

How to Engage Patients and Physicians in a Transformed American Healthcare Delivery System

Kent Bottles, MD

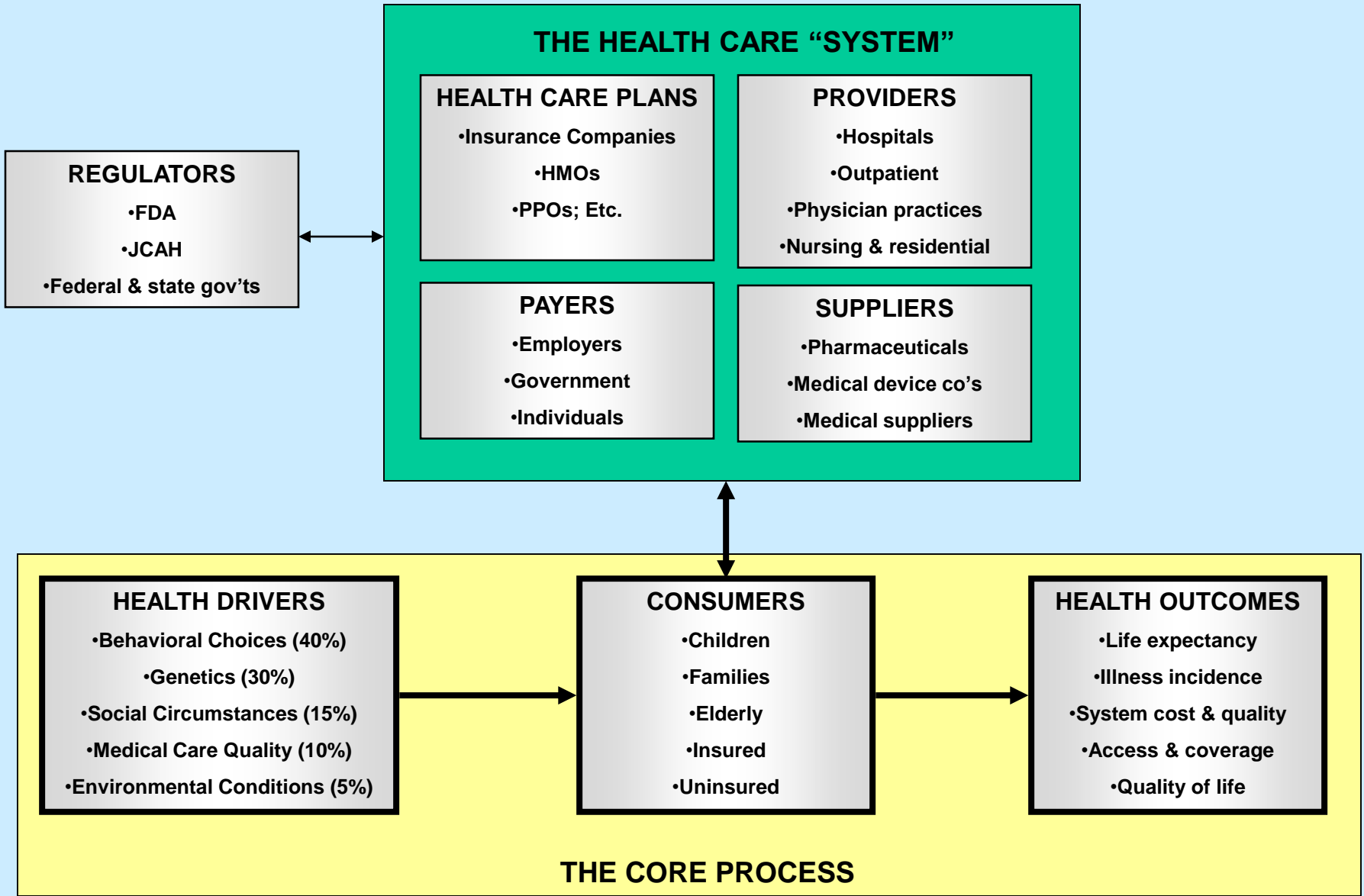
Lecturer, Thomas Jefferson University School of Population Health

Chief Medical Officer, PYA Analytics

kbottles@pyapc.com

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What Leaders Do

- Establish a vision that can inspire others
 - Environmental assessment of opportunities, risks, challenges
- Translate the vision into strategies & tactics
- Assign responsibilities to the right people
- Hold the assigned people accountable

Old

- Sickness System
- Health No Disease
- Acute Disease
- Fee for Service
- Hospital Beds Full
- Hospital Centric
- Doctor Centric
- Doctor Decides
- MD defines quality

New

- Wellness System
- Health: Wellness
- Chronic Disease
- Value Based
- Hospital Beds Empty
- Community Centric
- Patient Centric
- Shared Dec Making
- Measurable Metrics

Old

- Cost not considered
- Independent doctors
- Independent hospital
- Med record secret
- Opaque
- Artificial harmony
- Analogue
- Hypothesis driven clinical trials

New

- Decreased cost
- Employed docs
- Integrated delivery system
- Open access record
- Transparent
- Cognitive conflict
- Digital
- Predictive analytics actionable correlations

The Curve

P E R F O R M A N C E

First Curve

Fee-for-Service
Quality Not Rewarded
Pay for Volume
Fragmented Care
Acute Hospital Focus
Stand Alone Providers Thrive

Second Curve

Value Payment
Continuity of Care Required
Systems of Care
Providers at Risk for Payment
IT Centric
Physician Alignment

Straddle



Revenue Drops
Minimal Reward for Quality
Volume Decreases

No Decisive Payment Change
Pay for Volume Continues

High Cost IT Infrastructure
Physicians in Disarray

T I M E

Patients

What Patient-Centered Should Mean

Donald M. Berwick, Health Affairs, 28, no. 4 (2009)

- “They give me exactly the help I need and want exactly when and how I need and want it.”
- “I eschew compromise words like partnership”
- “We should behave not as hosts in the care system, but as guests in their lives.”

What Patient-Centered Should Mean

Donald M. Berwick, Health Affairs, 28, no. 4 (2009)

- Patient centeredness improves health status outcomes
- Golomb statin drug takers initiate discussions of symptoms related to drug
- O'Connor on shared decision making found a 23% reduction in surgical interventions
- Patient education can increase compliance

What Patient-Centered Should Mean

Donald M. Berwick, Health Affairs, 28, no. 4 (2009)

- The experience (to the extent the informed, individual patient desires it) of transparency, individualization, recognition, respect, dignity, and choice in all matters, without exception, related to one's person, circumstances, and relationships in health care.

What Patient-Centered Should Mean

Donald M. Berwick, Health Affairs, 28, no. 4 (2009)

- Hospitals should have no restrictions on visiting
- Patients would choose food and clothes
- Patients should participate in rounds
- Patients would participate in design of health care processes and services
- Medical records belong to the patient
- Shared decision-making used universally

What Patient-Centered Should Mean

Donald M. Berwick, Health Affairs, 28, no. 4 (2009)

- Should patient-centeredness trump EBM?
- Is physician steward of social resources?
- What about clinicians' needs and wants?

From Patient Centered to People Powered

(BMJ 2015: 350, Feb 10, 2015)

- AMA, Belgian government “don’t google”
- IOM, Mayo, WHO regard patient as genuine value contributor partner in medicine
- Society for Participatory Medicine
- Social movement
- “Useful knowledge plus clinical experience plus what the patient wants leads to best care.”

Health Gadgets Test Privacy Law Limits

WSJ November 28, 2012

- Defibrillator implants beam data to device co.
- Hugo Campos wants same access to data as his cardiologist
- Wants to track heart data just like he uses Fitbit
- HIPAA, trail of data exhaust, legal implications

Judith Hibbard & Patient Activation Measure

- PAM places patient on 4 level scale
- Four behaviors
 - Self management
 - Collaboration with provider
 - Maintaining function/preventing declines
 - Access to appropriate and high quality care

Jessie Gruman & Center for Advancing Health

- 43 actions people must take to obtain greatest benefit from health care services

Ten Categories with 43 Behaviors

- Find safe care
- Communicate with providers
- Organize health care
- Pay for health care
- Make good treatment decisions
- Participate in treatment
- Promote health
- Prevention
- End of life planning
- Health knowledge

Medicare Current Beneficiary Survey

- 30% of older Americans engage in health care
- 12% want to remain unengaged
- 29% do not have knowledge to be engaged

Jesse Gruman

- “As a savvy and confident patient who is flummoxed by so much of what takes place in health care, I am regularly surprised by how little you know about how little we patients know. You are immersed in the health culture. But we don’t live in your world. So we have no idea what you are talking about much of the time. One way to help us feel competent in such unfamiliar environments is to give us some guidance... What are the rules?”

Ashya King case could lead to families rejecting NHS advice

Guardian Nov 12, 2014

- Ashya King, 5 years old, with medulloblastoma
- Parents took him to Spain wanting proton beam
- Parents jailed in Spain after UK arrest warrant
- Public outcry; UK pays for proton beam therapy in Prague
- Delays in therapy may have not been best care
- Parents reject chemotherapy

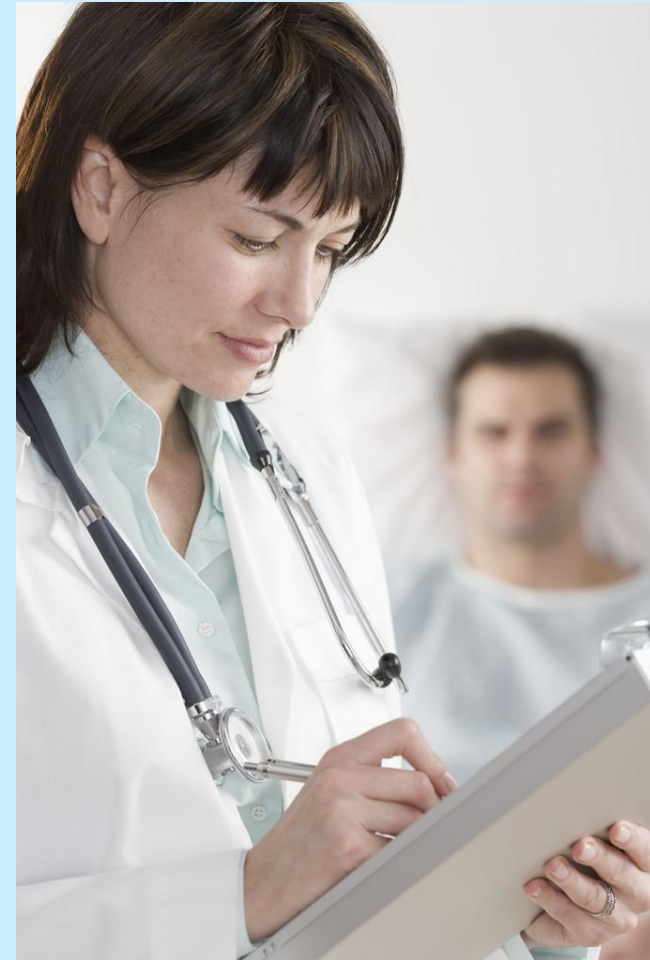
Doctors

Unhappy Doctors & Happy Doctors

- “Your doctor’s unhappiness is a catastrophic problem that the new law didn’t anticipate and is not prepared to address.” Dr. Marc Siegel, Associate Professor of Medicine, NYU Langone Medical Center
- “To us, supporting the ACA makes moral and medical sense” Dr. Jeffrey Drazen, Editor-in-Chief, and Dr. Gregory Curfman, Executive Editor, New England Journal of Medicine.

Mindset of the Traditional Physician

- My success depends on my individual behavior
- Individual activities lead to personal financial success
- Individual activities lead to successful clinical outcomes
- Strong financial and clinical performance of my parent organization and physician colleagues have little impact on my personal success
- “Cowboys”



Mindset of the Integrated Employed Physician

- My success is enhanced by collaboration
- Individual activities lead to the financial success of parent organization
- Individual activities lead to successful clinical outcomes because of collaboration
- Strong financial and clinical performance of my parent organization
- And physician colleagues have major impact on my personal success
- “Pit Crews”

Traditional Physician Leadership



- Represent local physician interests a organization-wide venues
- Secure resources for local physicians
- Rally physicians against perceived enemy
 - Hospital administration
 - Insurance companies
 - Competing physicians

Physician Leadership in Integrated Aligned System



- Holding physicians accountable for performance
- Working as part of a leadership team of the organization
- Supporting decisions they may not personally agree with
- Modeling behavior that supports the overall organization goals
- Leaders job is not to protect, defend, and ensure local interests that may conflict with overall organization interests
- Leading in an integrated aligned system is a real job

P4 Debate

<http://www.thedoctorblog.com/a-look-at-the-pay-for-performance-debate/>

- “By creating a monetary incentive to increase patient satisfaction, the government is not only increasing its expenses but promoting a metric that significantly increases death rates.” Forbes
- Only 29% of physicians surveyed by ACPE believe external organization ratings of physicians are useful and worthy of support
- “The current system might just kill you. Many doctors, in order to get high ratings (and a higher salary), overprescribe and overtest, just to ‘satisfy’ patients, who probably aren’t qualified to judge their care.” Forbes

Physician Accountability Is Not Going Away

- “Making accurate and timely health care organization and provider ratings readily available to the public and to payers and regulators is both essential to moving to patient-centered care and, ultimately, inevitable.” ACPE Survey
- *Press Ganey CEO Patrick Ryan noted, “Nobody wants to be evaluated; it’s a tough thing to see a bad score. But when I meet with physician groups I tell them the train has left the station. Measurement is going to occur.”*

P4P: Why It Won't Work

- P4P advocates
 - Strong intuitive appeal that people will do things to get more money
 - Large gaps exist in quality and delivery of evidence based care
 - Lack of relationship between quality and costs at a regional level
 - Increasing health care costs hurt American companies in a global economy

P4P: Why It Won't Work

- Extrinsic incentives (financial compensation)
- Intrinsic incentives (moral command to do one's duty)
- We live in two different worlds (social norms vs. market norms)
- Extrinsic incentives can crowd out intrinsic incentives and result in failures to do one's moral duty

P4P: Why It Won't Work

- Swiss town presented plan to have nuclear waste dump
- Approval 50%; Disapproval 50%
- New government plan to give each citizen 5000 francs a year
- Approval 24.6%

P4P: Why It Won't Work

- Israeli day care center with late parents
- Board of directors institute fine for late pick up
- More parents come late
- Titmuss The Gift Relationship of blood donations in UK vs. USA

P4P: Why It Won't Work

- Dan Ariely
- Try to show your appreciation to your mother-in-law for a delicious Thanksgiving (or Seder) dinner by giving her \$400.00

P4P: Why It Won't Work

- Samuel Glucksberg of Princeton showed drop in performance when heuristic tasks are incentivized using P4P bonus programs
- Sawyer effect (turn play into work)
- Minimize creativity and intrinsic motivation
- Unethical behavior, create addictions, foster short term thinking

Maximizing Intrinsic Motivation

- **Autonomy:** desire to direct our own lives, tasks, time, team, and technique
- **Mastery:** Urge to get better thru effort, grit, deliberate practice
- **Purpose:** Yearning to serve others, be part of a cause greater than ourselves

Engaging Doctors in the Health Care Revolution

TH Lee & T Cosgrove, HBR

- Noble shared purpose
- Self interest
- Respect
- Tradition

Engaging Doctors in the Health Care Revolution

TH Lee & T Cosgrove, HBR

- Noble shared purpose
 - Shifts conversation from negative to positive
 - Acknowledge need for sacrifice
 - Duty to patients preempts other obligations
 - Urology patient story at Cleveland Clinic 2008
 - Advocate huddles lead to 40% increase in safety event reports
 - Mayo Clinic: “The needs of the patient come first”
 - Patients come first
 - Status quo is unsustainable
 - Group action is needed to pursue patient first goal

Engaging Doctors in the Health Care Revolution

TH Lee & T Cosgrove, HBR

- Self-interest
 - Compensation plans tied to citizenship, quality
 - One year renewable contracts
 - Watch for conflicts of interest
 - Reward collaboration

Engaging Doctors in the Health Care Revolution

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- Respect
 - Behavioral economics, peer pressure, transparent data
 - Partners unmasked data on MD use of imaging led to 15% drop in orders for high cost tests
 - University of Utah transparent patient experience ratings utilized gradual introduction

Engaging Doctors in the Health Care Revolution

TH Lee & T Cosgrove, HBR

- Tradition
 - Mayo Clinic dress code
 - Physician communication standards
 - Organization must be willing to part ways with physicians who don't support shared purpose

Symptoms of Resistance

- Superficial agreement with change with no commitment or follow-through
- Slow progress
- Apathy
- Excuses for lack of engagement or progress

Stages of Acceptance

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Addressing Resistance

- Leaders cross bridge first by coming to terms with own concerns
- Help physicians let go of expectations that cannot be met
- Get out the news
- Listen to and honor resistance

Engaging Physicians in Comp Redesign

- Are you moving toward value based purchasing or will you stay in fee-for-service?
- Can you get reimbursement bonuses or do you face penalties for clinical outcomes or readmission rates?
- Is increasing patient access to match demand a challenge or are your providers under utilized?
- What level of investments are you willing to make?

Engaging Physicians in Comp Redesign

Centralize Management of Process

- In order to change compensation you need leaders
 - Understand hospital's strategic priorities
 - Understand medical group financial performance
 - Understand market and how it is changing

Engaging Physicians in Comp Redesign

Share Decision Making

- You must get input from practicing clinicians
- On quality metric selection
- On threshold levels
- Creates a sense of ownership from the group

Engaging Physicians in Comp Redesign

Build Consensus through Iteration

- Taking several months to co-create program
- Drafts circulated several times
- Building consensus takes time but saves time in implementation
- Target least supportive physicians from the start
- Turn detractors into champions

Engaging Physicians in Comp Redesign Don't Guarantee Outcomes

- There will be winners and losers
- The future is not all doom and gloom
- Demonstrate how ways the medical group can get bonuses, avoid penalties, and be part of a successful organization

Engaging Physicians in Comp Redesign

Provide a Road Map

- Provide a road map
- Provide physicians with real time, reliable, and actionable reports on their progress toward goals

Engaging Physicians in Comp Redesign

Communicate, Communicate, Communicate

- Communicate, acknowledge, and fix problems
- Provide one-on-one assistance to physicians who have trouble meeting goals
- Best performers can teach less successful colleagues
- Emails, phone messages, meetings, dinners, one-on-one; it is hard to over communicate

Engaging Physicians in Comp Redesign

Start small and gradually put in large changes

- Start with a small scale pilot
- Legacy Medical Group in Oregon started with volunteers

Engaging Physicians in Comp Redesign

Match the pace of your market

- If you go faster than your market you can see increase in quality scores, but decreases in productivity and revenue loss
- Recognize the straddle is a difficult place to be successful

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