

AMGA's Provider Satisfaction Survey: *A VERY Brief Overview*

Mark Miller

Director of Survey Studies and Research

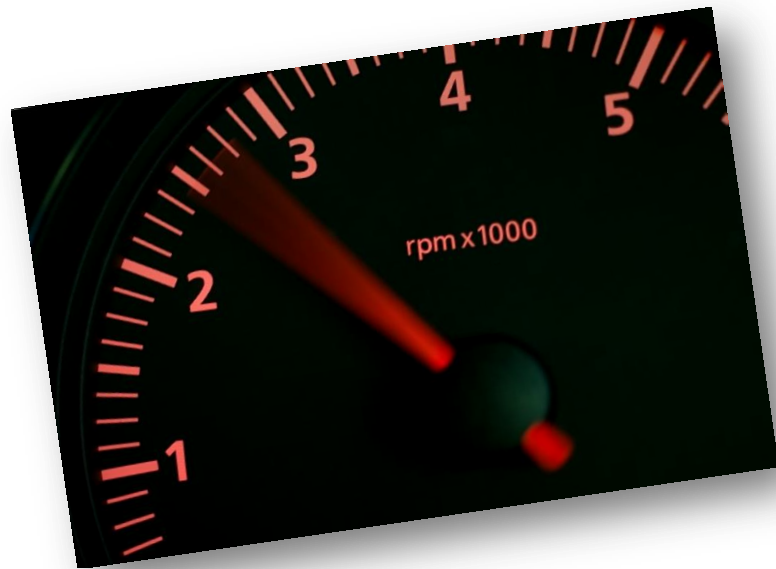
Provider Satisfaction Survey Origins

Three AMGA surveys

1. Provider Satisfaction Survey
2. Patient Satisfaction Survey
3. Employee Satisfaction and Engagement Survey



Intended Survey Uses



- Determine how satisfied providers are on multiple factors
- Benchmark results against other groups from across the nation
- Produce actionable information to drive improvements
- Create a culture of high satisfaction and superior care delivery

The Survey Instrument

- Cost-effective, valid tool
- Based on year-long series of psychometric evaluations
- 60 items on core survey
- Respondents guaranteed complete anonymity
- Most groups use web survey tool
- Average response rate of 65%

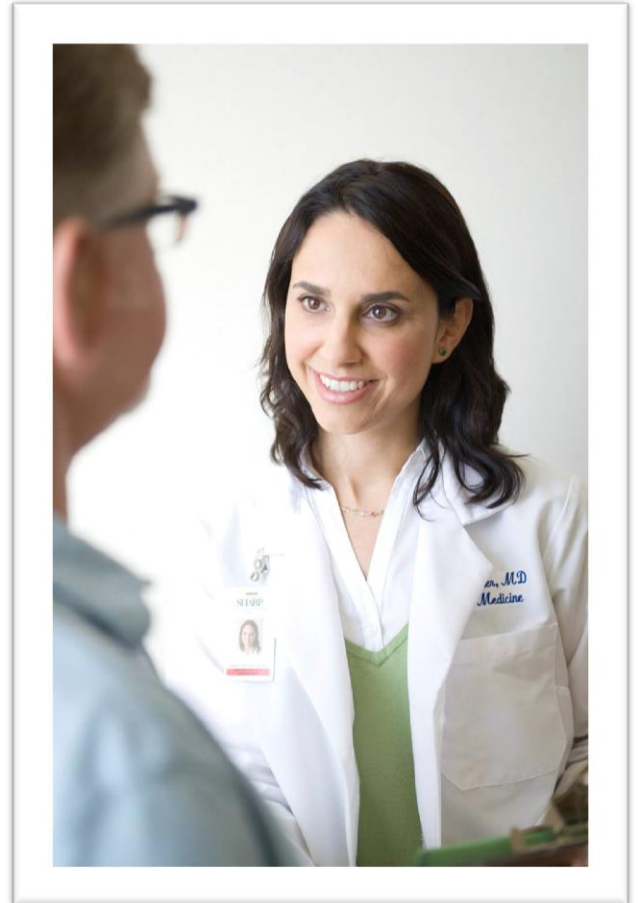


The 12 Survey Dimensions

1. Leadership and communications
2. Time spent working
3. Quality of care
4. Patient interactions
5. Administrators
6. Compensation
7. Staff relationships
8. Resources
9. Acceptance by colleagues
10. Computers
11. Paperwork
12. Preauthorization hassles

Survey Database

- 110 groups
- 15,000 providers, 90% physicians
- 2/3rds survey at least some non-physicians



Reporting

- Analyses at overall group, site, and specialty levels
- Specialty-specific norms and best practice benchmarks (45 specialties)

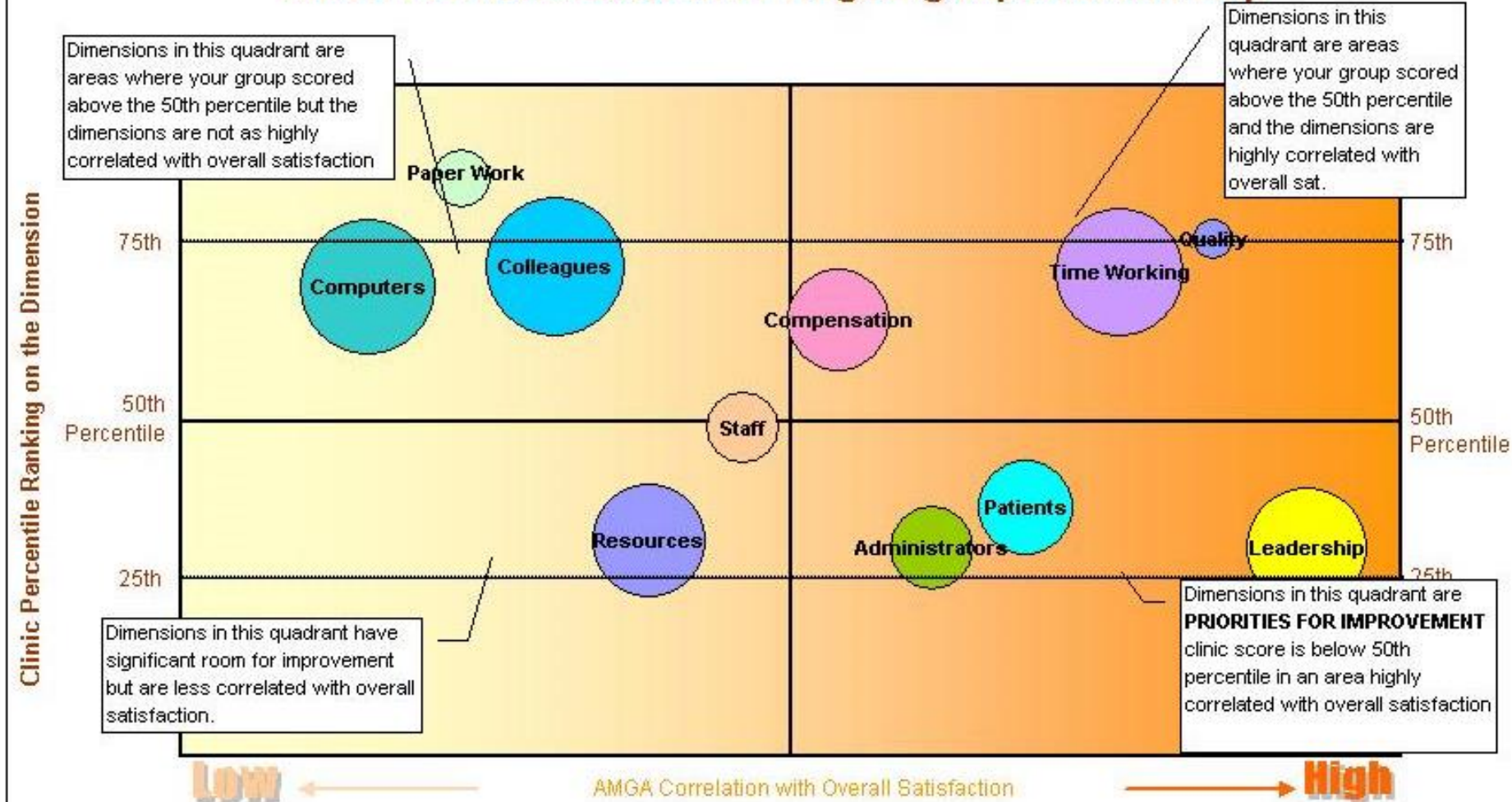


Important Report Metrics



- Percentile rankings on each dimension and overall satisfaction
- Demographic breakouts
- Targeting improvement map

AMGA Provider Satisfaction Targeting Improvement Map



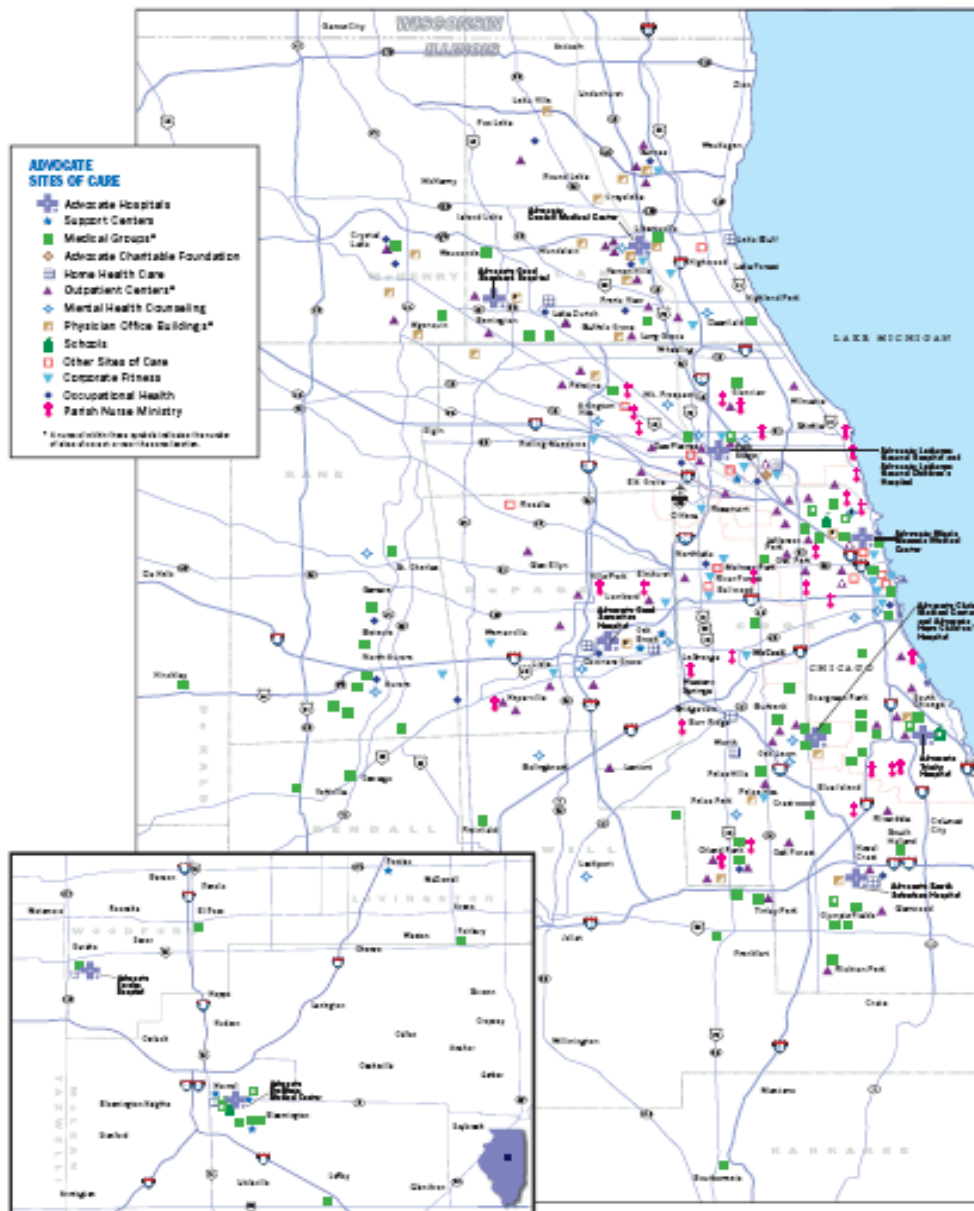
Enhancing Provider Satisfaction in a Rapidly Growing Medical Group

Kevin McCune MD

Chief Medical Officer
Advocate Medical Group
Downers Grove, Illinois



Advocate Health Care – Sites of Care



13 Hospitals

- 9 acute care hospitals
- 1 children's hospital
- 3 major teaching hospitals

2 Physician Groups

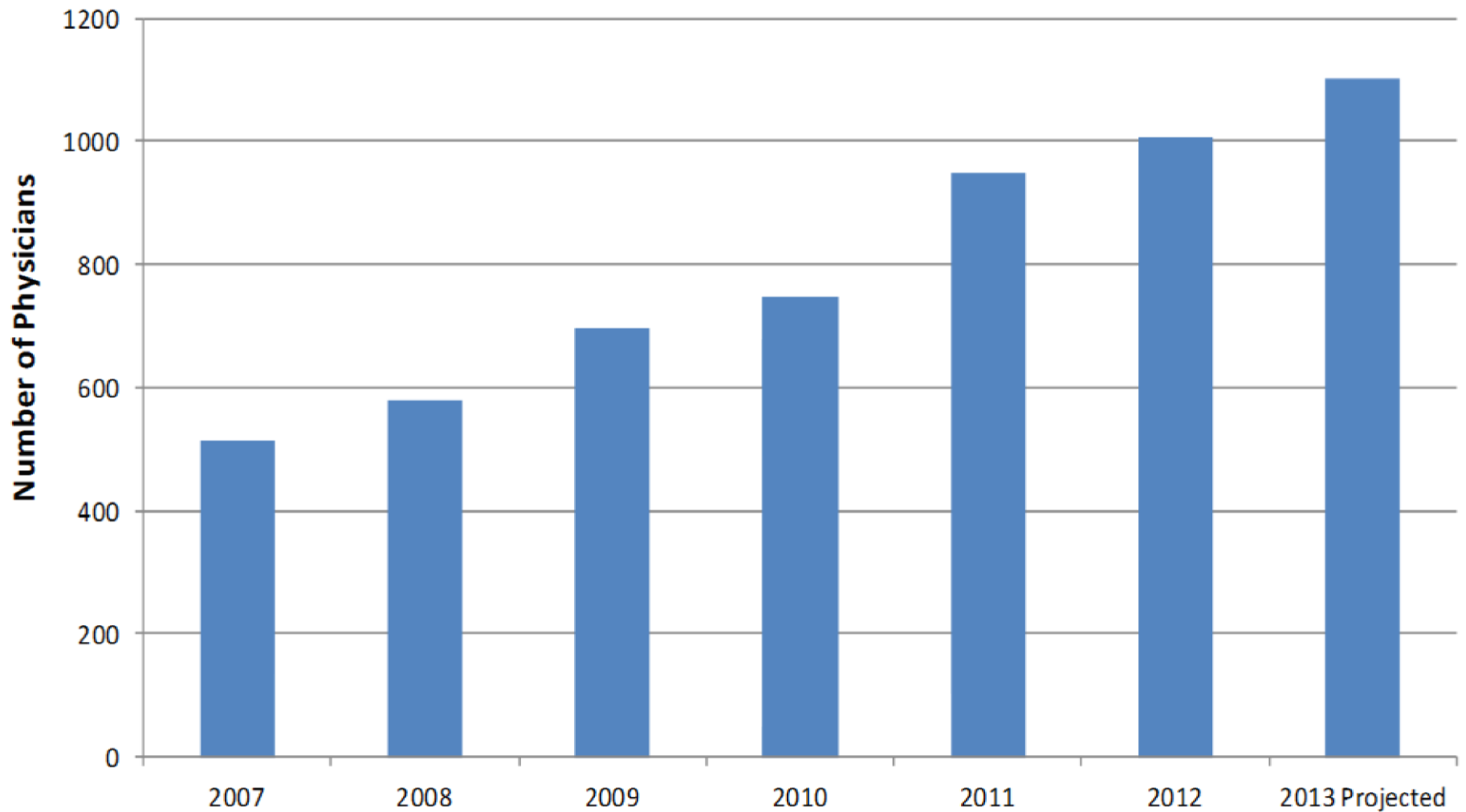
1,300 employed

Home Care Company
Laboratory Joint Venture
Over 200 Sites of Care
3.4 Million Patients Served
34,000 Associates
Total Revenue \$4.6B
AA Rating

AMG History

- Advocate Medical Group came together January 2009
- Merger of:
 - Advocate Medical Group North
 - Advocate Health Centers
 - Christ Medical Group
 - Illinois Masonic Physician's Group
 - Ambulatory
 - Behavioral Health
- Acquisition of large cardiology group that is a significant portion of Advocate Health Care
- Acquisition of Midwest Physician Group & BroMenn

AMG Growth History and Projection



AMG Organizational Highlights

- Physician/administrator team model
- AMG Governing Council – physician led
- Regional structure with service families
- Leadership development and standardized engagement tools

Leadership Development

- Governance to AMGA Annual Conference
- American College of Physician Executives
 - Systems Thinking
 - Health Care Reform and the ACO
 - How to Lead a Meeting
 - Performance Feedback
- Advocate Medical Group Boot Camp
 - Finance and Business Systems
 - Managing to the new ACO and Clinical Integration
 - Crucial Conversations
- Leadership Development Institute Days
 - AMG and Advocate Culture

Measuring Physician Satisfaction

- Annual survey provided by AMGA to measure provider satisfaction
- Reports developed with measurement at AMG, Region, and Site levels
- Complete Transparency
- ***Site Dyad Accountability; results used in performance reviews and merit increases***

Transparency and Accountability: Tiering by Site

Site	Average Dimension Percentile	Tier
Deerfield	98	Tier I
Glenview	96	Tier I
Buffalo Grove	91	Tier I
Womens Health CMC	91	Tier I
Nesset IM Geriatrics	89	Tier I
OB/GYN Parkside	86	Tier I
Musculoskeletal Center Nesset	85	Tier I
Neonatology North	81	Tier I
Irving Western	74	Tier II
Parkside Cardiology	73	Tier II
Hospitalists South	72	Tier II
General Surgery Pksd	71	Tier II
Logan	70	Tier II

Leadership Tool Kit

- Clinician and Associate Rounding
 - Determine key provider concerns
- Stop Light Report
 - Solve ‘the little stuff’
- Monthly Meeting Model
 - Communicate outcomes
- “Key Result Areas”
 - Holding teams accountable

Advocate Experience

Leader Rounding

An evidence-based practice in which specific questions are asked with every provider on a regular basis.

Expectation

Round once a month if not weekly or daily


The Advocate Experience
Leader Rounding on Associates

Name _____ Date _____

Associates Rounded on: _____
Tip: Initially explain the purpose of rounding

Steps	Comments
1. Personal Connection/ Relationship Question	
2. What's working well?	
3. Is there anyone I should recognize for doing great work (associates or physicians)? Who & Why?	
4. Are there any systems that need improvement?	
5. Do you have all of the basic tools and resources to do your job?	
6. Address any Tough Questions	
7. Is there anything else I can help you with right now?	
8. Key Words or Questions/ Special Issues to Address?	

Thank the associate for their time.

 **Advocate Health Care**
Inspiring medicine. Changing lives.

Sample Stop Light Report

The Advocate Experience

Completed By John Jones

Date Completed 7/15/11

Associate Rounding Follow Up

The Stop Light Report is a way to update a unit on the status of issue and ideas raised during rounding.

Completed / more information	Work in progress	We can't do it now
<i>This is what we've done so far or additional information.</i>	<i>We're working on it—stay tuned.</i>	<i>These are requests that we cannot do at this time and the reason why.</i>
Revised onboarding process to get new hires up to speed and working more efficiently.	Implementing patient valet parking. Have the process worked out and staff hired. Will go into effect next month.	New mammography machine cannot be purchased at this time. Will discuss this with leadership team for next year's budget.
Added another phone downstairs to improve our efficiency and responsiveness to patients.	Getting more information from IS about improving the speed of the computers. Will have more information next week.	Cannot add more staff at this time to reduce the work load. Will discuss work load challenges at our staff meeting to ensure we are making good use of our time.

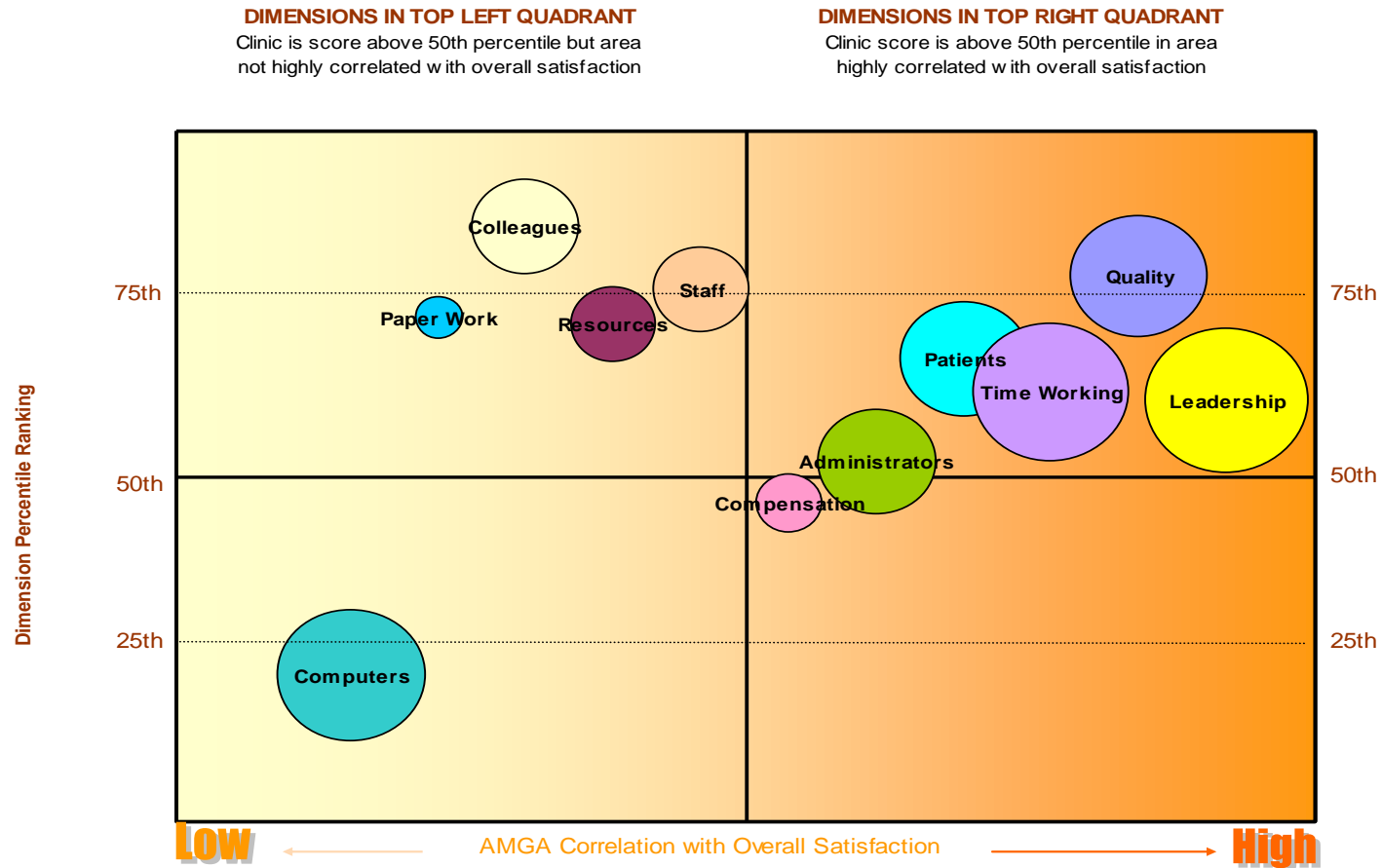
Management Accountability

2011 KRA Goal Plan for RICHARD H BONE

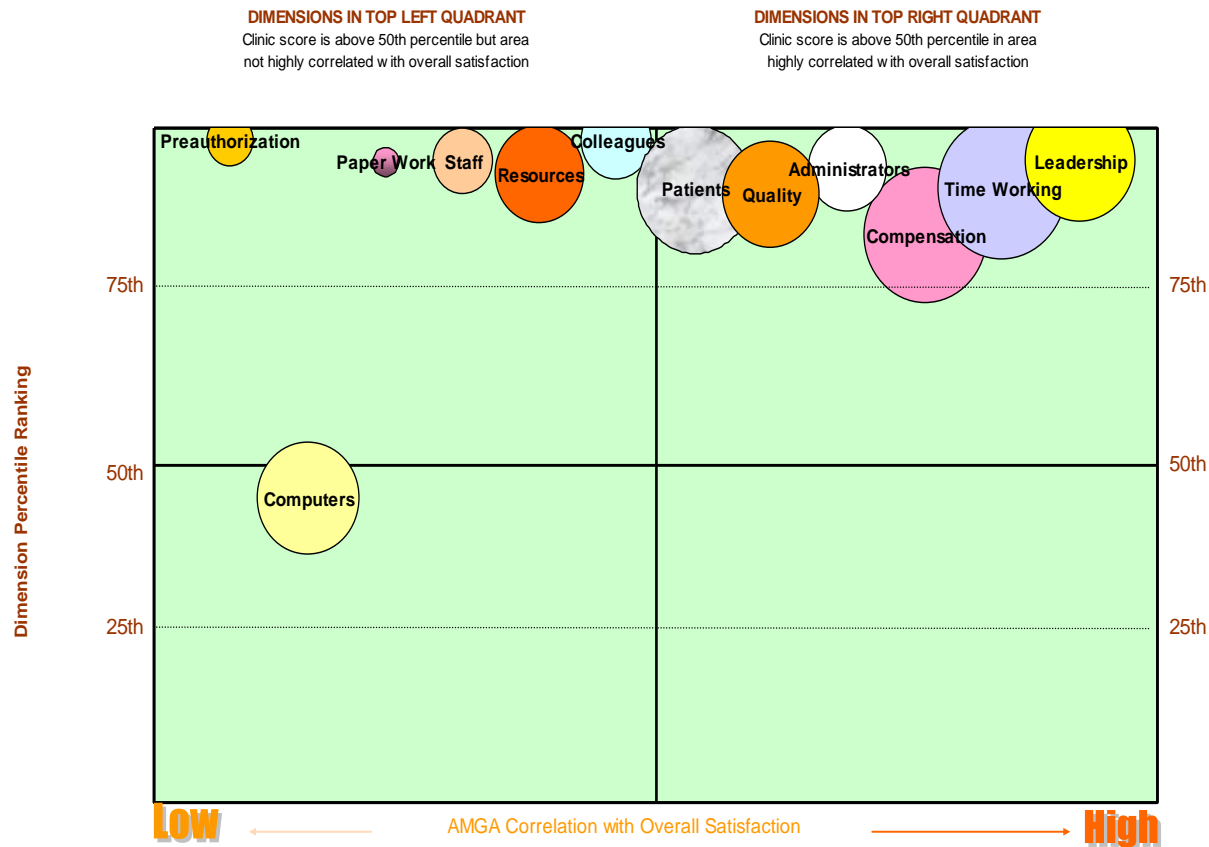
Total Weight: 100.0%

HEALTH OUTCOMES				
Goal Statement	Key Performance Indicator (KPI)	Weight	Start Date	Due Date
[KEVIN C MCCUNE] Achieve a Clinical Integration score of 87 with a stretch goal of 94 at 4Q2011.	Medical Group Clinical Integration Score	28.0%	01/01/2011	12/31/2011
Achieve a Clinical Integration score of 87 with a stretch goal of 94 at 4Q2011.	Medical Group Clinical Integration Score	28.0%	01/01/2011	12/31/2011
Rating Scales:		Other Indicators (list here):	Current Rating: 4.723	Current Results: 93.17
Scale	Range			
1	77			
2	82			
3	87			
4	91			
5	94			
[KEVIN C MCCUNE] Achieve Influenza Immunizations at 65% with a stretch goal of 75% at March 31, 2011.	Influenza Vaccination Associate Compliance	2.0%	01/01/2011	12/31/2011
Achieve Influenza Immunizations at 65% with a stretch goal of 75% at March 31, 2011.	Influenza Vaccination Associate Compliance	2.0%	01/01/2011	12/31/2011
Rating Scales:		Other Indicators (list here):	Current Rating: 1.714	Current Results: 56
Scale	Range			
1	51			
2	58			
3	65			
4	70			
5	75			
PATIENT SATISFACTION				
Goal Statement	Key Performance Indicator (KPI)	Weight	Start Date	Due Date
[KEVIN C MCCUNE] Achieve a Patient Satisfaction result of the 75th percentile with a stretch goal of 85th percentile for the time period of YTD or Oct. - Dec. 2011 whichever is greater (based on received date).	Patient Satisfaction - Medical Practices	10.0%	01/01/2011	12/31/2011
Achieve a Patient Satisfaction result of the 75th percentile with a stretch goal of 85th	Patient Satisfaction - Medical Practices	10.0%	01/01/2011	12/31/2011

2006 AMG North Physician Satisfaction



2009 AMG North Physician Satisfaction



AMG Physician Satisfaction Based on AMGA Survey

	2009	2010	2011
AMG	70%	77%	82%
Central	N/A	82%	37%
South	57%	62%	80%
City	47%	63%	71%
North	93%	96%	95%

Advocate Experience

Thank You Notes

- A powerful way to express appreciation and reinforce desired behaviors.
- **Expectation:** Continuously look for opportunities to recognize others. Write a minimum of 4 per month



Cheryl Magnuson-Giese

2013 Institute for Quality Leadership
Conference of the American Medical
Group Association

HealthPartners: Who we are

- Integrated care & financing; non-profit
 - 1 million patients; 1,700 physicians
 - HealthPartners Medical Group
 - Stillwater Medical Group
 - Park Nicollet Health Services
 - 55 medical and surgical specialties
 - 60 primary care clinics
 - Multi-payer
- 5 Hospitals:
 - Acute care, level 1 trauma; critical access

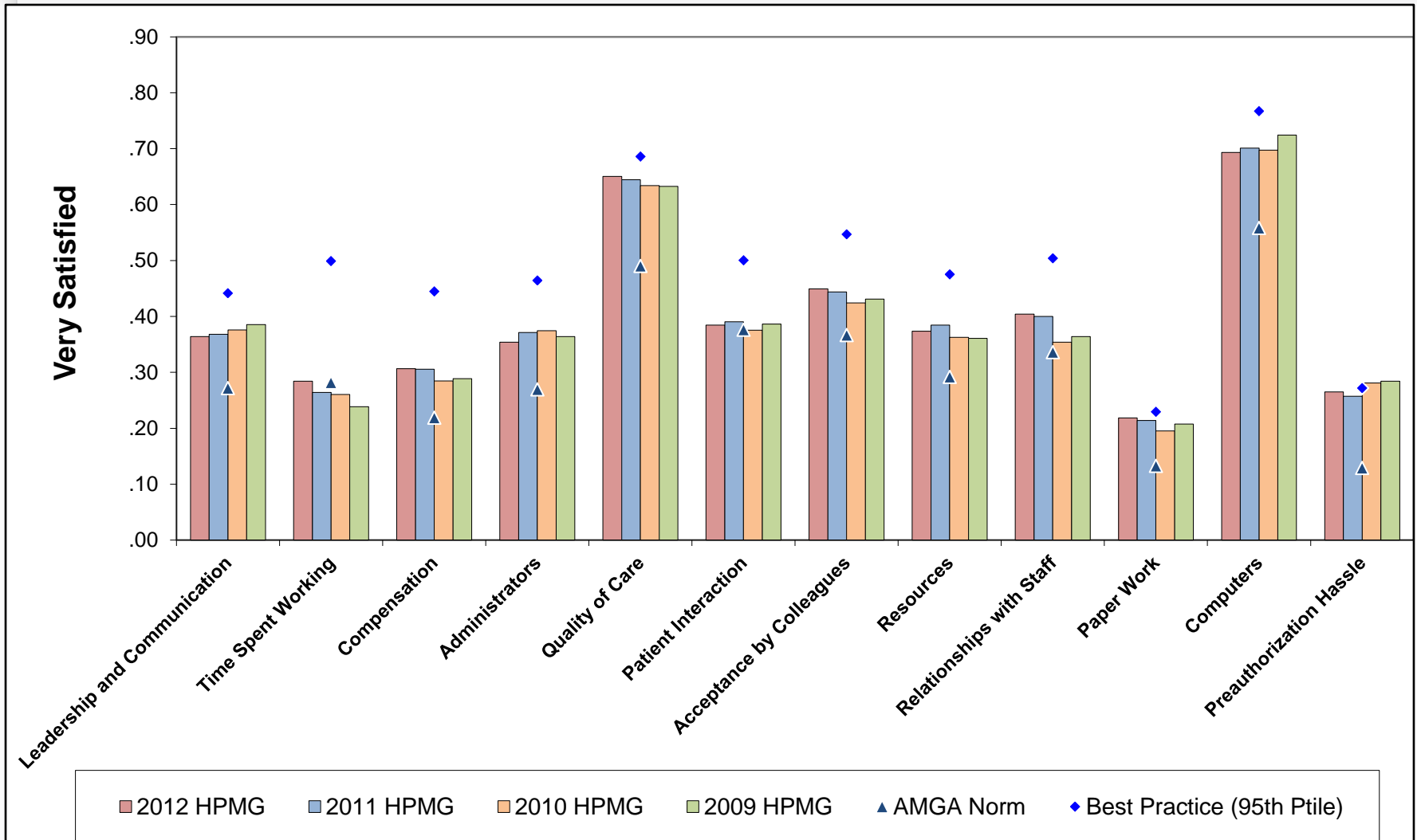


How we use the AMGA Survey

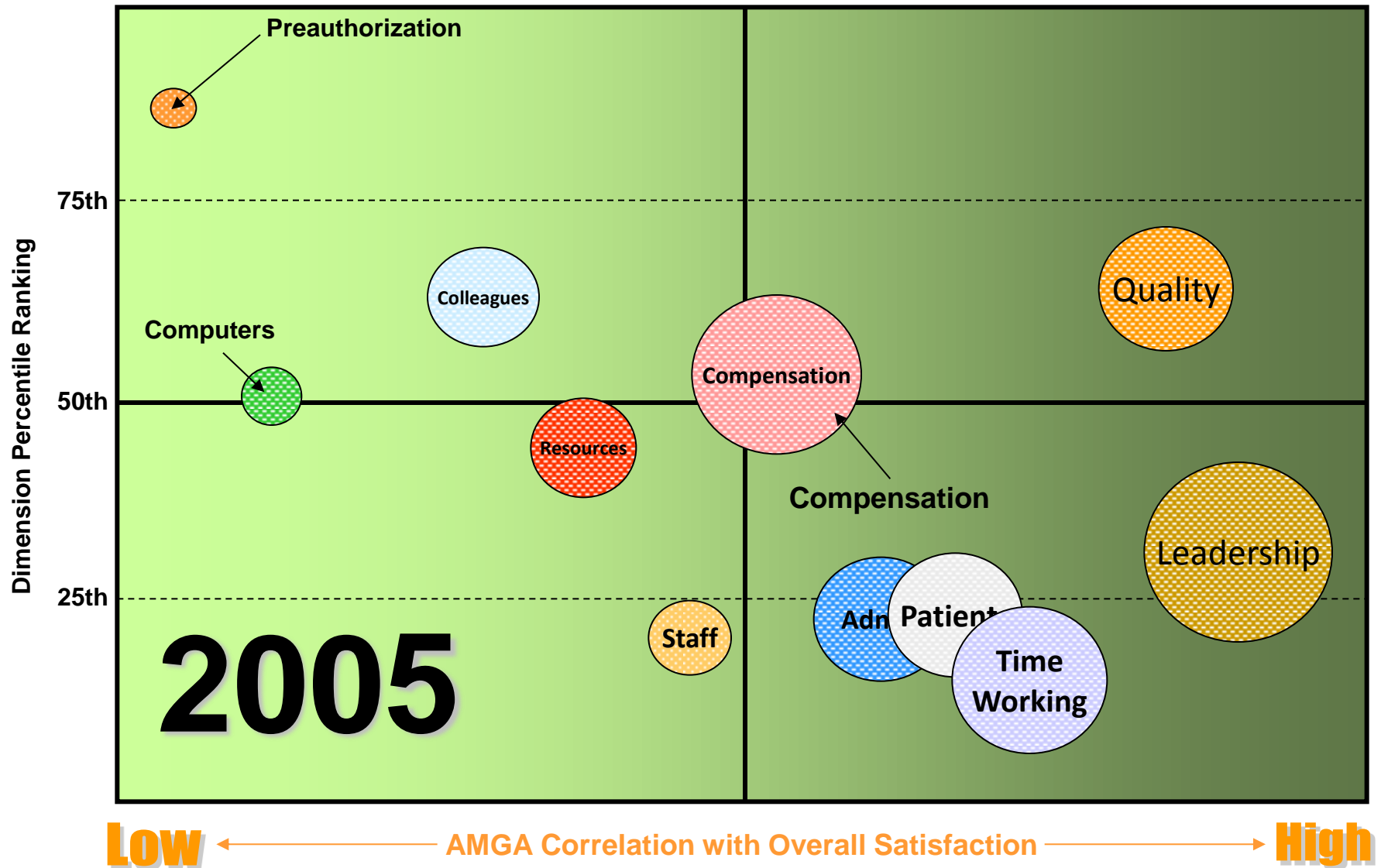
- Annual Survey
- Every Clinic/Department/Specialty has own results & creates improvement plans
 - goal is 5% improvement or best practice
- Scores are part of our overall measures and scorecards on quality, experience, cost & people measured
- Overall organizational results are reviewed, measured and improvement plans created
- We share results as part of our recruitment information
- Consider this a continuous improvement process

2012 Dimensions of Provider Satisfaction

Graphed in Descending order of Correlation with Overall Satisfaction



AMGA Physician Satisfaction Survey 2005



System Actions: Clarify & Increase Satisfaction with Compensation

- Supports not drives culture
- Market based
- Physician led
- Overall compensation committee
 - Divisions report in
 - Divisions have representation from physicians
 - Everyone has Quality, Patient Experience, Cost Metrics

System Actions: Leadership & Communication

ORGANIZATIONAL COMMITMENTS

Support a practice that works for both patients and doctors

- Be Patient Centered
- Support 6 Aims practice and remove barriers at the point of care
- Provide an environment and tools to ensure satisfying and sustainable practices
- Promote groups
- Create 6 Aims center
- Provide
- Respect

- **Provide an environment and tools to ensure satisfying and sustainable practices**

DOCTOR/CLINICIAN COMMITMENTS

Excel in clinical expertise and practice

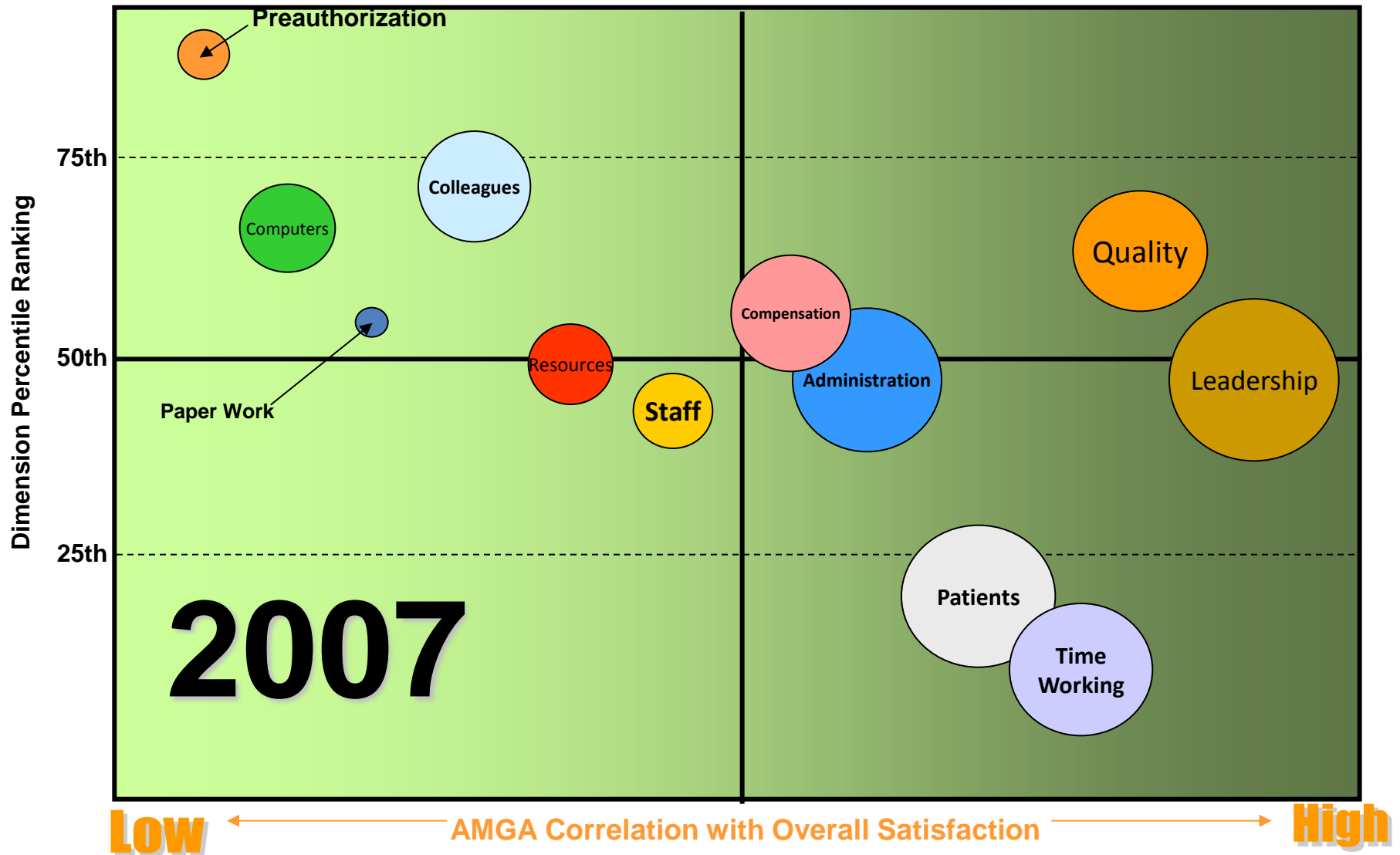
- Be Patient Centered
- Pursue clinical practice consistent with the 6 Aims
- Advance
- Seek a
- Reduce custom
- Create innova
- Show f

- **Reduce unnecessary variation in care to support quality, reliability, and customized care based on patients' needs**

EHR Design Principle

- **“With any changes: simplify”**
- **Quantify “click reductions”**

AMGA Physician Satisfaction Survey 2007



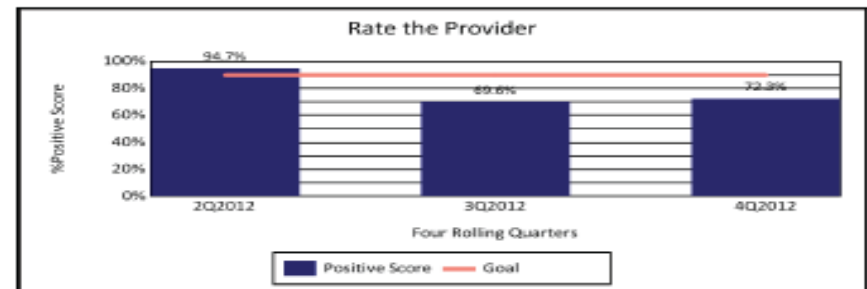
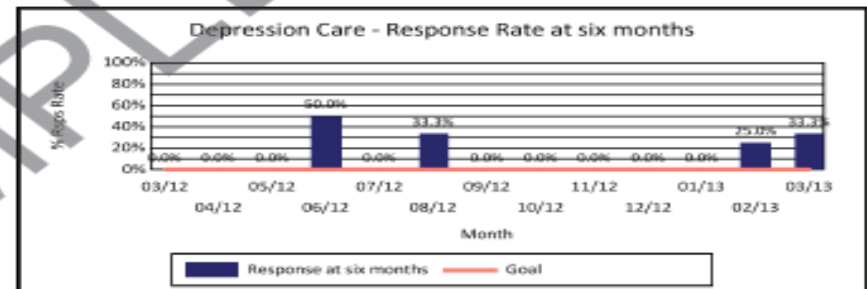
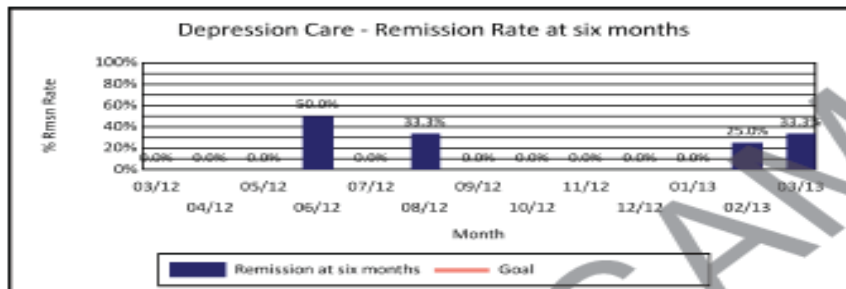
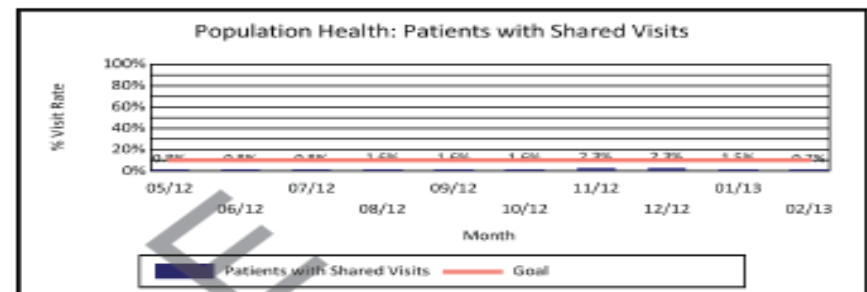
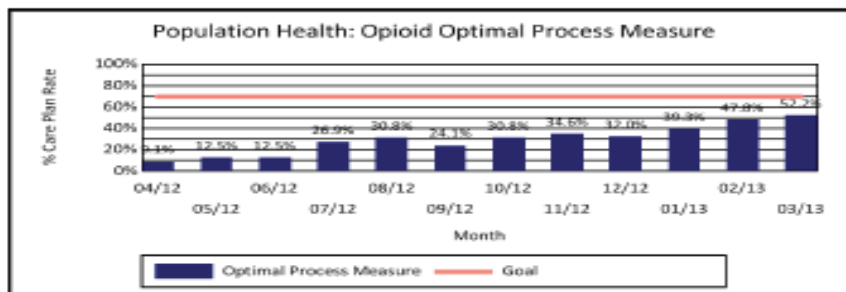
System Actions: Create Consistency & Reduce Physician Time Spent Working

- Care Model Process
 - Clarify roles of team members
 - Work to highest level of license
 - Reduce work physicians do not need to do
 - Workflows improved

Feedback & Measurement

Intentional Design of Internal Care Team Level Performance Reporting to Drive Improvement

HPMG Primary Care -- Care Team Scorecard
[Provider Name]--Care Team -- HP APPLE VALLEY CLINIC



Survey Results: Time Spent Working

	Very Dissatisfied	Somewhat Dissatisfied	Neither	Somewhat Satisfied	2012 Very Satisfied	2011 Very Satisfied	2010 Very Satisfied	2009 Very Satisfied	AMGA Norm Very Satisfied
Time you have available for your family and personal life	6%	17%	11%	38%	29%	27%	28%	25%	29%
Degree of control you have over your schedule	7%	13%	16%	32%	32%	32%	27%	25%	35%
Amount of time you spend working	8%	18%	15%	34%	24%	22%	23%	22%	24%
Amount of time you spend with each patient	3%	12%	13%	39%	32%	26%	28%	25%	32%

	Strongly Disagree	Disagree	Neither	Agree	2012 Strongly Agree	2011 Strongly Agree	2010 Strongly Agree	2009 Strongly Agree	AMGA Norm Strongly Agree
The volume of my patient load or panel size is reasonable	2%	7%	12%	54%	25%	24%	24%	23%	19%

System Actions: The Transformed Practice

	Current Practice	Transformed Practice
Length of Practice Day	10.64 hours	9
Number of Office Visits	18-22	16
Number of e. and phone.Visits	0	10
Dedicated time for care coordination (min)	0	15
Total Number of Patient Contacts	18-22	30

System Actions: Time Spent Working

Call, Click, Come in

E.Visit

Phone Visit

Schedule Template



Documentation Efficiency

EHR Tools

Voice recognition

Collaborative

Documentation

Screen Size

Exam Room

Agenda Setting

Establish

Boundaries

EHR Efficiency

Closing the Visit

Use of Interpreters



Care Team

Care Model Process



Flow Stations

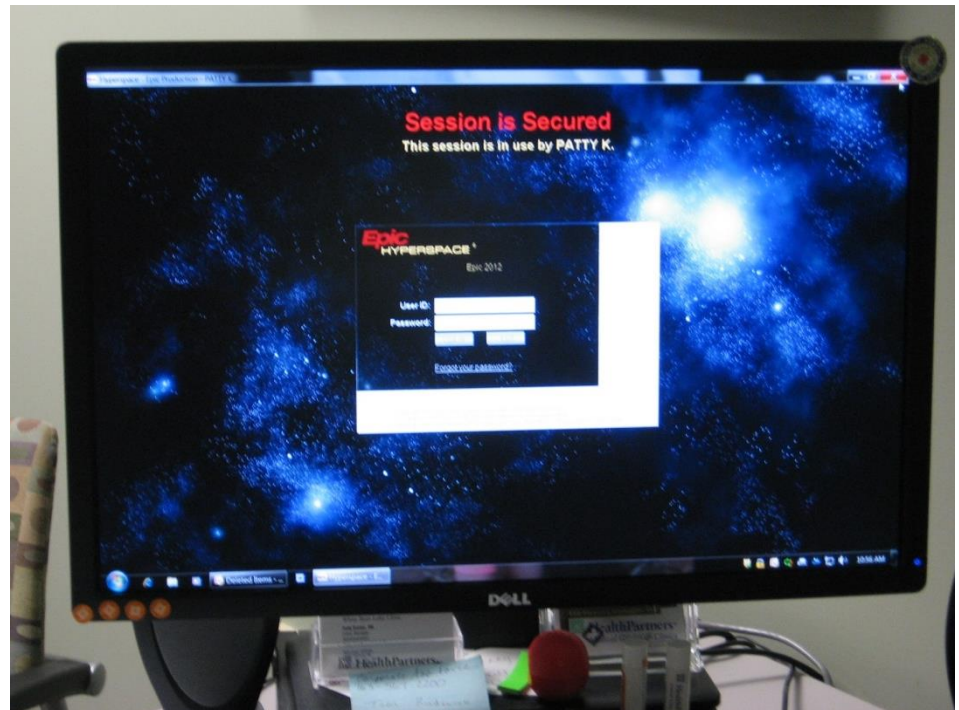
Proximity to Care Team

Printer Location

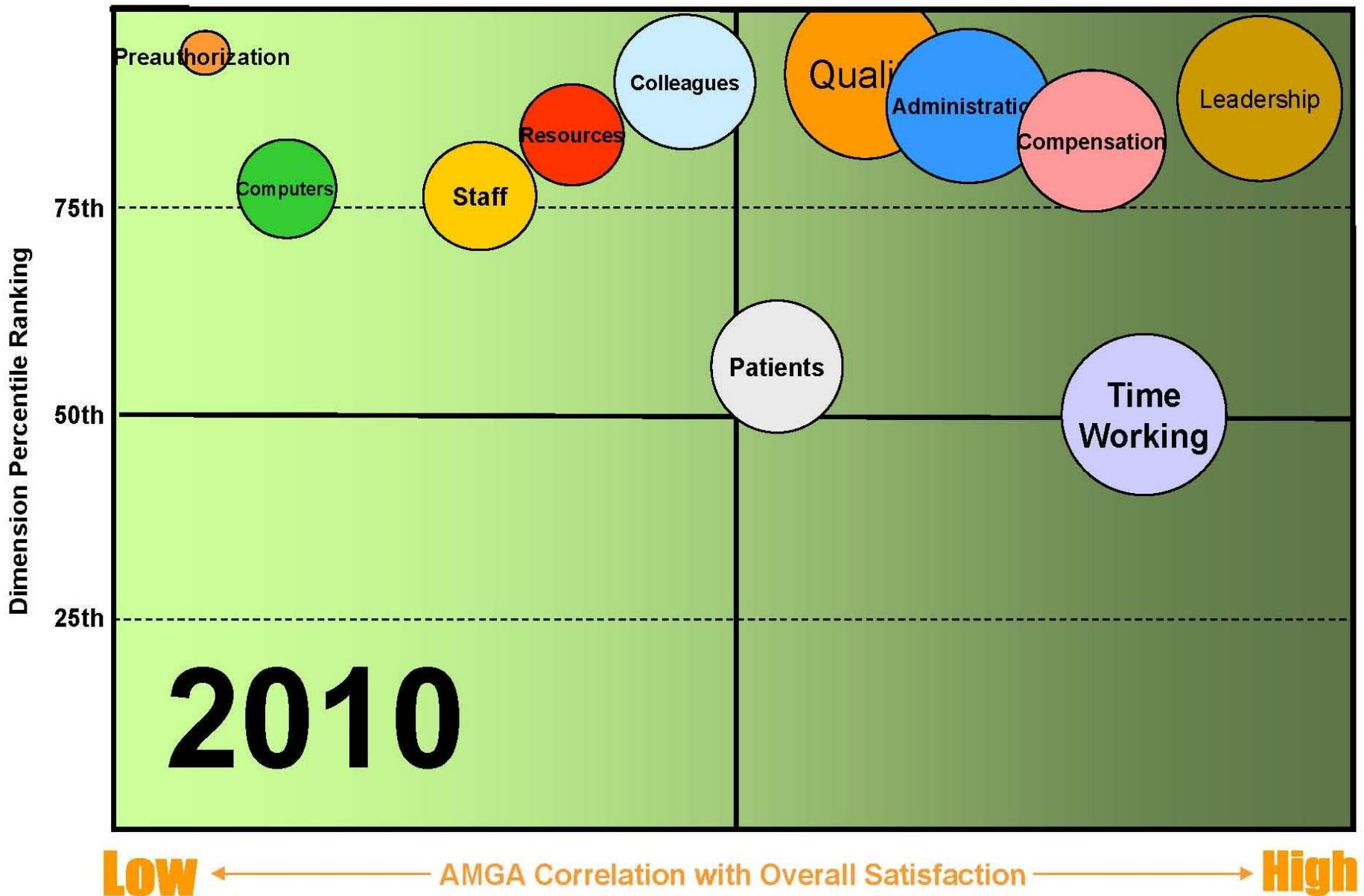
Inbasket Efficiencies

Time Spent Working: Wider Screens

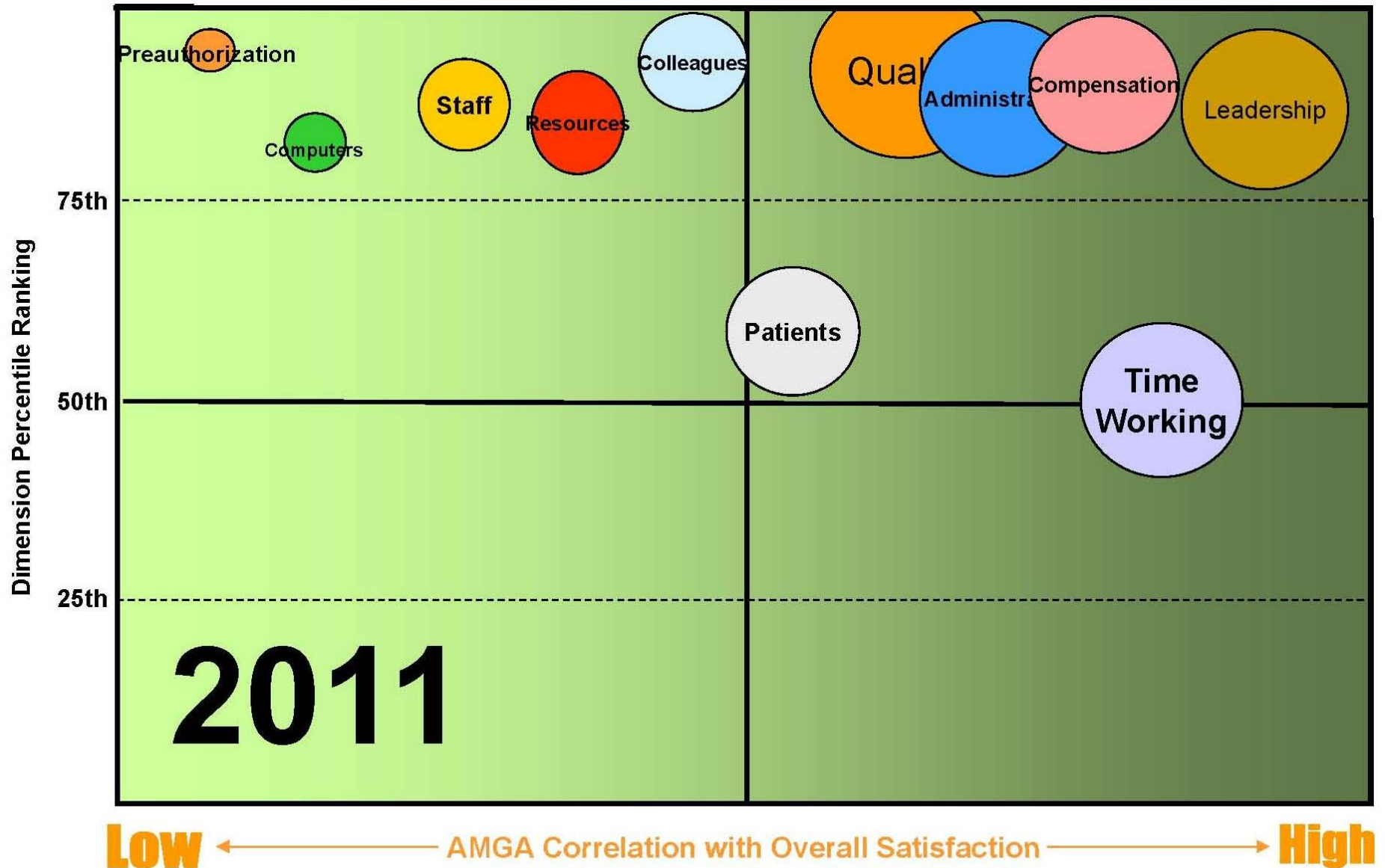
- More information available of the screen at one time
- Split screen can be used to improve documentation
- Reduces number of clicks and need to scroll
- Estimated savings of 30 min/day



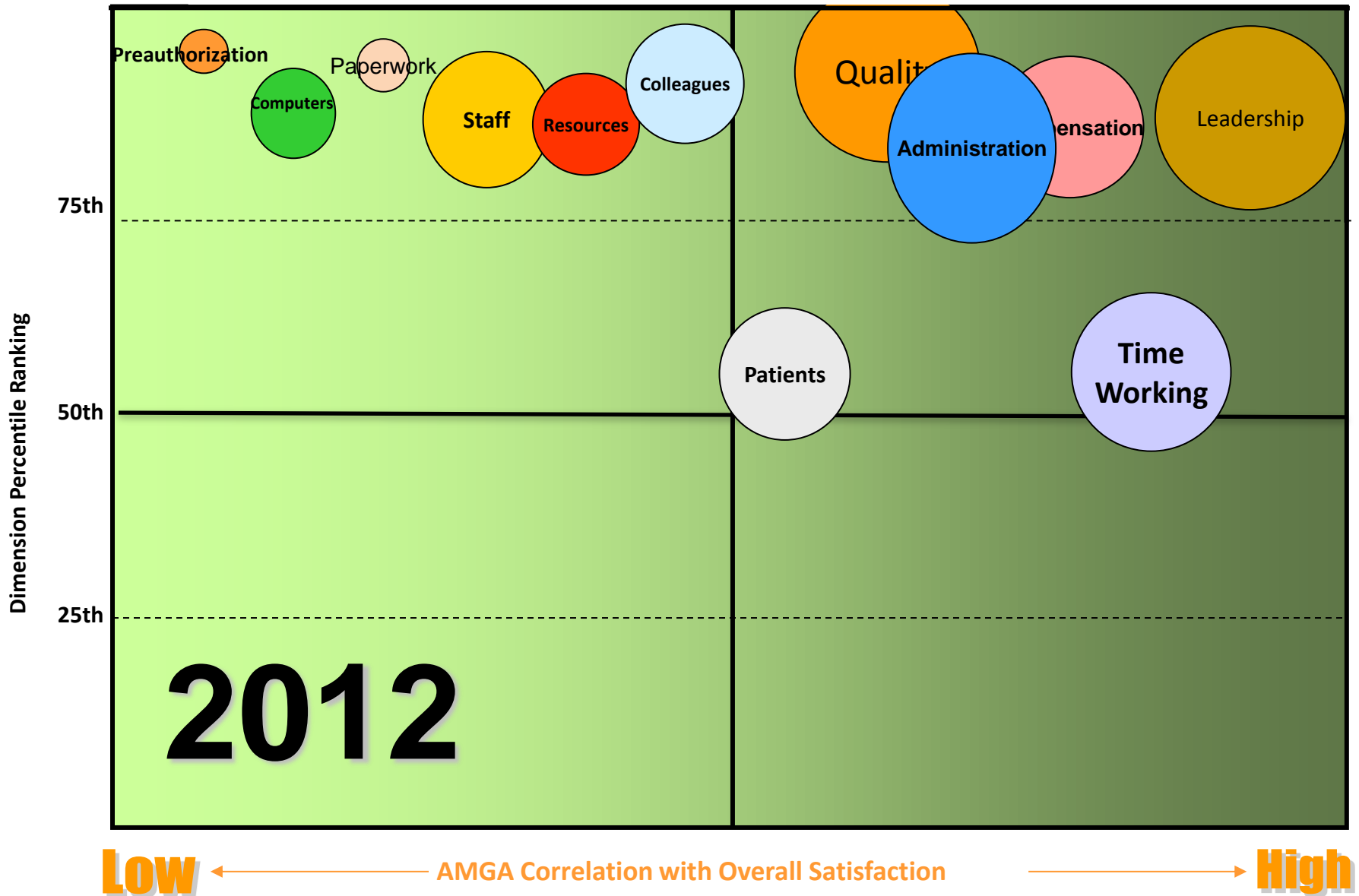
AMGA Physician Satisfaction Survey 2010



AMGA Physician Satisfaction Survey 2011



AMGA Physician Satisfaction Survey 2012



Benchmark Against Other Practices

AMGA Survey Year	Overall Percentile Ranking
2005	23
2009	76
2012	84

Provider Satisfaction at Reliant Medical Group:

Best Practices

AMGA 2013 Institute for Quality
Leadership



Reliant
Medical Group
Atrius Health

2012 AMGA Survey Results

- RMG showed significant improvement over a two year period with 41% very satisfied (73 %tile) in 2012
- The top 3 drivers of physician satisfaction were:
 - a. Leadership & communication
 - b. Time spent working
 - c. Compensation
- There was inconsistency between departments and sites



Reliant
Medical Group
Atrius Health

Root Causes of Poor Satisfaction

- Some providers may feel they are not getting the recognition they deserve or their basic daily needs are not being met
- Inconsistent messaging around provider compensation
- RMG primary care providers may feel their time spent working is not as satisfying as they would like
- Our efforts to improve provider satisfaction could be better communicated
- Progress on our plans to improve provider satisfaction have not been regularly measured

Results follow bimodal distribution

- Specialists overall did well - in most cases above AMGA norm
- Primary care did not fare well – most of the concern was with “time spent working” and to some extent compensation
- Some feel their voice has not been heard



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Medical Group
Atrius Health

2013 Goals for Provider Satisfaction

- 45% Very satisfied
- 75% of departments & sites at AMGA norm
- 95% physician retention rate



Reliant
Medical Group
Atrius Health

The Organization-wide Plan

- Physician rounding and recognition by chairs/chiefs
- Department specific plans to improve provider satisfaction – presented regularly at MLT meetings and reviewed regularly with CMO
- KPO involvement to improve “time spent working” in the IM & FP departments
- Use of “best practices” when discussing compensation
- Pulse surveys
- Engage providers in our plans to improve – inform at medical staff meetings of progress and share pulse survey results

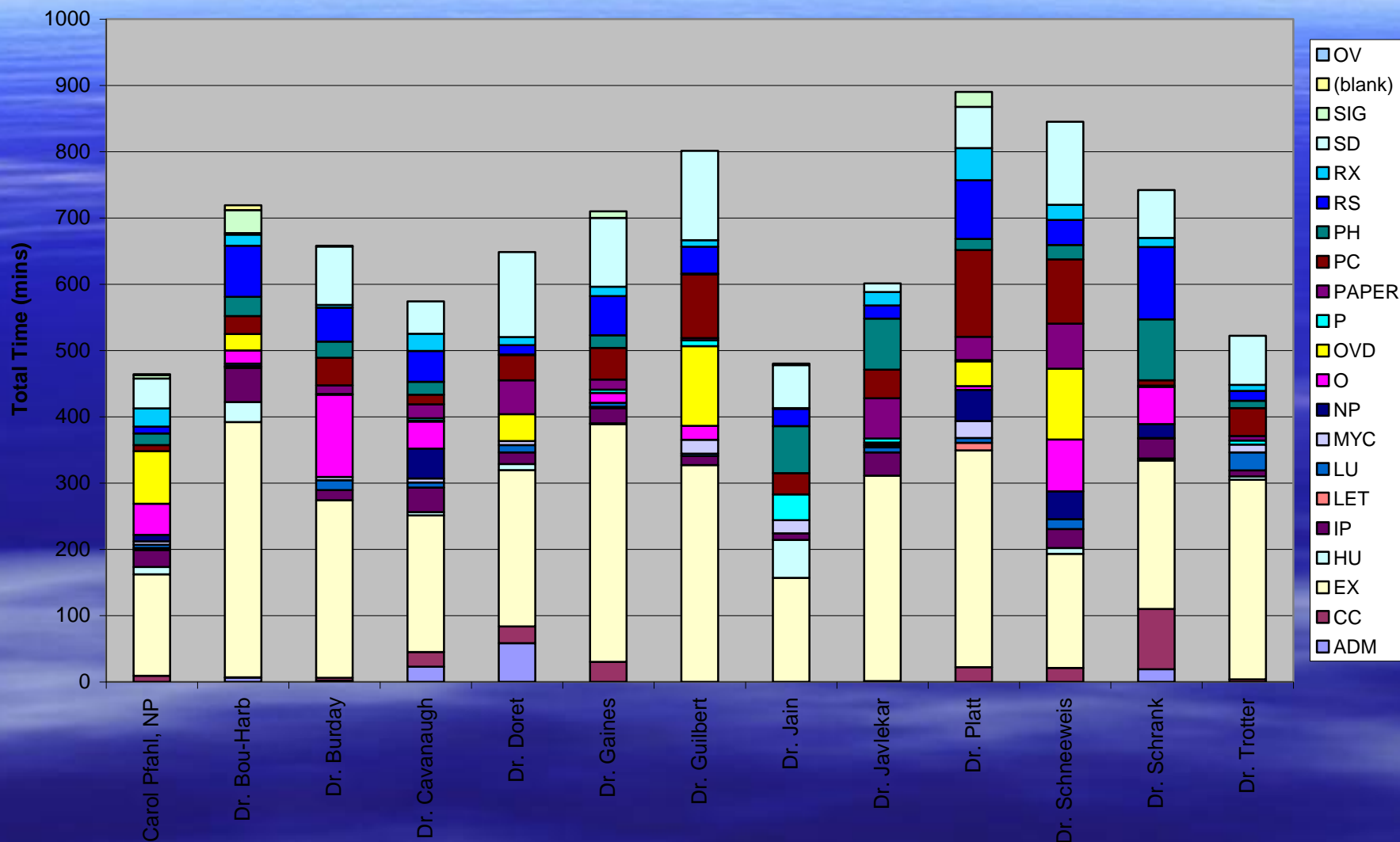
Time Spent Working in Primary Care

- Data gathered on Epic use after hours
- Shadowing providers
- Best practices data
- Epic inbox traffic data
- Comments on pulse surveys
- PCP survey about Epic



Reliant
Medical Group
Atrius Health

Breakdown of Provider Day



PCP Shadowing Results

Activity	Time Spent
Exam Room	20%
Visit doc.	13%
EMR IB - call	11%
Comm w staff	9%
Phone call	7%
In basket results	7%
In basket refills	7%
In basket CC folder	4%



Labs & results

Rx folder

EMR

CC folder

Phone messages

Documentation



Kaizen will focus on the > 50% of time spent on EMR related work

Reflections from Data Review

- In the majority of cases, the higher the panel size, the more hours spent in EMR and the higher the patient satisfaction.
- Some providers have challenges with time management
- Only 20% of the provider's day is spent face-to-face with patients
- The providers already have very full plates.
 - Difficult to manage other coverage, FMLA, etc responsibilities
- To move forward, need to have trust in the care team

Countermeasures

1. Develop guidelines for messages sent to the provider's "CC" folder
2. Standard work for medication list maintenance
3. Revise standard work for refill requests
4. Develop in basket guidelines
5. Implement huddles to allow for communication to focus on in basket messages
6. Develop standard work for handling of MyChart messages
7. Streamline in basket communication between primary care providers and specialists
8. Review and revise existing standard work for lab results
9. Define an escalation process for supporting provider in basket messages

#	Countermeasure	Owner(s)	Due	Status
1		Updani, Kim Dr. Schenck, Dr. J	6/28, 10:30am	
2		Heather, Carol Heather, Jan	6/28, 10:30am Done	
3		Heather, Kim Jan, Dr. Nataraj Dr. J	5/28, 2:30pm Done	
4		Heather, Lisa Dr. Schenck	5/28, 10:30am	
5		Dr. Nataraj Lisa, Heather, Kim Kim, Dr. Schenck Gordon	5/28, 4pm	
6		Nataraj, Kim Dr. Schenck Heather, Kim Jan, Dr. J	6/28, 1pm	

Location	Millbury Conference Room	Kaizen Event Target Sheet			Date:	5/22-5/24
Event	Time Spent Working Kaizen Event					
Team Lead	Ninad Samant, MD					
Co-Lead	Laura Poznick/Sharron Staltare					
Key Measurement	Start	Target	End	Difference	% Improvement	
AMGA Provider Satisfaction - % VG Time Spent Working in Internal Medicine	12 %	35%				
AMGA Provider Satisfaction - % VG Time Spent Working in Family Practice	28 %	35%				
Average time spent doing Epic (Weekday Off Hours) across adult medicine providers	2.38 hours	1.5 hrs				
Average time spent doing Epic (Weekends) across adult medicine providers	TBD	TBD				
Inbasket management standard work and guidelines	N	Y				
Improvement in quality of inbasket messages		Y				
Reduction in volume of inbasket messages		Y				
Reduction in redundancy of inbasket messages		Y				
Number of issues addressed by countermeasures		60%				

Reliant cares!!

