



Creating Communities

An Interview with UC Berkeley's Dr. Hector Rodriguez



Hector Rodriguez, Ph.D., M.P.H., holds many distinguished positions at the University of California, Berkeley (UC Berkeley). He is Henry J. Kaiser Endowed Chair in Organized Health Systems; Chair, Faculty Group in Health Policy; Co-director, Center for Healthcare

Organizational and Innovation Research; and Professor of Health Policy and Management at the School of Public Health. His expertise is in organizational analysis and performance measurement in healthcare delivery and local public health systems. He has published extensively on the measurement of patient care experiences and the impact of delivery system interventions on patient outcomes, including the impact of performance-based financial incentives on primary care quality. Dr. Rodriguez also serves on the Board of Directors for AMGA Foundation. *Group Practice Journal* interviewed him on his insights into the challenges facing U.S. healthcare systems and the Foundation's role in addressing some of those challenges.

GPJ: *What are the key challenges facing U.S. healthcare systems today?*

Rodriguez: A key challenge for healthcare systems today is the gradual transition away from fee-for-service (FFS) payment toward global budgets and risk-based incentive arrangements. In many markets, the transition has been slow and FFS dominates. External initiatives have gradually pushed medical groups and healthcare systems to take on more risk, but we have not hit the "tipping point" yet, so there is still a lot of trepidation.

Another major challenge is the result of large-scale care delivery transformation initiatives. Over the last decade, we have seen many regional primary care transformations and federal innovation initiatives fail to achieve their quality and cost-reduction goals. The lackluster

results highlight the difficulty of translating evidence-based chronic care management and patient engagement programs into routine practice. For example, we have strong research evidence on the potential benefits of team-based primary care on patient outcomes and costs of care, but most team approaches (i.e., integrating pharmacists onto care teams for medication management) are more difficult to implement and sustain in small practices with limited onsite support staff and resources. As a result, the routine use of team-based primary care approaches is lower than expected nationally, especially when considering the external incentives for healthcare systems to implement team-based models for chronic care management.

GPJ: *What do you think are the most promising ways to address these issues?*

Rodriguez: In order to accelerate the adoption and use of chronic care management and patient engagement programs, we need innovative ways of adapting evidence-based programs for routine use by healthcare providers and systems with more limited staffing. Promising examples include remote monitoring of patient-reported outcomes and biometrics and shared chronic care management and patient engagement programs for patients of small practices and healthcare systems with relatively limited resources. We also will need to provide expert facilitation and opportunities for these health systems and medical groups to learn from best practices among similarly positioned peers in order to more effectively implement care management and patient engagement programs.

GPJ: *How can AMGA Foundation be a part of solving these issues?*

Rodriguez: AMGA Foundation is instrumental in filling a gap in the healthcare industry by providing structured opportunities for health systems

to learn from implementation successes through its Best Practices Learning Collaboratives. These learning collaboratives have focused on complex, high-cost conditions such as heart failure, COPD, and rheumatoid arthritis, which require intensive care management, and focused on improving patient-reported outcomes. AMGA Foundation's learning collaboratives have also focused on primary care management of hypertension and obesity, which rely heavily on long-term patient engagement in their own health and health care. Changing how health care is delivered can be daunting for healthcare providers and systems, and AMGA Foundation provides important support for learning and performance improvement.

GPJ: *Tell us about your reasons for joining the AMGA Foundation Board.*

Rodriguez: As a Professor at UC Berkeley, I conduct research on the characteristics of healthcare systems and medical practices associated with greater adoption and use of patient engagement strategies—such as shared medical appointments, shared decision-making, and use of patient-reported outcome measures of depression, pain, and social health—to support treatment decision-making. We have found that healthcare providers and systems don't really use these strategies in spite of their documented effectiveness in improving patient care and outcomes. I joined the AMGA Foundation Board to do my part to accelerate the use of evidence-based care management and patient engagement programs across the country.

GPJ: *You have researched how large systems and communities have successfully deployed community-based programs. What can AMGA members learn from these examples?*

Rodriguez: Important commonalities of successful community-based programs are a strong infrastructure for supporting the program's work and effective management of the change implementation process. Care management programs increasingly involve coordination among health care, social services, and long-term care settings, and

if these organizational partners do not have a common vision or shared goals, well-intentioned programs can unravel. Successful community-based programs also effectively manage the change process by establishing “rules of the road” for the collaboration, setting realistic but compelling improvement goals, and engaging frontline clinicians and staff in the improvement processes as the kinks of the new program get worked out. Too often, I see community-based programs fail because implementation challenges end up paralyzing the rollout and programs lack the infrastructure and discipline to respond to challenges. Implementation challenges should be expected, and overcoming them should also be expected. Providers and systems embarking on implementing community-based programs need to give careful attention to the infrastructure for the collaboration and the discipline required of managing relationships.



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GPJ: *California has the reputation for novel or innovative approaches to health care. What are some of the promising trends or innovations?*

Rodriguez: California has a long history of global payment, pay-for-performance, and use of other risk-based arrangements for healthcare payment, and has more consolidated healthcare markets compared to most other states. This has incentivized innovation in chronic care management, including breakthrough improvements in managing

hypertension and other cardiovascular risks. The most promising trend in health care is the routine use of virtual visits, including telephone appointments, video consultations, and electronic specialist consultations, to support PCPs. Kaiser Permanente has been a vanguard in this arena and their use of virtual visits now surpasses in-person encounters. This trend will hopefully continue, as healthcare payers will increasingly reward value over in-person volume. [GRJ](#)

ADVERTISERS INDEX

AMGA 2017 Medical Group Executive and Leadership Compensation Survey _____	33
amga.org	
AMGA 2017 Medical Group Operations and Finance Survey _____	5
amga.org	
AMGA 2018 Medical Group Compensation and Productivity Survey _____	9
amga.org	
AMGA 2018 Institute for Quality Leadership _____	41-42
amga.org/iql18	
AMGA Career Center _____	23
careers.amga.org	
AMGA Consulting Operations Improvement/Provider Compensation Conferences _____	3
amga.org/meetings	
AMGA Foundation AI Best Practices Learning Collaborative _____	45
amga.org/ai2	
AMGA Membership _____	13
amga.org	
AMGA Provider and Employee Benchmarking Program _____	7
amga.org/satisfaction	
AMGA Risk Resources _____	Inside Back Cover
amga.org/risk	
Coverys _____	Regional Ad
coverys.com	
CTI _____	47
ctileadership.com	
The Doctors Company _____	Inside Front Cover
thedoctors.com	
ISMIE Mutual Insurance Company _____	Regional Ad
ismie.com/growth	
Lightbeam Health Solutions _____	Back Cover
lightbeamhealth.com	
MagMutual Insurance Co. _____	11
magmutual.com	