



Making It Happen. Fast.

Mid-Atlantic Permanente Medical Group's Improvement Strategy

In September 2013 Mid-Atlantic Permanente Medical Group was named an honoree for the American Medical Group Foundation's 2013 Acclaim Award for its initiative "Making It Happen. Fast." Here are some highlights from their achievements.



Over the past four years, Mid-Atlantic Permanente Medical Group (MAPMG) has rapidly risen to become a national leader in healthcare clinical quality, service, and efficiency. The transformation of the organization has been an amazingly fast and inspiring example of teamwork, commitment, planning, and execution.

Many steps were taken to achieve this transformation. The first step occurred when leadership developed and articulated a clear, inspiring vision and set bold goals that always kept the patient at the center. The vision is simple: to deliver more value to patients than any other health system and become the national model for healthcare quality, service and efficiency. To pursue this vision, MAPMG established audacious goals to be #1 in Quality, Service, and Efficiency. They created new leadership roles with clear responsibilities and developed a tactical operating plan with distinct accountabilities and firm due dates. Their remarkable, replicable achievements were enacted over a short period of time to enhance the value of the care offered to patients.



Mid-Atlantic Permanente Medical Group team accepting the 2013 Honoree Award (from left to right): Joseph Territo, M.D., Associate Medical Director; and Susan Leggett-Johnson, M.D.

Challenges

In 2008, MAPMG reached a pivotal point in its history. Long a local leader in clinical quality, their service and cost structure needed significant improvements. Change—big change—was necessary for the organization to survive in a competitive marketplace. The physician shareholders of the region’s medical group voted to “affiliate” with one of their much larger and more successful sister medical groups from a different region of the country. At that point, the CEO of the sister medical group also became CEO of their medical group, and he appointed a seasoned medical director to lead the medical group. With this new leadership,

MAPMG embarked upon a large-scale, rapid transformation. They set forth on this path with the following vision and goals:

1. Be #1 in Clinical Quality
2. Be #1 in Service
3. Be #1 in Efficiency

Over the past four years, the organization has rapidly risen to become a national leader in quality and service. MAPMG has seen dramatic improvements in HEDIS and CAHPS rankings and a significant jump in the health system's ranking leading to a rank of 15th in the nation according to the most recent National Committee for Quality Assurance (NCQA) report ranking (Figure 1). Their Medicare plan was also #1 in the region (the only plan locally to receive a 5-star rating from CMS) and #12 in the nation.

At the heart of the transformation was an organized set of tactics designed to change culture and performance. Formal and aggressive enhancements to leadership structure and staffing were made. They mindfully invested in the development of data systems, performance measurement tools, and actionable reports to give physician leaders information to constantly gauge performance against targets. A commitment to internalize (rather than refer care to contracted community providers) was a central tenet so the group could better control the quality, patient experience, and costs of care. From the beginning of the transformation, MAPMG set very ambitious performance targets across all aspects of the organization and created the expectation and accountability for rapid and measurable progress.

Leadership

Leaders set aggressive goals and targets—for quality, service, and efficiency—across the organization. They increased the transparency of performance both to reveal a natural competitiveness to be the best, as well as to better identify areas in need of deeper leadership engagement. Reinforcing these goals, measuring performance, and holding providers accountable for their individual and collective achievement are what have led to rapid improvement.

Regular, frequent communication is central to success. The executive leadership team meets twice per month, adhering to detailed agendas for reporting on specific objectives outlined in the annual operating plan. Twice each year, evening meetings are held with all physician shareholders and those on the shareholder track to provide progress updates. These meetings are extremely well attended. Monthly meetings are also held for each geographic service area, department, and

MAPMG Profile

Number of Providers: 1,000 physicians

Patients: Approximately 500,000 people

Annual Patient Visits: 1.2 million primary care visits, 865,000 specialty care visits, and 191,000 urgent care visits

Number of Sites: 30 medical centers and 10 hospitals across two major metropolitan areas

FIGURE 1
National Committee for Quality Assurance National Health Insurance Private Plan Ranking

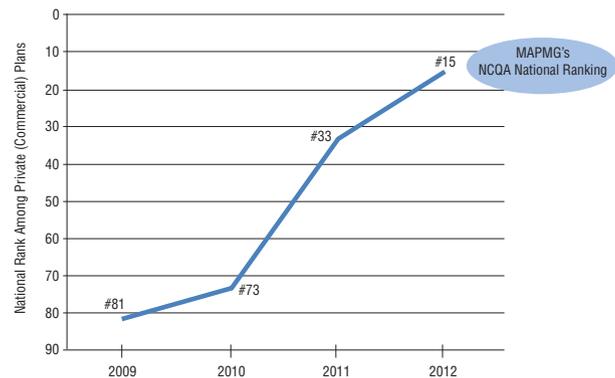


FIGURE 2
Physician Morale

Opinion of MAPMG as a Great Place to Work

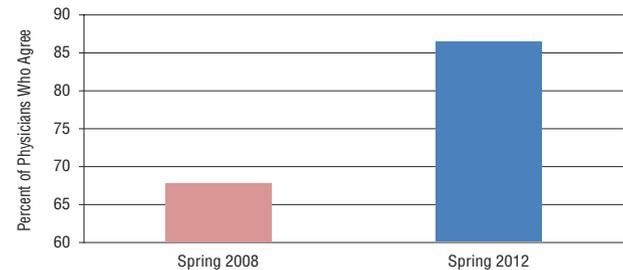


FIGURE 3
Breast Cancer Screening Rate

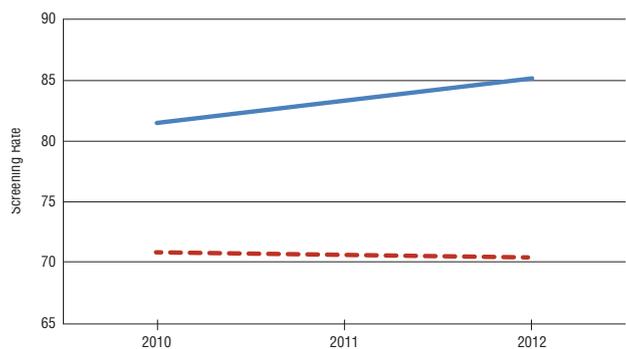


FIGURE 4
LDL-C <100; Patients with Cardiovascular Conditions (%)

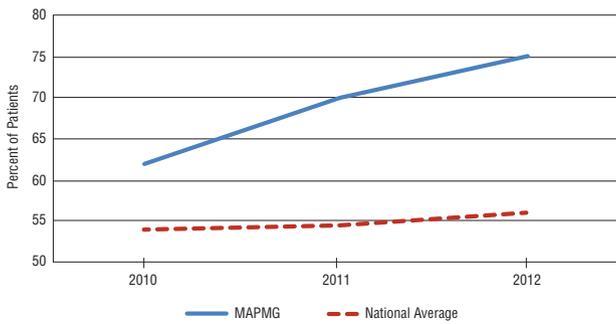
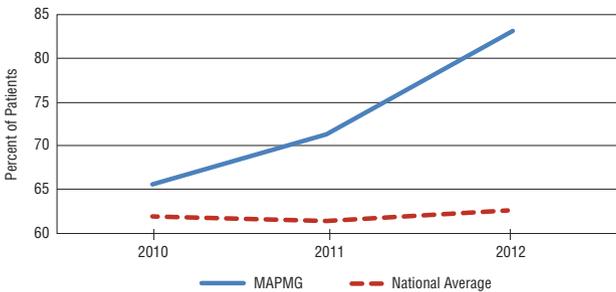


FIGURE 5
Controlling High Blood Pressure – Total (%)



site to ensure that performance against targets is understood, best practices are shared, and improvement plans are formulated.

Along with the incredible change in quality, service, and efficiency over the last four years, an annual internal survey also shows that physician morale has also dramatically improved and is now at an all-time high (Figure 2).

Much of the success is the result of strong physician leadership and engagement. Leaders have communicated a clear strategy, set bold goals, designed a “line of sight” organizational structure, clarified accountabilities, and provided the tools necessary to succeed.

Quality

An unrelenting pursuit of quality is at the core of MAPMG’s efforts. All elements of the medical group and health system’s care delivery teams are accountable for achieving quality targets. Notwithstanding the region’s high disease burden, the organization continues to outpace other community provider groups in prevention and population management of chronic diseases. They institute recommended care practices and preferred practice patterns to ensure they are all following the most current evidence-based pathways.

One important tool is the “best practice alerts” in

FIGURE 6
Improving Quality and Satisfaction While Decreasing Costs

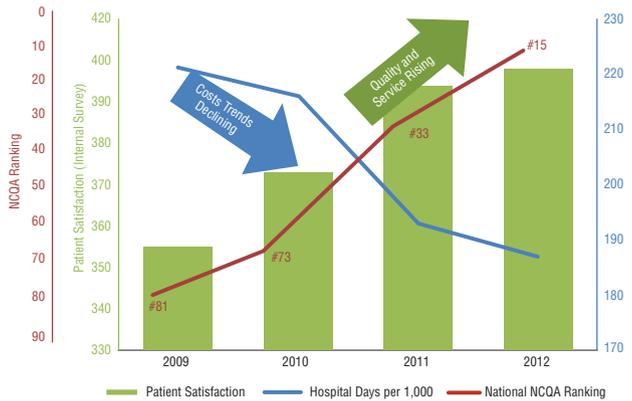
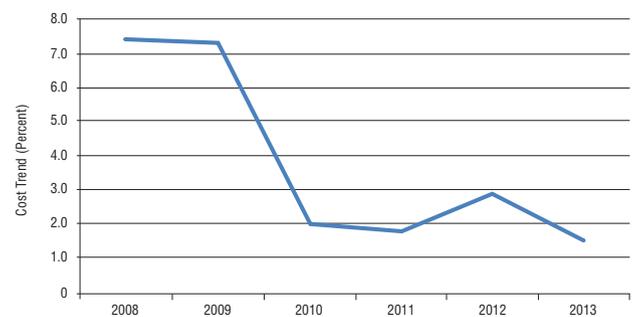


FIGURE 7
Overall Cost Trend

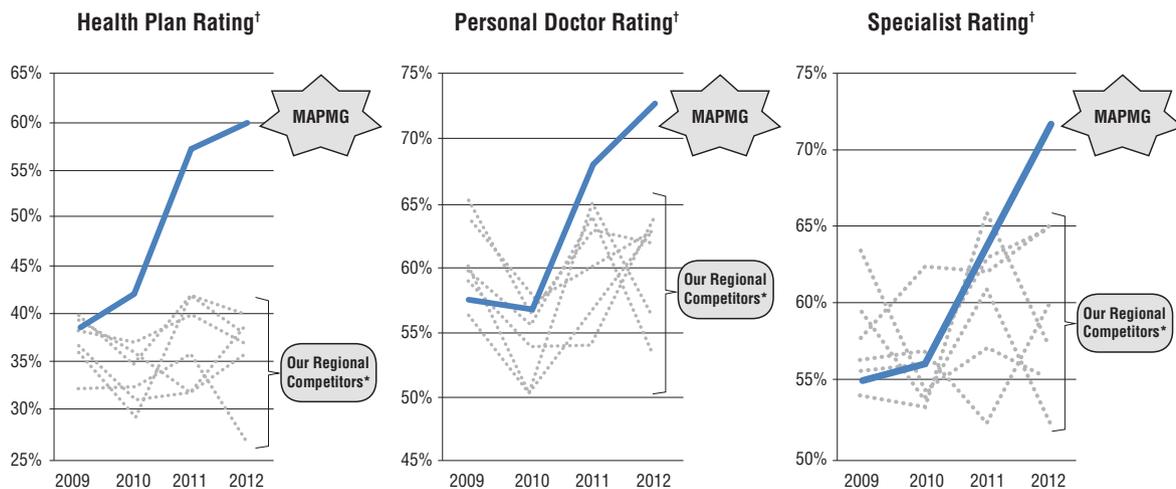


the EMR system. These alerts are designed by physician leadership to signal providers about prevention and/or chronic disease management steps specific to each patient (e.g., when a woman between 21 and 64 comes in for an appointment in behavioral health, her psychiatrist will be notified if the patient is due for cervical cancer screening, and will be responsible for taking steps to ensure the screening is scheduled).

MAPMG achieves outstanding quality through a three-part approach: (1) “outreach” where a clinician or team member calls or e-mails (securely through the EMR) the patient to schedule a needed appointment, screening, or medication titration; (2) “in-reach” where the issue is addressed when the patient is in the exam room—every exam room, every specialty; and (3) “backswep” to catch missed in-reach opportunities once a patient has left the office. Each approach is enabled by 21st-century technology that helps them know their patients well, including their communication and language preferences, and give them the care they need no matter where they present.

The outreach, in-reach, and backswep efforts are working. Impressive results confirm a commitment

FIGURE 8
Consumer Assessment of Healthcare Providers and Systems (CAHPS)



[†]Data CAHPS percent of respondents scoring question a 9 or 10 on 10-point scale
^{*}Other Large Competitors based on HealthLeaders July 2011

to quality in both preventive care and disease management:

- Scored higher than the 90th percentile in 44 HEDIS 2012 Effectiveness of Care (EoC) measures; many more measures than regional competitors. Competitors range from 0-11 HEDIS EoC measures in the 90th percentile
- Ranked #1 in the nation for breast cancer screening among all the health plans reporting to NCQA in 2012 (Figure 3)
- Scored 10 points higher than the national average for pediatric vaccinations and appropriate treatment for upper respiratory infections
- Ranked first or second in the region for eight out of ten diabetes measures
- More than 70 percent of patients with cardiovascular conditions have LDL-C in control versus an industry average of 55 percent (Figure 4)
- Nearly 85 percent of patients with high blood pressure have their blood pressure under control versus a national average of under 65 percent (Figure 5)
- The percentage of our adult members who get BMI (body mass index) measured is almost 90 percent

Service + Access = The Patient Experience

MAPMG takes pride in offering personalized care and access. Every man, woman, and child has a primary

care physician—an internist, a family practitioner, or a pediatrician—of their choosing. All females age 18 and older also have a personal OB/GYN doctor. Patients have true personal relationships with their PCPs and they have easy access to them. One way they measure appointment service is with “First Call” performance—do our patients get what they need the first time they call or are follow-up calls required? Data shows that more than 90 percent of the time patients have their needs met in the first call, which is a tremendous jump in performance compared to where MAPMG started in 2008.

Patients don’t always have to “see” their doctor to get care and advice. PCPs are responsible for a panel of patients, not a number of visits. If a phone call will meet the patient’s needs, the doctor will utilize a telephone encounter. Similarly, if a situation can be best addressed by e-mail, secure e-mails will be exchanged. MAPMG has built performance measures around timely responses to patient inquiries and track performance.

If a patient needs a specialist, MAPMG can make it happen fast, and often on the same day. The target is that 80 percent of all patients—regardless of location—referred to any of their specialty departments are able to see a specialist within 10 calendar days of the initiated referral. They are meeting this target in virtually all of their specialties across the entire geography. In fact, between one-quarter and one-third of patients are seen by specialists the same day as or next day from their primary care encounter.

Technology allows for a variety of means to meet patients’ needs using their standards of convenience. Besides being able to e-mail their doctors (with the

option to attach photos), patients can also easily refill prescriptions, print summaries of their visits, see lists of upcoming screenings timelines, and download education materials—all securely and online. Patients with chronic diseases have additional support and education materials available to them via a “Complete Care Journal,” a 12-16-page, personalized and tailored journal that details a member’s health, calendar of care, and degree of disease control.

Efficiency

When there is easy access and personalized care, patient satisfaction rises. Patients seek care early on and adhere to physician recommendations because barriers have been removed. Patients trust their personal doctors to steer them to the appropriate specialists. Unnecessary ER visits and hospital stays are avoided. Physicians, paid by salary and responsible for keeping their panels healthy (rather than paid on a fee-for-service basis), evaluate their patients’ conditions as evidence-based medicine requires—sometimes in-person and sometimes via phone or e-mail. Everybody benefits from the efficiency gains and improved cost structure, not least the patients.

To provide a continuum of care for patients, the medical group implemented new services, capabilities, and practices to internalize care. They have found that internalization has not only led to increased quality and satisfaction but also has decreased costs (Figure 6).

This internalization of services and implementation of evidence-based best practices had dramatic results:

- 79 percent decrease in external referrals since 2009
- 25 percent reduction in hospital days since 2008
- 14.6 percent decline in emergency room visits since 2009
- 77.6 percent reduction in non-formulary prescription rate since 2001

As a result of internalizing care, overall cost trends have declined significantly as well (Figure 7).

Evaluating Success

As a result of this four-year transformation and the enhanced infrastructure, MAPMG is now widely recognized as a national leader in quality and service. NCQA ranked their commercial plan #1 in their region and number #15 in the nation—well above all local competitors. Their Medicare plan was also #1 in the region (the only plan locally to receive a 5-star rating from CMS) and #12 in the nation.

Screening rates for breast, colorectal, and cervi-

cal cancers outpace all other local health plans by a large margin. MAPMG is the top-ranked organization nationwide for breast cancer screening. Two prestigious consumer product agencies have ranked them #1 in highest member satisfaction (one of those five years in a row), and their health plan’s Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores show a sharp increase in members rating them a 9 or 10 on “Health Plan Rating,” “Personal Doctor Rating,” and “Specialist Rating” (Figure 8).

Lessons Learned

The transformation of MAPMG has been an incredibly fast and inspiring example of teamwork and commitment. Some key learnings include:

- Focus on the patient. Ensure decisions and actions center around the patient.
- Be bold. Set audacious goals.
- Invest energy in planning. Thoughtful, careful strategic planning is critical and must include clear goals, tactics and due dates. Clear accountability will make the implementation much simpler.
- Have the right tools and infrastructure. Invest in those tools and infrastructure on the front end.
- Collaborate. Engagement of the entire care team, led by physicians, is critical to success.
- Communicate. Articulating—with frequency—a clear vision and the path to get there will promote buy-in and collaboration in attaining goals.
- Measure, measure, measure. Build a robust reporting system and use the metrics to chart the course and monitor progress against your goals.
- Walk the talk. Foster and enforce a culture of accountability.
- Act fast. Speed should not be considered an insurmountable obstacle. MAPMG proves that true transformation can happen at an accelerated pace.

While they are pleased with how far—and how quickly—MAPMG has come, they are still moving at a rapid pace toward the goal of being ranked #1 in the nation. They continue to focus on improvement and embrace innovation.

Adapted from the 2013 Acclaim Award Application from Mid-Atlantic Permanente Medical Group submitted by Susan Fiorella, managing director, strategy and communications.