



Creating a Culture of Engagement

Advocate Health Care's Approach

Domain: Quality
Category: Culture of Improvement
Competency: Q.1.1 Prioritize a patient-centered culture of improvement at the board, senior management and/or senior leadership levels

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BACKGROUND

Advocate Health Care was formed in 1995 from a merger of two faith-based delivery systems. The merger created an opportunity for the organization to re-invent itself, create a new culture, and refresh its values. The health system grew quickly, undergoing a period of evolution as its strategy shifted with the changing marketplace. A growing interest in capitated contracts and an expanding provider base led to clinical integration. However, throughout these many structural changes, a dual focus on quality and value remained at the forefront. Advocate's leadership understood that creating a culture of continuous improvement would require more than establishing a common vision and set of values. It would require deliberate action toward specific goals, with frequent and honest assessments of progress. Advocate has identified five areas that have been critical to the system's high-value culture: governance, aligned incentives, transparency, infrastructure, and feedback.

About Advocate Health Care

The largest integrated health system in Illinois, Advocate has over 450 sites of care with 12 acute care hospitals, a large multispecialty medical group, and a post-acute division. Advocate Physician Partners, the system's ACO, includes 1,500 physicians from Advocate Medical Group and 3,000 aligned physicians.

Location: Downers Grove, Illinois
Website: www.advocatehealth.com

VBP Activity:

- MA with multiple payers since 1988 (~45k lives)
- BCBSIL since 2011 (~300k lives)
- MSSP Track 1 since 2012 (~150k lives)
- UnitedHealthcare since 2014 (~65k lives)
- Aetna since 2015 (~50k lives)
- Cigna since 2015 (~30k lives)
- Self-funded employee health plan since 2015 (~30k lives)

APPROACH

It was important to Advocate to create a physician-hospital organization governance structure that embodied a culture of teamwork and improvement, especially given its collection of disparate and often distrusting groups. Its governing board was designed to include members from the executive team, physician representatives from each of the 10 Physician-Hospital Organizations (PHOs) and the Advocate Medical Group, as well as an outside physician from a different market who challenges the status quo. Its supermajority model required both physicians and executives to seek common ground, have robust discussion, and come to a consensus on all decisions. At the organization's 10-year anniversary, leadership revisited its governance practices, establishing term limits, creating written job descriptions for board and committee positions, and instituting self-evaluations of board and committee performance.

As the organization grew, operations were centralized and standardized. Advocate maintained all the PHO boards and fiduciary authority. However, in order to perpetuate a culture of teamwork and trust across the organization, committees assumed ownership of various responsibilities (e.g., Clinical Integration Committee, Finance Committee, and Audit Committee). All committees are well organized with charters, voting rules, accountability, and defined scope, with materials posted at least a week in advance of meetings. Physicians are now compensated for their time, significantly increasing the level and quality of participation. In addition, summaries of the meetings are distributed within 36 hours to keep communication clear and consistent across the organization. The committees are a valuable tool for physician engagement, and allow the board to focus on broader organizational strategy.

Another critical element of Advocate's culture is the alignment of incentives across all parties: payers, physicians, and executive leaders. By negotiating one set of quality metrics with payers on behalf of physicians, Advocate reduces the administrative burden for physicians while aligning quality goals across the health system. Within the organization, physicians are provided two different performance incentives: 70% based on individual performance and 30% based on the performance of the PHO or medical group. Both physician and executive leaders are given metrics that drive performance improvement in areas that are important to the other.

Across all of this work, transparency in processes and results drives trust and motivates high performance. Initially, Advocate provided quality and financial performance transparency at the system-level, but over time, individuals' results were made available organization-wide. Transparency at the individual level creates a new degree of accountability and drives referral patterns to higher quality physicians. It also aids decision-making for the collective best interest. For example, in an instance when a product was profitable for the primary care physicians but unprofitable for the hospitals and specialists, transparency in financial details allowed the group quickly and easily come to a consensus that the product was not in the best interest of the whole and should be dropped.

To facilitate this transparent and targeted performance improvement, Advocate has developed a robust infrastructure to support all levels of the organization. Attempting to build a culture of continuous improvement without the infrastructure to direct and monitor its execution

would be fruitless. One important use of such infrastructure is to enable frequent feedback. To do this, Advocate has invested in tools that make patient outcomes and performance data accessible to physicians real-time at the point of care. This feedback is easily accessible and benchmarked for peer and national comparison.

RESULTS TO DATE

Advocate is a leader in quality and has frequently been named one of the Top 5 large health systems based on quality in Truven Health Analytics' annual study. Advocate has demonstrated an ability to drive clinical and financial performance across both employed and aligned private practice physicians and across large and diverse patient populations. Over 90% of its NCQA benchmarked clinical measures are at national top quartile and top decile performance levels. Advocate has demonstrated an ability to improve quality while bending the cost curve, receiving the third largest amount of shared saving in the country's largest Medicare Shared Savings Program (MSSP) ACO in the 2015 performance year. In the last two years, the number of serious safety events in the health system has decreased by 40%, another testament to the organization's improvement-driven culture.

TOOLS & VENDOR PARTNERS

One of the key tools supporting Advocate's culture of improvement is its web-based registry. Advocate and Cerner developed a product called Health Intent that increases the accessibility of its population health data to all 5,000 physicians. Health Intent allows Advocate to longitudinally track over 150 performance metrics for roughly 1.2 million patients. It allows individuals at all levels of the organization to view real-time results at the point of care and receive immediate performance feedback. Advocate has also used GE Centricity for many years for claims payment and capitation management.

CHALLENGES WITH IMPLEMENTATION

An important barrier for Advocate to overcome was eliminating the distrust between leadership and among the physicians—a natural occurrence from the merger. However, by developing a governance structure that inherently garnered trust among all parties, Advocate found the initial challenge to ultimately be a source of strength, as it forced the group to be deliberate about its cultural development.

Another pivotal challenge came after the first year when roughly 65 physicians did not meet the membership standards. The board was faced with a decision to allow exceptions for these physicians by relaxing standards, or excuse them from the partnership. After many difficult discussions, these physicians were excused, in order to remain committed to the standards. This decision set the stage for future improvement by establishing a quality expectation for all physicians. The standards were not extremely high in the beginning and were mostly functional (e.g., have a working email), but over time the bar has been raised gradually to reflect physicians' capabilities.

KEY LEARNINGS

- **Don't just talk, act**—Creating culture requires more than simply having a shared vision and set of values, it requires deliberate action.
- **Start strong and check in** – An organized governance structure that drives improvement and teamwork is vitally important. Even after the structure is established, governing practices should be revisited periodically.
- **Help physicians succeed** – Empower physicians with information through transparent data and benchmarked feedback.
- **Be realistic but firm** – When setting membership standards, start small and let the bar naturally be raised over time. Once they are set, adhere to those standards.

Contributors

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