



# How physician coaching translates to quality

By Chelsea Rice | April 20, 2017

When South Nassau Medical Group rolled out a quality improvement initiative in 2015, leaders knew where to turn to get physicians on board: The pediatrician-turned-IT analyst who had already been doing regular rounds on his fellow doctors.

Anthony Rosalia, Jr., M.D., first joined the healthcare system to help doctors adopt an electronic health record and achieve compliance with Meaningful Use. At the time, he quickly noticed that many physicians were flummoxed by documentation. They knew their data had to fit in the chart somewhere, but they didn't understand where or how.

"It's like not knowing a language," Rosalia says.



So Rosalia started meeting with doctors on an individual basis to appeal to their specific concerns and styles of documentation. And in 2015, when he stepped into a new role as South Nassau Medical Group's ambulatory quality measures coordinator,

his one-on-one conversations to engage physicians around quality continued.

Rosalia cites peer-to-peer physician practice coaching as a key factor in South Nassau's successes – such as the primary care group that, in just two years, transformed from using paper-based medical records to achieving above-average quality reporting.

Evaluating each practice individually, Rosalia says, allows him to determine which reporting metrics they can achieve, identify low-hanging fruit that leads to guaranteed success, and build workflows to capture the necessary information for reporting initiatives. To begin, the visits were once or twice a month, but once the workflows were well adapted visits could occur less frequently and eventually take place by phone or email.

Physician practice coaching is a tool many high-performing enterprise health systems use as they roll out systematic improvement initiatives.

"It takes months. Providers don't hear you the first time, they're so busy, but by the third time they realize you won't leave them alone, and it starts to get easier – until it becomes a habit," says Elizabeth Durante, South Nassau's administrative director of physician integration.

Durante had started the coaching process on the billing side, engaging physicians around their quality metrics for the purpose of reimbursement. But she soon realized a peer-to-peer conversation was essential to get physicians invested in the process.

So now, while Rosalia talks to physicians, Durante is his counterpart on the staff side, ensuring the workflows Rosalia has established with doctors are supported by the office managers and medical assistants. When practices fall behind on any measures, or Durante's team identifies gaps in the billing department, Rosalia visits to reassess, re-establish, or reinforce best practice workflows and documentation habits in the system.

**"By 2016, after Rosalia's regular peer-to-peer consultation, South Nassau Medical Group started to see above-average quality reporting for about 70 percent of its physicians."**

Across the entire medical group, diabetes and hypertension metrics were some of the first areas Rosalia and Durante tackled, because they are collected the most often and could have the biggest impact on improving patient care.



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Indeed, when researchers evaluated performance across the athenahealth network of 88,000 physicians, they found that South Nassau Primary Medical Care – the group that had been using paper only two years earlier – was in the top 20 percent of practices when it came to keeping hemoglobin A1c within a healthy range for diabetic patients, and in the top 1 percent when it came to controlling hypertension for high-risk patients.

Rosalia says that to get physicians to change their behavior, it's necessary to make the connection between effective documentation and positive outcomes for the patient.

"It's about the medicine more than it is the metric. It's all about how you practice, and how you document rather than what the numbers show," he says.



Anthony Rosalia, Jr., M.D.



Elizabeth Durante

Durante and Rosalia also strategize about how to bring rest of the staff on board with quality initiatives, making both clinicians and non-clinicians understand what quality metrics mean, why they're important, and how to assist physicians in capturing quality data during the patient visit.

They use reinforcement, encouragement, competition, and other incentives to maintain the pace of improvement. But evaluating what specifically motivates each individual provider, and then the group as a whole, is key to Rosalia's strategy.

"Figure out what makes them tick, how they work as a group, their strengths and weaknesses, and pander to those," says Rosalia. "It's about winning the hearts and minds. Ultimately help them have pride in what they're doing – and feeling good at the end of the day that they're accomplishing something."

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