

ABSTRACT: 2016 ELAM Institutional Action Project Symposium

Project Title: “Rush Health” Matters!! Efforts toward better integration and physician engagement

Name and Institution: Vijaya B. Reddy, MD, Rush University Medical Center

Collaborators: Robert DeCresce, MD, (Chair, Rush Health Board), Michael Raymond, MD (CMO, Rush Health), Denise Cameron (EVP, Network development and member relations, Rush Health), Thomas Deutsch, MD (Mentor and Provost, Rush University)

Background, Challenge or Opportunity:

Rush Health is a clinically integrated network of hospitals and physicians comprising of 4 hospitals and more than 1350 professional providers in 120 practices. It is an independent entity that offers an equal voice to the hospitals and physicians. However, based on surveys and attendance at annual meeting, physician engagement in Rush Health is suboptimal. Changes in health care market including the Affordable Care Act are directing rewards for quality not just quantity. In the ACOs, cost containment and quality are key to financial rewards. The Chicago market has also changed significantly in the past 5 years from a PPO driven market with very little HMO/managed care to one characterized by a growing number of narrow network products and ACO- like offerings. To meet these challenges, Rush Health has negotiated contracts with payers to include bonuses for hospitals and physicians if they meet certain quality measures i.e. Medicare core measures. In order to improve quality and earn the incentives we need physicians to be aware of their role in achieving this goal.

Purpose/Objectives:

Success at gainsharing, improving quality while reducing costs and being rewarded for it requires physician engagement. The purpose of this project is to work with senior leaders of Rush Health as well as the institution to improve it.

Methods/Approach:

Initiatives to revamp Rush Health and prepare for the challenges of changing health care market included:

1. A fulltime CMO and a CIO have been recruited.
2. Four medical directors are appointed at the network hospitals.
3. New analytics support team is in place to collect pertinent information regarding performance measures for physicians.
4. A campaign was launched in the weeks leading to the annual meeting on March 22, 2016, to encourage senior leaders, departmental Chairs and division heads to urge faculty to attend.
5. A change was made to the focus of the meeting to physician centric as opposed to institutional goal.

Outcomes and Evaluation Strategy:

Observations and initial feedback from the recent meeting are promising. A post meeting survey will also be conducted to gauge the impact. The future directions for Rush Health include:

1. Expand the network of hospitals and physicians with focus on primary care which would help bring patients to the academic medical center.
2. Provide scorecards to the physicians early and update on their performances toward reaching their goals during the year.
3. Meet with Chairs and section chiefs to get continuous feedback for improving physician engagement.

Vijaya B. Reddy, MD

Collaborators: Rush Health- Robert DeCresce, MD (Chair), Michael Raymond, MD (CMO), Denise Cameron (EVP, Marketing) and Rush Health Staff

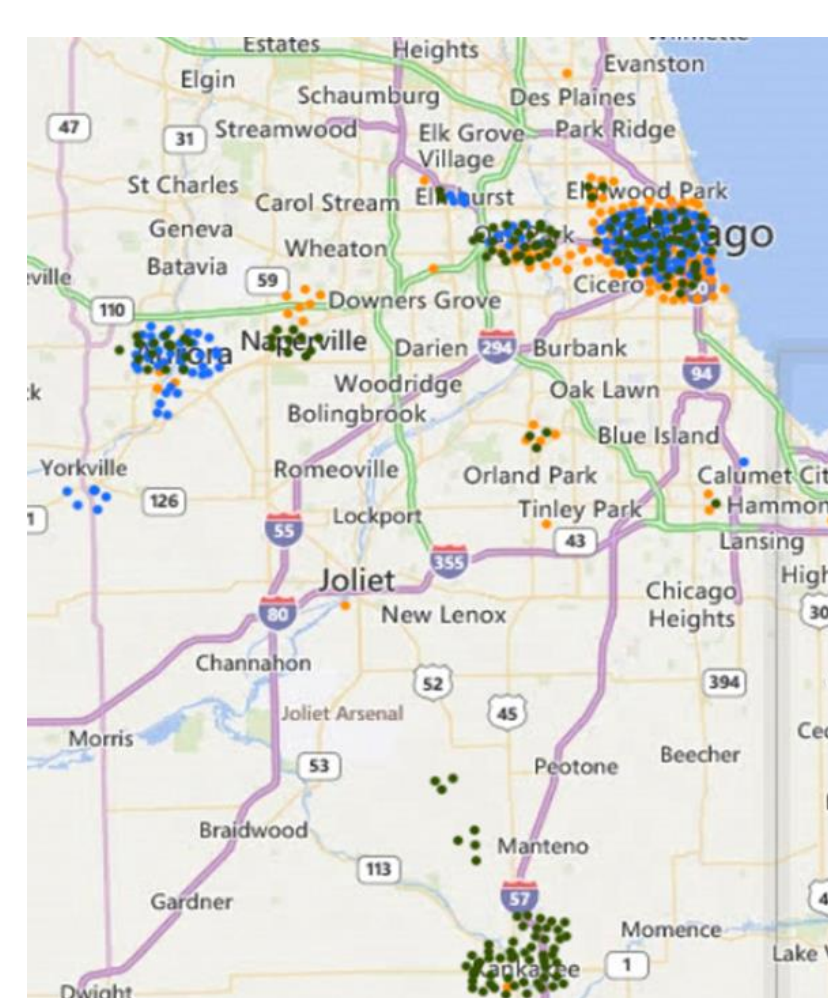
Mentor: Thomas Deutsch, MD, Provost, Rush University

Presented at the 2016 ELAM
leadership forum

Background/Challenges

Rush Health is a clinically integrated network of hospitals and physicians aligning to improve health care outcomes for its contracted lives. It is comprised of 4 hospitals and more than 1350 professional providers in 120 practices, is an independent entity and offers an equal voice to the hospitals and physicians. However, based on surveys and attendance at annual meetings, physician engagement in Rush Health is suboptimal. Changes in health care market including the Affordable Care Act are directing rewards for quality not just quantity. In the ACOs, cost containment and quality are key to financial rewards. The Chicago market has also changed significantly in the past 5 years from a PPO driven market with very little HMO/managed care to one characterized by a growing number of narrow network products and ACO- like offerings. To meet these challenges, Rush Health has negotiated contracts with payers to include bonuses for hospitals and physicians if they meet certain quality measures and efficiency measures. In order to improve quality and earn the incentives we need physicians to be aware of their role in achieving this goal.

Rush Health Today

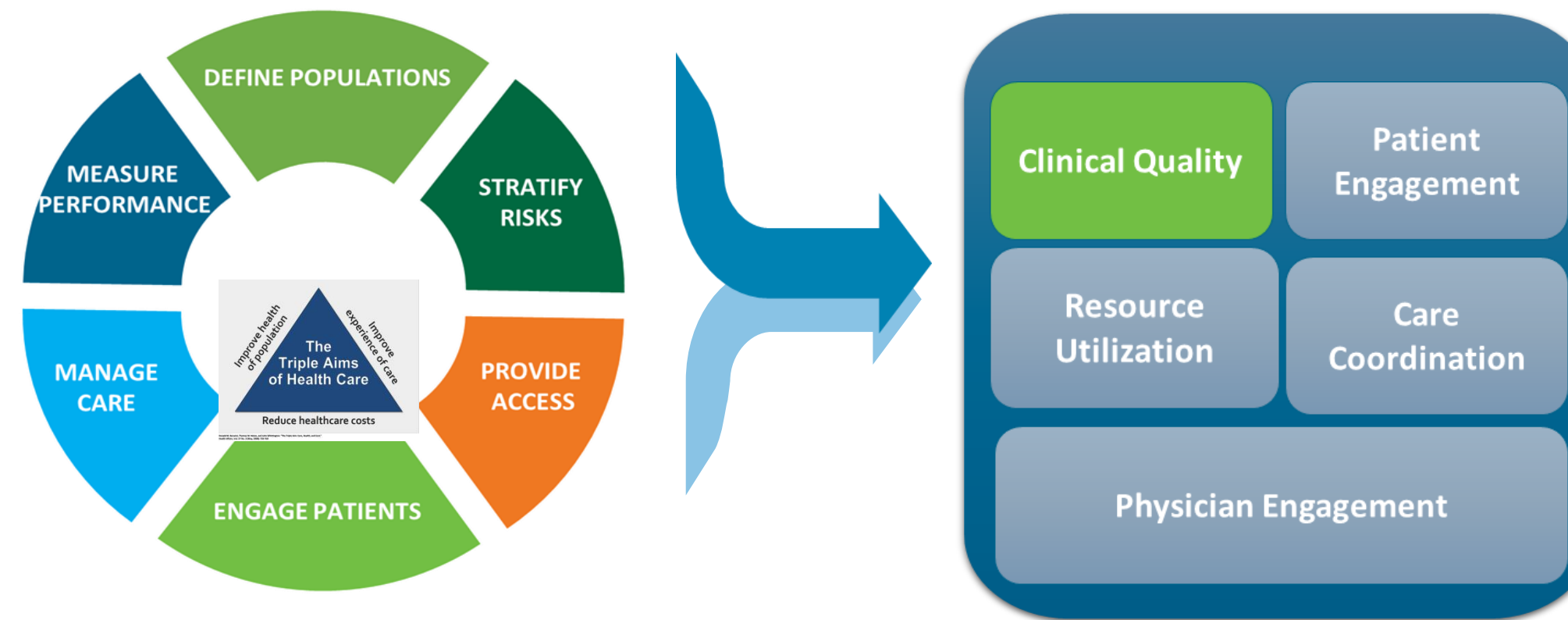


- Four hospitals, 1350+ providers in 120 practices
- Members' net revenues under Rush Health contracts: \$1.36B (2015)
- Clinical integration recognition from all commercial payers
- Value-based incentives in all agreements
- Governed equally by physicians and hospitals
- Direct contracting capabilities for bundled pricing
- Care management programs

Purpose/Objectives

Success at gainsharing, improving quality while reducing costs and being rewarded for it requires physician engagement. The purpose of this project is to work with senior leaders of Rush Health and institution to improve physician awareness and participation in Rush Health matters.

A new care model will enable success with future performance measurement



Rush Health Engagement Survey Dec 2015 (n=228)

Survey Questions	Yes %	No %	High value%	Some %	No %
Awareness of RH	83.8	16.2	50.4	38.2	11.4
P4P built into contracts	79.8	20.2	43.4	38.2	18.4
RH is preparing for future models of health care delivery	77.2	22.8	53.1	34.2	12.7
RH proprietary website info for contracts, report cards, quality bonuses	55.7	44.3	39	40.4	20.6
RH collects quality data for managed care quality requirements	71.9	28.1	42.1	43.4	14.5
RH supports data share via private HIE to improve quality and lower costs	55.7	44.3	40.8	43	16.2

Methods/Approach

Initiatives to revamp Rush Health and prepare for the challenges of changing health care market included:

1. Recruitment of a fulltime CMO and CIO
2. Appointment of medical directors (4) at each hospital partner site
3. New analytics support team is in place to collect pertinent information regarding performance measures for physicians
4. A campaign was launched in the weeks leading to the annual meeting on March 22, 2016, to encourage senior leaders, departmental Chairs and division heads to urge faculty to attend.
5. A change was made to the focus of the meeting to physician centric as opposed to institutional goal.

Outcomes/Evaluation Strategy

Observations and initial feedback from the recent meeting are promising.

Personal interviews with selected attendees for suggestions to improve future meetings and MD engagement
A post meeting survey is under way to gauge the impact.

Future Directions

Work with Rush Health Leadership to

1. Expand the network of hospitals and physicians with focus on primary care which would help bring patients to the academic medical center.
2. Provide scorecards to the physicians early and update on their performances toward reaching their goals during the year.
3. Optimize the EMR to improve functionality and ease in achieving quality metrics
4. Meet with Chairs and section chiefs to get continuous feedback for improving physician engagement.