



# Collaboration with Physician Leaders to Improve Value Through Care Model Enhancements

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# Contributors

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- Physician Leadership in Department
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# Today's Presentation

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- Introduction – Department Operating Plan
- Value
- Care Model
- Focus Groups
- Divisional Tests of Change
- Conclusion – Next Steps
- Questions

# FY 15 Department Operating Plan

*Foundational to all initiatives: Innovation and Leadership Development*

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Area of Focus	Create a framework for innovation to support the following initiatives:
Value (Quality and Cost)	<p><b>Optimize patient outcomes and the value of patient care through education, culture change, quality improvement, and outcome measurement:</b></p> <ul style="list-style-type: none"> <li>• Develop and implement curriculum re: value for faculty and trainees</li> <li>• Choose 3-5 Department value-focused projects per year to implement a more highly resourced effort to impact and assess outcomes. Coordinate work of Department, Chair’s Initiatives, OPSQ, Clinical QI program etc.</li> </ul>
Research	<p><b>Maximize research impact and productivity through establishment of a Research Advisory Committee:</b></p> <ul style="list-style-type: none"> <li>• Emphasis on interdisciplinary research that capitalizes on strengths and supports development of luminary programs</li> <li>• Balanced research portfolio that includes high risk, medium risk, and low risk programs and projects</li> <li>• Study section for internal review of K and R grant applications</li> </ul>
Education	<p><b>Enhance educational experiences for learners and teachers and optimize the effects of training on patient outcomes and professional development through establishment of an Education Committee:</b></p> <ul style="list-style-type: none"> <li>• Education research</li> <li>• Curricula addressing genomics, value, leadership, research, etc.</li> <li>• Tailored training pathways in residency and fellowship</li> <li>• Forums to promote accomplishments and share best practices</li> </ul>
Care Model	<p><b>Improve patient care and patient experiences by enhancing resource utilization, provider efficiency, and provider satisfaction through the design and implementation of changes in the care model, including:</b></p> <ul style="list-style-type: none"> <li>• Utilization of physician extenders</li> <li>• Structuring of inpatient and outpatient services to best meet both clinical and educational needs</li> <li>• Optimization of electronic health record to enhance provider efficiency, documentation, communication and quality</li> <li>• Coordination across Clinical Affairs Committee, FLOCARD Meeting, EPIC Committees, Hospital Operating Plan</li> </ul>
Faculty Development	<p><b>Enhance definitions, expectations, support, satisfaction, and success of different faculty tracks:</b></p> <ul style="list-style-type: none"> <li>• Advising Program</li> <li>• Education Committee, Research Advisory Committee, COAP</li> </ul>

# Value

## Value Goal:

To optimize patient outcomes and the value of patient care through education, culture change, quality improvement, and outcome measurement.

$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

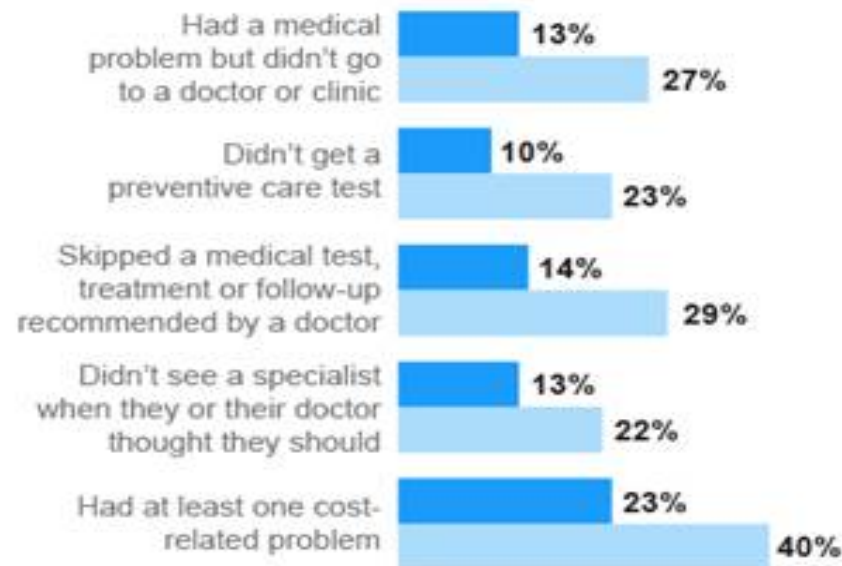
# The Need for Change

- Increased competition
- Healthcare reform/  
Patient consumerism
- Increased patient financial responsibility

## Skipping care

Percent of privately insured people ages 19-64 with a deductible who say they:

- Deductible less than 5% of income
- Deductible more than 5% of income



**Source** Commonwealth Fund, November 2014: "Too High a Price: Out of Pocket Health Care Costs in the United States"

# Why? The World is Changing!



**Pay for services/procedures**

**Fee for service**

**Incentives for volume**

**Hospital-centric**

**“Savings” accrue to payers mostly**

**Pay for value**

**Bundled to global payments**

**Incentives for outcomes**

**Continuum/Population-health**

**Shared savings**

**Transparency**

**Patients bear more costs**

**Tiering**

**Non-contracting**

# Value $\neq$ Cost $\neq$ Quality

- High-cost interventions may provide good value because they are highly beneficial
- Low-cost interventions may have little or no value if they provide little benefit or increase downstream costs

***Attention to value is not intended to discourage appropriate or beneficial care***



# QI and the Value Equation

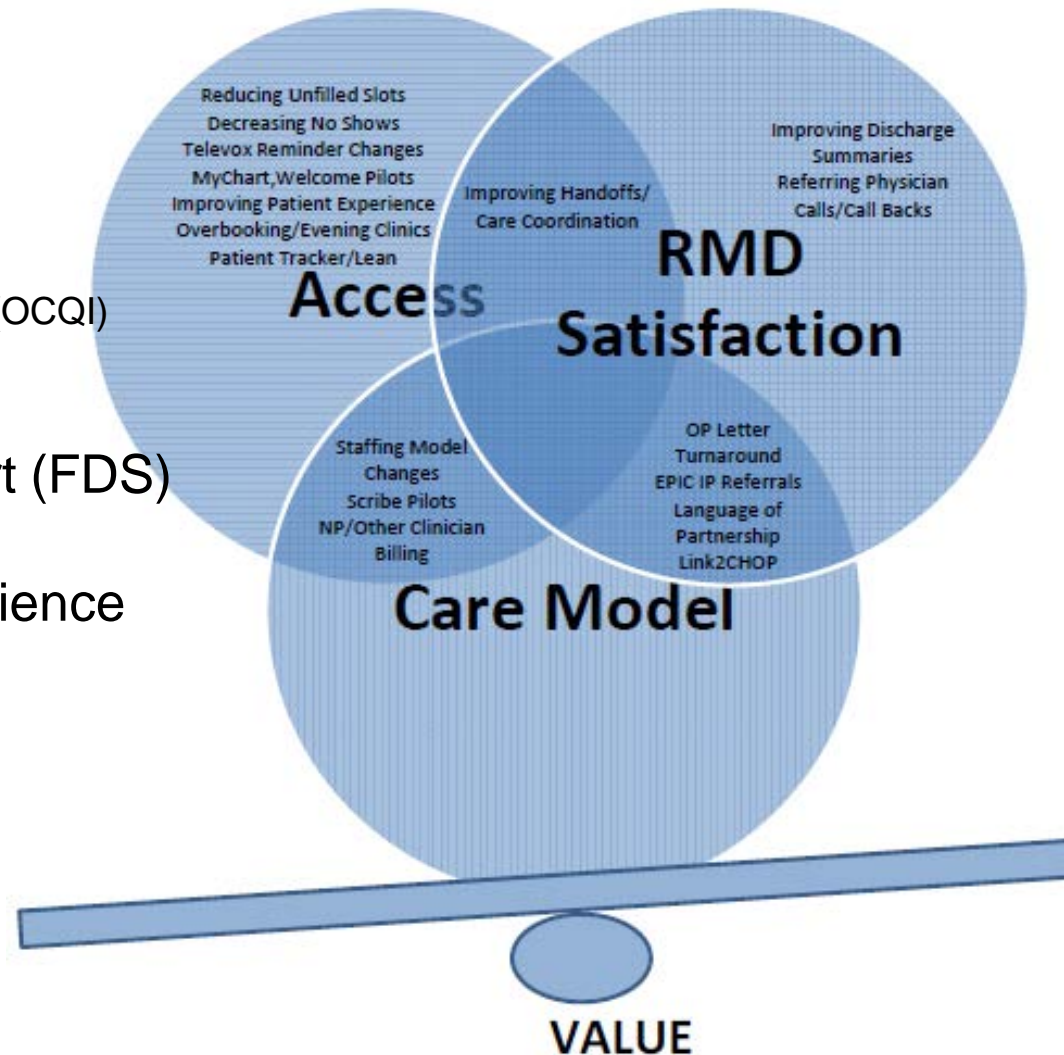
- QI → Better Processes → Better outcomes → Lower costs
  - ▣ Prevention
  - ▣ Early and correct diagnosis
  - ▣ Most effective treatments
  - ▣ Fewer complications
  - ▣ Faster recovery
  - ▣ Fewer relapses
- Better health is the goal, not more treatment
- Better health is inherently less expensive than poor health

# The Vision

*Increase the value of care to patients – while maintaining the highest level of safety and outcomes – **by improving efficiency, reducing variance and removing waste associated with non-labor related expenses.***

# Current Value Projects:

- Care Pathway Development
- Value Curriculum for Faculty
- Quality Improvement Initiatives
  - Office of Clinical Quality Improvement (OCQI)
  - Department of Pediatrics
- Cost Accounting/  
Financial Decision Support (FDS)
- Price Strategy
- Improving the Outpatient Experience
- Care Model
- CHOPTimize



# Care Model Goal

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- Project Overview and Goals:
  - ▣ Optimize patient care by focusing on providing the best care in the proper place by the proper provider with thoughtful deployment of clinicians.
  - ▣ Facilitate the ability of all provider roles to practice at the maximum of their license/scope.
- Specific work:
  - ▣ Focus groups of frontline providers to identify opportunities to support functioning at top of license as well as “pain points” in EHR documentation and care processes on which to focus.
  - ▣ Tests of change in nursing/staffing models are implemented in all divisions, with evaluation of results and spread of best practices across the Department.
  - ▣ Collaboration with Information Technology and others to make documentation and other care processes more supportive of safe and high quality care, and more efficient, for frontline providers in all settings.

# Focus Groups

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- To identify opportunities to support practitioners in functioning at the top of their license, by asking a diverse group of inpatient and outpatient providers across specialties the following questions:
  1. What are the **operational barriers** that currently prevent you from practicing at the top of your license?
  2. What are activities that you currently do in support of clinical care that you believe could be **performed by another role**?
  3. What are activities that you currently do in support of clinical care that you believe could be done more efficiently **with the support of technology or other systems/processes**?

# Focus Group Participation

- Four sessions held with 45 participants:
  - ▣ Outpatient Attending Focus Groups – two sessions ( $n=20$ )
  - ▣ Inpatient/ED Attending Focus Group ( $n=10$ )
  - ▣ Inpatient FLOC Focus Group including Chief Residents, Fellows, Nurse Practitioners and Physician Assistants ( $n=15$ )
- All 19 pediatric divisions represented

# Focus Groups: Impromptu Sharing of Epic Tips and Tricks



# Key Themes

Need for standard processes; multiple competing priorities; technical issues and lack of support; limited personnel resources and knowledge gaps contribute to:

- ❑ Redundancy, re-work and duplication of effort,
- ❑ Clinic inefficiency and unnecessary waiting,
- ❑ Confusion due to missing or misinformation,
- ❑ Underutilization of appropriate resources,
- ❑ Overutilization of costly resources, and
- ❑ Decreased patient and provider satisfaction.



# Top Identified Priorities

## □ EPIC Support

- ▣ Identified contact for submission of workflow optimization changes to support more efficient practice.
- ▣ Consistent process for scanning /use of Media tab to facilitate timely access to patient information.
- ▣ Uniform access and utilization of available tools to facilitate communication and documentation:
  - MyChart; Welcome; Dragon; Haiku; Patient Tracker

## □ Clinical Support

- ▣ Increased availability for Sedation and Radiology (IR) requests to reduce unnecessary waiting and decrease turnaround time.
- ▣ Resources to assist providers in scheduling inpatient and outpatient appointments/testing to reduce phone tag/waiting.
- ▣ Centralized outpatient checkout function to facilitate printing materials (AVS), patient education, scheduling visits, etc.

# Top Identified Priorities

- Billing/Compliance
  - ▣ Billing capability for nurse practitioners.
  - ▣ Clarity of billing rules and documentation requirements.
  
- Discharge Planning
  - ▣ Resources to assist with discharge coordination and post discharge care (DME, Meds, Authorizations, Insurance etc.).
  
- Insurance
  - ▣ Assistance with insurance matters including issues and pre-authorizations, referrals for ancillary, meds. etc.

# Focus Group Action Plan

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Issue Identified	Action
Epic Support	Epic Grand Rounds; Epic Tips and Tricks; Continued roll-out of Welcome, Dragon, Haiku
Clinical Support	Medical Assistant and Medication Reconciliation Pilot; Epic Referrals for inpatient follow-up appointments
Billing Compliance	Documentation/Compliance education sessions
Discharge Planning	Epic Referrals; Partnership with Patient Flow and Case Management
Insurance	Initiatives to better identify patient insurance requirements related to ancillaries

***And....Tests of Change Across the Divisions....***


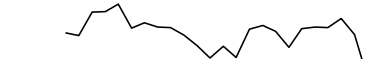

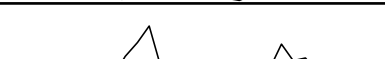

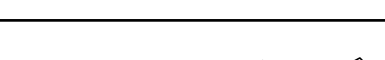

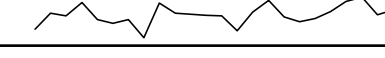


# Divisional Tests of Change

The Outpatient Experience Committee focused their efforts in FY15 on improving patient access, patient experience, clinic operations and strategic growth.

The Outpatient Experience Committee tracked and reported six metrics for all Divisions. After reviewing their baseline data, each Division selected one or two specific intervention(s) to implement in FY15. The categories, metrics and some examples are below.

Category	Examples	Metrics Tracked for all Divisions
<b>Access:</b> To improve patient access	<ul style="list-style-type: none"> <li>• Overbook Sessions</li> <li>• Evening / Weekend Sessions</li> <li>• Realigning Providers Based on Demand</li> <li>• Work Wait List to Fill Slots</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment Wait Time</li> </ul>
<b>Patient Experience:</b> To improve the patient experience	<ul style="list-style-type: none"> <li>• Call Quality</li> <li>• Call Auditing / Targeted Training</li> </ul>	<ul style="list-style-type: none"> <li>• NRC Picker               <ul style="list-style-type: none"> <li>○ How organized is this provider's office?</li> <li>○ Would you recommend this provider's office to your family and friends?</li> </ul> </li> <li>• Call Quality</li> </ul>
<b>Clinic Operations:</b> To improve clinic operations and the patient experience	<ul style="list-style-type: none"> <li>• Patient Tracker</li> <li>• Modification of Patient Arrival Scripting</li> <li>• Modification of Clinic Schedules</li> <li>• Care Model Changes</li> </ul>	<ul style="list-style-type: none"> <li>• Total Clinic Visit Volume</li> <li>• Patient Tracker Data</li> </ul>
<b>Strategic – Volume / Growth:</b> To expand the business	<ul style="list-style-type: none"> <li>• Marketing / Outreach</li> <li>• Enhanced Televox Reminders</li> <li>• Targeted Reminders</li> <li>• Ensure Every Patient has F/U Before they Leave Clinic</li> <li>• Changing Specialty to Gen Appointments if not Filled</li> </ul>	<ul style="list-style-type: none"> <li>• NPV Volume</li> <li>• Outpatient Visit Volume / Growth</li> <li>• No-Show Rate</li> <li>• Cancellations</li> </ul>

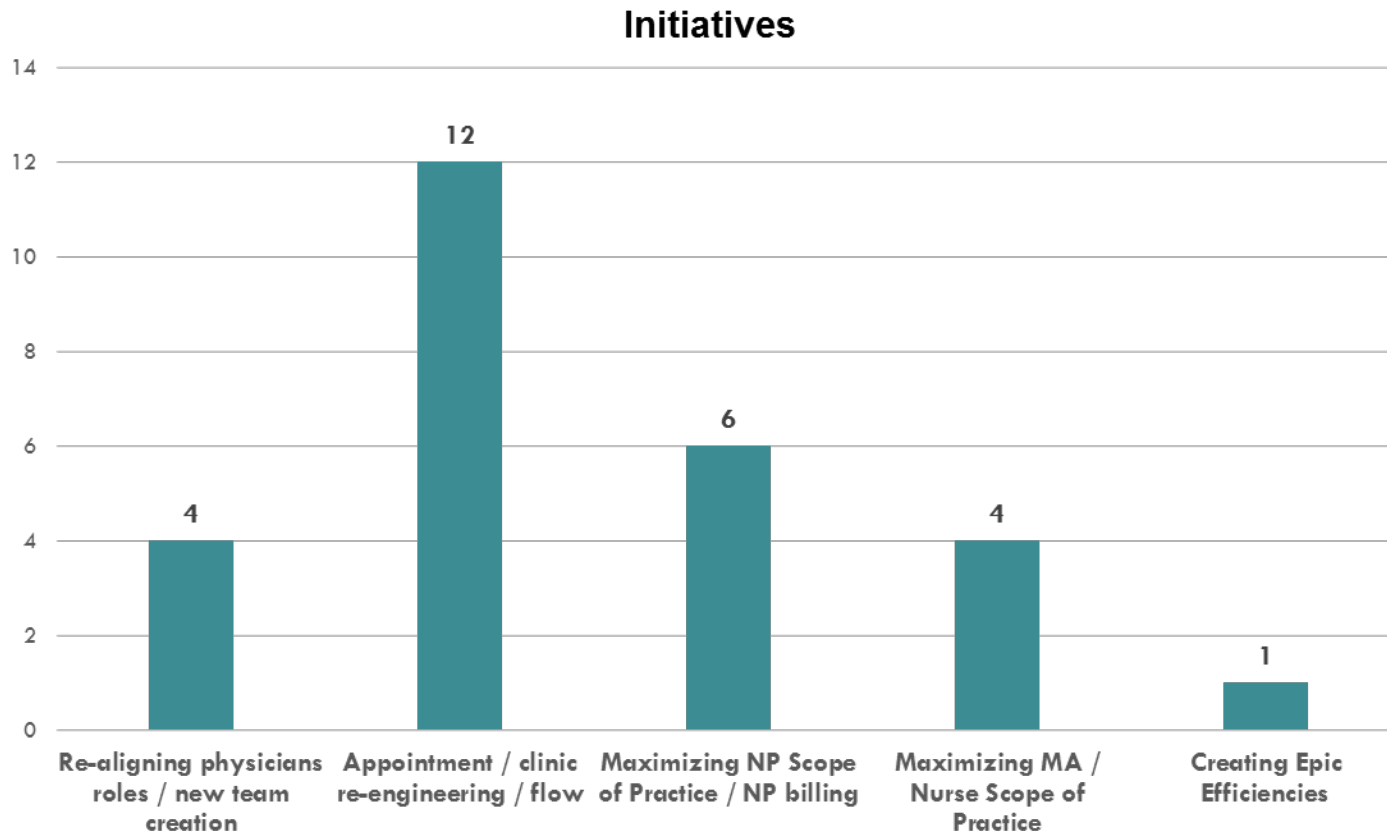
# Tests of Change - Dashboard

Dashboard Metrics	Indicator	Metric	FY2015	FY2014	Trend <sup>1</sup>
	Appointment Wait Time	Average Time to Appointment	27.8	25.6	
		% within 14 Days	44.4%	47.9%	
	Cancellations	24 hr cancellations (%)	10.3%	10.8%	
		48 hr cancellations (%)	11.8%	12.2%	
	No Shows	Now show rates (%)	8.9%	9.2%	
	Outpatient Visit Volume / Growth	OP Visit Volume	237,124	224,735	
	New Patient Visit Volume	# of NPVs	64,739	62,512	
	Call Quality	Call quality score	95.6%	94.6%	
	NRC Picker	How organized is this provider's office?	83.5%	83.2%	
Would you recommend this provider's office to your family and friends?		90.7%	91.5%		

1. FY14 – FY15 Trend (July 2013 to June 2015)

# Tests of Change – Initiative Summary

Divisions selected outpatient experience and care model initiatives for FY15. In total there were 27 initiatives.



# Test of Change – Maximizing MA/RN Scope of Practice

Division	Initiative	Metrics
Dermatology	Improve patient access by implementing an RN UVB laser clinic	Appointment Wait Time, OPV growth
Endocrinology and Diabetes	Charge nurse role restructure – decreasing wait time in clinic	Waiting room time
Gastroenterology	Improve patient flow efficiency and provider and patient satisfaction by implementing a new MA role to provide patient education, supplies and streamline checkout.	Patient Satisfaction, OPV growth
Pulmonary	Decrease patient wait time by implementing a clinical coordinator role	Patient Satisfaction

## Investment

- Expense incurred for new personnel including an MA and part-time CSA
- Staff were cross-trained to improve efficiency
- Time was required for planning and training

## Outcomes

- Providers are practicing at the top of their license (nurses and physicians)
- Time in the waiting room was reduced
- Outpatient volume increased
- Increased MyCHOP sign-ups
- Increased use of Asthma Control Tool

## Lessons Learned

- Hiring process for MA is timely and required role clarification / distinction with MA / CSA peers
- Process is needed to acclimate providers to utilize new resources / procedures
- Exam room availability can be a limiting factor
- Competing priorities must be managed when implementing new processes

In FY16 Divisions should consider ways to maximizing MA / RN Scope of Practice in clinic to allow providers to practice at the top of their license, improve efficiency and patient satisfaction, and increase volume

# Test of Change - Maximizing NP Scope of Practice / NP Billing

Division	Initiative	Metrics
Cardiology	Decrease appointment wait time for POTS clinic by implementing NP incident-to billing	Appointment Wait Time, OPV growth, NPV growth
Genetics	Improve patient access by implementing genetic counselor billing	Appointment Wait Time, OPV growth, NPV growth
Metabolism	Implement NP clinic with incident-to billing to decrease appointment wait time	Appointment Wait Time, OPV volume
Nephrology	Outpatient NP incident-to billing at KOP and VNJ	Appointment Wait Time, OPV volume
Rehab	Enhance workflow for patients seen as Acute Rehab consults and patients being discharged from Rehab IP	OPV volume
Rheumatology	Start NP incident-to billing in AMPS' clinic	Appointment Wait Time, OPV volume

## Investment

- Some Divisions were able to redeploy current NP / Genetic Counselor resources, one Division hired a new NP
- Hospital expense was incurred for Epic build

## Outcomes

- Appointment wait time decreased
- Providers are able to practice at the top of their license (Genetic Counselor, NP and MD)
- Outpatient visit volume increased

## Lessons Learned

- Need MD buy-in to ensure successful independent NP clinics
- Increase in volume can cause shortage in exam rooms
- Divisions should consider incident-to billing limitations at CHOP Main
- Set patient expectations to limit patient preference when scheduling appointments
- Payer reaction / reimbursement should be monitored to ensure long term success
- Consider patient population to determine suitability for independent incident-to billing

In FY16 Divisions should consider ways to maximize NP scope of practice / NP billing to allow providers to practice at the top of their license, reduce wait time, improve patient satisfaction, and increase volume



# Test of Change – Re-aligning physicians roles / new team creation

Division	Initiative	Metrics
Adolescent Medicine	Adolescent Gynecology Practice	OPV Volume
Emergency Medicine	Implement Team 7 in the ED to improve flow and decrease ED LOS	Median ED LOS
Infectious Disease	Revise workflow for outside physician calls for antibiotic dosing advice	Referring MD Satisfaction, OPV Growth
Nephrology	Inpatient Split Service	Inpatient Volume, Charges

## *Investment*

- New MD hired FY15 (20% clinical time)
- Added provider hours (physician and NP) and coordinating nursing staff
- New NP hired for coverage in the dialysis unit

## *Outcomes*

- Increase in outpatient and procedure visits
- Providers practicing at the top of their license
- Reduced LOS with increased volume
- Increased notes per day on inpatient service

## *Lessons Learned*

- Close monitoring is needed to ensure accurate Epic billing
- Flexibility needed to adapt to new challenges
- Consistent and timely feedback is necessary for continual improvement
- Billing / Compliance issues for NP documentation in Dialysis unit

In FY16 Divisions should consider ways to re-aligning physician roles or create new teams to allow providers to practice at the top of their license, reduce length of stay, improve patient satisfaction, and increase volume and charges

# Test of Change – Appointment / Clinic re-engineering / Flow

Division	Initiative	Metrics
Allergy / Immunology	Create a new visit type and use it to double book xolair patients on schedules	Appointment Wait Time, OPV growth
Cardiology	Reduce appointment wait time by adding an additional slot to physician templates	Appointment Wait Time, OPV growth, NPV growth
Developmental and Behavioral Pediatrics	Develop a new intake and visit process for patients under three years old	Appointment Wait Time, OPV growth
Hematology	Reduce wait time for non-urgent new patient appointments	Appointment Wait Time
Hematology	AVS printing location change	AVS printing compliance
Metabolism	Increase patient satisfaction scores related to lab result communication	Patient Satisfaction
Neonatology	Maximize the neonatal follow-up outpatient experience	OPV Volume
Neonatology	Clinical Pathway for Neonatology Follow-up Programs	OPV Volume
Nephrology	Clinic Efficiency – Patient Tracker	Patient Cycle Time
Neurology	Improve patient satisfaction by implementing patient tracker	Patient Satisfaction
Oncology	Reduce patient LOS in the outpatient clinic and Day Hospital	Patient Satisfaction, Provider Satisfaction

# Test of Change - Appointment / Clinic re-engineering / Flow (Cont'd)

## *Investment*

- Many Divisions used current resources but devoted significant time to training and monitoring
- Minimal expense was involved in purchase of technology
- Time spent educating and involving key stakeholders to generate buy-in
- Minimal expense spent for screening kits

## *Outcomes*

- Improvement in patient satisfaction scores
- Establishment of new visit types to monitor compliance and improve patient care
- Reduced appointment wait time
- Increased outpatient visit volume and new patient visits
- System implemented to track patient cycle time in preparation for initiatives to reduce wait time
- Providers able to practice at the top of their license

## *Lessons Learned*

- Need active participation from the inpatient team
- EPIC resources are required to develop new order sets and reports
- Staff turn over can cause delays or interruptions in implementation
- Need to find ways to automate data collection and schedule maintenance
- Culture change in the Division remains a challenge
- Sustaining change can be difficult and takes a positive reinforcement strategy
- Technology dependent for improved reporting capabilities
- Additional volume can impact clinic space and flow
- Improved data collection yields additional information to inform future tests of change
- AVS is an important tool for provider / patient communication

In FY16 Divisions should consider ways to re-engineer clinics and improve clinic flow to reduce wait time, improve patient satisfaction, and increase volume

# Next Steps: FY16 Operating Plan

Area of Focus	<p><i>The FY16 Department of Pediatrics Operating Plan initiatives will support the continued delivery of our mission to be a world leader in the advancement of health care for children through excellent patient care, innovative research and quality professional education.</i></p>
Career Roadmaps	<p><b>Define roadmaps for careers in all areas of our mission, balancing the needs, skills, expectations, and satisfaction of individuals with University guidelines and Department and institutional goals.</b></p> <ul style="list-style-type: none"> <li>• Collect information from trainees, instructors and junior faculty about their career expectations and determinants of satisfaction in their roles</li> <li>• Design/define career roadmaps/options related to all areas of our mission</li> <li>• Ensure that roadmaps align with strategic and operational plans</li> <li>• Educate stakeholders re: the different career options available, with guidance on optimal decision-making</li> </ul>
Value	<p><b>Optimize patient outcomes and the value of patient care through education, culture change, quality improvement, and outcome measurement.</b></p> <ul style="list-style-type: none"> <li>• Implement a Value Education Series to foster an understanding of the importance of strong stewardship of resources in order to ensure the continued delivery of our mission.</li> <li>• In collaboration with OCQI and OSMO, implement value-focused projects through a highly resourced effort to impact and assess outcomes.</li> <li>• Partnership with OCQI to create quality and patient safety dashboards for each division.</li> <li>• Support partnership and collaboration as Quality and Patient Safety strategic and operational goals are set at the department, CHOPPA and institutional level.</li> </ul>
Care Model	<p><b>Improve patient care and patient experiences by enhancing resource utilization, provider efficiency, and provider satisfaction through the design and implementation of changes in the care model</b></p> <ul style="list-style-type: none"> <li>• Spread successful best practices from FY15 tests of change</li> <li>• Implement scope of practice/documentation/billing education to support understanding of different care model roles</li> <li>• Ongoing assessment of Epic workflows for efficiency, impact on provider time and sharing of best practices, as well as facilitation of referring provider experience.</li> <li>• Development of models to assess support staffing needs, with a standardized approach to reviewing, approving and assessing requests.</li> <li>• Participate in Hospital Patient Experience Initiative</li> <li>• Enhance communication with patients, families and providers re: insurance impact on testing at CHOP and family financial obligations</li> <li>• Partner in promotion and education of patients and providers re: MyCHOP patient portal.</li> </ul>

# Questions

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