



# Multi-site Hospital Medicine Practice Integration

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# Agenda



**Overview**



**Background (Problem and Goals)**



**Current State & Future planning**



**Interventions & Mitigations**



**Results and Impact**



**Learnings**



**Conclusion**

# Overview



# Minnesota

# Wisconsin

# Iowa

- Clinic
- ★ Hospital and Clinic
- ◆ Management Services Agreement
- Physician Services Agreement

*The colors on the map represent locations which operate under the same regional management structure.*

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# Mayo Clinic in the Midwest

- **A single healthcare delivery system with the highest quality destination and community-based care**
- Expert care close to home
- Common patient experience
- Better care, better health and lower cost

# How did Hospital Medicine start its integration journey?

- Community Division- Chair / Administrator: Jan. 6<sup>th</sup>, 2014
- Current State milestone acknowledgment: Practice Integration Office: May 15<sup>th</sup> 2014
- Future State planning: Nov. 19<sup>th</sup> 2014

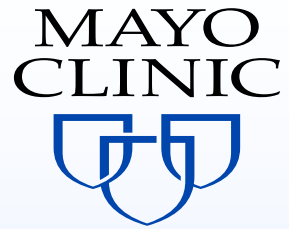


# Midwest Practice Overview

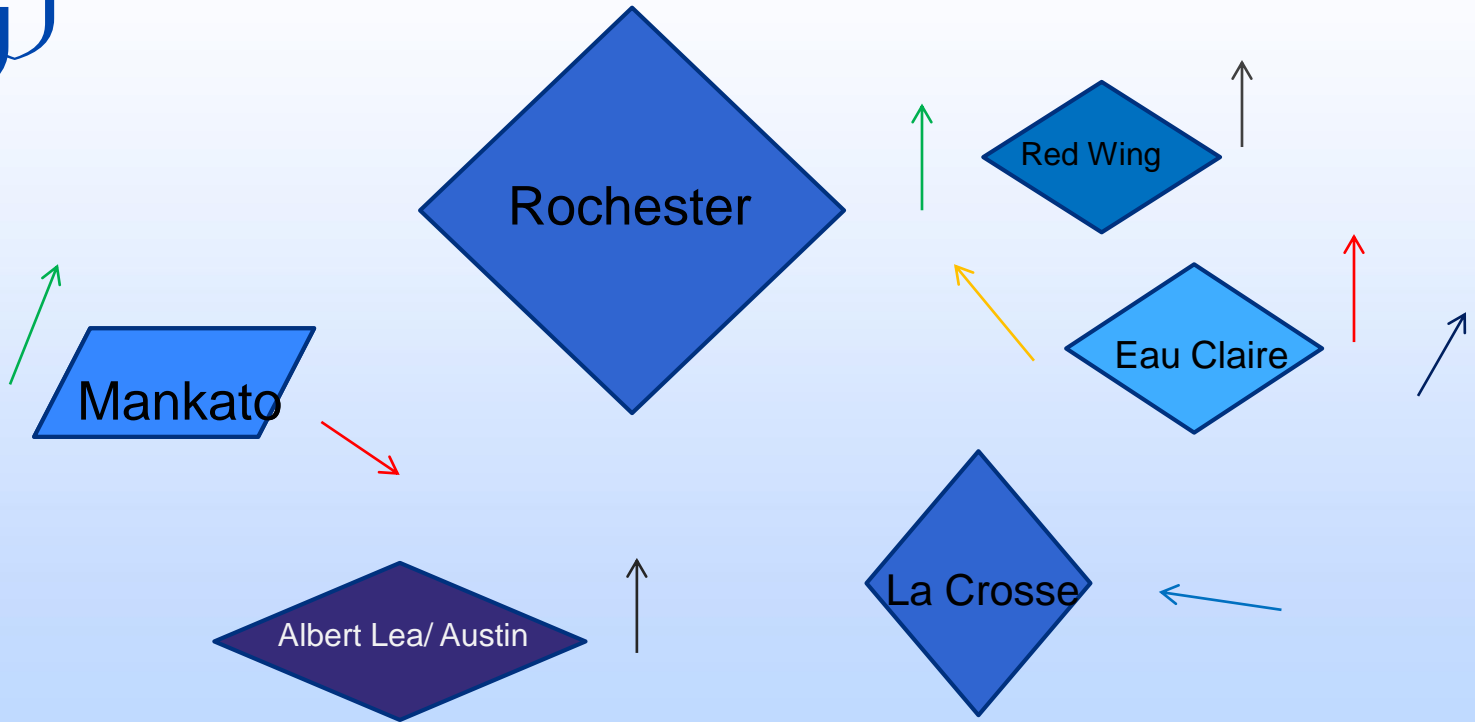
- **4 Hub sites:** Mankato/ Eau Claire/ La Crosse/ Albert Lea-Austin/ + River Corridor
- **Total Hospitalists:** (80+), Total AP's (4+ )
- 24 X 7 Coverage of in-patient medical services, medical consults on surgical/ psychiatry patients, with varying ICU responsibilities.
- Expanding roles/ need for Hospitalist services
- Some Critical access sites in process of requiring Hospital medicine programs

# Current State Planning

- Planning meetings coordinated with regional site visits (face-time + wind-shield time)
- Service line assessments, SWOT analyses + reviews
- Engagement of local staff in gathering input for future state and planning



# Current State



# Current State Assessment

## 4 Common Major Challenges

- ❖ Staffing to Work Load
- ❖ Staff Recruitment
- ❖ Staff Retention
- ❖ Scope of Practice

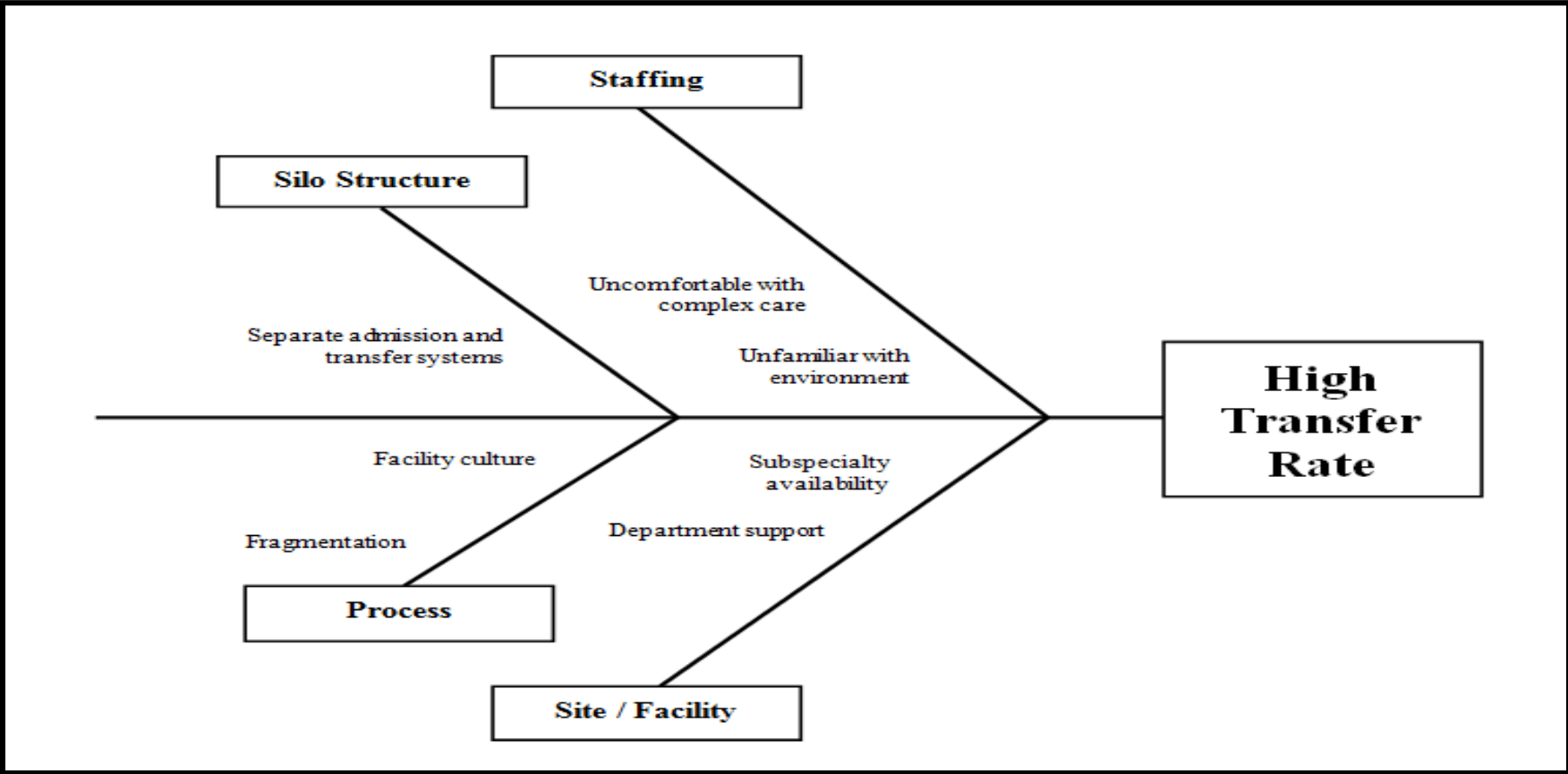
## PROBLEMS

- Several distinct cultures
- Geographically and economically disperse
- Variable workforce with turnover and retention
- Siloed structure

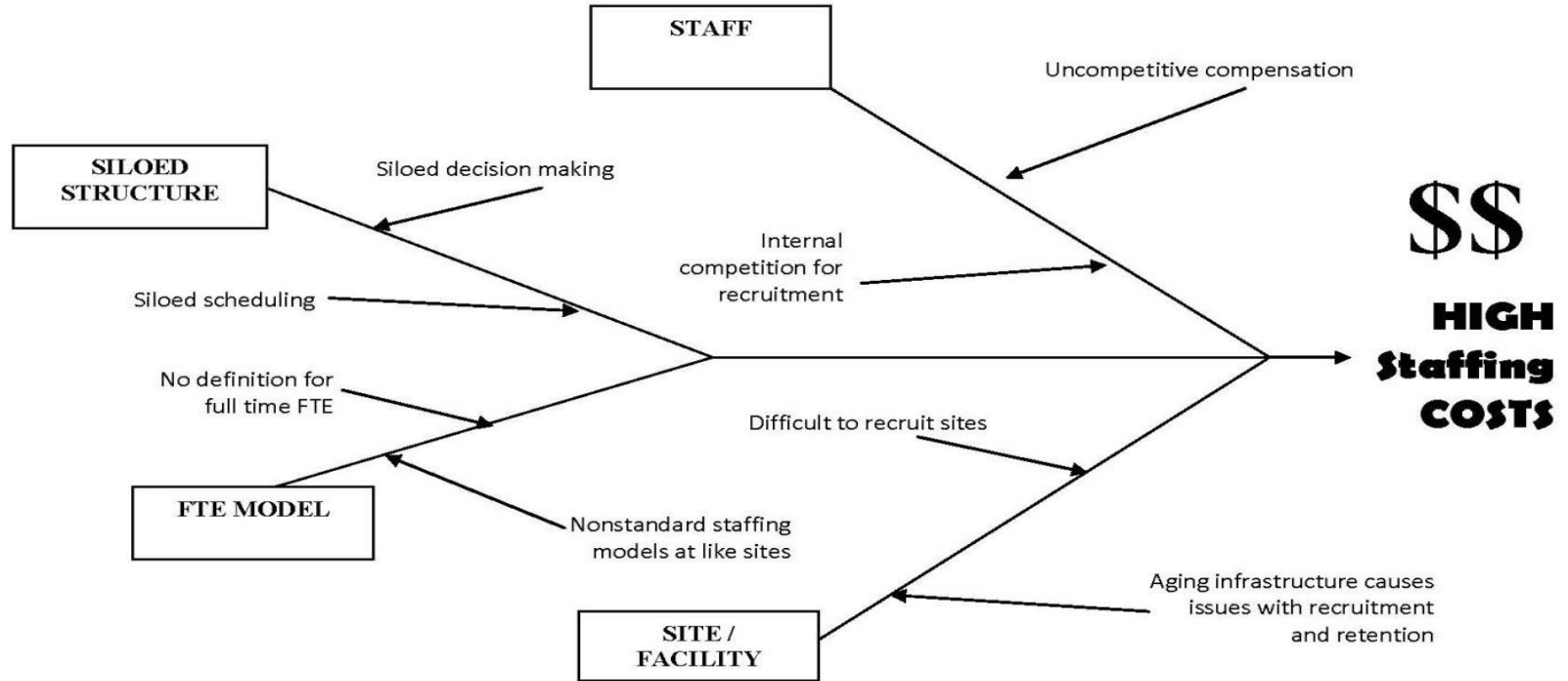
## RESULT

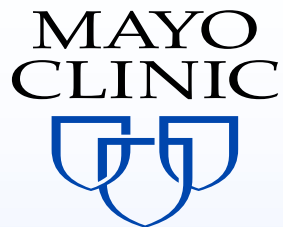
- Recruitment/Retention
- Frequent transfers
- Sub-standard quality
- High facility and patient costs
- Inconsistent care

# High Transfer Rate



# High Staffing Costs





## Integration Goals



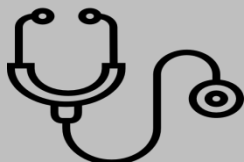
### Measure 1: Non Salaried Hospital Medicine Staffing Costs

- 2014 baseline: ~ \$4000,000 (annual)
- Target: 25% reduction



### Measure 2: SEMN Patient Transfers ?

- 2014 baseline: 6395/year
- Target: 5% reduction

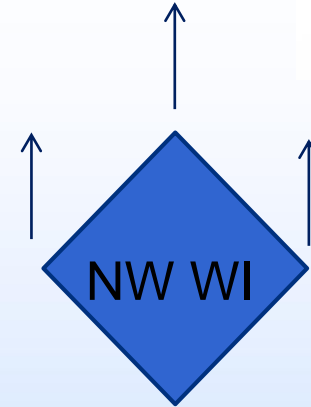
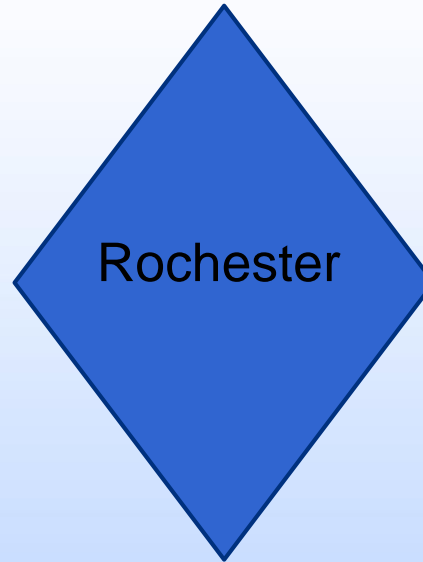
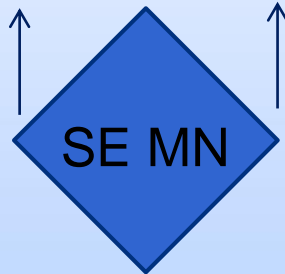
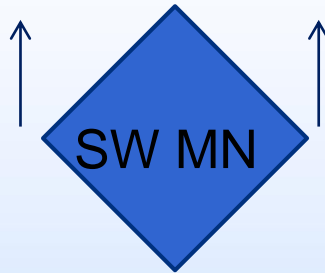


### Counterbalance: FTE deficit

- 2014 baseline: 7 (annual)
- Target: no change



# Future State



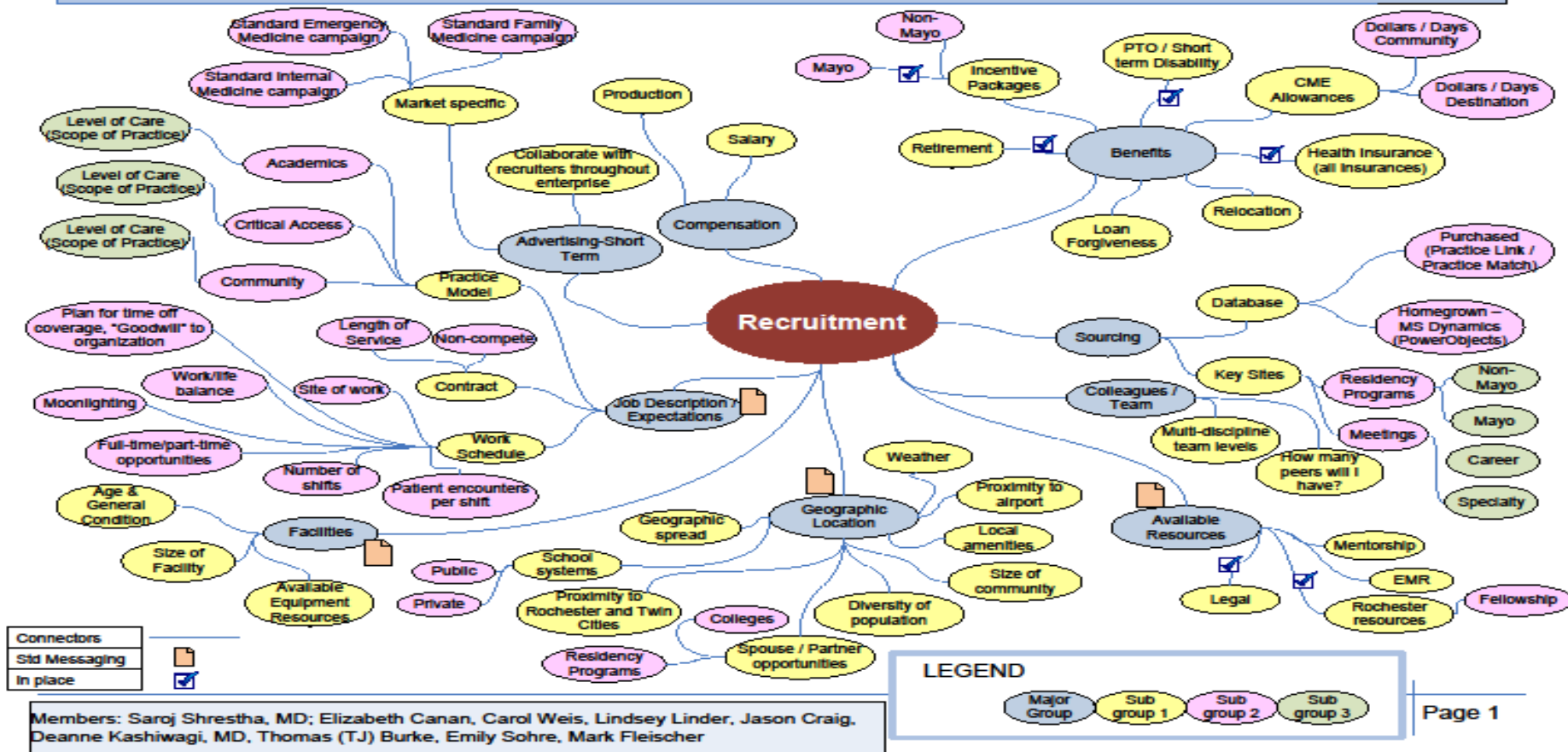
# Future State Planning – elements

- **Structure:** Regionalization of hub and spoke sites
- **Managing Current State Challenges**
- **Shared Staffing Model: Introduction, training, and onboarding of NPPA's**
- **Introduce and sustain** Critical Access Hospital Medicine practice model
- **Leverage Admissions Transfer Center** to manage patient transfers and censuses across our Midwest hospitals



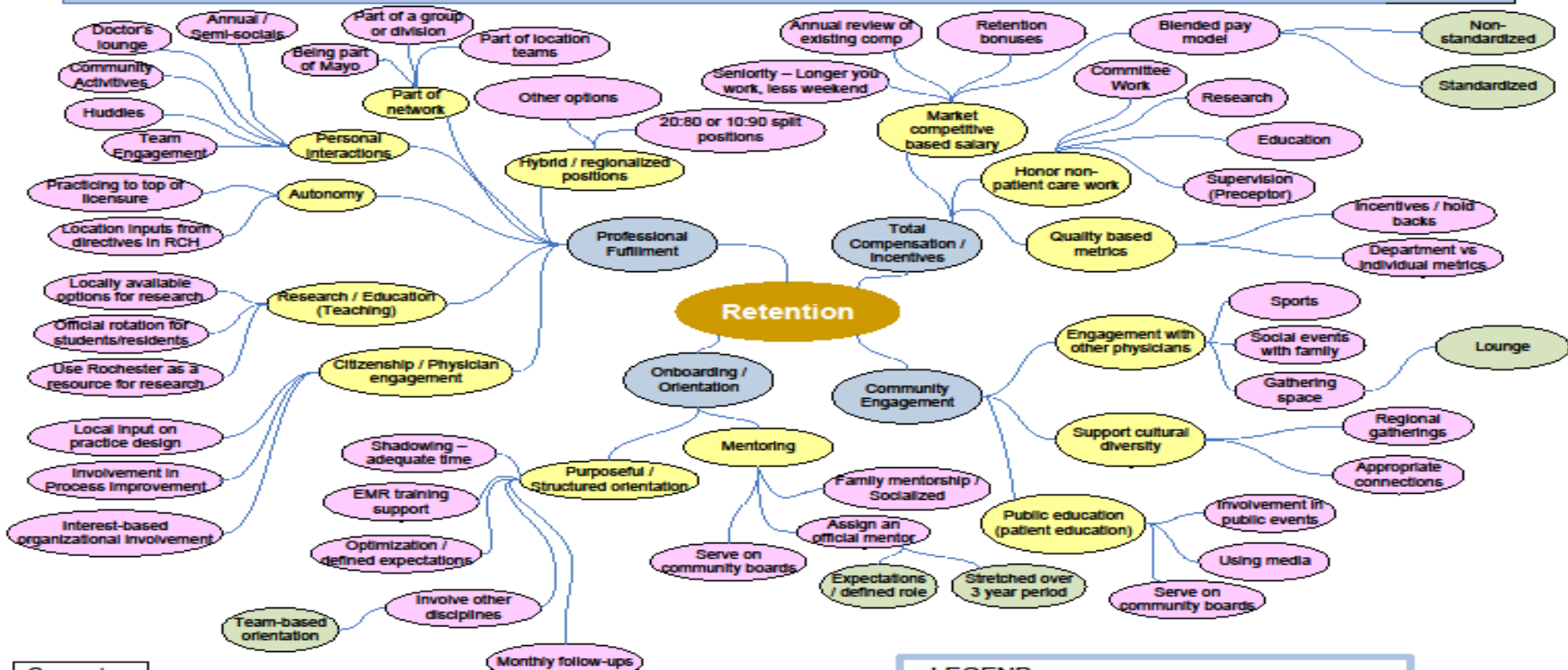
# Hospitalist Recruitment Strategies

Monday, August 11, 2014



# Hospitalist Retention Strategies

Monday, August 11, 2014



Connectors

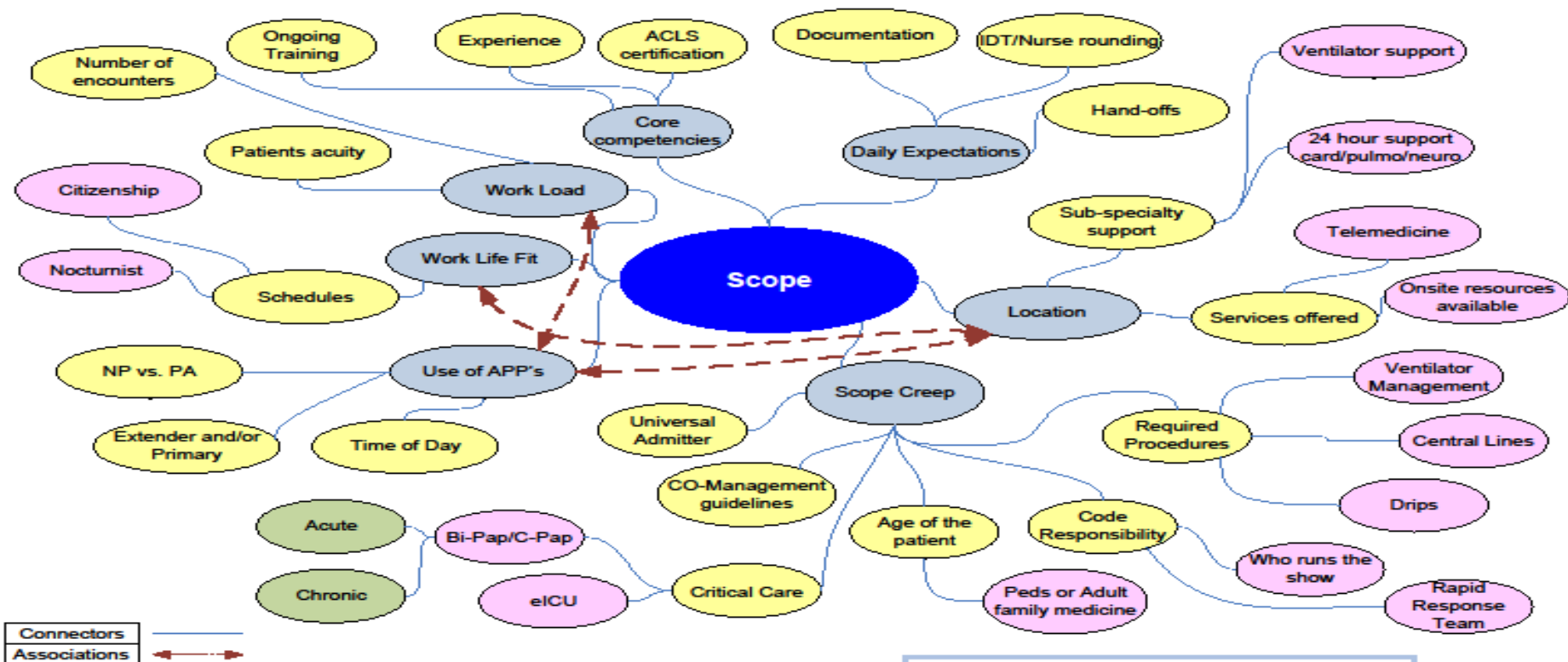
Members: Lori Roth, Umesh Sharma MD, John Grzybowski MD, Virginia Larson, Jeanne Green, Asif Iqbal, Lauren Zelinsky, Pawan Bhandari

LEGEND



# Hospitalist Scope of Community Practice Strategies

Monday, August 11, 2014



Members: Bonnie Guenther, Marti Wolter, Thomas Witt, MD, Farhan Qaseer, MD, Trevor Krawchuk, Chris Gulden, Nancy Christensen, Sara Breitbarth, Shane Lohmann

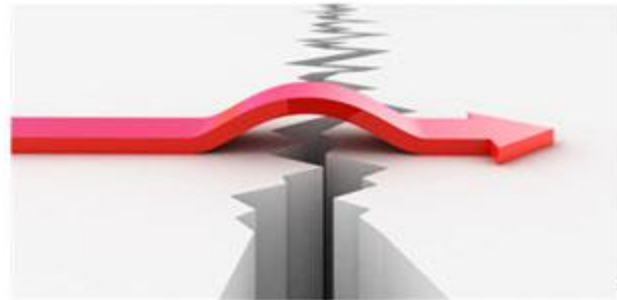
# Other challenges-opportunities

- Lack of broad representation at meetings
- Available time/ resources to implement future state recommendations.
- Various enterprise projects requiring hospital medicine representation
- Existing variation in work culture across sites (change management): **“Think global act local”**



*(Bridging the Gaps)*

## CHALLENGES



**Current State  
Hospitalist Program**

**Future State Hospitalist Program  
after Mid-west Integration**

Mankato &  
Surrounding Hospitals

Austin, Albert Lea,  
Cannon Falls, Lake City,  
Redwing, Owatonna

LaCrosse &  
Sparta

Eau Claire &  
Surrounding Hospitals

**THINK GLOBALLY  
ACT LOCALLY**

**SW MN REGION  
SE MN REGION  
SW WI REGION  
NW WI REGION**





# Organizational Chart

Division Chair MD- Operations Administrator (**Rochester**)  
**Umesh Sharma, MD, MBA- Asif Iqbal MBA (Community Division)**

## **SWMN**

Regional Chair MD  
Administrator

## **NWWI**

Regional Chair MD  
Administrator

## **SEMN**

**I-90 corridor:**

Regional Chair, Administrator

**River corridor:**

Regional Chair MD, Administrator

## **SWWI**

Regional Chair, MD  
Administrator

# Recruitment/ Retention

- **Centralized recruitment process:**
  - single specialty recruiter
  - single budget
  - Centralized sourcing and screening of candidates
- **Standardization of work hours + Tiered- compensation**
  - with productivity expectation to generate >35-40th percentile for AMGA RVU

# Scalable Staffing model strategy

- **Staffing to workloads:** Optimal workloads in community practice (15-18 encounters/ day)

## Hub sites:

- primarily MD staffed- higher case mix.
- Addition of NPPA's as needed to co manage post surgical patients/ Observation/ psychiatry patients with APP Training\Orientation standardization (including Boor Camp in Rochester)

# Scalable Staffing model strategy

**Critical access sites** (Physician-APP hospitalist programs in Red Wing and Fairmont)

- a) **Encounters <15-18/ day**: daytime physician only phone coverage at night
- b) **18-22 encounters/ day**. Physician + AP in day, AP at night.
- c) **>22-25 encounters/ day** with high day time census and night admits. 2 physicians/ day, with MD at night.

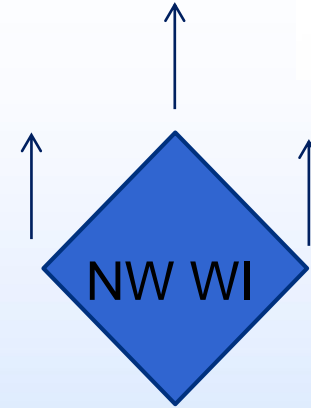
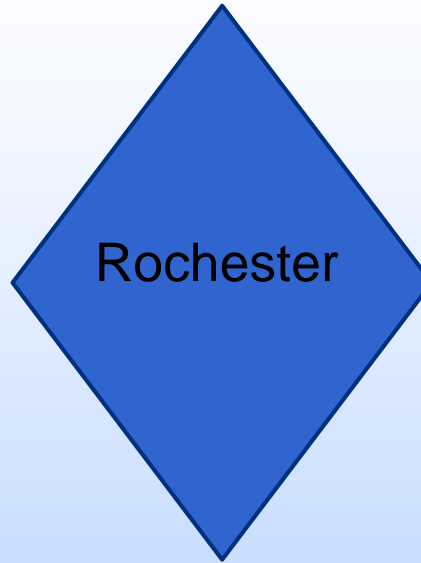
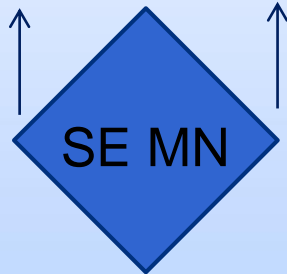
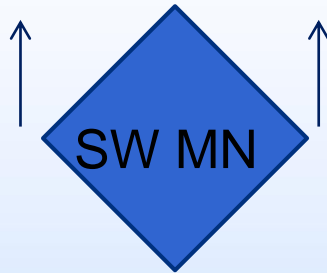
# Practice Standardization

- **Clinical and procedural** scope
- **Physician and Nurse Bedside Rounding**
- **Practice workload** guidelines
- **Single form** with multi-site privileging
- Single scheduling software
- Internal moonlighting option

# Retention strategy

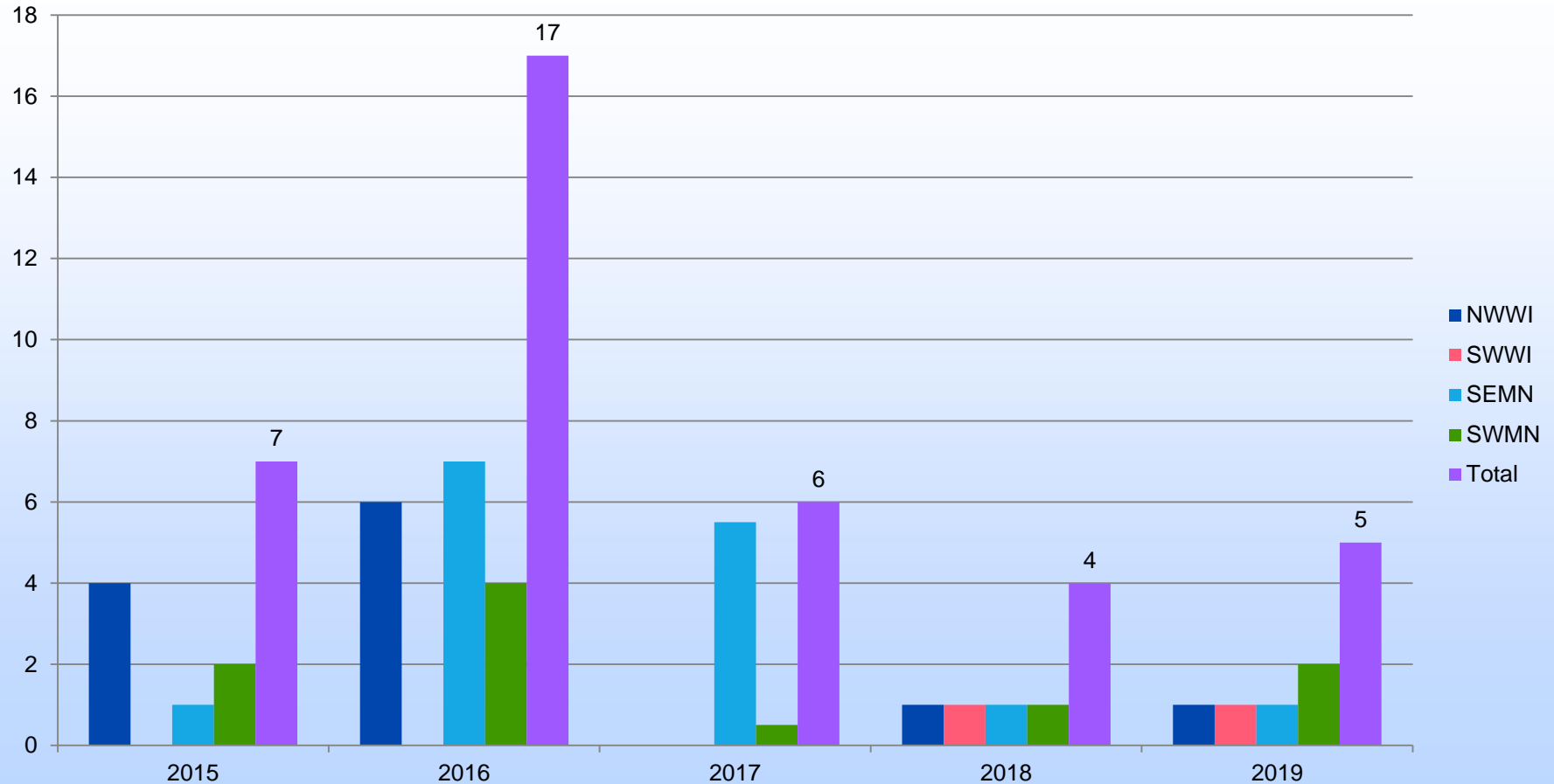
- **Hire the right candidate** with right fit for the work culture, geography (family)
- **Growth** opportunities: mentorship, committee appointment, leadership positions,
- **Opportunities to connect** with colleagues formally informally (problem-solving meetings, provider engagement meetings)
- **Recognition:** Service achievement awards, marketing campaign

# After Integration

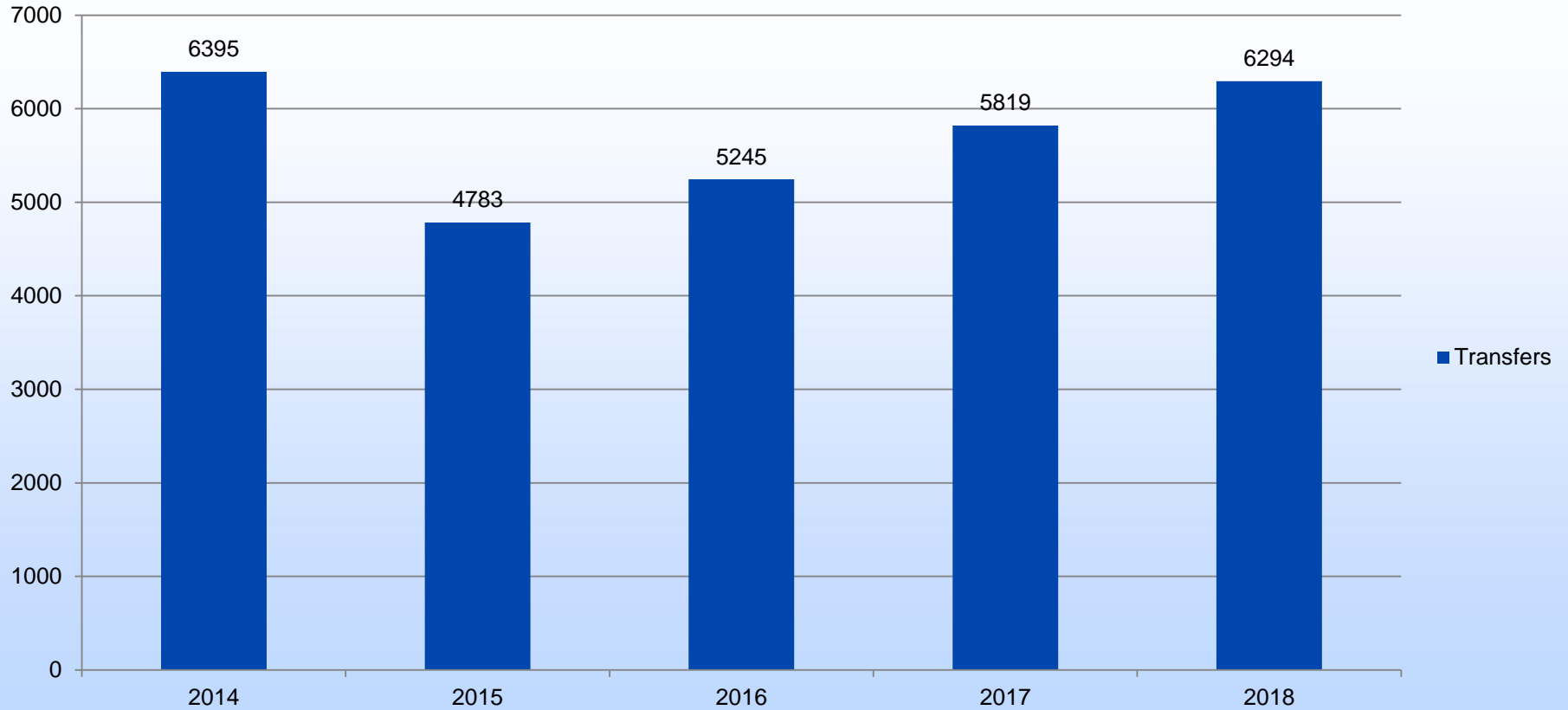




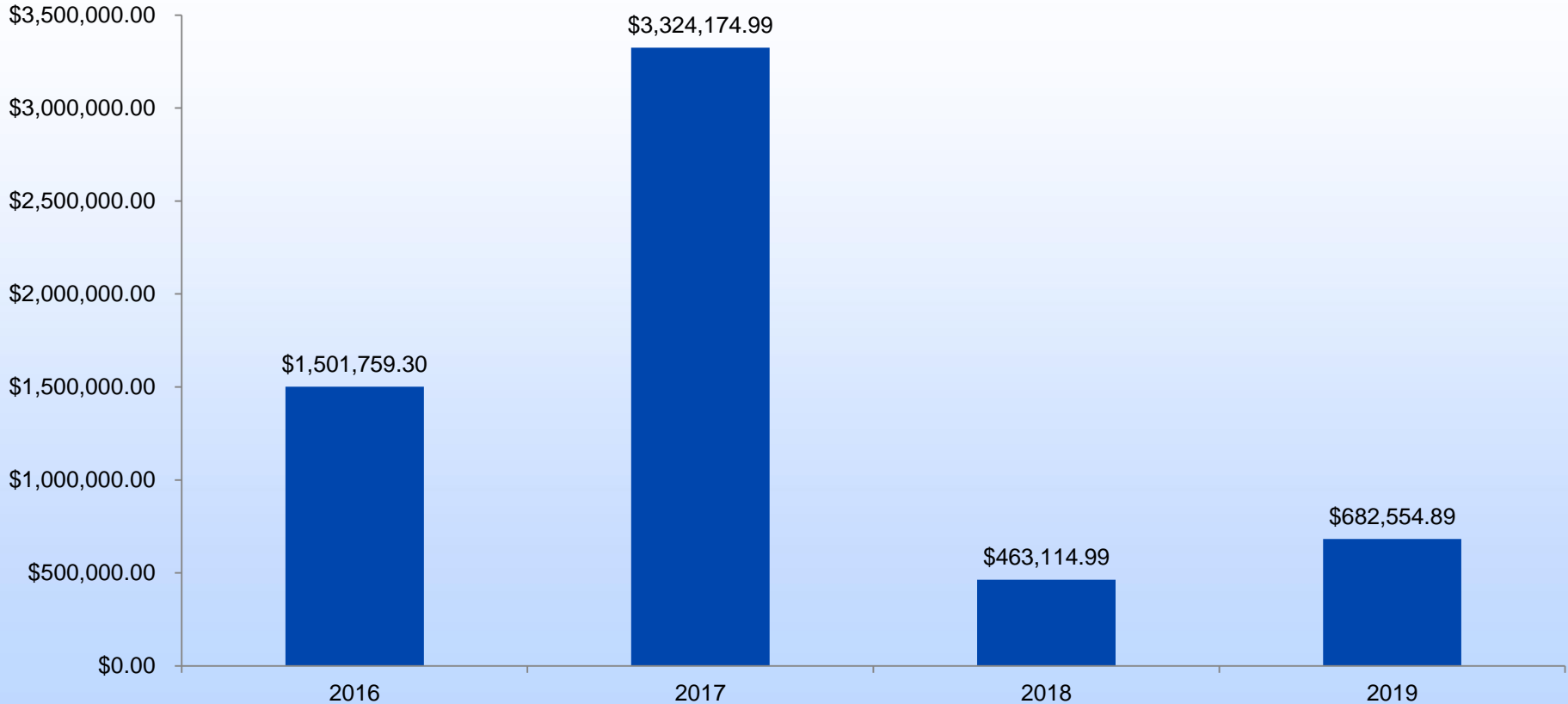
# Annual FTE Deficit



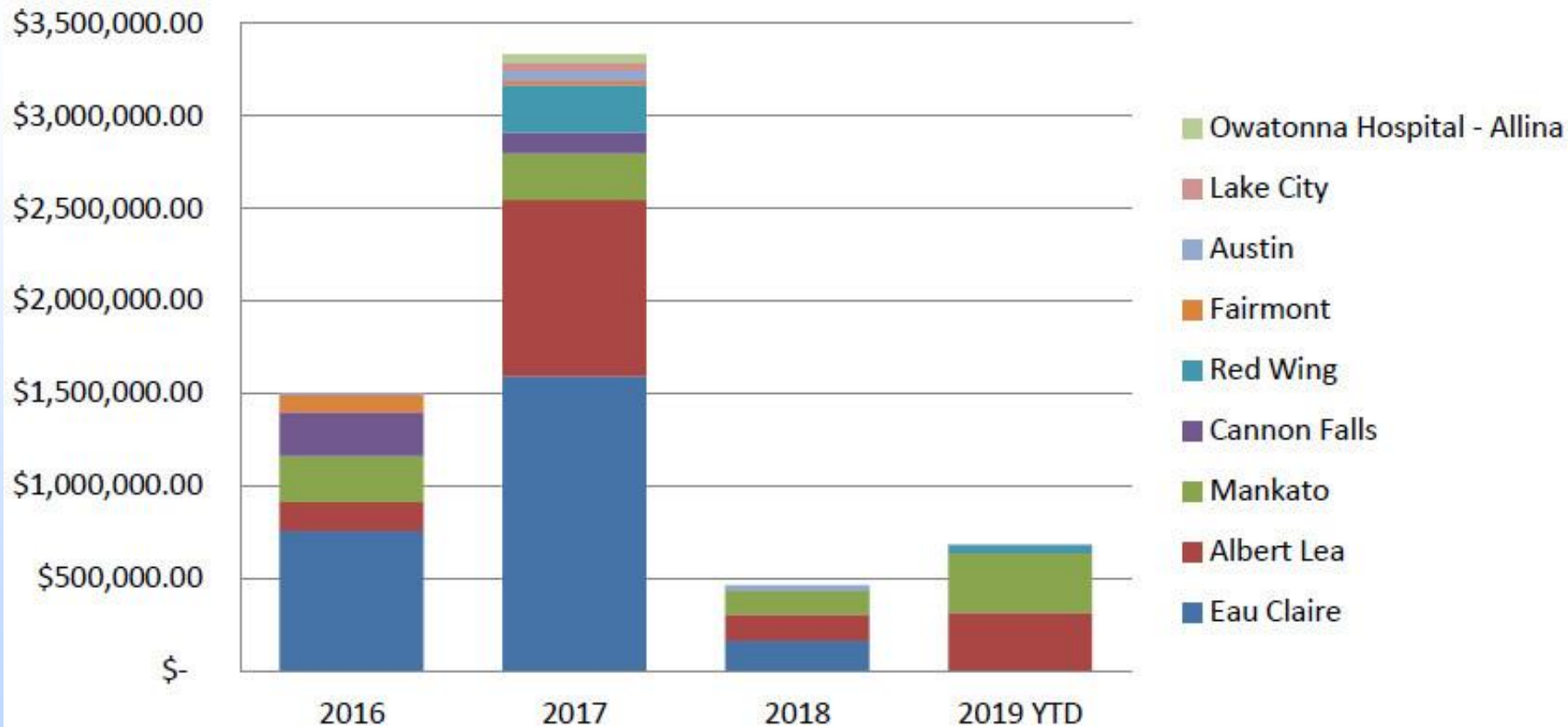
# Transfers



# Temporary Staff Cost



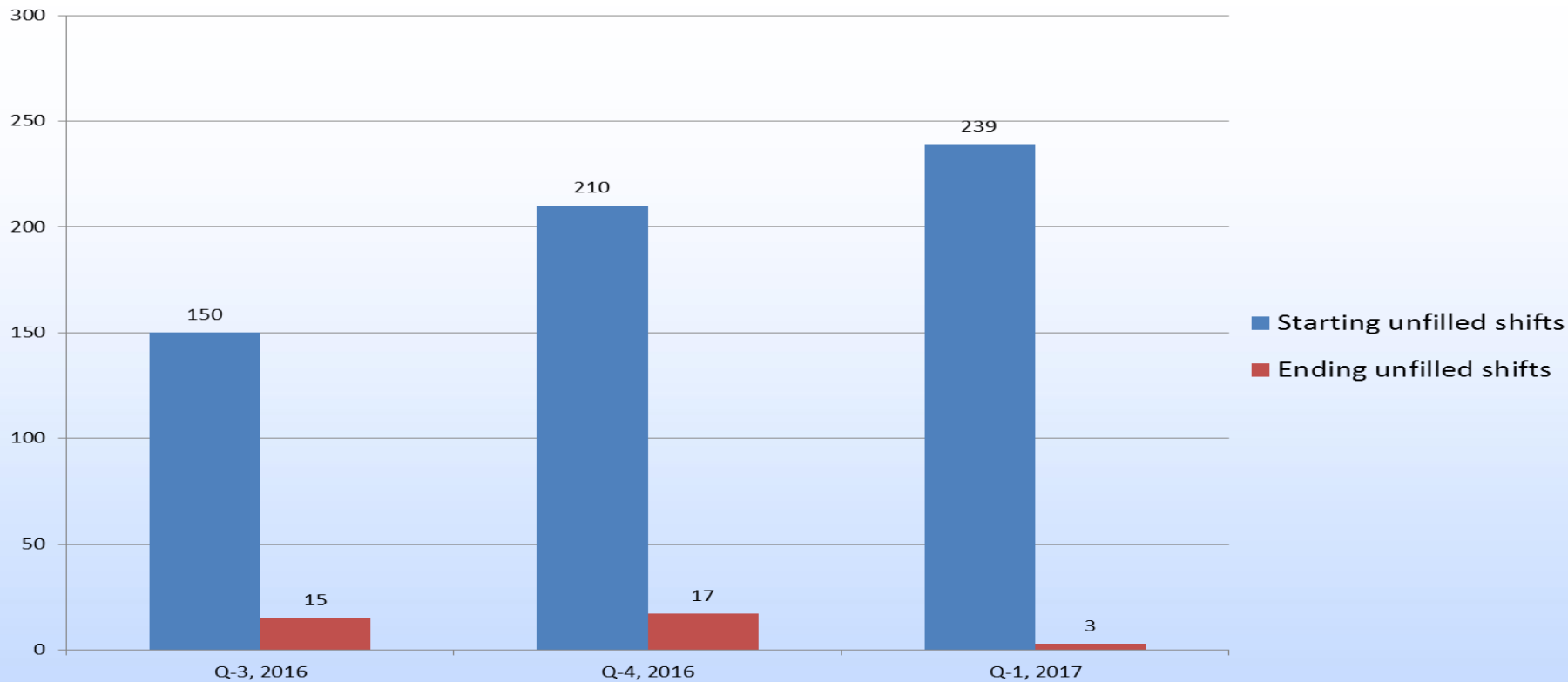
# Temporary staff costs



# Challenges: Fall 2016

- 3 SEMN corridor division chairs stepped down: I-90, OW, Redwing
- 40% turnover in I-90
- >200 shifts/ quarter unfilled, poor staff morale with potential for further FTE loss
- Assumed responsibility of SEMN Regional HM chair





**Number of unfilled shifts for start and end of quarters (Q3, 2016, Q-4, 2016, Q-1, 2017)**

| Site(s) | Current Model | Proposed Future Model | FTE Need |  |  |
|---------|---------------|-----------------------|----------|--|--|
|---------|---------------|-----------------------|----------|--|--|

**All SEMN**

- Days:**
  - 7a to 7p MD (7)
  - 7a to 3p MD (1)
  - 7a to 7p APP (1)
- Nights:**
  - 7p to 7a MD (3)
  - 7p to 7a APP (1)
- FTE: 24.04 MD + 3.80 APP**

- Days:**
  - 7a to 7p MD (6)
  - 7a to 7p APP (3)
- Nights:**
  - 7p to 7a MD (1)
  - 7p to 7a APP (2)
- FTE: 15.60 MD + 12.80 APP**
- Model Cost Savings: 15.23%**

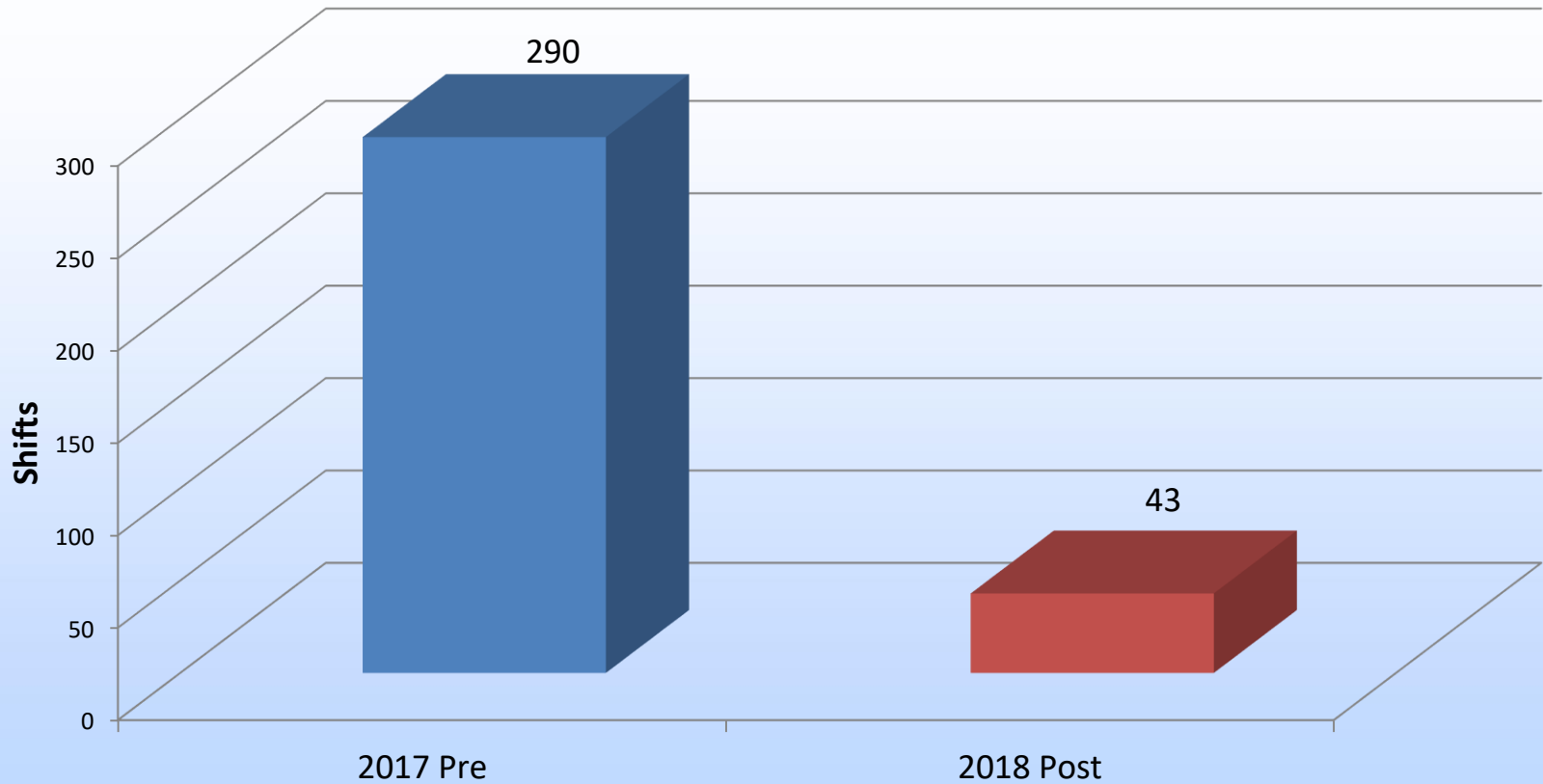
|     | Needed FTE | Current FTE | GAP FTE |
|-----|------------|-------------|---------|
|     |            |             |         |
| MD  | 15.60      | 20.42       | 4.82    |
| APP | 12.80      | 3.80        | -9.00   |



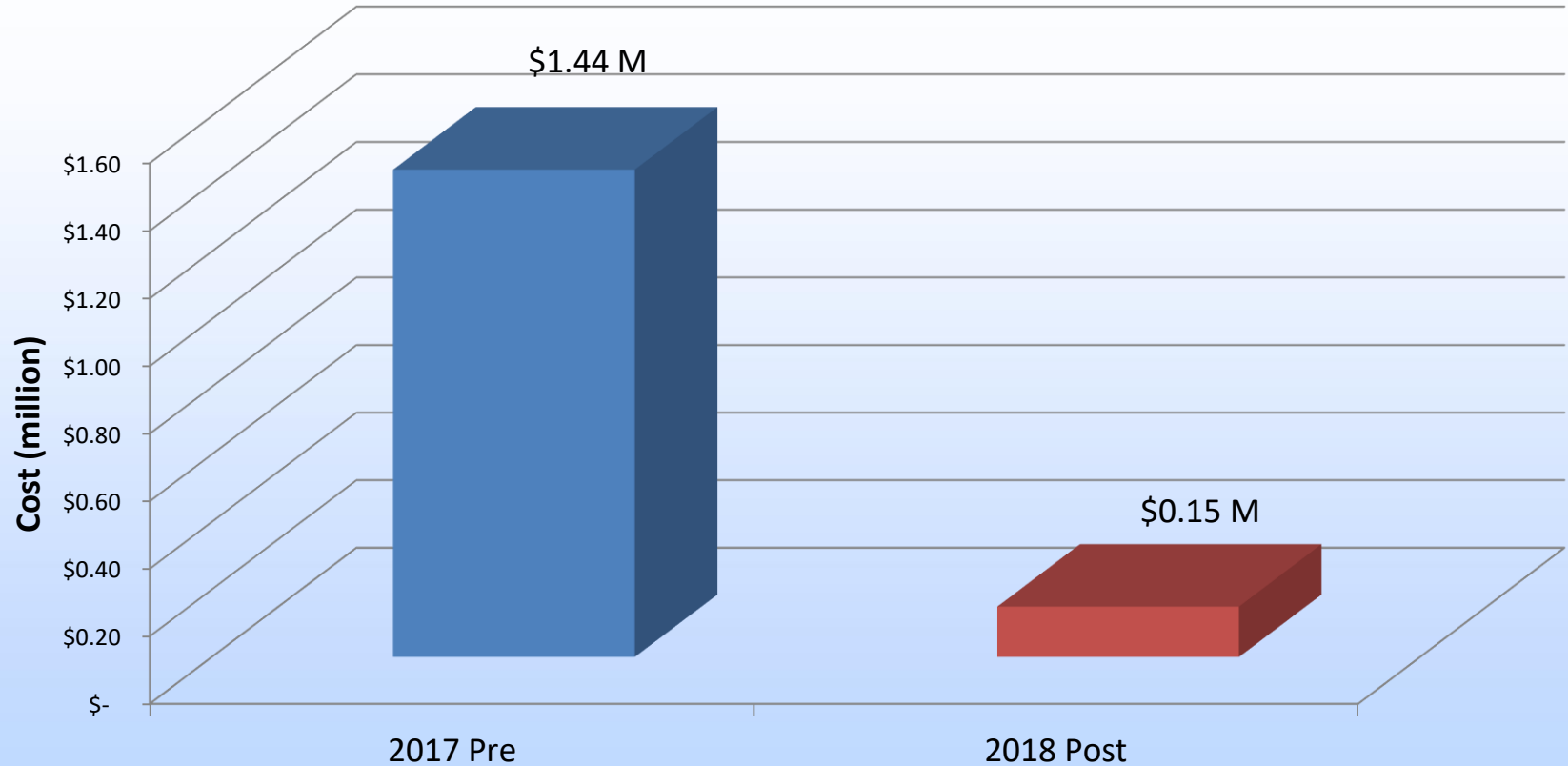
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Worksheet



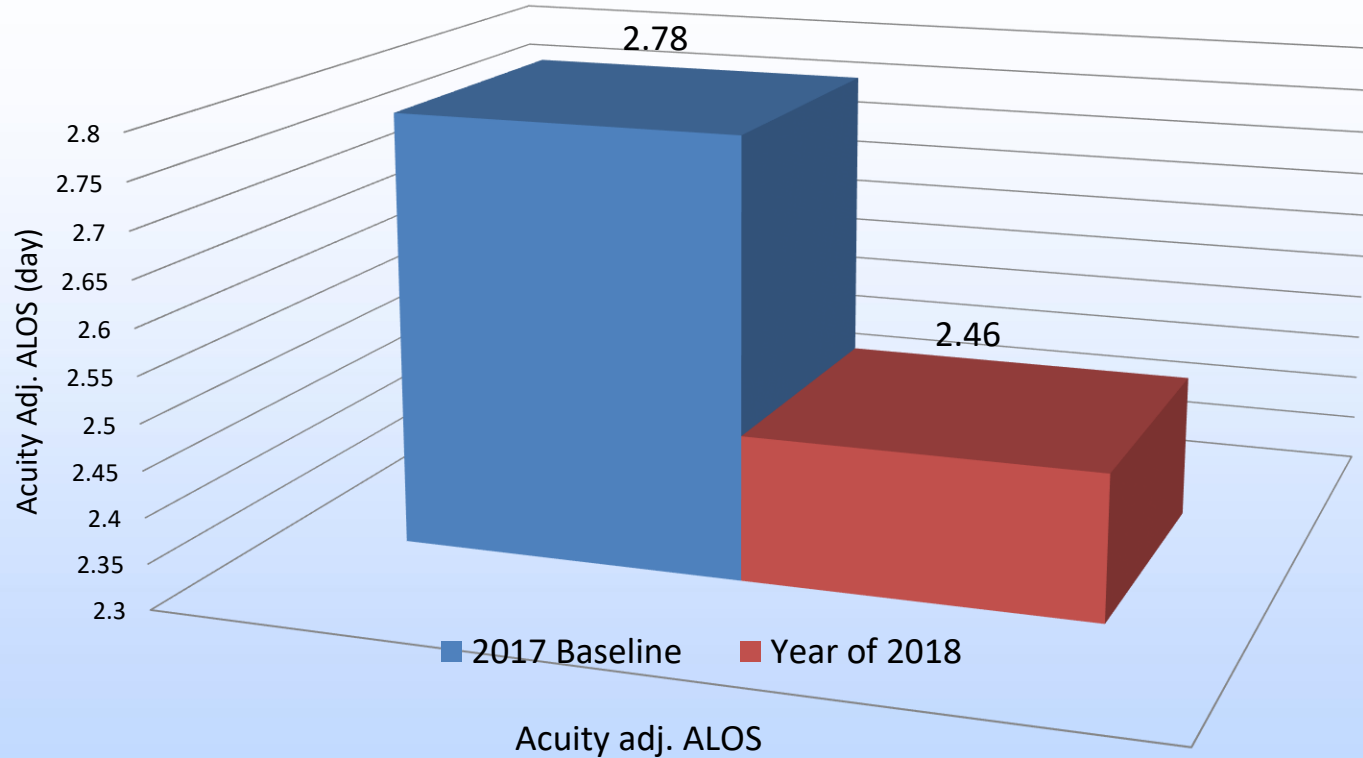
## Pre- Post SEMN shifts by Temporary staff



## Pre- Post SEMN Temporary staff cost



# Pre vs Post-implementation Acuity Adjusted Average Length of Stay



# Value proposition/ Metrics- Coding, documentation, and RVU improvement

| Code                | Level                          | Description                   | RVU Value   | Benchmark Distribution | 2016       | Jan-17    | Feb-17    | Mar-17    |
|---------------------|--------------------------------|-------------------------------|-------------|------------------------|------------|-----------|-----------|-----------|
| 99221               | Inpt H&P - Level 1             | Initial hospital care         | 1.92        | 3%                     | 25%        | 22%       | 22%       | 17%       |
| 99222               | Inpt H&P - Level 2             | Initial hospital care         | 2.61        | 18%                    | 33%        | 30%       | 37%       | 32%       |
| 99223               | Inpt H&P - Level 3             | Initial hospital care         | 3.86        | 79%                    | 43%        | 48%       | 41%       | 52%       |
| 99231               | Inpt Prog Note - Level 1       | Subsequent hospital care      | 0.76        | 2%                     | 11%        | 7%        | 13%       | 8%        |
| 99232               | Inpt Prog Note - Level 2       | Subsequent hospital care      | 1.39        | 51%                    | 84%        | 79%       | 72%       | 80%       |
| 99233               | Inpt Prog Note - Level 3       | Subsequent hospital care      | 2           | 47%                    | 5%         | 14%       | 15%       | 12%       |
| <b>99238</b>        | <b>Inpt Disc Sum - Level 1</b> | <b>Hospital discharge day</b> | <b>1.28</b> | <b>17%</b>             | <b>47%</b> | 21%       | 22%       | 13%       |
| <b>99239</b>        | <b>Inpt Disc Sum - Level 2</b> | <b>Hospital discharge day</b> | <b>1.9</b>  | <b>83%</b>             | <b>53%</b> | 79%       | 78%       | 87%       |
| Discharge Summaries |                                | Average Revenue Per Unit      |             | Rev/unit               | \$ 283.85  | \$ 318.92 | \$ 319.21 | \$ 322.84 |
|                     |                                |                               |             | Delta                  |            | \$ 35.07  | \$ 35.36  | \$ 39.00  |
| 99218               | Obs H&P - Level 1              | Initial observation care      | 1.92        | 3%                     | 24%        | 14%       | 22%       | 18%       |
| 99219               | Obs H&P - Level 2              | Initial observation care      | 2.6         | 23%                    | 29%        | 40%       | 38%       | 40%       |
| 99220               | Obs H&P - Level 3              | Initial observation care      | 3.56        | 74%                    | 47%        | 46%       | 40%       | 42%       |
| 99224               | Obs Prog Note - Level 1        | Subsequent observation care   | 0.76        | 4%                     | 33%        | 27%       | 42%       | 36%       |
| 99225               | Obs Prog Note - Level 2        | Subsequent observation care   | 1.39        | 52%                    | 65%        | 73%       | 55%       | 64%       |
| 99226               | Obs Prog Note - Level 3        | Subsequent observation care   | 2           | 44%                    | 1%         | 0%        | 3%        | 1%        |
| 99234               | Obs Same Day Level 1           | Observ/hosp same date         | 2.56        | 0%                     | 21%        | 18%       | 50%       | 50%       |
| 99235               | Obs Same Day Level 2           | Observ/hosp same date         | 3.24        | 33%                    | 34%        | 27%       | 50%       | 25%       |
| 99236               | Obs Same Day Level 3           | Observ/hosp same date         | 4.2         | 68%                    | 44%        | 55%       | 0%        | 25%       |

| Code  | Team Average | Benchmark Distribution | \$/Unit  | Current               | Benchmark High        |
|-------|--------------|------------------------|----------|-----------------------|-----------------------|
| 99221 | 25%          | 3%                     | \$364.00 | \$ 188,916.00         | \$ 20,215.15          |
| 99222 | 33%          | 18%                    | \$477.75 | \$ 327,258.75         | \$ 182,682.01         |
| 99223 | 43%          | 79%                    | \$618.75 | \$ 556,875.00         | \$1,030,889.44        |
| 99231 | 11%          | 2%                     | \$175.00 | \$ 157,850.00         | \$ 27,838.31          |
| 99232 | 84%          | 51%                    | \$237.76 | \$1,636,739.84        | \$ 994,176.17         |
| 99233 | 5%           | 47%                    | \$331.00 | \$ 146,964.00         | \$1,287,423.38        |
| 99238 | 47%          | 17%                    | \$230.00 | \$ 264,500.00         | \$ 97,547.58          |
| 99239 | 53%          | 83%                    | \$330.00 | \$ 423,390.00         | \$ 662,930.43         |
| 99218 | 23%          | 3%                     | 316.39   | \$ 135,731.31         | \$ 15,577.73          |
| 99219 | 30%          | 23%                    | 435.01   | \$ 243,170.59         | \$ 187,723.23         |
| 99220 | 46%          | 74%                    | 595.52   | \$ 508,574.08         | \$ 810,637.55         |
| 99224 | 33%          | 4%                     | \$110.00 | \$ 52,690.00          | \$ 5,617.86           |
| 99225 | 65%          | 52%                    | \$220.57 | \$ 205,130.10         | \$ 165,217.43         |
| 99226 | 1%           | 44%                    | \$308.00 | \$ 6,468.00           | \$ 194,003.33         |
| 99234 | 21%          | 0%                     | \$432.00 | \$ 12,528.00          | \$ -                  |
| 99235 | 34%          | 33%                    | \$586.00 | \$ 26,956.00          | \$ 25,710.75          |
| 99236 | 44%          | 68%                    | \$688.00 | \$ 41,280.00          | \$ 62,694.00          |
|       |              |                        |          | <b>\$4,935,021.67</b> | <b>\$5,770,884.35</b> |
|       |              |                        |          | <b>Difference</b>     | <b>\$ 835,862.68</b>  |

# Operational efficiencies introduced

- OSP Measures identified: post MI 30-day readmission metric
- Observation unit in Eau Claire, La Crosse
- First ever intra-divisional retreat ED and Hospital Medicine
- Patient experience efforts in Midwest- Provider coaching and empathy training
- SIM center for procedural training for hospitalists
- Collaborative work standard with surgeons to care for patients with surgical needs

# Other standardizations

- **Standardized Metrics:** Hospital medicine dashboard
  - Length of stay
  - Cost per case
  - Observed vs. expected mortality
  - Length of stay
  - Readmission rates
  - Press-Ganey Patient experience scores
- **Standardization of NP/PA role in community hospital practice:** orientation, boot camp, fellowship
- **Collaboration with ATC, Post Acute care, ED** colleagues to manage patient transitions between Midwest sites
- **Future Telemedicine support to critical access sites**

# Learnings: Top 10

- 1. Historic evolution: Colleagues communicating, collaborating and uniting as a division across regional practice sites
- 2. Seek to understand and explain purpose, rather than push agenda
- 3. Face-timing, relationship building essential for on boarding and engaging colleagues
- 4. Every program is unique: culture, needs, serves various needs that are continually changing.
- 5. Similar roadblock issues: Staffing to workloads, Scope of practice, recruitment and retention



# Learnings: Top 10

- 6. Great team, support from Rochester Hospital Medicine, and health system leadership
- 7. Support of Regional Leadership essential: value quality/ service/ outcomes by Hospitalists and invest in the programs
- 8. Change management with frequent communication
- 9. Strong foundation required for continued future evolution.
- 10. “Think global, act local”. Strategy vs. operations role as needed.



## Questions & Discussion

### **Umesh Sharma, MD, MBA, FACHE**

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