Building a Bridge between Clinic and Hospital

Taking the lead in Service Line Development

Sara Brice, Director
Texas Health Resources Presbyterian Plano
Scoliosis & Spine Tumor Center
Why develop service lines?

- New healthcare payment models
- High deductible health plans
- Waste in current practices
- Transparency with stakeholders
Components of your Spine Service Line

• Clinical Care Excellence
• Service Line Analytics and Outcomes
• Financial Performance
• Market Positioning
• Physician Alignment
• Value Based Care Strategy
Objective of Service Line

• Improve the patient experience
• Improve patient outcomes
• Decrease length of stay
• Lower costs
• Decreased complication rates
• Decreased readmissions
Service Line end results

- Increased Patient Satisfaction (HCHAPS)
- New payment models
  - ACO
  - Global Pricing
  - Payment bundling
  - Capture HDHP market
Developing the Service Line

Joint Venture
• Joint ownership of an entity
• Shared use of equipment, staff or space
• Physician providing a service to the hospital
• Compliance concerns – Stark, Medicare and Anti-kickback laws, state laws, etc.

Co-Management
• Governance is shared
• Practice management fee
• Physician medical directorship
• Incentives tied to quality metrics
Building your Spine Service Line

- Collaborative Approach
- Shared Vision
- Develop Strategy
- Evidence based medicine to
  - Create quality metrics
  - Create productivity metrics
  - Create cost controls
  - Streamline protocols
Who’s at the table?

• Key physician group leaders
  – CEO
  – Medical Director

• Top hospital administration
  – President
  – CNO
  – CMO

• Service Line Director
We’re all in this together!
Team approach

Medical Director

- Energetic and motivated to increase volume, productivity and efficiency
- Understands the “business” of the hospital and healthcare system
- Open to new ideas
- Supported and trusted by colleagues
- Cannot fix all problems!

Administration

- Willingness to invest time, staff and money to develop
- Ability to collaborate
- Ability to understand ROI through development
- Creatively overcome obstacles and develop strategy
- Trust Medical Director/Group to increase volume

• Cannot fix all problems!
Program Director

- Understands clinic operations and hospital operations
- Non-surgeon/background may vary
- Excellent organization and communication skills
- Ability to work with others across a wide spectrum to facilitate goals
- Ability to analyze data and make changes based on trends
- Understands market
- Creative in approach
Other key players

- Marketing
- Business Development
- Advertising
- Ancillary Providers
- Finance
- Post Acute Providers
- Insurance Companies
- Food & Nutrition
- Anesthesia
- Pharmacy
- Wound Care
- Supply Chain
- Billing
- Coding
- Collections
- LTACH
  Inpatient Rehab
  Outpatient rehab
  Home Health
  SNF

Texas Back Institute
Texas Health Presbyterian Hospital
Plano
Scoliosis & Spine Tumor Center
Objective of Service Line

- Improve the Patient Experience
- Better Patient Outcomes
- Decreased Length of Stay & Readmissions
- Decreased Complication rates

Satisfaction

Costs
Decrease complication rates

- Variability in surgeon technique, supplies and implants
- OR start time
- OR turnover
- Decrease bodies in OR
- Wound closure and care
- Communication with nursing units
- Trusted vendors
- Daily rounds
- Educate staff nurses
- Educate sterile processing staff
- Oversee turnover
Decrease LOS

- Discharge planning pre-operatively
- Discuss plans with patient daily
- Know insurance barriers
- Know your post-acute market
- Engage your discharge planners

Decrease Readmissions

- Educate post-acute providers
  - Therapy
  - Nursing
  - Physicians
- Order post-acute supplies
- Keep in touch with post-acute providers
Better Patient Outcomes

• Manage expectations
• Educate patient regarding procedure
• Sterile technique
• Wound care
• Home care/education
• Keep follow up appointments
"Now then Mr Popkiss, I believe you rated our surgery as 'below average'..."
Improve the Patient Experience!

- Pre-operative education
  - (1:1 vs. classroom)
- Decrease anxiety
  - Meet nurses/techs others involved in care
  - Personal tour of facility
- Plan the discharge pre-operatively with patient
- Involve family and friends
- Identify barriers to patient progress
- Manage Expectations
  - Pain
  - Length of stay
10 Measures of HCAHPS Survey

- Nurse Communication
- Doctor Communication
- Cleanliness
- Quietness
- Staff Responsiveness
- Pain Management
- Communications about Meds
- Discharge Information
- Overall Rating of Hospital
- Willingness to Recommend
Increased Satisfaction & Lower Costs!

- Fix what is not working right (OR, units, ancillaries)
- Pre-operative patient education
- Discharge planning pre-operatively
- Manage patient expectations by CONNECTING
- Streamline variable costs
- Constantly look for improvements
- Use new technology
- Utilize business development to build volume
How Co-management works

• Quality, Efficiency, Productivity Metrics
• Encourages both sides to contribute
• Shared Risk
How Co-management works

• Practice positions not paid
  – Front desk
  – MA
  – PA

• Practice positions paid
  – AA/Clerical
  – Education/Patient Liaison
  – Administrative Director
  – Research

• Work smart!

• Scheduling
  – MD preferences (MRI/CT/x-ray/EOS)
  – MD vs. PA
  – Insurance
Patient Satisfaction

• What tool do you use?
• Who looks at the numbers?
• What do you do to change downward trends?
• This is one time to read between the lines!
# INPATIENT REPORT

## Question Analysis

### All Respondents

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*02/20/2020 15:12:30 EST*

For a list of abbreviations and definitions, click here.

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**Press Ganey**

Texas Health Presbyterian Hospital

Plano Scoliosis & Spine Tumor Center

Texas Back Institute
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†: Denotes significant difference by hospital type.
AMBULATORY SURGERY REPORT

Mean Graph

- Friendliness of anesthesiologist
- Explanation by anesthesia staff
- Std Billing Services
- Billing Services
- Explain fin/insurance resp.
- Estimate of costs
- Help understanding pay opt

[Bar graph showing mean scores for various factors]
## Quality Metrics

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**HCAHPS**

**Efficiency**

- OR Block Utilization
- Timely Medical Record Completion
- First case of day on time start
- Cost reduction – all areas?
Process Improvement

OR Team

Length of Stay

Patient Satisfaction

Implant Cost

Supplies

Education
Things I’ve learned

• Don’t meet to meet
• Everyone needs to be needed
• Establish deadlines and meet them!
• Keep an open mind
• Celebrate victories along the way
• The Patient will lead you if you ask!
Questions?