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The healthcare executive's 2-minute read on priorities for 2017: Physician operations, clinical performance, physician engagement and clinical integration

2017 has not been like any other year for hospital and health system executives. Leaders are already tasked with defining clear priorities for their organizations and teams, and now they must do so amid major uncertainty and potential regulatory change.

Becker's Hospital Review connected with thought leaders at Chicago-based Prism Healthcare Partners on the most pressing issues for hospital and health system executives to address in 2017. Prism's experts shared their recommendations for leaders in nine key focus areas.

This article is part of a series.

Physician operations

Streamlining physician network operations in three

key areas will yield significant gains in finance, quality and patient satisfaction, says Timothy Ogonoski, Managing Director at Prism Healthcare Partners. Executing in these areas provides both short- and long-term benefits, and positions hospitals for continued success despite market changes.

First, Ogonoski recommends hospitals examine patient access issues. Improvements in this area alone can result in a 20 to 30 percent gain in network profitability. The necessary operational changes can be completed within 90 to 180 days, and the financial benefits closely follow, usually within 60 days, allowing for billing and payment delays.

The alignment of provider-hospital goals, such as those pertaining to value-based

purchasing, can lead to a 10 to 15 percent improvement in net income from operations. Ogonoski recommends strategies to address this area include understanding physician barriers to patient access and throughput and leveraging tools and resources such as scheduling templates, funds flow analytics, clinical protocol implementation and compensation modeling to align physicians to organizational goals.

Finally, reducing the outflow of specialty care to out-of-network providers can save hospitals 20 to 40 percent of revenue, says Ogonoski. Measurement of patient access opportunities, referral leakage by specialty and location, provider quality measurement, Press Ganey scores, EMR utilization and outmigration approval processes can help

organizations identify and implement opportunities to increase in-network physician referrals.

Clinical performance

Uncertainty about the future of the Affordable Care Act, what will replace it and potential changes to Medicare only underscore the need for hospitals to improve clinical performance by reducing length of stay, clinical variation, avoidable readmissions and complications, advises George Whetsell, FACHE, Managing Partner at Prism.

Case managers, hospitalists and clinicians all play a role in ensuring services are delivered in the most cost-effective manner and location. It is especially important to understand physician practice variation— what are the factors contributing to longer stays, readmissions and sub-optimal quality outcomes? “Oftentimes, we see 20 percent of physicians contribute to the majority of clinical variation and waste, whereas another 20 percent exhibit “best practices” in care efficiency,” comments Whetsell.

To counter this, Barbara Bryan, Managing Director at Prism, says hospitals must redesign care processes based on leading medical evidence and informed care maps, and deploy team-based care to reduce unnecessary clinical services and costs. Constant review and improvement of key performance metrics are critical, and accurate and timely feedback to physicians on performance will sustain behavioral change.

Finally, Bonnie Barndt-Maglio, RN, PhD, Managing Director with Prism, notes it’s crucial for hospital leaders to expand what they think of when they hear “clinical performance.” The focus of care is widening to include avoiding unnecessary hospitalizations, preventing readmissions and orchestrating post-acute care, to name a few. This challenges hospitals to think outside the (literal) hospital box to better partner with community resources.

Physician engagement and clinical integration

Physician engagement and clinical integration should remain priorities for hospital and health system CEOs, advises Douglas Monroe,

MD, a physician with Prism. Pay-for-performance and value-based care models — public and private — require unprecedented physician engagement, collaboration between clinicians and management teams and a laser-focus on improvement. Additionally, new public reporting such as CMS’ overall star ratings make a hospital’s performance more transparent to patients and payers than ever before. Managing to achieve the best patient outcomes and monitoring them with metrics that are publicly reported and used to determine reimbursement (e.g. MACRA) will require physician leadership and engagement.

According to Dr. Monroe, at high-performing hospitals, engaged medical staff are leading the quality, operational and productivity improvements, and actively working to reduce unnecessary utilization. Staying competitive means implementing the approach, processes and structures that align with emerging payment models, and decreasing costs while improving the delivery and quality of care to the patient. ■