A Physician Leader’s Role In Becoming A High Performing Health System

Byron C. Scott, MD, MBA
Associate Chief Medical Officer, Truven Health Analytics
Objectives

- Learn key factors in the development and success of physician leaders in health systems today
- Learn key characteristics of high performing health systems and the journey to measure leadership impact
- Learn how two health system physician leaders drive performance and consistency across multiple hospitals
Key Factors In The Development And Success Of Physician Leaders In Health Systems Today

- Willingness to serve and take on more responsibility in leadership & management
- Organizational commitment to physician leadership development
- Training & Education in Healthcare Management & Leadership
Key Factors In The Development And Success Of Physician Leaders In Health Systems Today

- Develop Competencies
  - Value Based Healthcare
  - Health Analytics, Quality, & Patient Safety
  - Population Health
  - Patient Experience
  - New Payment Models
  - Process Redesign—LEAN

- Consider formal education
  - MBA
  - MHA
  - MPH
  - MS Healthcare Quality
  - MS Population Health
Key Factors In The Development And Success Of Physician Leaders In Health Systems Today

- Hospitals & Health Systems willingness to have physicians more involved in leadership and performance improvement
  - CMO
  - VPMA
  - CQO
  - CMIO

- Foster ways to engage patients, nurses, physicians, and other clinical staff
  - Listen & Learn
  - Collaborate
  - Educate
Key Factors In The Development And Success Of Physician Leaders In Health Systems Today

- Constantly improving and learning new ideas
  - Someone, somewhere has probably already solved a problem you are having

- Network & Collaborate within Organizations
  - Physician Leadership Forum
  - American Hospital Association
  - American Association for Physician Leadership
  - American College of Healthcare Executives

- Use data and analytics to help you succeed
  - Measure quality & performance
  - Benchmarking to other top performers
  - Analytics to measure and evaluate leadership impact
Contact Information

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The 100 Top Hospitals: The Journey to Measure Leadership Impact

Jean Chenoweth
Senior Vice President, Performance Improvement & 100 Top Hospitals
Truven Health Analytics
The 100 Top Hospitals:
The Journey To Measure Leadership Impact

100 Top Hospitals National Balanced Scorecard

- 23 year development and field testing effort
- Balanced scorecard theory – Norton & Kaplan, Harvard University
- Academic validation
- Correlated with Baldrige best practices
- Objective statistical analysis - public data only
- Peer-reviewed methodologies
- Compares peers in 5 hospital classes for actionable benchmarks
- Scalable

Key Insights From Measuring Journey

To assess whole organization, it is necessary to assess both
Longitudinal
Cross-sectional

Measurement of reliability requires measure of alignment of outcomes, prices
HOW CLOSE TO RELIABILITY ARE WE NOW?
SETTING NATIONAL BENCHMARKS FOR CONSISTENT IMPROVEMENT AND PERFORMANCE

2009 – 2013 IMPROVEMENT AND RESULTANT 2013 PERFORMANCE

*Note: Mortality, complications and patient safety include 3 years of trend data (2010 – 2012) and average length of stay include 4 years (2009-2012)
RELIABILITY – THE GOAL FOR ALL PROVIDERS
IT IS STILL A WORK IN PROGRESS

PATIENT SAFETY

MORTALITY

INPATIENT. EXPENSE/DISCHARGE

30 DAY READMISSIONS
2015 OHIOHEALTH HOSPITAL ALIGNMENT
COMPOSITE SCORE: ALIGNED, HIGH BALANCED PERFORMANCE

2013 PERFORMANCE VERSUS RATE OF IMPROVEMENT

ALIGNMENT SCORE
OHIOHEALTH 21.8
BENCH 26.2
PEER 27.3
2013 HEALTH OF CALIFORNIA HOSPITAL INDUSTRY
HOW RELIABLE IS PERFORMANCE?

5 YEAR IMPROVEMENT

RESULTANT 2013 PERFORMANCE

PERCENTILES
- 80th to Max
- 60th to 80th
- 40th to 60th
- 20th to 40th
- Min to 20th

41% HIGH PERFORMANCE

40% LOW PERFORMANCE

TRUEN HEALTH ANALYTICS
APPLYING DEFINITION OF RELIABILITY - - -
ONLY 26% OF HOSPITALS ARE HIGH PERFORMERS

HIGH RELIABILITY
PERFORM IMPROVE

HIGH PERFORMANCE
GOOD POTENTIAL
PERFORM IMPROVE

FALLING BEHIND
PERFORM IMPROVE

POOR RISK
PERFORM IMPROVE

26% RELIABLE
19.4%

61% RISKY
40.5%

PERCENTILES
- 80th to Max
- 60th to 80th
- 40th to 60th
- 20th to 40th
- Min to 20th

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A Physician Leader's Role in Becoming a High Performing Health System

Jamie Grebosky, MD SM
November 13, 2015
AHA’s Physician Leadership Forum
“EVEN SMALL HEALTHCARE INSTITUTIONS ARE COMPLEX, BARELY MANAGEABLE PLACES... LARGE HEALTHCARE INSTITUTIONS MAY BE THE MOST COMPLEX ORGANIZATIONS IN HUMAN HISTORY”

Peter Drucker
Changes in Uninsured Oregon reduced by 27%
From 20% to 14.5%
What is the Physician’s Role in a High Performing Health System?

- Identification of opportunity
- Culture of border crossing
- Execution of improvements
Several key factors set the stage for success

- Culture of Quality
  - Chairman of Board and Quality Committee is a Physician
  - Medical Staff cares about reputation

- Scanning the environment
  - Performance Improvement team scans for areas of improvement

- Engage Medical Staff through formal and informal channels
  - Quality Committee
  - Medical Executive Committee
  - Discussions with Medical Directors
Senior Leader Buy-in

- Set preliminary quality agenda with CEO of health system
- Cascade through Hospital/Ambulatory CEO’s through MEC’s and Medical Directors as well as Nursing Leadership
Crossing Borders

- Collaboration with Nursing
- Green Teams
  - CAUTI
Reduction in CAUTI

<table>
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<th>Facility</th>
<th>2015 CAUTI SIR</th>
<th>2016 CAUTI SIR</th>
<th>Decile Rank</th>
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<td>INS</td>
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<td>RRMC</td>
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Data Source: CMS HAC Reduction Program
SIR: Standardized Infection Ration
INS: Insufficient data to calculate result
Result Transparency

- Balanced Scorecard
- Weekly Clinical Outlook
- Monthly Dashboard
Vehicles for Improvement

- MORC
  - PSI-90
  - Mortality

- Patient Throughput
Reduced Asante PSI-90 Score

- Pre (Jul14-Dec14): 0.12
- Post (Jan15-Jun15): 0.04

Reduced by 63.9%
# 2016VBP PSI-90 Composite


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<th>Performance Index</th>
<th>National Threshold</th>
<th>National Benchmark</th>
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Reduction in Mortality

Rates

Pre (Dec 13 - Jul 14) 4.4%
Post (Nov 14 - Apr 15) 2.9%

Reduced by 33.8%

Unweighted Composite: AMI, HF, COPD, PN & STK
Reduction in ED Throughput

Data Source: CMS ED-1 measure (sample weighted average)

- Median Time (Minutes)
  - 2013: 269
  - 2014: 250
  - 2015: 232

Reduced by 13.9%
Physician’s Role?

- Identification of issues
- Execution of improvements
- Culture of border crossing
OhioHealth and Physician Engagement
The Key to Success for Delivering Value in Today’s Changing Healthcare World

Bruce Vanderhoff, MD, MBA
Senior Vice President and Chief Medical Officer
WHERE WE ARE

care site locations

hospital
1. OHIOHEALTH RIVERSIDE METHODIST
2. OHIOHEALTH GRANT MEDICAL CENTER
3. OHIOHEALTH DOCTORS HOSPITAL
4. OHIOHEALTH GRADY MEMORIAL
5. OHIOHEALTH DUBLIN METHODIST
6. OHIOHEALTH HARDIN MEMORIAL
7. OHIOHEALTH MARION GENERAL
8. OHIOHEALTH REHABILITATION HOSPITAL
9. OHIOHEALTH O’BLENESS HOSPITAL
10. OHIOHEALTH MEDCENTRAL MANSFIELD HOSPITAL
11. OHIOHEALTH MEDCENTRAL SHELBY HOSPITAL

managed
1. MORROW COUNTY HOSPITAL

affiliate
1. SOUTHERN OHIO MEDICAL CENTER
2. BERGER HEALTH SYSTEM
3. BLANCHARD VALLEY MEDICAL CENTER

Represents Fiscal Year 2015 Data
WE are a faith-based, not-for-profit healthcare system.

- 28,000+ Strong
- 21,000 Associates
- 3,600 Physicians
- 350+ Residents & Fellows
- 3,500 Volunteers

- 2.5m Outpatient Visits
- 496,805 ED Visits
- 158,317 Admissions & Observations
- 103,012 Surgeries
- 600+ Clinical Trials

Represents Fiscal Year 2015 Data
WHAT WE BELIEVE

mission

TO IMPROVE THE HEALTH OF THOSE WE SERVE

vision

TO BE THE PLACE
WHERE PEOPLE WANT TO WORK, WHERE PHYSICIANS WANT TO PRACTICE
AND, MOST IMPORTANTLY, WHERE PATIENTS WANT TO GO WHEN THEY NEED
HEALTHCARE SERVICES

values

COMPASSION, EXCELLENCE,
STEWARDSHIP AND INTEGRITY

CARDINAL VALUE
TO HONOR THE DIGNITY AND
WORTH OF EACH PERSON

Represents Fiscal Year 2015 Data
Physician Engagement at OhioHealth

- Ensuring a **culture of engagement** is a strategic priority.
- **80%** of our physicians practice independently.
- Since 2009, **we have enjoyed exceptional scores** in Press Ganey’s national Physician Partner Survey.
Healthcare Business Model Shift

**Fee for Service (FFS)**
**Volume**

**Total Cost of Care (TCOC)**
**Value**

Episodic Care vs. Managing Chronic Conditions
Physician Engagement at OhioHealth

- We have **employed and independent** physicians on our medical staff.
- A **culture of engagement** is crucial.
- **Transparency**
- Physicians occupy **top leadership roles** at our care sites and across the system.
What sets us apart?

- Physician Leadership Academy
- Clinical Guidance Councils
- Health⁴ – clinically integrated network
Implementation of EPIC at OhioHealth

• The Physician Strategy Group was formed.

• Our physicians had a crucial role in the process – from vendor selection through implementation.

• As a result, we had a smooth transition and our medical staff was engaged through the process.
Pathways to Value

• Led by our Clinical Guidance Councils.
• The catalyst for changing our model of care.
• Currently involves 20 pilot initiatives.
• Each is designed to help improve health and wellness, while also reducing health plan costs.
To successfully deliver value into the future, we must continue to:

- Invest in building strong partnerships with physicians
- Improve quality efforts.
- Be innovative.