PRACTICING EXCELLENCE: The Role of the OU Physician

Stephen C. Beeson MD
Studer Group Medical Director
Goals for Today

- To convince you that change efforts underway at OU are “worth it”
- To clarify the physician role in system performance
- Show you things about patient communication you may not know
- To understand and leverage your influence on others
- To understand and support the measurement of physician performance
Because of size, organizational complexity, departmental autonomy, and tensions among teaching, research, and the daily work of healing, academic medical centers face significant challenges in establishing a culture of patient satisfaction. At the same time, some of these characteristics may aid academic medical centers in efforts to initiate and sustain programs focused on enhancing the patient's experience of care. If successful in these efforts, academic medical centers could be the ultimate legitimizers of patient satisfaction as a key element of quality clinical care.
Attributes of Elite Groups

- Clear Organizational Mission and Identity
- The Group Mission Trumps ANY Individual
- Careful Selection of Members
- Coaching and Training of Leaders
- Organizational Goals in Place
- Front line Physicians Drive Local Change
- Performance defined by Execution (Accountability)
- Recognition of Great Work
- Pride and “Connection” of the Team to the Institution
Be Proud

OU PHYSICIANS' SATISFACTION TRENDS ON THE RISE

PERCENTILE RANKING

Q1-07  Q2-07  Q3-07  Q4-07  Q1-08  Q2-08  Q3-08  Q4-08  Q1-09  Q2-09  Q3-09  Q4-09  Q1-10  Q2-10  Q3-10  Q4-10  Q1-11

Overall

Courtesy of Person Who Scheduled Your Appointment

Courtesy of Staff in Registration Area

Length of Wait Before Going to an Exam Room

Studergroup®
To become something…everyone must understand and embrace a specific and compelling organizational ambition
The Measure of a Transformational Vision:

- Consensus
- Visibility
- Orientation
- Trained
- Upheld by a Code of Conduct
- Communicated to the marketplace as the signature as the organization
The OU Physician

- Clinically skilled and complies with clinical pathways/evidence-based care
- Patient-centered, communicates well, high patient loyalty
- Respectful and supportive of staff and willing to lead the clinical team
- Collegial and collaborative with physician colleagues
- Supportive of a group mission and willing to do their part to execute the Organizational Mission
Influencers to Creating the OU Physician

System Physician

- Physician selection
- Physician orientation
- Creating physician buy-in
- Physician employment
- Physician training
- Physician behavioral standards
- Physician performance feedback
- Physician performance incentives
- Physician recognition
- Managing the misaligned colleague
- Physician trust in system leaders
- Physician leadership development
Generating Clinician Performance

- **Module 1**: Making the Case for Change
- **Module 2**: Where You Stand Now
- **Module 3**: Physician Leadership
- **Module 4**: Measuring Physician Performance
- **Module 5**: Physician Behaviors that Work
A Compelling Enough Why...Can Overcome Any How

Why...
- This benefits me
- This benefits things I care about
- This is the right thing to do
- I need to do it because what I/we are doing is not very good
- I get something for doing it
Creating Clinician “Buy-in”

“People place more importance on doctors’ interpersonal skills than their medical judgment or experience, and doctors failings in these areas are the overwhelming factor that drives patients to switch doctors.”

The Wall Street Journal 2004
Rank of “What Patients Want”

1. Treats you with dignity and respect
2. Listens carefully to your health concerns
3. Easy to talk to
4. Takes concerns seriously
5. Willing to spend enough time with you
6. Truly cares about you and your health

Harris Poll, 2004
Patients' Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care

John T. Chang, MD, MPH; Ron D. Hays, PhD; Paul G. Shekelle, MD, PhD; Catherine H. MacLean, MD, PhD; David H. Solomon, MD; David B. Reuben, MD; Carol P. Roth, RN, MPH; Caren J. Kamberg, MSPH; John Adams, PhD; Roy T. Young, MD; and Neil S. Wenger, MD, MPH

2 May 2006 | Volume 144 Issue 9 | Pages 665-672

Background: Patient global ratings of care are commonly used to assess health care. However, the extent to which these assessments of care are related to the technical quality of care received is not well understood.

Objective: To investigate the relationship between patient-reported global ratings of health care and the quality of providers' communication and technical quality of care.

Design: Observational cohort study.

Setting: 2 managed care organizations.

Patients: Vulnerable older patients identified by brief interviews of a random sample of community-dwelling adults 65 years of age or older who received care in 2 managed care organizations during a 13-month period.

Measurements: Survey questions from the second stage of the Consumer Assessment of Healthcare Providers and Systems program were used to determine patients' global rating of health care and provider communication. A set of 236 quality indicators, defined by the Assessing Care of Vulnerable Elders project, were used to measure technical quality of care given for 22 clinical conditions; 207 quality indicators were evaluated by using data from chart abstraction or patient interview.

Results: Data on the global rating item, communication scale, and technical quality of care score were available for 236 vulnerable older patients. In a multivariate logistic regression model that included patient and clinical factors, better communication was associated with higher global ratings of health care. Technical quality of care was not significantly associated with the global rating of care.
How are physicians doing in the care of patients?
Significant differences exist between patients’ and physicians’ impressions about patient knowledge.

% of Physicians believe patients know diagnosis: 77%
% of Patients that know diagnosis: 57%

Significant differences exist between patients’ and physicians’ impressions about patient knowledge.

*73% of patients thought there was 1 main physician, 18% correctly named that physician.

% of Physicians who thought patients knew their names: 67%

% of Patients that correctly identified physician's name: 18%*

*73% of patients thought there was 1 main physician, 18% correctly named that physician.

Significant differences exist between patients’ and physicians’ impressions about patient knowledge.

**Physician Discussing Patient Fears**

- **% of Physicians** stated they sometimes discussed patients' fears and anxieties: 98%
- **% of Patients** that said physicians NEVER did this: 54%

The Chasm for Physician Excellence

Physician Communication When Prescribing Medications

- 26% failed to mention the name of a new medication
- 13% failed to mention the purpose of the medication
- 65% failed to review adverse effects
- 66% failed to tell the patient duration of treatment

Arch of Int Med, 2006
The Chasm for Physician Excellence

- 74% of patients are interrupted by physicians giving the initial history

  *JAMA 1999 281; 283-287*

- 91% of patients did not participate in decisions regarding treatment plans

  *JAMA 1999 282: 2313-2320*
Empathy

- Of 200 empathetic opportunities the oncologists in the study responded only 22% of the time. Instead they choose to discuss other aspects of medical care.

- In another study involving patients with lung cancer, oncologists acknowledged or explored only 11% of empathetic opportunities.

Empathic responses in clinical practice: Intuition or tuition?

Robert Buckman MD PhD, James A. Tulsky MD, Gary Rodin MD
Malpractice Litigation

- Patient complaints predict malpractice events
- 8% of physicians account for over 85% of claim payouts
- The most important factor in predicting who will sue…

The quality of the relationship between the patient and doctor

Medical Economics July 2006
Malpractice Litigation-Cited Reasons

- Didn’t listen
- Didn’t return phone calls
- Showed little concern or respect for patient condition
- Rude
- Didn't spend enough time
- Didn’t answer questions adequately

*Patient Complaints and Malpractice Risk, JAMA 2006*
Benefits of Patient Centeredness

Several attributes independently associated with being named as an excellent attending physician role model including:

- Stressing the importance of the doctor–patient relationship in one's teaching,
- Teaching the psychosocial aspects of medicine

Scott M. Wright, M.D., David E. Kern, M.D., M.P.H., Ken Kolodner, Sc.D., Donna M. Howard, Dr.P.H., and Frederick L. Brancati, M.D., M.H.S
The Case for the Patient Experience

- Improves patient compliance
- Improves clinical outcomes
- Improves patient satisfaction
- Increases growth and market share
- Reduces malpractice risk
- Improves physician satisfaction
Self Assessment

- Is this important enough to do?
- Am I willing to learn behaviors that can deliver something better?
- Am I willing to look honestly at what we/I currently do?
Module 2: Where You Stand Now

“Leaders begin to Lead when they see the Light…or Feel the Heat”

Martin Luther King, JR
# The Competitive Field

<table>
<thead>
<tr>
<th>Composite/Item</th>
<th>CAHPS DB Overall</th>
<th>90&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>75&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>50&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
<th>25&lt;sup&gt;th&lt;/sup&gt; Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Well Doctors Communicate With Patients</td>
<td>90%</td>
<td>95%</td>
<td>93%</td>
<td>91%</td>
<td>88%</td>
</tr>
<tr>
<td>Doctor explained things clearly</td>
<td>91%</td>
<td>97%</td>
<td>94%</td>
<td>92%</td>
<td>89%</td>
</tr>
<tr>
<td>Doctor listened carefully</td>
<td>92%</td>
<td>97%</td>
<td>95%</td>
<td>93%</td>
<td>90%</td>
</tr>
<tr>
<td>Doctor gave easy to understand instructions</td>
<td>89%</td>
<td>95%</td>
<td>93%</td>
<td>90%</td>
<td>87%</td>
</tr>
<tr>
<td>Doctor knew important info about medical history</td>
<td>84%</td>
<td>92%</td>
<td>89%</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td>Doctor showed respect</td>
<td>94%</td>
<td>98%</td>
<td>96%</td>
<td>95%</td>
<td>92%</td>
</tr>
<tr>
<td>Doctor spent enough time</td>
<td>90%</td>
<td>96%</td>
<td>94%</td>
<td>91%</td>
<td>88%</td>
</tr>
</tbody>
</table>

©2012 StuderGroup
OU Clinics

FY2012 Cumulative: CGCAHPS Global Comparison - Top Box

Surveys received between July 1, 2011 and April 23, 2012

<table>
<thead>
<tr>
<th></th>
<th>Overall Doctor Rating 0-10</th>
<th>Rec Provider Office</th>
<th>See doctor within 15 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>85%</td>
<td>92%</td>
<td>76%</td>
</tr>
<tr>
<td>Adult Clinics</td>
<td>86%</td>
<td>93%</td>
<td>78%</td>
</tr>
<tr>
<td>Children’s Clinics</td>
<td>81%</td>
<td>90%</td>
<td>73%</td>
</tr>
</tbody>
</table>
Module 3: Building Physician Leadership

“Leadership has been identified as the most important ingredient in transformational improvement”

From Joint Commission Resources presentation; Executive quality improvement survey results. Journal of Patient Safety. 2 March 2006
Questions:

- What is our influence on others?
- If we don’t do something, what is the likelihood others will do it?
- How important is something, if we don’t do it ourselves?
The True Role of a Leader

To get others to do what must be done because they want to do it
Signs of the Wrong Leaders

- Defenders of “physician turf”
- Indifferent or disinterested
- Changes position depending on who they are talking to
- An inability to recognize their own weaknesses
- Fail to respond when there is a clear violation to the system way of doing things
What Do We Do to Lead?

- Have Properties of Influence
- Convey Expectations
- Lead by Example
- Recognize Good Work
- Deselect if we have to
A Leaders Self Reflection…

- Do I Love the work that I do?
- Do I Convey a sense of hope?
- Do I Honor my word?
- Am I Interested in others?
- Do others Trust me?
- When things go Poorly, how do I respond?
Physician Selection

First *who*, then *what*
What You Need to do as Leaders:

- Generate a compelling and specific organizational destination
- Convince your physicians that this is worth doing
- Articulate need to change
- Generate consensus around the destination
- Train behaviors that support the new destination
- Manage low performance
Examples of Clinical Leadership

- Rounding on patients as you see them to ask if staff kept them informed of their wait times
- Huddle with your team at the start of the day to convey expectations and create a shared effort
- Ask your nurse to remind you to do something you are not very good at
- Say something when a colleague does something counter to organizational standards
- Seeing the patient that arrives late
The Dividend of Clinical Leadership

When an organization is populated with physicians that will lead their areas of influence, there is no limit to the speed and magnitude of change that can happen.
Measurement, reporting of performance and clarity of expectations are requisites for physician effort to achieve an outcome.
Purpose of Physician Measurement

- Clarity of current physician performance
- Create a need to change
- The ability to align physician efforts to execute system goals
- Create “balanced” physician effort and performance
- Recognition of high performance
- Help physicians that are struggling
When Performance Feedback Does Not Work

- The data is bad
- We don’t believe the data reflects what we do
- The data is not attributable to us
- We attack the data
- The data is not given to us
- The data is not comparative
- No goal is in place
- There is no recognition for achieving the goal
What do we Measure to Improve Physician Performance?

*Measure what you want to achieve…*
### OU Medicine's Pillar Goals

**Education**
- Strive to develop the highest quality medical education programs for all levels of learners

**Research**
- Advance medical and scientific knowledge through basic, translational, and clinical research

**People**
- Instill and reinforce standards of behavior that will attract, develop and retain outstanding staff, physicians, faculty and students

**Quality**
- Strive to be among the highest ranked health care providers by both regulatory and health care scoring systems

**Service**
- Promote consistently positive experiences for our patients, staff and community

**Growth**
- Grow the enterprise to better serve patients and physicians and support the fundamental missions of teaching and research

**Finance**
- Preserve a focus of fiscal responsibility and multidisciplinary planning

#### 2012

**Education**
- COM: All Graduate Medical Education programs meet or exceed the institutional and program requirements promulgated by the ACGME.
- COM: All Undergraduate medical education programs meet or exceed the institutional and program requirements promulgated by the LCME.
- COM: Undergraduate medical education programs meet or exceed the institutional and program requirements promulgated by the LCME and measured by the GQ and USMLE scores.

**Research**
- OUMS: Maintain performance on publication to faculty ratio at ongoing baseline of 0.5 minimum. Achieve ratio improvement of 0 to +0.2 points over previous year.
- OUP: Maintain level of extramural research funding at least at 2010-11 level.

**People**
- COM: Peer reviewed publication to faculty ratio at ongoing baseline of 0.5 minimum. Achieve ratio improvement of 0 to +0.2 points over previous year.
- COM: Maintain level of extramural research funding at least at 2010-11 level.
- OUMS: Maintain performance on publication to faculty ratio at ongoing baseline of 0.5 minimum. Achieve ratio improvement of 0 to +0.2 points over previous year.

**Quality**
- COM: 65% of full-time faculty involved during the year in scholarly activity.
- OUP: Maintain voluntary FT/PT turnover rate of 12.9% or less.

**Service**
- COM: Maintain attendance to regularly scheduled meetings at 90%
- OUP: Maintain a voluntary FT/PT turnover rate of 12.9% or less.

**Growth**
- COM: 65% of full-time faculty involved during the year in scholarly activity.
- OUP: Maintain attendance to regularly scheduled meetings at 90%

**Finance**
- OUP: Increase payments by 4%.
- COM: Ensure a financially sound department by maintaining an appropriate cash reserve and operating margin.

**OUMS: Achieve budgeted EBITDA.**

**OUP/COM: Improve patient satisfaction scores to the 80th percentile.**

**OUP/COM: Improve patient satisfaction scores to the 80th percentile.**

**OUP: Increase inter-departmental and physician satisfaction scores by 2 ½%.**

**OUMS: Achieve inpatient satisfaction rating at or above the CMS 75th percentile for “Overall Rating of the Hospital”.**

**OUMS: Achieve Emergency Dept patient satisfaction rating at or above the HCA 75th percentile for “Overall Satisfaction”.**

**OUP: Increase inter-departmental and physician satisfaction scores by 2 ½%.**

**OUP: Increase patient satisfaction scores to the 80th percentile.**
OU Ambitions

• An up-to-date problem list of current and active diagnoses for each clinic visit/encounter at a rate of 80% or greater

• Active medication list for each clinic visit/encounter at a rate of 80% or greater

• Active medication allergy list for each clinic visit/encounter at a rate of 100%

• Record and chart vital signs for each clinic visit/encounter at a rate of 80% or greater
Meaningful Use

- EHR implementation incentives staged from 2011 to 2015 in THREE stages
- The incentive payments range from $44,000 over 5 years for the Medicare providers and $63,750 over 6 years for Medicaid providers
- “Voluntary” participation with up to a 3% Medicare reduction by 2017 by failing to participate
Meaningful Use
FOR
DUMMIES

A Reference
for the
Rest of Us!

Brent Steineckert
Author of “I see England, I see France, ICD10 in your underpants!”
# 15 CORE Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percentage</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use computerized provider order entry (CPOE) for medication orders - alternative measure</td>
<td>30.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>2. Implement drug-drug, drug-allergy interaction checks</td>
<td></td>
<td>GREEN</td>
</tr>
<tr>
<td>3. Generate and transmit permissible prescriptions electronically (eRx)</td>
<td>40.00%</td>
<td>RED</td>
</tr>
<tr>
<td>4. Record demographics</td>
<td>50.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>5. Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT?</td>
<td>80.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>6. Maintain active medication list</td>
<td>80.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>7. Maintain active medication allergy list</td>
<td>80.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>8. Record and chart changes in vital signs</td>
<td>50.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>9. Record smoking status for patients 13 years old or older</td>
<td>50.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>10. Implement one clinical decision support rule...</td>
<td></td>
<td>GREEN</td>
</tr>
<tr>
<td>11. Provide patients with an electronic copy of their health information</td>
<td>50.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>12. Clinical summaries provided to patients for all office visits</td>
<td>50.00%</td>
<td>GREEN</td>
</tr>
<tr>
<td>13. Capability to exchange key clinical information among providers</td>
<td></td>
<td>GREEN</td>
</tr>
<tr>
<td>14. Protect electronic health information</td>
<td></td>
<td>GREEN</td>
</tr>
</tbody>
</table>

GREEN = Easy
Red = Some Effort
**10 Menu Measures**

*Choose any five… fries not included*

<table>
<thead>
<tr>
<th></th>
<th>Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Implement drug-formulary</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Structured Lab Data</td>
<td>40.00%</td>
</tr>
<tr>
<td>17</td>
<td>Generate lists of patients by specific conditions</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Send Reminders to Patients</td>
<td>20.00%</td>
</tr>
<tr>
<td>19</td>
<td>Timely Access to Health Information</td>
<td>10.00%</td>
</tr>
<tr>
<td>20</td>
<td>Provide patient specific education</td>
<td>10.00%</td>
</tr>
<tr>
<td>21</td>
<td>Medication Reconciliation</td>
<td>50.00%</td>
</tr>
<tr>
<td>22</td>
<td>Provide summary of Care records</td>
<td>50.00%</td>
</tr>
</tbody>
</table>
What Physicians Might Say

- “This sample size is not significant”
- “This measurement data is flawed”
- “My patients are…”
Physician Peer Review

Physician interaction and conduct are major determinants in the well being of our group and the patients we take care of. Please evaluate your physician colleague in a thoughtful and honest manner. Results will be collated and reported to physicians in confidence and used as feedback for performance improvement.

Physician: ______________________
Reviewer: _____________________
Date: _________________________

Scale:
5 – Excellent / Consistently performs / Example to others
4 – Good / Performs on most occasions
3 – Fair / Inconsistently performs / Average
2 – Below Average / Usually does not perform
1 – Poor / Never performs / Needs major improvement
<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Answers pages and calls promptly</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Arrives to clinic on time</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Effectively communicates with staff and is approachable</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>with questions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Is willing to help colleagues when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Remains current on clinical management</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Shows caring / concern for patients and families</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Participates / supports QI effort</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Demonstrates appropriate clinical management</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Would recommend to friends and family</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Overall rating of physician</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
“I think of myself as a physician who aggressively controls risk factors. Then I got my list…”

<table>
<thead>
<tr>
<th>Summary of diabetes composite</th>
<th>% of patients at goal</th>
<th>Goal for composite measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>28 of 69 patients have LDL over 100 (Goal: Pts c DM have an LDL&lt;100)</td>
<td>40.5%</td>
<td>70%</td>
</tr>
<tr>
<td>34 patients have a HgA1C over 7.0 (Goal: Pts c DM have HgA1C&lt;7.0)</td>
<td>51.4%</td>
<td>65%</td>
</tr>
<tr>
<td>28 patients have a systolic BP over 130 (Goal: Pts c DM have SBP&lt;130)</td>
<td>59.4%</td>
<td>65%</td>
</tr>
<tr>
<td>10 patients smoke and 5 were not asked (Goal: Pts c DM who smoke are counseled)</td>
<td>50.0%</td>
<td>90%</td>
</tr>
<tr>
<td>36 patients are not on aspirin (Goal: Pts c DM on ASA)</td>
<td>47.8%</td>
<td>85%</td>
</tr>
</tbody>
</table>
### Applying Measurement:

<table>
<thead>
<tr>
<th>PCP</th>
<th># of pts</th>
<th>LDL measured</th>
<th>LDL&lt;100</th>
<th>A1C measured</th>
<th>A1C&lt;7</th>
<th>Sys BP&lt;130</th>
<th>No tob</th>
<th>ASA</th>
<th>statin</th>
<th>Complete ODC</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD A</td>
<td>15</td>
<td>87%</td>
<td>54%</td>
<td>87%</td>
<td>54%</td>
<td>60%</td>
<td>87%</td>
<td>100%</td>
<td>87%</td>
<td>13%</td>
</tr>
<tr>
<td>MD B</td>
<td>59</td>
<td>93%</td>
<td>66%</td>
<td>95%</td>
<td>48%</td>
<td>72%</td>
<td>92%</td>
<td>91%</td>
<td>75%</td>
<td>24%</td>
</tr>
<tr>
<td>MD C</td>
<td>53</td>
<td>96%</td>
<td>82%</td>
<td>89%</td>
<td>62%</td>
<td>68%</td>
<td>89%</td>
<td>98%</td>
<td>89%</td>
<td>28%</td>
</tr>
<tr>
<td>MD D</td>
<td>56</td>
<td>93%</td>
<td>64%</td>
<td>100%</td>
<td>41%</td>
<td>61%</td>
<td>88%</td>
<td>93%</td>
<td>71%</td>
<td>14%</td>
</tr>
<tr>
<td>MD E</td>
<td>9</td>
<td>89%</td>
<td>88%</td>
<td>89%</td>
<td>38%</td>
<td>78%</td>
<td>100%</td>
<td>89%</td>
<td>78%</td>
<td>39%</td>
</tr>
<tr>
<td>MD F</td>
<td>44</td>
<td>68%</td>
<td>30%</td>
<td>71%</td>
<td>16%</td>
<td>46%</td>
<td>94%</td>
<td>77%</td>
<td>58%</td>
<td>6%</td>
</tr>
<tr>
<td>PILLAR</td>
<td>METRIC</td>
<td>PEER AVG.</td>
<td>GOAL</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
<td>YTD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------</td>
<td>--------</td>
<td>-----------</td>
<td>------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QUALITY</td>
<td>Patients c DM c LDL &lt; 100</td>
<td>58%</td>
<td>70%</td>
<td>78%</td>
<td>82%</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients c DM c HgA1c &lt; 7</td>
<td>42%</td>
<td>58%</td>
<td>74%</td>
<td>77%</td>
<td>76%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients c HTN c BP &lt; 140/90</td>
<td>68%</td>
<td>74%</td>
<td>88%</td>
<td>92%</td>
<td>90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients c DM c annual microalbumin</td>
<td>88%</td>
<td>90%</td>
<td>98%</td>
<td>96%</td>
<td>97%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Women 40-69 annual mammogram</td>
<td>84%</td>
<td>90%</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients over 65 c pneumovax</td>
<td>69%</td>
<td>80%</td>
<td>85%</td>
<td>86%</td>
<td>86%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE</td>
<td>How often did this doctor explain things in a way that was easy to understand?</td>
<td>66%</td>
<td>80%</td>
<td>49%</td>
<td>47%</td>
<td>48%</td>
<td>50%</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often did this doctor listen carefully to you?</td>
<td>62%</td>
<td>80%</td>
<td>39%</td>
<td>42%</td>
<td>40%</td>
<td>52%</td>
<td>48%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often did this doctor seem to know important information about your medical history?</td>
<td>68%</td>
<td>80%</td>
<td>48%</td>
<td>50%</td>
<td>49%</td>
<td>54%</td>
<td>52%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How often did this doctor show respect for what you had to say?</td>
<td>66%</td>
<td>80%</td>
<td>42%</td>
<td>38%</td>
<td>41%</td>
<td>40%</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GROWTH</td>
<td>Likelihood of recommending (% tile)</td>
<td>46%</td>
<td>60%</td>
<td>8%</td>
<td>15%</td>
<td>12%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overall rating of physician (% 9 or 10)</td>
<td>52%</td>
<td>65%</td>
<td>24%</td>
<td>28%</td>
<td>26%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TEAMWORK**

| Peer review | 85.5 |
| Staff review | 72.3 |

**FINANCE**

| Patients seen/day | 19.7 |
| Percent generic medication use | 76% | 85% | 74% | 78% | 76% | 84% | 80% | 21.4 | 22.5 | 22.6 |
# Pillar Balanced Scorecard - Inpatient

## PHYSICIAN REPORT SCORECARD - INPATIENT

<table>
<thead>
<tr>
<th>PILLAR</th>
<th>METRIC</th>
<th>PEER AVG.</th>
<th>GOAL</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>QUALITY</td>
<td>MI: ASA/beta blocker at DC for AMI patients</td>
<td>91%</td>
<td>100%</td>
<td>93%</td>
<td>95%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>QUALITY</td>
<td>Pneumovax/influenza/BC before ABX/ABX</td>
<td>93%</td>
<td>100%</td>
<td>90%</td>
<td>88%</td>
<td>86%</td>
<td>84%</td>
<td>87%</td>
</tr>
<tr>
<td>QUALITY</td>
<td>HF: ACE/ARB for LVSD</td>
<td>94%</td>
<td>100%</td>
<td>92%</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
</tr>
<tr>
<td>QUALITY</td>
<td>% Compliance c evidence based order sets</td>
<td>74%</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
<td>88%</td>
<td>82%</td>
<td>86%</td>
</tr>
<tr>
<td>QUALITY</td>
<td>30-day readmit rate</td>
<td>18.40%</td>
<td>15%</td>
<td>12%</td>
<td>10%</td>
<td>14%</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>QUALITY</td>
<td>% Pts risk assessed/prophylaxed for DVT</td>
<td>81%</td>
<td>95%</td>
<td>90%</td>
<td>93%</td>
<td>95%</td>
<td>88%</td>
<td>92%</td>
</tr>
<tr>
<td>SERVICE</td>
<td>Treat you with courtesy and respect? (% Always)</td>
<td>68%</td>
<td>78%</td>
<td>92%</td>
<td>94%</td>
<td>93%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE</td>
<td>Listen carefully to you? (% Always)</td>
<td>69%</td>
<td>78%</td>
<td>96%</td>
<td>92%</td>
<td>94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE</td>
<td>Explain things in a way you could understand? (% Always)</td>
<td>71%</td>
<td>78%</td>
<td>88%</td>
<td>92%</td>
<td>90%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEAMWORK</td>
<td>Peer review (0-100)</td>
<td>74</td>
<td>80</td>
<td>94</td>
<td>96</td>
<td>95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEAMWORK</td>
<td>Nurse review (0-100)</td>
<td>68</td>
<td>80</td>
<td>96</td>
<td>100</td>
<td>98</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEAMWORK</td>
<td>% Medical records complete in 48 hours</td>
<td>78</td>
<td>90%</td>
<td>42%</td>
<td>46%</td>
<td>55%</td>
<td>62%</td>
<td>58%</td>
</tr>
<tr>
<td>TEAMWORK</td>
<td>DC summary to PCP within 24 hrs of DC</td>
<td>58%</td>
<td>90%</td>
<td>38%</td>
<td>36%</td>
<td>48%</td>
<td>58%</td>
<td>48%</td>
</tr>
<tr>
<td>FINANCE</td>
<td>Average LOS</td>
<td>4.6</td>
<td>4.1</td>
<td>4.25</td>
<td>5.2</td>
<td>4.78</td>
<td>4.2</td>
<td>4.4</td>
</tr>
<tr>
<td>FINANCE</td>
<td>Average LOS/CHF admission</td>
<td>6.9</td>
<td>6.2</td>
<td>7.67</td>
<td>8.3</td>
<td>6.24</td>
<td>5.9</td>
<td>6.55</td>
</tr>
<tr>
<td>FINANCE</td>
<td>Cost per adjusted DC</td>
<td>7,198</td>
<td>7,000</td>
<td>6262</td>
<td>6849</td>
<td>6647</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FINANCE</td>
<td>% Patients discharged by noon</td>
<td>76%</td>
<td>90%</td>
<td>56%</td>
<td>62%</td>
<td>59%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KEY**
- Meeting or exceeding goal
- Above peers avg., below goal
- At or below peer average

---

*StuderGroup ©2012*
Module 5 : Physician Training

There are simple things we know work to transform the patient experience
Training works when:

- We believed the change was important (buy-in)
- The destination is crystal clear (vision)
- There was a compelling need to change (current performance)
- We knew how to do the change (training)
- Expectations were clear and disseminated (behavioral standards)
- Our change effort was measured and reported back
The Construct of the Physician/Patient Visit

- **The Beginning:** The first impression
- **The Middle:** Gathering and explaining information, and the creation of a collaborative plan
- **The End:** Review of information and ending strong
The Exam Room-The Beginning

Know what you are doing prior to entering the exam room
Knock, pause 2 seconds prior to entry
Wash hands
Shake hands, smile and establish eye contact
Use the patient’s name
Introduce yourself and your role in the team
Sit at eye level, facing the patient
The Exam Room-The Middle

- Let the patient concerns drive the visit
- Let the patient speak without interruption
  (2 minute rule)
- Paraphrase the patient history
- Position nurses, the institution and colleagues well
- Eye contact maintained for 80 percent of encounter
Diagnosis-What Patients Want

- The diagnosis— in simple terms
- Recommendations for treatment
- Natural history of condition
- What will happen next
- When to return
New Medication

- The name of the medication
- The purpose of the medication
- Potential side effects
- Duration of therapy
- A query of understanding
- A query of their comfort with the treatment plan
Exam Room-The Middle

- Convey physical exam findings while doing the exam
- Empathy- “This must be tough for you”
The Exam Room-The End

- A clear summary of the treatment plan
- Clarity on what will happen next
  - Appointments
  - Testing information
- Finish With:
  - “I am glad you came in today, I know we can help”
  - “You are doing very well, keep up the good work…”
Breaking Bad News

- Find out what the patient knows
- Find out how much the patient wants to know
- Share the information
  - Disclose the diagnosis
  - Review the work-up
  - Treatment options
- Ask the patient how they are feeling (EMPATHY)
- Communicate a stepwise concrete plan with contact information
Tough Encounters

- Arrives late
- Demands things they don’t need
- Requests narcotics they shouldn’t take
- Wants 10 issues covered
- UUGGHHHH!!!!!
An evidence based approach to the patient experience:

Charm is a set of clinical communication skills than can be taught and mastered.

*Smith, Ann of Internal Med 1998*
Tactics to Drive Patient Loyalty and Quality

- Keeping patient informed of waits
- Discharge Phone Calls
- A Physician Code of Conduct
 Keeping Patients Informed of Duration

Lower Waits, Higher Satisfaction

Based on 3,165,906 survey responses from 721 facilities received from Jan. 1, 2010.

Note: The standard section and overall satisfaction scores for the 2010 data were calculated from 19 individual questions that are common to the standard question set on both the old and current practice survey.
Patient Satisfaction by Time Spent in the ED and Information Received About Delays

Represented are the experiences of 1,509,541 patients treated at 1,552 emergency departments nationwide between January 1 and December 31, 2006.
Post-Visit Phone Calls

- Unsolicited calls to patients treated to check on clinical status a day or two after discharge
- Drives clinical quality, loyalty and institution reputation
Post Visit Calls
Likelihood of Recommending – Inpatient

Tactic and Tool Implemented:
• Post Visit Calls

Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010
Post Visit Calls: Clinical Quality

Instructions to Care for Yourself at Home

Tactic and Tool Implemented:
Post Visit calls

Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010
Post Visit Calls

Likelihood of Recommending - ED

Tactic and Tool Implemented:
• Post Visit Calls

Source: New Jersey Hospital, Total beds = 775; 3Q2007 – 2Q2010
A Code of Conduct

- A consensus communication of who you are
- A communication of a behavioral expectation
- A step to create consistency
THE PHYSICIAN CODE

SHARP
Rose-Brown
Medical Group

The Mission of Sharp Rose-Brown Medical Group is to improve the health of our community through a caring partnership with patients, physicians, and employees. Our goal is to offer quality services that exceed expectations in a caring, compassionate, affordable and accessible manner.

The ability of the medical group to communicate, build and maintain relationships with physicians, employees, and patients is essential to our success. Each of us is a leader within our group of professionals. We must lead by example and must work to the best of our ability to improve. We must always strive to be better than we were yesterday. We must always think of others around us when we do better ourselves and lead by example.

We seek to serve those that define the type of physician that works for Sharp Rose-Brown. More importantly, we seek to create an atmosphere to help physicians reach personally and professionally as well as a group that is defined by providing excellent care to our patients, staff, and fellow physicians.

RELATIONSHIP TO STAFF: WE WILL:

- Treat staff with dignity and respect.
- Work to build a team whose philosophy, integrity, commitment, compassion and caring is admired by those around us.
- Strive to make others better by inspiring them to succeed.
- Influence and communicate with those around us in a positive and cooperative way.
- Thank and recognize those who allow us to do what we do.
- Look for opportunities to do things better.
- Listen to the needs of others and take an active ownership role to implement change.
- Evaluate rather than criticize.
- Work to ensure a fun place to work.
- Work to listen to a leader who is responsive because of our actions.

RELATIONSHIP TO PATIENTS: WE WILL:

- Treat patients with respect and dignity.
- Learn about the person and address the condition.
- Work together with our patients as a team.
- Strive to make each patient feel as though they are our only patient.
- Respect, listen and clearly explain issues to our patients to ensure that open and honest communication.
- Thank patients for visiting us as we are answering our patients’ requests.
- Earn patient’s loyalty through our behavior.

Stephanie C. Bernstein, M.D.
Sharp Rose-Brown Medical Group, Department of Family Medicine
Getting Back to our Basics

- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

- I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

- I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know.

- I will remember that I do not treat a fever, a chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability.
Goals for Today

- Convince you that change efforts underway at OU are “worth it”
- Clarify the physician role in system transformation
- Understand and support the measurement of physician performance
- Learn how to do things better than anyone else
Influencers to Creating the System Physician

- Physician trust in system leaders
- Effective misalignment management
- Physician recognition
- Creating buy-in
- Physician selection
- Physician training
- Physician leadership development
- Physician employment
- Physician orientation
- Physician behavioral standards
- Physician performance incentive
- Physician performance feedback
Bottom Line

- Transformation of a system culture will not happen without physician leadership and example
- OU can only be an elite institution if it delivers on a patient’s definition of exceptional care
- Physician have profound influence on patients perception of care
- Physicians have significant influence on others who look to us for leadership
Bottom Line

- The relationship you have with patients is the greatest correlate to fulfillment in your work.
- Dismantling the measurement of the patient experience and responding to results of the patient experience are two mutually exclusive events.
- We are only great at something if we do it all of the time.
Now, the Action Grid

- Of all you have learned, what should we all agree to do, all of the time?
- What is the timeline?
- How should we verify it?
Enrolling Others in a Vision to Transform Care Requires An Appeal to The Heart, Not Just The Brain

Comments from The Heart of Change by John Kotter

“The central challenge... is **changing people’s behavior**... the core problem without question is behavior-what people do, and the need for significant shifts in what people do.”

“Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings. Both thinking and feeling are essential, and both are found in successful organizations, but the heart of change is in the emotions. The flow of **see-feel-change** is more powerful than that of **analysis-think-change**.”
“Whether you think you can, or can’t, you are right”

Henry Ford