

Physician Leadership and Practice Evolution Experiences

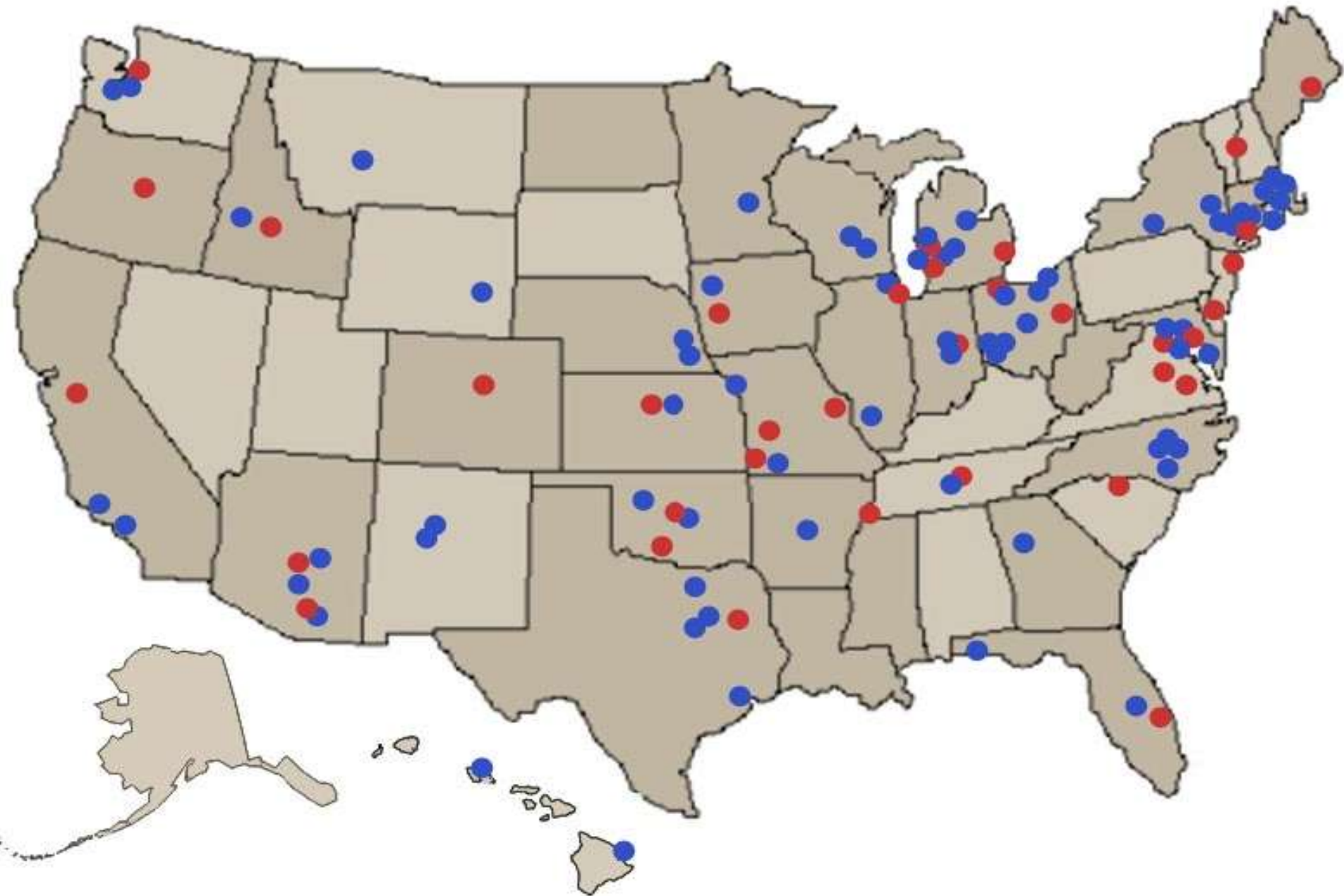
Thursday September 8, 2011

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President and CEO of TransforMED



- ▶ **TransformMED** is an *independent*, wholly owned subsidiary of the American Academy of Family Physicians.
- ▶ **TransformMED** is *not-for-profit* serving all of primary care.
- ▶ **Working** to change and enhance primary care while transforming the healthcare system
- ▶ **Collaborating** to provide a medical home for all

Project Locations



Evolution Experiences

- ▶ Critical Success Factors
- ▶ Physicians
- ▶ Practices
- ▶ Recognition
- ▶ Transformation

Four Critical Success Factors for Practice Transformation

- ▶ Leadership
- ▶ Change Management
- ▶ Teamwork
- ▶ Communication

Leadership



"No one is making you do anything you don't want. I'm just saying we're all headed for Dodge City and we think you should come along."

The Four Critical Success Factors for PCMH

- ▶ Leadership
- ▶ Communication
- ▶ Change Management
- ▶ Teamwork

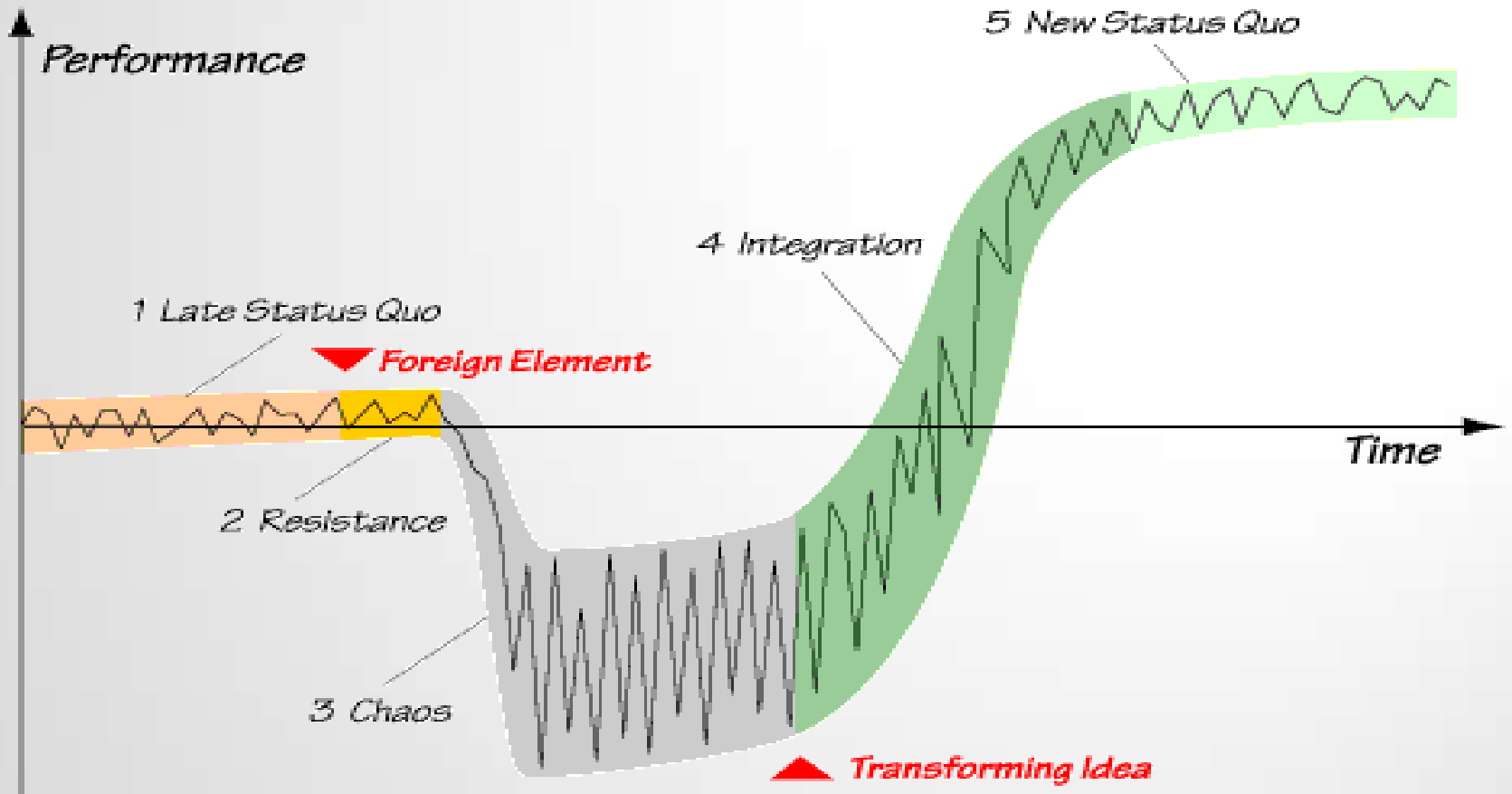
The Three Critical Success Factors for Strong Leadership

- ▶ Communication
- ▶ Change Management
- ▶ Teamwork

Change Management

***Physicians are trained to be
change averse and
variable averse.***

Chaos is part of the process



Teamwork

- ▶ Working as a team is not intuitive to many physicians specifically and healthcare providers in general
- ▶ “Captain of the ship”
- ▶ Feeling of responsibility for everything in the practice

Communication

Communication formula:

$$\frac{n(n-1)}{2}$$

- ❖ 2 people, 1 communication channel
- ❖ 4 people, 6 communication channels
 - ❖ 12 people, 66 channels
 - ❖ 15 people 105 channels

The Critical Success Factors Really are “Critical”




- ▶ When the critical success factors are the focus early and woven in throughout the transformation process, the success rate dramatically improves and trauma to the practice is reduced.

Physicians



**Too many physicians today—
waiting for things to go away**



A light blue t-shirt is displayed against a white background. The t-shirt has a crew neck and short sleeves. The text "Trust me i'm a Doctor" is printed in a bold, black, sans-serif font across the chest. The text is arranged in two lines: "Trust me" on the top line and "i'm a Doctor" on the bottom line. A small white tag is visible at the collar. On the left sleeve, there is a small, dark, rectangular logo or brand mark.

**Trust me
i'm a Doctor**

50 Reasons Not To Change



The #1 Reason Not to Change:

My practice is already a
Medical Home!

PCMH Value for the physician



- ▶ Demonstrate the “value” of primary care
- ▶ Improve the quality of care
- ▶ Lower the cost of care to the healthcare system
- ▶ Reduce unnecessary and duplicated care
- ▶ Focus on populations of patients
- ▶ Improve physician compensation
- ▶ Improve work/life balance
- ▶ Allowing physicians to do “doctor things”

The Practice



Challenges to Success

- ▶ Practice Culture
- ▶ Difficulty collecting data—value of self-populating registries
- ▶ Sustainability
- ▶ Patient Satisfaction
- ▶ Importance of aligned incentives
- ▶ Critical need to create time and economic efficiencies (all new money can't come externally)
- ▶ Understanding the concept of “fixed costs”

Practice “Wins”

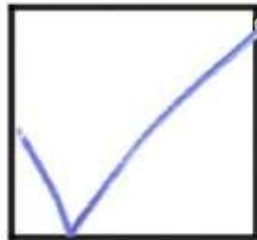
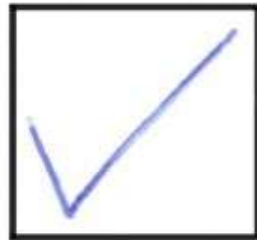
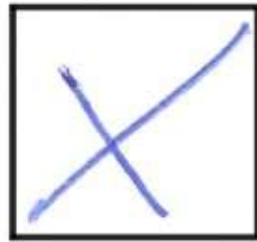


- ▶ Practices function as efficient and effective teams
- ▶ Practice panels increase while physician panels can decrease
- ▶ Practice Revenue increases
- ▶ Patient no-shows decrease
- ▶ Access improves
- ▶ Technology is better utilized
- ▶ Staff satisfaction improves
- ▶ Quality of Care improves

Recognition



Checking Boxes Does Not Make A Medical Home



Realities Of Practice Recognition

- ▶ Practice may get temporarily worse while they focus on qualifying for recognition
- ▶ Recognition programs do not score all aspects of PCMH particularly the important ones
- ▶ The goal of a practice should be Level 3 recognition or its equivalent
- ▶ Ideally recognition should be used to validate transformation
- ▶ Sustainability is a real issue particularly in health systems with the goal being more money or new recognition rather than sustainable change
- ▶ Once recognition is obtained and money flows, motivation stops even though what is recognized may not be what produces value

Value of External Recognition



- ▶ Serves as a motivator
- ▶ Creates a structure and roadmap
- ▶ Creates a comfort level for payers
- ▶ Enhances market positioning

Transformation



Challenges to Transformation

- ▶ A la carte PCMH—All aspects of the medical home model are interdependent.
- ▶ High value to “touch”—An on-going challenge for small practices.
- ▶ Practices want to be “spoon fed”—“Tell me what to do.” Showing the way and providing resources is often not enough.
- ▶ Concurrent PCMH and EMR makes sense but complexity and variables to manage increase exponentially.
- ▶ “Boots on the ground” staff must be credible and comfortable in practices.
- ▶ Care Management/Care Coordination education.

Value of Facilitated Transformation



- ▶ The “touch” of in-person facilitation
- ▶ The value of virtual facilitation
- ▶ Collaborative meetings and peer to peer learning
- ▶ Virtual learning communities
- ▶ The ability to impact culture and change readiness

Observations

- ▶ The healthcare world is changing in ways that we have not seen in our lifetime with the possible exception of Medicare.
- ▶ The blurring of chronic disease projects and PCMH projects remains a major challenge.
- ▶ The lack of understanding of PCMH by practicing physicians remains a problem.
- ▶ The lack of patient engagement remains the “Achilles heel” of PCMH.
- ▶ Current PCMH recognition standards measure what can be measured and do not give a complete picture.

The Value of Primary Care



One year data from payer pilots have demonstrated that individual practices can provide the same higher quality at lower cost as published data from large integrated systems.

.....because everyone deserves a Medical Home.

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