

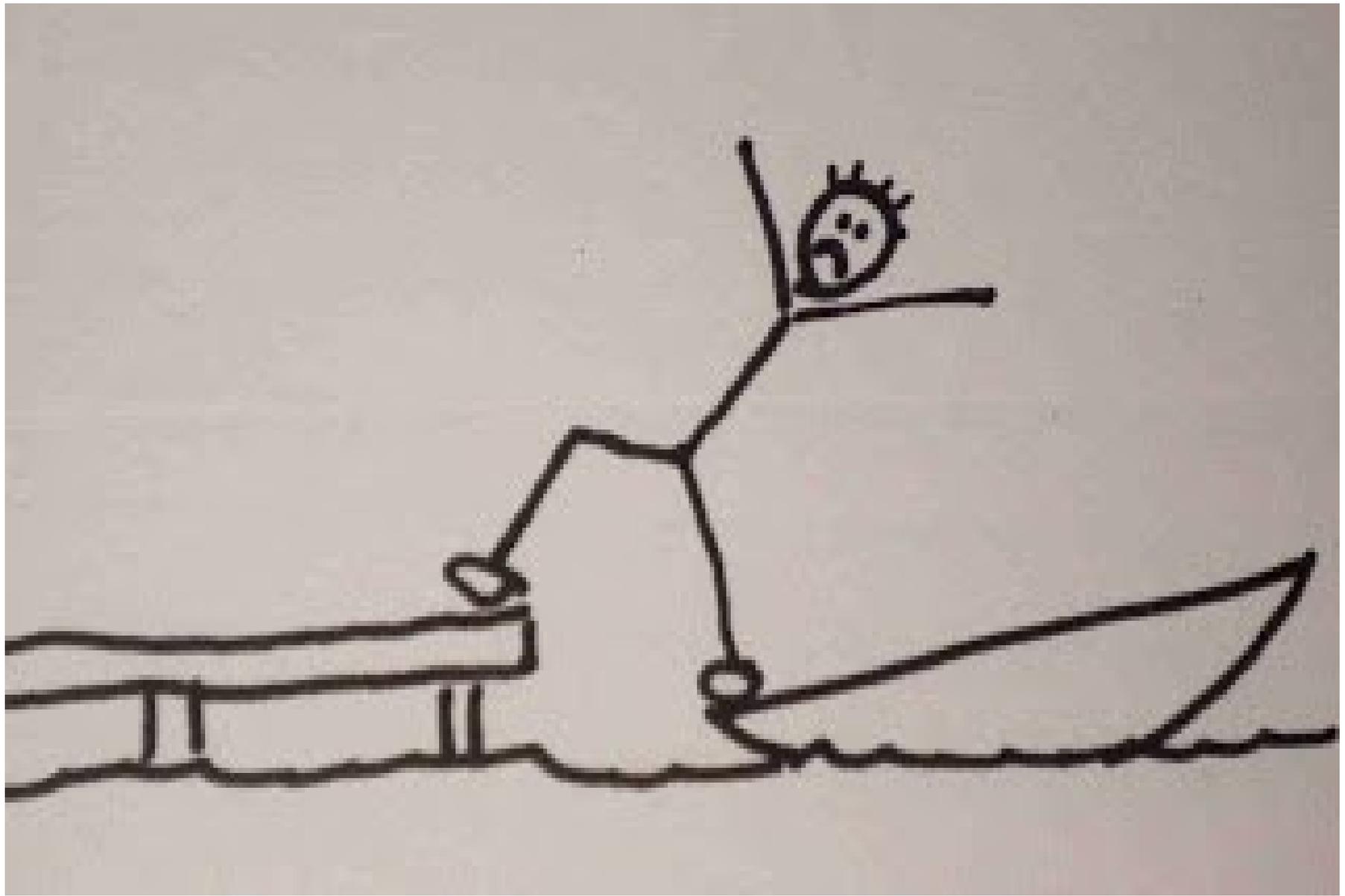
Developing Service Lines to Improve Performance and Build a Foundation for Population Health Management

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CEO, Palo Alto Foundation Medical Group

The Leadership Institute
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Objective:

To describe the development of service lines and how they can improve performance in a medical foundation and establish a platform for population health management



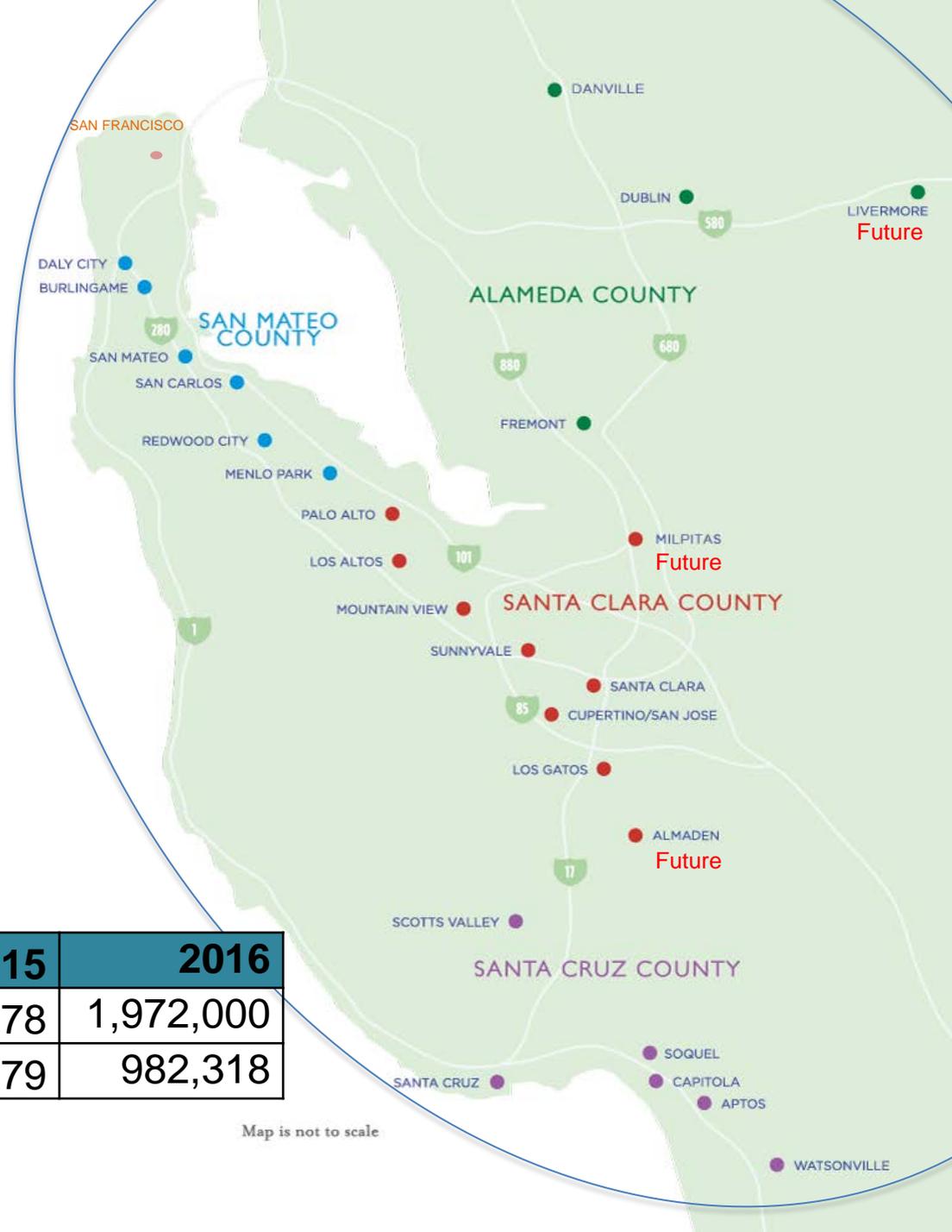
Palo Alto Medical Foundation

- Approximately 1,500 physicians in over 35 specialties
- *Research Division* focusing on health care policy, outcomes research and delivery systems research
- Approximately 40 percent primary care 60 percent subspecialists
- Approximately 1 million patients

PAMF Wide Clinical Sites

Matrix Accountability

- Service line
 - Quality
 - Service
 - Affordability
- Geographic
 - Local multispecialty team
 - Local hospital relationship
 - Growth planning
 - Community benefit
 - Philanthropy



Map is not to scale

	2014	2015	2016
Bay Lives	1,857,624	1,909,178	1,972,000
PAMF Lives	903,341	952,579	982,318

Development of Service Lines

- Why develop service lines? What problems were we trying to solve?
 - Provide an improved patient experience
 - Improve access
 - Improve quality of care
 - Leverage resources and expertise of clinicians, leaders and staff
 - Deploy new practices and technology
 - Identify variation in operations, quality, cost of care/ affordability
 - Develop approaches to populations across the entire organization

Design and Implementation Process

- Design process began in 2014
- Engaged operational and medical group leaders
- PAMF implemented new structure in Q1-Q2 2015
- PAFMG completed medical leadership implementation Q4 2015
- Service lines have now been fully functioning for 12-18 months

PAMF Service Lines

Anesthesia, Diagnostics & Pharmacy

Martha Lauderdale, VP

VP

John Chou, MD

Radiology

Pharmacy

Genetics

Lab

Pathology

Anesthesiology

OB/Women's Health

Jori Mangers, VP

Liza Kunz, MD

OB/GYN

REF Lab

Maternal Fetal
Medicine

Fertility & Repro
Endocrine

Cardiovascular

Audrey Fisher, VP

Greg Engel, MD

Cardiology

Cardiothoracic
Surgery

Cardiac Lab

Vascular Surgery

Nephrology

Interventional
Radiology

Surgical Specialties

Audrey Fisher, VP

T.J. Scott, MD

Urology

Otolaryngology

Dermatology

Audiology

Optical Dispensary

Ophthalmology

Optometry

Plastic Surgery

Cosmetic Surgery

Neuro/Muscular Skeletal

Alan Aman, VP

Andrew Gutow, MD

Orthopedics &
Sports Medicine

Neurosurgery

Podiatric Medicine

Physical Therapy

Physical Medicine
& Rehabilitation

PAMF Service Lines

Medical Sub-Specialties

Cecilia Fisher, VP
Luis Folan, MD

Allergy

Endocrine

Sleep Medicine

Pulmonary

Neurology

Rheumatology

Integrative Medicine

Family Medicine & Internal Medicine

Jenny Buchanan, VP
Jennifer Gillett, MD

Family Medicine

Internal Medicine

Adult Weight Mgt

Hospitalists

Geriatrics

Infectious Disease

Occ Health/ Travel Med

Concierge

Executive Health

Urgent Care

Behavioral Health

Pediatrics

Jori Mangers, VP
Margaret Fry, MD

Pediatrics

Pediatric Urgent Care

Peds Weight Mgt

Pediatric Sub-Spec

Oncology, Digestive Health & General Surgery

Teresa Sarlitto, VP
Sue Knox, MD

Oncology

General Surgery

Radiation Oncology

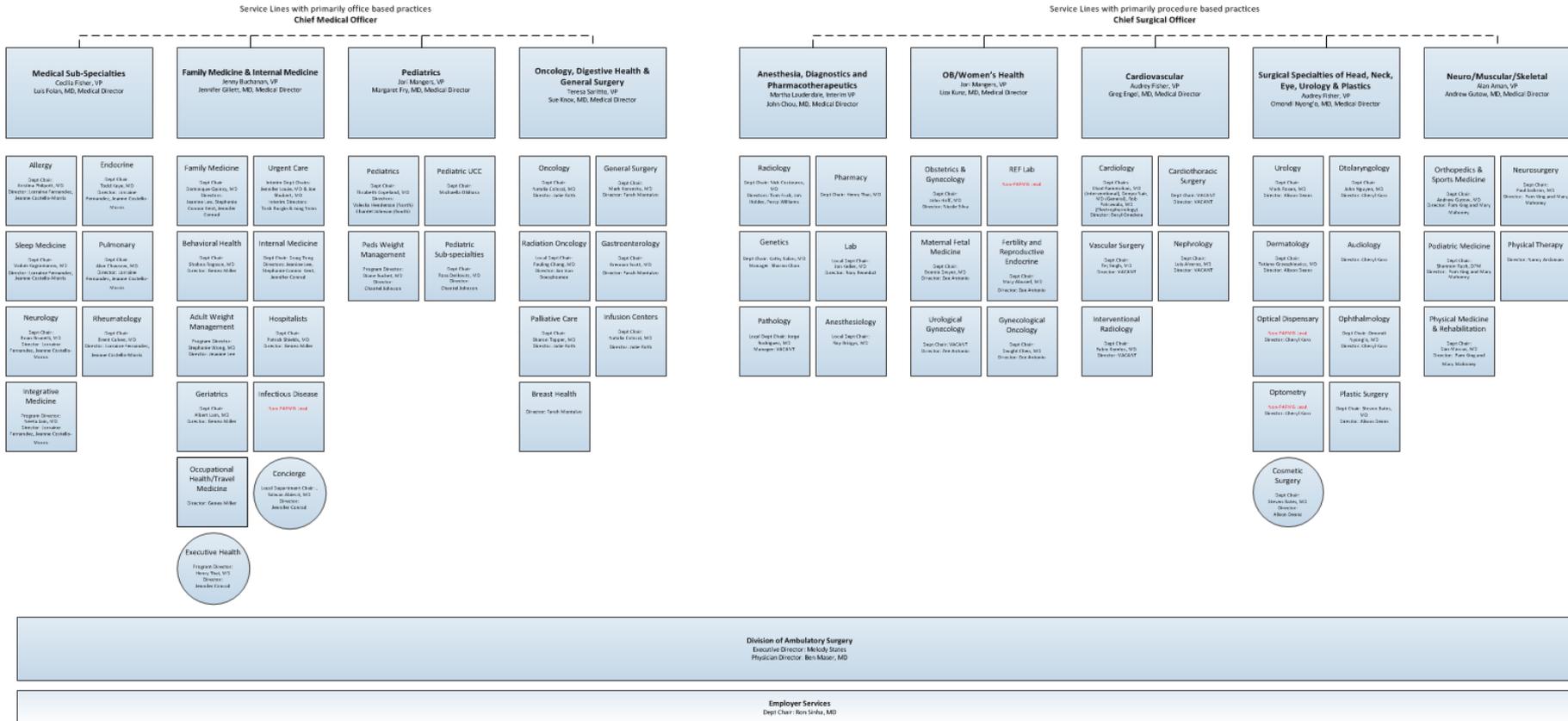
Gastroenterology

Palliative Care

Infusion Centers

Breast Health

Service Line and Department Affinitization Within a Matrix Organization



KEANU
REEVES

LAURENCE
FISHBURNE

MATRIX

THE MATRIX



Decision, Consult, Inform Matrix

Decision		Geography (President, A Team, Building Leads	Service Line SVL , Specialty Depts., Local Depts.
Daily Operations	Management of Clinical Department	C	D
	MD Hiring, Development, & Compensation	C	D
	Staff Hiring, Development, & Compensation	C	D
	MD Performance Management	C	D
	Staff Performance Management	C	D
	Use of Existing Space	D	C
	Promoting Culture of Group Practice	D	C
	Manage Daily Cross-Service Line Problem Solving	D	C
	Internal Support Service Negotiation For Operations	C	D
Strategy & Planning	Service Line Planning	C	D
	Geographic Development and Planning with partners and Sutter Health	D	C
	Mergers and Acquisitions	D	C
	Capital - MOB	D	C
	Capital - Technical	C	D
	Budgeting (Operating)	C	D
Outcomes / Performance	Service Line Quality Performance	C	D
	Quality Performance in Geography	D	C
	Service Performance – Service Line	C	D
	Service Performance – Geography	D	C
	Service Recovery	D	C
	Financial Performance Geography (Total Cost of Care)	D	C
	Financial Performance Service Line	C	D
External Partner-ships	Relationship with local communities	D	C
	Philanthropy	D	C
	Hospital Strategy	D	C

Enthusiasm for Change?



Service Line Implementation- Challenges

- Need to maintain operational leadership and functions within local geographies
- Develop consensus on “Decision/ Consult/ Inform” authority of SL vs Geography
- Implementation initially slow for medical group leadership- accelerated Q3/Q4 2015

Examples of Service Line Work

- Cardiovascular
 - Implementation of new technology
- Women's Health
 - Screening a population
- Primary Care/ Endocrine
 - Optimal care for population of diabetics
- ENT
 - Improvements in access and productivity

Cardiovascular Service Line



Greg Engel, MD
Medical Director



Rob Patrawala, MD
Electrophysiology Cardiology
Department Chair



Chad Rammohan, MD
Interventional Cardiology
Department Chair

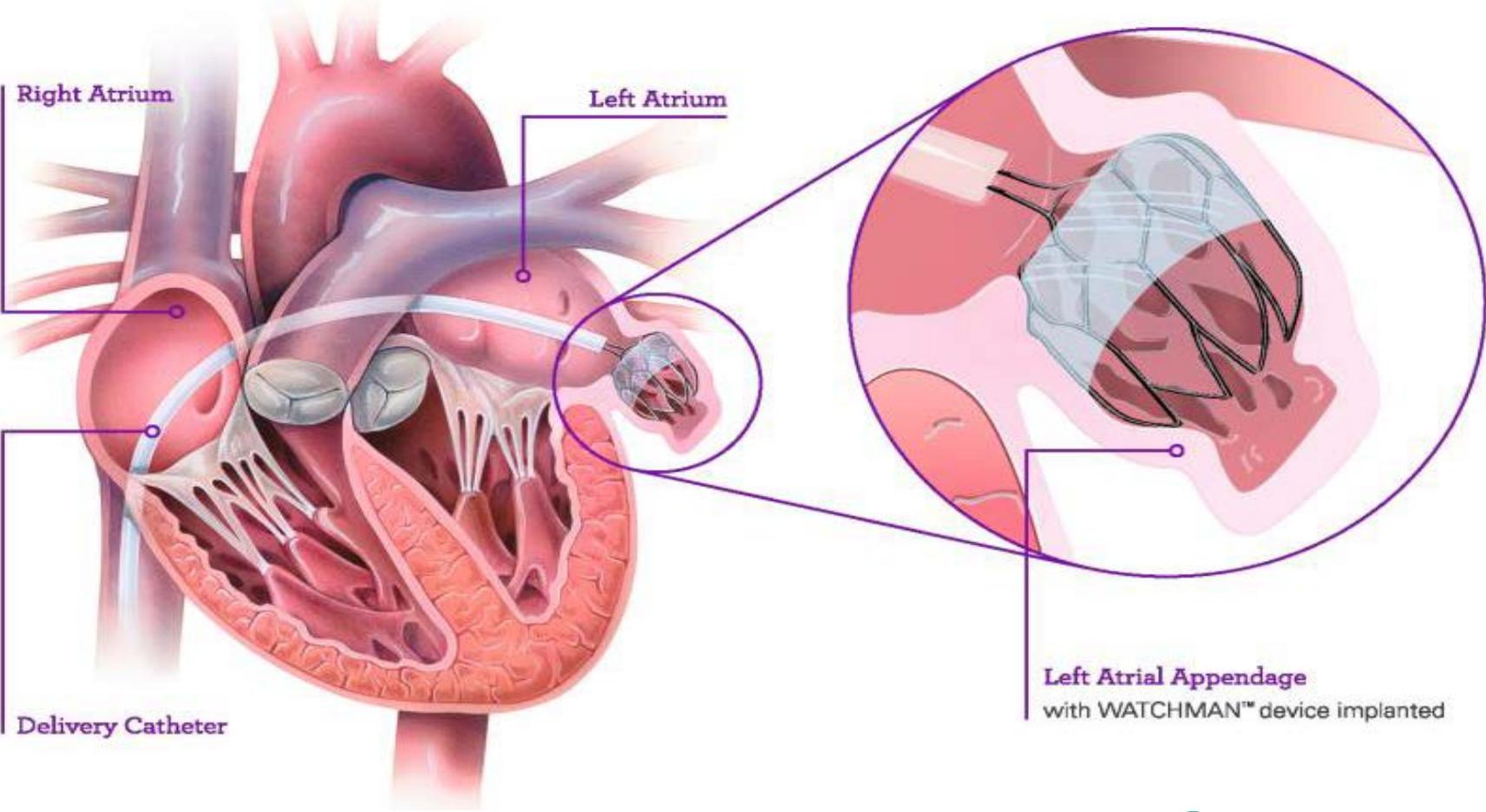


Audrey Fisher
Vice President

CVSL: Implementation of Watchman Device

- *What problem are we trying to solve?*
 - *How do we implement a highly specialized device?*
- *Assessment and implementation plan by the SL:*
 - *Assembled cross-regional team of specialists (Interventional/ structural/ EP/ Cardiac imaging)*
 - *SL set standards for:*
 - *Staffing requirements*
 - *Volume requirements*
 - *Patient selection*

Watchman Deployment



CVSL: Implementation of Watchman Device

- *Outcomes:*
 - *To date over 40 Watchman devices have been implanted*
 - *No significant complications*
 - *Starting Watchman procedure at a second hospital (Mills Peninsula) week of 2/13/17*
 - *T3 Physician leader: “The physician expertise, patient experience, and quality standards could only be achieved through the coordinated efforts of the service line”*

Women's Health Service Line



Liza Kunz, MD
Medical Director



Jori Mangers
Vice President

Women's Health: Screening Pregnant Women for Zika Virus

- *What problem is the SL trying to solve?*
 - *How do we screen hundreds of women across different counties for Zika in a standard way?*
- *What was the process?*
 - *February 2016 CDC released guidelines for screening all pregnant women for travel/ testing through county departments of PH*
 - *Each county in our service area implemented different processes*
 - *Initially “a disorganized mess”*
 - *Created a service-line team to standardize our process across all geographies.*
- *Outcomes:*
 - *Efficient process*
 - *745 patients screened/ 12 “positive/ Zika detected”*
 - *Standardized follow-up with patients and pediatrics*

Adult Primary Care Service Line



Jennifer Gillett
Medical Director



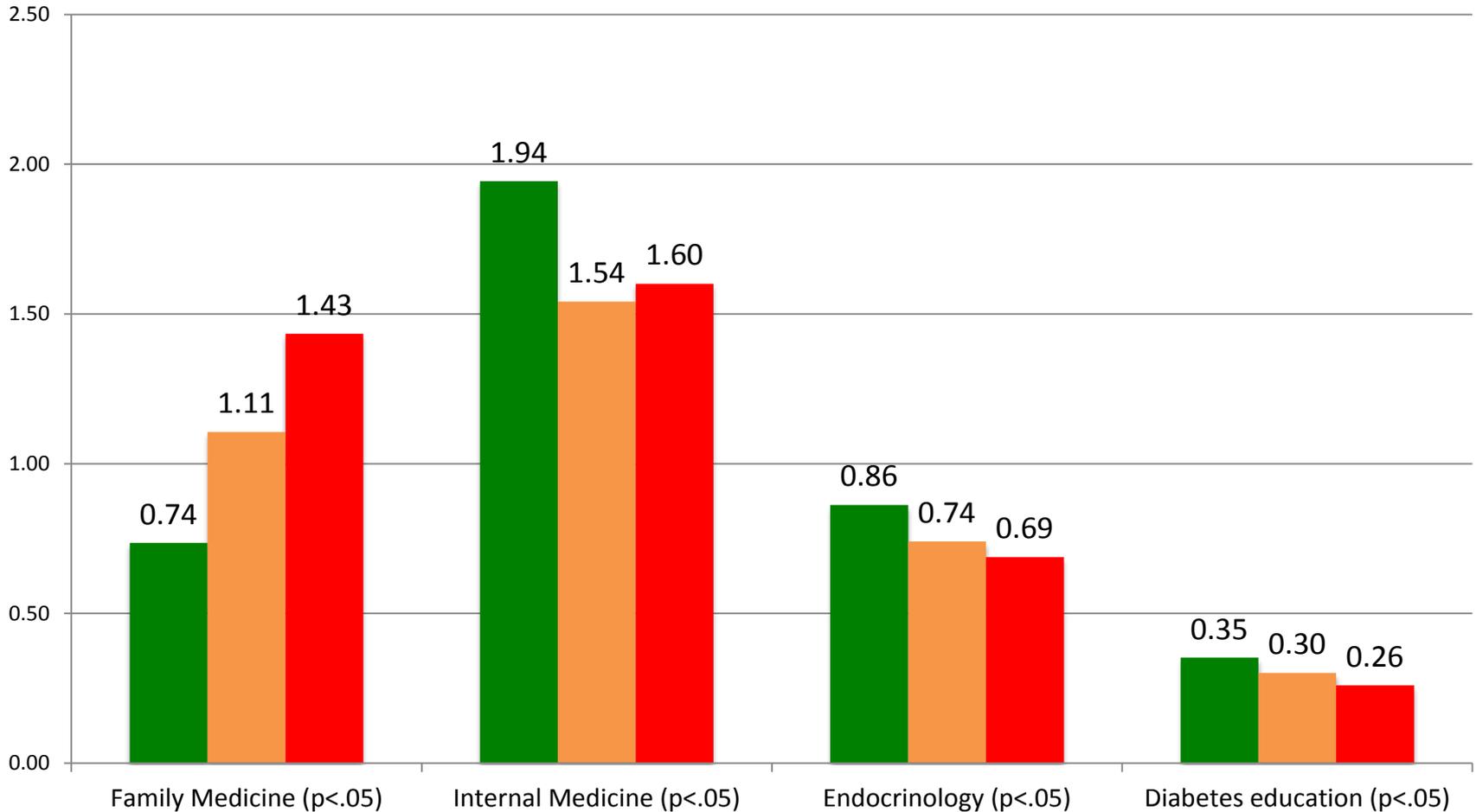
Jenny Buchanan
Vice President

Primary Care and Endocrinology: Care for a Population of Diabetics

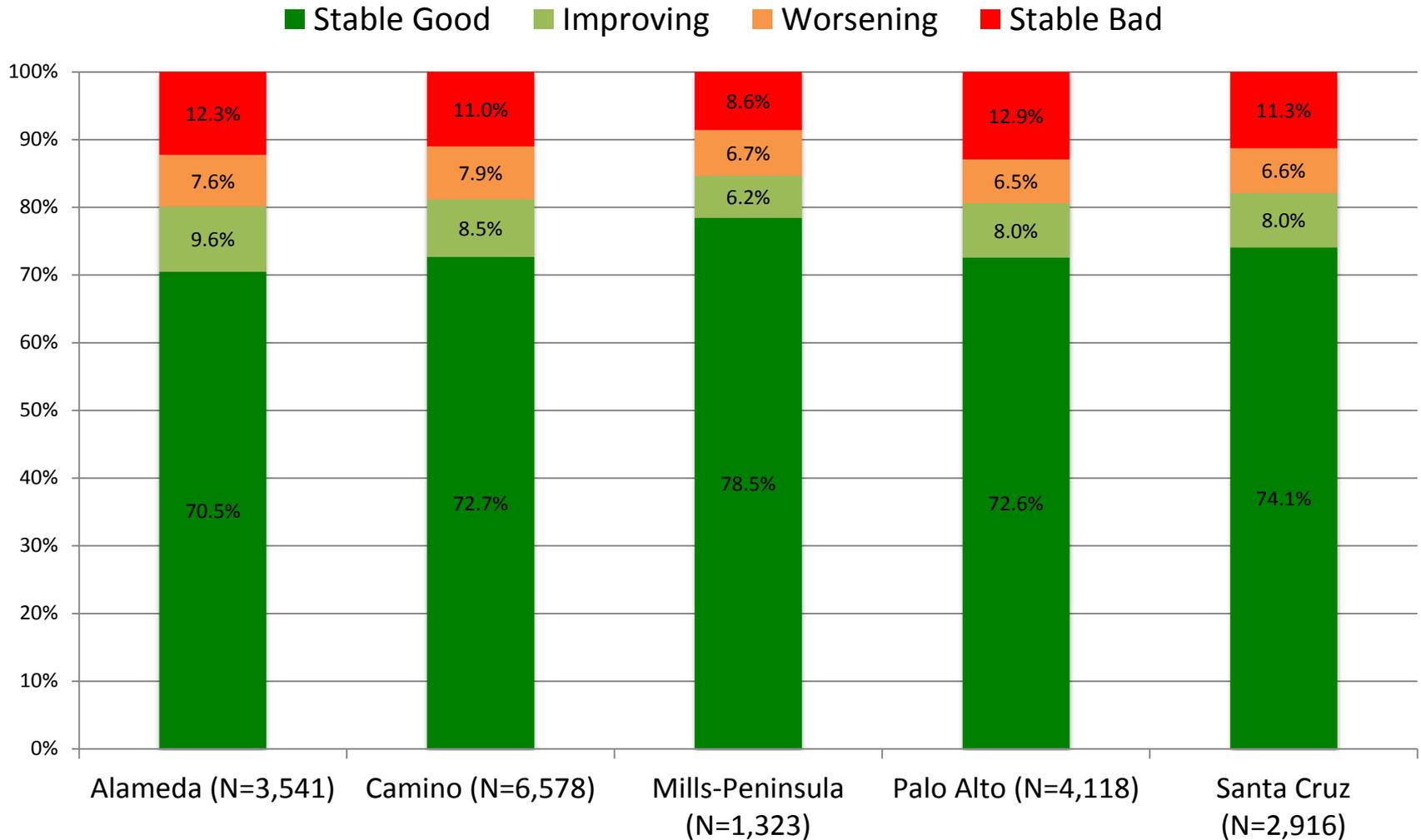
- *What problem is the SL trying to solve?*
 - *Develop standardized, high quality treatment plans for 20,000 diabetic patients across PAMF*
- *Process:*
 - *Studied patients according to A1c status*
 - *Analyzed variation/ impact of visits with physicians, other care team members*

Office visits by provider performance

■ Top Performers (n=14) ■ Mid-Range (n=212) ■ Underperformers (n=24)



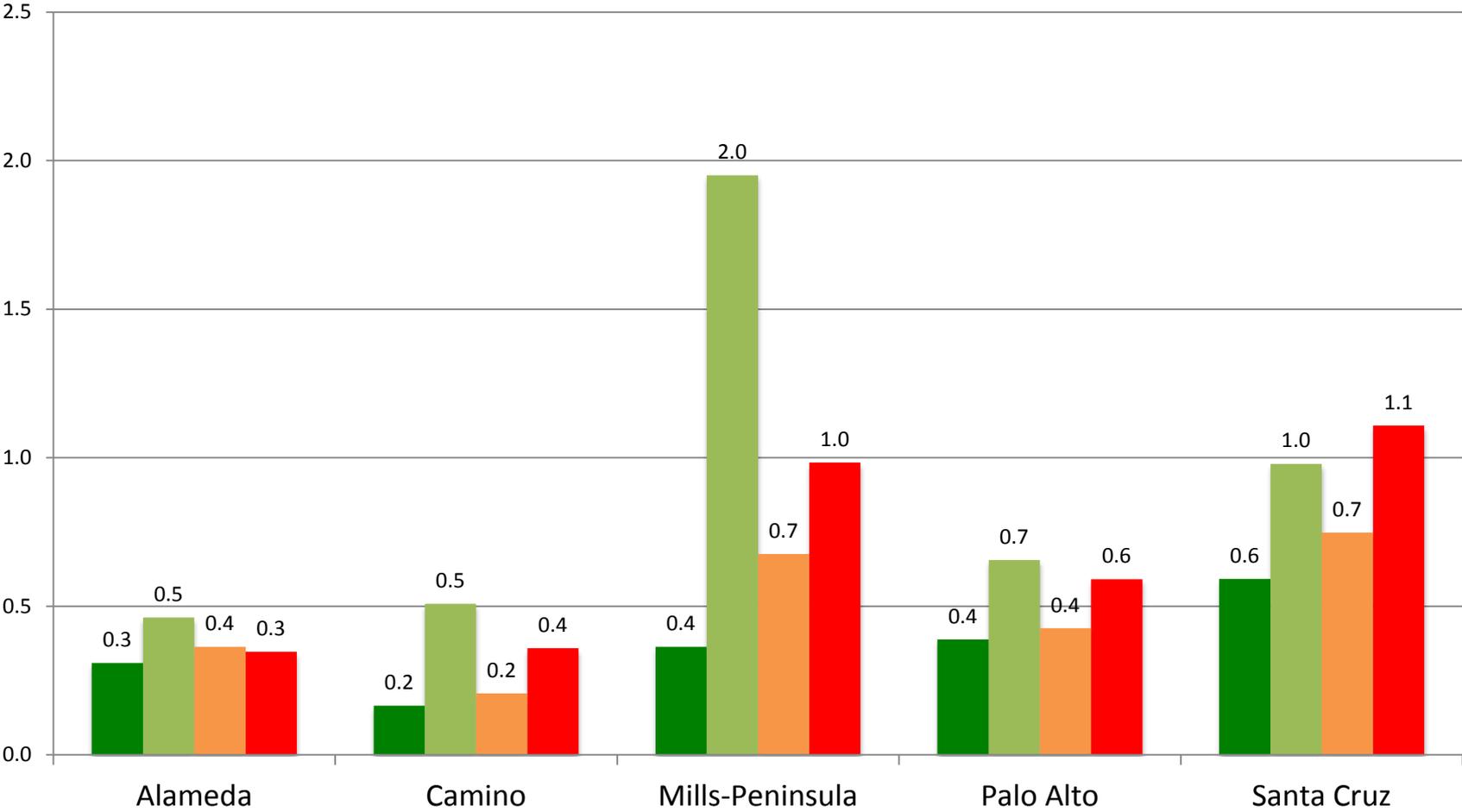
4-way Classification by Division



Unadjusted differences across Divisions statistically significant, $p < .001$

Diabetes Education visits by Division

■ Stable Good ■ Improving ■ Worsening ■ Stable Bad



Summary

1. Diabetes educator followed by endocrinology visits had greatest impact on A1c reduction
2. High performing PCPs are more likely to refer patients to diabetes education and endocrinology
3. No significant relationship between # of patients with diabetes and performance in reducing A1c
4. Best performing Division has highest utilization of diabetes education.

ENT



John Nguyen, MD
Department Chair



Cheryl Karo
Director

ENT: Access and Productivity

- *What problem is the SL trying to solve?*
 - *Poor access and low productivity in some divisions*
- *What was the improvement process through the SL:*
 - *Process first emphasized sharing best practices, learning across regions*
 - *Standardized schedule templates across regions; moved to all 20 min appointments*
 - *Sharing physicians across regions to impact access*

ENT: Access and Productivity

- *Outcomes:*
 - *Productivity:*
 - *Mountain View department:*
 - » 3,298 wRVU/month
 - » 4,106 wRVU/ month = 24% 
 - *Access:*
 - *MV 3NA from 15 days to 2 days*
 - *SC 3NA from 42 days to 22 days*

Challenges Ahead...

- Scaling to larger organization/ geography
 - “Windshield time”
- Leveraging service lines to achieve financial targets, i.e. Foundation affordability

Thank you.



Cowboy Pass



Flying Squirrel



Comstock Chairlift