Improving Partnerships Between Health Plans and Medical Groups

Howard Beckman, MD, FACP, FAACH
Chief Medical Officer
Focused Medical Analytics
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Objectives

• Review current challenges in health plan – medical group partnerships
• Describe what improves physician’s motivation to change
• Provide the constituents of successful partnerships in the next decade
• Suggest areas on which to focus
Data Sources

• Literature review

• Personal experiences as IPA medical director, CMO of Focused Medical Analytics, Consultant

• Interviews with Best Practice programs
The Current State of Affairs

What are your experiences with plan/group partnerships?
The Current State of Affairs

• All too often
  – Win/Lose mentality
  – Adversarial
  – Distrust
  – Lack of transparency
  – Layers of failed improvement programs
  – Responsible to different stakeholders
  – Anchored in fee for service reimbursement
The Next Decade: What is Needed for Successful Collaboration

• Projects based on shared goals
• Explicit expectations
• Data transparency
• Mutual respect
• Win – Win for participants
• Redefinition of quality as reducing underuse, misuse AND overuse
• Acknowledging the crisis in primary care
• Aligned Incentives
“It is difficult to get a man to understand something when his salary depends on his not understanding it”

**Upton Sinclair**

“I, Candidate for Governor; and How I Got Licked”


Reprinted from the Original published in 1934
What Engages Practitioners?

• Competence

• Autonomy

• Relatedness

• Within the context of shared values
Engaging Physicians in Change: All Are Required

Core Values
- Accurate, meaningful data
- Clear, accessible Reporting Tools

Interpersonal Process
- Leadership

A reason to focus

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What are the Anchors of Successful Collaboration

- Building the infrastructure for a successful partnership
- Successfully engaging practitioners as full partners
- Collecting and using data to improve mutually agreed upon outcomes
Building the Infrastructure for a Successful Partnership

• Collaboratively develop shared goals that meet each participating organization’s needs
• Define core project values and reinforce them continuously – examples: transparency, honesty, integrity, respect
• Ensure buy-in from the leadership of all involved organizations
• Incorporating overuse reduction within the Institute of Medicine quality paradigm (quality= reducing underuse, misuse, and overuse).
• Acknowledge previous relational problems and address openly (e.g., distrust, manipulation, lack of fiscal responsibility); create an explicit plan to prevent recurrences.
Building the Infrastructure for a Successful Partnership

• Establish contractual provisions to ensure adequate, a) start-up funding, and b) patient volume and eligibility to adequately fund
• Celebrate and reward improvement in measures
• Use financial incentives to reinforce appropriateness of care
• Consider a neutral, skilled facilitator to promote shared goals and to prevent conflicts from derailing the project.
• Choose initial projects with a high likelihood of success to build confidence within the team.
Successfully Engaging Practitioners as Full Partners

• Engage physicians at the earliest possible point in project planning. Involve practitioners in rules for attribution, measures of project outcomes, and specs for measures.
• Begin with voluntary participation. Demonstrate success, encouraging participation by others
• Incorporate quality measures into all projects
• Focus on appropriateness! Use financial incentives to support doing the right thing.
• Convene practice learning collaboratives led by skilled facilitators as an effective way to promote best practices, encourage healthy competition and promote Quality Improvement.
Successfully Engaging Practitioners as Full Partners

• Interpret practitioner defensiveness as a sign of ineffective communication or violation of core values (e.g., premature judgment, absence of actionable request).

• Partner with specialty societies when possible, e.g., Choosing Wisely®. Include specialists in creating the neighborhood needed to improve care affordability, patient experience and outcomes.

• Offer programs to jointly train medical group and health plan leaders in effective leadership.
Successfully Engaging Practitioners as Full Partners

• Continuously educate practitioners about the goals of the project, the core values, the benefits of collaboration, and the focus on appropriateness. 7 times, 7 ways

• Collaboratively offer tools, resources, and staff to help achieve goals (e.g., registries, Lean/Six Sigma staff, real time dashboards, and decision support tools).

• Publicize successes, reinforcing the cultural changes required to encourage partnership.
Collecting and Using Data to Improve Mutually Agreed Upon Outcomes

- Avoid unrealistic data delivery timelines. Assure accurate, meaningful, and actionable data.
- Settle attribution rules early on and provide transparently.
- Work towards providing practitioners a single community-wide report.
- Avoid multiple reports with different measures; focus!
- Carefully construct incentives. Determine both desired and unanticipated outcomes, and measure for both.
- Train the intervention team/outreach staff in motivational interviewing and/or non-judgmental team building.
Collecting and Using Data to Improve Mutually Agreed Upon Outcomes

- Data should be easily understood and promote action.
- Avoid data dumping
- Encourage practitioners to ask for the data they want and provide it
- Provide accurate, meaningful peer comparison data; focus on understanding reasons for unexplained variation.
- Provide a clear path for practitioners to give feedback/challenge conclusions
- Solicit and listen carefully to feedback from practitioners. Offer assistance, not rules!
Comments, Additions, Concerns
Take Home Items

Your thoughts...
THANK YOU!

Howard Beckman, MD
Chief Medical Officer
Focused Medical Analytics
hbeckman@fma-us.com
585-381-5488