

Sutter Medical Foundation

A Sutter Health Affiliate

AMGA CFO Council **Increasing Care Team** **Productivity**

March 13, 2013

About Sutter Health



• Our system includes:

• Physicians	3,500
• Hospitals	24
• Employees	47,941
• Philanthropic Foundations	17
• Ambulatory Surgery Centers	12
• Cardiac Centers	8
• Cancer Centers	9
• Acute Rehabilitation Centers	5
• Behavioral Health Centers	9
• Trauma Centers	4
• Neonatal ICUs	10
• Sutter Express Care Medical Clinics	3
• Volunteers (approx.)	5,000

Sutter Medical Foundation



Tom Blinn

Title: CEO, SMF/SPA and SHSSR Ambulatory Care

Years in Position: 11

Years with Sutter: 11

Sutter Medical Foundation

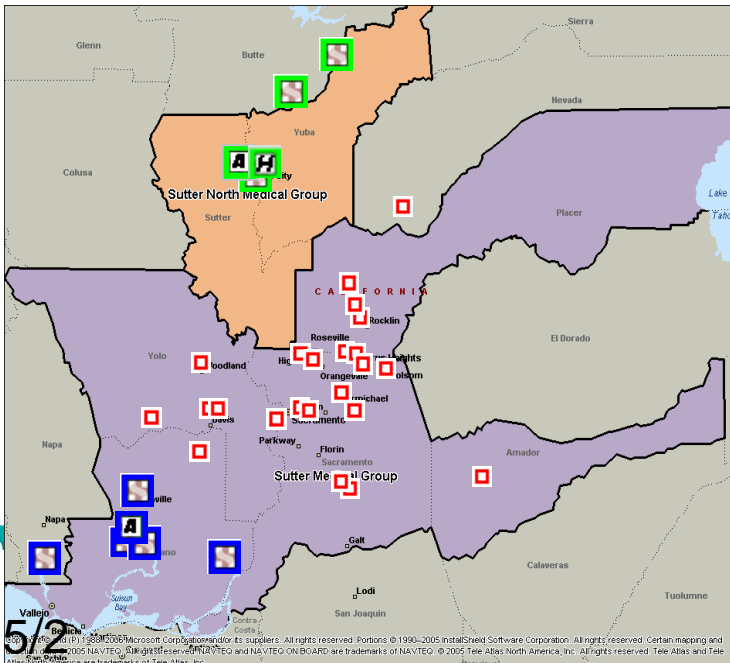
- Sutter Medical Group (SMG)
- Sutter North Medical Group (SNMG)
- Sutter Express Care Medical Group (SECMG)
- Sutter Independent Physicians (SIP)

2010 Consolidated Quick Facts

- Patient Visits: 3.9M
- Aligned MDs
 - Medical Groups: 563
 - SIP: 566
- Employees: 2,574
- Payroll: \$108.1M
- 2010 Community Benefit Contribution: \$35.5M
- Active Patients: 650,000

Sutter Medical Foundation Ancillaries

- Surgery Centers (3 sites)
 - Sutter Fairfield Surgery Center
 - Sutter Surgical Hospital – North Valley
 - Sutter North Ambulatory Surgery Center
- Diagnostic Imaging (20 locations)
- Laboratories (30 locations)
- Physical Therapy (15 locations)
- Sutter Express Care (3 locations)

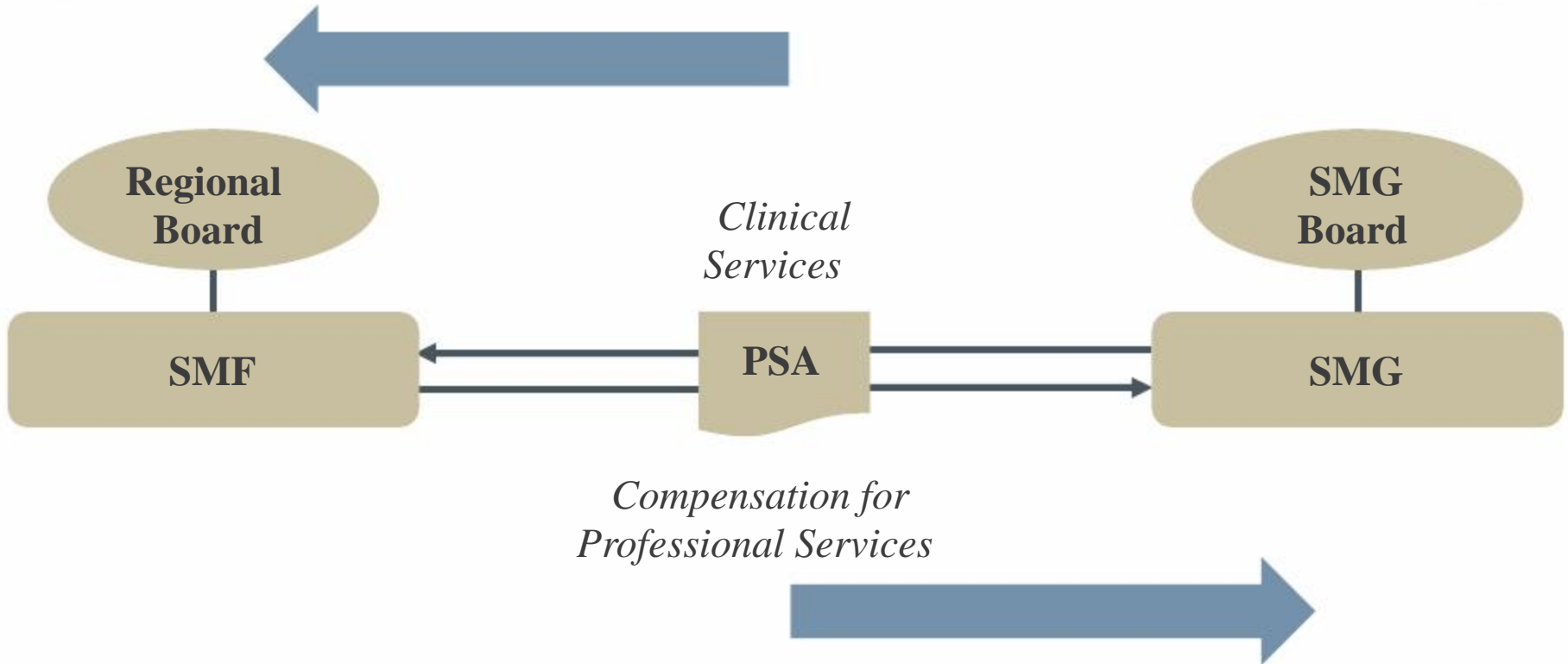


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California Medical Foundation Structure

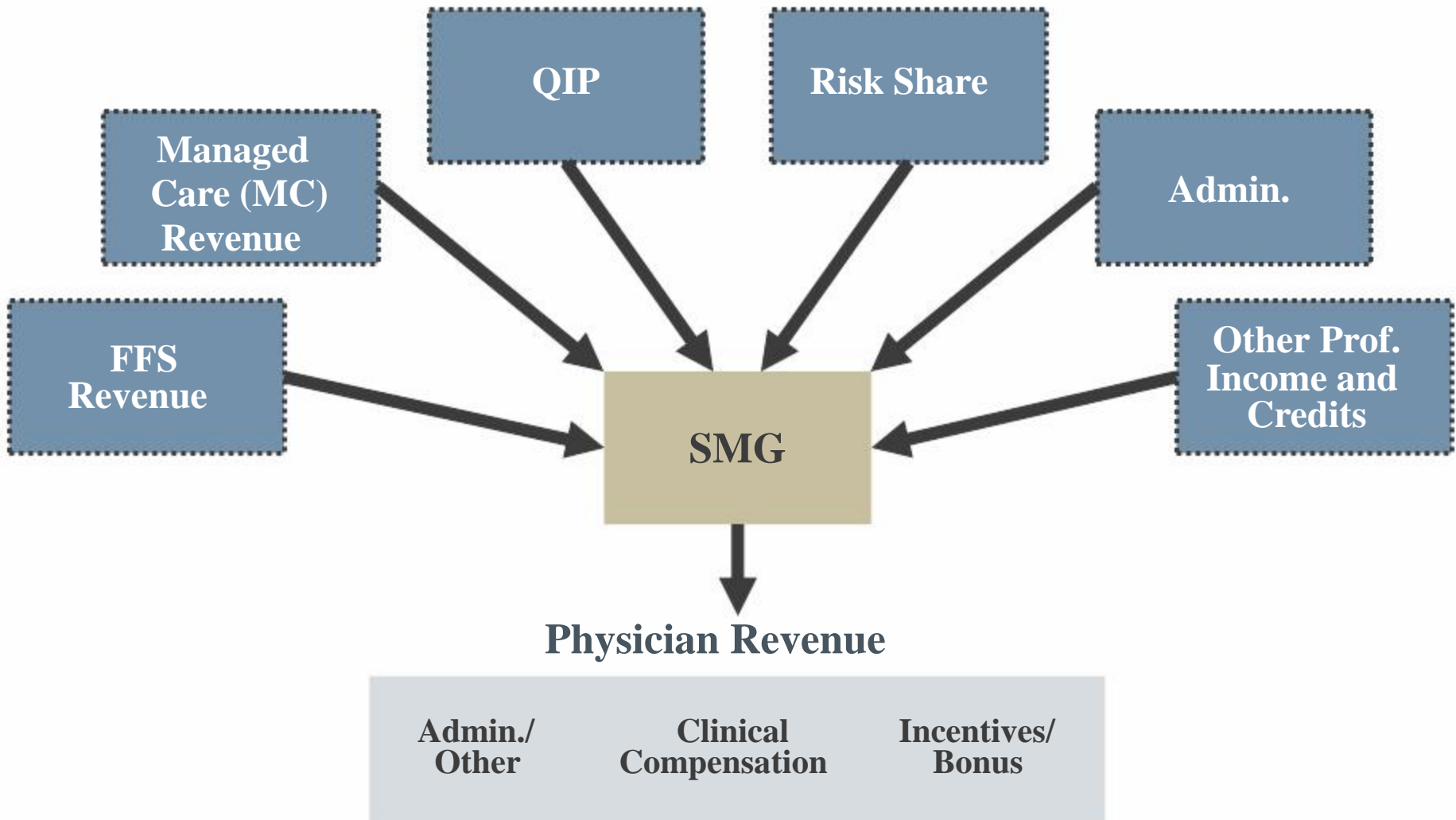
Since the early 1980s, the medical foundation structure has been widely utilized by California providers due to the state's corporate practice of medicine statute.



As a separate legal entity and the employer of physicians and allied health providers, SMG controls its own compensation plan; the system has the power only to set the rates in the aggregate PSA payments to the group.

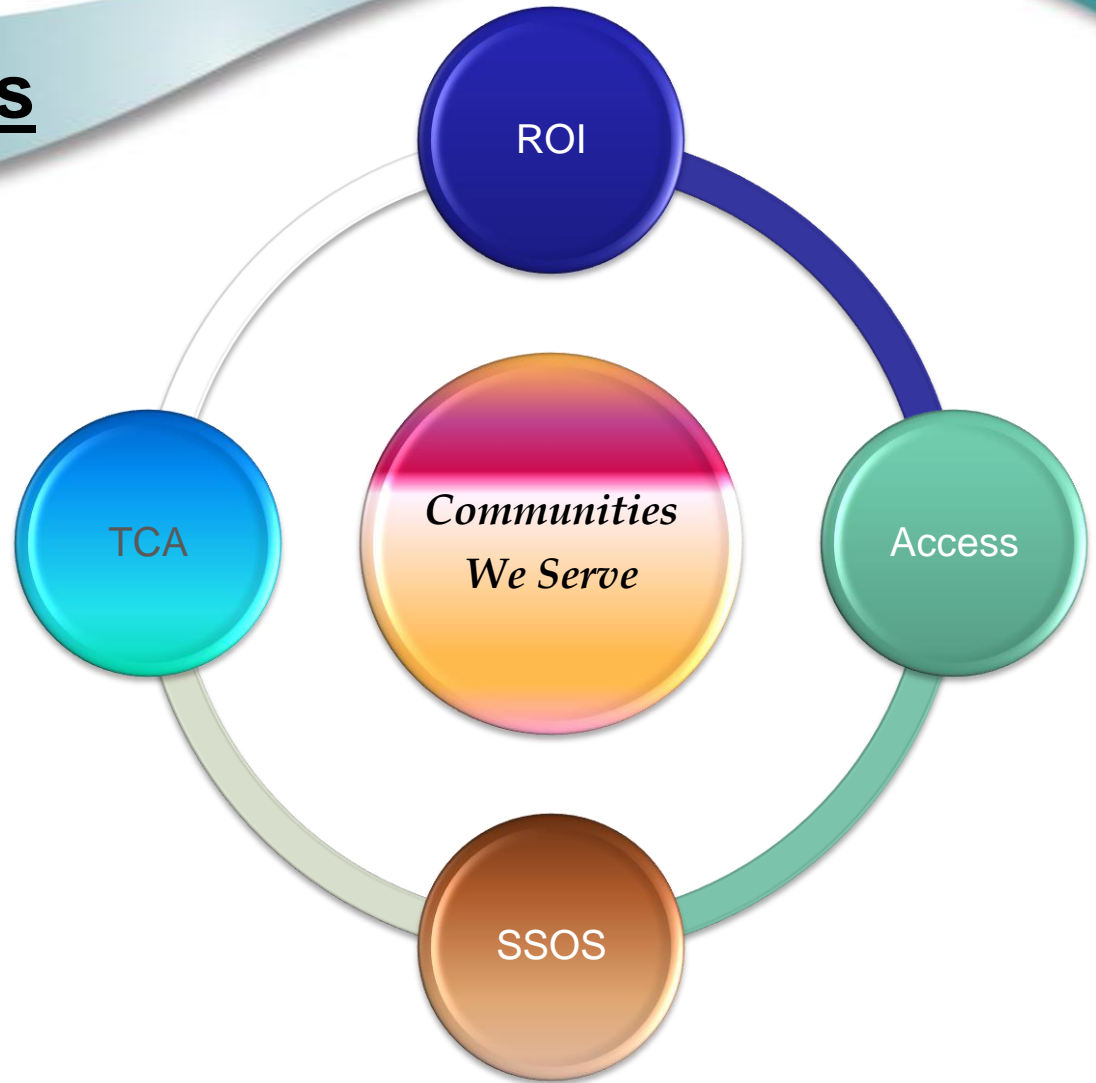
Funding the Model

The group receives funding from a variety of sources.



Our Key Initiatives

- Revenue and Operational Efficiencies
- Patient Access
- Specialty Services Operating System
- Total Cost of Care



You want us to see how many patients today?



Why the Patient Visit is Broken



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- The patient's needs cannot be fulfilled in 15 minutes
 - Increasing number of medical problems and symptoms
 - Increasing number of choices of medications
 - Increasing number of preventative responsibilities
 - Increasing number of documentation requirements
 - Increasing administrative responsibilities
- Provider has too many responsibilities in 15 minutes
- Both provider and patient experience chaos and frustration indicating a real measure of failure in primary care today

Is it even possible to deliver
great healthcare today?



8



Revenue and Operational Efficiency ROI

- Understand the roles of the physician and staff, and ensure the processes optimizes the use of their knowledge and skills
 - Increase Care Team Productivity
 - Spread Care Teams
 - Decrease Costs through elimination of waste (Lean)

Team Based Care

Expected Benefits:

- Reduced Cost/tRVU
- Open panels and increased panel size
- Increased patient & physician satisfaction
- Improved performance on P4P measures through standard work
- Reduced ED visits, hospital admissions, and re-admissions through improved access to timely care
- Increased use of My Sutter Health On Line (MHO) for virtual care
- Medial Assistance at full performance
- Provides a foundation to build a practice model which includes care coordination and population management

Physician's Top Jobs to be Done

- Deliver exceptional patient care
 - Mechanics
 - Treatment
- Generate income
- Work collaboratively with staff

Clinical Staff's Top Jobs to be Done

- Assist physicians
- Deliver exceptional patient care
 - Room patients
- Perform other non-patient care tasks
 - Patient forms
 - Replenishing supplies

Top 3 Physician Values

- Efficiency
 - Less rework, finishing work before going home, smooth patient flow
- Work-life balance
 - Not doing EPIC at home
 - More family time
- Compensation
 - Compensation that is fair

Prioritization of Metrics

- Patient Visit Lead Time
- Physician Satisfaction
- Compensation compared to benchmarks
- MD Time spent in EPIC per scheduled visit
- Open encounters at end of business day
- Panel size

Proposed Solution

2 MA Scribe Model

- ❑ By increasing the staffing ratio, 2 Medical Assistant/
Clinician
 - ❑ Incoming work can be processed efficiently and appropriately.
 - ❑ Allowing current work to flow and avoid batching delays will improve the quality of care and patient satisfaction.

- ❑ Introducing a new role for medical assistant is one way to create an efficient care team.

Administrative MA

- ❑ Add administrative MA for 4 physicians for non rooming work
 - ❑ Back line calls
 - ❑ EPIC in-Basket

Criteria for Scribe Model

- ❑ At least 2 physicians willing to participate in practice with staff
- ❑ Meet minimum productivity standards
- ❑ Agree to sign a Compact (Primary Care Redesign MA Support Pilot Project Clinician Compact)
 - ❑ Agreement between the group and the physician to agree to the terms of the Increased MA Support

Terms of the Compact

- Agree to increase daily patients visits
- Agree to close encounters within 2 days of date of service
- Agree to utilize and support through mentoring the additional MA staff to perform the tasks as outlined
- Failure to meet the criteria at end of six months of the program may result in the loss of the additional MA allocated to his practice

MA Scribe Workflow

- MA does the normal MA work/ pre-work for the day prepping charts, collecting lab/DI results etc, reviewing health maintenance, pending orders, to ensure all in EPIC;
- Will work the EPIC In Basket.
- They will room patient according to normal MA workflow then leaves room and reports out to Doctor on reason for visit.
- The MA and Doctor enter room together; MA scribes notes as Doctor dictates Review of systems and physical exam;
- Doctor dictates orders and instructions then signs chart and leaves;
- MA stays and reviews After Visit Summary instructions then discharges the patient. While doctor is in the room with the first MA the second is rooming next patient; then doctor enters 2nd room to see patient with 2nd MA.
- Co locating their workstations allows for quick discussions of In Basket work to respond to patient, call center or other requests.

Labor Standards Report

Dept	Description	RAD	Daily Encounters	Direct Staff FTE					Labor Utilization (encounters / FTE)					Encounters / Clinical FTE		
				MA / LVN	PSR	RN	CC Lead	Total	MA / LVN	PSR	RN	CC Lead	Total	Clinical FTEs	/ Clinical FTE	
Family Medicine																
			269	18.15	6.84		2.39	27.38	15	39		112	9.8	18.90	14.2	
			63	5.05	3.04		0.33	8.42	12	21		192	7.4	5.16	12.1	
			43	2.78	2.54		0.32	5.64	15	17		132	7.6	2.40	17.8	
			74	4.33	3.71	0.86		8.90	17	20	86		8.3	5.62	13.2	
			89	6.48	3.33		0.05	9.86	14	27		1,758	9.0	5.52	16.1	
			85	6.39	3.17			9.56	13	27			8.9	6.73	12.6	
			32	2.15	1.62		0.32	4.10	15	20		100	7.9	1.80	18.0	
			53	6.32	1.78			8.09	8	30			6.6	5.86	9.1	
			33	2.91	1.69	0.77		5.36	12	20	44		6.2	1.99	16.8	
			66	4.90	4.14			9.05	13	16			7.3	4.94	13.3	
			88	5.56	3.23			8.79	16	27			10.1	5.67	15.6	
			74	5.75	2.56			8.31	13	29			8.9	6.30	11.8	
			125	10.07	8.59		0.91	19.57	12	14		137	6.4	8.32	15.0	
			91	6.66	3.44	0.92		11.01	14	26	99		8.2	5.16	17.6	
			64	5.53	5.29	0.72		11.54	12	12	88		5.5	5.06	12.6	
			29	2.91	2.92		0.54	6.38	10	10		53	4.6	2.11	13.8	
			78	6.06	6.82	0.90		13.78	13	11	86		5.6	5.90	13.2	
			56	3.25	1.65			4.90	17	34			11.5	2.87	19.6	
			18	1.58	0.98	0.38	0.20	3.13	12	19	49	94	5.9	1.08	17.0	
			70	4.42	4.59	0.30		9.31	16	15	236		7.5	4.33	16.1	
			Total for Family Medicine	111.25	71.94	4.85	5.06	193.10	13	21	309	296	7.8	105.72	14.2	

Physician Productivity

PROVIDER NAME	Home AU	Home Care Center	FTE	Current State				SMF Financial Impact - Break Even <i>additional</i>			SMF Financial Impact - Enhance <i>additional</i>			
				wRVU	visits	wRVU / visit	visits / day	MGMA Percent	visits / day	% increa	MGMA Percentil	visits / day	% increa	MGMA Percentil
			1.0	6,967	4,673	1.49	20.3	89th %tile	23.3	14.8%	90th %tile	24.3	19.7%	90th %tile
			1.0	6,843	5,674	1.21	24.7	88th %tile	27.7	12.2%	90th %tile	28.7	16.2%	90th %tile
			1.0	6,618	5,643	1.17	24.5	85th %tile	27.5	12.2%	90th %tile	28.5	16.3%	90th %tile
			1.0	6,530	5,507	1.19	23.9	84th %tile	26.9	12.5%	90th %tile	27.9	16.7%	90th %tile
			1.0	6,503	4,913	1.32	21.4	84th %tile	24.4	14.0%	90th %tile	25.4	18.7%	90th %tile
			1.0	6,425	4,981	1.29	21.7	83rd %tile	24.7	13.9%	90th %tile	25.7	18.5%	90th %tile
			1.0	6,301	5,044	1.25	21.9	81st %tile	24.9	13.7%	90th %tile	25.9	18.2%	90th %tile
			1.0	6,246	4,567	1.37	19.9	80th %tile	22.9	15.1%	90th %tile	23.9	20.1%	90th %tile
			1.0	6,103	4,599	1.33	20.0	78th %tile	23.0	15.0%	89th %tile	24.0	20.0%	90th %tile
			1.0	5,862	4,550	1.29	19.8	74th %tile	22.8	15.2%	87th %tile	23.8	20.2%	89th %tile
			1.0	5,628	4,039	1.39	17.6	70th %tile	20.6	17.1%	84th %tile	21.6	22.8%	88th %tile
			1.0	5,587	4,269	1.31	18.6	69th %tile	21.6	16.2%	83rd %tile	22.6	21.5%	87th %tile
			1.0	5,550	4,406	1.26	19.2	68th %tile	22.2	15.7%	83rd %tile	23.2	20.9%	86th %tile
			1.0	5,458	4,932	1.11	21.4	66th %tile	24.4	14.0%	80th %tile	25.4	18.7%	83rd %tile
			1.0	5,429	4,611	1.18	20.0	65th %tile	23.0	15.0%	80th %tile	24.0	20.0%	84th %tile
			1.0	5,201	3,818	1.36	16.6	60th %tile	19.6	18.1%	78th %tile	20.6	24.1%	83rd %tile
			1.0	5,174	3,872	1.34	16.8	59th %tile	19.8	17.8%	78th %tile	20.8	23.8%	82nd %tile
			1.0	5,129	4,466	1.15	19.4	58th %tile	22.4	15.4%	75th %tile	23.4	20.6%	79th %tile
			1.0	5,129	4,016	1.28	17.5	58th %tile	20.5	17.2%	76th %tile	21.5	22.9%	81st %tile
			1.0	5,025	4,036	1.25	17.5	55th %tile	20.5	17.1%	74th %tile	21.5	22.8%	79th %tile
			1.0	4,940	4,137	1.19	18.0	53rd %tile	21.0	16.7%	72nd %tile	22.0	22.2%	77th %tile
			1.0	4,921	4,281	1.15	18.6	52nd %tile	21.6	16.1%	71st %tile	22.6	21.5%	76th %tile

DOAN MD, TOAN ANH

212411110 Rocklin Family Med