis)
  - Level 1
    - ER Visit Level (99212, 99213, 99214, 99215)
    - Chronic and Non-Emergent Conditions Visits
    - Frequency of Visits
  - Level 2
    - Top Diagnoses Seen In the ED
    - Age Band
    - Zip Code
    - Day of the Week and Month of the Year
    - HMO vs. PPO vs. Medicare
    - In and Out-of-Network by Location

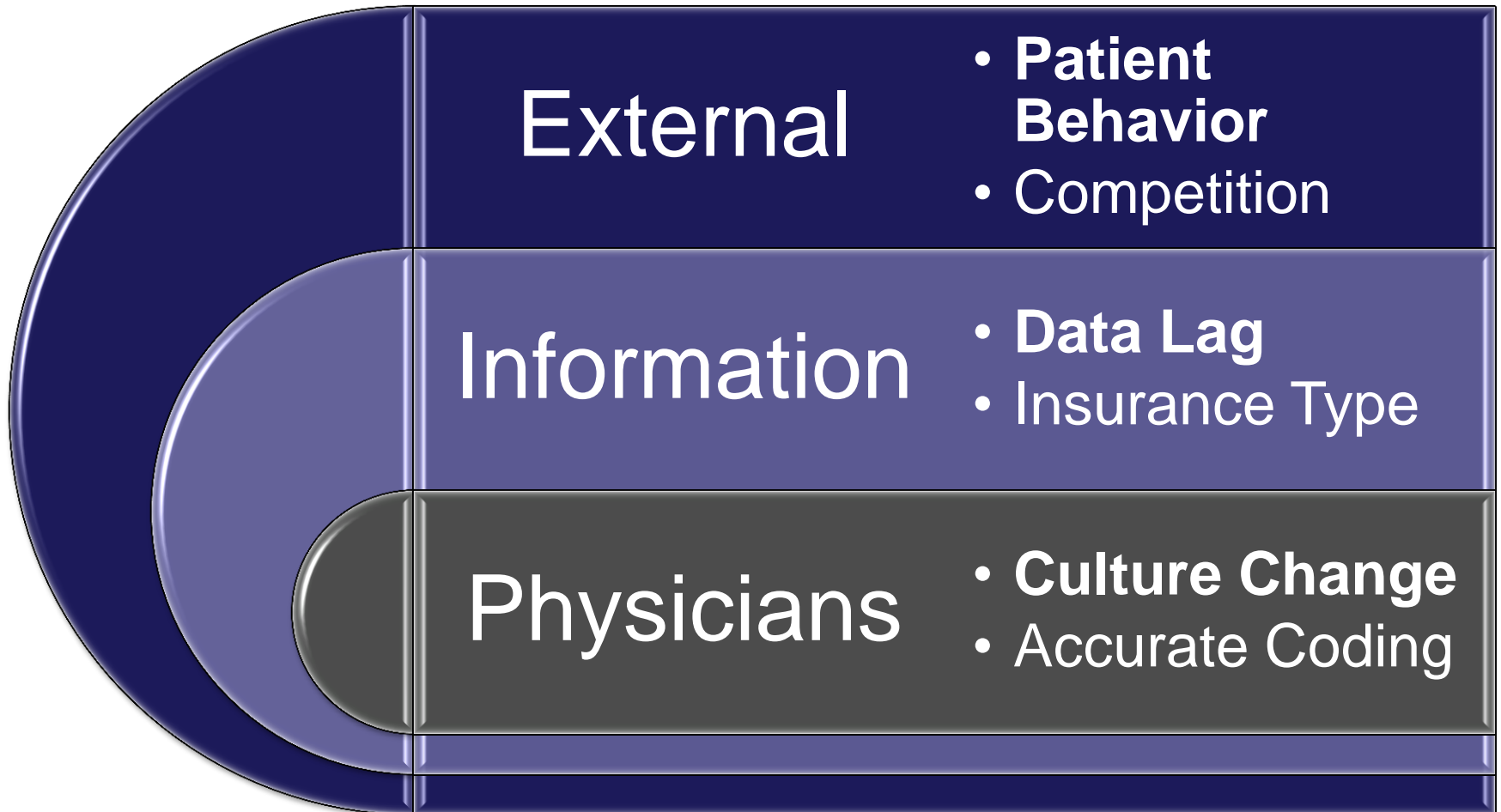
# Analysis

- Inpatient Metrics (2 Levels of Analysis)
  - Level 1
    - Admission Rate
    - Readmission Rate
    - % In-Network
    - Average Length of Stay
  - Level 2
    - Top Diagnoses (Including/Excluding Live Births)
    - Age Band
    - Surgical vs. Maternity vs. Non-Surgical
    - In and Out-of-Network by Location
    - PCP Hospitalist Utilization
    - HMO vs. PPO vs. Medicare

# Tactics for Improvement

- Physician Buy-In
  - Valid, Believable, and Useful Data
  - Physicians/Leadership Need to Understand the Data
- Office Manager and Office Staff
- Create an Action Plan
  - Education/Communication to Patients
  - Access
  - Care Managers
  - Pharmacy/Disease Management
  - Customize Plan for Ages 0-18, 19-64, and 65+
- Control the Controllable

# Challenges





# Other Coaching Enablers and Resources

- Practice Redesign
  - Managing to Top of License
  - Access Initiative
- Huddle Page / Daily Team Huddle
  - Rooming Standards
  - Point of Care Registry
- Advocate Experience
  - Focus on CG-CAHPS
- E-University
  - Advocate**Care**, Coding
- Continued Focus on Clinical Integration

# Wrap-Up

American Medical Group Association  
Institute for Quality Leadership

October 5, 2012

# Summary of Tactics



- Break Down Silos: Move to Team Based
- Engage Patients – The Art of Care Managers
- Simplify Outcome Measures: AdvocateCare Dashboard
  - 5 Key Measures
- Focus on the 20% Providing 80% of Results
  - Focus on High Volume Sites
  - Develop Individualized Practice Plan
  - Partnership with Physician
- Internal Coordination Is Key

# Challenges

- Move to Teams
- Staffing – FTE of Physician Coaches
  - Volume and Geographic Location of Practices
  - Reporting Structure
- Drowning in the Sea of Data
  - Identifying Meaningful Data
  - Avoid Endless Drill-Downs
  - Canned Reports vs. Custom
- Simplify Measures
  - AdvocateCare Dashboard Is 2<sup>nd</sup> Attempt



# Successes

- Advocate Transformation
- Cohesion of Team Member Roles
  - Personal Introductions
  - Understanding Roles & Responsibilities
  - Knowledge of Individual Practices
- Service Oriented Approach to Our Physicians!
- Success in Moving from ● to ●
- Greater Physician Understanding of Individual Impact to Results and Outcomes



# Going Forward

- Commit to the Vision
- Accept Accountability in New Environment
  - Mourning ‘Loss of Complete Control’
  - Acceptance of Data /Analytics
- Reinforce Population Health Concepts
  - Hardwiring Processes
- Communicate, Communicate, Communicate

# Questions?