The Key Principles And Characteristics Of An Effective Hospital Medicine Group

- Management Infra.
- Effective Leadership
- Quality, Safety, & Efficiency
- Adequate Resources
- Engaged Hospitalists
- Satisfaction
Improving Performance of HMGs in The New Era of Healthcare: The Hospitalist as key physician in the patient’s care
Framework

• Introduction
• Background & Current State
• Review Of Key Characteristics
• Application Of Key Characteristics
• Questions & Answers
Current State of HMGs

**Observations**
- Rapid Growth in Hospital Medicine
- Performance Variability between HMGs
- No Outlined Specifications for Improvement
- Program Models Available

**Conclusions**
- Confusion Regarding Expectations
- Common Characteristics Needed to Align Around Strategic Priorities
Mission of Key Characteristics

Collaboration

Environment

Team

Patient Centeredness
## Organization Name

### HMG Characteristics Analysis

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Status (R,Y,S)</th>
<th>Comments</th>
<th>Improvement Plans</th>
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<tbody>
<tr>
<td>Principle 1: The HMG has effective leadership</td>
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<tr>
<td>Characteristic 1.1 - The HMG has one or more designated hospitalist practice leaders with appropriate dedicated administrative time.</td>
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<td>Characteristic 1.2 - The HMG has an active leadership development plan that is supported with appropriate budget, time and other resources.</td>
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<td>Characteristic 1.3 - The HMG’s hospitalist practice leader has an important role within the hospital and medical staff leadership.</td>
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<td>Principle 2: The HMG has engaged hospitalists</td>
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<td>Characteristic 2.1 - The HMG conducts regularly scheduled meetings to address key issues for the practice and the hospitalists actively participate in such meetings.</td>
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<td>Characteristic 2.2 - The hospitalists in the HMG receive regular, meaningful feedback about their individual performance and contribution to the HMG and the hospital/health system.</td>
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<td>Characteristic 2.3 - The HMG’s vision, mission and values are clearly articulated and understood by all members of the HMG team.</td>
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<td>Characteristic 2.4 - Hospitalists in the HMG know the performance status of both the group and the hospital.</td>
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<td>Principle 3: The HMG has adequate resources</td>
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<td>Characteristic 3.1 - The HMG has defined its needs for non-clinician administrative management and clerical support and is adequately staffed to meet these needs.</td>
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<td>Characteristic 3.2 - All HMG team members</td>
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</table>
Key Characteristics Workgroup

• Patrick Cawley MD
  CEO, MUSC Medical Center
  Former SHM President

• Steven Deitelzweig MD
  Physician Executive,
  Ochsner Health System

• Leslie Flores MHA
  Hospital Medicine Consultant

• Joseph Miller MS
  SHM Senior Vice President

• John Nelson MD
  SHM Founder
  Hospital Medicine Consultant

• Scott Rissmiller MD
  Physician Executive
  Carolinas Hospitalist Group

• Laurence Wellikson MD
  SHM Chief Executive Officer

• Winthrop Whitcomb MD
  SHM Founder
  Hospital Medicine Consultant
Framework Examples
Workgroup Declarations

• Develop “characteristics” (not *standards*) of an “effective HMG” (not *best practices*)

• Develop characteristics using a consensus process emphasizing expert opinion supplemented by feedback from a broad group of stakeholders

• Characteristics should apply to ALL HMGs regardless of employment model, population served, and/or type of hospital
Process Timeline

Apr-Nov 2012
- 1st draft prepared and reviewed
- 3 domains, 83 characteristics in 29 sub-groups
- Conclusions: Streamline the list, create a better framework, provide additional context

Dec 2012-Aug 2013
- 2nd draft prepared and reviewed
- 47 key characteristics organized under 10 principles

Sept 2013
- SHM Board approval

Oct-Dec 2013
- Manuscript approved for Feb 2013 issue of JHM

Dec 2013-Jan 2014
- Plan to coordinate dissemination with AHA, ACPE, etc.
- Plan to conduct evaluation pilot of expanded framework
SHM’s Role In *Key Characteristics*

- Showcase The Value And Importance Of Hospital Medicine
- Inspire Excellence In Hospital Medicine
- Establish Pathways To Improve Hospital Medicine
HOSPITALISTS. TRANSFORMING HEALTHCARE. REVOLUTIONIZING PATIENT CARE.
10 Principles Of An Effective HMG

1. Effective Leadership
2. Engaged Hospitalists
3. Adequate Resources
4. Effective Planning & Management Infrastructure
5. Aligned With Hospital And / Or Health System
6. Supports Care Coordination Across Care Setting
7. Leadership Role in Clinical Issues
8. Scope Of Clinical Activities
9. Patient/Family Centered, Team-Based Practice Model
10. Recruit/Retain Qualified Clinicians
Principle 1: Effective Leadership

1.1 • Dedicated Administrative Time

1.2 • Leadership Development Plan

1.3 • Important Role Within The Hospital And Medical Staff
Principle 2: Engaged Hospitalists

2.1 • Regularly Scheduled Meetings

2.2 • Receive Regular & Meaningful Feedback

2.3 • Vision, Mission, And Values Are Clearly Articulated And Understood

2.4 • Know The Performance Status
Principle 3: Adequate Resources

3.1 • Non-Clinical Administrative Management

3.2 • Clearly Defined Meaningful Roles

3.3 • Objective Approach To Determining Staffing Needs
Principle 4: Effective Planning and Management Infrastructure

4.1 • Annual Budget
4.2 • Periodic Reports
4.3 • Written Policies And Procedures
4.4 • Documentations And Coding Compliance Plan
4.5 • Information Technology & Analytics
4.6 • Strategic Or Business Plan
Principle 5: Aligned With Hospital / Health System

5.1 • Aligned Goals

5.2 • Aligned Compensation Model

5.3 • Collaboration With Hospital Patient Relations And/Or Risk Management Staff

5.4 • Solicit Satisfaction Feedback From Key Stakeholder Groups
Principle 6: Supports Care Coordination Across Care Setting

6.1 • Ensure Effective And Reliable Communication With Patient’s Primary Care Provider

6.2 • Contribute To Improve Care Transitions
Principle 7: Leadership Role in Clinical Issues

7.1 • Committed To Teaching
7.2 • Maximize Evidence-Based Practices
7.3 • Champion Patient Safety
7.4 • Optimize Length of Stay
7.5 • Improve The Patient & Family Experience
7.6 • Optimize Clinical Resource Utilization
7.7 • Commitment To Continuous Quality Improvement
Principle 8: Scope of Clinical Activities

8.1 • Evolving The Scope Of Hospitalist Clinical Activities

8.2 • Clear Scope & Responsibilities

8.3 • Uses Appropriate References
# Principle 9: Patient/Family Centered, Team-Based Practice Model

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<tr>
<td><strong>9.1</strong></td>
<td>Care That Responds To Patient &amp; Family Preferences</td>
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<td><strong>9.2</strong></td>
<td>Use Patient &amp; Family Education Resources</td>
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<tr>
<td><strong>9.3</strong></td>
<td>Team-Based Decision Making</td>
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<td><strong>9.4</strong></td>
<td>Internal Hands-Off Processing</td>
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<td><strong>9.5</strong></td>
<td>Coordinated Plan Of Care</td>
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Principle 10: Recruit/Retain Qualified Clinicians

10.1 • Competitive Compensation

10.2 • Valid Employment Or Independent Contractor Agreements

10.3 • Sourcing & Recruiting New Members

10.4 • Orientation Process

10.5 • Resources For Professional Growth & Enhancement
### Principle 10: Recruit/Rent Qualified Clinicians (cont.)

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<td><strong>10.6</strong></td>
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<td><strong>Job Satisfaction</strong></td>
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<td><strong>10.7</strong></td>
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<td><strong>Clear Mechanism To Credential &amp; Privilege</strong></td>
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<td><strong>10.8</strong></td>
<td></td>
<td><strong>Monitor Clinical Competency And Professionalism</strong></td>
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<td><strong>10.9</strong></td>
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<td><strong>Commitment To Career In Hospital Medicine</strong></td>
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<td><strong>10.10</strong></td>
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<td><strong>Board Certified Or Board Eligible</strong></td>
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Principle 10: Recruit/Retain Qualified Clinicians (cont.)

• “If you have the wrong people, it doesn’t matter whether you discover the right direction; you still won’t have a great company. Great vision without great people is irrelevant.” Jim Collins “Good to Great”
How to Use **Key Characteristics**

**For 2 Audiences:**
- Hospital Executives: Establish Expectations
- HMG Leaders: Self Assessment, Improvement Plan

**Range of Applications:**
- Framework for dialog between hospital executives and HMG
- Framework for HMG planning/budgeting process
- Framework for evaluating HMG

**YES/NO Answers Insufficient**
- Wide range of performance levels for each characteristic:
  - “Bare minimum” – “sophisticated, expansive measures dedicated to excellence”
Poll Question

Please rate yourself on a scale of one to five (one being the lowest, five being the highest) on how well you use the principles.
Real World Applications

- Do The Key Characteristics Truly Describe An Effective HMG?
- Do The Draft Criteria Accurately Depict Meaningful Accomplishment?
- Are The Proposed Criteria Reasonable In Terms Of Time And Effort?
- Do the Key Characteristics Address Perceived Deficiencies And Lead To Improvement?
Key Characteristics Pilot

• Evaluation Pilot Conducted In Spring 2014

• Twenty Diverse HMGs To Participate

• Participate In A 3-Part Evaluation
  – High level evaluation of all 47 characteristics
  – Detailed evaluation of a sub-group of criteria
  – Summary evaluation

• SHM Plans To Publish A Second Version Of The Framework In 2015 Based On This Feedback

• Please Contact Joe Miller (jmiller@hospitalmedicine.org) For More Information
• BE ASPIRATIONAL
• PROVIDE A FRAMEWORK
• DEVELOP A PATHWAY FOR IMPROVEMENT

HOSPITALISTS. TRANSFORMING HEALTHCARE. REVOLUTIONIZING PATIENT CARE.