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What if patients determined your priorities?

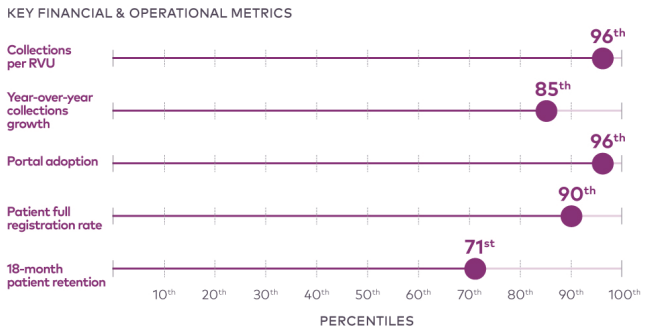
By Chelsea Rice | January 12, 2017

Every healthcare system wants to create a high-quality patient experience. But turning that vision into reality can require something both ambitious and audacious: a deliberate redesign of operations, focused on the patient as a consumer.

Summit Medical Group, a 700-provider multi-specialty medical group in New Jersey, is finding a way — while growing by 75 to 100 providers every year.

A study of key financial and operational metrics on the athenahealth network identifies Summit as a high performer, topping its peers in such measures as collections per RVU, patient portal adoption, and patient registration rate.

Summit Medical Group's patient-centric approach pays off



Summit's leaders attribute much of that success to how they identify and roll out new initiatives across their fast-growing organization. At the end of 2015, patient surveys revealed that access should be their top priority. So, Summit's leadership launched a corporate growth strategy centered on improving access, thereby increasing patient satisfaction, for 2016.

The strategy would require reviewing every aspect of operations — from scheduling templates to staffing — and rewarding success by aligning goals and bonuses with performance on patient satisfaction surveys. Step by step, here's how Summit tackled a system-wide operational redesign to ensure improved patient access within a year:

1. Scrutinize the data to set priorities

Summit's vision of team-based, ambulatory primary care — with a value mindset instead of fee-for-service — depends on reviewing, prioritizing, and scrutinizing data, says Karen Graham, the medical group's chief operating officer.

Individual practices are collectively reviewed based upon monthly patient survey and practice performance data. Team-based data transparency helps maintain a "small practice feel," she says, by holding everyone accountable.

When leaders scrutinized Summit's HCAHPS data to focus on patient experience, Graham says, they settled on a few metrics that would have the most impact on individual physicians and their departments. Among them: A doctor's overall doctor rating; whether a patient was likely to recommend that provider's office; and whether a patient could get an appointment as soon as he or she needed it.

Those metrics are highlighted on monthly practice-by-practice dashboards, available for all to see, alongside operational and financial metrics.

2. Base incentives on clearly defined performance goals

At Summit, each provider and staff member's compensation for the year is based on measures that support the strategy. In 2016, these included quality and education goals, as well as patients' survey results about their ability to access care. Scores on those access questions had the potential to affect a significant percentage of physicians' total annual compensation.

Staff was also incentivized to increase access, with a potential bonus opportunity. Compensation was based on actions that would extend practice hours, along with measures of patient experience and selected quality initiatives.

Because providers and staff were focused on a few specific goals, Graham says, everyone was able to engage in the yearlong project, and take part in a monthly conversation about it, creating a defined accountability structure.

And, she notes, that withholding money from a physician's salary seemed to have a greater — and faster — effect than providing a bonus opportunity.

"You have to hold people accountable and involve them in the process," says Graham. The project, she says, led to an increased capacity of appointments of more than 3 percent over the course of the year and an average of two new patient visits per doctor per month.

3. Align operations with the goal

Summit's leaders had a straightforward objective: To immediately answer all phone calls and to book an appointment for every patient who needed to be seen, per Summit's triage protocol. The solution, given the group's size, was to expand the centralized call center and standardize templates for primary care to ease the booking process.

But simply expanding a call center wasn't enough, Graham says.

"We do everything possible to try to get a patient in as soon as possible," she says. "But still, [a call center] is only so valuable if you don't have appointments available when a patient calls."

So, Summit began to evaluate staffing needs based on patients' scheduling requests. That required another operational change: Leadership required every physician to extend his or her office hours beyond the departmental standard to meet patients' demands for access.

Optimizing staffing levels is a "definite blend of art and science" Graham says. But now, the call center can direct patients toward physicians with availability.

4. Create a patient-centric culture around the goal

It's impossible to establish a patient-centric culture without a patient-centric group of providers. For Summit, that means each individual hire needs to buy into the organization's vision, incentive structure, and operational model — a "hiring for fit" philosophy that is a common leadership attribute of high-performing organizations.

"We won't hire people who don't fit that mold," Graham says.

Once on board, providers must meet certain criteria to maintain good standing, from participation in community outreach and continuing education programs to meeting productivity standards and quality metrics. The idea, Graham says, is to set a stage for patient-centric clinical quality, on which strategic initiatives can be built.

A tight alignment — and a high level of trust — between administrative and clinical teams is instrumental to that success, Graham says. "The key is to over-communicate: Make sure [clinicians] are part of the process, part of the growth, and part of the discussion," she says.

The goal, she said, is to break down a system-wide strategy into individual ownership, which enables the entire organization to have laser-focus on the patient experience. This paves the way for even more audacious visions of the future.

But, Graham warns, it's imperative to be ambitious, but realistic, about the pace of change.

"All these strains and demands can create burnout for physicians, which ultimately impacts the patient's experience," she says. "If [that happens], we won't have met our objective."

Chelsea Rice is senior writer for athenaInsight.

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