

Achieving Rapid Cost Reduction & Revenue Improvement by Engaging Clinicians & Administrators

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Administrators vs. Clinicians

- Proactive planners
- Work well in groups
- Delayed gratification
- Id. with organization
- Establish rules
- Multidisciplinary
- Reactive agents
- Work well 1:1
- Instant gratification
- Id. with profession
- Resent rules
- Specialists

Administrators vs. Clinicians

- Collective culture
- Long time frame
- Institution centered
- Influence
- Hospital community
- Expert culture
- Short time frame
- Individual centered
- Control
- Hospital work shop

Administrators vs. Clinicians

- Nurses, leaders
- Process oriented
- Thin skinned
- Collaboration
- MDs, Law, Engineers
- Outcome oriented
- Thick skinned
- Collegiality

Administrators vs. Clinicians

- Successful organization needs both
- Mayo Clinic dyad successful leadership
- Neither group is more important than the other
- Malignant administrators tend to become cynics and victims
- Malignant clinicians tend to become narcissists

Expert Engineer Culture

Edgar H. Schein, DEC is Dead, Long Live DEC, 2003

- Individual commitment is not to employer
- People, organization, bureaucracy are constraints to be overcome
- Engineering culture disdains management and marketing
- No loyalty to customer: if trade-offs had to be made between building “fun” “elegant” technologically challenging computers and the needs of “dumb” customers guess who won?

Partnership Requires Negotiation

- You can compete: win/lose
- You can accommodate: lose/win
- You can collaborate: win/win
- You can compromise: lose/lose

Ah, Consensus...

To me, consensus seems to be the process abandoning all beliefs, principles, values and policies.

So it is something in which no one believes and to which no one objects.

Margaret Thatcher (b. 1925)

British Conservative politician, prime minister.

Quoted in: Denis Healey, *The Time of My Life*, pt. 4, ch. 23 (1989).

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.

Dr. Daniel F. Craviotto, Jr.

- Docs in the trenches do not have a voice
- “Damn the mandates...from bureaucrats who are not in the healing profession”
- EHRs waste time
- Board recertification is time consuming
- Physicians as a group should not accept any health insurance

Dr. Aaron Carroll

- Complaining about not having a voice in WSJ
- “Most people have to choose between doing God’s work and being in the 1%. Only doctors get to do both”
- Board recertification is mandated by doctors
- “It’s tone deaf in today’s economy for people at the top end of the spectrum to complain so publicly about how little they are paid”
- Less than 1% of physicians opt out of Medicare

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Dan Munro

- His criticisms are not patient-centered
- Orthopedics annual compensation of \$413,000
- 84 million non-elderly were uninsured or underinsured in 2012
- 100 million Americans in poverty or in the fretful zone just above it
- Half of all doctors believe they are fairly compensated

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

Straddle



Revenue Drops
Minimal Reward for Quality
Volume Decreases

No Decisive Payment Change
Pay for Volume Continues

High Cost IT Infrastructure
Physicians in Disarray

Second Curve

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

T I M E

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

Physicians Agree to

- Practice evidence medicine
- Meet regulatory, quality, safety goals
- Report quality data and outcomes
- Come to meetings
- Use the EMR
- Accept decisions made by leaders
- Be flexible, share ideas
- Behave as professionals

Organization Agrees to

- Have primary loyalty be to physicians
- Negotiate well to align incentives
- Include physicians in decisions
- Provide clear and timely information (membership criteria, quality scores, improvement process, financial performance)

Organization Agrees to

- Provide services & education to ease burdens
- See feedback from physicians
- Maintain confidentiality
- Make meetings worthwhile & engaging
- Create physician leadership training academy

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

TH Lee & T Cosgrove, HBR

- 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

Physician Benefits

- ACO participation (Medicare & Commercial)
- Quality rewards
- FFS quality contracts
- Narrow network participation
- EMR support
- Care Management access
- Leadership development
- Ability to have impact on their future practice

Formula for Organizational Change

$$\underline{D + V \times L > R}$$

D = Dissatisfaction with how things are

V = Vision of what is possible

L = Leadership needed for success

R = Resistance to change

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

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Faster, flatter, more interconnected world
- Greater capacity for innovation, self-management, personal responsibility, and self-direction
- Organizations need employees who have higher level of independence, self-reliance, self-trust, capacity to exercise initiative

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- There is a mismatch between world's complexity and our own
- Reduce the complexity of world
- Increase our own complexity
- Leaders need to run and reconstitute their organizations (norms, mission, culture) in an increasingly fast-changing environment

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Cardiologists tell patients they will die unless they change
- Only one in seven are able to change
- There is a gap between what we want and what we are able to do
- People want to do more than one thing and they often conflict, we are a living contradiction
- One foot on gas; one foot on brake

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Three plateaus in adult mental complexity
- Socialized mind
- Self-authoring mind
- Self-transforming mind

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Socialized mind (14%) (32%)
 - Team player
 - Faithful follower
 - Seeks direction
 - Groupthink
 - Anxiety comes from not being given specific instructions, from being out of synch with leadership or community, from worrying what others think of us

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Socialized mind (14%) (32%)
- “Although I knew his plan had almost no chance of success, I saw that the leader wanted our support”
- Employees withhold crucial information from leadership who want to co-create

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Self-authoring mind (34%) (6%)
 - Leaders learn to lead
 - Own compass, own frame (internal seat of judgment)
 - Personal code
 - Problem solving
 - Independent, self directed
 - Anxiety comes from not being in control, from being ridiculed, from not having answers, from getting information in conflict with my plan

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Self-transforming mind (<1%)
 - Any one system is incomplete
 - Comfortable with contradiction, paradox
 - Can deal with multiple systems
 - Leader leads to learn
 - Problem finding
 - Interdependent
 - Anxiety comes from realization there is no one truth, there are multiple truths

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Column 1: Improvement goal
- Column 2: Doing/not doing that work against the goals in column 1
- Column 3: Hidden competing commitments
- Column 4: Big assumptions

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Column 1 goal: sources of input (yourself, your colleagues, your family)
- Column 2: all the things you are doing or not doing to work against your goal
- Column 3: If I imagine doing the opposite of the things in Column 2 what is the most scary feeling that I will have
- Column 4: Some will be true, some will be false, some will be uncertain

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- CEO/Father collective immunity
- Column 1 (Improvement goal)
 - To be a better listener
 - To be able to stay in the present
 - To be more patient

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- CEO/Father collective immunity
- Column 2 (Doing/not doing against goal)
 - I allow my attention to wander
 - I start looking a BlackBerry
 - I think about best response to what is said
 - I think about what person should do rather than listen

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- CEO/Father collective immunity
- Column 3 (Uncon. hidden commitment)
 - To not look stupid
 - To not being humiliated
 - To not feeling out of control
 - To not make a big mistake
 - To not allow someone else to make a mistake

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- CEO/Father collective immunity
- Column 4 (Big assumptions)
 - I assume limited number of chances with daughter and they will stop listening if I am stupid
 - I assume it is a disaster if kids ridicule what I say
 - I assume wife wants me to solve problems she shares with me
 - I assume helping is always a matter of telling other what to do
 - I assume if I cannot be in control things are going to get worse

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Prescribing narcotics: The doctors' immunity map
- Column 1 (Commitment)
 - Prescribe narcotics appropriately
 - Treat pain appropriately
 - Not be seen as place to get narcotics easily

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Prescribing narcotics: The doctors' immunity map
- Column 2 (Doing/not doing instead)
 - Not taking time to do narcotic contracts
 - Writing prescription without taking full history
 - Not taking time to take complete pain history when request comes at end of visit
 - Not firing patients from the practice who violate contract

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Prescribing narcotics: The doctors' immunity map
- Column 3 (Hidden competing commitments)
 - Need to stay on time
 - Need to believe patients
 - Need to be liked by patients
 - Need to avoid stress of patient confrontation

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Prescribing narcotics: The doctors' immunity map
- Column 4 (Big assumptions)
 - If I'm late, I am an inefficient physician
 - If I don't believe my patients, I am not their ally
 - If I respond thoroughly to every request, I will fail at my other important work
 - If I'm not liked by my patients, my reputation will suffer
 - If I don't ensure all possible pain is treated, I may fail to reduce suffering
 - If I feel stress, I will be unprofessional

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- University librarians' collective immunity
- Column 1 (goal)
 - To be less on periphery
 - To be less on receiving end of admin decision
 - To be more of a full partner with university administration in governance of university

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- University librarians' collective immunity
- Column 2 (Doing/not doing against goal)
 - We do not demand seat at table
 - We do not speak up when asked by admin
 - We do not proactively develop our own positions on issues of importance that we know are coming down the pike

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- University librarians' collective immunity
- Column 3 (Competing commitment)
 - We are committed to taking no action that may expose us as frauds or naïve
 - We are committed to not being embarrassed in front of our clients and bosses
 - We are committed to not discovering we lack what it takes to be real partners in governance

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- University librarians' collective immunity
- Column 4 (Big assumptions)
 - We assume president will want to meet with us immediately and expect us to have answer
 - We assume if we say something stupid once, all is lost
 - We assume we must be experts right off bat
 - We assume leaders are born not developed

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- People that have succeeded
- Change both mindset and behavior
- Become focused observers of their own thoughts, emotions, behaviors
- Mindset changes are in direction of seeing more possibilities
- Take risks to challenge assumptions; use data around consequences of new action
- They experience increased mastery, more options, wider control, greater degrees of freedom

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Calendar exercise
- Survey of colleagues, families, friends
- Biography of big assumptions
- Running a test of one's big assumption
 - SMART
 - Safe and modest
 - Actionable
 - Research test

Immunity to Change

Robert Kegan & Lisa Laskow Lahey, 2009

- Ladder of inference: our tendency to adopt inaccurate beliefs based on selective observations, false assumptions and misguided conclusions
- Data_Select data_Add meanings_Make assumptions_Draw conclusions_Adopt beliefs about the world_Take actions based on beliefs

Gamification

- The use of game thinking and game mechanics to engage users in solving problems
- Competition, achievement, status, self expression, altruism, closure
- University of Washington FoldIt
- UCSF Benioff Children's Hospital
- Syandus COPD simulation software

What Makes Gamers Keep Gaming

John Tierney,
NY Times, Dec 7, 2010

- Why are virtual worlds more interesting than school work?
- Can games be used to solve real world puzzles
- Why can't life be more like a video game?

What Makes Gamers Keep Gaming

John Tierney,
NY Times, Dec 7, 2010

- Why do games create flow so easily?
- Hard fun: overcoming obstacles in pursuit of a goal
- Instantaneous feedback
- Continual encouragement from computer and friends
- Players get rewards for progressing to higher levels

What Makes Gamers Keep Gaming

John Tierney,
NY Times, Dec 7, 2010

- Gamers fail over and over again
- They remain motivated
- Keep going until they succeed
- Fiero: proud

What Makes Gamers Keep Gaming

John Tierney,
NY Times, Dec 7, 2010

- “One of the most profound transformations we can learn from games is how to turn the sense that someone has ‘failed’ into the sense that they ‘haven’t succeeded yet’”
Tom Chatfield

What Makes Gamers Keep Gaming

John Tierney,
NY Times, Dec 7, 2010

- Wikipedia took 8 years and 100 million hours of work
- People play World of Warcraft in a single week 200 million hours

Gamification

- Re-Mission game from HopeLab treatment adherence improvement in children with cancer
- UCSF Benioff Children's Hospital
 - CLABSI cost \$16,500 per patient
 - LevelEleven Compete app encourages nurses to compete on mundane tasks associated with good outcomes

Gamification

- Jane McGonigal. Reality Is Broken: Why Games Make Us Better and How They Can Change the World. NY: Penguin, 2011
- <http://leveleven.com/2013/07/gamification-to-cut-costs-promote-engagement-and-save-lives/>
- <http://www.mhealthnews.com/news/gamification-secret-cutting-care-costs-mHealth-mobile>

Multicare Health System Sepsis Program

http://www.healthcatalyst.com/success_stories/how-to-reduce-sepsis-mortality-rates-by-22

- 12 month decrease in sepsis mortality by 22%
- 1.3 million dollars in validated cost savings
- Health Catalyst data approach created algorithm to define a septic patient
- Teams (clinicians, techs, analysts, quality)
- Severe sepsis order set
- Modified early warning system
- Code sepsis

Multicare Health System Missed Charges

<http://emrdailynews.com/2010/03/30/multicare-health-system-selects-apollo-data-technologies-to-automate-missing-charge-recovery/>

- Predictive analytics captured \$2 million in missed charges by using algorithms
- Beyond rules-based charge capture software
- Analyze millions of records and provide simulations
- Determine individual physician billing patterns