ACHIEVING IMPROVEMENT THROUGH ASSESSMENT AND LEARNING.
TOGETHER.

Independent Physicians to Large Collaboratives: Managing a Diverse MOC Portfolio
Patrick Dolan MD FAAP, University of Chicago, Comer Children's Hospital
Pediatric Emergency Medicine, Quality Physician Champion
Disclosures

• I disclose that I have no relevant financial relationships with commercial interest.
Background

- **Advocate Health Care**
  - Largest Health system in Illinois
  - Almost 400 sites of care
  - 12 Acute care hospitals
  - 6,300 Affiliated physicians
  - State’s largest physician network of primary care physicians, specialists and sub-specialists.
Progression

Quality Improvement

Doctor  Hospital  Health Care System  Population Management
“Probably the most dangerous phrase that anyone could use in the world today is that dreadful one ‘But we’ve always done it that way.’” Rear Admiral Grace Hopper
Three Fundamental Concerns:

• 1) How to make projects for both employed and independent physicians?

• 2) How to create multiple types of projects, from single physicians to large collaboratives?

• 3) How to coordinate it all, different levels of physician engagement and project types?
Learning Objectives

• Discuss how to address the needs of both independent and employed physicians.

• Understand how to create programs that span from single physicians to large collaboratives.

• Hear about the many aspects of coordinating across different specialties, employee models and project types.
Projects: Independent and Employed

Focus on the Carrot

- **Independent**
  - **Concerns:**
    - Financial Pressure
    - Time
    - Added staff needed
    - Added work
    - More patients
    - Decreased/Flat fee for service (FFS)
    - Regulatory requirement
    - Overload of information

- **Employed**
  - **Concerns**
    - Added work
    - Regulatory requirement
    - Certification requirements
    - Time
    - Added staff needed
    - More patients
    - Decreased/Flat fee for service (FFS)
    - Overload of information
Projects: Independent and Employed

Projects: Chronic Care Collaboratives

• GAPs analysis:
  • Diabetic patients not getting timely Hgb A1c
  • Therefore delay in treatment management

• Old way:
  • Call for Office visit
  • Office visit
  • Lab order given
  • Call for lab visit
  • Lab visit
  • Office retrieves labs
  • Office review labs
  • Phone call for return visit
  • Return Visit for medication change

Diabetes

Asthma

CHF

COPD
Projects: Independent and Employed

Projects: Chronic Care Collaboratives

- **Reasons for delay: Barriers to care**
  - Patients can not come in that often
  - Many other appointments
  - Lost labs slip
  - Co-pays
  - Lost to follow up
  - Did not get lab results from lab
  - Can not get patient on phone

- **New way**
  - Patient call for a visit
  - Office Visit
  - Point of care Hgb A1C
  - Provider Reviews results
    - Real Time
  - Change medication
Projects: Independent and Employed

Focus on the Carrot

• **Independent**
  • Improving A1c Point of care in office
  • Carrots (motivation)
    • Get home sooner
    • Less frustration
    • Less rework
    • Better for patient
    • Word of mouth (post winners)
    • Financial
    • Less staff need
    • Less medical-legal concerns

• **Employed**
  • Improving A1c Point of care in office
  • Carrots (motivation)
    • No added work
    • Less rework
    • Better for patient
    • Word of mouth (post winners)
    • Executive Buy in
    • Less staff need
    • Less medical-legal concerns
    • Get credit for work already done
Learning Objectives

• Discuss how to address the needs of both independent and employed physicians.

• Understand how to create programs that span from single physicians to large collaboratives.

• Hear about the many aspects of coordinating across different specialties, employee models and project types.
Projects: Single and Large Projects

- **Single Projects**
  - Leverage the internal interest
  - Measurements: easy to obtain
  - Control to usually one person

- **Large Projects**
  - Leverage the consistency
  - Measurements: easy to interoperate
  - Agreed upon project path
  - Education from collaboration

**Focus on the Will**

- Small Projects
  - Will
  - Consistency

- Large Projects
  - Consistency
  - Will
Projects: Single and Large Projects

• **Change Concepts**
  • Eliminate Waste
  • Improve Workflow
  • Optimize Inventory
  • Change the work environment
  • Producer and customer interface
  • Focus on time
  • Focus on variation
  • Mistake proofing
  • Focus on product or service

• **Tools**
  • **Projects:**
    • Open Access
      • No show
      • Third Next Available
      • Cycle times
  • **PCMH: Patient Centered Medical Home**
    • Increase percent of physicians following treatment guidelines
    • Choose only a few measures
Projects: Single and Large Projects

- **Open Access**
- No show rates
  - Goal to decrease lower than 15%
- Third next available
  - Same day opening
- **Cycle times**
  - Wait time
  - Rooming time
  - Time to MA/RN in exam room
  - Provider time to room
  - Discharge delay
  - Total cycle time

**Projects: Small and Large**

- **PCMH: Patient Centered Medical Home**
- **NCQA Standards**
  - PCMH 1: Patient-Centered Access
  - PCMH 2: Team-based Care
  - PCMH 3: Population Health Management
  - PCMH 4: Care Management and Support
  - PCMH 5: Care Coordination and Care Transitions
  - PCMH 6: Performance Measurement and Quality Improvement
- **Common Focus:**
  - Increase percent of physicians following treatment guidelines
Projects:

“Every system is perfectly designed to get the results it gets.”

W. Edwards Deming
Learning Objectives

- Discuss how to address the needs of both independent and employed physicians.

- Understand how to create programs that span from single physicians to large collaboratives.

- Hear about the many aspects of coordinating across different specialties, employee models and project types.
Projects: Coordination

Focus on Simplicity

- **Motto**: “*Working Smarter, Not Harder*”
- **Tools**:
  - Model for Improvement PDSA
  - Common Documentation
  - Modular Agenda
  - One Focus topic
  - Leverage Data (Run chart)
  - Decrease variability
  - Choose few measures
  - Group teleconferences

- **Projects**:
  - **Diabetes**: Podiatry and PCP
    - Primary Care Physician
    - Podiatry
  - **A-Fib/OSA**: Cardiology and Pulmonary
    - Cardiology
    - Pulmonary
  - **Appendicitis Imaging** (Choosing Wisely)
    - Emergency Medicine
    - Radiology
    - Pediatrics
    - Internal Medicine
    - Family Practice
Projects: Coordination

**Motto:** “Working Smarter, Not Harder”

**Tools:**
- Model for Improvement PDSA
- Common Documentation
- Modular Agenda
- **One Focus topic**
- Leverage Data (Run chart)
- Decrease variability
- Choose few measures
- Group teleconferences

**Projects:**
- **Diabetes:** Podiatry and PCP
  - Primary Care Physician
  - Podiatry
- **A-Fib/OSA:** Cardiology and Pulmonary
  - Cardiology
  - Pulmonary
- **Appendicitis Imaging** (Choosing Wisely)
  - Emergency Medicine
  - Radiology
  - Pediatrics
  - Internal Medicine
  - Family Practice

Focus on Simplicity
Projects: Coordination

**Focus on Simplicity**

- **Motto:** “Working Smarter, Not Harder”
- **Tools:**
  - Model for Improvement PDSA
  - Common Documentation
  - **Modular Agenda**
  - One Focus topic
  - Leverage Data (Run chart)
  - Decrease variability
  - Choose few measures
  - Group teleconferences
Projects: Coordination

Focus on **Simplicity**

- **Motto**: “*Working Smarter, Not Harder*”
- **Tools**:
  - Model for Improvement PDSA
  - Common Documentation
  - Modular Agenda
  - One Focus topic
  - **Leverage Data (Run chart)**
  - Decrease variability
  - Choose few measures
  - Group teleconferences
“If you can not change something big, change something small”

Donald Berwick
Managing a Diverse MOC Portfolio

Focus on the **Carrot**

Focus on the **Will**

Focus on **Simplicity**

• **The 80/20 Rule**
  - Eighty percent of the projects will fit the standard approach
  - Standardize the work and projects you can
  - Do not reinvent the wheel every time
  - Focus energies on the more complex work and project creation tasks
  - The other twenty percent needed for non-standard work
Questions