

# Overcoming Obstacles

## Chapter FastFACTS

- 1. Performing a “gap analysis” to identify your practice’s shortcomings before planning changes is key to success.**
- 2. Excellent communication, staff buy-in, and patience are critical to transforming your practice.**
- 3. Some experts say the most important HIT feature will include the willingness of physicians to allow patients online access to their personal records.**
- 4. Understanding the nature of business and consumerism is more important than ever.**
- 5. Becoming a 5-star practice involves going beyond the basics of providing efficiency, access, customer service, and quality of care.**

**F**or many physicians, the process of transforming their practices to achieve a higher level of excellence is like having to change clothes while jogging—a sometimes overwhelming coordination of effort, says TransformMED’s Dr. McGeeney. Unlike the auto industry, which can shut down operations when it decides to remake one of its models, physicians have to keep running even while retooling, refitting, retraining, and reorganizing to become a 5-star practice, he says.

Compounding the challenge is that physicians often leap without looking, say practice management experts. Physicians get an idea; and their inclination is to go for it—not to study, plan, mull,



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and reconsider, not to put together a committee, not to devote time and effort to laying the groundwork. This style may shape a responsive doctor, but not necessarily a good business leader and manager. In addition, say management experts, physicians often don't know where to start or which changes to make because they are unable to identify their gaps in knowledge or practice.

"Physicians tend to want to jump in and fix stuff," Dr. McGeeney points out. "[They're] so busy and there are so many demands on their time and their limited capacity that they don't take a lot of time for planning ... how they might change their practice."

He recommends that if your practice wants to be exceptional, you should first take the time to perform a "gap analysis" to identify its shortcomings. Those results will lead you to set goals and make priorities (see "How Does Your Practice Rate?," p. 74). Only then, he says, will your practice be ready to develop a project and timeline. Tools to help with that initial analysis are available from TransforMED (<http://www.transformed.com/>), the ACP's Medical Home Builder's "Practice Biopsy" modules ([http://www.acponline.org/running\\_practice/pcmh/help.htm](http://www.acponline.org/running_practice/pcmh/help.htm)), and the NCQA's recognition process checklists (<http://www.ncqa.org/tabid/74/Default.aspx>), among others.

Of course, good timing can also help during transition. Dr. Terrell says her practice combined process improvement and changes to customer service with building a new facility. "We decided we were going to design a 21st-century medical office that was going to be very patient-centric," she says. To do so, the group asked patients who visited their Website to "tell us what you think a doctor's office should look like." They ended up with WiFi in the waiting room and no telephones at the front desk to keep receptionists focused on patients who were actually in front of them.

## Taking a New Approach

Making changes in your practice also requires excellent communication, staff buy-in, patience, and—for some—a new way of approaching how you practice.

TransforMED has found that communication is typically poor within primary care practices, Dr. McGeeney says. "Doctors have their meetings once in a while, but the staff doesn't have a

clue what the doctors are thinking. And yet a lot of this change is going to involve staff,” he says. The reason may stem from how physicians have been trained. “Now [doctors] have to learn to work as a team, but that’s ... not the way they’ve practiced for the last 20 years,” he explains.

Given how complicated healthcare is becoming, physicians would benefit from more training in leadership, supervision, and change management skills, Dr. Silbaugh says. For example, he says physicians tend to have an immediate negative reaction to any staff suggestion, saying “it won’t work” or “I don’t agree with that.”

“That is oftentimes the way we are trained as physicians, but instead we need to be curious first and critical second,” he suggests. “Take time to ask the following: ‘Why is somebody suggesting this? Why would they bring it up? What don’t I know?’”

Other typical characteristics of medical education can sometimes work against doctors in their role as business leaders and managers. One is that physicians are typically trained to be “variable adverse,” or opposed to change, since doing the same things the same way every time helps provide safe healthcare, Dr. McGeeney says. But businesses require their leaders to make changes, be creative, and even make mistakes sometimes. “Now we’re asking them to do something that is counterintuitive to the way they were trained,” he notes.

If making changes can be a problem, making too many at once can be even worse. “Change fatigue” can affect a practice’s staff when doctors ask for too much at one time, he says. Physicians trying to transform their practices need to be aware when staff are wearing out; when that happens, everyone needs to take a break.

## Dealing With Finances

If you’re worried about the cost of making the kind of extensive improvements that can enhance your practice’s service and

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## How Does Your Practice Rate?

The following is an excerpt from the AAFP's patient-centered medical home checklist.

### PATIENT EXPERIENCE

***Which of the following are you using to improve your patients' access to care?***

Same-day appointments

E-mail

Web portal for prescriptions, appointments, or information

Referral to online resources

Non-visit-based care and support

***Does your practice support patient self-management through the following:***

Motivational interviewing

Shared goal-setting

Home monitoring (when appropriate)

Group visits and support groups

Family and caregiver engagement

### HIT

***Are you taking advantage of these e-prescribing technologies?***

Medication interaction checking

Allergy checking

Dosing alerts by age, weight, or kidney function

Formulary information

***Do you have these evidence-based medicine supports in place?***

Templates to guide evidence-based treatment recommendations

Condition-specific templates to collect clinical data

Alerts when parameters are out of goal range

Home monitoring

***Does your practice use a registry to facilitate the following?***

Population health management

Individual health management

Proactive care

Planned care visits

*Adapted with permission from "Patient Centered Medical Home Checklist," [http://www.aafp.org/online/etc/medialib/aafp\\_org/documents/membership/pcmh/checklist.Par.0001.File.tmp/PCMHChecklist.pdf](http://www.aafp.org/online/etc/medialib/aafp_org/documents/membership/pcmh/checklist.Par.0001.File.tmp/PCMHChecklist.pdf). Copyright © American Academy of Family Physicians. All Rights Reserved."*

operations, experts say seeing the big picture will help you gain perspective. Doctors need to devote time to long-term planning in order to find money for those projects.

One of the largest expenditures is likely to be for HIT. In blunt terms, a medical practice can't achieve 5-star status without it, consultants say. The key is investing in technology that changes processes and improves care, and does not just automate outdated, less-than-optimal procedures, explains Michael S. Barr, MD, vice president for practice advocacy and improvement at the ACP. Unfortunately, he says, many physicians have thrown away thousands of dollars by buying the wrong EHRs. Instead of first restructuring the way they operated their practices, they merely computerized poor processes.

### **Coping With HIT Changes and Confusion**

Even if your practice is ready to put money down for technology, selecting the right system can be challenging. Today even experts are struggling with what is essential, what form it will take, and what vendors will prevail.

In fact, even though the AAFP's Dr. Waldren acknowledges that some type of HIT is essential to be a top primary care practice, he's not convinced that the right technology is a traditional EHR. "Documenting an accurate note for evaluation and management coding is probably not [enough] to be an exceptional practice," he says. Instead, some contend that the most important HIT feature will be a function that is presently elusive: the willingness of physicians to allow patients online access to their personal records and to engage them electronically about their healthcare while respecting confidentiality and ensuring security.

"[Doctors] haven't gotten the message that some people ... want to do some of their own healthcare," says David C. Kibbe, MD, MBA, senior advisor, AAFP. "You go to your doctor's office and say, 'I would like an electronic copy of my information about me,' and they look at you like you are crazy."

Another key feature of HIT is going to be robust registries that can identify and close care gaps, Dr. Kibbe contends. These capabilities are either underused or altogether lacking in the EHRs currently on the market.

Fortunately, he says, many new HIT tools in development are

Web-based and more affordable. Some are being planned by behemoths like Microsoft and Google as well as by existing vendors and start-ups. State-of-the-art practices need to follow these developments closely, although the task will take vigilance, he cautions. Moreover it may be difficult to differentiate between essential components and mere bells and whistles. Medical associations have resources that may help. For more information see the following:

- ACP's EHR Partners Program (to be relaunched this spring as American EHR Partners), [http://www.acponline.org/running\\_practice/technology/ehr/partner\\_program/](http://www.acponline.org/running_practice/technology/ehr/partner_program/)

- AAFP's Center for Health Information Technology <http://www.centerforhit.org/online/chit/home.html>

- AMA's health IT resources and activities page <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/health-information-technology/hit-resources-activities.shtml>

Practices that shy away from electronic technology or other necessary practice improvements may encounter financial penalties. Consultants say those practices may lose out on patient revenues by forfeiting pay-for-performance rewards as well as incentive payments for meaningful use of information technology.

## **Dangerous Misconceptions**

Another main obstacle to practice transformation is the paralysis that comes from denial. For example, physicians who think pay-for-performance is a passing fad ignore survey after survey that shows its popularity among the public and payers.

Another dangerous misconception is that retail clinics in big-box stores, supermarkets, and pharmacies are a passing phase. In fact, they seem to provide the value consumers are seeking. Nearly a third of patients surveyed by the Deloitte Center for Health Solutions in 2008 say they are likely to seek care from a retail clinic, and health insurance plans are starting to back them for two reasons: their cost (a 2008 study in *Health Affairs* found that a retail clinic visit tended to cost \$55 less than one to a physician) and patient satisfaction.

“Consumers are learning more and more about appropriate cost, quality, and outcomes of medical care,” exacerbating the

challenge for physicians wanting to stay on the forefront of care delivery, says ACPE's Dr. Silbaugh. "It is really important now, not just to be an excellent clinician, but also to understand the nature of business and consumerism, strategic thinking, marketing, and meeting the needs of customers."

## The Big Picture

To achieve lasting primary care practice improvement, most experts agree on the imperative for change in the way healthcare is financed. And the financial accomplishments that will result from new health reform legislation are likely to remain cloudy for some time. In the meantime, physicians have to do what they can to improve efficiency, access, customer service, and quality of care. "If we use as our professional compass an intensive focus on what's best for patients, I think we'll ultimately do well," Dr. Silbaugh says.

Healthcare differs from businesses like banking or apparel because the relationship between patient and doctor is so personal, Ms. Hart says. As a result, patients are often "willing to go even if they know they are going to get subpar service because the relationship matters more." But should patients have to make that choice? "I don't think so," Ms. Hart says. "We should all strive in primary care to meet those basics—run on time, be pleasant, have a nice place for people to wait, and deliver care that is the least complicated and most coordinated."

Those striving to become a 5-star practice will go beyond these basics based on a physician's ability to understand and then deliver to patients what they want and need—with emphasis on the patient as a customer. Exceptional practices will be those able to imagine a different but exciting future, energized by the challenges and open to adopt the new tools that will help them realize that future.

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