Designing a Communication Strategy for a Clinically Integrated Network

St. Vincent’s Health Partners’ Approach

BACKGROUND

In 2011, recognizing the changing health care environment—yet committed to remaining independent—a small group of respected Connecticut physicians approached a local hospital seeking to align in preparation for population health management and quality-based reimbursement. After researching various partnership approaches, it was determined that forming a clinically integrated network (CIN) would facilitate the desired level of independence and collaboration. Clinical integration has enabled St. Vincent’s Health Partners (SVHP) to leverage the unique strengths of its members to create clinical and operational efficiencies that drive value. Almost five years since its official inception, SVHP believes a major key to its success was its early efforts to design an organizational structure and internal communication strategy that would enable true alignment and collaboration across multiple independent providers.

APPROACH

SVHP leveraged the URAC Clinical Integration (CI) Accreditation standards to guide the organization’s infrastructure and process development. URAC provides an objective set of standards for clinical integration and patient-centered practices, while also ensuring alignment with federal antitrust laws. While arduous, SVHP earned this CI accreditation in a little more than a year. This exercise helped to guide the development of SVHP’s operations, including its contracting practices, protocols for new members, and internal governance structure.

SVHP recognized early on the importance of developing a communication strategy to align the disparate partners across the network. Effective communication was especially important given the CIN’s organizational configuration. Each member entity is expected to deliver high-quality care, manage the patient-provider relationship, and meet all state and federal requirements. Through an assortment of committees, SVHP staff monitor the network at the enterprise level, evaluating and providing insight into the performance of the enterprise and, where necessary, facilitating technical assistance to strengthen capacity.

In developing its communication strategy, SVHP leadership looked to organizational behavior literature outside of health care, including the multi-level framework research and experience documented by Jody Gittell and the Relational Coordination Research Collaborative. SVHP studied Relational Coordination, a method that seeks to transform relationships for high performance by building shared goals, shared knowledge, and mutual respect across boundaries through communication that is timely, accurate, and problem-solving oriented. Subsequently, SVHP implemented several communication practices, including prioritizing regular, productive, face-to-face contact. Monthly committee meetings follow well-organized standard operating procedures, including detailed agendas, tracked minutes, and progress of action items against goals.

For regular face-to-face contact with network providers, SVHP staff visit each primary care practice and post-acute setting for standing monthly meetings. The purpose of these meetings is to continually enculturate the membership to the goals of the network and influence medical management in a way that empowers physicians and all provider partners to continue to improve service delivery. The organization focuses on strengthening the relational coordination between the key settings (such as the practices and the hospital) with the goal of reaching a point in each initiative where SVHP only monitors from an enterprise level and settings no longer rely on SVHP to maintain strong communication. SVHP utilizes a low-tech yet highly organized system for practice meeting planning. Staff systematically develop and share meeting agendas using OneNote, which follow a set of core topics that reflect the CIN priorities established by the Board.

Another critical element of SVHP’s relational coordination communication strategy is known as “The Playbook” – a guide for delivering pertinent information to SVHP physicians. The Playbook contains information regarding the network’s policies and procedures, including topics from evidence-based treatment guidelines for chronic illnesses, best practices for more than 140 care transitions, and all expected metrics. The Playbook lays out the key principles that SVHP expects its current and future members to adhere to, and serves as the organization’s signature resource for continuous improvement.

Since its inception, SVHP has continued to grow. Through a rigorous vetting process, SVHP has gained select post-acute care providers such as skilled nursing facilities, home health, and hospice agencies. SVHP’s established, effective communication processes facilitated the smooth addition of these new providers.
RESULTS TO DATE

The effectiveness of SVHP’s internal communication strategy has been validated by several assessments. First, SVHP achieved a perfect score in URAC clinical integration accreditation (2014) and reaccreditation (2017), whose standards require detailed evidence of governance, structure, and communication to the membership over time, linked with operations and results. Notably, SVHP was the first in the nation to earn this CI accreditation.

Since its inception, the network has seen 99% stable physician membership and no loss of the subscribing post-acute relationships. Not only has SVHP retained its providers, but the organization consistently tracks a >90% participation rate in standing monthly meetings. To date, every recommendation made to the board by the physician-led committees and SVHP staff has been approved unanimously—another testament to SVHP’s ability to align all levels of the organization.

SVHP’s communication strategy has been critical to the network’s efforts to support all of its primary care practices achieve NCQA PCMH recognition. Leadership also believes that the organization’s relational coordination focus has contributed to SVHP’s annual achievement of shared savings payments in its commercial contracts.

TOOLS & VENDOR PARTNERS

The URAC Clinical Integration Accreditation process provided crucial direction for building SVHP from the ground-up. Not only does the accreditation help SVHP prevent possible anti-trust issues, it also provides an objective set of standards under which the diverse membership of SVHP can unite.

Initially, SVHP staff provided paper copies of data to its members. However, in 2016, SVHP began to use Tableau reports for its data visualization, which allows providers to receive the reports electronically. Additional training was (and continues to be) necessary to help providers access and understand the data. However, Tableau has proven to be a helpful resource as it allows SVHP to create clear and replicable data visualizations.

CHALLENGES WITH IMPLEMENTATION

While some doubted it would be possible to hold such frequent face-to-face meetings with independent providers, SVHP has been successful by accommodating physician schedules, sharing information relevant to the practices, and remaining consistent and respectful. Initially, SVHP used staff with clinical training to conduct these meetings, but found that the individual’s management abilities and interpersonal skills were just as important as the clinical knowledge. Ongoing challenges in meetings include scope creep (too many topics or issues to tackle) and the participants not communicating to their own constituents the outcomes of the meetings. This results in a situation where acquired learning is not passed on and assumptions are made, which later prove to be false because information was not shared.

Given SVHP’s configuration, one major communication challenge is HIT interoperability, as SVHP’s membership uses 12 different EMR platforms. While some organizations require all members use the same platform, SVHP believes that the freedom to choose a technology platform is key to respecting the independence of its providers. At first, SVHP attempted to work with a vendor to find a data sharing solution that would not require all providers to use the same platform, but this approach proved challenging. Recognizing the need to make major changes to its data strategy, SVHP decided to take a four-month hiatus from its data delivery strategy in 2016 to re-focus on the issue. During this time, SVHP secured a grant with Microsoft to create a data warehouse to combine the various data sources in one central location.