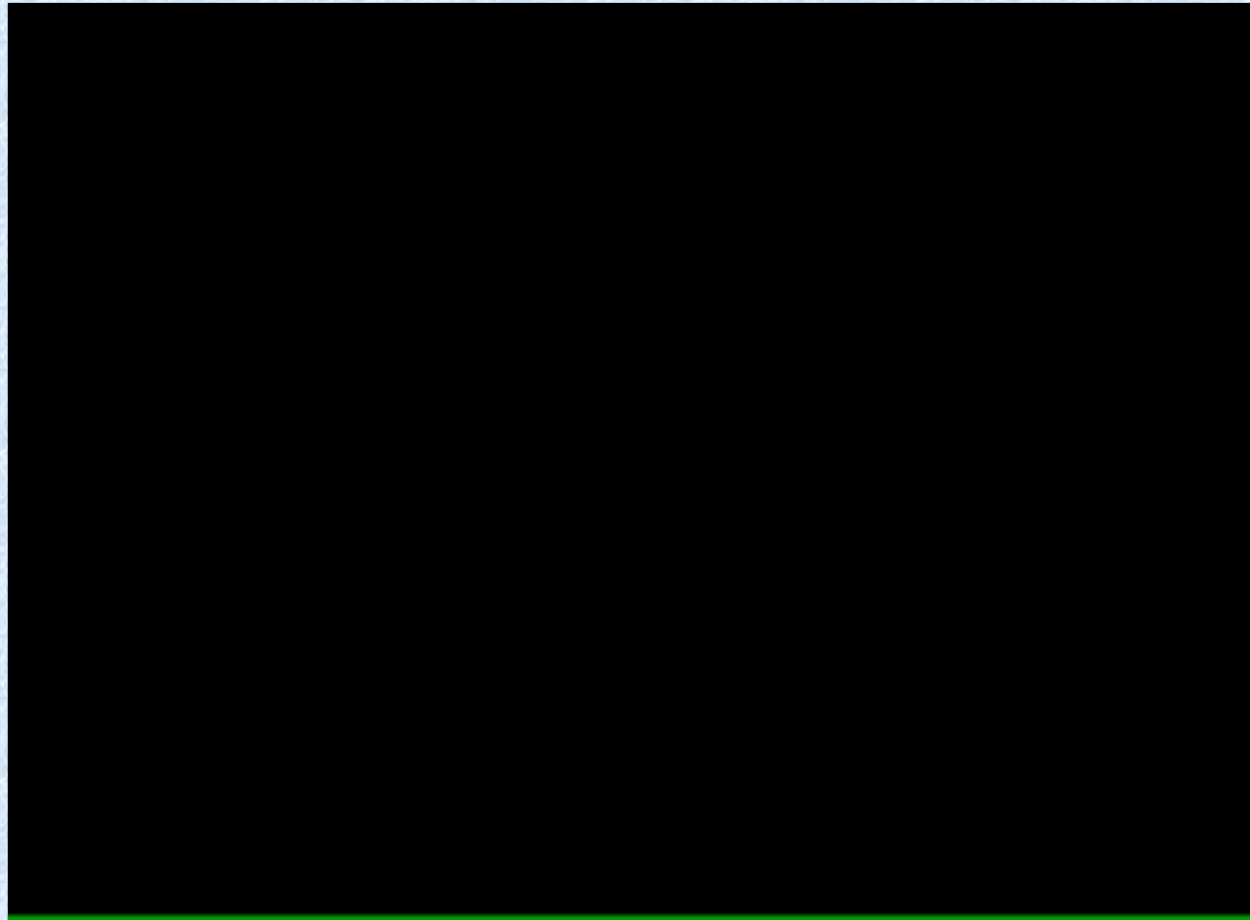


The changing healthcare landscape.

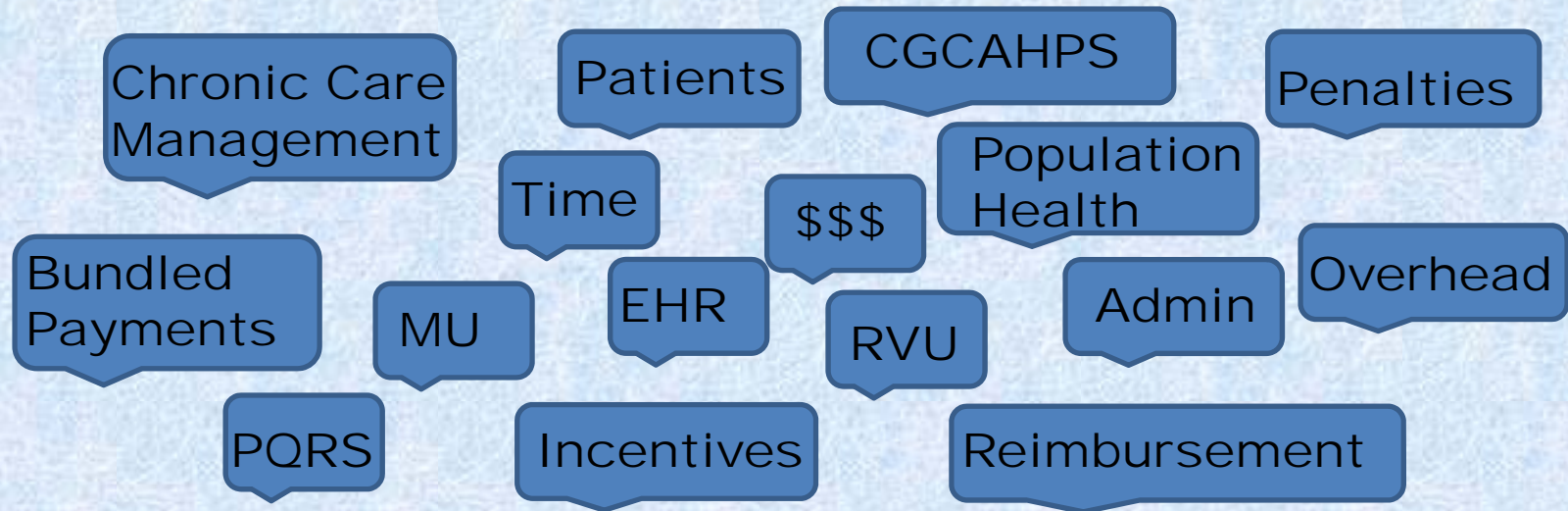
**By: Vicki Newmiller,
CEO Great Falls Clinic**



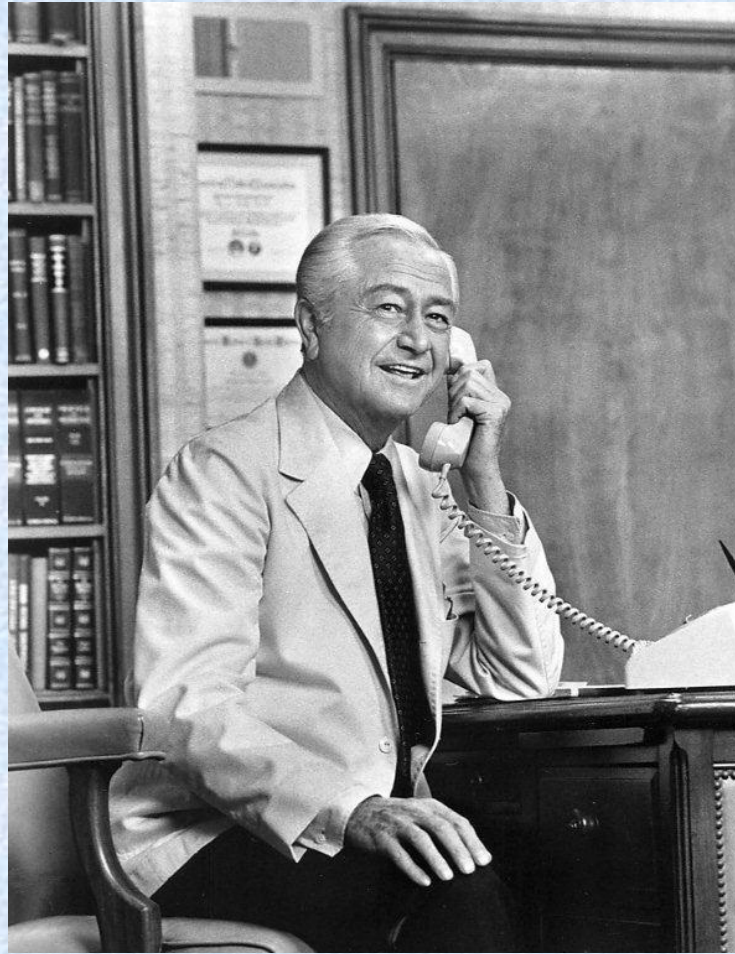
The Truth about EMR...



WHAT'S ON YOUR MIND?



Longing for the Good Ole Days



TUG OF WAR



Administrators

- Strategic Planning
- Reduce Overhead
- Provider productivity
- Quality metrics (carrot vs stick)
- Provider Buy In

Providers

- More Time with Patients
- Less Time on computer
- Less Time on Administrative tasks
- More meaningful documentation
- Time Management
- Productivity
- Have a voice and a choice

LEADS TO...

PHYSICIAN BURNOUT

According to author **Quint Studer** (Healing Physician Burnout), burnout is “a progressive loss of idealism, energy and purpose.”

The Washington Post reports that statistics are worsening. More than ½ of physicians felt emotionally exhausted and ineffective.

PHYSICIAN BURNOUT Cont'd...

QUINT STUDER (Healing Physician Burnout)

Leading Factors:

1. Current healthcare environment
2. Practice Hurdles
3. Psychological challenges
4. Training Challenges
5. Organizational Structure Changes

Highest Rates:

Internal Medicine
Family Medicine
Emergency Medicine

By Age:

< 35 = 44%
36-45 = 51%
46-55 = 53%
56-65 = 46%
> 66 = 22%

PHYSICIAN BURNOUT Cont'd...

Physicians are divided on the efficacy of medical homes, and many (37.9%) remain uncertain about their structure and purpose.

Over 60% of physicians would retire today if they had the means.

Over 82% of physicians believe doctors have little ability to change the healthcare system.

Over half of physicians surveyed have reached a tipping point and plan to make changes to their practices. Many intend to take one or more steps likely to reduce patient access to their services, limiting physician availability at a time when doctors already are in short supply.

The Physicians spend over 22% of their time on non-clinical paperwork, resulting in a loss of some 165,000 FTE's.

The majority of physicians, 57.9%, would not recommend medicine as a career to their children or other young people.

Physicians are working 5.9% fewer hours than they did in 2008, resulting in a loss of 44,250 FTE's from the workforce.

WHAT CAN WE DO?

As Drivers of Physician Engagement:

- **Quality** — Providers want to know their patients are receiving excellent clinical care and a great patient experience.
- **Efficiency** — Physicians want to work with people who have the information needed at hand to discuss their patients.
- **Input** — Physicians need a seat at the table so they can provide input when decisions are being made that affect clinical outcomes and operations.
- **Appreciation** — Physicians value a “Thank You” and acknowledgement also in the form of simple follow up on their inputs.

Why all the changes?

CMS is placing an urgent emphasis on improving quality of patient care and reducing overall cost.

Population health/medical homes

- Managing gaps in care.
- Focus on Prevention and wellness
- Care coordination
- Incentive payments for compliance
- Accreditation is costly and challenging to maintain
- Providers struggle as they can't find information easily

BUNDLED PAYMENTS

Single payments for episodes of care

Partnerships with

Hospitals

Home health

Rehab

Providers



MIPS (Merit Based Incentive Payment System)

- To begin 2019
- Replace SGR
- Quality
- Resource Utilization
- Meaningful Use
- Clinical Provider improvement activities
- Providers with low # of Medicare are excluded from MIPS

CGCAHPS

Clinician and Group Consumer Assessment of Healthcare Providers & Systems

CGCAHPS Composites:

Access to Care (Includes 5 questions)

Provider Communication (Includes 6 questions)

Test Results (includes 1 question)

Office Staff (Includes 2 questions)

Overall Provider Rating (includes 1 question)

Mandatory for practices with 99 or more providers

Incentive then Penalty

Prepare practice by completing self assessment

Annual Wellness Visit

- Not reimbursed within 12 months of enrolling in Medicare Part B Coverage
- Can be performed by nurse
- Not Medicare physical
- 3rd Party Vendors partner with practice and share reimbursement

MCR pays \$173 initial
\$117 each year thereafter

CHRONIC CARE MANAGEMENT

- Enroll patients with 2 or more chronic illnesses.
- 68% of Medicare patients have 2 or more chronic illnesses.
- Patient will have co-pay if no secondary payor.
- Must have 24/7 patient access to clinical staff.
- Must have 20 minutes face to face call from clinical staff.

CMS Requirements:

Medication reconciliation and Monitoring
Comprehensive patient centered care plan
Care plan made available and sent electronically
Coordination with community providers.
Reimburse \$43/month/patient.

WHERE DO WE GO FROM HERE?

6 Characteristics of success for navigating changes

1. Physician and hospital leaders who are aligned and united.
2. An interdisciplinary structure that supports collaborative decision-making.
3. Clinical physician and hospital leadership present at all levels of the health system.
4. A partnership built on trust.
5. Open and transparent sharing of clinical and business information.
6. A clinical information system infrastructure that is useful

QUESTIONS?

THANK YOU for your time today!

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Resources:

“The CG CAHPS Handbook”, Jeff Morrise, MD, MBS, FACS, Barbara Hotko, RN, MPA and Matthew Bates, MPH

“Healing Physician Burnout”, Quint Studer

University of Tennessee, Knoxville, physician report.