Changing Physician Culture: "Informating the Clan"

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Organizational Failures

- 70% of all change initiatives fail

   (Harvard Business Review, "Tracking the code of change", Michael Beer, May 2000)

- Change initiatives with physicians are particularly difficult

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Examples of change management challenges due to poor physician alignment

- EMR implementation
- New MD compensation plans
- Access
- Leakage

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Why is it difficult to penetrate the hearts and minds of Physicians?

- Because Physicians behave like Clans
- Characteristics of a clan
- Strategies to manage clan

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Do Physicians Behave like Clans?
William Ouchi's definition of Clans

- Clans form because members share a special trait or expertise
  - "Medical School, Residency, Fellowship"
- Performance in clans is evaluated through subtle signals, rituals
  - "Peer review, self-governance of standards of care"
- Clans form when society demands service that is difficult to control through bureaucracy or price mechanisms
  - "Board of Medicine licensure, monopoly"

Ouchi (1979)

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How do you penetrate the clan?
4 steps to change physician culture

1. Purpose: Create the sense of purpose. Guiding principles.

2. Ownership: Let it be physician led and owned.

3. Recognition: Recognize physicians for their successes. "It's not all about the money."

4. Community: Address physician isolation, create a community.

SMG Journey to Physician Culture Change

Sentara Healthcare

- 124-year not-for-profit mission
- 10 hospitals; 2,345 beds; 3,700 physicians on staff
- 10 long term care/assisted living centers
- Long Term Acute Care Hospital (LTAC)
- Over 120,000 Home Care Visits a Year
- 432,600-member health plan
- 650+ Provider Multi-specialty Medical Group
- 1.5 M annual patient encounters
- Sentara College of Health Sciences
- $3.9B total operating revenues
- $5.0B total assets
- 24,000 members of the team

Virginia
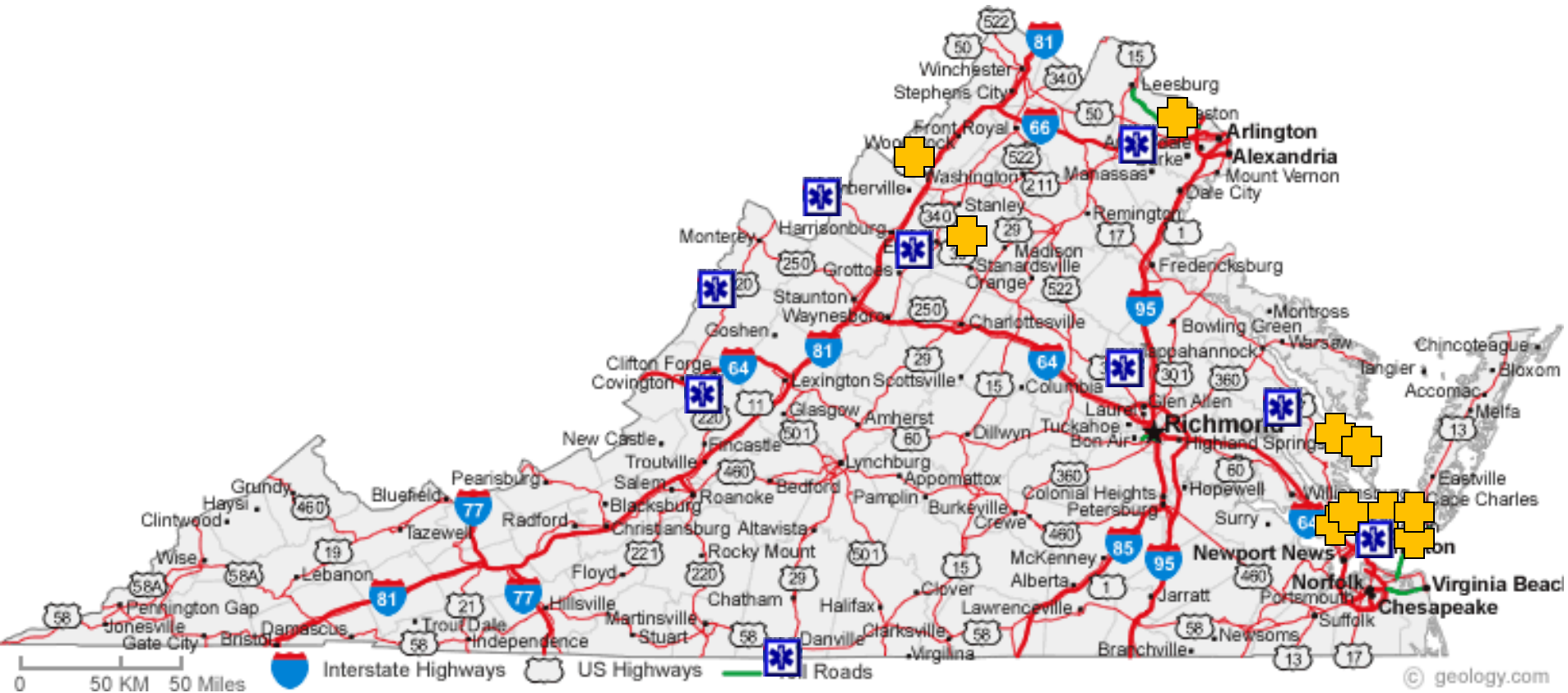
North Carolina

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Sentara Healthcare

- The largest integrated health care provider in southeastern Virginia and northeastern North Carolina, serving more than 2 million residents in Hampton Roads.

- Sentara serves more than 500,000 residents in the Blue Ridge area and about 375,000 in Northern Virginia

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Sentara Healthcare

Sentara Medical Group

- 501(c) wholly owned subsidiary of Sentara Healthcare since 1995

- 650 provider multi-specialty employed medical group

- 30 specialties and 120 locations

- 1.4 – 1.5 million patient encounters in 2011 and 2012

- Net revenue of over $ 220 Million in 2011 and 2012

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Sentara Medical Group Payor Mix

Medicare	37.44%
Trigon/Anthem Keycare PPO	17.60%
Sentara Products	16.38%
Commercial	9.08%
Self Pay	5.13%
Federal Government	4.52%
Medicaid	4.35%
Trigon/Anthem Priority HMO	2.71%
Other	2.79%

100% fee for service, no capitation contracts.

In 2008

- – All paper Charts.
- – Physicians on SMG BOD "not activated".
- – No clinical data available i.e., quality dashboards, disease registries…
- – No physician led committees on governance, finance, clinical process improvements, patient safety, patient satisfaction, quality goals/standards.
- – No agreement on standardized best practice protocols.
- – No NCQA physician recognitions in Diabetes, Heart/Stroke and Patient Centered Medical Home.

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In 2008

- "No Group Culture"…"All about me".
- Physician Comp = Net Revenue minus Expenses.
- "Physicians/practice autonomy": No cross linkage with other providers, specialties, hospitals or health system. No aligned goals.
- Large variation in practice patterns, quality and operational performances.
- No incentives for quality, patient satisfaction or system alignment.

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Today

- New governance model. "Working" Board.

- Successful deployment of EPIC to all Sentara facilities and SMG sites.

- New physician compensation model:

- (Physician Comp = Base Salary + Productivity Incentives + Quality + Citizenship + Fiscal Responsibility + Patient Satisfaction).

- Active Physician Participation in Committees (102)

- Best Practices Protocols in Quality, Safety, Satisfaction, Reliability, Access developed and deployed through all practices.

- Quality dashboards in DM, H/S, Heart Failure, Adult Preventative, Pediatric Preventative, Respiratory Diseases, Patient Satisfaction…

- NCQA PCMH Level 3 recognition in 20 sites.

- Achieved level 3 NCQA PCMH recognition in all SMG PCP practices (39)

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Today

- Ranked # 5 by Modern Healthcare as "Largest Medical Home Practices in America" 2011.

- National Leader in Patient Satisfaction:

    "Top Performer-Adult: Would Recommend Doctors Office" NRC Picker 2011.

- Now lead the state in most NCQA physician Recognitions in Diabetes, Heart/Stroke and PCMH.

- Collaborative PCMH Contracts negotiated with Payers.

- Multiple presentations at IHI for "Physician Activation".

- Launched Sentara Quality Clinical Network (CIN)

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Our Vision

- ## One of Nation's Premier Medical Groups
  - Designed around the patient
  - Quality
  - Patient satisfaction
  - Value-based

- ## Physicians leading the way

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Impact of PCP Redesign
Local population

- Total Population   1,919,041

- Population served by PCMH   237,173

- % Population served   12.4%

*Based on 2012 data

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Summary of TOC in SMG sites 2012

Metric	Aggregate Improvement		Supporting Protocols
MyChart patients	24%	↑	E-Visits, Pioneer Guide, AVs
30-day all-cause readmission rates	13%	↓	Readmission questionnaire, Appt by Surge Secretaries prior to discharge), ADT Workflows, HF BPA, Pioneer Guide, Care Coordinators, Same Day Appts, MHM
ED visits/1000 (med)	5%	↓	HF BPA Cross Continuum, Pioneer Guide, care Coordinators, MHM
D5 (all-or-none)	14%	↑	Diabetes BPA (cross continuum), Diabetes Resource Associate, Diabetes (pre) Report Card, D5 workflow, Diabetes/Hypertension Care Plan, Pioneer Guide, Registry
Generic prescription usage rate	2.5%	↑	Generic Prescribing protocol, Pioneer Guide
Improved Diabetic Eye Exam rates	20%	↑	Eye exam workflow, Specialty Referral Template, Pioneer Guide
Improve patient satisfaction)	2.5 %	↑	NRC Picker, Pioneer Guide
Rate of 7-day follow up visit after Hospital Discharge	19%	↑	ADT Workflows, HF BPA, Pioneer Guide,PHQ2/9, Group Visits, Care Coordinator, Same Day Appts, Huddles, Hospital Follow-up , MHM
ACP for VIP Population	19%	↑	Advance Care planning smart set, Care Coordinators, MHM

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SMG Care Coordination

Sentara High Cost/High Utilizer VIP

- Patients with frequent hospitalizations, ED and Urgent Care visits; multiple medications

- Multiple chronic health conditions

- Lack of strong support system

- Difficulty coping with complexities of healthcare needs

- 1153 Optima Members; Optima TCOC Comparison

Results 2012 Program

- **16% Reduction in TCOC – Baseline 2011 compared to 2012 TYD**

- Baseline - $2657 PMPM

- Latest Rolling 12 months - $2237 PMPM

- Reduction - $420.46 PMPM; $5045 PMPY (annualized)

- Projected Annual Savings - $5,817,484*

- *Promising initial results*

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4 STEPS TO CHANGE PHYSICIAN CULTURE

1. Create the sense of purpose. Over-communicate. Set guiding principles.
2. Let it be physician led and owned.
3. Recognize physicians for their successes. "It's not all about the money."
4. Address physician isolation, create a community.

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Why are we doing this?

- Appeal to physician's desire to do the right thing
  - Cost of care is unsustainable
  - Impending MD manpower shortage
  - Variations in care
  - Many Americans not getting quality care

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GUIDING PRINCIPLES

- Patient-Centered

- Care Team Members Contributing at the Highest Level of Their License or Training.

- Data Driven Decision Making.

- Standardization:
  - Reduce Variations in Care.
  - Science of Variation Reduction

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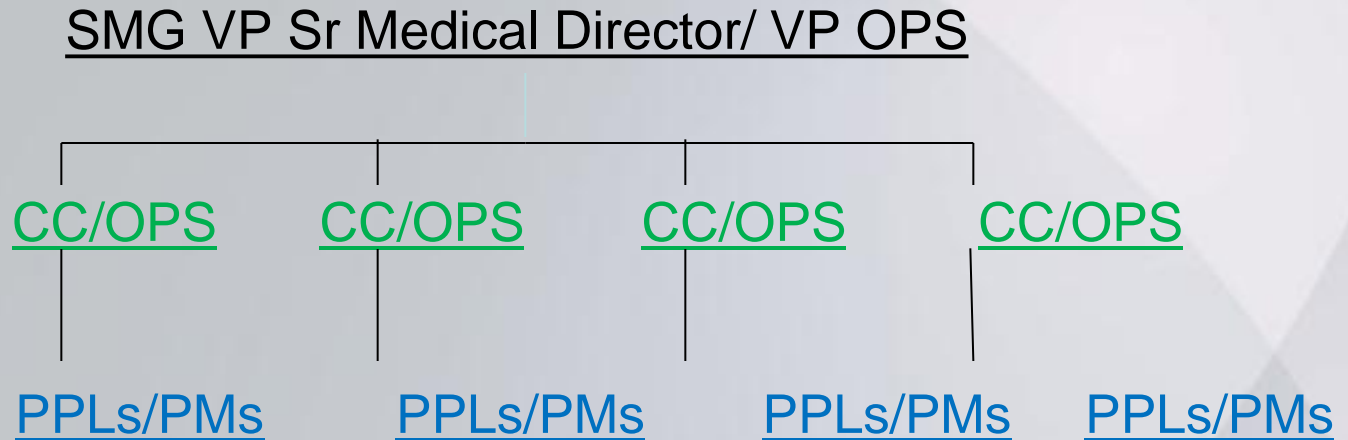# 4 STEPS TO CHANGE PHYSICIAN CULTURE

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SMG Leadership Structure

SENTARA MEDICAL GROUP AMBULATORY SERVICES

SMG VP Sr Medical Director/ VP OPS

CC/OPS	CC/OPS	CC/OPS	CC/OPS
PPLs/PMs	PPLs/PMs	PPLs/PMs	PPLs/PMs

- Each site has its own PPL
- Each PPL forms a **dyad** with practice site manager (PM)
- Each PPL reports to their respective clinical chief (CC)
- Each clinical chief forms a dyad with regional operations directors (OPS)

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Pilot in the Wave 1, 2, and 3 Sites

Operationalize

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        Operations
        Committee
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          PCPC
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| Chronic Disease -HF Team --DM Team -- Resp Team - Renal Team | Primary Care Redesign | Advanced Directives |
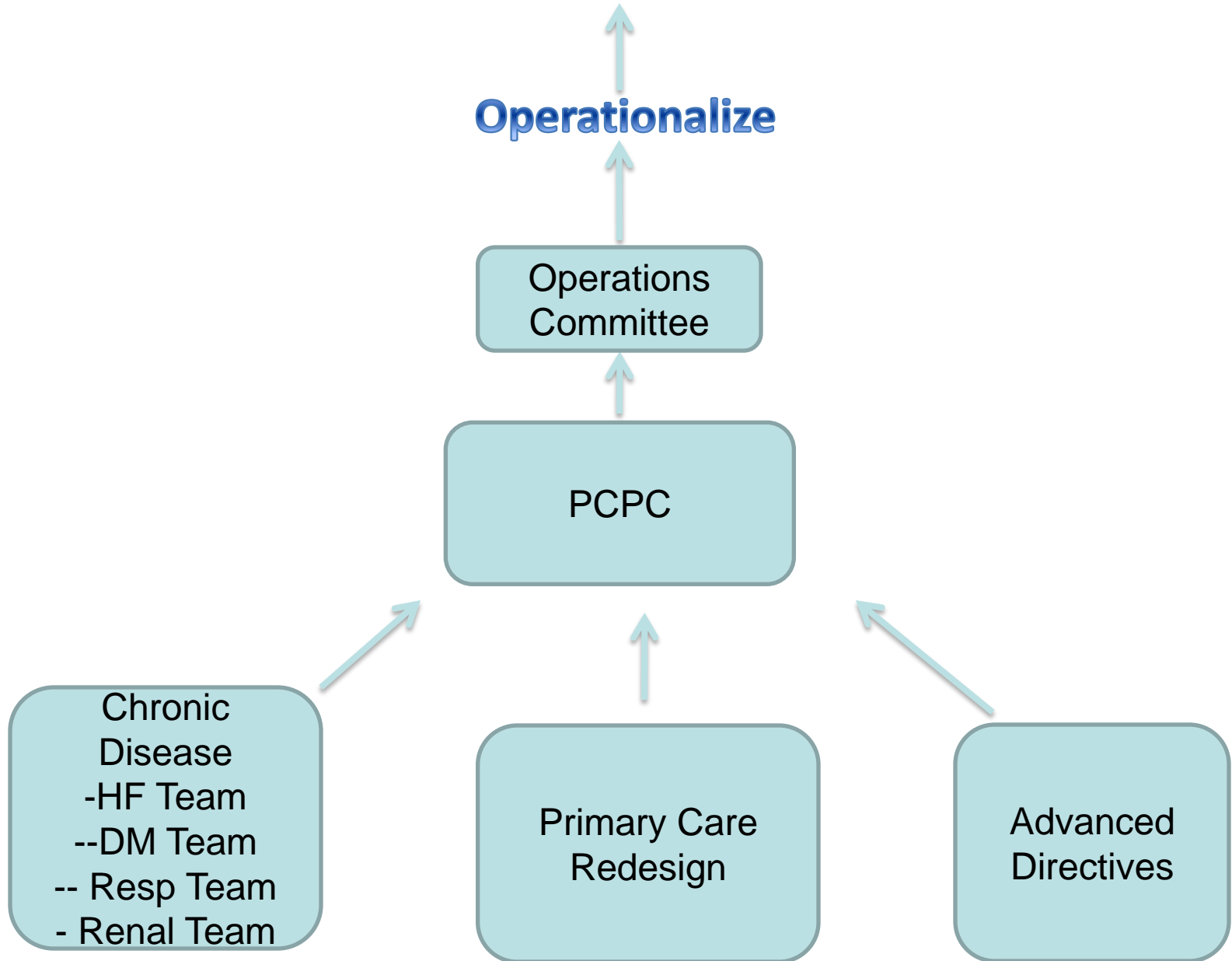
Transformation of Care – Scorecard
Waves 1 and 2 – YTD April 2012

Data from April 2012 (except readmits and generic usage which are through March)		Goal reached			Improvement but short of goal					Goal not reached						
		Wave 1 IM: SIMP-Kempsville			Wave 1 FP: SFMP-First Colonial			Wave 2 FP: SFMP-Prov Rd			Wave 2 FP: SFMP-Independence			Wave 2 FP: SFMP-Chimney Hill		
Measures		2011 Base	2012 YTD	2012 Goal	2011 Base	2012 YTD	2012 Goal	2011 Base	2012 YTD	2012 Goal	2011 Base	2012 YTD	2012 Goal	2011 Base	2012 YTD	2012 Goal
1. MyChart patients.	↑	4,477	5,146	5,317	4,579	4,932	5,299	5,572	6,116	6,262	3,203	3,575	3,762	2,956	3,462	3,436
2. 30-day all-cause readmission rates following discharge to home for Medical Diagnosis. Definition: the average of the monthly readmission percentage for patients discharged to home for medical diagnosis.	↕	14.0%	13.5%	13.0%	14.0%	8.3%	13.0%	16.0%	14.2%	14.8%	18.0%	16.5%	16.7%	15.0%	13.9%	13.9%
3. ED visit rates (med - ED visits/1000 patients/month). Definition: The monthly average.	↓	16.4%	14.7%	15.6%	8.6%	7.5%	8.2%	11.5%	10.3%	10.9%	12.0%	11.4%	11.4%	14.8%	12.8%	14.1%
4. D5 (all-or-none) measure. Definition: the percentage of diabetic patients with BP<140/90 AND HbA1c<8 AND LDL<100 AND nonsmoker AND Aspirin (if existing vascular disease and not contraindicated).	↑	28.0%	29.1%	31.0%	41.5%	45.9%	44.5%	30.5%	31.2%	33.5%	27.3%	32.6%	30.3%	24.0%	24.7%	27.0%
5. Generic prescription usage rate. Optima Population only.	↑	81.9	79.4	82.5*	77.3	75.1	79.3	80.5	75.2	82.5*	78.5	73.5	80.5	80.6	79.5	82.5*
6. Jul-Dec: Improved Diabetic Eye Exam rates by implementing developed methodology. Definition: The number of diabetic patients with an Eye Exam documented in Health Maintenance as of the extract date. The baseline was the December data.	↑	57.0%	52.0%	60.0%	67.0%	64.0%	70.0%	47.0%	58.0%	50.0%	48.0%	49.0%	51.0%	41.0%	40.0%	44.0%
7. Improve patient satisfaction as measured by SMG Patient Satisfaction Survey	↑	77.7	84.2	79.7	85.6	89.5	87.6	74.5	77.3	76.5	81.2	81.1	83.2	83.9	82.5	85.9
8. Rate of 7-day follow up visit with PCP after Hospital Discharge for Medical Diagnosis	↑	31.9%	30.5%	M	37.9%	44.4%	M	27.9%	29.9%	M	33.2%	34.5%	M	28.8%	31.9%	M
9. ACP for VIP Population	↑	2.0%	20.4%	12.0%	3.4%	23.5%	13.4%	1.8%	21.6%	11.8%	1.6%	16.0%	11.6%	1.9%	20.6%	11.9%

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4 STEPS TO CHANGE PHYSICIAN CULTURE

1. Create the sense of purpose. Guiding principles.

2. Let it be physician led and owned.

3. Recognize physicians for their successes.

   "It's not all about the money."- Eric Lipton,MD

4. Address physician isolation, create a community.

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"It's not all about the money"
Recognize Physicians' success

- Create meaningful dashboards with the physicians.

- Share experiences. Knowledge of what other leading medical groups have tried - if it worked and if it didn't - helps create further understanding on the providers' part.

- Share data - cite data that supports their discussion, i.e. improved numbers re diabetic care, etc.

- Emphasizing positive stories re culture change-an upbeat and optimistic attitude is very helpful.

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Address Physician Isolation, Create a Community

"Physicians are lonely. They practice in isolation, even within their own site they share with other doctors. All day they are bombarded with demands from insurers, government, patients; they have no one to share those negative experiences with, or even talk about a positive experience."

Robert Bademian, MD

Internist - Wave 1

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Address Physician Isolation, Create a Community

- "It's important when a leader seeks my opinion, validates the importance of my viewpoint and interacts with me".
- "A feeling of group camaraderie helps".
- "Leaders who are physicians (past or still practicing) can draw upon their personal experiences to help relate to the physician audience. There is that shared experience to help establish credibility".
- "If I have a different opinion regarding course / direction, there needs to be a forum to raise concerns and to feel validated. That helps to further engage all involved".
- "Listen to doctors in the trenches not just the ones at the top".

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SUCCESS INVOLVES CHANGE…

"If you want to make enemies, try to change something."
— Woodrow Wilson

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Sentara Physician Culture Survey © June 2012

- Survey to all Physicians who participated in the Redesign.

- To assess perceptions of changes pre and post Redesign.

- Assessment of whether necessary components required for future clinical practice have been adopted in their practice.

- Ability to analyze perceptions based on duration of their experience.

- Attempt understand and monitor the effectiveness of the Change Management.

- Continuous Improvement on the Change Management Process.

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Sentara Physician Culture Survey ©

<u>Change</u>   <u>Pre and Post %</u>

- The level of Pt Centeredness in my practice   **+22%**

- The level of my practice/team's focus on quality outcomes and
   patient satisfaction   **+32%**

- My understanding of healthcare challenges/opportunities **+23%**

- Clinical decisions led by Physicians   **+12%**

- Importance given to my opinions and concerns   **+15%**

- Level of involvement in the clinical and process changes **+29%**

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SMG Physician Culture Survey "Physician preparedness for the future"

- My preparedness to address the challenges and opportunities in healthcare **+31%**

- My ability to manage the health of my patient population **+16%**

- Ability to reduce per capita cost of Patient Care **+17%**

- My perception of SMG's quality initiatives and their importance to our nation's health challenges **+19%**

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Physician Culture Survey: "Areas of focus"

 <u>Change</u>   <u>Pre and Post %</u>
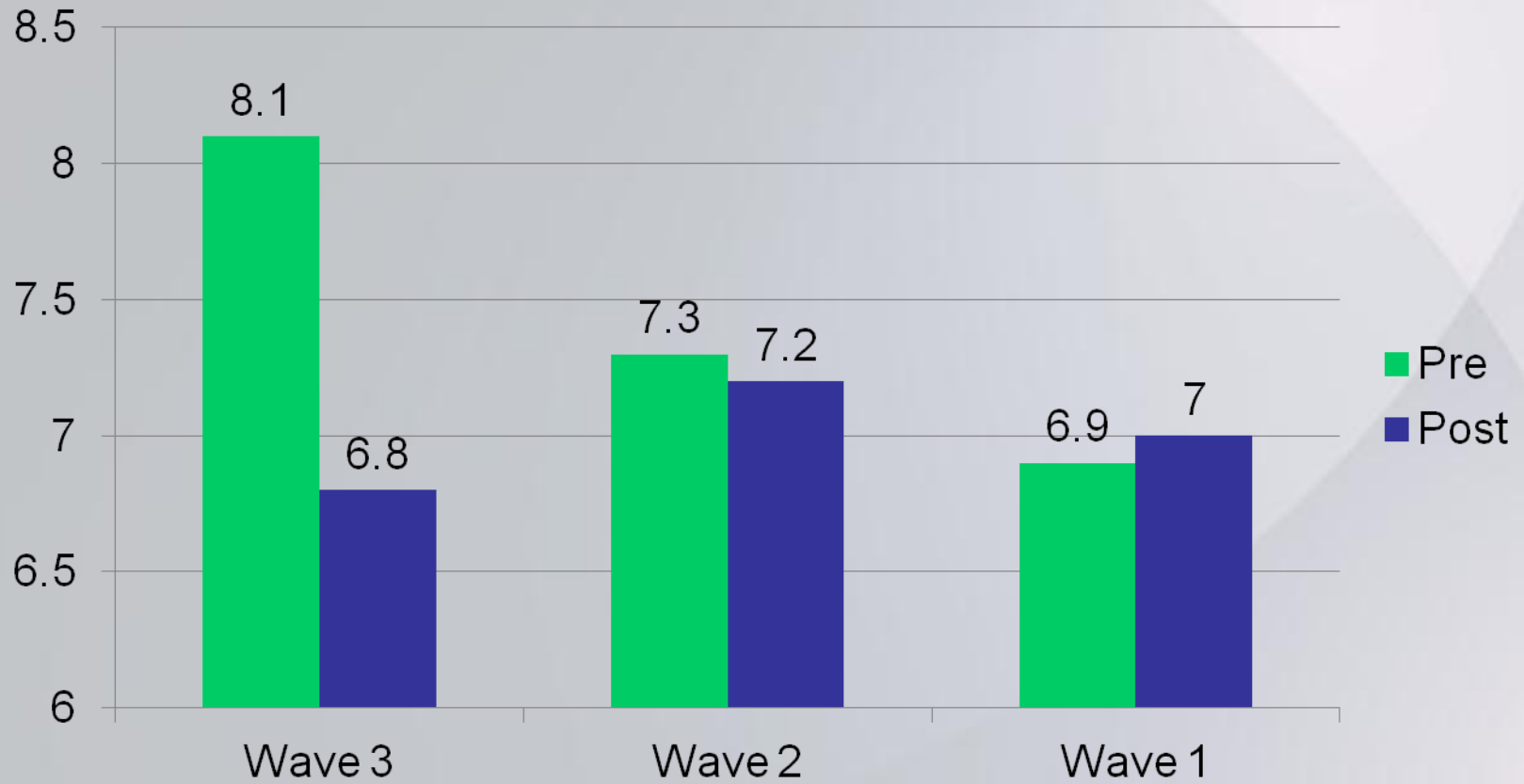
- My ability to take great care of individuals   +3%
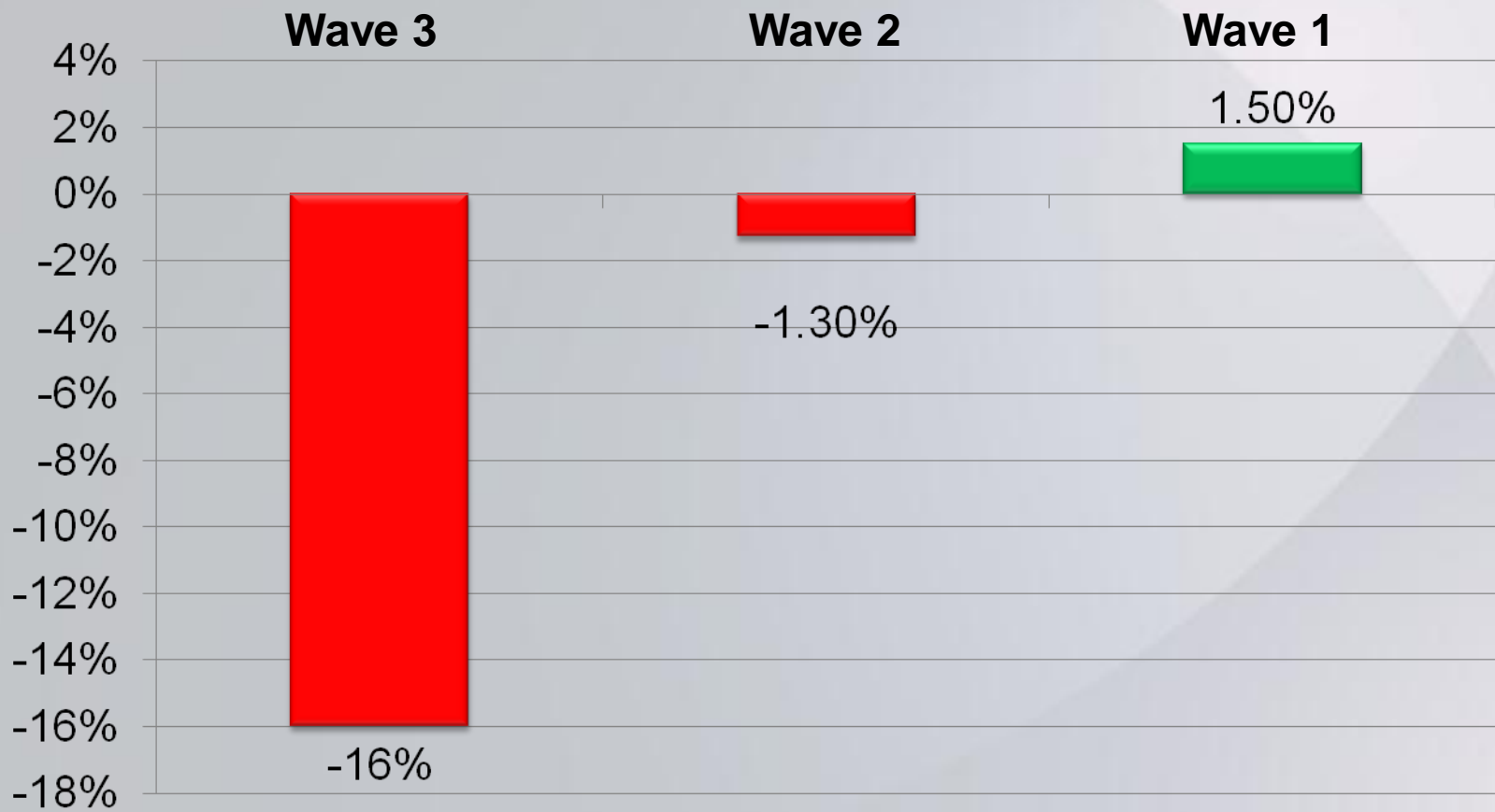
- My level of professional fulfillment as a physician * -4%

*Not Statistically significant.

*Level of "Professional Fulfillment" declined early in the Redesign Process. Improves with the length of Redesign adoption.

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My Level of Professional Fulfillment as a Physician

My Level of Professional Fulfillment as a Physician

Questions & Discussion…

Thank you!

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