TransforMED℠
TRANSFORMING MEDICAL PRACTICES

Lessons From The Field

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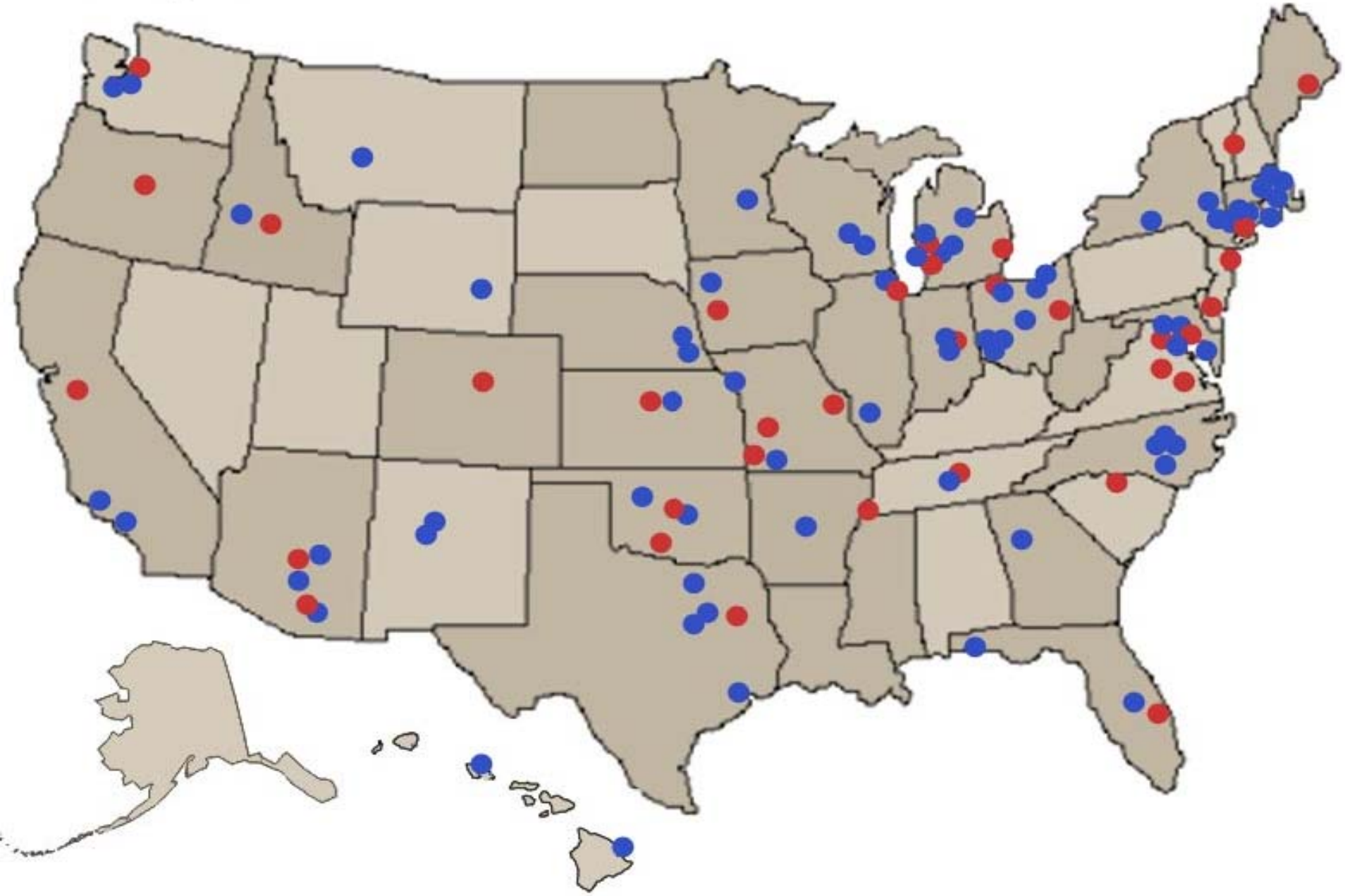
President and CEO of TransforMED

Project Locations



Field Lessons

- Critical Success Factors
- National stage
- Physicians
- Practices
- Recognition
- Transformation

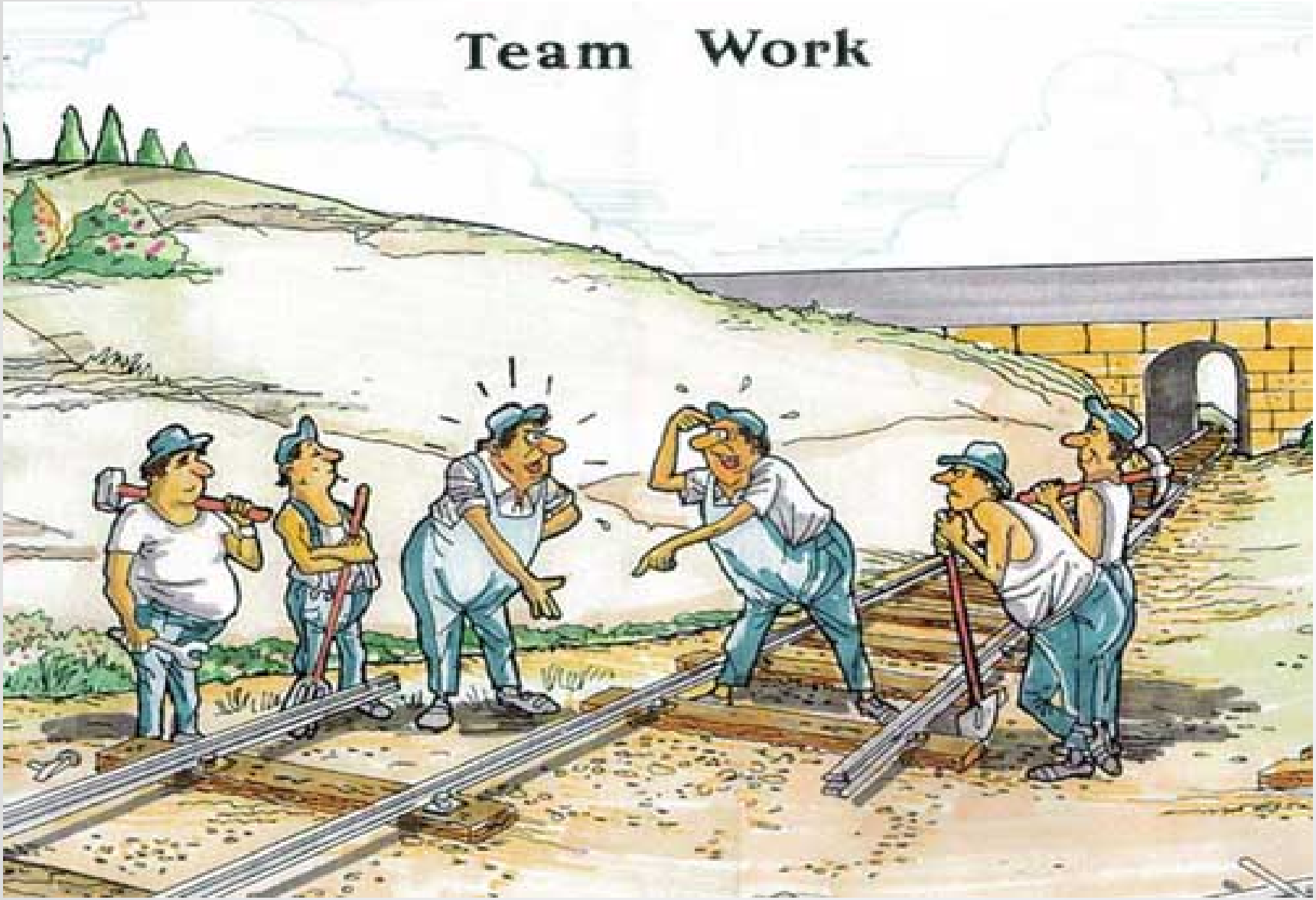
Four Critical Success Factors for Practice Transformation

- Teamwork
- Change Management
- Leadership
- Communication

Teamwork

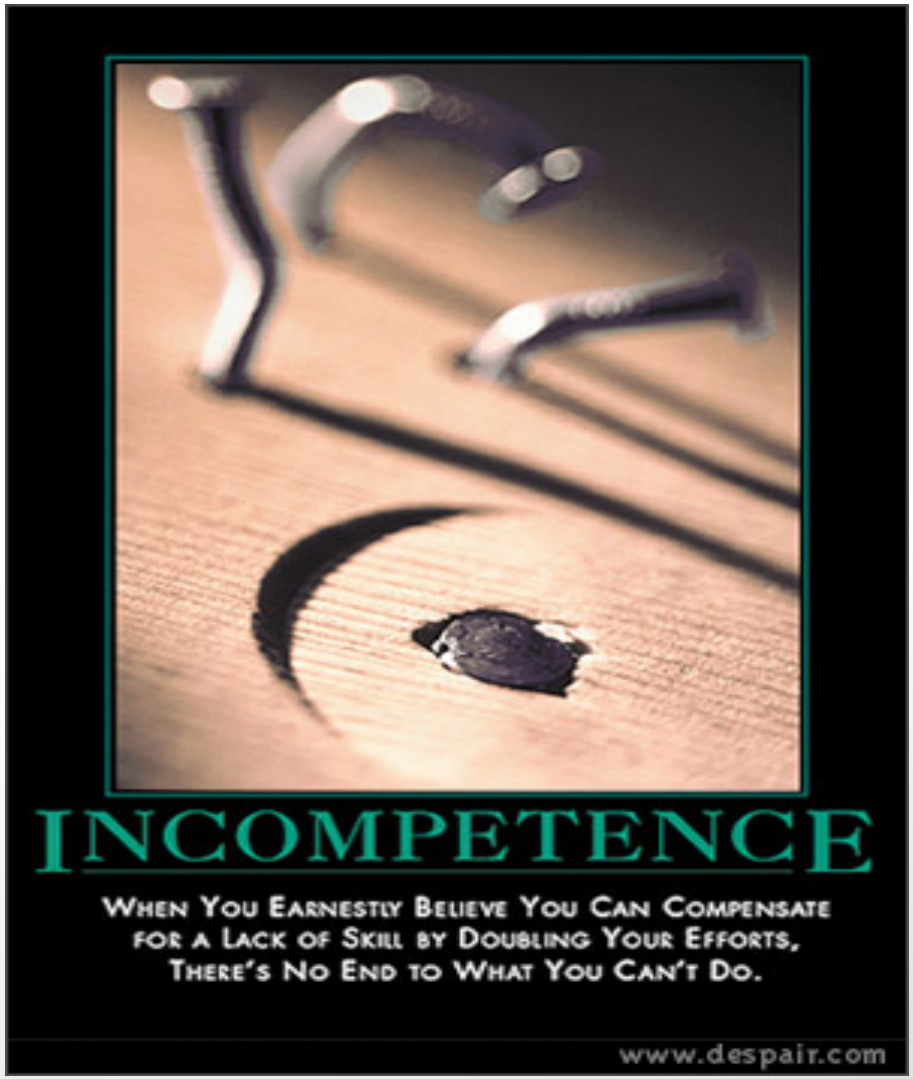
- Working as a team is not intuitive to many physicians specifically and healthcare providers in general
- “Captain of the ship”
- Feeling of responsibility for everything in the practice

Team Work



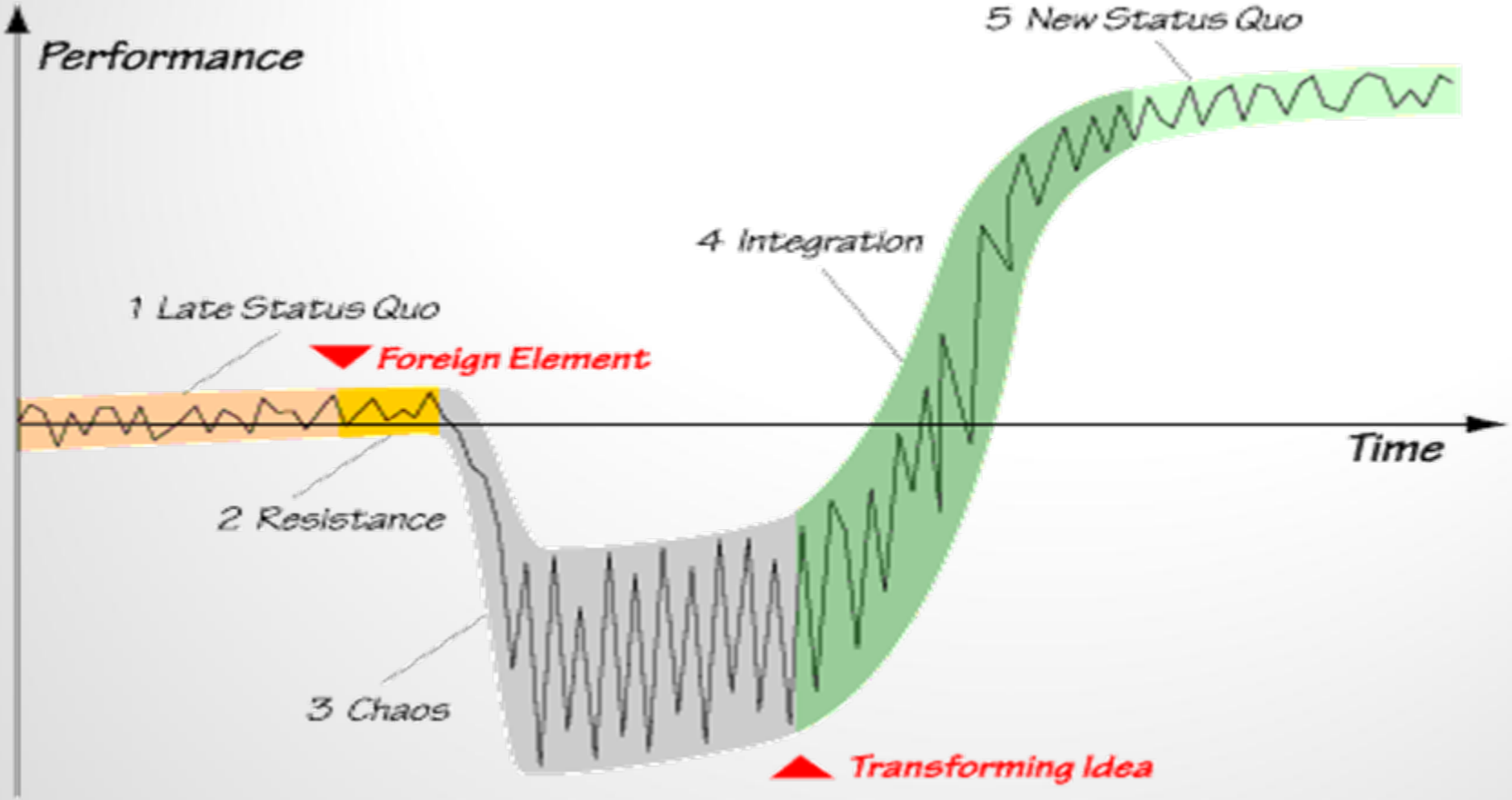
Teamwork

Practices not skilled in teamwork create a lot of dysfunction.



Change Management

Chaos is Part of the Process



Change Management

Physicians are trained to be change averse and variable averse.

Leadership

"No one is making you do anything you don't want. I'm just saying we're all headed for Dodge City and we think you should come along."

The Four Critical Success Factors for PCMH

- Leadership
- Communication
- Change Management
- Teamwork

The Three Critical Success Factors for Strong Leadership

- Communication
- Change Management
- Teamwork

Communication

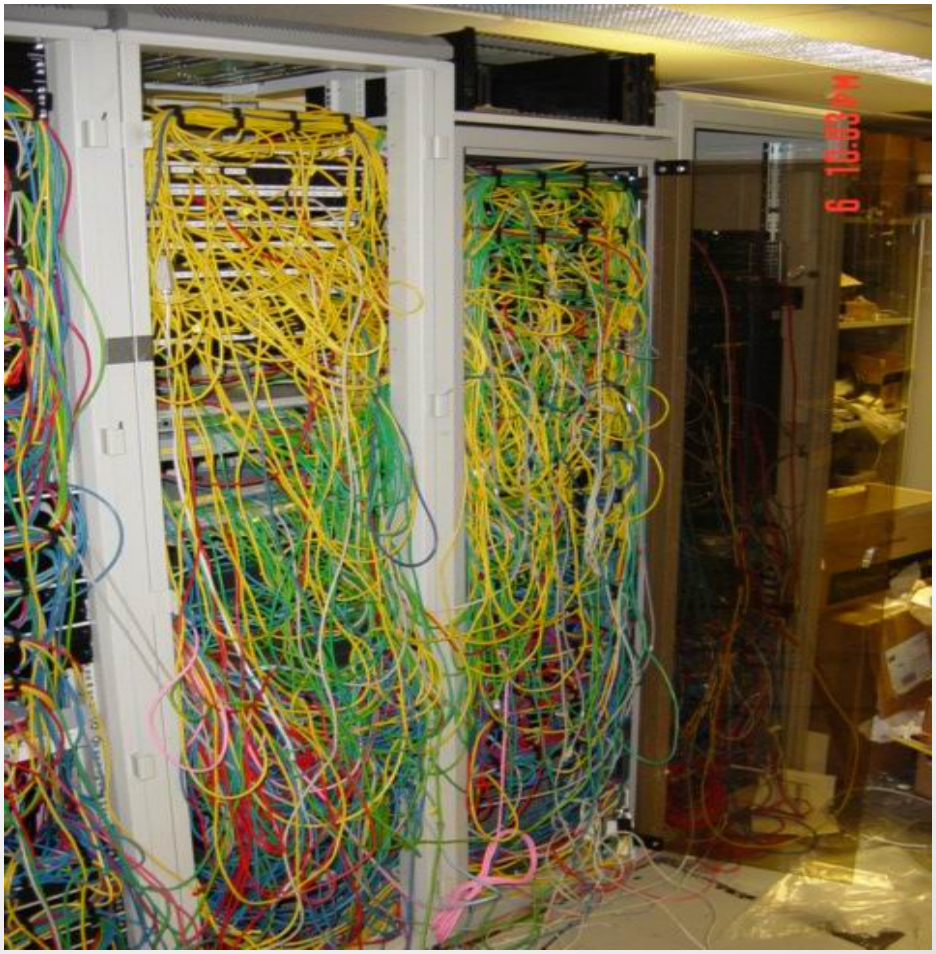
Communication formula:

$$\frac{n(n-1)}{2}$$

- **2 people, 1 communication channel**
- **4 people, 6 communication channels**
- **12 people, 66 channels**
- **15 people 105 channels**

Communication

As the numbers of people involved in a communication increases, so does the complexity of the communications and the potential for misunderstanding.



The Critical Success Factors Really are "Critical"

- When the critical success factors are the focus early and woven in throughout the transformation process, the success rate dramatically improves and trauma to the practice is reduced.

Physicians


OH, GOOD GRIEF!
SCHULZ

Healthcare Reform

Too many physicians today—waiting for things to go away

50 Reasons Not To Change

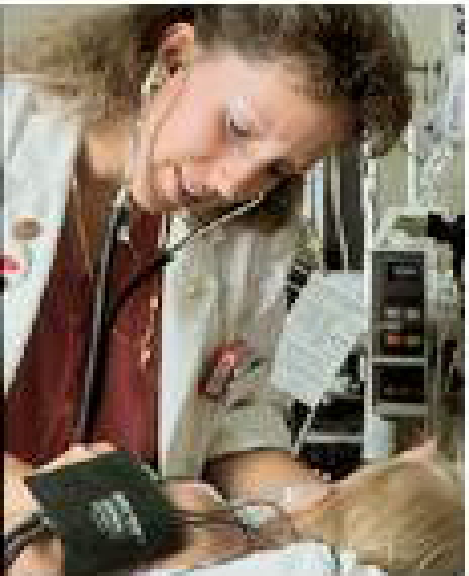
The #1 Reason Not to Change:

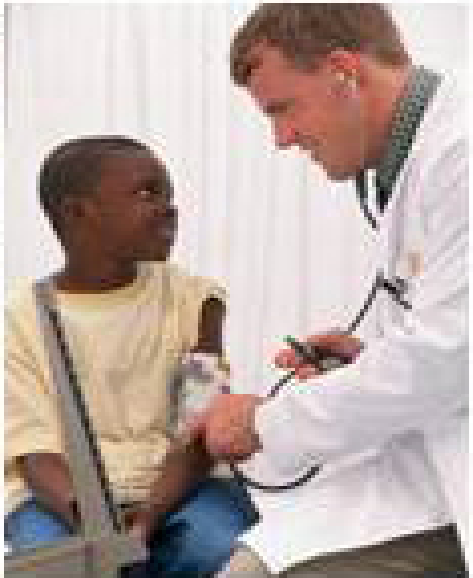
My practice is already a Medical Home!

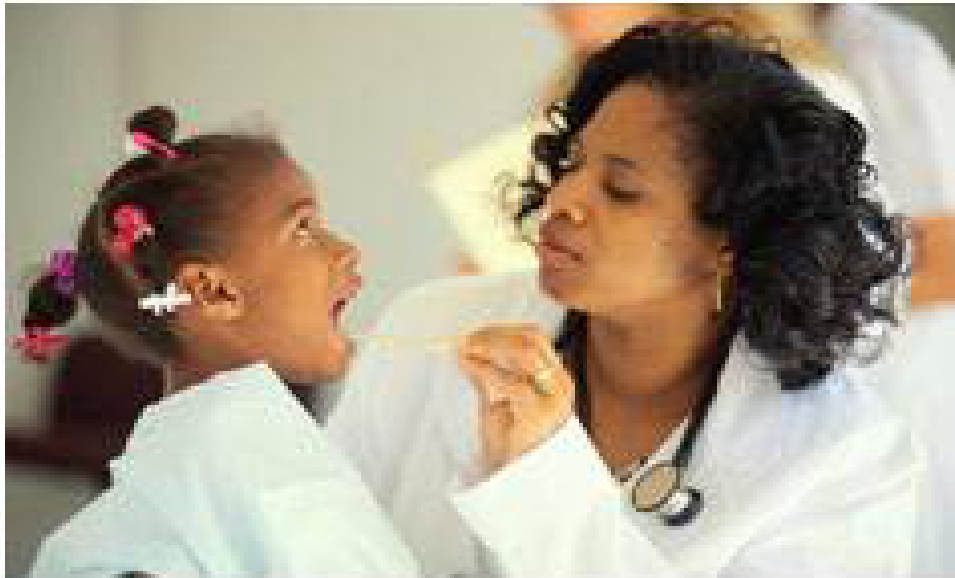
PCMH Value for the Physician

- Demonstrate the “value” of primary care
- Improve the quality of care
- Lower the cost of care to the healthcare system
- Reduce unnecessary and duplicated care
- Focus on populations of patients
- Improve physician compensation
- Improve work/life balance
- Allowing physicians to do “doctor things”

The Practice







Evolution of Expectations (for change) of Primary Care Practices

- Team-based care
- Focus on the top of license/training & interest
- Improved communication
- Improved data flow & access
- Right patient at the right time
- Patient-centered aligned incentives – outcomes, quality, cost
- Accountability – outcomes, quality, cost

Challenges to Success

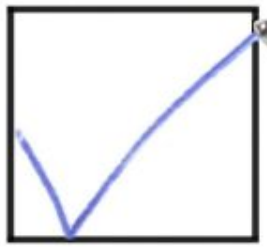
- Practice Culture
- Difficulty collecting data—value of self-populating registries
- Sustainability
- Patient Satisfaction
- Importance of aligned incentives
- Critical need to create time and economic efficiencies (all new money can't come externally)
- Understanding the concept of "fixed costs"

Practice “Wins”

- Practices function as efficient and effective teams
- Practice panels increase while physician panels can decrease
- Practice Revenue increases
- Patient no-shows decrease
- Access improves
- Technology is better utilized
- Staff satisfaction improves
- Quality of Care improves

Recognition

Checking Boxes Does Not Make A Medical Home



Realities Of Practice Recognition

- Practice may get temporarily worse while they focus on qualifying for recognition
- Recognition programs do not score all aspects of PCMH, particularly the important ones
- The goal of a practice should be level 3 recognition or its equivalent
- Ideally recognition should be used to validate transformation
- Sustainability is a real issue particularly in health systems with the goal being more money or new recognition rather than sustainable change
- Once recognition is obtained and money flows, motivation stops even though what is recognized may not be what produces value

Value of External Recognition

- Serves as a motivator
- Creates a structure and roadmap
- Creates a comfort level for payers
- Enhances market positioning

Transformation

Challenges to Transformation

- A la carte PCMH — All aspects of the medical home model are interdependent
- High value to “touch”—An ongoing challenge for small practices
- Practices want to be “spoon fed”— “Tell me what to do.” Showing the way and providing resources is often not enough
- Concurrent PCMH and EMR makes sense but complexity and variables to manage increase exponentially
- “Boots on the ground” staff must be credible and comfortable in practices
- Care Management/Care Coordination education

Value of Facilitated Transformation

- The “touch” of in-person facilitation
- The value of virtual facilitation
- Collaborative meetings and peer to peer learning
- Virtual learning communities
- The ability to impact culture and change readiness

Observations

- The healthcare world is changing in ways that we have not seen in our lifetime with the possible exception of Medicare
- The blurring of chronic disease projects and PCMH projects remains a major challenge
- The lack of understanding of PCMH by practicing physicians remains a problem
- The lack of patient engagement remains the “Achilles heel” of PCMH
- Current PCMH recognition standards measure what can be measured and do not give a complete picture

PCMH Implications Related to the Economic and Quality Pressures

- Outcomes
- Quality vs. efficiency
- Ability to capture meaningful and accurate practiced-based and payer data
- The “trust factor” in sharing and reporting data
- The “patient factor” with access to information and personal health records
- The Health “System” Factor
- The Technology Factor—cost vs. efficacy

Viewing Primary Care in a New Light

- Primary Care as Referral Feeder, Mission Extension
- Primary Care as Financially Sustainable Portfolio Entity, Future Payment Risk Buffer
- Primary Care as Vehicle for Care Continuum Integration, Population Health Improvement

Scoring The "Value" of Primary Care

- Quality/Cost
- Cost often defined in terms of "total cost of care" for a population of patients
- Drivers of cost often "scored" are ER visits, Hospital Admissions, Generic Drug Use and Imaging
- "Ambulatory care sensitive" hospital admissions are often viewed as a major driver of cost of care for a patient population
- Data clearly demonstrates that primary care practices can deliver a higher quality of care at a lower price

The Value of Primary Care

One year data from payer pilots have demonstrated that individual practices can provide the same higher quality at lower cost as published data from large integrated systems.

Why Patient Centered Medical Home

- The Patient Centered Medical Home creates a **framework** for change
- The Patient Centered Medical Home creates a common **language** for change
- The Patient Centered Medical Home creates an **opportunity** for change

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#1 Lesson From the Field--- Everyone deserves a medical home

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