# **Focusing on Opportunity:**

How Chartis Helped a Large Medical Group Identify Capabilities to Make Its Physician Enterprise a Value-Driver



## **The Client Challenge**

As the physician enterprise of a comprehensive healthcare delivery system, a medical group of more than 900 providers sought to identify opportunities to advance performance and strengthen the organization after the recent integration of multiple entities across four distinct regions. Building on internal initiatives underway, leadership was actively working to address variability in clinical and financial outcomes, build "systemness," and drive full value across all locations.

## **Navigating to Next: The Solution**

The Chartis Group partnered with the medical group to conduct a rapid assessment of its physician enterprise to identify strengths, pinpoint areas of opportunity, and make recommendations for prioritization of system initiatives. The assessment was conducted for the system as a whole and for each of the four regions.

Core activities performed at both the system and regional levels included:

- Focused interviews with clinical and operational leaders and a review of high-level performance data.
- Scoring across essential capability areas in comparison to leading practice.
- Identifying areas of strength and opportunity, key themes, and insights, shared with the leadership team and Medical Group Council.
- Developing prioritized recommendations across multiple areas, including advancement of systemness, an integrated care team model, clinical variation management, a stronger front-end revenue cycle, a digital-forward approach to consumer engagement, and more robust adoption of technology and analytics.

#### **OPPORTUNITIES TO CREATE VALUE**

- Direct patient revenue capture
- Network revenue retention
- Strategic execution and change management
- Clinical differentiation/reputation-fueled growth
- Hospital cost improvement
- Provider subject matter expertise deployment
- System clinical thought leadership
- Population health/value-based payment performance

#### **NAVIGATING TO NEXT: KEY COMPONENTS**



**Clinical Outcomes & Reliability** 



**Consumer/Patient Experience** 



Revenue & Expense Management



**Strategic Alignment & Execution** 



Leadership, Culture, & Performance Management



**Care Model & Delivery Innovation** 



**Digital** 



**Informatics & Technology & Analytics** 



**Access/Referral Management** 



**Contract & Network Management** 



#### **Client Impact**

While the medical group had made great strides toward systemness, significant opportunities were identified, including:

- Developing a uniform change management approach to support systemness.
- Creating an analytics program to enhance data-driven decision-making.
- Investing in physician leadership education, development, and succession.
- Driving care model innovation and a team-based approach with top-of-license practice.
- Reducing clinical variation to drive efficiency, quality, safety, and cost savings.
- Creating efficiency and consistency in front-end revenue cycle processes.
- Establishing the consumer/patient experience as a stated system priority to drive brand differentiation and loyalty.

The project also established a process to increase physician engagement and communication across the system and prioritize system initiatives that drive physician enterprise value.

As this recently integrated medical group looks to the future, it is building on a foundation of insights and strategic alignment to optimize its physician enterprise to drive value creation. The groundwork for this was a comprehensive assessment covering:

295

discrete items with maturity scores, across **10** capabilities and **60+** components

4 States

900+ Providers



## How We Are Making Healthcare Better

"An outside perspective at this point in our transformation was very helpful. Several of the key themes and recommendations identified during the assessment became the framework for discussions we had at the system and regional levels around priorities and what 'systemness' looks like for our medical group."

—Physician leader at the medical group

#### **NEXT INTELLIGENCE:**

## An optimized physician enterprise starts with:

A comprehensive view of where it stands compared to leading practices

Identification of strengths and opportunities for advancement

Alignment on goals and priorities

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# Sample Physician Enterprise Maturity Scoring

<b>Essential Capability</b>		<b>Maturity Level</b>	Commentary (Opportunities or Areas of Recognition)
	Clinical Quality Reliability	2.7	Variable physician leadership dedicated to clinical quality outcomes across system. Basic enterprise-wide standard metrics.
	Information Technology & Analytics	2.1	Single instance of core EHR platform throughout system, but maximizing value from the tool has been limited by lack of strong operationally-led IT governance and significant variation.
\$	Revenue Technology & Analytics	2.5	Well-established system expectations and measures. However, significant variation by location relative to benchmarks. Opportunities for more active ownership of financial performance and cost improvement initiatives.
	Digital	1.6	Asynchronous visits are available, and 24/7 virtual care using internal resources is planned. Limited adoption of self-service, personalized care, practice automation, and other digital care opportunities.
	Next Generation Access	1.7	Systemwide effort to simplify scheduling yielded some benefits. However, have not fully undertaken a similar effort to establish a consistent intake process, baseline of availability, or expectations around provider capacity.
	Consumer & Patient Experience	1.9	Good Net Promoter Scores, but more advanced consumer/ patient experience programs, resources (beyond measurement), standards, expectations, dedicated leadership, and organizational change would be required to achieve leading practice.
% % % % % %	Network Performance Contracting	2.6	Organization is positioning to perform well in a range of value-based contracts. The current lack of widespread participation from payers stifles the system's ability to move more aggressively in this direction.
7	Care Model & Delivery Innovation	2.4	System-wide initiative roll-out to shift organization toward more sophisticated population health management. Care team roles remain mostly traditional with opportunity to move toward more integrated care team and utilization of APPs across different regions.
***	Leadership & Performance Management	2.8	Well-defined and consistent performance expectations, but opportunity to more broadly engage physicians at the regional level. Compensation model beginning to move toward tighter alignment between organization and provider incentives.
	Strategy & Execution	3.8	Established council of medical group and system leaders. Common goals, strong infrastructure, and accountability process in place. Opportunity to begin defining clinical program differentiation within regions to inform recruitment of specialties.