The Seven Domains That Lead to High Performance
Fred Horton
President, AMGA Consulting
Senior Principal, HPPE
Fred has more than 20 years of experience working inside the healthcare industry.

Jill Powelson
VP & Principal, HPPE
Jill works with health systems and medical groups to promote and coach data-driven best practices.

Kevin McCune, M.D.
Chief Physician Executive
Dr. McCune recently served as the Chief Medical Officer of Advocate Medical Group.

Patrick Burton
VP, Business Development
Lightbeam Health Solutions
Lightbeam’s vision is to bring health data into the light through the use of analytics.

Dustin Gunderson
Director, Business Development
Dustin helps amplify HPPE’s exemplary capabilities to organizations across the country.
Agenda

01 Background
02 Collaborative Framework
03 Assessment Overview
04 Shared Learnings
High Performing Physician Enterprise Background
HPPE Background

- Increasing Pressures
- Market Need
- Comprehensive Approach
- Holistic View
- Customized Roadmap
- High Performing
- Robust Database
- Comparison Points

Shared Learning
High Performing Physician Enterprise (HPPE)

- Governance/Leadership
- Clinical Outcomes
- Operations
- Provider
- Financial
- Patient
- Value

23 Focus Areas – 130+ Indicators

In partnership with Lightbeam Health Solutions
High Performing Physician Enterprise *Collaborative Framework*
A Collaborative Framework

Ongoing Support
Webinars / Community list-serve / Quarterly Benchmarking / White papers & articles

Shared Learning
In person meetings, paired with AMGA’s Annual Conference and IQL, dedicated to only HPPE participants

Insight into High Performance
A roadmap to galvanize your organization’s key leaders, providing focus and clarity on strategic initiatives
Our Advisors

Jacob Bast, MHA
St. Elizabeth Physicians
Jake serves as the SVP and COO of St. Elizabeth Physicians out of the greater Cincinnati region.

Jeffry James, CPA, MBA
Wilmington Health
Jeff serves as the CEO of Wilmington Health, an independent medical group of more than 70 providers.

Adnan Munkarah, MD
Henry Ford Health
Dr. Munkarah is responsible for the complete spectrum of clinical activities across the Henry Ford Health system.

Christina Taylor, MD
McFarland Clinic
Dr. Taylor oversees the population and value based care health efforts for McFarland Clinic, the largest physician-owned multi-specialty clinic in the state.

Kent Locklear, MD, MBA
Lightbeam Health Solutions
Dr. Locklear is the CMIO of Lightbeam, AMGA’s Exclusive Partner for Analytics and Population Health Management Solutions.

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High Performing Physician Enterprise Assessment Overview
Initial Assessment

1. Onboarding and RFI
   Project kickoff / establishing meeting cadence. RFI completion.

2. Engaging Key Leaders
   Qualitative discussion with senior leadership on key domains.

3. Analysis and Draft Findings
   Discuss draft findings with project lead, QC on key data elements.

4. A Final Roadmap
   Present final roadmap to strategic and senior leadership.
High Performing Physician Enterprise Benchmarks, Metrics and Data Collection
Benchmarks, Metrics and Data Collection

**Qualitative**
- Obtained through interviews with the organization
- Focus areas in each domain

**Quantitative (Operational)**
- Driven by AMGA surveys
- Provider compensation and productivity
- Clinic staffing
- Net revenue

**Quantitative (Clinical)**
- Created with data partner
- Organization-based with patient level source data
- Refreshed quarterly

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Score Card
Strong financial performance including net collection performance.

Overall alignment exists between provider compensation and net collections.

Robust performance in days cash on hand at the system level.

Ensure panel size and wRVU productivity metrics are fully aligned with compensation plan.

Benchmark operational expenses utilizing outside national benchmarks in a volume adjusted manner.
Strengths and Opportunities Example

PATIENT DOMAIN

**STRENGTHS**

- Strong patient satisfaction with internal and external transparency through posting comments from surveys.
- Have a robust process for improvement when needs are identified.
- High patient portal utilization (high % with active account).

**OPPORTUNITIES**

- Patient survey response rate is low.
- Some opportunity to increase responses.
# Quantitative Examples – Provider Specialty Percentile Analysis

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Client n</th>
<th>Avg. FTE Adj. TCC %ile</th>
<th>Avg. FTE Adj. wRVU %ile</th>
<th>Average TCC per wRVU %ile</th>
<th>TCC to wRVU %ile Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent Care</td>
<td>11</td>
<td>24</td>
<td>15</td>
<td>77</td>
<td>9</td>
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<tr>
<td><strong>Medical Oncology</strong></td>
<td>4</td>
<td>56</td>
<td>47</td>
<td>83</td>
<td>9</td>
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<tr>
<td>Hospitalist – Pediatrics</td>
<td>21</td>
<td>44</td>
<td>35</td>
<td>64</td>
<td>9</td>
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<tr>
<td>Trauma Surgery</td>
<td>9</td>
<td>41</td>
<td>32</td>
<td>65</td>
<td>9</td>
</tr>
<tr>
<td>Clinical Nutrition and Bariatric Medicine</td>
<td>1</td>
<td>9</td>
<td>0</td>
<td>100</td>
<td>9</td>
</tr>
<tr>
<td>Cardiology – General (Non-Invasive)</td>
<td>32</td>
<td>44</td>
<td>33</td>
<td>64</td>
<td>11</td>
</tr>
<tr>
<td>Breast Surgery</td>
<td>5</td>
<td>75</td>
<td>64</td>
<td>60</td>
<td>11</td>
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<tr>
<td>Orthopedic Surgery</td>
<td>3</td>
<td>50</td>
<td>38</td>
<td>54</td>
<td>12</td>
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<tr>
<td>Hematology and Medical Oncology</td>
<td>10</td>
<td>71</td>
<td>59</td>
<td>60</td>
<td>12</td>
</tr>
<tr>
<td>Vascular Surgery</td>
<td>6</td>
<td>71</td>
<td>58</td>
<td>56</td>
<td>13</td>
</tr>
<tr>
<td>Orthopedic Sports Medicine</td>
<td>4</td>
<td>52</td>
<td>38</td>
<td>69</td>
<td>14</td>
</tr>
<tr>
<td>Critical Care/Intensivist</td>
<td>25</td>
<td>47</td>
<td>30</td>
<td>69</td>
<td>17</td>
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<tr>
<td>Rheumatologic Disease</td>
<td>3</td>
<td>56</td>
<td>37</td>
<td>69</td>
<td>19</td>
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<tr>
<td>Nurse Practitioner – Medical Specialty</td>
<td>54</td>
<td>58</td>
<td>39</td>
<td>62</td>
<td>19</td>
</tr>
<tr>
<td>Nurse Practitioner – Surgical Specialty</td>
<td>16</td>
<td>59</td>
<td>39</td>
<td>60</td>
<td>20</td>
</tr>
<tr>
<td>Sports Medicine</td>
<td>3</td>
<td>58</td>
<td>37</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>OB/GYN – Urogynecology</td>
<td>2</td>
<td>49</td>
<td>27</td>
<td>86</td>
<td>22</td>
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<tr>
<td>Physician Assistant – Medical</td>
<td>11</td>
<td>59</td>
<td>37</td>
<td>67</td>
<td>22</td>
</tr>
<tr>
<td>Cardiology – EP</td>
<td>2</td>
<td>38</td>
<td>14</td>
<td>89</td>
<td>24</td>
</tr>
<tr>
<td>Pulmonary Disease (Without Critical Care)</td>
<td>5</td>
<td>51</td>
<td>20</td>
<td>80</td>
<td>31</td>
</tr>
</tbody>
</table>
Quantitative Examples – Compensation and Productivity Scattergram
## Scorecard Example – Provider Domain

<table>
<thead>
<tr>
<th>PROFESSIONAL RECRUITMENT AND RETENTION</th>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal provider recruitment committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes APCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment criteria before hiring physicians</td>
<td></td>
<td>Some qualitative factors</td>
</tr>
<tr>
<td>Recruitment criteria before hiring APCs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track physician retention metrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician turnover rate</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Percent of physicians leaving in first year of employment</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Percent of open physician positions</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Track APC retention metrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APC turnover rate</td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Percent of APCs leaving in first year of employment</td>
<td>&lt;1%</td>
<td></td>
</tr>
<tr>
<td>Percent of open APC positions</td>
<td></td>
<td>Data not collected</td>
</tr>
<tr>
<td>Formal provider onboarding and orientation program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
High Performing Physician Enterprise Our Data Partner
AMGA Clinical Data Support
Who is Lightbeam?
<table>
<thead>
<tr>
<th>Lightbeam 101</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lightbeam 101</td>
<td></td>
</tr>
</tbody>
</table>

**Cloud-based Population Health Management**  
**Based in Irving, TX**  
**60 Clients**

**Our Experience:**
- >40M Patients
- >15B clinical data elements
- >10B claims
- >1,500 EHR Integrations

**Our Clients’ Results:**
- Preventive Care: ↑
- Hospital Admits: ↓
- Readmissions: ↓
- Quality Scores: ↑
- Avoidable ER: ↓
- Closed Care Gaps: ↑
- Risk Adjustment: ↑
- Total Cost of Care: ↓
- Patient Satisfaction: ↑
- Provider Engagement: ↑
- Provider Satisfaction: ↑

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AMGA Clinical Horsepower
Lightbeam AMGA Partnership

Quality Insights for AMGA Members
• EHR data acquisition and aggregation
• AMGA Quality Measures calculations
• Back-end DB access for AMGA
• AMGA Member Portal
  • Dashboards
  • Analytics
  • Reports
<table>
<thead>
<tr>
<th>Measure Title</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance Care Plan discussed for age 65+</td>
<td>Percent of patients age 65+ with documentation of Advance Care Plan discussed (99483, 1123F, 1124F, 1157F, 1158F, 99497, 99498, S0257, Z66); for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Annual Wellness Visit % of 65+</td>
<td>Percent of patients age 65+ with AWV in past 12 months (HCPCS Codes: G0438, G0439); for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>The percentage of adults 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (&lt;140/90 mm Hg) during the measurement period</td>
</tr>
<tr>
<td>BMI within normal range</td>
<td>Percent of patients aged 18+ where their latest BMI documented falls within the Normal Parameters; for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Breast cancer screening</td>
<td>Percentage of women 50 - 74 years of age who had a mammogram in past 24-27 months to screen for breast cancer; for female patients with encounter in last 3 years. Exclusions incl. patients in long term care and hospice, bilateral mastectomy</td>
</tr>
<tr>
<td>Cervical cancer exam</td>
<td>Percentage of female patients 24-65 years of age who were properly screened for cervical cancer, with cervical cytology performed within the last 3 years or age 30-64 who had cervical HPV testing performed within the last 5 years</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>Percent of age 50-75 appropriately screened per any approved modality; for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Depression screening</td>
<td>Percentage of patients aged 12 years and older screened for depression during the current year and, if the patient had a positive screening, appropriate follow-up was documented; for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Diabetes Hemoglobin A1c Poor Control (&gt;9%)</td>
<td>Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c &gt; 9.0% during the measurement period</td>
</tr>
<tr>
<td>Diabetes retinal screening documented</td>
<td>Percentage of patients 18 - 75 years of age with diabetes who had a retinal or dilated eye exam by an eye care professional during the current year or a negative retinal or dilated eye exam (no evidence of retinopathy) in the 12 months prior to the current year; for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>Fall risk screening</td>
<td>Percentage of patients 65 years of age and older who were screened for future fall risk during the measurement period</td>
</tr>
<tr>
<td>Functional status assessment</td>
<td>Percentage of patients 65 years of age and older with signs or symptoms of cognitive impairment who have an FSA documented (CPT/HCPCS: 99483, 1170F, G0438, G0439) during the current year; for patients with encounter in last 3 years</td>
</tr>
<tr>
<td>High-risk medications in older adults</td>
<td>Percentage of patients 65 years of age and older who were ordered at least two of the same high-risk medications</td>
</tr>
<tr>
<td>Immunization bundle for adolescents</td>
<td>The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine (serogroups A, C, W, Y), one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday</td>
</tr>
<tr>
<td>Statin therapy for patients at high risk for CVD</td>
<td>Percent of patients age 21+ with clinical ASCVD diagnosis at high risk of cardiovascular events who were prescribed or were on statin therapy during the measurement period</td>
</tr>
</tbody>
</table>
Sample Visualizations
“Full” Lightbeam
Lightbeam Platform

Everything you need to manage outcomes and improve population health at your fingertips.
CareSignal Deviceless RPM

Lightbeam identifies cohort of target patients

CareSignal enrolls patients via text, email, mailers, and direct phone calls

Patients answer automated SMS and phone call prompts, sending in clinically-relevant data

CareSignal categorizes at-risk patients and triggers alerts in real-time

CareSignal or Client care managers monitor dashboard and follow standard operating procedures

Providers receive escalations, only as needed
# Programs & Results

## Chronic Conditions
- Heart Failure
- COPD
- Diabetes
- Hypertension
- Asthma

## Behavioral Health
- Depression
- Anxiety
- Substance Use
- Opioid Management
- Caregiver Support

## Specialty Support
- SDoH
- Maternal Health
- Dialysis
- Surgery

## Post Discharge
- Post Discharge
- General Medical
- Vital Signs
- Pneumonia

## Care Coordination
- Screening Reminders
- Appointment Reminders
- Referral

## General Programs
- COVID Suite
- Influenza
- Fall Risk
- Wellness
- Medication Adherence

## 13 Publications
in Peer-Reviewed Medical Journals

- **62% decrease** in hospitalizations for members with COPD
- **1.15% drop in HbA1c** over 4 months
- **50% improvement** in blood pressure control over 12 weeks
- **28% drop in PHQ-9** for patients with depression
- **46% decrease** in CHF ED visits
- **>2.1x increase** in follow-up appointment adherence

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Approach

1) ID

2) ADVISE

3) OPERATIONALIZE

Decide on Initiatives, Program Goals, & Get Leadership Buy In

Build Staffing Models & Workflows

Engage Patients & Care Teams

Measure Results
Thank you!

To learn more visit
www.lightbeamhealth.com
High Performing Physician Enterprise Shared Learnings from Pilots
HPPE Pilot Groups

- Independent medical group
- Large California based medical group operating in a PSA model
- System affiliated practice operating in a service line structure
- Employed medical group within health system
Overall:

- There is room for improvement even in high performing organizations.
- AMGA groups are open to constructive feedback, realizing that improvement is more of a journey than a destination.
- How far along a group is on the path to value affects how strengths and opportunities are determined.
Governance / Leadership

Best Practices & Strengths:
• Leadership triad structured both vertically (physician enterprise) and horizontally (department and specialty)
• Formal provider and administrative leadership program
• By-laws and/or shareholder agreements provide sufficient flexibility to update the compensation plan periodically

Opportunities:
• Formalize dyad/triad job descriptions and authority for decision-making
Provider

Best Practices & Strengths:
• Robust program to reduce provider “pajama time” spent in medical record documentation
• In a high-risk contract market, physician compensation plan focused on outcomes vs. RVU production
• High physician satisfaction scores through a true physician-led culture with autonomy
• Well aligned provider compensation and net collections
• Treat APCs as providers vs. staff

Opportunities:
• Develop a physician compact with clear “gives and gets” and review it with providers regularly (not just upon hiring)
• Develop standard staffing ratios for APCs to physicians
• Establish a physician recruitment committee with clear criteria for recruitment
Best Practices & Strengths:

• Financial reporting at the physician enterprise level with accurate allocation of expenses to determine margins and manage them
• Net collection performance vs. benchmark is high
• Expenses are volume adjusted

Opportunities:

• Establish a revenue cycle committee
• Measure system investment per provider
Patient

Best Practices & Strengths:
• Transparent sharing of patient satisfaction scores and comments, both internally and externally
• Established process and accountability to follow-up on low scores and less positive comments

Opportunities:
• Increase patient portal functionality (i.e. schedule appointments) to increase patient engagement with portal
Value

Best Practices & Strengths:
• Strong management of risk contracts in a capitated market
  – Patient assignment to PCP panels
  – HCC identification and recapture (96%)
  – Assess for and manage high-risk patient population to achieve best outcomes
  – Track and monitor trends in facility (inpatient, ED, SNF) utilization statistics
  – Recognize physician engagement through value component of compensation plan
• Achieve high shared savings payments from payers
• Standardized interventions to reduce initial admission and/or readmission

Opportunities:
• Add Value incentives to the provider compensation plan, to prepare for Value
Operations

Best Practices & Strengths:
• High employee engagement survey participation and top box scores
• Front office and back-office staff are cross-trained to cover for each other

Opportunities:
• Strive to have staff working more often at the top of their licensure (an ongoing challenge)
• Staff clinics utilizing volume adjusted metrics, in a fee for service market (can vary in a capitated or high risk contract market)
Clinical Outcomes

Best Practices & Strengths:
• In a high-risk contract market, multiple methods to manage patient care other than face-to-face visits, resulting in low facility usage
• Multi-departmental approach to closing clinical quality gaps in care, to ensure patients do not “fall through the cracks”
• Incorporate wellness checks into every patient contact, not just annually

Opportunities:
• Quality measures for specialties
Concluding Comments
Member Feedback

“We are always interested in ways to not just do better, but be better, and change the way we think about the delivery of healthcare.

Your experience, time and attention to the process as well as listening to us, while helping us through the data, is truly appreciated and we consider it well worth the minimal time it took. Many thanks!”
Questions?
What’s Next?

BROADER INTRODUCTION
We encourage multiple individuals from key / strategic leadership roles to engage in the assessment and throughout the length of the program. This can also include physician boards as well as APP leadership.

THE FINE PRINT
Review participation agreement, including business associates agreement (BAA), and iron out key details on data integration. At this point we also recommend aligning resources towards the initial RFI for Financial, Operational, and Provider domains.

KICKOFF / ONBOARDING
AMGA’s team will begin scheduling key meeting milestones, and establish an ongoing cadence for the initial assessment. Once complete, we will acclimate your engaged leaders to the ongoing HPPE activities and ramp them up on the exclusive tools.
The Data "Lift"

Leverages data from AMGA’s Medical Group Compensation and Productivity Survey. Data integrated through initial RFI and includes wRVU conversion tool.

Our team can work with whichever satisfaction survey program your organization is currently using.

Leverages data from AMGA’s Operation and Financial Annual Survey. Data integrated through initial RFI on areas such as access, revenue cycle, staffing, and more.

Through our exclusive partner Lightbeam Health Solutions, we would work with your team to integrate data for HPPE’s benchmarks in the clinical domain.
High Performing Physician Enterprise (HPPE)

To Participate:

- Active AMGA membership
- Participation for 2 years
- Signed agreement with AMGA
  - Data use agreement, including BAAs with AMGA and Lightbeam

What’s Included

<table>
<thead>
<tr>
<th>What’s Included</th>
<th>HPPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive assessment across seven domains</td>
<td>x</td>
</tr>
<tr>
<td>Scorecard of strengths and opportunities</td>
<td>x</td>
</tr>
<tr>
<td>Personalized &amp; focused roadmap</td>
<td>x</td>
</tr>
<tr>
<td>Interactive comparative analytics portal</td>
<td>x</td>
</tr>
<tr>
<td>Ongoing support, shared learning, and community</td>
<td>x</td>
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<tr>
<td>Complementary registration to exclusive HPPE Events</td>
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</tr>
<tr>
<td>Collaboration with other high performers</td>
<td>x</td>
</tr>
</tbody>
</table>

Interested in exploring further? Email us HPPE@amga.org