Approach to Physician and Workforce Engagement as Part of ACO-PCMH Transformation

NAPH Webinar
Soma Stout, MD, MS
VP Patient Centered Medical Home Development
Cambridge Health Alliance
An academic public health safety net system outside of Boston – only public health system in MA

12 medium-sized community health centers, 3 school-based clinics, 2 hospitals, specialty clinics

Largely public payer mix – 82%, almost all Medicaid

>50% patients speak language other than English

650,000 outpatient visits/year

175,000 primary care visits for 92,000 patients

Academic and public health mission – poor funding

Fully unionized staff

Extremely vulnerable to shifts in public funding
A crisis and an opportunity: Vision 2015

- Had to ask ourselves “Why should we be around in the Year 2015?”

- Wide engagement of stakeholders from frontline medical staff to senior leadership.

- Examined data about where the organization is, and what the future will look like in 2015.

- Asked frontline staff: What would make you proud to be part of the CHA of 2015? What do we need to get there?
CHA Vision 2015

- Vision 2015: “The delivery system will be fashioned as a medical home that is highly effective in coordinating care for the whole patient, functioning as a ‘practice without walls.’”

- Required fundamental commitment from CEO and senior leadership:
  - to change our business model to that of an accountable care organization over a 5 year period
  - to change our clinical model to that of a patient-centered medical home neighborhood across primary care, specialties, inpatient, etc
Lesson #1:
This requires alignment and coordination across every level of the organization. Needed an engagement strategy for every level.
Going from Vision to Reality: Creating a guiding coalition

- Formation of ACO-PCMH Steering Committee – brought together the delivery system, senior leadership, clinical leadership, healthplan leadership
  - Development of shared goals, values, language, and vision
An organizational approach

- Board of trustees
- CEO Council
- ACO-PCMH Executive Workgroup
  - New payment model
  - Strategic alliances
  - Physician leadership redesign
  - Medical home liaison task force
Objectives: Engage senior leadership team to:
- Develop strategic objectives
- Oversee all strategy components
- Direct various project efforts
- Ensure consistency and focus
- Resolve interdisciplinary issues
- Regularly update CEO and board
- Educate and engage CHA staff
Lesson 2:

You need to deeply engage the physician community
New provider leadership model

- Matrixed organizations need to provide a common point for escalation of decisions when necessary
- Elimination of silos between medical, nursing and administrative leadership
- Shared goals, agendas, accountability
- Single point of accountability
New provider leadership model

- New CMO position created, reports to the CEO
- Provides senior medical leadership for the operation and development of the health system
- The CMO works in partnership with the EVP/COO and together they:
  - oversee delivery system operations
  - ensure appropriate integration and resource allocation to achieve system wide quality, financial and academic goals.
Physician Leadership and Alignment

- Education
- Leadership
- Compensation changes
- Guideline development
Lesson #3:

Because this requires deep cultural transformation in the way we provide care, it cannot be implemented from the top down as a project. Cultural transformation requires deep engagement of people at the frontline in the vision and its implementation.
Going from Vision to Reality: Creating a group of champions

- CHAPO Patient-Centered Medical Home Taskforce
  - Engagement process to recommend what we would need to change to implement the vision
  - Brought together 100 frontline and senior leaders across specialties, medical staff, nursing, administration in 5 workgroups: Care Redesign, Compensation, Education and Academics, Collaboration, and Data, Metrics, Reports
  - Steering Committee made up of senior clinical and administrative leaders
PCMH Taskforce Organizational Structure

CHAPO Board
Jay Burke, Chair; Dave Porell, CAO

ACO Steering Committee
Dennis Keefe, Chair

PC Medical Home Steering Committee
Stuart Beck, Soma Stout Co-Chairs

Members:
Bor, Harney, Link, Osler, Ota, Porell, Sayah, Schwitzberg, R. Wertheimer

Education & Academics
Chairs: Kim Leary, Marcy Lidman  
Coach: Stuart Beck

Compensation
Chairs: Sam Skura, Dave Porell  
Coach: Soma Stout

Data, Metrics, Reports
Chairs: Rachel Wheeler, Jean Carlevale  
Coach: Stuart Beck

Collaboration
Ruth Barron, Anne Fabiny, Chairs  
Coach: Stuart Beck

Care Redesign
Andy Jorgensen, Luis Lobon, Dave Osler, Jenny Azzara, Chairs  
Coach: Soma Stout

Members:
Bayer, Beck, Bennett, Bonardi, Bor, Boudreau, Burke, Dasse, Fox, Huston, Keefe, Keough, Klickstein, Porell, Severin, Stout, Thompson, Torres, Young

Members:
Bor, Harney, Link, Osler, Ota, Porell, Sayah, Schwitzberg, R. Wertheimer
Patient-Centered Care Redesign - “Amy”

- OB-GYN-CHA
- Primary Care Team
- Advocates
- OB-GYN MGH
- “Amy”
- OB-GYN CHA
- Radiology, Lab, Testing
- Mental Health (inpt)
- Mental Health (outpt)
- Other specialists
- Other patients

• Diabetes
• Weight Center
• Pulmonary
• Nutrition
• Other patients
Engaging and inspiring champions

- Created a learning community
  - CHA Leadership Academy
  - Care team training days
- Invited the learning community to help design the transformation
- Learning collaboratives → peer to peer learning and spread
- System of top-down, bottom-up and peer to peer learning
- Care teams as DNA element
Team-Based Improvement Structure

Ambulatory Leadership Team

Ambulatory Performance Improvement Team-Based Care Workgroup

Practice Leadership Team
(Medical Director, RN Manager, Practice Manager)

Practice Improvement Team (provider, RN, receptionist, medical assistant, patient(s), practice leader)

Care Team  Care Team  Care Team  Care Team
Diabetes management

Commonwealth Fund evaluation. NCQA sites = Union Square and Revere
Percent of Patients Age 51-75 Screened for Colorectal Cancer

<table>
<thead>
<tr>
<th>Report Year-Month</th>
<th>NCQA certified</th>
<th>Non-certified</th>
<th>All Sites</th>
<th>Goal</th>
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<tbody>
<tr>
<td>2009-06 +</td>
<td>N = 1297</td>
<td>N = 10359</td>
<td>N = 11656</td>
<td>N = 16409</td>
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<tr>
<td>2010-06 ++</td>
<td>N = 706</td>
<td>N = 12721</td>
<td>N = 14643</td>
<td>N = 2815</td>
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<tr>
<td>2011-06 *</td>
<td>N = 2394</td>
<td>N = 13527</td>
<td>N = 15921</td>
<td>N = 13594</td>
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<tr>
<td>2012-06 **</td>
<td>N = 4328</td>
<td>N = 13594</td>
<td>N = 16409</td>
<td></td>
</tr>
</tbody>
</table>

N = number of patients age 51 - 75 years old (denominator)

* Ambulatory Quality Goals for 2009
http://staffnet/Reports/Clinical/Ambulatory/AmbulatoryQualityGoals200906.pdf
** Ambulatory Quality Goals for 2010
http://staffnet/Reports/Clinical/Ambulatory/AmbulatoryQualityGoals201006.pdf
* Ambulatory Quality Goals for 2011
http://staffnet/Reports/Clinical/Ambulatory/AmbulatoryQualityGoals201106.pdf
** Ambulatory Quality Goals for 2012
http://staffnet/Reports/Clinical/Ambulatory/AmbulatoryQualityGoals201206.pdf
Improved preventative screening > national 90\%ile
Patients screened for depression

% patients screened for depression

% adults 18-75 screened

Average PCMH vs Average nonPCMH

PCMH vs nonPCMH
PCP f/u within 2 days of ED visit (call or appt)

% of patients discharged from ED

Jan-12, Feb-12, Mar-12, Apr-12, May-12, Jun-12, Jul-12, Aug-12, Sep-12, Oct-12, Nov-12, Dec-12, Jan-13
CHA PCMH Workforce Survey
Practice operates as a real team (Q11a)

Stage of transformation

<table>
<thead>
<tr>
<th>Response</th>
<th>NCQA certified sites (N=65)</th>
<th>Non-NCQA certified sites (N=271)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree or disagree</td>
<td>12% (N=8)</td>
<td>25% (N=67)</td>
</tr>
<tr>
<td>Neither disagree or agree</td>
<td>22% (N=14)</td>
<td>22% (N=59)</td>
</tr>
<tr>
<td>Agree or strongly agree</td>
<td>66% (N=43)</td>
<td>54% (N=145)</td>
</tr>
</tbody>
</table>
Perception of Teamness by Overall Job Satisfaction

"Overall I am satisfied with my current job"

Between Groups P<0.01
PHYSICIAN ALIGNMENT WITH QUALITY IMPROVEMENT, EFFICIENCY, AND PATIENT SATISFACTION

Timothy H. Dellit, MD
Associate Medical Director
Patty Calver, RN BSN
Director of Quality Improvement
Harborview Medical Center
### Harborview Access to Excellence Measures

**Last Updated: 4/30/2013**

<table>
<thead>
<tr>
<th>Measure of Performance</th>
<th>Value</th>
<th>Target</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Service Oriented and Timely: Service Driven to permit timely access to care.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase Patient Appts to Specialty Clinics Within 14 Days of Referral</td>
<td>10%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>O.R. First Starts (within 5 mins)</td>
<td>80%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>ED % Left Without Being Seen</td>
<td>5%</td>
<td>Mar 2013</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Fiscally Responsible, Efficient, Equitable Care: Maximize value for all patients’ control expenses.</strong></th>
<th>Value</th>
<th>Target</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly (Tot Inc / Tot Oper Rev) - (Budg Tot Inc / Budg Tot Oper Rev)</td>
<td>0%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>FYTD Mean LOS (All Units) (Actual vs Budget) % Variance</td>
<td>0%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Concurrence with Transfer Criteria</td>
<td>90%</td>
<td>Nov-12</td>
<td></td>
</tr>
<tr>
<td>Mental health Integration (Contacts)</td>
<td>50%</td>
<td>Mar 2013</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Safe and Effective: Free from harm caused by medical interventions, evidence-based effective care.</strong></th>
<th>Value</th>
<th>Target</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nosocomial MRSA Rate</td>
<td>0.86</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Central Line-Associated Bloodstream Infections Rate</td>
<td>1.21</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Hand Hygiene Compliance - IP</td>
<td>91%</td>
<td>Apr 2013</td>
<td></td>
</tr>
<tr>
<td>AHRQ Patient Safety Indicators (events per 1000 eligible patients)</td>
<td>2.82</td>
<td>Jan-Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Mortality: Observed to Expected Ratio</td>
<td>0.61</td>
<td>Feb 2013</td>
<td></td>
</tr>
<tr>
<td>Core Measures Aggregate Score</td>
<td>95%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>30 Day All Cause Readmission Composite - AMI, HF, PNA</td>
<td>18%</td>
<td>Jan 2013</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Diabetic LDL Rate</td>
<td>60%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Cancer Screening Rate</td>
<td>68%</td>
<td>Mar 2013</td>
<td></td>
</tr>
<tr>
<td>Ambulatory Pneumococcal Vaccine - Age 65+</td>
<td>78%</td>
<td>Mar 2013</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Patient Centered and Employer of Choice: Positive patient/family experience/employee satisfaction.</strong></th>
<th>Value</th>
<th>Target</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP Patient Experience (% 9-10) - HCAHPS Overall Patient Rating</td>
<td>73% [7.5pr]</td>
<td>Feb 2013</td>
<td></td>
</tr>
<tr>
<td>HMC Employee Turnover FY13 YTD</td>
<td>5.9%</td>
<td>Mar 2013</td>
<td></td>
</tr>
</tbody>
</table>

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**Counsels**
- Acute Care
- Critical Care
- Pediatrics
- Surgical
- Trauma
- Psychiatry

**Services/Depts.**
- Burn / Plast
- ED
- Neuroscience
- Radiology
- Rehab
- Vascular
- S&S
- Nutrition
- Pharmacy

**Topics**
- Finance
- Infection Ctrl
- Hand Hyg
- Patient Safety
- Mortality
- Core Meas
- Pt Experience
- Turnover
- VBP Metrics
- UDF
- Severity of Illness
- Sepsis
- E.O.C
- Organ Donation

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**UW Medicine**
CLEAN HANDS
SAVE LIVES

Preventing infections is in our hands. Everyone. Every time.

UW Medicine
HARBORVIEW MEDICAL CENTER

HARBORVIEW MEDICAL CENTER
CLEAN HANDS SAVE LIVES

Harborview Medical Center Hand Hygiene Compliance
at Hospital

Percent of Time We Wash Our Hands

UW Medicine
PATIENT SATISFACTION REPORT CARDS

HMC Patient Experience OP CGCAHPS Survey Results (Dept View)
Goss, J Richard (General Internal Medicine)

Overall MD Rating (Dept)
(9% Rating 5 or 10 on 10pt Scale)
Jul-Dec 2012

MD Communication (Dept)
(9% Yes, Definitely to did the doctor explain things in a way that was easy to understand, listen carefully to you, give you easy to understand instructions about taking care of health problems/medicines, seem to know the important information about your medical history, show respect for what you had to say, spend enough time with you.)
Jul-Dec 2012

Willingness to Recommend (Dept)
(9% said Yes, Definitely would recommend this doctors office to your family and friends)
Jul-Dec 2012

Graphs showing percentage and percentile rank for each category.
HMC Patient Experience OP CGCAHPS Survey Results (Dept View)
Goss, J Richard (General Internal Medicine)

MD Communication Item Level Detail (Dept)

Jul-Dec 2012

- MD Communication (m=2)
- Explain Things
- Listen
- Enough Time
- Easy Instructions
- Know Medical History
- Show Respect

CGCAHPS Satisfaction Survey

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**QI Document - Confidential**
Meaningful Use - Medication Reconciliation
28033 - [Perform medication reconciliation] - Monthly

<table>
<thead>
<tr>
<th></th>
<th>Feb 2013</th>
<th>Mar 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>92.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Met Criteria</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Records</td>
<td>14</td>
<td>9</td>
</tr>
</tbody>
</table>

Definition: The eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.
• Multidisciplinary peer-review of cases with quality of care concerns
  • QI representatives from each clinical service
  • Patient Care Services
  • Pharmacy
  • Patient Safety
  • IT/CPOE
  • QI/Risk Management

• Prompt mortality review
• Patient safety indicator review
<table>
<thead>
<tr>
<th>Service</th>
<th>Service Rep</th>
<th>Attendance at MQIC</th>
<th>Turned in on time</th>
<th>Service Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>E Pavlin</td>
<td>core</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Emergency Trauma Ctr</td>
<td>A Betz</td>
<td>core</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>J Huntington</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Medicine</td>
<td>A Schleyer</td>
<td>core</td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Neurology</td>
<td>WT Longstreth</td>
<td>core</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Stroke</td>
<td>WT Longstreth</td>
<td>core</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Epi</td>
<td>WT Longstreth</td>
<td>core</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Neuro Surgery / NIR</td>
<td>L Kim</td>
<td>core</td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Neuro Critical Care</td>
<td>C Lay</td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>OB GYN</td>
<td>K Shy</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>P Chen</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>J Dillon</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Ortho Surg/Foot/Ankle</td>
<td>D Beingessner</td>
<td>core</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>Ortho Spine</td>
<td>R Bransford</td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>M Whipple</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Pathology</td>
<td>S Schmechel</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>B Johnston</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>Plastics/Hand</td>
<td>J Friedrich</td>
<td></td>
<td></td>
<td>C</td>
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<td>Psychiatry</td>
<td>M Snowden</td>
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<td>C</td>
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<tr>
<td>Radiology</td>
<td>B Lehnert</td>
<td>core</td>
<td></td>
<td>B</td>
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<td>Diagnostic Neurorad</td>
<td>B Lehnert</td>
<td>core</td>
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<td>B</td>
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<td>Nuclear Medicine</td>
<td>B Lehnert</td>
<td>core</td>
<td></td>
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<td>Interventional Rad</td>
<td>W Monsky</td>
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<td></td>
<td>B</td>
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<td>Rehabilitation Med</td>
<td>J Friedly</td>
<td></td>
<td></td>
<td>C</td>
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<tr>
<td>Surgery</td>
<td>L McIntyre</td>
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<td>A</td>
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<td>Thoracic Surgery</td>
<td>T Varghese</td>
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<td></td>
<td>A</td>
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<td>Urology</td>
<td>C Yang</td>
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<td></td>
<td>B</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>N Tran</td>
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<td>B</td>
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