Provider Level Data Assessment and Feedback

Learning Objectives

- Improve team communication
- Build an understanding of data
- Continuous clinical quality improvement



Current Barriers to Physician Engagement

- Feeling overwhelmed and not properly equipped to drive change.
- Thinking that employing physicians is the most crucial way of securing alignment.
- Believing that compensation is what drives physicians.
- Physicians lack the knowledge of the risk-based payment model while being risk-averse.



Strategies to Keep or Ditch?

- Inspirational speeches
- Appointing physicians to key leadership positions
- Financial incentives
- Sharing of best practices





Steps to Gain Physician Buy-In

- 1. Realize a common purpose
- 2. Embrace an engaging style and talk about rewards
- 3. Reframe values and beliefs to turn physicians into partners, not customers
- 4. Divide the engagement plan and provide education
- 5. Use "engaging" improvement methods by using data
- 6. Display courage and provide backup all the way to the board



1-Realizing a Common Purpose





Find the best fun before anyone else!

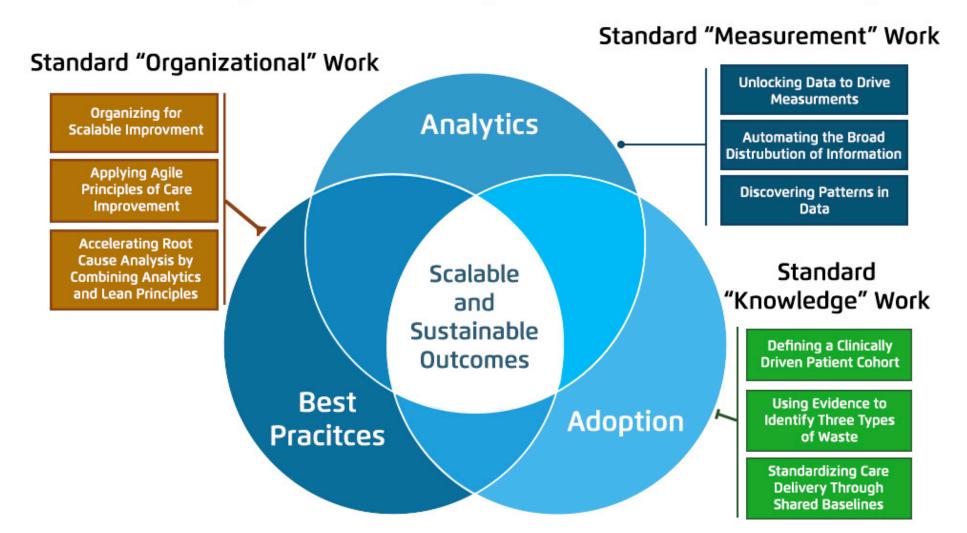






1-Improvement Readiness Assessment

Three Systems of Improved Care Delivery





2-Engaging Styles

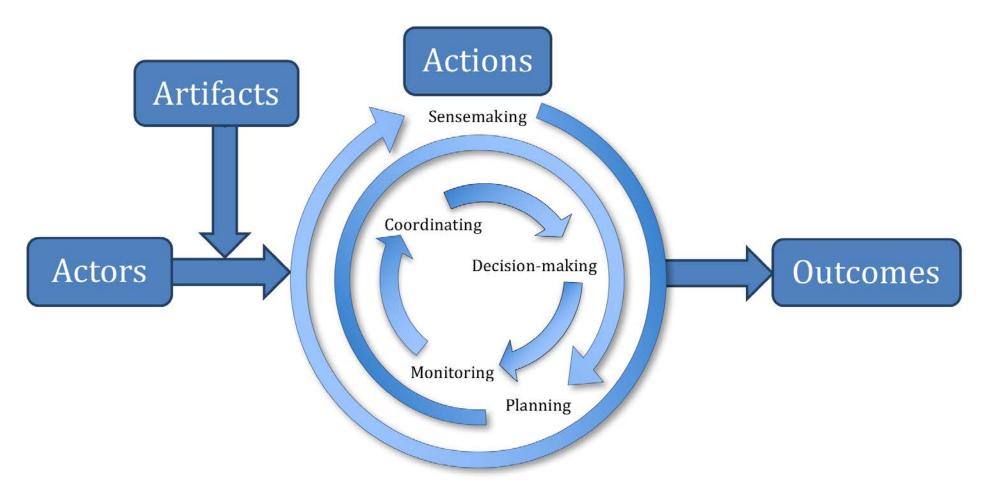
MOTIVATION	HOW TO APPLY IT	EXAMPLE
To engage in a noble shared purpose	Appeal to the satisfaction of pursuing a common organizational goal.	The Cleveland Clinic reinforced its commitment to compassionate care by launching a same-day appointment policy.
To satisfy self-interest	Provide financial or other rewards for achieving targets.	At Geisinger Health System, 20% of endocrinologists' compensation is tied to goals such as improving control of patients' diabetes.
To earn respect	Leverage peer pressure to encourage desired performance.	Patients' ratings of University of Utah physicians are shared both internally and on public websites to drive improvements in patient experience.
To embrace tradition	Create standards to align behaviors, and make adherence a requirement for community membership.	At the Mayo Clinic, a strict dress code and communication rules signal the "Mayo way of doing things."

2-Rewards System

- Recognize and reward desirable outcomes
- Remember that this reward has to satisfy a need that is valued by the individual
- Formal versus informal????
- Tangible versus intangible
- Cultural differences should be considered when determining recognition and rewards
- People are motivated if they feel valued by the organization
- Timing means everything!!!



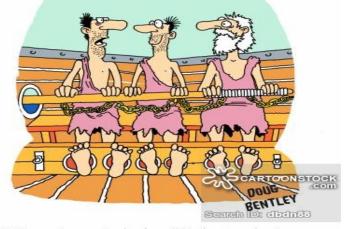
3-Reframing Values and Beliefs





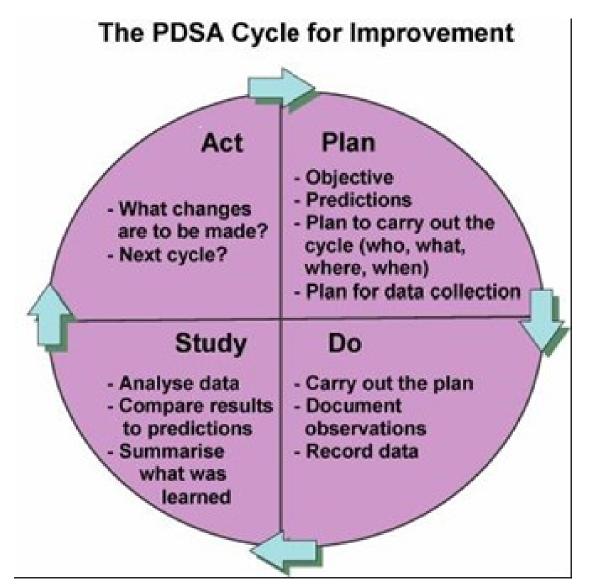
4-Divide the Plan and Provide Education

- 1. Identify champions for the initiative(s)
- 2. Find the frontline people that are seen as leaders in terms of the care they provide
- 3. Educate them on the goal(s) for the improvement effort
- 4. Support and train the providers and frontline personnel to implement the improvement goal(s)





5-"Engaging" Improvement Methods with Data





6-Courage and Backup





Sacopee Valley Health Center

- Data Wall
 - Quarterly Goal Comparisons
 - Monthly to see progression (growth and decline)
- The QI Coordinator and the Population Health Program Coordinator lead the charge
- Data Concerns
 - Those numbers don't look right...
- Friendly competition?
 - Room for improvement





Sacopee Valley Health Center

- Rewards system
- Feedback
 - Data
 - PDSA usage









Engaging Doctors in the Healthcare Revolution





"Most Important Principle" – from Dr. Parks

- Perfect is the enemy of good
- Use an incremental strategy
- If you try to figure out a comprehensive plan first, you will never get started
- Apologizing for failed attempts is better than apologizing for missed opportunities



Questions for Our Next Webinar

We want you to present your Provider Level Data Assessment and Feedback!

- What measures are you using? (Individual and group of providers)
- Who leads the charge? Did they help plan or shape how they would improve upon these measures?
- Engaging in friendly competition? How often did they inquire about the data progression? Did they do it because they have a shared purpose, self-interest or all of the above? Did they motivate each other and how?
- Were there rewards or incentives? (words of affirmation, financial incentives
 such as ACO and MU moneys, etc.)

What was the feedback of providers and support staff?



Q&A





Access the Recording



Sources

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Primary Care

Association

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