



SERVICE LINES

“Yooper Style”



Thomas Noren, MD
July 2011



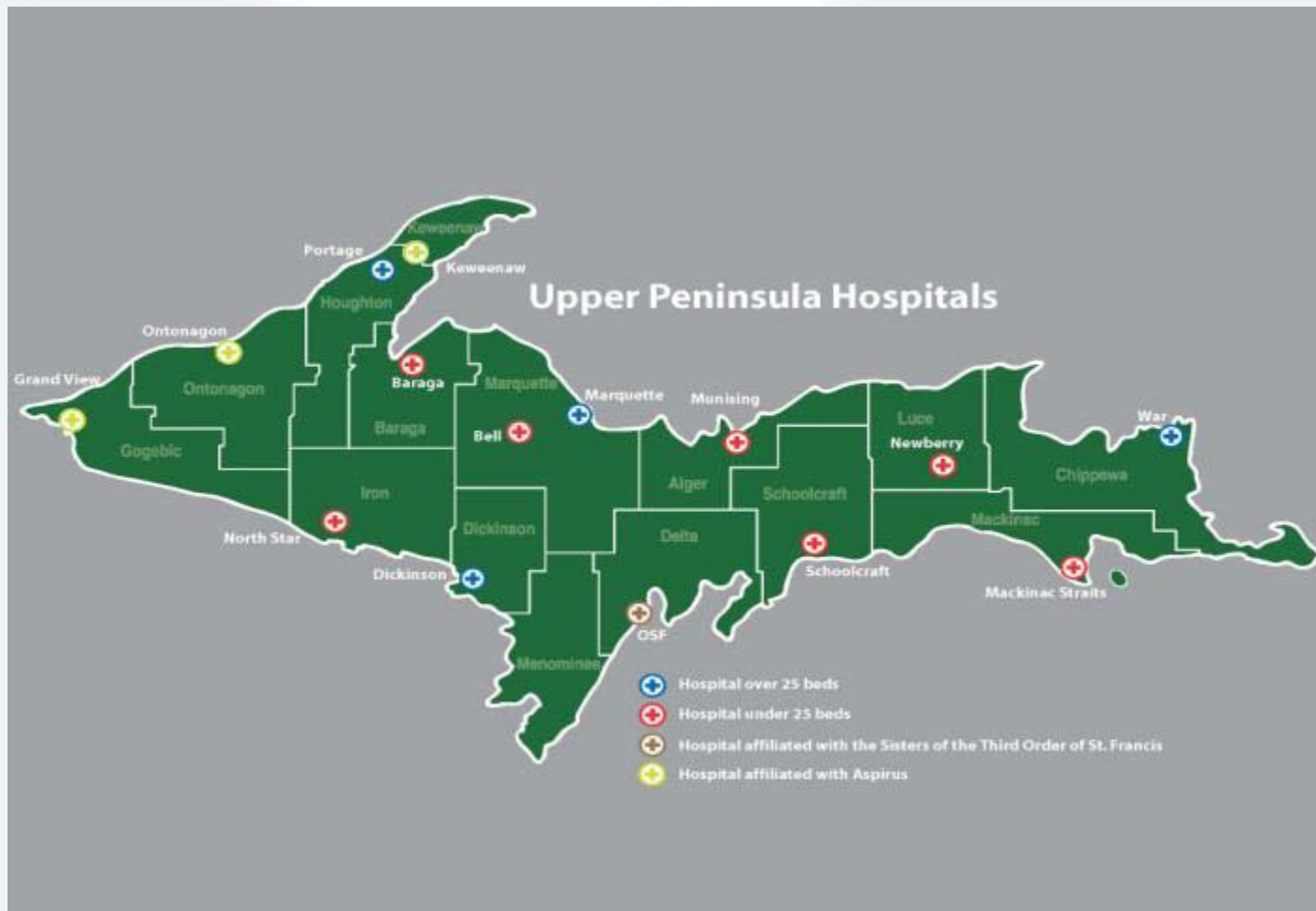






INTRODUCE TO MGH

- ✓ Federally designated Regional Referral Center for about 317,000 people
- ✓ 315-bed specialty care hospital
- ✓ 62 specialties and subspecialties
- ✓ 12,000 inpatients and more than 350,000 outpatients per year
- ✓ Clinics and outreach services in 22 communities
- ✓ Family Medicine Residency
- ✓ UPHEC – a community campus of MSU College of Human Medicine
- ✓ Level II Trauma Center
- ✓ Marquette General Medical Group: 145 providers and 500 staff providing services in 29 specialties







Challenges I Saw as a New CMO:

- ✓ **Transparency of quality data**
- ✓ **Evidence-based ‘best’ practice**
- ✓ **Data-driven decision making**
- ✓ **“Connectedness” – Information Technology**
- ✓ **Shortage of Capital; less on the horizon!**

Challenges I Saw as a New CMO



- ✓ **Age of evidence-based medicine – “How do we address this without appearing to dismiss old habits, styles, and the value of experience?”**
- ✓ **Employed and private physician mix**

Challenges I Saw as a New CMO

- ✓ **Coordinating data analysis with the willingness of the staff to self-scrutinize, improve performance, and partner in the task of implementation.**
- ✓ **Dealing with institutional priorities that seem to conflict with life-style desires, reimbursement concerns, independent spirits, and inertia**
- ✓ **PROVIDING THE NECESSARY BREATH AND DEPTH OF TERTIARY LEVEL MEDICAL CARE TO A POPULATION SPARCELY DISTRIBUTED OVER A VAST, IF MAGNIFICENT, GEOGRAPHY**

Challenges I Saw as a New CMO



- ✓ **Healthcare reform – “What’s coming?”
- “Security in Numbers”**
- ✓ **The metrics collated impact both the facility and the physician**
- ✓ **The implications of bundling, tiered reimbursement, and other pilots**
- ✓ **The success of collaborative initiatives and growing partnerships at the Peninsula and State level – “Accomplishing more together through collaboration and combining resources, knowledge, and wisdom”**

Challenges I Saw as a New CMO



- ✓ **To effect culture change, the cornerstone of which is compassion, 100% safety for our patients, and strong relationships with all colleagues predicated on collegiality, collaboration, trust, and the courage to be candid**
- ✓ **“Dys”functional relationships between physicians and hospital because of “Mys”trust**
- ✓ **Assuring the medical staff the health system is committed to “win-win”s**



PHYSICIAN – HOSPITAL ALIGNMENT

WHAT IS “ALIGNMENT”?



- ✓ **“Friends”?**
- ✓ **Common Mission: Vision?**
 - **“We Are Really One”-**
- ✓ **Reluctant Participants**
...but given the circumstances..
- ✓ **Rapprochement?**
- ✓ **“A Structure or Program”?**

OR

Engaged colleagues evincing enthusiasm, dedication, and purpose – Not reticence, resignation or disillusionment – who are tantalized by something splendid, which re-kindles the values that led to careers in caring.

Physician - Hospital Alignment

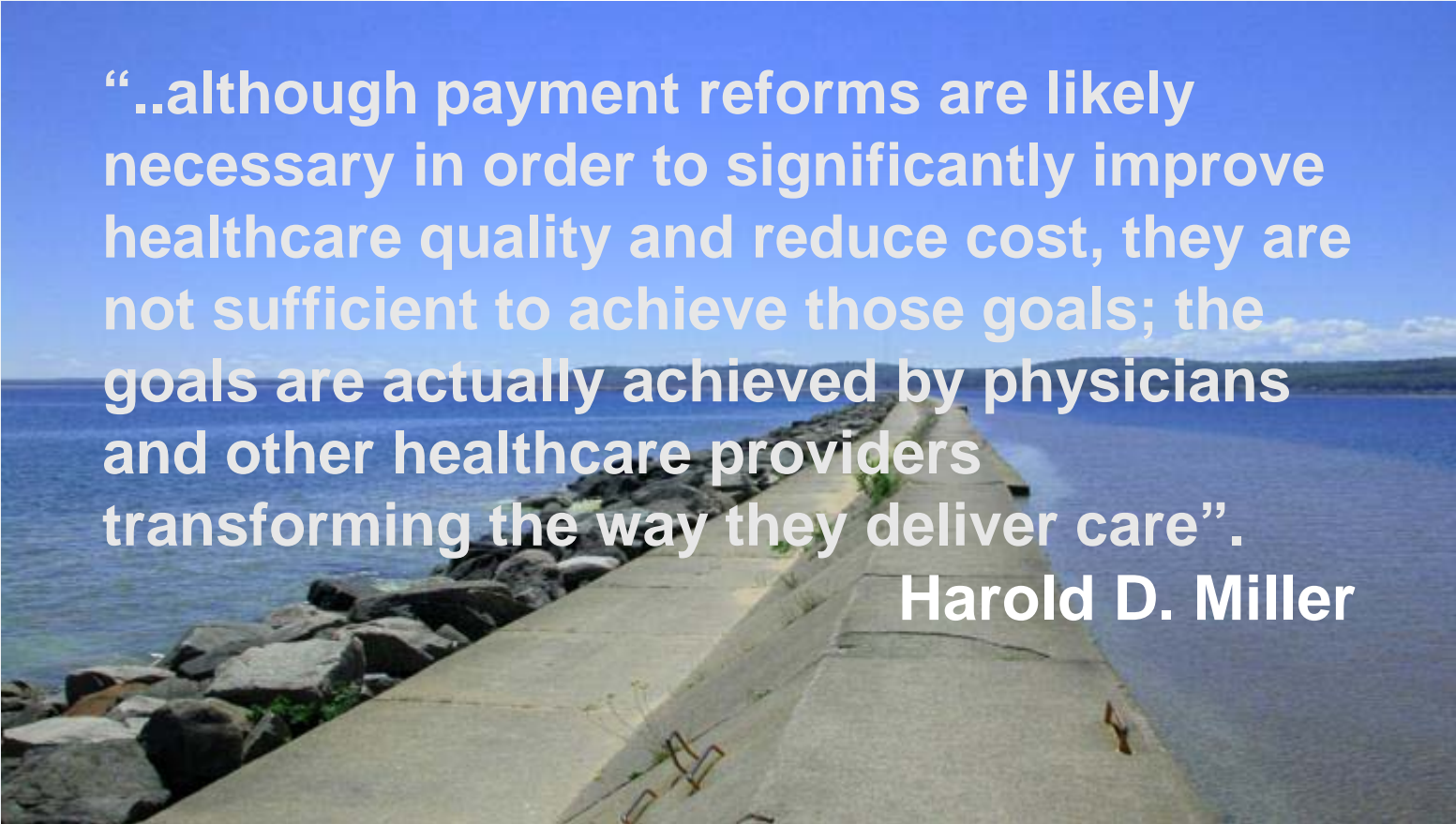


“Goals must be consonant with deeply held personal and professional values to assure full engagement”.

**D. Share, MD, MPH
Blue Cross Blue Shield of Michigan**



ALIGNMENT



“..although payment reforms are likely necessary in order to significantly improve healthcare quality and reduce cost, they are not sufficient to achieve those goals; the goals are actually achieved by physicians and other healthcare providers transforming the way they deliver care”.

Harold D. Miller



WHY ALIGN?



The Mandate of PPACA:



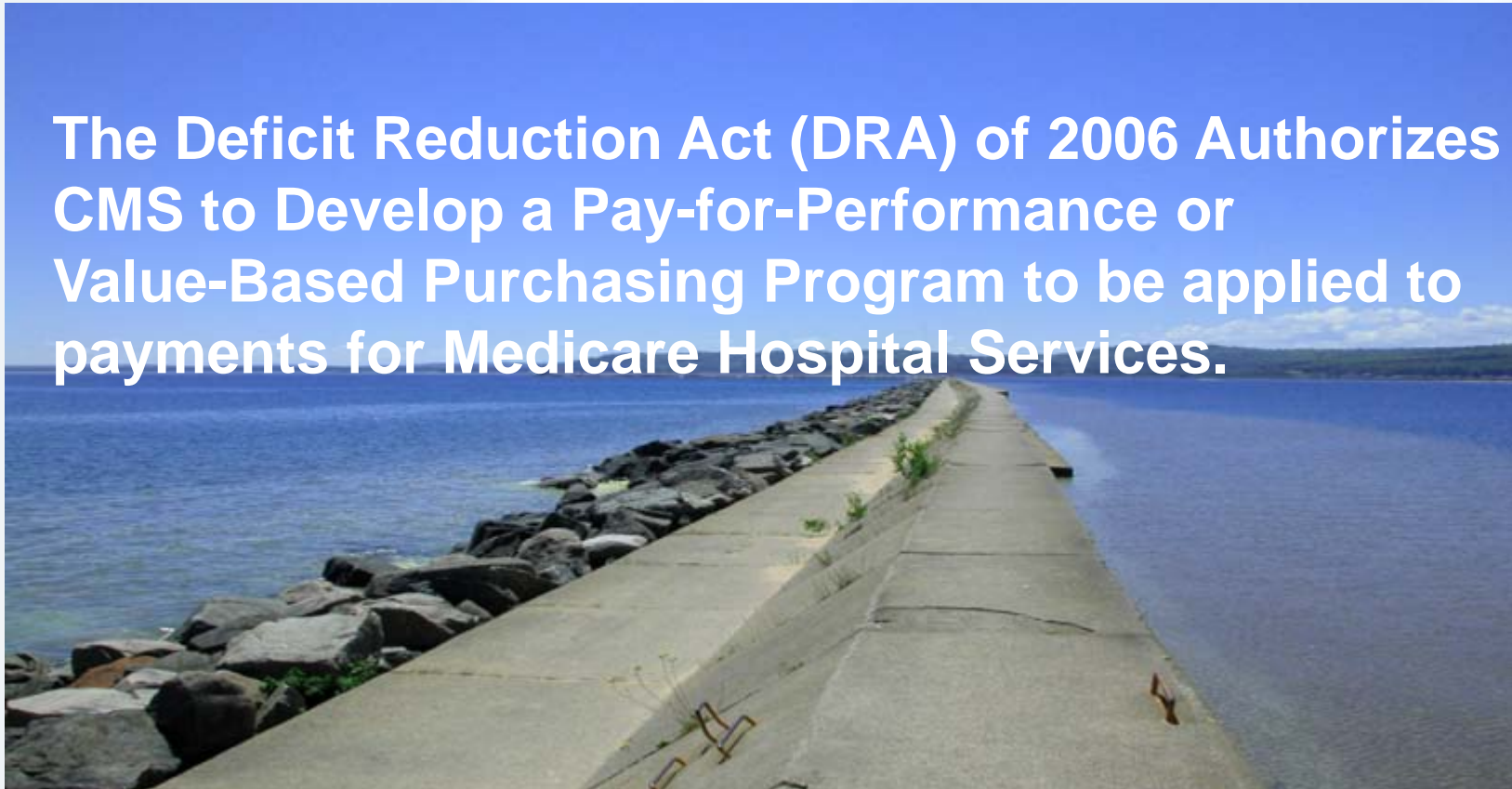
The Triple Aim Principles...

- 1) **High Quality Care that Produces the Best Outcomes for Satisfied Patients**
- 2) **Proactive Care for a Population**
- 3) **Lower Cost of Care – High Efficiency**

The Deficit Reduction Act



The Deficit Reduction Act (DRA) of 2006 Authorizes CMS to Develop a Pay-for-Performance or Value-Based Purchasing Program to be applied to payments for Medicare Hospital Services.



Value Equation



$$\text{Value} = \frac{\text{Quality} + \text{Service}}{\text{Cost}}$$

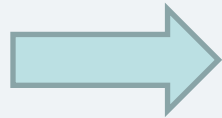


U.P. Loggers - 1910

Physicians



DARWINIAN FORMATIVE YEARS



TEAM PLAYER

Physicians



Impediments/Obstacles:

- ✓ **Desire for autonomy – avoidance of ‘cookbook medicine’**
- ✓ **‘Mys’trust – Aura of Suspicion**
- ✓ **Mistaking inertia for stability**
- ✓ **“When is it really going to happen? What’s the rush?”**
- ✓ **Great ideals but a practical nightmare (?) – “This could become overwhelming!”**
- ✓ **Resent being measured and compared – the vigorous turn to evidence-based ‘best practices’**

Physicians



Impediments/Obstacles:

- ✓ “Lots more work and headache, less money”
- ✓ Disillusionment, stress, frustration, fatigue foster self-protective behavior – “First I see to Number One”
- ✓ “How much is enough to satisfy you?” – the transition to a culture of incremental and tireless improvement
- ✓ Physician age

Physicians



Catalysts

- ✓ The suspense created by Healthcare reform, the ‘Age of Transparency’, security with integration
- ✓ Altered retirement plans in this uncertain economy
- ✓ Irrepressibly driven by data – ‘report card’ mentality in the era of evidence-based medicine
- ✓ Scientific minds – a love of data and crisp, clear processes
- ✓ Can be tantalized by something splendid
- ✓ Appeal of being an indispensable, integral part of the CREATION of a “Model”
- ✓ OWNERSHIP



SERVICE LINES

**“THE HYPOTHESIS AND
THE EXPERIMENT”**

HYPOTHETICAL ORGANIZATION



- ✓ **Comprise members with common expertise, experience, and interest from “both sides of the aisle”**

HYPOTHETICAL ORGANIZATION



- ✓ **Convene all the necessary members to realize success; be inclusive**
- ✓ **Complement the traditional Medical Staff department structures**
- ✓ **Be characterized by dynamic brainstorming discussions and rapid action**

The Hypothetical Organization would:

- ✓ **Be directed by elected Medical Staff leaders possessing the skills to generate enthusiasm and an eagerness for accomplishment**
- ✓ **Place Marquette General Health System as a solidly innovative and collaborative member of a state-wide health care team.**

The Hypothetical Organization would:

- ✓ **“Plan, Do, Check, Act” – designating responsible members who are ACCOUNTABLE in a closed-loop fashion**
- ✓ **Promote facility with data analysis, evidence review, and aggressive plan development**
- ✓ **Create an agenda that bullets quality and efficiency as well as patient, employee, and referring facility satisfaction reviews**

The New Medical Staff Organization

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue background.

- ✓ **The Medical Staff Executive Committee remains a monthly meeting with unchanged authority**
- ✓ **The Departments continue their present Standing Agendas and attend established “Bylaw business”**
- ✓ **Departments meet quarterly instead of monthly and are directed by Chairs**
- ✓ **The SERVICE LINES are the “Work Horses” of the Institution; they meet 8 months of the year**

Service Lines

- ✓ Each Service Line is directed by a Chief
- ✓ Service Lines have developed Mission, Vision, and Goal/Value statements
- ✓ Service Lines comprise a spectrum of Medical and Hospital Staff members including administrators, program directors and managers, care and quality management representatives, social workers, business and marketing and nursing representatives, and the Chief Medical Officer

Service Lines

- ✓ **Service Lines have developed standing agendas, which include regular review of Press Ganey Patient Satisfaction scores, Premier Quality Advisor data, the Value Analysis Team actions, and comments from developing Regional Physician Work Team interactions**
- ✓ **Discussions are bold and candid: “Rimmerman Rules”**

Service Lines

- ✓ **Service Lines acknowledge a commitment to continuing improvement by using data and candor to dispel complacency**
- ✓ **Service Lines address the symptom called Outmigration by examining both Internal (Intramural) and External aspects – “Culture of Collegiality”, best practice quality care, ease of transfer, “seamlessness”**

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue background.

WHAT ARE THE SERVICE LINES?

SERVICE LINE INDEX

Meetings in months of 1,3,4,6,7,9,10,12



Service Line	Meeting Schedule
Adult Primary Care	1 st Tuesday, 7am
Bariatric	3 rd Friday, 7 am
Behavioral Health	2 nd Thursday, Noon
Brain & Spine	2 nd Thursday,, 6:30 am
Cancer	4 th Wednesday, Noon
Cardiovascular	2 nd Tuesday, 7am
Digestive Health	3 rd Wednesday, 7am
Emergency Medicine	1 st Friday, 7:30 am
Endocrine	3 rd Thursday, Noon
ICU	3 rd Thursday, 6:30 am
Imaging	4 th Wednesday, 7 am
IT.	4 th Monday, Noon
Joint Health	1 st Wednesday, 6:30 am
OR	1 st Thursday, 7 am
Pathology	2 nd Friday, 8 am
Pediatrics	1 st Tuesday, Noon
Renal	3 rd Tuesday, Noon
Trauma	Last Thursday, 6:30 am
Urology	2 nd Monday, 4:00 pm
Vascular	2 nd Wednesday, 6:30 am
Women's Health	3 rd Wednesday, 7:30 am

SERVICE LINES







“Avoid 21 Silos”

- ✓ **Key Points from other Service Lines on the agenda**
- ✓ **Service Line Index Newsletter**
- ✓ **Administrative presence at all Service Lines**
- ✓ **Ad Hoc Committees comprising membership from multiple Service Lines**
- ✓ **Updates by Service Line Chiefs at the quarterly Department meetings**

The Marquette General Service Line Index (Newsletter)

JULY . 2010



MARQUETTE GENERAL SERVICE LINE INDEX

Adult Primary Care - Chief: Catherine Kroll, DO - Contact: Sally Roble x3840

- Dr. Noren delivered a Power Point presentation to leaders at OSF St. Francis which displayed quality metrics, a quality dashboard, and cost comparisons with Wisconsin providers. The discussion focused on Value = Quality + Safety + Service/Cost equation. The Value theme provides guidance for all of the Service Lines.
- A Patient Centered Medical Home flow chart was reviewed in detail. Primary care practitioners/teams will be our principal care coordinators in the evolving ACO model (SHP).
- Goal #2: To attend our patients in a manner that is comprehensive and compassionate. This goal was identified at prior meetings as a starting point...the Chief stated our common goal "is for patients to say at the end of their visit that they felt great service was provided". The Service Line volunteered to work with Dr. Noren on providing educational vignettes for the quarterly Medical Staff meeting and Service Lines.

Bariatric - Chief: Wayne English, MD - Contact: Kelly Shankle x7567

- Dr. Greg Bambach is nearing the completion of his proctorship and will soon be able to operate independently on bariatric cases.
- Members of the Service Line recently attended an annual national meeting, which afforded guidance on key initiatives.
- This Center of Excellence constitutes a very successful model. The challenge remains keeping up with the huge demand!

Behavioral Health - Chief: Cameron Wilcox, MD - Contact: Sally Roble x3840

- The Mission and Vision statements have been re-drafted and circulated for comments; the group is developing new goals and plans to roll them out in September.
- Dr. Steven Klamerus, Psychiatrist, has started practicing with the group; he is a welcome addition to the team.
- Sub-Groups have been organized by Mr. Jim Devine to keep the Strategic Planning process on its established timeline.
- Press Ganey outpatient scores have significantly improved over the last quarter.

Brain & Spine - Chief: Craig Cocchia, MD - Contact: Sandy Burkhalter x7815

- The Service Line had a major "kick-off" conference in June to launch structural changes and initiatives for FY 2011. Round table ideas led to many additional ideas and plans including educational sessions for the staff.
- The Value Analysis Team position paper regarding spine surgery items was discussed in detail; representative spine experts will be meeting to discuss the implications.
- Mr. Rick Ament, President of Bell Hospital and Director of Marketing for the SHP, was introduced. He anticipates presenting to the group and several other Service Lines in September.
- Dr. Brian Dixon presented preliminary plans for a new sports concussion program. A sub-committee to give this momentum is being organized.
- A Pain sub-committee is developing recommendations for a Comprehensive Pain Center.

Service Lines as the Second Anniversary Approaches

- 1) High attendance
- 2) Dozens of projects & accomplishments
- 3) “Take it to the Service Line”
- 4) Burgeoning Leadership
- 5) Absolutely no “turf battles” with departments
- 6) VAT Team process – “Thinking in Context”
- 7) “AIDET”, “Safety Double Check”, “SBAR” launches
- 8) Educational Forum for “VBP”, “ACO”, “Transformative Health Care Delivery”
- 9) COS to CMO: “I am going to hold service lines’ feet to the fire on cost data and marketing”
- 10) The “schism” between hospital and physician is largely forgotten
- 11) WE WILL NEVER BACKTRACK

Challenges

- ✓ **Feeding the Data Fast Enough**
- ✓ **Developing Leaders**
- ✓ **Emphasizing Closed-Loop Problem- Solving**
- ✓ **Portraying Success**
- ✓ **“CVU’s”**

ALIGNMENT – “Yooper Style”



...as we build pathways across vast seas of challenges, change, and reform

