

CIN Partners Share:

Provider Engagement

Main Takeaway:
Organizational change is easier when providers are involved early on in identifying problems and designing solutions.

The California Improvement Network (CIN) partners — public and private health care organizations actively engaged in improving care delivery — meet quarterly to share experiences and to learn from one another. Following are highlights from the partners’ March 2015 meeting, which focused on provider engagement. The meeting included presentations from HealthCare Partners, Hill Physicians Medical Group, and Sutter Health.

What is “provider engagement”? The health care industry is undergoing widespread change, largely led by the implementation of health care reform. Provider engagement is the participation by providers needed to drive organizational or behavioral change or both. Provider engagement is not the end game; the ultimate goal is improved performance and outcomes.

When Provider Engagement Makes a Difference: Examples from the Field

Provider engagement is a key element in a variety of organizational change projects: initiatives to change the way physicians practice as individuals, care team collaboration efforts, and projects in which physicians are asked to take the lead.

CIN partners shared examples of projects in which provider engagement was critical and identified ways providers were asked to be actively involved.

Projects	Ways Providers Were Asked to Change
New IT systems	<ul style="list-style-type: none"> To implement a new electronic health record (EHR), physicians were asked to commit a substantial amount of time to learn the new system and to collaborate with other team members to use the system effectively. To implement a new scheduling system, selected providers were asked to pilot the system before it was rolled out to all sites.
Changing practice patterns	<ul style="list-style-type: none"> To address overuse, providers were asked to develop their own standards of care to perform fewer procedures and order fewer tests — when clinically appropriate. To decrease variation in care, providers changed the way they ordered tests and did procedures to be more in line with evidence-based practices. To increase use of ambulatory surgery centers, providers were encouraged to refer patients to these centers.
Redesigning care and changing workflow	<ul style="list-style-type: none"> To establish patient-centered medical homes (PCMHs), physicians were asked to promote team-based care by delegating tasks to other staff members, participating in team huddles, and shifting to population-based care. To improve access to care, providers were asked to make operational changes — such as redesigning workflow — to increase efficiency. To create shared clinical guidelines across an entire region, physicians were asked to evolve away from a traditional way of thinking that focuses on individual efforts and toward increased collaboration and standardization.

Given the variety of changes providers are asked to make in the way they practice, organizations should consider using a variety of ways to engage providers in successfully implementing these changes.

Background

HealthCare Partners www.healthcarepartners.com

Who: HealthCare Partners Medical Group (HCP) delivers coordinated medical care to more than 575,000 managed care patients in California and is composed of more than 65 medical offices, 1,400 primary care physicians, and 3,000 specialty physicians.

What: HCP implemented a new management system based on Lean — a method for helping to improve quality, reduce inefficiencies, and increase the stewardship of resources by engaging and empowering teams in its primary care clinics. The goal of HCP’s Lean management system is to create a framework for teamwork, accountability, communication, and coordination of care, and a culture focused on daily problem solving and continuous improvement.

Lean’s emphasis on empowerment of frontline staff and providers to solve problems translated well to HCP’s efforts to increase provider engagement. Lean’s data-driven approach and its mechanism for providers to voice issues during daily huddles and to make changes appealed to HCP’s providers.

“Lean is more about pulling people in than pushing them to participate.”

HCP’s Lean management system implementation involved four key components:

1. Key performance indicators (KPIs) were created to focus the team on specific targets. Measures were selected at the level of change, in this case the team, so the team felt in control over the outcome.
2. Teams huddled — met quickly every day for less than 15 minutes — to facilitate communication and discuss progress against KPIs. The daily communication encouraged providers and staff to share improvement ideas.

Lean Management System

Productivity	Quality	Financial	Pt. Satisfaction	Recognition	Attendance
KPI Visual Board					Birthdays? Etc.

New Ideas	To Do	Doing	Done	Parking Lot
Ideas Visual Board				

Teammate	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June																															
Sang																															
Sarah																															
Tom																															
Johnny																															
Cathy																															

Discuss KPIs

If Miss Goal

Create Ideas to Problem Solve

Assign Teammates to Develop Ideas

Source: HealthCare Partners

3. Visual management boards were used by teams to track progress against KPIs. Making data visually available and easy to track and understand made it easier for providers and staff to understand their progress toward their goals.
4. Accountability for outcomes was shared among team members. The provider was part of a team that was responsible for change.

HCP used a number of techniques to maximize provider engagement with the Lean approach. First, because many providers were not inclined to participate in team huddles, physicians were asked to join the huddles only after they were well-established, structured, and running smoothly. In addition, some of the Lean terminology was adapted to be more provider-friendly. In particular, the terms “standardization” and “efficiency”— common Lean terms — were often met with resistance from providers and were therefore avoided. HCP also provided mechanisms for providers to share success stories with one another.

While the majority of HCP’s KPIs were standard triple aim measures, their approach also accommodated metrics unique to specific clinics.

For example, a set of HCP clinics used the Lean method successfully to reduce patient visit times. These clinics identified the issue as a priority, used their daily huddles to pinpoint the source of the problem and potential solutions, and then tracked progress against outlined goals via the accountability board. In this example, HCP focused on wait times at these clinics to reduce overall visit times, which were reduced from 58 minutes to 55 minutes from January to April 2015 based on data from 80% of HCP’s clinics in the Nevada market.

Hill Physicians Medical Group www.hillphysicians.com

Who: Founded in 1984, Hill Physicians Medical Group (HPMG) is the largest independent physician association (IPA) in Northern California. HPMG serves 10 counties, has over 300,000 members, and includes over 3,800 providers in its network (approximately 1,200 primary care physicians and 2,600 specialists).

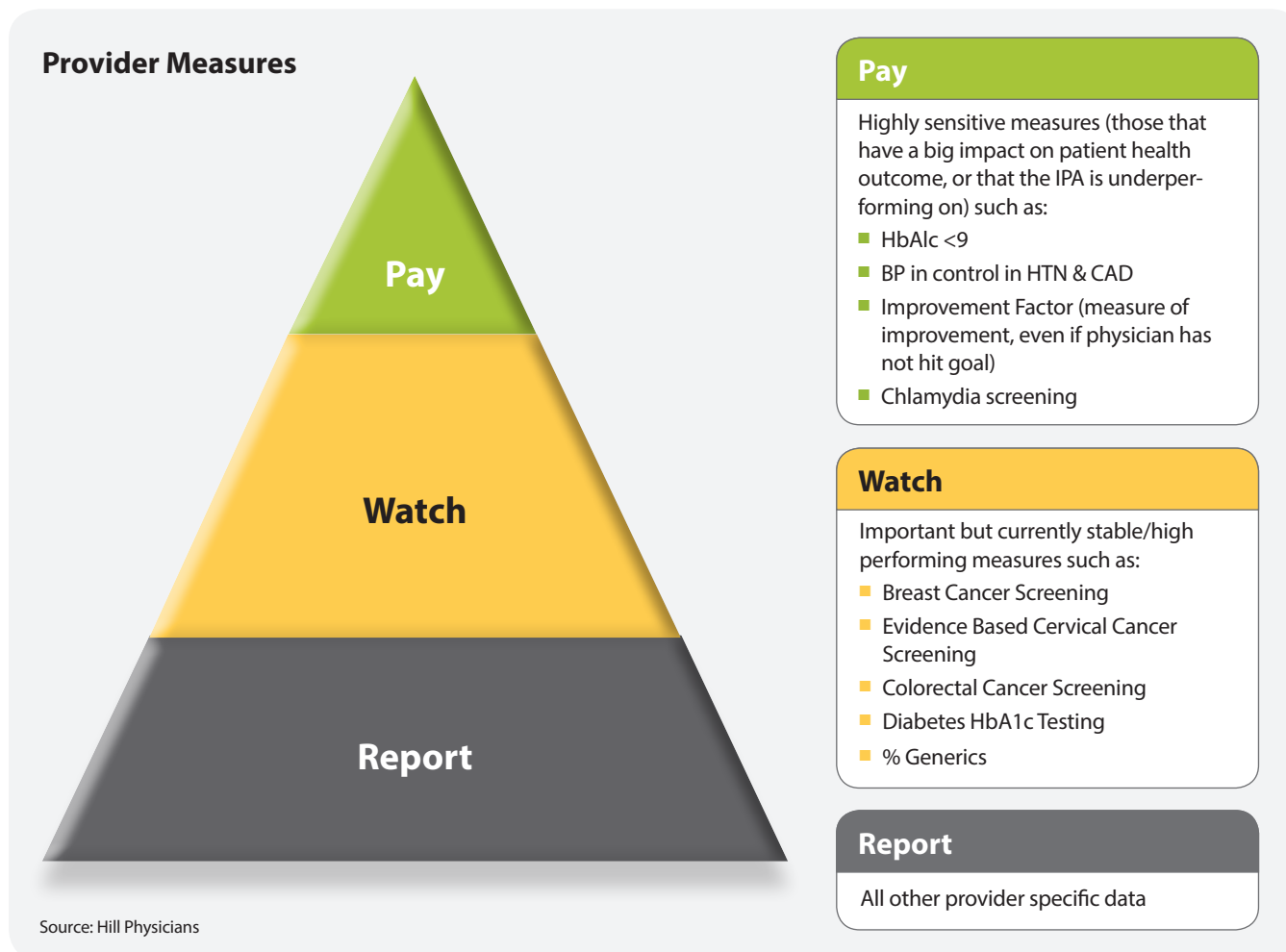
What: HPMG is using three main tactics to engage physicians: seeking out medical leadership from its network, sharing data on population health management metrics, and providing support and guidance to office staff at individual practices that are working to implement changes.

HPMG has entered into accountable care organization (ACO) types of relationships — partnerships of providers, hospitals, and insurers — to coordinate care for a defined group of patients. As these coordinated care models have matured, focus has shifted from individual physician behavior to an infrastructure to support physicians. One successful model reduced the total cost of care for this population by more than \$15 million. This cost savings benefited patients because it allowed the insurer to offer lower premiums the next year.

“The problem with communication is that we often think it has already occurred.”

All of HPMG’s medical directors devote some percentage of their time to providing clinical care. This keeps them up to date on current practice challenges and increases their credibility with network physicians when working on issues related to clinical and organizational change. To support its physician members and encourage their alignment with organizational goals, the leadership team hosts new-provider orientations and quarterly meetings that often highlight the successes of specific providers on organizational change initiatives.

By providing physicians with data on their performance and by identifying opportunities for improvement, HPMG has been able to better engage its providers. HPMG supports physicians who are motivated to provide high-quality care by providing access to timely, reliable data so they have insight into their performance. Initially, this approach focused exclusively on utilization management, and later HPMG added a value-based, pay-for-performance (P4P) component that



includes incentive payments based on metrics for quality, cost, and appropriate resource use. Three categories of data are tracked for each provider: (1) measures that the provider’s performance pay is based on, (2) measures that are reported and monitored, and (3) measures that are reported but not monitored. Providers are given a quarterly report that outlines their performance against key measures and explains that payouts are based on these measures. This approach was meant to simplify a complicated system of P4P measures so that providers know what to focus on. HPMG is developing a provider portal where physicians can access data about their patient population.

Provision of office support has been another critical component of HPMG’s provider engagement strategy. HPMG’s practice support advisors — staff members employed by HPMG — help individual practices by providing support and guidance on specific initiatives. The advisors help practices identify areas for improvement and also offer coaching on how to implement changes.

Working with their hospital and insurer partners, HPMG used this provider engagement framework to help reduce inappropriate emergency department (ED) use, as well as the total cost of care. This initiative included the following components:

- Office support for patient outreach and engagement: Primary care offices were provided with patient education materials about when to go to the ED versus an urgent care clinic, and locations of available urgent care clinics. Furthermore, nurse case managers conducted outreach to ED frequent users and to patients who had been to the ED and had not seen their PCP in the past 12-18 months.
- Real-time data: A primary care communication board was updated daily to show which of the patients assigned to the practice were admitted, went to the ED, or called an advice nurse on the previous day.
- Simplified data at the PCP level: Monthly ED reports were distributed to PCPs.

In addition, HPMG realized that, as an IPA, providing additional access options for patients took the pressure off physicians and made the engagement more of a two-way street. To accomplish this, HPMG is working to expand its network of urgent care clinics to increase the availability of care settings that provide alternatives to the ED. HPMG also provided pain management interventions to patients who suffer from chronic pain, since many of those patients often end up in the ED.

Sutter Health www.sutterhealth.org

Who: Sutter Health is a network of physician organizations, and a system of nonprofit hospitals, outpatient centers, and home health and other medical services that care for 3 million patients in more than 100 Northern California cities.

What: Sutter launched a program in 2007 to address variations in care in its network. Sutter's variation-reduction process involves the following components:

- An in-person, facilitated meeting with a department where unblinded, individual clinical data are shared in a safe environment.
- The development of a variation-reduction standard — a specific clinical decision or behavior at the point of care — by clinicians at the department meeting.
- The identification by clinicians of a specific project based on the variation standard to encourage behavior change. Examples include prescribing a generic instead of a brand medication, deciding when to order a diagnostic test, or using certain medical supplies during a surgical procedure.

Addressing variations in care supports a triple bottom line — improved quality, increased efficiency, and a better patient experience. In two years, starting January 2013, over 100,000 patients have been impacted, over 1,000 clinicians have been involved in variation projects, and Sutter has saved over \$30 million.

At the Sutter family medicine practice in Lodi, California, a project was initiated that addressed clinicians' patterns of prescribing angiotensin receptor blockers (ARBs) for hypertension. For that drug class, there is a wide range of costs associated with the different medication options. For example, a 30-day supply of generic losartan (Cozaar) costs an average of five times less than a 30-day supply of the brand Valsartan (Diovan). The project focused on encouraging physicians to prescribe less-costly drugs when appropriate. The project has saved over \$235,000 since it launched.

The Sutter team also collaborated with urgent care physicians to explore the use of imaging in the urgent care setting for patients with abdominal pain. They found wide variation between physicians in the ordering of x-rays and CT scans. After almost two years of variation-reduction work, from June 2013 to April 2015, Sutter urgent care physicians have ordered 396 fewer CT scans than the previous two years, translating to 3,960 millisieverts (mSv) of avoided radiation for their patients.

Based on its experience engaging providers to address variation, the Sutter team found that providers are particularly responsive to unblinded data that compare them to their peers. For this approach to be successful, the data need to be shared in a safe environment where open dialogue among peers is encouraged. Skilled facilitators are also necessary to handle any defensiveness and to address concerns about the data itself. For Sutter, this approach has provided a mechanism for robust peer discussions that have been effective in engaging providers to successfully address variation.

Quick Takes

- **Have providers identify the solutions.** Providers are more likely to support a change if they are part of creating the solution.
- **Give providers sufficient support to make changes.** Physicians are more likely to become engaged if the right infrastructure exists to support them.
- **Consider using physician champions.** Buy-in by physician leadership is critical for credibility and can help inspire the team.
- **Frame potential change in terms of common interests.** It can be easier to engage providers if the impact on patient outcomes or organizational goals is clear and if potential changes are in line with their other goals.
- **Make the right thing to do the easy thing to do.** Remove as many barriers to behavior change as possible.
- **Share data.** Data are necessary to quantify an issue and track progress against defined goals. Providers tend to be particularly responsive to data that compare them to their peers.
- **Engage the entire team.** Effective change requires participation at all levels of the organization working toward a common goal, not just providers. Organizational goals need to be clearly articulated and communicated throughout the organization.
- **Recognize the cultural shift that is happening.** New models of care are asking physicians to collaborate, standardize, and delegate — skills in which physicians are not typically trained. Providers need support and training to help facilitate this transition.
- **Use incentives.** Consider using financial or other types of incentives to help promote provider change, particularly if physicians are being asked to spend time outside of their regular hours on an initiative.

Resources

Pooja Kumar, Anna Sherwood, and Saumya Sutaria, *Engaging Physicians to Transform Operational and Clinical Performance* (McKinsey & Co., May 2013), http://healthcare.mckinsey.com/sites/default/files/MCK_Hosp_MDSurvey.pdf (PDF).

Working in Concert: A How-To Guide to Reducing Unwarranted Variations in Care, (CIN Action Group on Variations in Care, September 2014), www.chcf.org/publications/2014/09/working-in-concert-reducing-variations.



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