WELL
Transforming Healthcare™
Well Solutions Group | Datawell Informatics

Case Study

Improving Patient Care Outcomes via combination of data sharing, provider relationship building, interactive peer level discussion, and clinical leadership training

Summary Overview

The Well partnered with a leading specialty clinical network to help improve patient outcomes through a combination of health care provider relationship building, improved data reporting, interactive education and discussion sessions, and clinical leadership training. The Well's work paved the way for an expanded peer-to-peer clinical community for communicating best practices, fostering mutual trust, and sharing values. Providers including local clinic directors unanimously agreed that this approach had a positive impact on the practices, leading to improved outcomes.

DETAILED DESCRIPTIONS OF SERVICES/APPROACH

Background

A national network of specialty clinics had been experiencing uneven performance in critical patient-based outcome measures. During our engagement with the client, it was determined that simply sharing existing clinic level performance reports to improve outcomes was seen as top-down and "corporate" and thus the opportunity presented itself to engage with clinical providers in a more collaborative fashion, while still using available data. The overarching premise of this direction was that engaged providers are more satisfied with their work, and in turn work more effectively with their patient populations who themselves experience better outcomes.

The structure of each treatment location was generally that of a clinic director who practiced at the clinic and provided oversight and leadership to other providers (doctors, nurses, and nurse practitioners).

The company had developed several iterations of management-level reports which included key metrics on patient outcomes at the clinic level and above. Previous attempts to distribute and get participating providers to utilize these clinic-based "scorecards" resulted in limited success with respect to impacting clinical outcomes improvements at the provider level.

The Well worked with client's executive leadership to determine specific objectives to address underlying challenge (root cause) in getting providers to better utilize information shared. This went beyond simply looking at making changes to the scorecards themselves (initial client request) as follows:

- A refreshed analytics approach to better identify the most impactful variables (factors) associated with improved outcomes.
- A way to present those findings to physicians that would allow for a more actionable understanding of how clinical performance metrics **at the individual provider level** influenced patient outcomes and improved clinic performance overall.

- Taking steps to address lack of trust - providers questioned whether management really had "patient first" goals versus "corporate" objectives.

In addition, clinic directors' role in the process was not clearly and uniformly established. There was inconsistent support for clinic directors in this area. Further, some clinic directors did not see their role as including working with their teams to improve individual providers' ability to improve patient outcomes. Instead, some viewed their appointment as a "perk" or "reward" for good performance elsewhere.

- A further objective addressing clinic director role clarification and training was added.

Engagement with The Well

The Well partnered with client management to first, define root causes addressing areas for desired improvements and second, develop a plan to execute changes and measure results. Areas of focus included:

- **Reporting and data sharing** at the provider and clinic level metrics that matter to physicians and other providers based on their direct input.
- **Provider Engagement and Relationship Building**
    - **Establishing a two-way communication approach** emphasizing relationship building with providers - fostering trust and confidence in shared values and "patient first" goals.
    - Creation of a **provider peer-to-peer community** within and across clinic sites for sharing insights and best practices, and for recognizing individual performance.
    - Responding to provider needs and interests relative to **professional development** and incorporating that into the overall provider engagement plan.
- **Coaching and role clarification** for the clinic director.

Client Situation (Challenges to Overcome)

LACK OF CLARITY – ROLES AND RESPONSIBILITIES:

Many providers in the clinical network were not directly employed by Well's client, but instead by the facilities in which they were located (for example, hospitals). This included the clinic directors. As an initial step in our consulting engagement, we helped our client recognize that challenges in engaging providers went beyond the simple fact that they were not "employed" by the client. We noted inconsistency in expectations for how providers were performance managed, including but not limited to frequency and approach, as well as the role of the clinic director overall in that regard.

Clinic directors were not all entirely clear on their role, including expectations around influencing the practice behaviors and performance of individual providers within their clinic. This lack of clarity began with the recruiting practice itself and whether candidates had either prior leadership experience and training or a sufficient sense of empowerment and confidence required to assume their presumed leadership responsibilities.

UTILITY OF MANAGEMENT REPORTING:

The ability to rely on shared data and reporting as a vehicle to achieve provider engagement and management was further complicated by a lack of consistency between measurement of clinical performance at the individual level versus measurement of clinic operational performance. This made it difficult for individual providers to connect information (clinical metrics) shared on their own performance with either resulting patient outcomes and/or clinic performance overall.

This was all in the environment of strict policies in place prohibiting any overt attempt to "prescribe" specific care protocols at the patient level—a prohibition not limited to this client or this situation, but true in general in healthcare. The client's compliance officers had issued guidance on what may and may not be discussed with providers, and in what context (including caveats around mixing clinical and operational performance). This also imposed limitations relative to using data and information to drive engagement and behavior change.

FURTHER EVIDENCE AND REASONS FOR LIMITED SUCCESS (BASED ON INTERVIEWS WITH CLIENT STAFF AND PARTICIPATING PROVIDERS) INCLUDED:

1) Data and Metrics	2) Process
- **Failure to get provider "buy in" on metrics.** - **Provider lack of trust in information shared due to limited two-way communication with executive leadership.** - **Provider level reporting did not include benchmarks nor way to link individual performance to patient level outcomes.**	- **"Corporate mandates" not well accepted (lack of confidence in shared values).** - **General impression that scorecards were more punitive than collaborative.** - **Inconsistent attention paid to professional development supporting continuous improvement.** - **More focus needed to acknowledge provider results and performance.**

Approach

Like most professionals, physicians are fundamentally oriented toward optimizing performance (achieving improved patient outcomes). To support initiatives aimed at influencing and helping physicians improve clinical outcomes, keys to success include the need to drive performance through effective leadership, incisive data and analytics and some way to acknowledge and recognize performance.

It also requires establishment of an atmosphere of trust and confidence between and among management and practicing providers, starting with two-way communication and demonstration of shared goals and values.

These fundamental success drivers provided a foundation for seeking improvement opportunities, as follows:

AS A RULE OF THUMB, THERE SHOULD BE A SMALL AND FINITE NUMBER OF METRICS CHOSEN, AND THEIR LOGIC SHOULD BE TRANSPARENT. LEADERS SHOULD STRIVE TO PROVIDE ACCESSIBLE DATA ON CURRENT PERFORMANCE AGAINST ALL METRICS AS TIMELY AND AS CLOSE TO THE POINT OF CARE AS POSSIBLE.

IMPROVEMENT OPPORTUNITY 1: REPORTING AND DATA SHARING

An initial step involved review of current reports being shared with participating providers, to determine data quality and overall utility of information shared. There were some general issues with quality of the data that had to do with inconsistency in data collection (timeframes, missing values).

Moreover, the validity of the reporting was questioned by providers. This had several different dimensions, including:

The actual clinical metrics themselves:

- Were these the most impactful?
- Did providers understand and "buy in"?
- Did the reporting allow for providers to assess their performance over time, and make meaningful comparisons with their peers?
- To what degree did information shared on individual performance link with other measures like patient outcomes, and overall clinic performance?
- What processes for sharing information existed, and how well was that executed?

Physician input and involvement in establishing clinical performance metrics key:

A major barrier getting physicians to review and engage with the existing performance reporting had to do with the fact that they were not involved in establishing the clinical metrics comprising the reports. Thus, it was critical at the outset to establish a way to get physicians involved, and actively collaborating with clinic management in determining and designing the metrics and how they would be measured.

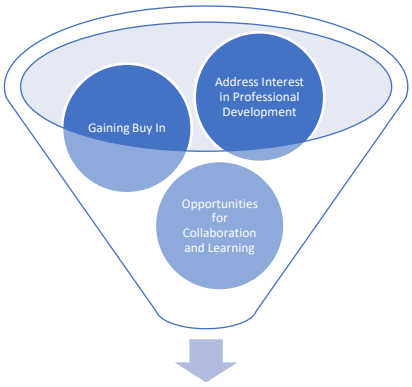
- To answer the question about the clinical metrics themselves (what was being measured) participating providers were interviewed for their input. The results of those interviews set the stage for revising the metrics, as well as the way information was presented and shared.

Reporting improvements included:

Establishing Leading Indicators	Process for Information Sharing	Benchmarks/Baseline (peer comparison)
- Agreement on a set of "leading indicators" or "surrogate" metrics where there was shared and commonly accepted evidence, these measures were key influencers of positive patient level outcomes. - The client's senior clinical team assisted in getting agreement on this determination. - Leading indicators were deemed vital to directionally gauge expected improvements in patient outcomes before the latter could be reasonably measured over a longer time span.	- The process by which these patient level metrics were shared with providers was re-engineered as a two-way conversation (management and providers), toward identifying areas for improvement, including best practice sharing where warranted.	- Individual performance on leading indicators was not sufficient in helping providers understand how their performance compared to peers, nor what specific actions might lead to improvement. - The revised reporting included baseline measures (at the individual and clinic level) and some static benchmark standards.

IMPROVEMENT OPPORTUNITY 2: PROVIDER ENGAGEMENT AND RELATIONSHIP BUILDING

This opportunity was where solicitating input from participating providers yielded the most useful feedback. Feedback was used to create a provider engagement and relationship building approach, aligned with provider interests to gain their personal investment in collaboration and learning. This included compiling qualitative and quantitative insights and leveraging that greater understanding of providers' interests and values to develop a health care provider "peer to peer" approach for sharing information and discussing insights about ways to improvement patient outcomes.



Gaining buy in and establishing credibility

Provider input was used to create an engagement and relationship building plan to support information and data sharing, which included the following components:

- A survey of provider interests and self-reported skill levels, used to identify areas of strengths and opportunities at a personal level. Recommendation that survey could be initiated during the recruitment process.
- A scorecard of individual provider's "leading indicator" metrics and their association with patient outcomes (see Data and Reporting section above for example).

These elements were not designed to or meant to be used prescriptively, but to foster two-way communication and mutually agreed upon actions.

This is the key difference between (1) the new revised provider engagement and relationship building plan and (2) metric-only "scorecards" which were deployed in the past with very limited success.

Improvement Opportunity	Recommended Action
Previous scorecards have been tried but failed due to: - Absence or provider buy in and discrediting of metrics. - Lack of integration into the management of the practice. - "One-way" delivery of the scorecard.	**Create Buy In with "Two-way" discussion:** - Discuss with providers how metrics were calculated, and why they are important; capture their feedback. - Validation window (2-3 months) to allow additional feedback before finalizing. - Combine scorecard delivery with two-way communication: "What went well, what could be better, best practice sharing, future learning opportunities". - Further provider centric approach via aligning professional interests with key messaging, incorporating learnings into individual development plan, formally recognizing performance.

Responding to Provider Needs and Interests Relative to Professional Development

Change in both the scorecard and the method in which it is used was only one objective of the engagement and relationship building plan. Of equal importance was engaging providers positively and consistently, combining established clinical metrics that align with providers' own interests in improving skills.

Improvement Opportunity	Recommended Action
- **Formal professional development plan** incorporating provider's interests, skills, and performance results as an optimal way to foster collaboration on individual learning, mentoring, and coaching. - Take steps to secure clinic provider engagement and establish confidence and trust that their best interests (as well as those of the patients) are being well served.	- Plan tailored by individual provider (based on questionnaire initiated upon recruitment). **Areas of focus covered included:** - Learning best practices from peers. - Understanding clinic operations. - Collaboration opportunities (mentoring, speaking engagements, community outreach. - How provider self-rates skills (relative to clinical metrics and best practices).

Responding to Provider interest in Collaboration and Learning: Building a Learning and Collaboration Community among providers

Information solicited from providers pointed to a strong desire for more collaboration and fellowship among providers, including practical and easy to find continuous learning (e.g., just in time and on-going demand options), opportunities to learn from each other by sharing best practices, and a deeper understanding of clinic operations.

Improvement Opportunity	Recommended Action
- Programmatic focus on building a community of practice, learning and mentorship – including concrete ways to recognize provider excellence and acknowledge areas of continuous improvement.	- Provide learning materials such as white papers, videos, short and easily consumable on-demand learning modules. - The term "micro-learning" applies well to these materials, as they can be accessed when needed by busy clinicians who may be looking for an item of interest to apply immediately to a specific situation. - Establishment of a program to recognize and involve top performers in community building. - Forums to discuss what's going well, what could be improved, and how to overcome barriers.

How was establishment of the collaboration and learning community accomplished:

The Well worked with the client to prepare a series of one-hour interactive sessions, each of which covered a clinical topic and a leadership topic. These sessions were moderated by a clinical leader. The aim of each session was to provide information on each of the two topics and encourage discussion among the attendees with respect to their experiences and best practices. Material used included statistically based clinical studies and information from subject matter experts. Short "micro-learnings" were sent to participants in advance of each session to help stimulate conversations. Participants received Continuing Education credits for their attendance.

Efforts aimed at performance recognition was something all agreed was an important and worthwhile component of the overall provider engagement approach. Initial design work included ways to identify and include top performers in these learning sessions and otherwise identify ways to openly acknowledge and reward best results.

IMPROVEMENT OPPORTUNITY 3: CLINIC DIRECTOR SUPPORT AND TRAINING

As with any organizational initiative, leadership is crucial for successfully improving performance. In this case, a physician is best suited to serve as one in that leadership role.

From an operations perspective, when a physician leader is paired with a business leader, the resulting dyad can be very effective when there are shared goals, metrics for success and accountability.

Improvement Opportunity	Recommended Action
- Make investments in clinic director training and support.	- Provide coaching and advice to clinic directors, empowering them to lead and interact as such with their panel providers. - Clarify role of the clinic director. - Train on techniques for listening and mentoring panel providers via two-way conversations, providing ongoing support for their growth and development.

Client Results

- Performance results from first quarter clinical scorecard reporting were somewhat inconsistent.
  - Leading indicators directionally promising but not conclusive – positive direction on leading indicators, contributing to patient outcomes.
- Overtime (subsequent quarterly reporting), long term indicators held, and quarterly results improved in all but one clinic site.
- Of equal or greater importance, however, there were qualitative measures of high satisfaction among participating providers, as follows:
  - Unanimously well received; felt that this work was in their interest.
  - Continued interest in helping to expand the test.
  - Clinic directors wanted to keep it going.
  - Overall, providers were more engaged (greater participation) and improved confidence and trust was established between providers and clinic management.

Key Learnings/Take-Aways

- Importance of involving physicians in designing clinical performance metrics as well as process for sharing.
- Need to establish a foundation where there is trust and confidence in mutual goals and values. This can be accomplished via improved two-way communication and a process whereby information is shared in a more collaborative, learning environment.
- Creating a forum for “peer to peer” information sharing is a welcome opportunity for sharing of best practices and for performance recognition.
- Understanding and alignment of physician interests and values within an overall engagement and relationship building plan should be augmented with investments in individual provider professional development to ensure continued engagement and satisfaction.
- Organizations (particularly those like our client who are managing chronic condition(s)) need to exercise patience about seeing immediate improvement in patient outcomes. It takes time to see tangible (measurable) results.

- Having both qualitative and quantitative measures of "success" are important. Leading indicators can be valuable to see movement in the right (expected) direction and can be supplemented with measures that gauge both leadership and provider support and interest in the ongoing engagement plan (as well as their continued participation).
- Choosing the clinic physician director is a critical decision. The physician leader should have a natural emotional intelligence but also may need training in performance management techniques. Physician leaders should model the desired behavior and be able to manage and coach others toward the model.

> *"Nearly all physicians take on significant leadership responsibilities over the course of their career, but unlike any other occupation where management skills are important, physicians are neither taught how to lead nor are they typically rewarded for good leadership."*
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> **Source: "Why Doctors Need Leadership Training," Harvard Business Review, October 17, 2018**