Engaging Medical Leadership to Drive Value in an Era of Risk

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In today’s health care system, value is an ominous word. It is a measure driving a plethora of changes to reimbursement with a definition on which few agree. What is certain is that a focus on value requires the patient care industry to do more with less, or face steep financial consequences.

With Centers for Medicare & Medicaid Services reporting health care spending as one-sixth of the U.S. gross domestic product, it’s no wonder that value is under scrutiny. The focus of CMS and other regulatory bodies on cost, safety and quality metrics is moving the field toward standardized outcome measures and reduced variability, which is theoretically better for everyone. However, the stakes are about to get higher in the reimbursement arena. In two years, reallocation of resources will have higher-quality hospitals receiving bonuses on the dime of those who underperform on their benchmarks. With distribution of performance narrowing, the margin between who receives a payday and who is penalized is getting slimmer. For hospitals and health care systems, the question is how to compete favorably in this environment.

How Medical Leadership Can Help to Define Value

The regulation of value creates new demands on clinicians, ranging from additional documentation to attention to unnecessary variability that impacts quality and patient safety. The onus is on medical leadership to bridge the gap between regulators and clinicians. Staying current on both regulations and best practices, and conveying that information, is also part of the growing burden for leaders.

However, some medical leaders look at this changing landscape as an opportunity to help influence which metrics will be used to evaluate the ‘value’ of their services, says Dighton Packard, M.D., chief medical officer of EmCare and its parent company, Envision Healthcare. EmCare is a national provider of physician practice management and staffing services, so it’s in the trenches when it comes to addressing reform. With the definition of value and the metrics to measure it in constant flux, physician leaders have the ability to influence the future. EmCare clinical leaders, for example, have participated in many CMS Innovation Center projects like the Bundled Payments for Care Improvement program and the American College of Emergency Physicians’ E-Qual program.

Any metric used to assess care should be one that can truly improve that care, explains Packard. “As data-driven scientists,
Once physicians recognize a metric as able to improve care, they can focus on variations in behaviors and workflows that may be detracting from care. These are practical applications of the CMS quality programs.

In the process of defining value, clinicians may uncover new ways to improve key quality indicators and improve alignment, outcomes and coordination of care.

For example, EmCare physicians were able to improve the recognition and care of sepsis patients through quality improvement efforts.

**Defining Value as Patient-Centered Care**

Although there is no agreed upon definition of value, there is consensus around several inputs: cost, quality and experience. And, like it or not, clinicians are central characters in creating a positive patient experience. “Practicing medicine is an art as well as a science; in some settings, the art is more important than the science,” says Jeff Slepin, M.D., executive vice president with EmCare. “Patients will judge clinicians on how the service is delivered. The greatest opportunity now is in understanding and leveraging the art of delivering patient-centered medicine.”

According to Slepin, improving value isn’t just about giving patients what they want. “As leaders of the patient’s community of caregivers, physicians must have the ability to motivate and educate people on the importance of engagement and collaboration at all levels, from the facility to the family,” he says.

**Innovative Approaches for Changing Times**

The fast pace of metric development surrounding value in care leaves plenty of opportunity for innovation, and process problems are critically in need of solutions. Unfortunately, though, it’s very challenging for individual physicians to find data relevant to care among diverse sources and disparate systems. This is where medical leadership must step in and provide resources, such as the identification of relevant measures and training on best practices.

For EmCare, being a national provider enables its medical leaders to identify which measures and process improvements make the most impact, says Packard. “With a national lens and plenty of data, the best processes often rise to the top, processes that can be replicated on smaller scales as well,” he explains. “Finding an elegant process and seeding it among many locations to improve care is a good start. The goal of any great innovation team in health care is to harvest and replant those ideas that improve quality and safety.”