

# Advancing Ambulatory Quality Improvement: The Role of Physician Engagement and Leadership

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# Conflict of Interest Disclosure

# Objectives

- To define the status quo from the physician perspective
- To define a future state that physicians will embrace
- To identify key determinants linked to engaging physicians in sustainable quality improvement efforts

# A Core Question

Who is accountable across transitions in care?

- The hospital?
- The hospitalist?
- The primary care physician?
- The discharge coordinator?
- The long term care facility?
- The visiting nurse?
- The daughter? The neighbor?
- The community?
- The payer?

# Status Quo Payment Policy: Isolation and Fragmentation

- Shift to ambulatory surgery centers
- Shift to office-based practice
- Hospitalist model
- Hospice benefits
- The annual re-enrollment process
- Loss of employer coverage

# Status Quo Physician Practice: Loss of the Profession

- Loss of the physician community- The empty doctor's lounge
- Loss of a community standard of care
- Loss of continuity of care and information
- Lack of feedback and access to outcomes data
- Loss of informal peer review

# The Status Quo:

## The Continuum of Coverage

“My baby boomer patients have gone from having full FFS insurance covered by their employers, to PPOs with co-payers, and then HMOs. Now many of them are unemployed. I know that they soon find themselves on Medicaid. Finally, they will be Medicare-eligible. Unfortunately many of them still expect the same access to quality care and limited financial responsibility. When they don't get it- it is my fault.”- Physician in Cleveland

# Future State of Health Care in the United States

- A nation divided- HSR debate
- Connected care- Can you count the HIEs?
- Large integrated delivery systems
- Work force shortages
- Managed care déjà vu?

# Future State of the United States

As a nation we need to commit to take better care of more people at a fraction of the cost.

# Commit to Better Care (Quality)

“None of this will matter if it doesn't help me to take better care of our patients.”

-CMO of Large Physician Practice

# Commit to Better Care (Quality)

## Policy Goals

- Higher Quality- National Performance Standards
- Population and Community Goals
- Patient Satisfaction
- Outcomes driven
- Performance Measurement/Reporting
- **Evidence Based Medicine**

## Physician Goals

- Better Care for Individual Patients (reward the delta)
- Practice Goals
- Physician Satisfaction
- Outcomes driven
- Quality Improvement
- **Evidence Based Practice**

# A Call to Leadership: The Role of the Academic Medical Center in Driving Sustainable Health System Improvement Through Performance Measurement

Academic physicians who:

- Are ready to advance the science of performance measurement
- Are positioned to prepare students to embrace the integration of performance data into daily practice
- Translate evidence-based performance measurement into better clinical care

# Commit to Care for More People (Access)

“I am already working 12 hour days, and staying after work to finish reviewing charts, answering calls and struggling with a new EMR system. I don’t want to be able to see more patients, I want to time to take care of them and to get home to my children’s soccer game.” - A Female Primary Care Physician

# Commit to Care For More People (Access)

## Policy Goals

- Expand coverage
- Expand the healthcare team
- Expand ambulatory access
- Expand payment for services
- **Build regional networks and integrated delivery systems**

## Physician Goals

- Expand coverage
- Expand physician supply
- Get home on time
- Expand payment for telemedicine
- **Support realistic referral networks**

# For a Fraction of the Cost (Cost)

“I spend half of my time dealing with paper, phone calls, prior approvals, as well as regulatory burden. Let’s start by taking on the things that keep me from taking care of my patients.”- Internist

# For a Fraction of the Cost (Cost)

## Policy Goal

- Pay for appropriate services
- Reward efficiency
- Manage redundant testing
- Transfer Risk (ACOs)
- Coordinate Payment (Bundled payments)
- Value Based Purchasing
- **Meaningful Use of HIT**

## Physician Goal

- Order appropriate services
- Participate in rewards for efficiency
- Diminish defensive medicine
- Shared Risk
- Coordinate Care
- Ensure physician reimbursement
- **Meaningful Impact of HIT**

# Meaningful Use of HIT

- Improve quality, safety, efficiency, and reduce health disparities
- Provide patients and families with timely access to data, knowledge and tools to make informed decisions and to manage their health
- Improve care coordination
- Communicate with public health agencies
- Ensure adequate privacy and security protection for personal health information

# Meaningful Impact of HIT

- Supports the ability of physicians and members of the care team to provide safe, high quality, efficient, patient-centered care
- Strengthens the physician-patient relationship
- Empowers patients to participate in their care
- Provides a sustainable, economic benefit for physicians and the systems in which they provide care

# The Imperative for Connected Care (Clinical Interoperability)

- Connect colleagues to enable communication about patients and build relationships
- Connect families and patients with physicians and the care team to build trust and continuity
- Connect long term care and home health care to the rest of the system
- Connect “Orphan Disease Communities”
- Connect everyone with the best possible information in order to support informed decision making

# Health System Transformation: The Keys to Physician Engagement

- Improve access to care- scale the care team
- Manage risk-impact defensive medicine
- Utilize exception management systems to prioritize care
- Include new payment models that reward physicians for embracing connected care

# ADVANCING AMBULATORY QUALITY IMPROVEMENT



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