Engaging Physicians to Achieve High-Value Healthcare

AMGA Quality Summit
Phoenix, Arizona
September 26, 2013

James Merlino, MD
Robert Coulton, Jr. MBA
Adrienne Boissy, MD
Objectives

- Design a strategy to educate physicians about critical healthcare initiatives
- Help physicians embrace personal responsibility through the use of data
- Understand how to implement a professional conduct program
- Understand the elements of an effective program to improve physician communication
The Environment

James Merlino, MD
Chief Experience Officer
Associate Chief of Staff
Healthcare Tomorrow?
# The New World

<table>
<thead>
<tr>
<th></th>
<th>Volume-Based</th>
<th>Value-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Payment</strong></td>
<td>Fee-for-Service</td>
<td>Outcome Based</td>
</tr>
<tr>
<td><strong>Incentives</strong></td>
<td>Volume</td>
<td>Value</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Acute Episodes</td>
<td>Populations</td>
</tr>
<tr>
<td><strong>Role of the Provider</strong></td>
<td>Single Episodes</td>
<td>Care Continuum</td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>Retrospective</td>
<td>Real-time &amp; Predictive</td>
</tr>
</tbody>
</table>

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Quality – Based Payment Reform Initiatives

- Inpatient Quality Reporting Requirement (IQR) 2% of APU
- Value Based Purchasing 2%
- Readmissions 3%
- Hospital Acquired Conditions (DRG Demotions)
- Hospital Acquired Conditions 1%
- Meaningful Use 1%

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## 2013 VBP Measures

<table>
<thead>
<tr>
<th>AMI</th>
<th>Fibrinolytic therapy received within 30 minutes of hospital arrival</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary PCI received within 90 minutes of hospital arrival</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>Discharge instructions received</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Blood culture performed prior to administration of first antibiotic(s)</td>
</tr>
<tr>
<td></td>
<td>Initial antibiotic selection for CAP in immunocompetent patient</td>
</tr>
<tr>
<td>Healthcare-Associated Infection</td>
<td>Prophylactic antibiotic(s) one hour before incision</td>
</tr>
<tr>
<td></td>
<td>Selection of antibiotic given to surgical patients</td>
</tr>
<tr>
<td></td>
<td>Prophylactic antibiotic(s) stopped within 24 hours after surgery</td>
</tr>
<tr>
<td></td>
<td>Postoperative Urinary Catheter Removal on Postoperative day 1 or 2</td>
</tr>
<tr>
<td></td>
<td>Cardiac surgery patients with controlled 6AM postoperative serum glucose</td>
</tr>
<tr>
<td>Surgical Care Improvement</td>
<td>Surgery patients on a beta blocker prior to arrival who received a beta blocker during the perioperative period</td>
</tr>
<tr>
<td></td>
<td>Surgery patients with recommended venous thromboembolism prophylaxis ordered</td>
</tr>
<tr>
<td></td>
<td>Surgery patients who received appropriate venous thromboembolism prophylaxis within 24 hours prior to surgery to 24 hours after surgery</td>
</tr>
<tr>
<td>Patient Experience of Care</td>
<td>HCAHPS survey results on patient interaction with doctors, nurses, and hospital staff; cleanliness and quietness of the organization; pain control; communication about medicines; and discharge information</td>
</tr>
</tbody>
</table>
Value Based Purchasing: FY2014

2nd Year of VBP Reporting:
- April – December 2012: Performance period

• Measures:
  - 13 Core Measures
  - 8 HCAHPS
  - 3 Mortality
  - 8 Hospital Acquired Conditions
  - 2 Composite PSI
  - 1 Efficiency (spend per beneficiary)

• $$ impact 2014

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Increasing Accountability
Special Report for Massachusetts residents

How Does Your Doctor Compare?
## Ratings of practices for adults (Continued)

Based on patient experience in alphabetical order, within regions and towns

<table>
<thead>
<tr>
<th>Town</th>
<th>Practice Name</th>
<th>Address</th>
<th>Willingness to Recommend</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chestnut Hill</td>
<td>Beth Israel Deaconess Healthcare - Chestnut Hill</td>
<td>25 Boylston St., Suite 204</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Brigham and Women's Hospital, Physician Group</td>
<td>850 Boylston St., Suite 530</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal Physicians Health Care</td>
<td>1244 Boylston St., Suite 306</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The Fish Center for Women's Health</td>
<td>850 Boylston St., Suite 402</td>
<td></td>
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<tr>
<td>Newton</td>
<td>Brigham and Women's Hospital at Newton Corner</td>
<td>272 Centre St.</td>
<td></td>
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<tr>
<td>Newton</td>
<td>Newton Wellesley Internists</td>
<td>2000 Washington St., White Hills, Suite 544</td>
<td></td>
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</table>

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Quality of Care for Patients with Diabetes

You can use the star ratings below to see how well this group practice does at providing recommended care to their patients with diabetes and helping them to control their blood sugar, blood pressure, and cholesterol. More information.

More stars are better.

Controlling blood sugar levels in patients with diabetes.

If patients with diabetes have blood sugar levels that stay too high, it can lead to heart disease, stroke, and kidney disease. Doctors should use the A-1-C lab test to check patients’ blood sugar levels and should work with patients with high levels to bring their blood sugar under control.

To give the group practice its star rating, Medicare looked at the percentage of patients with diabetes who had a high blood sugar level (above 9% on their most recent A-1-C lab test). More stars are better because it means fewer of the practice’s patients had high blood sugar.
Physician Exposure

- **Outcomes**
  - Medicare / States / Payers

- **Complaints**
  - Joint Commission / Medicare / States

- **Behavior**
  - Joint Commission / States / Medicare

- **Patient Experience**
  - Medicare / States / Payer / Companies
Score - Scorecard

<table>
<thead>
<tr>
<th>Center Name</th>
<th>HCAHPS</th>
<th>Medical Practice</th>
<th>Ombudsman</th>
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<tbody>
<tr>
<td>Hematologic Oncology and Blood Disorders</td>
<td>25</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Hematologic Oncology and Blood Disorders</td>
<td>29</td>
<td>34</td>
<td>81%</td>
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<td>81%</td>
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<tr>
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<td>5</td>
<td>43%</td>
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<tr>
<td>Hematologic Oncology and Blood Disorders</td>
<td>23</td>
<td>16</td>
<td>84%</td>
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<td>12</td>
<td>82%</td>
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<tr>
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<td>80%</td>
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<tr>
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<tr>
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<td>5</td>
<td>80%</td>
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<tr>
<td>Hematologic Oncology and Blood Disorders</td>
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<td>35</td>
<td>74%</td>
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<tr>
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<td>Hematologic Oncology and Blood Disorders</td>
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<tr>
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<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>4</td>
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<td>100%</td>
</tr>
<tr>
<td>Medical Genetics</td>
<td>3</td>
<td>3</td>
<td>69%</td>
</tr>
</tbody>
</table>

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Verbatims

• “Never sure who my doctor was..”
• “Surgeon never saw me – until I was very critical”
• “Never saw my surgeon – only the fellow”
• “Doctor had attitude”
• “Doctor was rushed”
• “Too many doctors – I never new who was in charge.”
• “----- group was backing out of the door as my wife was asking questions – very rude.”
Action Steps

- Create the burning platform
- Define their role
- Embrace transparency
- Emphasis individual accountability
- It's about how we deliver care
- Physicians can lead this
We have met the enemy ... 

... and he is us

Pogo
Components of Culture that Supports Change

Robert W. Coulton, Jr., MD
Executive Director
Office of Professional Staff Affairs
Structure Provides Proper Environment

- Employed model
- Salary-based
- Institute structure
- Strong culture
- Physician-led
- Shared risk and reward
- Financial health
Annual Professional Review

- One year contracts
- Comprehensive self evaluation, department evaluation and BOG review
- Consistent performance data presented
- Allows for alignment of incentives between Staff and the organization
Managing Professional Conduct

Challenges

• Traditions in healthcare that allow (encourage?) inappropriate behavior
• Fear of reprisal
• Specialty traditions
• Cloak of secrecy
Forces That Brought About Change

- Effects on patient safety
- Effects on patient experience
- Effects on employee satisfaction
- Effects on organizational costs
- Right thing to do
Physician Conduct Committee

- Committee Membership
  - 12 physicians
    - Physician Chair (Orthopedic Surgeon)
    - President / President-elect Medical Staff
  - Ex officio
    - Executive Director OPSA
    - Chief Human Resources Officer
    - Office of General Council
    - Chief Experience Officer
Disruptive Behavior

- Behaviors that undermine a culture of safety means any behavior that prevents or interferes with an individual’s or group’s clinical/academic performance or creates an unprofessional, unsafe, intimidating, hostile or offensive work environment and jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital.
Professional Conduct Committee

- Not intended to replace appropriate leadership at department and institute level
- Operates under appropriate levels of confidentiality
- Conducts comprehensive and fair evaluations of reported incidents
- Encourages employees to come forward with concerns
- Not intended to restrict healthy criticism with the intention of improving patient care
- Not intended to restrict complaints against poor performing employees
- Not intended to restrict good-faith patient advocacy
Level I – relatively mild disruptive behavior or 1st offense

**Level I Response**
1. Confirm facts of report
2. Notify physician & discuss appropriateness
3. Obtain commitment that behavior will not be repeated
4. Record in file
5. Notify Institute & Department Chairs
6. Follow up or monitor behavior

Behavior repeated?

**Level I Response**
1. Confirm facts of report
2. Notify physician & discuss
3. Obtain commitment that behavior will not be repeated
4. Record in file
5. Notify Institute & Department Chairs
6. Follow up or monitor behavior

Level II – Incident presents significant disruption, 2nd offense or serious policy infraction

**Level II Response**
1. Confirm facts of report
2. Conduct investigation
   - obtain assessment of cause
   - interview relevant parties
   - present findings to committee
3. Notify physician & discuss
4. Obtain commitment to change/remediation activities (preferably in contract form)
5. Formal letter to file (cc. to Chair)
6. Notify Institute & Department Chairs
7. Notify Chief of Staff
8. Mandatory follow-up program

Behavior repeated?

NO

YES

Level III – Major policy infraction, serious misconduct, 3rd offense or breach of patient ethics

**Level III Response**
1. Confirm facts of report (can consider administrative leave pending investigation, or summary if need to protect patients or employees)
2. Conduct investigation (legal usually involved)
3. Notify physician & discuss
4. Notify Institute & Department Chairs
5. Present results of investigation to BOG
6. BOG and Chief of Staff determine definitive action

Behavior controlled by monitoring, training, etc.

Suspension/restriction/regulatory action
Root Causes of Disruptive Physician Behavior

- Dealing with stressful & emotional situations
- Fatigue
- Burnout
- Systematic pressure for increased productivity and cost containment

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Possible Actions

- Determine that no action is warranted
- Intervene informally using a senior colleague
- Refer the matter back to the immediate supervisor
- Require a written apology to the complainant
- recommend to the Chief of Staff:
  - counsel/issue a warning
  - refer to Physician Health committee
  - implement formal remediation
  - consider disciplinary action pursuant to the Major Policies for the Professional Staff

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Case Outcomes

• Total of 80 concerns filed in three years
• 35% did not result in an “incident level”
• Males represent 65% of the staff and 85% of the complaints
• Surgical staff make up 20% of the organization but 60% of the complaints
• 38% of complaints are filed by physicians followed with 29% by registered nurses
Lessons Learned

• Not overwhelmed with volume of frivolous complaints
• Viewed as overwhelmingly positive by both physician staff and employees
• Resulted in transitions of employment
• Concern has been retaliation
Engaging Physicians in Communication Skills Training...Anything is Possible

Adrienne Boissy, MD, MA
Medical Director, Center for Excellence in Healthcare communication
DON'T WORRY - WE KNOW WHAT YOU NEED WE'VE BEEN DOING IT THIS WAY FOR YEARS!!!
Doctors are *Excellent* at Communicating with Patients....

...Just ask them!
Physician Patient Comments

- Negative: 49%
- Positive: 43%
- Mixed: 8%

N = 540

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Opportunities for Improvement

Doctor Communication Verbatims

- Attitude / Compassion: 17%
- Explain: 20%
- Listening: 10%
- Dr Time: 3%
- Others: 1%
- Coordination: 25%
- Staff Dr Access: 24%

72% Communication

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Characteristics of Physician Survey Scores & Legal Finance

Survey Response Category

Physician related claims and suits from the lowest 2 response categories comprise 80% of all legal payments and expenses in this study.

Source: 2012 Press Ganey, CCHS Ombudsman Complaints/Grievances and CCHS Law Dept

*incurred loss includes indemnity pay + legal expenses
Key strategies

• Doc to Doc
• Surgeons
• Leadership support – verbiage, time
• Safe setting with 10-12 participants
• Let MDs bring their own cases that haunt them
• This is an investment in our staff
• Not about hugging
Outpatient Surveys

Ambulatory Provider Communication
Pre/Post Comparison

* Benchmark reference, Press Ganey all client medical practice survey scores Oct 2012 - March 2013 from 843 U.S. medical practices

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My Lessons

- Everyone can change something
- Effective communicators can elevate not so effective
- It's not really “good or bad”
- Disconnect between intent and interpretation
- Recognition of cues
- Importance of loudness
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Every life deserves world class care.