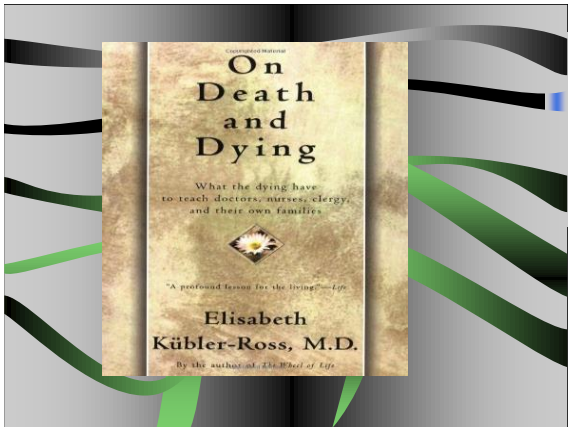
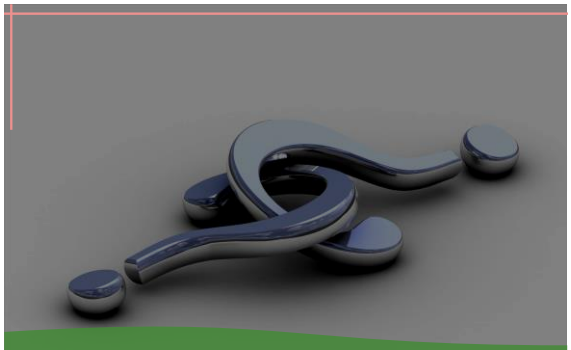
Becker's Hospital Review Annual Meeting
Chicago, Illinois
May 11, 2013

How to Implement Clinical Service Lines With Dyad leadership

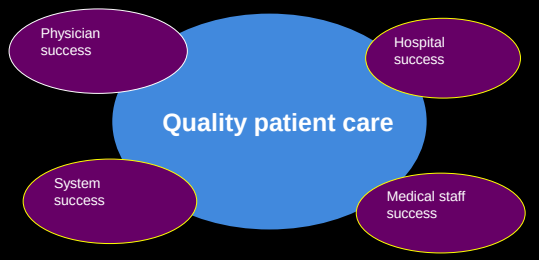
William K. Cors, MD, MMM, FACPE
Chief Medical Quality Officer
Pocono Health System of Pennsylvania





Which is more important, physician success or hospital success?

Physician-Hospital Integration



4

Guiding principle #1

For healthcare to work, we must find a way to achieve physician success, hospital success, and good quality patient care at the same time

It is not an “either-or” but rather a “yes-and”

Guiding principle #2

You can’t solve a problem at the same level of thinking that caused it in the first place.

—Albert Einstein

Guiding principle #3

The major job of hospital management for at least the next five years will be to manage multiple medical staff models simultaneously

Can the traditional medical staff model effectively address today's medical staff responsibilities?

- Patient safety
- Cost containment
- ED call
- Performance on public data
- Pay for performance
- Physician accountability
- Accreditation
- Performance data transparency
- Physician competency
- Physician behavior
- Physician-hospital competition
- Physician-physician collaboration
- Regulatory

Can the traditional medical staff model effectively address today's medical staff responsibilities?

The answer is increasingly no; therefore, medical staffs and hospitals are looking for new models to meet a changing environment

Candidates for the new model: Self-governance

- Traditional self-governed medical staff model but with some "twists":
  - Streamlined governance structure (i.e. less departments and committees and other "stuff")
  - Investment in medical staff leadership
  - Position descriptions and performance evaluations
  - Subject matter experts in credentialing, privileging, peer review, evidence-based practice

Candidates for the new model: Here and Growing- FAST!

- Physician employment
- Physician executives and managers
- **Service line management**
- Employed chairs of key clinical departments
- Contracts for clinical services
- Physician-hospital compacts
- Physician-hospital councils

Clinical Service Lines: what they are and what they're not

The Dilemma

How do you group jobs and responsibilities into a coherent organizational structure to provide effective, efficient, high quality and safe patient care?

Clinical Department Model

- Organizing jobs and responsibilities around inputs to the care process yields a functional structure of departments consisting of individuals in the same profession such as Medicine or Surgery or Social Workers or Nursing…

Service Line Model

- Organizing around outputs creates a service line structure consisting of people, in different disciplines and professions, who have a common purpose of producing a comprehensive set of clinical services.

Service Line Model: Key Applications

- **Comprehensive management of a related group of conditions**
  - Cancer
  - Cardiovascular
- **Managing care and/or maintaining health of identifiable segments of the population**
  - Medicine and Chronic Diseases
  - Women's Children
- **Processes organized around a procedure or intervention**
  - Surgery
    - Joint Replacement
    - Endovascular
    - Spine

Clinical Department versus Service Line

Clinical Department	Service Line
Independent units	Integrated services
Manage loose	Manage tight
MEC oversight	MEC and Management oversight
Open or semi-open	Semi-open or closed
Physician satisfaction	Patient satisfaction
Customized processes	Standardized processes
Manage long	Manage short

Clinical Department versus Service Line (cont.)

Clinical Department	Service Line
Clinical model	Clinical/business model
Physician needs	Physician+patient+health system+ staff needs
Variable performance	Consistent performance
Independence	Interdependence
Elected leaders (usually)	Appointed leaders
Freedom	Commitment
"Chance" leaders	"Skilled" leaders

Service Line Leadership

- Position descriptions with eligibility criteria
- Accountability with alignment
- Select, develop, train, support, and retain (succession planning)
- Create vision to achieve strategic goals
- Motivate and align ("struggle for shared aspirations")
- Focus and execute

Dyad Management Model

- Common clinical "service line" model characterized by pairing of qualified physician and qualified non-physician director, often called a "dyad"
- Necessary ingredients
  - Collaboration
  - Communication
  - True team work

The Dyad

Executive Director

- Operations across the continuum
- Budget management
- Performance reporting systems
- Supply chain management
- Support systems and services
- Integration with other service lines
- Administrative compliance

Chief Medical Executive

- Evidence-based practice and protocols
- Clinical innovation
- Patient care standards
- Clinical pathway development
- Practitioner/hospital integration
- Quality metrics
- Conformance with best practices

Who handles physician performance issues?

It depends…

The medical staff is assigned responsibility for monitoring and improving the quality of care that is primarily dependent upon the **performance of individuals granted privileges**

Medical Staff Department Chair

- **Primary job is to insure the quality of care by individuals granted privileges including:**
  - Credentials
  - Privileges
  - Peer review
  - Physician due process
  - Physician behavior
  - Other?

So who handles what when you have both a deparment and a service line?

There is no one size fits all!

Bottom line is things need to be spelled out as best as possible in advance of any problems…

How It Might Work

- **Department Chair**
  - Credentials/ Privileges
  - Physician due process under the bylaws
- **Chief Medical Executive Service Line**
  - Conformance with protocols and order sets
  - Compliance with mandated quality care measures
- **Either- to be decided by organization**
  - Individual case review
  - Initial peer review process
  - Physician behavior

A dozen tips to stay on track (1)

- Collaborate to create a preferred future
- No one size fits all
- No one is right 100% of the time
- Don't play old tapes

29

A dozen tips to stay on track (2)

- Seek first to understand; then to be understood
- Blame is successful 100% of the time
- Build trust through momentum
- Manage "intent and impact" through downstream analysis- together

30

A dozen tips to stay on track (3)

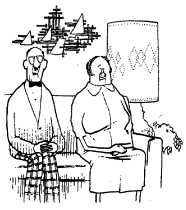
- Harness the power of structured access
- Make it safe for the other parties to hear
- No surprises and no retribution
- You can "pull" people miles; you can't "push" them one inch

31

Differences are OK

- If needed, find a trusted impartial/objective third party to work through differences
- Recognize the legitimate difference in perception between groups (managers and physicians; community and academic physicians; employed and independent physicians)
- Respect and understand each other's needs
- You don't have to like each other; you do need to be able to work together

32



"If you let me have my way all the time, I'll like myself better. Then I'll be easier to live with."

Questions?