

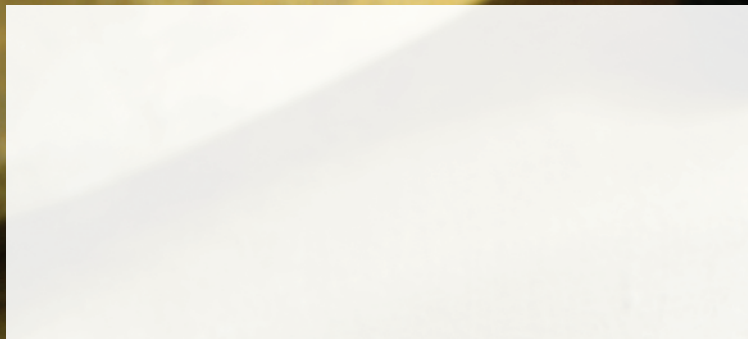
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The Sharp Experience: A Journey to Healthcare Excellence

2009 Acclaim Award Honoree
Sharp Rees-Stealy Medical Group



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Founded in 1923, Sharp Rees-Stealy Medical Group is one of the largest groups in California, providing care at 19 locations with 1,820 employees and more than 400 physicians representing virtually every field of medicine. In 2009, the medical group had over 1 million patient visits, with nearly 65 percent of the population covered by one of several managed care health plans. The group is certified by the Accreditation Association for Ambulatory Health Care, an industry benchmark for measuring quality.

Sharp Rees-Stealy is a part of Sharp HealthCare. A 2007 Malcolm Baldrige National Quality Award recipient, Sharp HealthCare is San Diego's most comprehensive healthcare delivery system. It is recognized for clinical excellence for services in cardiac, cancer, and multiorgan transplantation, as well as orthopaedics, rehabilitation, behavioral health, and women's health. The group also participates in significant collaborative studies with numerous medical institutions and research foundations in such areas as women's health, sinusitis, and asthma.

Roughly 10 years ago, Sharp HealthCare began a process of self-examination to explore how it could best deliver top-quality health care in the new millennium. After conducting more than 100 focus groups with employees, physicians, and patients, the group reconceived its mission to become an ideal healthcare delivery system and a model for healthcare excellence regionally, statewide, and nationally. A resolution was made

to change the culture at every level of the organization to achieve the best outcomes, attract patients, and establish their unwavering loyalty. With a comprehensive new vision named "The Sharp Experience," the group dedicated itself to achieving three overriding goals: becoming the best place to receive care, the best place to work, and the best place to practice medicine.

A resolution was made to change the culture at every level of the organization to achieve the best outcomes, attract patients, and establish loyalty.

With those goals in place, Sharp adopted six strategic Pillars of Success—Quality, Service, Growth, Finance, People, and Community—to break those goals down into specific organizational targets for intervention. To ensure accountability and produce a performance-based and outcomes-driven organization, the group created a five-year strategic plan with specific annual performance targets related to each pillar. To implement this initiative, it pursued four principal strategies:

1. **Making the case** for organizational change and unifying the entire care team around a shared purpose of taking extraordinary care of patients;

2. Adopting and sharing objective measurements of group and individual performance to create and provide **transparency and feedback** to improve results;
3. Providing **innovative coaching/training** with specific behavioral tactics to help everyone throughout the organization improve the patient experience; and
4. **Aligning incentives and recognition** at every level.

Teams were created throughout the organization to ensure input and buy-in from physicians, administrators, and employees. Physicians and senior administrative leaders also were given financial incentives. For employees, 12 behavior standards and 5 fundamentals of service were incorporated into annual performance reviews. Progress was tracked using statewide rankings in California's pay-for-performance (P4P) program, and regular patient surveys conducted by patient satisfaction vendor Press-Ganey that were benchmarked against national standards. Annually, physician and employee satisfaction surveys are conducted.

Ultimately, the Sharp Experience delivered transformational outcomes. In 2008, Sharp Rees-Stealy was recognized as the #1 medical group in the state's P4P program, and recognized as the "most improved" in the region for year-over-year performance. Patient satisfaction results increased from the 17th to the 89th percentile nationally. Physician and employee satisfaction results demonstrated year-over-year gains as well.

The Sharp Experience began with a clear and bold vision, and has resulted in a fundamental culture and performance transformation. It produced a healthcare delivery system that is more patient-centered, better coordinated, and fully accountable for outcomes. Today, the organization simultaneously provides a better healthcare *experience* for patients and a better healthcare *value* for patients, health plans, employers, and the community.

The Institute of Medicine (IOM) Aims

The process of transformation began before the IOM aims were publicized by the Institute of Medicine, but once they were released, the IOM aims proved to be entirely congruent with the strategies adopted by Sharp Rees-Stealy.

The group's mission is "to improve the health of its community through a caring partnership of patients, physicians, and employees." Its goal is "to offer quality services that set community standards and exceed expectations in a caring, convenient, affordable, and accessible manner." With three overriding goals—becoming the best place to receive care, the best place to work, and the best place to practice medicine—in place, Sharp HealthCare adopted six strategic Pillars of Success to break those goals down into specific organizational targets for intervention. These six pillars form the foundation of the strategy and integrate with the IOM aims, as shown in Table 1.

The six IOM attributes of an ideal health system dovetailed closely with the system redesign already under way and corresponded to the cultural shift the group was committed to achieving. The six pillars of success incorporating the IOM aims transformed systems to become more patient-centered, outcomes-focused, quality- and service-oriented, community-involved, and financially accountable. Sharp HealthCare developed a five-year strategic plan with clear yearly targets to ensure execution of the strategy and began to



The team from Sharp Rees-Stealy Medical Group accepting an Honoree AMGA Acclaim Award (left to right): Howard Smart, M.D., physician, pediatrics; Vicki Debaca, D.N.S., R.N., CPHQ, vice president, quality, utilization management and professional services; Jorge Pelayo-Garcia, M.D., physician site leader for diabetes; and Stephen Beeson, M.D., family physician and physician champion for service excellence

issue quarterly report cards to reflect progress regarding the annual targets. This structure ensured transparency and accountability at every level, and the free flow of information was part of an institutionalized process of review about where the organization was and where it needed to go with respect to its broader goals, pillars, and IOM aims.

Sharp HealthCare developed a five-year strategic plan with clear yearly targets to ensure execution of the strategy.

In its effort to redesign care processes to be more timely, efficient, and effective, Sharp Rees-Stealy made liberal use of information technology. It purchased and implemented an electronic health records (EHR) system and created a data warehouse that could be mined for clinical outcomes as a means to improve care. Knowledge and skills management were critical to becoming more patient-centered and equitable, with

human and financial resources applied to leadership development, coaching, and team building. To ensure optimal patient safety, care was coordinated across patient settings, and patients with high-risk conditions such as diabetes, heart failure, and chronic wounds were proactively managed. This was all built onto a foundation of organizational performance improvement that resulted in a better healthcare experience for patients and a better healthcare value for patients, health plans, employers, and the community. The net result of these efforts was a more capable and flexible organization able to continuously improve the delivery of safe, timely, effective, efficient, equitable, and patient-centered health care.

Challenges

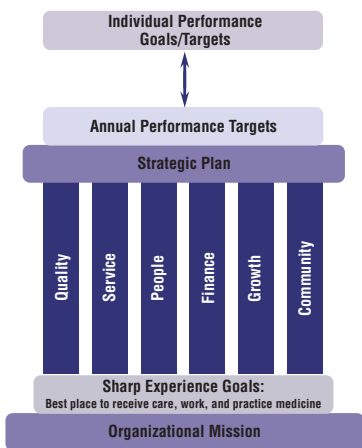
The first challenge, which fell to the system's leadership team, was to create and communicate a clear vision. Everyone had to understand what was meant by a new patient experience and how each person's interactions with patients shaped perceptions of care. This required honest reflection on areas needing

TABLE 1

Linkages between IOM Aims, Sharp Rees-Stealy Medical Group Mission, and Pillars of Success

IOM Aim	Mission Link	Pillar of Success	Examples
Safe	<i>"partnership of patients, physicians, and employees"</i>	Quality	<ul style="list-style-type: none"> • Electronic health records (EHRs) accessible to all care providers • Quality projects that focus on high-risk processes and patients • Continuity of care unit for optimal management of post-discharge transitions
Timely	<i>"accessible"</i>	Service	<ul style="list-style-type: none"> • Primary care open access scheduling • Multispecialty group with more than 30 specialties • Urgent care facilities at five sites • Pediatrics after-hours clinics • 24-hour nurse advice by phone
Effective	<i>"quality services that set community standards"</i>	Quality	<ul style="list-style-type: none"> • Registries with electronic reminder systems • Proactive telephonic outreach • Team-based approach for chronic care • Aligned quality incentives • Top-performing group in state P4P program
Efficient	<i>"affordable"</i>	Growth, Finance	<ul style="list-style-type: none"> • Concurrent review of hospital admissions and emergency room use • Dedicated hospitalist team • Generic drug use incentive program • Every patient assigned to a primary care physician to coordinate care
Equitable	<i>"to improve the health of its community"</i>	Service, Community	<ul style="list-style-type: none"> • Coaching of physicians and staff to improve patient experience • Quarterly leadership training • 12 behavior standards and five "AIDET" fundamentals of service • Translation services that are responsive to cultural needs
Patient-Centered	<i>"caring partnership," "exceed expectations"</i>	Service, People	<ul style="list-style-type: none"> • Physician and staff communication training • Physician Pledge • Financial and nonfinancial incentives for quality and service • Transparent reporting of patient satisfaction by individual physician

FIGURE 1
The Six Pillars



improvement and meant challenging the organization, physicians, and staff to achieve ever-improved outcomes for patients.

The process of translating the vision into structural and cultural changes—the six pillars and strategic plan (see Figure 1)—provided clarity of organizational goals and accountability for performance. Actionable targets unified the workforce and created specific benchmarks to measure and verify progress. Developing and implementing innovative tactics was another challenge, as practicing medicine in new, more patient-centered ways meant changes in longstanding procedures, routines, and processes. The organization needed a sustained commitment to

organizational transformation by the leadership team in order to achieve buy-in, dispel resistance, and embed new behaviors and attitudes. The final major challenge was achieving consistency of purpose in a large organization. The organization needed to create a clear vision, build the structural foundation, and use innovative tactics to institutionalize its organizational transformation.

To measure success, Sharp Rees-Stealy created a rigorous culture of performance measurement, feedback, and accountability, balanced with an environment that supported employees and physicians in their individual struggles with organizational change. Wherever possible, the group used external benchmarks.

FIGURE 2
Overall Physician Satisfaction (Annual Internal Survey)

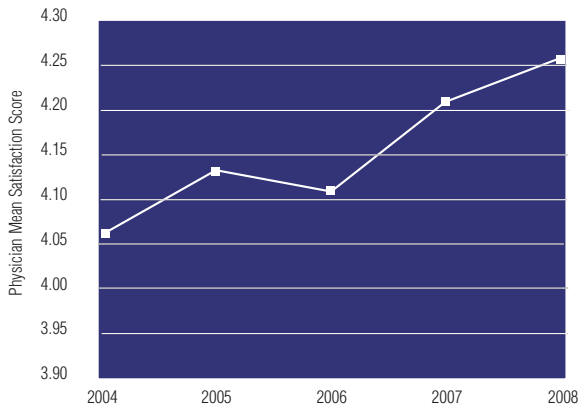


FIGURE 3
Overall Employee Satisfaction (Annual Internal Survey)

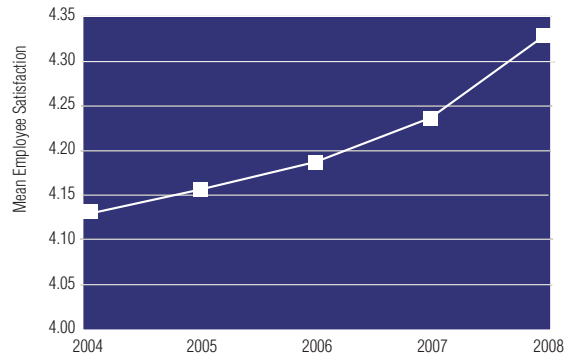
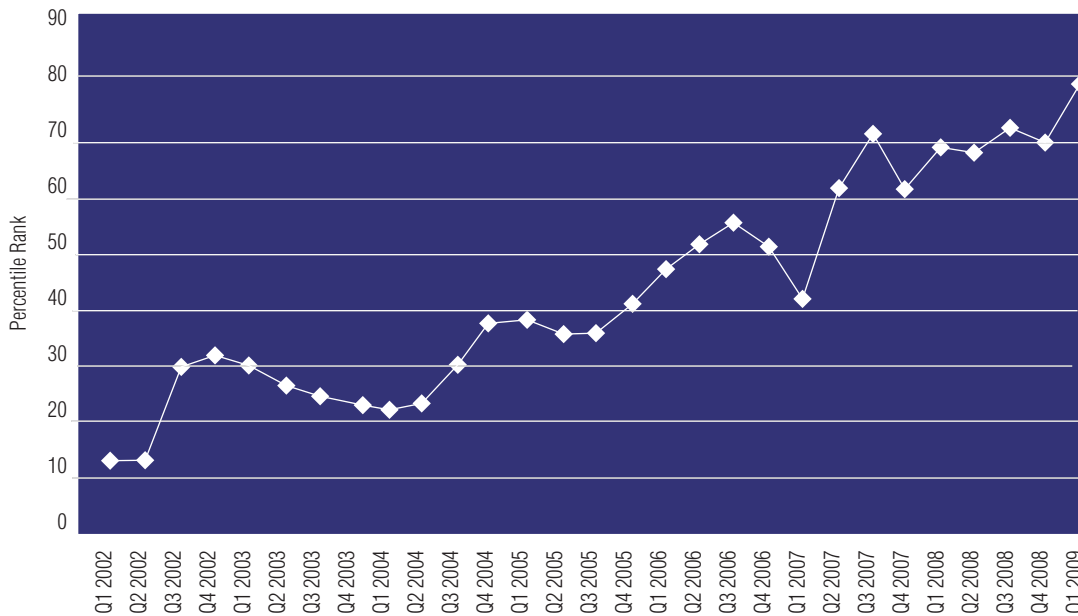


FIGURE 4
Patient Satisfaction National Percentile Rankings



To measure quality and patient experience, it used feedback (and ultimately received recognition) through the state's pay-for-performance (P4P) clinical quality and patient experience measures. To measure patient satisfaction, the group contracted with Press-Ganey to conduct regular patient surveys, which showed how it compared to similar medical groups throughout the nation. Press-Ganey surveys measured patient satisfaction by physician, site, and across the system, and individual leaders were held accountable for hitting organiza-

tional benchmarks within their areas of responsibility.

Internally, Sharp HealthCare conducted annual employee and physician satisfaction surveys, which assessed leaders' performance based on their ability to achieve measurable outcomes. The executive team was held accountable for both employee and physician satisfaction.

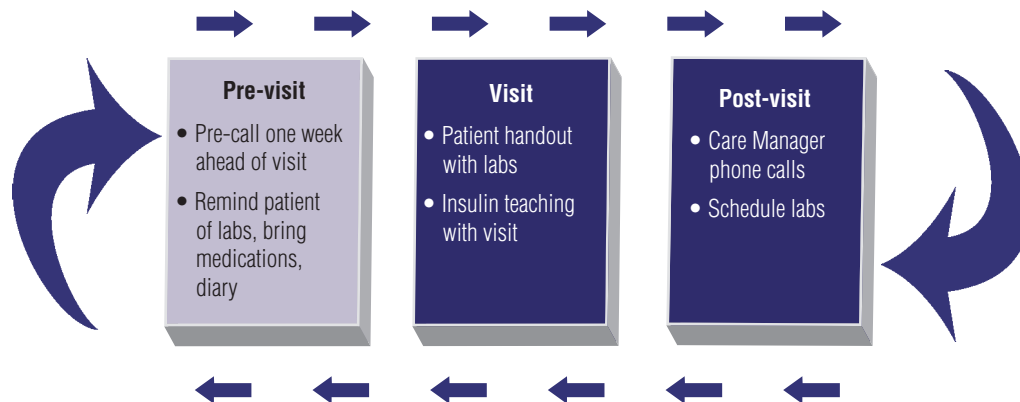
Leadership

Sharp HealthCare's five-year strategic plan with annual performance targets, developed through collabora-

tion between the medical group board of directors and administrative leadership, is based on the six pillars of success adopted to pursue the Sharp Experience goals and fulfill the group's mission (see Figure 1).

Each year, under each pillar, the executive team—which consists of the board of directors and senior administrative leadership—sets annual performance targets on a four-point scale. Financial incentives for physicians and management are aligned with their achievement of individual targets for sets of goals across pillars.

FIGURE 5
DM9 Planned Visit Process



Thus, the three broad goals define how the organization sees itself carrying out its mission; the six pillars of success break down those goals into clearly defined strategies and success criteria in each area; and the objectives, detailed annually in the strategic plan and tracked quarterly through the report card, delineate how progress is actually measured in terms of the pillars of success. The benchmarked P4P outcomes then shows how the group is performing in relation to other medical groups in the state, and the Press-Ganey results show how individual sites, physicians, and staff members measure up against national benchmarks.

Leveraging the advantages of the group's financial stability and a well-functioning governance structure, the board of directors and senior administrative leadership guided the Sharp Experience to success through activities in four main areas: committing human and financial resources, providing physician and employee incentives, executing communication strategies, and publicly supporting a commitment to the Sharp Experience as a long-term endeavor.

Employees are held accountable through internal and external measures that assess all levels of the organization by site and department in order to make people aware of

their individual contributions to the systemwide performance targets. Mandatory quarterly leadership development meetings for all managers promote the knowledge and competencies to implement the Sharp Experience and provide the opportunity for simultaneous learning by the entire leadership team. These daylong programs include motivational speakers from both healthcare and non-healthcare sectors, transparent reporting of progress toward strategic targets, and practical skill-building exercises to improve performance. At the end of each meeting, an accountability grid is completed by each leader, with 30-, 60-, and 90-day metrics that are monitored by senior leadership. The quarterly report cards that track the group's progress on every measure are broken down by individual site and are also announced at these meetings and posted on the group's internal website. In addition, annual performance targets are linked to the medical group's administrative bonus system, equaling up to 25 percent of top administrators' compensation. A portion (up to 20 percent in some cases) of physician compensation is eligible for a bonus and is linked to quality, patient experience, and access targets as well as efficient use of resources. Annual employee performance reviews incorporate 12

Employees are held accountable through internal and external measures.

TABLE 2
The 12 Behavior Standards

1. **It's a Private Matter:** Maintain Confidentiality
2. **To "E" or Not to "E":** Use E-mail Manners
3. **Vive la Différence!** Celebrate Diversity
4. **Get Smart:** Increase Skills and Competence
5. **Attitude Is Everything:** Create a Lasting Impression
6. **Thank Somebody:** Reward and Recognition
7. **Make Words Work:** Talk, Listen, and Learn
8. **All for One, One for All:** Teamwork
9. **Make It Better:** Service Recovery
10. **Think Safe, Be Safe:** Safety at Work
11. **Look Sharp, Be Sharp:** Appearance Speaks
12. **Keep in Touch:** Ease Waiting Times

FIGURE 6
Percent of Patients with Diabetes Whose Last A1c Was 9 or Above

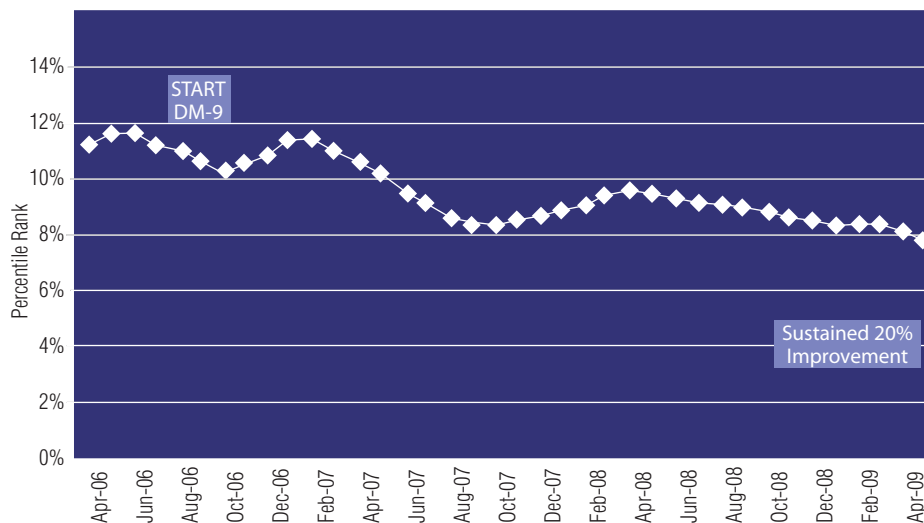


TABLE 3
The Five Fundamentals of Service or AIDET

A Acknowledge

Acknowledge people with a smile, make eye contact, and use their names.

I Introduce

Introduce yourself to others politely: *“Hi, I am (receptionist name) and I am going to be registering you today. May I have your name please... Thank you (patient’s name) the doctor’s expecting you.”*

D Duration

Keep in touch to ease waiting times: *“The registration process should take about three minutes or less. I will be validating your insurance information and verifying we have accurate and up-to-date information on file for you.”*

E Explanation

Explain how procedures work and/or delay of care, and whom to contact if they need assistance: *“Dr. --- is delayed by (duration of wait time) minutes. My name is (your name), please let me know if there is anything I can do to make your wait more comfortable.”*

T Thank You

Thank people for using Sharp Rees-Stealy Medical Group: *“It was my pleasure taking care of you. Thank you (patient’s name) for choosing Sharp Rees-Stealy Medical Group.”*

behavior standards, as well as five fundamentals of service (see Tables 2 and 3).

Results

Best Place to Work and Best Place to Practice Medicine

Overall physician and employee satisfaction scores showed significant improvement from 2004 to 2008 (see Figures 2 and 3).

Best Place to Receive Care

Sharp Rees-Stealy Medical Group was recognized as a top performer in

California’s P4P program (top 20 percent in the state overall) for the years 2006 through 2008 and recognized as the #1 medical group in the state in 2008. Also in 2008, Sharp Rees-Stealy was recognized by the Integrated Healthcare Association as the “most improved” in San Diego County for year-over-year performance; it was the only top-performing group to receive this distinction. In addition, patient satisfaction results increased from the 17th to the 89th percentile nationally. For detailed results, see Tables 4 and 5 and Figure 4.

In the 2008 California P4P patient experience survey, the group ranked:

- #1 in the region for “clerks and receptionists were helpful and respectful”
- In the 98th state percentile for office staff composite
- #1 in “Rating of All Health Care” in the region
- #1 in the state for “patient recommends doctor”

All patients, regardless of insurance, who received services through the Sharp Rees-Stealy Medical Group benefited from its organizational transformation. Since 2003, efforts have produced:

- More than 2,200 additional women annually who are appropriately screened for cervical cancer
- More than 2,000 additional women annually who are appropriately screened for breast cancer
- 1,000 additional high-risk patients annually who have controlled LDL cholesterol levels
- An additional 700 diabetic patients annually who have better blood sugar control
- More than 100 additional patients with persistent asthma who are on controller agents each year

Two programs in particular exemplify the organization's journey to healthcare excellence, demonstrating the power of making the case for change; providing performance feedback; coaching and mentoring physicians and staff; and aligning incentives and recognition.

DM9: Better Diabetes Care

To improve diabetes care at Sharp Rees-Stealy, a team consisting of physicians, nurses, administrators, and other key employees designed and implemented a "planned visit" model of care. In this model, patients follow a pathway that includes physician or staff interventions before, during, and after the office visit. Each member of the team is coached on specific interventions for success (see Figure 5). Physicians receive lists of qualifying patients and proactively schedule visits. Staff members call patients one week prior to each visit to confirm their appointment and remind them to bring their medications and blood sugar log book and to have their

TABLE 4
Clinical Domain: P4P State Results

Measure	Medical Group Rate	Best Rate in State	State Percentile
Breast Cancer Screening	83.03%	87.60%	90th
Cervical Cancer Screening	90.18%	90.18%	90th
Chlamydia Screening	65.46%	72.73%	90th
Childhood Immunization—MMR	96.27%	100%	90th
Childhood Immunization—VZV	95.89%	100%	90th
Asthma	91.94%	98.72%	60th
Colorectal Cancer Screening	57.21%	70.21%	80th
HbA1c Screening	90.55%	93.44%	90th
HbA1c Poor Control (>9) (lower is better)	20.38%	8.56%	90th
LDL Screening	88.94%	94.69%	90th
LDL Control (<100)	57.15%	64.59%	90th
Nephropathy Screening	95.65%	95.65%	90th
Upper Respiratory Infection	97.43%	100%	85th

laboratory tests done. After the visit, diabetes care managers follow up by phone. Each additional point of patient contact reminds patients that we are invested in their health. These additional contacts also provide motivation for both the healthcare team and the patients to continue working to improve.

Leadership routinely visited the sites to ensure that the processes were being followed.

The group developed paper tracking sheets, a patient handout, and detailed instructions for everyone involved in the program, and used these innovative tactics to hardwire the program into the office flow. Leadership routinely visited the sites to ensure that the processes were being followed. As the program expanded to new sites, each devel-

oped its own quality improvement team and made the program fit its own culture and personality. When one site discovered a better method to achieve results, it shared these best practices with all sites to ensure standardization.

Performance feedback was another essential success factor. Monthly site feedback tracked results, and the positive trends further encouraged participation. Each physician received unblinded results comparing his/her performance to that of the other physicians at the site, and these physician and site reports encouraged self-reflection and crucial conversations. DM9 outcomes were added to the report card, creating aligned incentives for physicians and administration. It took about a year to get the program started and another year for it to expand to all sites. By the end of the first year at all sites, there was a 20 percent reduction in the number of diabetic patients whose last HbA1c was 9 or above—a result

TABLE 5
Patient Experience: P4P State Results

Question	Medical Group Score	Best Rate in State	State Percentile
Patient-Doctor Interaction Composite	91.9	93.4	90th
Patient Access to Care Composite	75.9	83.4	60th
Specialty Care Rating of Specialist	90.3	90.7	90th
Coordination of Care Composite	80.1	84.5	85th
Rating of PCP	91.2	93.1	90th
Rating of All Health Care	88.3	88.34	90th

that far surpassed expectations (see Figure 6).

Improving Urgent Care

In January 2004, five urgent care centers began a process of transformation with the goal of improving patient, staff, and provider experiences. The urgent care leadership team met and resolved to promote a culture of accountability and candor by creating clear expectations relating to the personal, business, and professional aspects of the practice. The implementation plan consisted of three simple initiatives: decreasing registration wait times to less than 15 minutes; decreasing door-to-doctor time to an average of 30 minutes or less; and improving compliance with patient pain assessment and pain control by the staff with defined protocols (with the goal of treating pain within 45 minutes of registration) across all five urgent care sites.

After streamlining and standardizing the process and coaching physicians and staff in service expectations, the majority of patients are now registered in 5-10 minutes, which makes the goal of a 30-minute door-to-doctor time more realistic. Meeting the 30-minute goal was the biggest challenge because it meant making significant changes and overcoming staff and provider resistance. Now the average door-to-doctor time for the fourth quarter of 2008 is 34 minutes, with time at some sites as low as 26 minutes. Compliance with pain assessment is 93 percent, and 63 percent of

pain is addressed within 45 minutes of registration. Patients' assessment of how well their pain is controlled has skyrocketed—from the 18th percentile to the 77th percentile. Incentives for service outcomes have been incorporated into management and physician performance reviews. As of 2009, the overall satisfaction score has risen from the 14th percentile in 2004 to the 90th percentile, with some sites well above the 90th percentile.

Lessons Learned

Sharp Rees-Stealy Medical Group has learned a great deal as the transformation has progressed, and it continues to adapt and modify The Sharp Experience. The following lessons learned have helped the group as it has implemented additional strategies:

1. Top leadership support is essential for sustained success, and system goals must be formally adopted by top leadership.
2. Accountability in goals, incentives, behaviors, structure and resources, and teams is key.
3. Accurate data systems and registries for patient tracking and reporting are critical to monitor progress.
4. Engagement of physician and staff leadership at all levels is essential, with local leaders at each site required to pull through the initiatives.

5. Enhancing the patient experience can become a trainable core competency for a healthcare organization.

For other organizations that might undertake a similar journey, Sharp HealthCare welcomes the opportunity to provide guidance and advice. Sharp HealthCare routinely hosts visitors from around the country and from abroad who want to learn more about what the group is doing to transform health care. Key takeaways include:

1. It is important to unite around an inspiring vision. Make the case for change in a way that unites physicians, staff, and patients.
2. Invest in leadership development to give managers and physician leaders the skills to lead the effort.
3. Engage the physicians early. It is difficult to change a healthcare system without the support of the leaders of the clinical care team.
4. Transparent, objective performance feedback leads to an understanding of reality that can then be used to help everyone move toward required changes.
5. Aligning physician and management incentives fosters awareness and promotes desired behavioral changes.
6. Group trainings and one-on-one coaching of physicians with specific behavioral tactics improve patients' perception of clinical care and improve the patient experience.
7. Consistency of purpose is important. Be relentless. Change is a marathon, not a sprint, and cultural change takes time.

Adapted from the 2009 Acclaim Award Application of Sharp Rees-Stealy Medical Group submitted by Jerry Penso, M.D., associate medical director, quality programs.