Creating a Scalable Clinical and Administrative Support Model to Enable Physician Satisfaction and Superior Outcomes

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USMD was formed in 2012 as a physician-led solution to the healthcare challenges of the DFW Metroplex

PRE-MERGER

- Urology Associates of North Texas
  - Urologists
- Medical Clinic of North Texas
  - Primary care with some specialist
- USMD
  - 2 Hospitals

USMD TODAY

- NASDAQ: USMD
  - USMD is a publicly held physician-led, integrated health system committed to exemplary patient care
- 250+ Physicians
  - Headquartered in Irving, TX, serving the Dallas-Fort Worth metropolitan area with 250 physicians / associate practitioners
- 71 Physician Clinics
  - USMD provides healthcare services to patients at its 2 hospitals, 6 cancer treatment centers, and 71 physician clinics

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USMD network expansion: 2015 versus 2018

2015

2018

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Our Vision and Mission is to Empower Our Staff to “Close the Gap”

- **Where we want to go**: Close the Gap
- **Where we are**: Unrealized Opportunity

- 30% waste
- Little / no patient benefit

**DFW Average Cost**

**US Average Cost**

**Cost**

**Patient Outcome**
Physician led growth allows us to “Close the Gap”

We are striving for this

We saw opportunity at the foundation

We are ready to deliver for our patients

Physician Led Growth

Promoting Health and Wellness

Setting the Standard for Patient Satisfaction & Outcomes

Delivering Exceptional Patient Care

Covering 1 Million Lives

Creating Scalable Infrastructure

Align our organizations

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We identified key challenges to address to ready ourselves for rapid growth.

**CHALLENGES**
- Get Ready For Scale
- Align the Infrastructure
- Reduce Cost / Increase Margin

**OPPORTUNITIES**
- Physician Engagement
  - Move to Value
We set our strategy accordingly

- Begin with the CBO to find $$$
- Build scalable RCM infrastructure
- Align technologies and processes
- Enable physicians / clinical staff
We looked for partners

CRITERIA

• Clinical Solutions
• Strategic View
• Scalability
• Financial Analytics
The move from multiple physical CBOs to a single virtual one

**HIGH FIXED COST**  
**LOW SCALABILITY**

**FIXED PERCENTAGE**  
**INFINITE SCALABILITY**

Legacy CBO #1

- Large fixed costs
  - Labor (salary, benefits)
  - Fixed assets (IT, furniture)
  - Overheads (rent, utilities)

Legacy CBO #2

Add additional resources when volumes rise, with no incremental fixed costs

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End result: First year RCM increased collections & savings

- Revenue & collections increased by 2.5%
- Creates scalable “USMD way” for growth
- Gets the CBO ready for “Fee for Value”
- Gives insight and information about business

Legacy CBOs

Virtual CBO

Savings 29%
We invested those dollars in infrastructure and physician support

**INFRASTRUCTURE**
- Migrated to a single Practice Management System
- Single version of data, unified organizational process

**PHYSICIAN SUPPORT**
- Reduced the burden of clinical documentation during the visit
- Ensured right data in the right place in EHR
- Clinical Documentation Improvement to code the visit more accurately
We wanted solutions that served multiple communities

**PATIENTS**
- Efficient Care
- Attentive Care
- Safer Care
- Better Outcomes

**PHYSICIANS**
- Create Time
- Reduce Admin Tasks
- Improve Satisfaction

**ORGANIZATION**
- Productivity
- Recruitment
- Outcomes

**STAKEHOLDERS**
- Improve the Experience
- Reduce the Cost of Care
- Improve Outcomes
- Expand Access
Removing the care burden through virtual clinical support to enable PCMH success

HARDSHIPS ON PROVIDERS

- EHR
- Decreased Reimbursement
- Volume to Value
- Adequate Visit Time
- Limited Access

VIRTUAL CLINICAL SUPPORT

- Simplify the EHR
- Ensure clinical data integrity
- Create time for clinicians

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We tackled the care burden with three physician support initiatives

**VIRTUAL SCRIBE**
- Enables better patient and provider engagement
- Dramatically reduces after-hours documentation burden
- Transforms the EHR into a learning tool versus a distraction

**DOCUMENT MANAGEMENT / ONGOING ABSTRACTION**
- Reestablish credibility and trust with the EHR
- Gives entire clinical team more time for patient engagement
- Safer and more efficient care

**CODING**
- Teaches physicians to excel at coding through daily feedback
- Dramatically reduces compliance risk
- Increases RVUs through more accurate coding

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EHR documentation impacted physicians during and post visit

EHR was impacting physicians during the visit

- Productivity impact on visits
- Documentation challenges
- Navigation of EHR while practicing was distracting

After-hours EHR usage was excessive and significantly impacted physician satisfaction

- 91% of providers have after hour EHR usage
- On any night, one-third of the providers were on the EHR
- Over half of the providers log in at 11PM or later
EHR Documentation Challenges

- Less time for patients
- Work late nights and weekends on documentation
- Suboptimal coding
- Lower productivity
Virtual Scribe workflow

Creating clinically relevant, financially optimal, legally safe documentation

- **INTIMATE:** No extra eyes in the room
- **SECURE:** PHI is protected
- **RELIABLE:** Records even if internet is down
- **ACCURATE:** No “copy paste” notes

**Greet Patient & Record Consent**
- Nurse
- Patient

**Record Patient Encounter and Upload**
- Physician
- Patient

**Review, edit and sign note (following morning)**
- Physician

**Scribe completes documentation offline**
- Remote Scribe

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Virtual Scribe Results

<table>
<thead>
<tr>
<th>PERFORMANCE INDEX</th>
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<tbody>
<tr>
<td>NIGHT / WEEKEND WORK</td>
</tr>
<tr>
<td>DOCUMENTATION TIME</td>
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<tr>
<td>DAILY</td>
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<tr>
<td>MONTHLY</td>
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Challenges with Coding

- ICD-10
- HCC Coding
- Movement to Value
- Limited opportunity for training
- Struggle with E&M coding
Coding Audit and Review

Coding audits for ICD-10 (required as of Oct 2015) to ensure MDs are doing it right - lowers risks of denials, audits, compliance risks

EM audits, reviews and where needed, CDI (Clinical Documentation Improvement) training

HCC chart reviews with assistance identifying appropriate codes in advance of patient visits
Combined with Virtual Scribe, CDI moves the needle on the physician coding knowledge

**PERFORMANCE INDEX**

- **25% INCREASE**
  - EM CODING ACCURACY
- **3% INCREASE**
  - MONTHLY RVUs
- **REDUCED**
  - CODING COMPLIANCE RISK

Daily feedback moves the needle on clinical documentation

- 20% of charts historically over-documented / under-coded
- 10% of charts historically under-documented
- Daily feedback provides a forum for continued learning and engagement

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Document Management / Ongoing Abstraction

In today’s paperless world, we are still overrun with paper

THE COST

• Time & focus burden on clinical team
• Physicians searching for documentation
• Risk of lost or unseen results

• Consults
• Test results
• Labs
• Charts
• Referrals
Document Management & Data Abstraction workflow

The right data, in the right place, at the right time

Faxed documents forwarded to eFax line

AUTOMATION

Scan paper charts, clinical and non-clinical data

NURSE / MA

OVERNIGHT

Files documents in EHR. Abstracts clinical data to EHR fields.

REMOTE TEAM

NEXT MORNING

Abstracted Docs in PAQ Discrete Data in EHR Within Physician Workflow

PHYSICIAN

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Document Management & Ongoing Abstraction: Right data at right place at right time

- Reduce staff time on nonclinical tasks
- Improve staff satisfaction by reducing administrative burden
- Reduce training time for new staff
- Increase capture of discrete clinical data
- Rebuild trust and reliability of EHR as the primary source of truth
- Increase capture of quality metrics and accurately credit physicians for work done
- Reduce cost of care by reducing ordering of duplicate tests/studies
- Improve accuracy of native EHR reports to identify patients requiring outreach/follow up
- Improve speed and efficiency of using EHR to safely see patients
# Document Management & Ongoing Abstraction Results

<table>
<thead>
<tr>
<th>Performance Index</th>
<th>30 MINS SAVED</th>
<th>1 HOUR SAVED</th>
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<tbody>
<tr>
<td></td>
<td>PER DAY PER DOC</td>
<td>PER DAY CLINICAL TEAM</td>
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<table>
<thead>
<tr>
<th>99% ACCURACY</th>
<th>50% INCREASE</th>
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<tbody>
<tr>
<td>EVERY DOCUMENT EVERY DAY</td>
<td>CAPTURED QUALITY METRICS</td>
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Based on the initial results, we are growing support in 2016

**VIRTUAL SCRIBE**
- 6 new providers March
- Anticipate 15%-20% adoption

**DOC. MGMT. / ABSTRACTION**
- Ramp to begin in late Q2
- Will be rolled out to all practices

**CODING**
- CDI / Concurrent coding
- HCC coding
As we continue to create wins, we’re already crafting tomorrow’s vision.

### POPULATION HEALTH
- Care coordination enablement
- Transition of care support
- HCC coding

### CLINICAL TRACKER
- Track status of orders
- Capture test results
- Close the loop

### CLINICAL PREVIEW, PATIENT REPORT CARD
- Summarized information for the physician
- Engages the patient during the visit

### REFERRAL MANAGEMENT, PRIOR AUTHORIZATION
- Submit prior auth requests
- Saves time and effort for physicians

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Mix of core and optional services

At the end of the day, we believe Physician Satisfaction Is Priceless
Questions and Answers