Communication Strategies to Engage Physicians

Richard Naftalis, MBA, MD, FAANS, FACS

Jean Sullivan, MBA

Pam Zippi
27 owned, operated, joint ventured hospitals
3,423 beds
20,000 employees
About Health Texas Provider Network

• Established 1994
• Grown during the past 18 years to be the 3rd largest subsidiary of Baylor Health Care System with over 2,337 employees
• Actual ’11 revenue over $487,000,000; Over 1.5 million patient visits per year
• Over 1.5 million patient visits in fy11
HealthTexas Provider Network

- 67 Primary Care Locations, including:
  - 4 Senior Health Centers
  - 1 Family Practice Residency
- 106 Specialty Care Locations, including:
  - 9 Physiatric Medicine Centers
  - 3 Pulmonology Critical Care Centers
  - 37 Specialty Satellite Clinics
  - 12 Liver Outreach Programs
  - 1 Kidney Outreach Center
  - 1 Chronic Heart Failure Center
- 7 Hospitalist Programs
- 2 MRI Centers
- 580+ Employed Physicians
- 2337 Employees
Specialty Service Lines

- Breast surgery
- Critical Care
- Dermatology
- Endocrinology
- Gastroenterology
- General Surgery
- Geriatrics
- Gynecology
- Heart and Vascular
- Headache
- Hepatology
- Neurology
- Neurometabolic Disease
- Neuro-Oncology
- Neurosurgery
- Obstetrics
- Otolaryngology (ENT)
- Orthopaedic Trauma
- Psychiatric Medicine
- Pulmonology
- Radiosurgery
- Rheumatology
- Thoracic Surgery
- Transplant Surgery
- Urogynecology
- Urology
- Wound Care
HTPN Core Strategy

Develop the entry points to Baylor Health Care System

- 70% Primary Care
- 30% Specialty Care
Vision of HTPN

To achieve excellence in the delivery of accessible, cost effective, quality health care and demonstrated customer satisfaction which delivers value to patients, payers, and the community in partnership with the Baylor Health Care System.
HealthTexas Physicians

- Live by the philosophy to do right by our patients and do it well
- Consistently ranked in the 95th percentile among the nation’s 72,699 physicians for “Standard Care Provider”
- All are credentialed physicians held to high quality standards of care
- All are consistently monitored and held accountable for quality and service
Locations in DFW Metroplex span 5700 sq. miles
Our Challenge!

How can we communicate efficiently and effectively with such a large diverse group?

- Culture is key
- Committee structure and communication
Culture is Key
Shared Accountabilities of all HTPN Physicians

- Competence
- Trustworthiness
- Timeliness (access) for care
- Feedback and collegiality
- Courtesy
- Patient-centricity
- Supportive of BHCS and HTPN

**Physician Code of Conduct**

*We will:*
- Treat patients with respect and dignity.
- Learn about the person as well as the condition.
- Work together with our patients as a team.
- Strive to make each patient feel as though he or she is our only patient.
- Make patients feel that we are always on their side because effective care can never be delivered in opposition.
- Engage, listen, and clearly explain issues to our patients so that time spent with us exceeds their expectations.
- Aim to return phone calls promptly.
- Thank patients for waiting if we are running late.
- Earn patients' loyalty through our behavior.

_The Task of Medicine..._
_Cure sometimes, relieve often, and care always..._
All Physician Board of Directors

- Board members must represent entire organization, not special interests
- Oversight of all committees
- Full fiduciary responsibility
- Set HTPN strategy
- Approve/disapprove Managed Care contracts
- Budget approval

- Final authority for physician management issues and appeals
- Manage business, property and affairs of Corporation
- May delegate management authority to the Executive Committee of the Board
- Delegate responsibility to additional committees
- Appoint members of Standing Committees
Executive Committee

- Authority to act on behalf of the Board during the periods between meetings of the Board, including in the areas of
  - Physician management and administration
  - Growth strategies
  - Quality initiatives
Role of HTPN Committees

- Perform specific vital functions related to committee scope (e.g., compensation, nominating, contracting, quality, peer review, malpractice support, compliance, informatics, specialist affairs)
- Report to HTPN Board
Physician Champions

• Respected clinicians, multi-disciplinary
• Recruited to provide services to advance Best Care measures and communicate with physician colleagues
• All ABC Baylor grads
• Champions goals aligned with system goals.
Physician Alignment

1. Physicians must have a common vision, goals and objectives
2. HTPN has more than 24 physician-led committees and subcommittees
3. Approximately 60% of our physician population is involved in a committee either as a leader or a member
HealthTexas Board Report
Distributed After Each Board Meeting to:
- Physicians
- Mid-levels
- Administrators

PEOPLE
HTPN Physician Spring Forum 2012
Plans are underway for our third annual Physician Spring Forum to be held on Saturday morning, March 31, 2012 at CityPlace in Dallas. Raghu Bukkapatnam, Senior Director of Research & Insights with the Advisory Board, will be discussing the changes in our health care environment. Afternoon workshops will be held for physicians to further their knowledge in specific areas including: joint injections, electronic health record tutorials, clinical efficiency, leadership, innovation, and more.

The Annual Spring Forum is vital for our physicians to stay informed about HealthTexas and the current state of health care reforms. It is also a platform for to ensure that HTPN is meeting the physicians’ needs. We are beginning to actively track meeting attendance and are working towards setting minimum servanthood requirements in the future. Physician involvement helps to make our organization more valuable to all it serves.

HealthTexas Streamlines Operations with New Functional Structure
In order to support the continued growth of the organization, HealthTexas has reinstated its Vice President of Operations role. The enhanced structure will create three geographic divisions within Operations – East, Central and West – and will also provide strategic alignment with the Baylor Health Care System’s new operational structure. Jason Markham will serve the East Division; Jerrie Rankin, the Central Division; and Angela Sims, the West Division. Practice operations for HealthTexas will fall under their administrative leadership and oversight.

Provider Satisfaction Survey
The HTPN provider satisfaction survey closed on December 5th. This survey gives our physicians an opportunity to rate their satisfaction with the medical group leadership, communications, compensation, workload, and other important issues related to their practice. Physician feedback is critical to the success of the study and will help us improve provider satisfaction at Health Texas Provider Network. Physician responses remain confidential. AMGA will report aggregated results back to us.

GI Cancer Conference 2012
The GI Cancer Conference will be held Saturday, Feb. 11, 2012 from 7am-2pm at the Baylor Sammons Cancer Center. Attendees of the conference will be physicians, physician assistants and nurse practitioners interested in the prevention, screening, evaluation, and management of gastrointestinal cancers. These include:
Role of Local Practice Executive Committees

- Administrative oversight of practice operations
- Oversee first line physician management issues
- Function as day to day manager of practice
- Implement HTPN committee recommendations within practice locations
- Review and recommend strategies to HTPN Board
BHCS Best Care Committee Vision

By the end of 2012, our patients will readily access a seamless, well-coordinated, system of effective and efficient care that begins in their personal lives and extends without variation in quality to every corner of our health system.

Best Care Committee
ABC Baylor

- Teaches Cultural Change Techniques and Rapid Cycle Process Improvement tools
- 4.5 day course; 220 physicians, 400 nurses, 200 executive/managers
- 1,000th graduate October 2010
- Spawned many QI initiatives
- Tools of our Healthcare Improvement Directors
  - Process redesign
  - Facilitators
  - Bring Data to teams for continuous rapid cycle improvement
Regional Town Hall Meeting

- Benefits of being in HTPN
- Compensation
- Quality Initiatives
- Information Technology
- Impact of Healthcare Reform
- What’s new in HTPN?
YOU’RE INVITED TO THE ANNUAL
HPN PHYSICIAN SPRING FORUM
Sponsored by HealthTexas Provider Network

ANNUAL HTPN PHYSICIAN SPRING FORUM
Sponsored by HealthTexas Provider Network

Saturday, April 2, 2011 • 7:30 a.m. – 1:00 p.m.
City Place Conference Center
2711 North Haskell, Dallas, TX 75204
Lakewood I & II

HealthTexas Updates:
David Winter, M.D., F.A.C.P.
Chief Clinical Officer, Chairman HTPN

Keynote Speaker:
Nate Kaufman
Managing Director & Consultant for Kaufman Strategic Advisors

Full breakfast buffet & boxed lunches will be served.

R.S.V.P. to Linda Loyd at (972) 860-8603
or linda.loyd@baylorhealth.edu
by Friday, March 18, 2011

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Physician Communication is Key
Specialist Affairs Committee

Goal of the specialist affairs committee is to streamline referrals, improving patient access to care across the network.
HealthTexas Wins Prestigious AMGA Quality Award

HealthTexas Provider Network has been named a 2011 American Medical Group Association (AMGA) Acclaim Award honoree. The award, granted through AMGAs philanthropic arm, the American Medical Group Foundation, was presented in September at AMGAs Institute for Quality Leadership Annual Conference in Las Vegas.

AMGA’s Acclaim Award honors organizations that incorporate the Institute of Medicine’s aims by incorporating the six attributes of an ideal health care delivery system as identified by the Commonwealth Fund Commission on a high performance health system.

The Acclaim Award highlights the continued research and investigation toward finding the finest models of medical management, coordination of care delivery and a systematic approach to improving the patient experience.

“These organizations demonstrated a monumental leap forward in providing patients the health care they need, want and deserve,” said Donald W. Fisher, Ph.D., AMGA’s president and chief executive officer and AMGA secretary/treasurer. “We salute the dedication of the organizations’ leadership and health care providers in improving patient outcomes, efficiency, coordination, and organizational and clinical integration. Their ongoing efforts will ensure that their patients will receive quality, value-based care throughout their lives.”

HealthTexas “Transforming Health Care Delivery Through Patient-Centered Care” initiative centers on a strategy of clinical transformation—a commitment to continually improve the quality of patient care through the redesign of clinical processes. This strategy focuses on reducing unintended variation, cost, waste and error, enabling HealthTexas to make remarkable progress in developing and implementing quality improvement initiatives.

Care

Kelly Phillips, D.D.S., has established Baylor Family Medicine at Prosper. Board-certified in family medicine, Dr. Phillips sees patients of all ages and offers a full spectrum of medical services providing care for newborns to adults. Her goal is to provide safe, effective and quality health care to families in Prosper and the surrounding communities.

Dr. Phillips received her medical degree from Western University of Health Sciences in Pomona, Calif., and completed her family medicine residency at Glenade Adventist Medical Center in Glendale, Calif. She is a member of the American Osteopathic Association and Texas Osteopathic Medical Association. Baylor Family Medicine at Prosper is located at 821 N. Coleman St., Suite 100, Prosper, TX 75078. For an appointment or more information, call 972.800.5300.

Creating New Access Points

Industry experts say that future health care reform focusing on health care delivery will require strong primary care presence throughout the United States. With the HealthTexas physician network currently at 50 percent primary care, we are able to ensure a strong position in the primary care health care market.

Continued on page 2
HTPN Marketing produces a video blog as a form of communication to inform our physicians of relevant updates from committees and senior leaders.
Social Media
Meet & Greet

MEET & GREET
CARD SWAP

JAN. 18
4:30 P.M.

All HealthTexas Providers are invited to a reception to mingle and swap business cards with your new HealthTexas partners.

When: Wednesday, January 18th, at 4:30 p.m. Immediately following the first day of new physician onboarding

Where: Omni Park West Hotel, The Banquette Room
1590 LBJ Freeway, Dallas, TX 75234
(Luna Road and LBJ Freeway)

RSVP: Pam Zippi at pamz@baylorhealth.edu or 972-860-3661

Snacks and refreshments will be served
HTPN iPhone Physician Directory
Committee Communication With Collateral

Patient Safety

Feeling Dizzy?

After your injection/blood draw today, please let someone know:
- If you have difficulty breathing
- If you feel faint or have a history of fainting
- If you develop a rash or start itching

You will be asked to stay for 15 minutes so we can watch you for fainting or any reaction.

Your SAFETY is our concern!

Volunteers in Medicine

Disease Management

Goals for Optimal Diabetes Control

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<tr>
<th>Goal</th>
<th>LDL Cholesterol</th>
<th>Aspirin Use</th>
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<tbody>
<tr>
<td>&lt;90</td>
<td>Lower risk of heart attack and stroke</td>
<td>Lower risk of heart attack</td>
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<tr>
<th>Goal</th>
<th>Blood Pressure</th>
<th>Eye Exam</th>
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<tr>
<td>&lt;150/70</td>
<td>Lower risk of heart attack, stroke and kidney disease</td>
<td>Lower risk of eye disease and blindness</td>
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</table>

<table>
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<tr>
<th>Goal</th>
<th>HgbA1c</th>
<th>Foot Exam</th>
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<tbody>
<tr>
<td>&lt;6.0%</td>
<td>Lower risk of blindness, kidney disease and neuropathy</td>
<td>Lower risk of amputation</td>
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<table>
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<tr>
<th>Goal</th>
<th>Tobacco Status</th>
<th>Kidney Disease Screening</th>
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<tr>
<td>Non-smoker or quit</td>
<td>Lower risk of heart attack, amputation, and cancer</td>
<td>Lower risk of kidney disease</td>
</tr>
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</table>

*Please remove shoes and socks.*
Communicating With Collateral

For an appointment, call (214) 820-4655.

For more information, visit neurology.baylorhealth.com.

Dear Fellow HTPN Physicians,

I am now on Centricity, and I invite you to “Flag Me”. I am a Neurologist specializing in Multiple Sclerosis and would like to make you aware of my practice located on the campus of Baylor University Medical Center in Dallas:

Multiple Sclerosis Treatment Center of Dallas
3600 Gaston Avenue, Hedley Tower, Suite 1155
Dallas, Texas 75246
(214) 820-4655
www.neurologyassociatesdallas.com

I am able to offer timely access for your patients, and I accept most insurance plans. My goal is for the referral process to be a seamless and easy transition, with immediate feedback to you regarding your patient’s visit via the EHR. If you have any questions, please don’t hesitate to “flag me” or contact my office at (214) 820-4655.

Sincerely,

Annette F. Okai, M.D.
Recruitment Communication

The DVD “Defining Group Practice” was produced as an informational tool for physicians who may be interested in joining HTPN. This 25 minute video describes our vision, structure and goals through interviews with HTPN physician leaders.
Orientation Essentials

• HTPN is a physician organization, not just a business deal
• The organization works because of trust
• New HTPN specialists need to understand from other physicians the goals, mission, and inner workings of the organization
• Both formal and informal communications with physician leadership are important to orient interested specialists.
On-boarding Physicians

• Mandatory 2-day new physician orientation
  – Overview of HTPN
  – Representation of all committees

• Following two mandatory on-boarding 1-day meetings
  – More in-depth representation of committees such as; service excellence, compliance, disease management, etc.

• Mentoring
  – Physicians are paired with a mentor of similar specialty, meet quarterly
Service Excellence

Patient Satisfaction - Likelihood of Recommending Practice

2007 2008 2009 2010 2011

94.0 94.2 94.4 94.6 94.8 95.0 95.2 95.4

Transparent Committee Reports
Active Quality Initiatives

• **PQRI**
  – Full automation of PQRS reporting for all primary care providers on the EHR in 2009 and 2010.
  – Main HTPN Tax ID will be filing under GRPO I filing option for 2011 and we will automate this new process to the full extent possible.

• **Ambulatory Care Coordinator Reporting**
  – Improvement reports developed primarily for this purpose.
  – Currently working on populating worklists with patients to be contacted by each care coordinator.

• **Patient Centered Medical Home (PCMH)**
  – Various reports for providing statistics for PCMH applications
  – Custom PCMH “pre-visit planning” report allows providers to print all Patient Clinical Summary reports for patients on their appointment schedule.

• **P4P – Blue Cross**
  – Custom reports for monitoring and improving prescribing of generic medications.
### Patient Clinical Summary

Patient summaries are accessible from:
- All improvement and audit reports
- PCMH Pre-Registration Planning
- Ambulatory Care Coordinator Worklists & Reports

### ACTIVE MEDICATIONS

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<th>Description</th>
<th>Quantity</th>
<th>Refills</th>
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<td>Lithotriptor 100 MG TABS (Lithotriptor)</td>
<td>30</td>
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<tr>
<td>Metformin HCL 1000 MG TABS (Metformin HCL)</td>
<td>180</td>
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<td>11/06/2010</td>
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<tr>
<td>Lantus 1000 MG SOLN (Insulin Glargine)</td>
<td>2</td>
<td>1</td>
<td>05/20/2011</td>
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<tr>
<td>Freestyle System Kit (Blood Glucose Monitoring Supply)</td>
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<td>0</td>
<td>12/02/2011</td>
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<tr>
<td>Celestra 40 MG TABS (Caltrate Hydroxydide)</td>
<td>30</td>
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*Not prescribed within 1 year.

### ACTIVE PROBLEMS

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<th>Code</th>
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<td>Allergic Reactions, NOS</td>
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<td>RAULTATIONS</td>
<td>051.1</td>
<td>06/20/2002</td>
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<tr>
<td>Plantar wart, Left</td>
<td>703.12</td>
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<td>Sciatica, MLD</td>
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<td>Tobacco use disorder</td>
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<td>Ventricular Hypertrophy</td>
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### BICOMPLETIONS

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### BP & WEIGHT OBSERVATIONS

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<td>142</td>
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<td>BP Systolic</td>
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<td>110</td>
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<tr>
<td>BP Diastolic</td>
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### APPOINTMENTS

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<tr>
<td>08/06/2010</td>
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*Met but due within 3 months*
Clinical Dashboard

Audit Results - Trend and Practice/Provider Rankings

APS Audit Trends - Percent Opportunities Achieved (POA)

Diabetes Audit Trend - Percent Opportunities Achieved (POA)

APS Top 10 Practice Ranking

<table>
<thead>
<tr>
<th>Rank</th>
<th>Practice Name</th>
<th>POA</th>
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Diabetes Top 10 Practice Ranking

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<td>10</td>
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Patient Detail Listing with Metric Results

Patient ID | Patient Name | Goals | AC | OG | POA | APS | APS IC | LDL | TG | HDL | HbA1c | BMI | Age |
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Overall Percent Opportunities Achieved (POA)

A1C | Aspirin | Blood Pressure | LDL

Tobacco Use | Diabetes Brineline

Provider snapshot with comparison to goals

Practice snapshot with comparison to goals
Quality Improvement Reports

• Adult Preventive Services (APS)
  – Blood Pressure
  – Cholesterol
  – Colon Cancer Screening
  – Flu Vaccine
  – Mammogram
  – Bone Density Screening
  – Pap Smear
  – Pneumonia Vaccine
  – Tetanus Booster
  – Tobacco Use/Counseling

• Diabetes
  – Blood Pressure
  – HgA1c
  – LDL
  – Aspirin
  – Tobacco Use

• Asthma
  – Symptom Assessment
  – Action/Management Plan
  – Controller Therapy

• Congestive Heart Failure (CHF)
  – Left Ventricular Failure Assessment
  – Weight
  – Beta Blocker Therapy
  – ACEI/ARB Therapy
  – Warfarin Therapy

• Pediatric Preventive Services (PPS) (under development)
  – Flu Vaccine
  – MMR Vaccines
  – Varicella Vaccines
  – Meningococcal Vaccine
  – Tobacco Use/Counseling

All Improvement Reports are drill-through reports with:
- Summary results for HTPN Practices,
- Summary results for each Provider,
- Patient Listing for each Provider, and
- Patient Clinical Summary for each patient
Results?

Adult Preventive Health Services

Adult PHS Overall % Recommended or Done - All Locations
Results

- **Diabetes Management - LDL<100**
  - CY07: 46%
  - CY11: 58%
  - HEDIS: 47%

- **Diabetes Management - Aspirin Use**
  - FY07: 35.3%
  - FY11: 93%
  - HEDIS: 79.5%

- **Diabetes Management - Non Smoker**
  - FY07: 83.4%
  - FY11: 85.6%
  - HEDIS: 79.5%

- **Diabetes Management - A1c**
  - CY07: 52.6%
  - CY11: 52.7%
  - HEDIS: 42%

- **Diabetes Management - SBP<130/DBP<80**
  - FY07: 36.6%
  - FY11: 53.7%
  - HEDIS: 33.9%

- **Diabetes Management - Bundled Care**
  - FY07: 4.9%
  - FY11: 18%
New Physician Orientation

Richard Naftalis, MBA, MD, FAANS, FACS
HealthTexas Board Member
Chair, Specialist Affairs Committee
Seven Habits for Highly Effective Referrals

1

Find out how the referring physician would like to receive information regarding the referred patient.

E-mail? Phone Call? Letter?
Seven Habits for Highly Effective Referrals

2

Report patient outcomes promptly to the referring physician, using their preferred method of communication
Seven Habits for Highly Effective Referrals

3

Do your best to refer the patient back to the primary care physician
Do NOT leave a referring physician wondering what happened to his or her patient
Offer open access. If possible, allow the referred patient to tell you when they would like to come in.
Set up introductory meetings to help establish stronger relationships.
Seven Habits for Highly Effective Referrals

7

Develop and maintain a database or spreadsheet with information regarding all current and potential referring physicians
Influence Factors

#1 Quality

PCP’s seek specialists whose focus is quality and whose focus is in the best interest of patient…. Referrals are not guaranteed thru HTPN but must be earned thru the 4 A’s:

- Ability (includes proper utilization of services and cost containment)
- Affability (is the specialist a good communicator)
- Availability (can I get a patient in ASAP),
- Affordability (does the specialist use generic medication when able)
Influence Factors

#2 Location

• Improve circulation demographic information and access to local Primary Care and Specialty Providers.
• Encourage local use of HTPN specialist for all Primary Care providers in HTPN, this involves marketing personnel and Specialists helping to advertise when the specialist “offices” in local community.
• Most PCPs want the specialist to contact them directly, not marketing, fyi!
Influence Factors

#3 Habit

• Emphasize HTPN commitment to quality and service by utilizing in network physicians.

• Specialists need to create ways to dissolve the “referral barrier” when patient referred from HTPN PCP: HealthTexas Navigator (referral line)
Influence Factors
#4 Buddy Factor

- Card Swaps/get togethers, encourage relationship building between local PCPs and Specialists
- Use physician liaisons to help bolster these relationships
Did You Know:

• Our specialists are willing to set up satellite offices within your practice if patient flow equals 5 to 7 patients

• Referring to a specialist within the system can help lower your practice costs

• Patient rely on their primary care physician’s expertise when referring to a specialist; they will travel the distance to get the best recommended quality of care

• If you have a problem referring to a specialists, tell them why!

• Specialists and primary care physicians should meet in person. Putting a face to a name is invaluable.
What Have We Learned?

1. Physicians listen to physicians – invest in physician leadership
2. When developing communication strategies think path of least resistance for your physicians
3. Culture is key
4. Flow of communication is crucial
5. Find ways to improve coordination & access will improve quality & cost