Session #8: Working With Physicians on Patient Safety

Speaker: Rahul Koranne, M.D.
Saturday, July 11, 2015
10:50 – 11:50 a.m.
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Rahul Koranne, MD, MBA, FACP

Rahul Koranne, MD, MBA, FACP joined the Minnesota Hospital Association leadership team as senior vice president of clinical affairs and chief medical officer in February of 2015. Prior to joining MHA, from 2000-2005, Dr. Koranne practiced in a critical access hospital system in Starbuck, MN and from 2005-2015 he served as vice president & executive medical director for HealthEast Care System, Community Services, Post Acute Care & Bethesda Specialty Hospital which include: inpatient and outpatient services at Bethesda, home care, hospice, palliative care, community based care management, post-acute services (including partnerships with TCUs, SNFs, ALs and group homes), community outreach, CHNA and other community based services. He is board-certified in internal medicine and geriatrics and was elected a fellow of the American College of Physicians in 2006. Dr. Koranne is active at the Minnesota state level with various health care reform steering committees including Health Care Home Payment Methodology and Baskets of Care etc. for the past several years. Dr. Koranne is the chair of the Healthcare Systems Collaborative at the Office of Community Engagement for Health at the University of MN Clinical and Translational Sciences Institute, which aims at increasing collaboration between the U and community health care stakeholders. Dr. Koranne was nominated to the Community Advisory Task Force of the State Innovation Model in MN and was appointed chair of the Data/Analytics Group as part of SIM in November 2014.

Dr. Koranne attended medical school at the University of Delhi in India, where he graduated at the top of the University. He completed his internal medicine residency at the State University of New York in Brooklyn and his fellowship in geriatrics at the University of Minnesota. Dr. Koranne earned a master of business administration (MBA) degree at the Carlson School of Management at the University of Minnesota. He was designated a Carlson Scholar in addition to being the recipient of the Outstanding Academic Achievement Award for ranking highest scholastically in the program.

Dr. Koranne is a member of the American College of Physicians, American Geriatrics Society, American Medical Association, Minnesota Medical Association, Minnesota Hospital Association, American College of Physician Executives, Minnesota Medical Directors Association and National Association of Home Care Physicians.

Dr. Koranne is a faculty member at the University of MN Carlson School of Management and Department of Family Medicine and Community Health. He teaches a course on health care delivery to MBA students each Fall. He is a board member and Chair of the Investment Committee at the Amherst H. Wilder Foundation in St. Paul and a member of the American Hospital Association Regional Policy Board representing MN. He serves on the Board of Visitors at UMN School of Nursing.

Dr. Koranne’s areas of interest are health care transformation by linking health care delivery with community based services (both medical and social) and innovative systems to promote health while striving to achieve all of the IHI triple aims for our communities.
Partnering with Physicians

Rahul Koranne, MD

Agenda

- Understanding physicians
- Continuum of Alignment
- Case Studies
- Update on MHA happenings
- Discussion
Understanding Physicians

Physician # 1
**Fee For Service MD Fee Schedule**

Facility/Non-Facility Pricing Amount = ([Work RVU * Work GPCI] + [Transitioned Non-Facility PE RVU * PE GPCI] + [MP RVU * MP GPCI]) * (CF)

- Each CPT Code has a RVU (Relative Value Unit) assigned to it
- Facility or Non-Facility denotes hospital or freestanding practices
- Work RVU = Relative Time + Skill + Training + Intensity for a given service
- Practice Expense RVU = Rent + Equipment + Supplies + Non MD staff
- Malpractice RVU = Payment for professional liability expense
- GPCI (Geographical Practice Cost Index)
- CF (Conversion factor) = Converts RVU into Dollars to maintain budget neutrality

**ACO Gain Share**

<table>
<thead>
<tr>
<th>Cause &amp; Effect</th>
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<tr>
<td><strong>CAUSE</strong></td>
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<tr>
<td>Busy clinical practice with no down time</td>
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<td>One patient at a time rescue operation</td>
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<tr>
<td>Comp based on wRVUs/patients seen</td>
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<td>Difficult to recruit and retain MDs</td>
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<td>Increasing computerization</td>
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<tr>
<td>Onerous regulations and measurements</td>
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<tr>
<td>Increasing mental/behavioral health</td>
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<td>Work life imbalance</td>
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A Cup of Coffee

Physician # 2
Informal Leader

- Volunteering time on committees
- Early adopter/Change agent
- Solid peer network
- Well respected by other disciplines
- Opinion leader

The Power of Thanks
Physician # 3

What’s in a Title

Chief Medical Officer
Medical Director
VP Medical Affairs
Chief of Staff
Chief Clinical Officer
Physician Executive

- The “Suit” that went to the dark side
- Acting as the Translator
- Lending the unique MD voice to strategy
- The Dyad Model
- “What did I do today?”
- Loneliness and Burnout

Physician Integration Continuum

- Physicians who refer to health system for services
- Physician liaison
- Advisory Councils
- Committee work
- Medical Directorships
- Non-compete agreement
- Management services organization
- Purchase service agreements
- IT integration
- Bundled payment agreements
- ACO formation
- Joint ventures

Integration OR Alignment
Case Study #1

2008 Health Reform
Federal Reform Legislation

Value-based Purchasing

Hospital-Acquired Conditions
Minnesota Community Measurement
Adverse Health Event Law

Meaningful Use
Expands number of measures and where to report

State Quality Reporting & Measurement System
Hospital Compare + 2 efficiency measures

Incentive Payment for State Employees
Call to Action

Infection Reporting

2008 Health Reform

Inpatient PPS Rules

State Federal

Federal Reform Legislation

Inpatient Acquired Conditions

Meaningful Use

Readmissions

Value-based Purchasing

Hospital Compare + 2 efficiency measures

QUALITY MEASUREMENT
Broken Mental and Behavioral Health

- **Common Physician Discussion Themes**
  - Lack of a functioning system
  - Lack of flow among various settings of care including OP, ED and IP
  - The financial risks/rewards of increasing bed capacity
  - Opportunity to improve collaboration with psychiatrists

- **Solutions Themes**
  - State-wide institutional collaboration to share resources
  - An “air-traffic control” system that coordinates care among facilities
  - Improving home and community-centered care models
  - Developing mental health urgency centers that replace the current role of ED for mental health issues
  - Rethinking how physicians work with psychologists

Physician Burnout

Dr. Shanafelt et al JAMA 2012

Medscape report 2015
Building Resiliency

- Journal 3 good things
- Peer networking
- Time/Meeting/Calendar management
- Create time to do what they want to do

Case Study # 2
Helping Disruptive Physicians

- Peer Review
- M & M conferences
- Health and Wellness Committees
- Open dialogue/ honest feedback
- External resources
- Disciplinary actions

Case Study # 3
Must I give up paper?

- Explaining the WHY
- Empathy- is there another side to this story
- Making it easy- scribes
- Has EHR delivered on its promise?

Case Study # 4

Patient Satisfaction FY Trend
“Just Fix It”

- Data geeks argue data
- “Just Fix it” to “Here’s how” to “Let’s figure this out together”
- Power of patient stories
- Patient and Family Advisory Council

Case Study # 5
Recruitment/Retention

- Retirements/EHR/Winter/Reform...
- Inter Disciplinary Teams
- Advanced Practice Professionals
- On-call schedules
- Comp models

Case Study # 6
Creating Leadership Pipeline

- Hiring the right physicians
- Buddy system for new hires
- Informal and formal leadership training
- Recognition and thanks

Case Study # 7
The Calling

- “You are the walls on side of Highway”
- Physicians want to serve their patients and communities
- Match opportunities with unique individual strengths- and then get out of the way!

Case Study # 8
**Physician System Compact**

It is our vision that physician and system leaders will be honest and transparent in communication and planning. This will result in trust and confidence and lead to mutual respect, optimism, creativity and cooperation. The compact provides a framework of expectations to govern daily interactions and to create future policies. This compact will help to create the preeminent health care delivery system, focused on the patient-doctor relationship and lead to innovation and continuous improvement in service of our communities.

**We believe**
- the health of the entire community is the concern of physicians, system leadership and staff;
- physicians and the health team members have a vocation to heal & prevent sickness & alleviate suffering;
- our deepest aspirations for our professions coupled with society’s demand for demonstrably effective care makes our interdependence apparent and our need for partnership critical;
- we recognize the need to create a new relationship to ensure our mutual future success;
- we have developed this compact to make explicit our relationship, to provide strategic direction and consistency beyond any single individual involved in its implementation.

**Physician Commitments:**
- Communicate the plan of care to the patient, the healthcare team and each other
- Institutionalize best clinical practices as the guiding principle for quality and utilization management
- Hold each other accountable for achieving results necessary to position health system and its physicians for success in the market
- Demonstrate respect and appreciation for hospital staff and each other
- Recognize the authority of appointed and elected medical staff leaders
- Explore program development and business venture options with the hospital as the trusted partner recognizing mutual business constraints

**Hospital Leaders Commitment:**
- Provide services and results on a timely basis to support clinical decision-making
- Commit to understanding, processing and distributing outcome data to achieve best clinical practice
- Pursue public recognition and market its programs, services and its physicians to raise awareness in the communities we serve
- Demonstrate respect and appreciation for physician contributions
- Include physician leaders in strategic and financial planning
- Expand opportunities for interested physicians to participate in clinical programs and services

**Some MHA Happenings**

- Increasing MD participation in committees
- CMO Group
- Good Catch Award
MHA Quality Committees

MHA Patient Safety/Quality Committee

Patient and Family Advisory Council

Registry Advisory Council

Pressure Ulcer Advisory Group

Ade Advisory Council

Falls Advisory Council

Pediatric Advisory Council

Surgical Advisory Council

VAC Advisory Group

Septic Advisory Group

Delirium Advisory Group

Medical Cardiovascular Work Group

Stroke Group

Surgical Group
# CMO Meeting Agenda Setting Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Kenneth Flowe, MD, MBA</td>
<td>Chief Medical Officer</td>
<td>Rice Memorial Hospital</td>
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<tr>
<td>Bret C. Haake, M.D., MBA</td>
<td>Chief Medical Officer</td>
<td>Regions Hospital</td>
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<tr>
<td>William Heegaard, M.D.</td>
<td>Chief of Clinical Operations</td>
<td>Hennepin County Medical Center</td>
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<tr>
<td>Andrew Houlton, M.D.</td>
<td>Vice President, Medical Affairs</td>
<td>North Memorial Medical Center</td>
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<tr>
<td>Phillip M. Kibort, MD, MBA</td>
<td>Chief Medical Officer</td>
<td>Children's Hospitals and Clinics of Minnesota</td>
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<tr>
<td>Steve Kolar, MD</td>
<td>Chief Medical Officer</td>
<td>HealthEast Care System</td>
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<tr>
<td>Corey Martin, M.D.</td>
<td>Chief Medical Officer</td>
<td>Buffalo &amp; Grand Itasca Hospitals</td>
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<tr>
<td>Mark Matthias, M.D.</td>
<td>Vice President, Medical Affairs</td>
<td>CentraCare St. Cloud Hospital</td>
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<tr>
<td>Gary Peterson, M.D.</td>
<td>Chief Medical Officer</td>
<td>St. Luke's Hospital</td>
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<td>Mark Shanfeld, M.D.</td>
<td>Chief Medical Officer</td>
<td>Sanford Bemidji Medical Center</td>
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<tr>
<td>Timothy Sielaff, M.D.</td>
<td>Chief Medical Officer</td>
<td>Allina Health</td>
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<tr>
<td>Lizbeth Thomas, D.O.</td>
<td>Chief Medical Officer</td>
<td>Fairview Health System</td>
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<tr>
<td>Patrick Twomey, M.D.</td>
<td>Chief Medical Officer</td>
<td>Essentia Health-Duluth</td>
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<tr>
<td>Brian Whited, M.D.</td>
<td>Vice Chair</td>
<td>Mayo Clinic Rochester</td>
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# CMO Networking Event 5/21/15

![Image of networking event]
CMO Meeting 5/22/15

Discussion/Questions