

3) Practicing Excellence: Enhancing Provider and Patient Experience in Pursuit of the Quadruple Aim

Highland Healthcare Associates IPA

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PROJECT DESCRIPTION

Goal: Through this initiative, our physician organization seeks to improve the physician's experience in providing patient care to positively impact both the physician's AND the patient's experience of care. We seek to address physician burnout and dissatisfaction, build a stronger sense of community and teamwork, and to share tools to engage patients in their own care. To achieve it, we partnered with Practicing Excellence: The Physician Effectiveness Project (the Project), founded by physicians from Sharp HealthCare in California.

The Project is a web-based, skill-building platform that consists of learning modules, tools, a chat forum, and video-based peer coaching. Many of the modules offer CME credit. The Project is designed to mobilize and engage physicians around patient centered care, team leadership, resource management, and care coordination, all necessary to drive metrics that lead to a high-value health care organization. The Project dovetails nicely into another organizational strategic initiative: achieving/maintaining Patient Centered Medical Home recognition for our 32 independent primary care practices. Most importantly, by caring for the caregiver, we are hopeful that we can return the joy in the practice of medicine to physicians in our organization.

Our Board approved incorporation of the Project as an option in our 2015 physician incentive program. Our literature-based hypothesis was that addressing the caregiver's experience was essential and would translate into improved patient experience (among other things), thus we were not surprised to find that 75% of our physician membership elected to participate.

The Project does not have a turnkey mechanism to measure impact, so significant time was expended to develop a physician centric baseline survey to capture data but also to convey that we were not just interested in patient experience, but genuinely interested in physician sentiment and experience. Central to our organization's culture is respect, and we wanted the survey to convey that value. A threshold to access to the Project was survey completion.

Our medical leadership received recommendations from several internal previous Project participants, on what the initial quarter's incentive-related curriculum should be, following criteria that topics needed to integrate with our mission and strategic priorities. First quarter focus is on the modules and 'try this' activities. The curriculum was shared with participants in early June at Project launch, and an interesting thing happened: physicians viewed not only the required curriculum, but also a very significant number of other modules based on their interests (data below).

An internal organizational project manager (non-physician) provides personalized/ technical support, and serves as Project prompt to identify thought leaders, engage discussion, and cross pollinate ideas into existing performance improvement programming, thus helping to expand the Project direction and normalize leveraging Project related skills. She also serves as a participant sounding board to funnel reactions to leadership who then are positioned to respond as a colleague to fuel momentum, redirect reservations, and, in the Project's term, spread the epidemic. The project manager also receives Project utilization data, and serves as the liaison between our organization, our participants, and the Project.

The Project has been live for three months. Modules have been/ will continue to be utilized in the context of other initiatives; our first community wide Project-related open call will occur next week. Future curriculum and spread to be determined this month. Remeasurement currently planned at 6 months and 1 year.

OUTCOMES ACHIEVED

Recent launch (6/9/15), minimal outcome data

- 75% of our physicians elected to participate in this Project
- 84.6% (55) of eligible Primary Care Physicians
- 72.2% (206) of eligible Specialist physicians
- 41.3% of eligible physicians have accessed the Project as of August 30, 2015
- Current quarter's curriculum completion (a month remains in this quarter)
- 29% of PCPs have completed
- 23.7% of Specialists have completed
- 198 modules beyond the required curriculum have been completed by participants. We consider this a very positive indicator that the Project is addressing the interest and needs of our physicians.

LESSONS LEARNED

- Identifying and leveraging thought leaders is most effective to spread utilization of and engagement in the Project
- Asking questions to elicit understanding is better received than providing answers, and leads to self-discovery/ internalized conclusions.
- We need to engage physicians in the same way we ask them to engage their patients.