It’s No Longer Just the Medical Staff: The Imperative to Optimize the “Whole Chessboard” of Physician-Hospital Collaboration and Alignment

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Presenter(s): Richard Sheff, MD
It's No Longer Just the Medical Staff:
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Rick Sheff, MD, Principal and CMO, The Greeley Company, Inc.

Today’s Agenda
Healthcare trends impacting physicians, hospitals and healthcare systems
The “Whole Chessboard” of the space between physicians and hospitals/healthcare systems
Whole Chessboard success stories
Opportunities the Whole Chessboard creates for enhancing MSP effectiveness, career development and professional satisfaction
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U.S. Healthcare Expenditures
% of Gross Domestic Product

QUESTION:
Prior to passage of the Affordable Care Act (ACA), what year was the Medicare trust fund scheduled to go bankrupt?

ANSWER: 2017!

QUESTION:
After passage of the ACA, what year was the Medicare trust fund scheduled to go bankrupt?

ANSWER: Initially 2028, but one year later this was revised to 2024 if and only if everything in the bill is implemented and works as predicted.
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<table>
<thead>
<tr>
<th>Year</th>
<th>% Growth in Healthcare Expenditures</th>
<th>% GDP in Healthcare</th>
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</thead>
<tbody>
<tr>
<td>2009</td>
<td>3.9%</td>
<td>17.7%</td>
</tr>
<tr>
<td>2010</td>
<td>3.9%</td>
<td>17.6%</td>
</tr>
<tr>
<td>2011</td>
<td>3.9%</td>
<td>17.3%</td>
</tr>
<tr>
<td>2012</td>
<td>3.7%</td>
<td>17.2%</td>
</tr>
<tr>
<td>2013</td>
<td>3.6%</td>
<td>17.2%</td>
</tr>
<tr>
<td>2014</td>
<td>5.3%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Is the Trend Line Really Changing?

Or not?

What’s Changed The Trend Line?

- The Great Recession
- ACA
- Consumer-driven healthcare
- Market competition

The Medicare trust fund is now projected to be solvent until 2030
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Institute for Healthcare Improvement (IHI) Triple Aim

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Reduce, or at least control, the per capita cost of care

Moving from the Triple Aim to the Quadruple Aim

- Improve the health of the population
- Enhance the patient experience of care (including quality, access, and reliability)
- Reduce, or at least control, the per capita cost of care
- Achieve provider sustainability

In the 1960’s, what did “Made in Japan” mean…
Today’s Imperative is Clinical Transformation

<table>
<thead>
<tr>
<th>Quality</th>
<th>Cost</th>
<th>Goal: Move curve to the left</th>
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<tbody>
<tr>
<td>A: Marked benefit</td>
<td>B: Marginal benefit</td>
<td>C: Wasteful</td>
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No hospital or healthcare system can achieve clinical transformation without transforming the “Whole Chessboard” of the space between physicians and hospitals/healthcare systems

The “Whole Chessboard” of the Space Between Physicians and Hospitals/Healthcare Systems
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Today's imperative to improve quality and reduce costs requires optimizing:

- Medical staff effectiveness
- Practitioner performance
- Physician leadership performance
- Physician-hospital collaboration and alignment

Across the whole system =
The “Whole Chessboard”

Today's “Whole Chessboard” of Physician Hospital Collaboration and Alignment

The Greeley Physician Performance Pyramid
Keys to optimizing practitioner performance

- Appoint excellent physicians
- Set, communicate, and achieve buy-in to expectations
- Measure performance against expectations
- Provide periodic feedback
- Take corrective action, manage poor performance

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“Whole Chessboard” success stories

Success story #1: Peer Review Redesign
• Medical staff peer review redesign drives culture change

Success Story #2: From Conflict to Trust
• Large group practice and hospital come back from the brink of war

Success story #3: Service Line Breakthrough
• 35 member neurosurgery group and 13 hospital system go from adversaries to partners

Success story #4: Thinking Outside the Box
• A hospital and medical staff undertake complete redesign of the space between physicians and the hospital
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OPPORTUNITIES FOR ENHANCING MSP EFFECTIVENESS, CAREER DEVELOPMENT AND PROFESSIONAL SATISFACTION

What career development opportunities does viewing the space between physicians and hospitals/healthcare systems as a Whole Chessboard create for MSPs?

Today’s “Whole Chessboard” of Physician Hospital Collaboration and Alignment

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What brings you professional satisfaction as an MSP? How could focusing on the “Whole Chessboard” impact your professional satisfaction?

Contact Information
Rick Sheff, MD
Principal and CMO
rsheff@greeley.com
888-749-3054

Thank you for joining us!