

Organizational Culture and Value

Physician Relations



Eric Rogers, Senior Managing Consultant

STEPS

1

Value-based Landscape

2

Physician Alignment

3

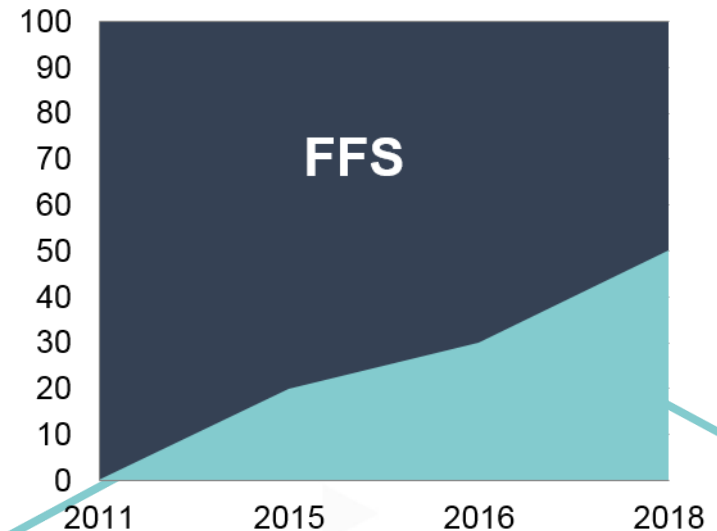
Leveraging Data

1

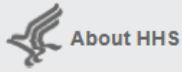
Value-based landscape

Transition from FFS to Value

- Obama's ACA focused on two key items:
 - **Access** to care which remains politically problematic
 - **Delivery** of care which is making steady progress
- Centers for Medicare and Medicaid Innovation (CMMI)
 - ACO
 - Bundled Payments
 - MACRA
- Despite political uncertainty, CMS presses forward with transitioning from volume to **value** (code word for **RISK**)



1 Value-based landscape continued



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Remarks on Value-Based Transformation to the Federation of American Hospitals

Alex M. Azar II

Federation of American Hospitals

March 5, 2018 Washington, D.C.

“ There is no turning back to an unsustainable system that pays for procedures rather than value. In fact, the only option is to charge forward — for HHS to take bolder action, and for providers and payers to join with us. This administration and this President are not interested in incremental steps. We are unafraid of disrupting existing arrangements simply because they’re backed by powerful special interests. ”



As Prepared for Delivery

It's a pleasure to be here with all of you today. I want to thank Chip [Kahn] and all of the members for inviting me to share our vision for HHS and America's healthcare system, and hope to work with all of you to make it a reality.



1

Value-based landscape again

Modern Healthcare Feb 2018

Q&A with Dr. Patrick Conway: “I do believe we need more outcome oriented measures”

MH: To what extent did the Trump administration taking over and the future of the Innovation Center drive the decision?

Conway: I worked on value-based care in Republican and Democratic administrations. I believe the Innovation Center and the work on value-based care will continue. It's driven in both the public and private sectors. **Private insurers are driving value-based care models like accountable care organizations and bundled payments.**

We've got over 80% of payments tied to quality and value in some way in Blue Cross North Carolina and now it's taking it to the next step of really scaling these ACO models and bundled payments across the state.



2

Physician Alignment

“Above all, success in business requires two things: a winning competitive strategy, and superb organizational execution. Distrust is the enemy of both. I submit that while high trust won't necessarily rescue a poor strategy, low trust will almost always derail a good one.”

Stephen MR Covey, The Speed of Trust

- Trust in process development
- Trust in data
- Trust in feedback
- Trust in the impact on the patient
- Trust in matching the vision of the health system



Transparency is a corollary of trust: 84% of physicians were willing to change if they just understood the need.

2

Physician Alignment continued

Best practices in engaging physicians

1. One size does not fit all- a customized endeavor
2. Consider group size
3. Consider employment status
4. Administration must define vision and work with physicians to implement
5. Don't try to accomplish via email
6. It takes time: start now!

439 of top **500** companies in 1950 no longer exist

"If you want to make enemies, try to change something."

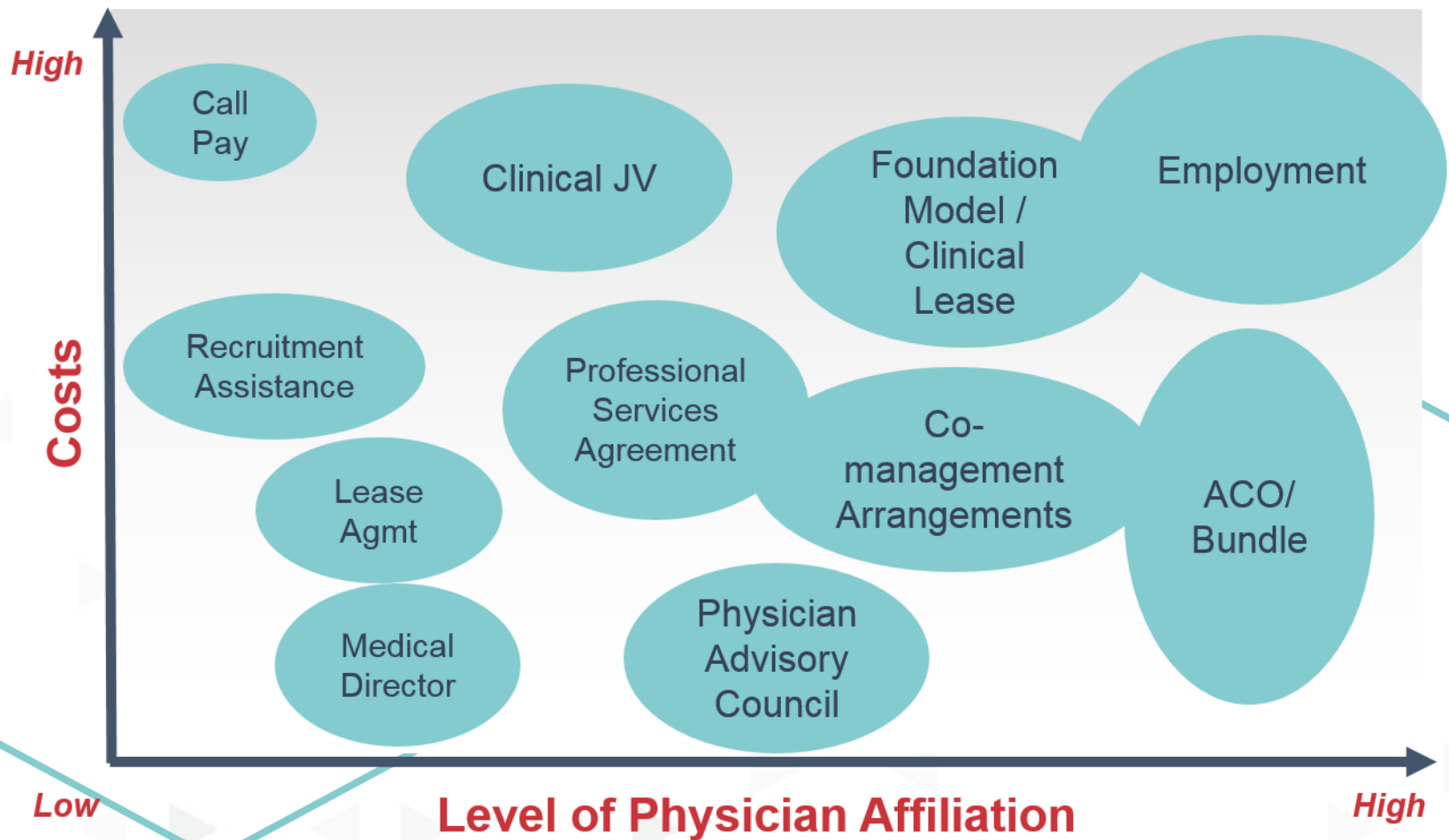
Woodrow Wilson



3

Strategic Considerations

Physician Alignment



2

Physician Alignment again

Focus on Quality

Primary Care

- Will evolve into population health
- Engage the patient to manage their own health
- Utilize extenders and enable to work at the top of their license
- Physician expertise for high-risk patients
- Scheduling and availability are critical: 20%-70% of appt. slots available at beginning of the day

Specialists

- Manage episodes of care (bundles)
- Engage in the whole process not just technical side
- Engage with primary care and navigators to prevent readmissions

Imagine if primary care doctors had to purchase specialty care!

2

Physician Alignment, some more

Quality and Compensation

Is quality a component of your compensation plan?

- Review medical history
- Utilization management
- HEDIS factors (A1c, BP, LDL, 90 day med refills)
- Admissions per 1000
- High-risk patient management
- Access and wait times

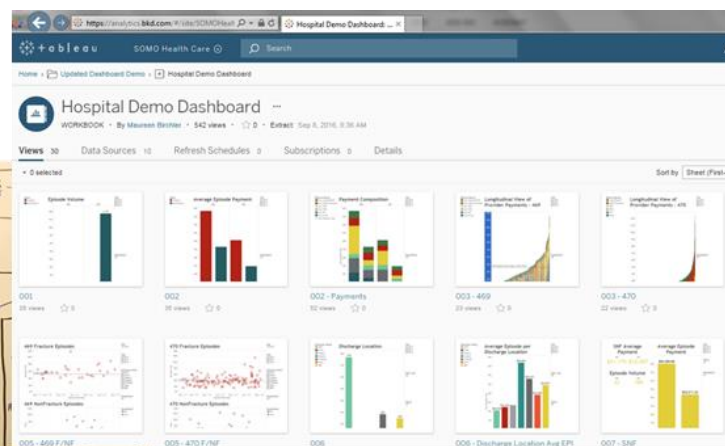
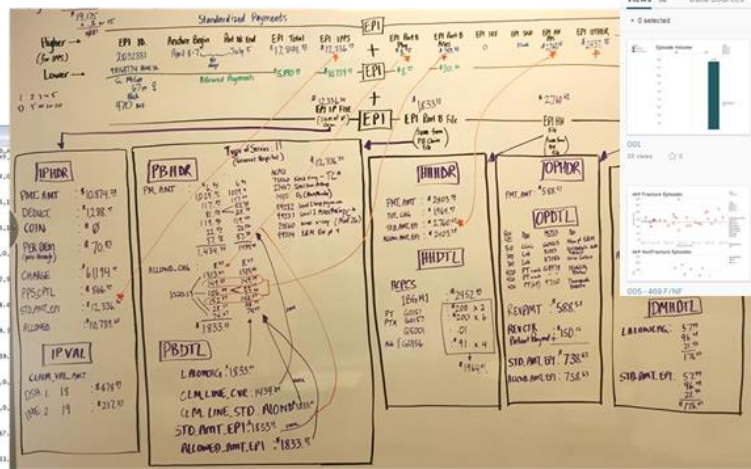
Risk rolls downhill

- Government
- Insurance companies
- Health systems
- Hospitals
- Physicians

3 Physician Alignment, once more

Engaging Physicians with Data

Table with 10 columns: ID, PDR, Name, Age, Sex, Race, Ethnicity, Education, Employment, and a large column for various medical codes and values. The table contains multiple rows of data, including patient identifiers and associated medical information.



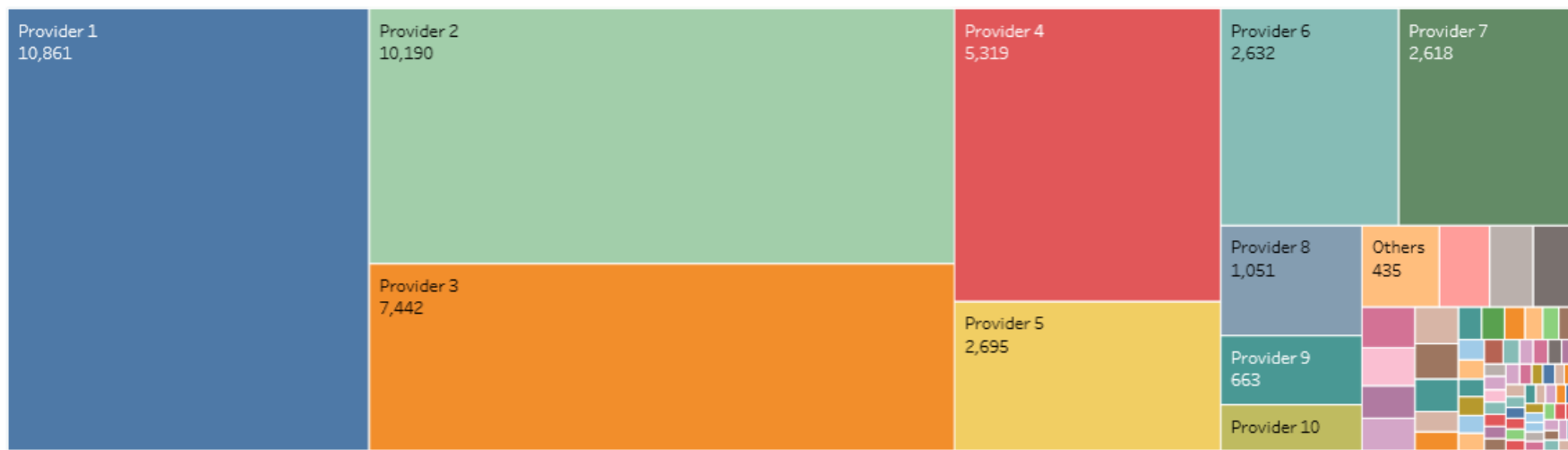
3

Physician Alignment, additionally

Engaging Physicians with Data

INPATIENT ADMISSIONS AND OUTPATIENT REFERRALS

Hospital Name and Inpatient Volume



Outpatient Referring Organization and Volume of PCP Visits

Organization 1	39,047
Organization 2	33,672
Organization 3	21,476
Organization 4	19,997
Organization 5	18,254
Organization 6	17,196
Organization 7	16,293
Organization 8	11,204
Organization 9	9,257
Organization 10	5,983
Organization 11	5,758
Organization 12	4,538
Organization 13	4,194
Organization 14	3,106

Referring Physician and Volume of PCP Visits

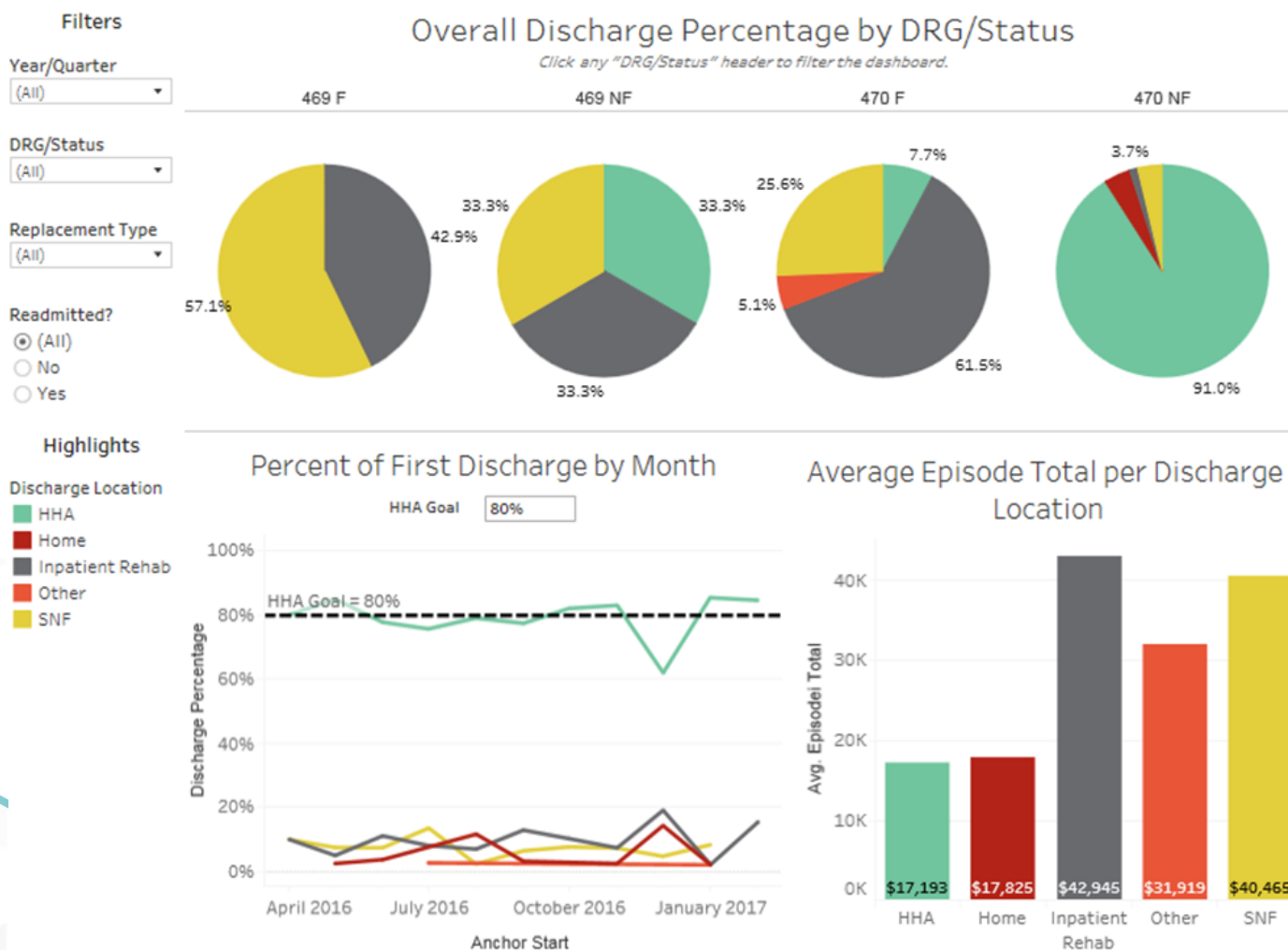
PCP Name	Taxonomy Description	Volume
Physician 1	Physician/Internal Medicine	8,494
Physician 2	Physician/Internal Medicine	4,352
Physician 3	Physician/Internal Medicine	4,248
Physician 4	Physician/Internal Medicine	4,184
Physician 5	Physician/Family Practice	3,833
Physician 6	Physician/Family Practice	3,693
Physician 7	Physician/Family Practice	3,294
Physician 8	Physician/Internal Medicine	3,165
Physician 9	Physician/Family Practice	2,797
Physician 10	Physician/Family Practice	2,795
Physician 11	Podiatry	2,760
Physician 12	General Practice — Dental Providers	2,743
Physician 13	Physician/Internal Medicine	2,589

3

Alignment of Physicians

Engaging Physicians with Data

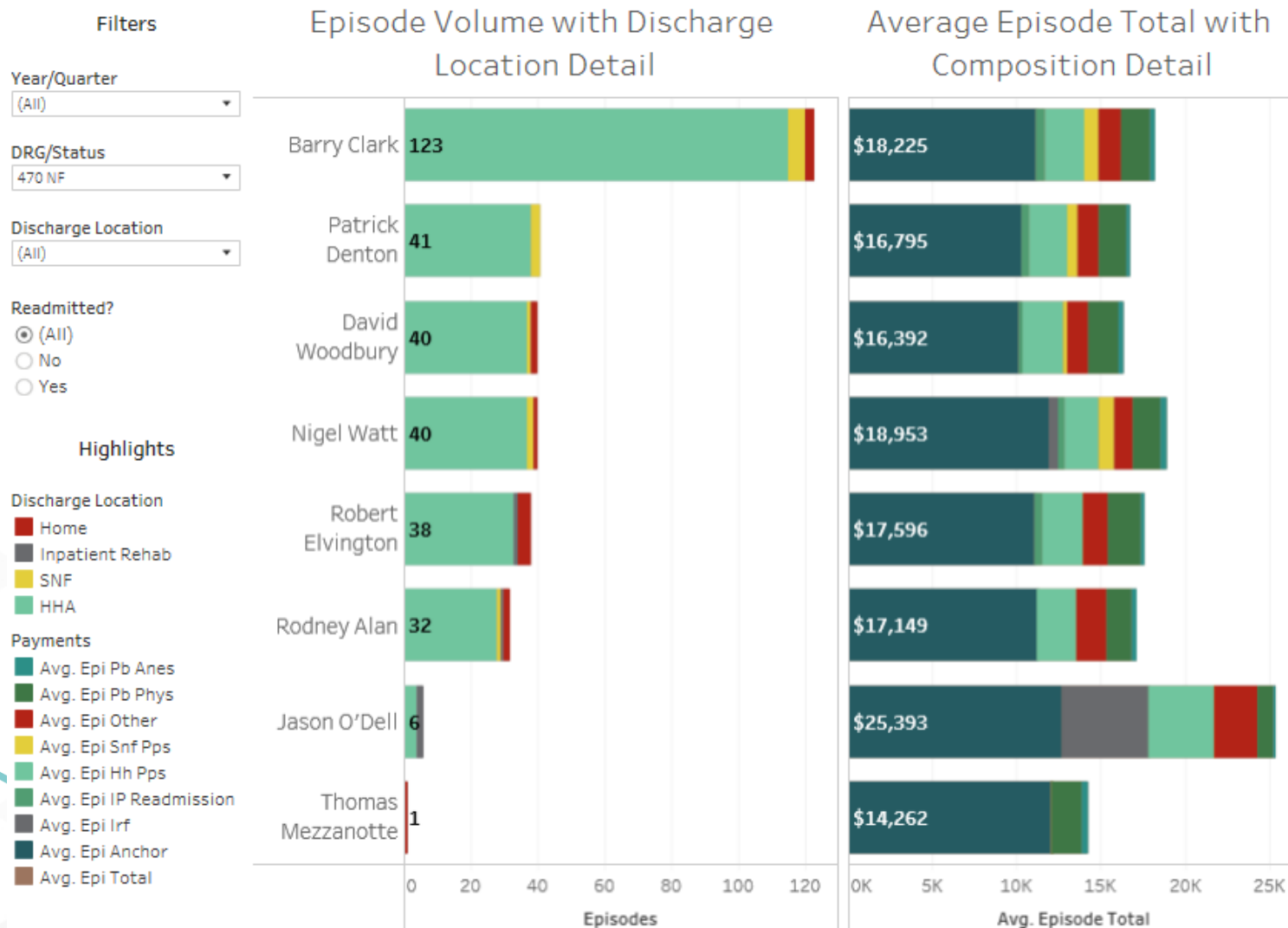
First Discharge Locations



3

Alignment of Physicians with dashboard

Physician Dashboard



3

Physician Collaborator Strategy

Develop a Physician Collaborator Strategy

- Analyzing data for variation and impact
- Identify high-level systemic care redesign needs
- Identify collaborator quality guidelines
- Integrate leadership physicians in strategy process
- Gauge current level of interest
- Consider how their practice will be affected
- Evaluate potential internal cost savings
- Compliance (FMV, Stark, IRS excess benefit, utilization and billing for NPs)