From Plans To Pavement: The Road To Clinical Integration at Mayo Clinic

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Background

- MCHS System (continuity community based practice)
  - 18 hospitals, 72 clinics, 3 states, 72 communities
  - More than 1,000 providers, 14,000 Allied Health Staff
  - Approximately 120 mile radius
- Mayo Clinic Rochester
  - Destination specialty practice (episode/diagnosis focused)
  - Education and Research
  - 2 hospitals (tertiary/quaternary care)
  - 2,000 staff physicians/scientists
  - 28,000 allied health staff

The Road to Clinical Integration

- Network of Providers
- Aligned Purpose
- Coordinated Care Delivery Model
- Information/ Knowledge Management
- Aligned Financial & Payment Model

Governance, Infrastructure, Culture

Future State

- The Future State

11/6/2014
How We Built It

• Planning: responding to the changing landscape
• Design: Surveying the current state and determining the changes needed
• Earthwork: Establishing the Foundation
• Paving: Finishing the road
• Open to Traffic: Fine tuning patient access and flow

Planning

• Definition, Principles, Goals of Integration
• Tactical plan to achieve the vision of a single, high value Mayo Clinic Practice
• Key elements of integration for Mayo Clinic in the Midwest
• Key performance indicators
• Governance, Infrastructure, & culture
Planning…
The Single Practice

- Meeting the needs of the patient
  - Access: care at the right place, right time, in the right location

- Throughout the pyramid

- Through the right delivery mechanism

- Over time with episodic or continuous care

Coordinated Care Delivery Model

- Mayo model of community care
- Specialty care delivery
- Access, patient flow (referrals, post-acute care, out-migration)
# Mayo Clinic in the Midwest Strategic Change Agenda

## From...

- Non-standard, non-integrated care
- Local orientation, volume, loss of some contracts due to costs
- Inconsistent high outcomes, independent standards
- Consumer aware, respected, ill defined, inaccessible, best care in RST
- Varying degrees of competitiveness (30% to 70%), flat, local orientation, no targets, not followed at service line level, unbalanced utilization
- Competitively naive as a Midwest practice, passive, one of many patient preferred providers, uncoordinated, local focus, undefined
- Primarily destination/referral care focused, Rochester
- Mayo mission inside our walls
- Feed the strong, independent, fragmented
- Independent, a lot of layers, confusing
- Site/location performance

## To...

- Right care, right time, right location
- Midwest orientation, value, low cost
- Consistent high outcomes, enterprise standards, local accountability
- Full spectrum of Mayo knowledge in your community, preferred in all markets
- Smart market growth/competitiveness as a Midwest, regional targets, service line targets, balanced utilization (right care, right location)
- Aggressive, own the market, preferred “value” care provider, well-defined, coordinated
- Encompassing of destination and regional/community care business lines
- Mayo mission across Midwest
- Strategic, aligned, complementary of full pyramid of care, population focused
- Lean, Midwest mindset and leadership
- Population/geography focused

### Design

**Midwest Integration Metrics**

- Improve outcomes, safety, service
- Improve patient satisfaction, recognize Mayo as single practice
- Improve access to care
- Transfer patients and information seamlessly
- Reduce cost of care
- Eliminate costs related to under/over-utilization of services
- Establish and achieve market share targets
- Improve provider satisfaction to reflect best-in-class performance
### Practice Integration Timeline

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18 months (Currently meets &gt;75% of the practice readiness factors)</td>
<td>18-24 months (Integration currently underway but requires work to achieve readiness or integration has not yet started and ≤ 25% of readiness factors are met)</td>
<td>18-36 months</td>
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<table>
<thead>
<tr>
<th>Specialty</th>
<th>Specialty</th>
<th>Specialty</th>
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</thead>
<tbody>
<tr>
<td>Medical Cardiology</td>
<td>Neurology/Neuropsychology</td>
<td>Dermatology</td>
</tr>
<tr>
<td>Cardiovascular Surgery</td>
<td>Orthopedics</td>
<td>Plastics/Reconstructive Surgery</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>OB/Gyn/Neonatal</td>
<td>PMR</td>
</tr>
<tr>
<td>Radiology/Interventional Radiology</td>
<td>ENT</td>
<td>Occupational Medicine</td>
</tr>
<tr>
<td>Laboratory Medicine Pathology</td>
<td>GI</td>
<td>Urgent Care</td>
</tr>
<tr>
<td>Medical Oncology</td>
<td>Anesthesia</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Urology</td>
<td>General Surgery</td>
<td>Psychology/Psychiatry</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Sleep Medicine</td>
<td>Pain</td>
</tr>
<tr>
<td>Neurosurgery</td>
<td>Nephrology</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Internal Medicine</td>
<td>Hospitalist</td>
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<tr>
<td>Allergy</td>
<td>Geriatrics</td>
<td>Infectious Disease</td>
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<tr>
<td></td>
<td></td>
<td>Rheumatology</td>
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<tr>
<td></td>
<td></td>
<td>Children &amp; Women’s Health</td>
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<tr>
<td></td>
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<td>Reproductive Medicine</td>
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<tr>
<td></td>
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<td>Integrative Medicine</td>
</tr>
</tbody>
</table>

### Proposed Clinical Practice Integration

#### Decision Rights Grid

**MAYO**

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Department</th>
<th>Region/Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>Future Staffing Plan (planning services leads discussion)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>• Provider slots</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment+</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Candidate Selection Decision</td>
<td>X*</td>
<td>X*</td>
</tr>
<tr>
<td>Scope of Practice</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>• Supported by Specialty Council determination of enterprise standards of practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Models of Team Based Care (PA/NP/RN/Allied Staff)</td>
<td>Dept. Orientation</td>
<td>Local Site Orientation</td>
</tr>
<tr>
<td>Onboarding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credential/Privilege</td>
<td>X*</td>
<td>X*</td>
</tr>
<tr>
<td>Compensation/Benefits Package</td>
<td>X*</td>
<td>X*</td>
</tr>
<tr>
<td>Operations Support/ Call/Office Template/Personnel Issues</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Quality Outcomes/Patient Satisfaction/Safety</td>
<td>X</td>
<td>(remaining individual/site/region dashboard metrics)</td>
</tr>
<tr>
<td></td>
<td>(for specialty practice outcomes only)</td>
<td></td>
</tr>
<tr>
<td>Annual Performance Review</td>
<td>X*</td>
<td>X*</td>
</tr>
<tr>
<td>Termination/Exit Strategy</td>
<td>X*</td>
<td>X*</td>
</tr>
</tbody>
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## Parallel Efforts to Facilitate Integration

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits and Compensation Models</td>
<td>Salary and Compensation Committee</td>
</tr>
<tr>
<td>Voting Staffs</td>
<td>Officers and Councilors</td>
</tr>
<tr>
<td>Privileging and Appointments (including Senior Associate Consultant (SAC) to Consultant promotions)</td>
<td>Personnel Committee in MCR &amp; Personnel Committee in MCHS</td>
</tr>
<tr>
<td>Financial Models</td>
<td>Finance Committee</td>
</tr>
<tr>
<td>Information Management</td>
<td>Office Of Information and Knowledge Management</td>
</tr>
<tr>
<td>Practice Standards</td>
<td>Enterprise Specialty Councils</td>
</tr>
<tr>
<td>Decision Rights</td>
<td>REOT, MC CPC, MC Board of Governors</td>
</tr>
<tr>
<td>Nursing Integration</td>
<td>Dept of Nursing</td>
</tr>
<tr>
<td>Operations Model (Integrated Support &amp; AHS Staff)</td>
<td>CALG, MCHS Admin</td>
</tr>
<tr>
<td>Integrated Strategic Marketing Plan for Mayo Clinic in the Midwest</td>
<td>Marketing, Planning</td>
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## Earthwork

**Midwest practice integration meeting-Kickoff**

-Outlined vision, strategy and reason for integration and gained support from across the system
-Clarified roles and responsibilities of all parties involved
-Shared facts illustrating the commonality and differences between Mayo Clinic and MCHS practices
-Began development of next steps at the department and division level (leadership from specialty practices and community practices developed plans for next steps before leaving the meeting)
Summary of Midwest Integration Tactics

• Accelerate department/division practice integration
  • Right care, right time, right location
• Implement an integrated and aligned financial model
  • Quality care is highest priority
  • Lower total cost of care
  • Integrated prioritization for resource allocation
  • Standard reporting tools
• Implement standard strategic market planning framework, process, and priorities
  • Geographic markets
  • Service lines
• Develop physician compensation model(s) aligned with future payment models

Governance, Infrastructure, Culture

• Governance and decision rights
• Dedicated integration resources
  • MD and administrator time
  • Change management
  • Communications
• Coordinated/integrated shared services, policies, procedures, analytics, reporting (HR, IT, Finance, etc.)
• Culture
  • Relationships and trust
  • Autonomy and loyalty
  • Professionalism and respect (e.g. voting staff)
Paving

- **Practice Assessment and Planning**
  - Visits to practice locations, seek to understand, build relationships
  - Designation of community practice chairs/administrators for each specialty practice
  - Assess distribution of services and capabilities, outcomes, etc.
  - Practice Standards

- **Market Assessments**
  - Current market share/leakage/keepage
  - Competitive analysis
Paving

• Division and Department Planning for Future State
  • Business plans due 12 months after start
  • Implementation begins after plans endorsed

• Practice Integration Office
  • Consultative resource (no direct authority)
  • Practices met with Integration Office leadership in the first month and regularly at tollgates
  • Resources provided to help with assessment of current state and development of future state plans

Open to Traffic

• Access is critical to keep the patient traffic flowing smoothly
  • Constant monitoring is Necessary
  • Alternative routes may be required
Lessons Learned

• Some detours are not marked on the GPS
• Beware of potholes…don’t let them derail you
• Tires go flat…be prepared to change them
• Co-pilots are invaluable…use them!

Questions & Discussion