

THE LIAISON

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IN THE KNOW: Accountable Care Organization Model



I have been practicing internal medicine since finishing residency in the mid 1980s, and despite what many of my colleagues say, I believe we are entering one of the most exciting eras of medicine. There is a fundamental shift away from the fragmented and misaligned fee-for-service system to a more patient-centered and quality-based approach to health care.

This change is long overdue, as Medicine has been one of the last professions to escape this critical scrutiny that has been unequivocally demonstrated to save lives and control cost. We need to ask ourselves as health care providers why we have tolerated standards of care that rewarded inefficiency, provider behaviors that placed their needs above those of the patients, and why we did not demand best practices and outcomes data to ensure the success of our work. Despite the politics and misinformation, this change in care delivery will not go away even if the political

winds change. Of course, change is scary, as we understand, even when it is the correct course to pursue, and the tendency is to romanticize the old days. Let us not fall into that trap.

Amongst the numerous new care models being evaluated is the Accountable Care Organization (ACO) model. ACOs are healthcare organizations that create integrated networks of physicians and hospitals that will each be its own enterprise, sharing responsibility for caring for a population of patients. The goal is to provide coordinated care that will result in improved quality of care, better outcomes and cost savings. According to the HHS, ACOs could save Medicare up to \$960 million in its first three years. As Dr. Donald Berwick explained, "An ACO will be rewarded for providing better care and investing in bettering the health and lives of patients. ACOs are not just a new way to pay for care. They are a new model for the organization



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FROM THE PRESIDENT....

Dear fellow AAPL Members:



Greetings to all of my AAPL colleagues across the country! Many of us were able to spend time together at the annual conference in June at the Wynn Hotel in Las Vegas. The conference was a huge success both in the attendance and the quality of the presentations. We are already working on the 2012 conference to be held in June in Jersey City, New Jersey. Please plan to attend so we can see both new and familiar members' faces at the conference.

Our liaison program has been extremely busy this summer. The role of the liaison is increasing in scope and value within our organizations. Healthcare reform, love it or not, is causing ripples throughout the medical industry. Health systems are looking to improve efficiency and throughput in order to control costs and to maximize revenue. Many physician practices are seeking employment in larger groups or healthcare systems.

The liaison can be of tremendous help to organizational growth and stability. I believe that we can share best practices in many areas that contribute to a better healthcare environment for our

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IN THE KNOW: Accountable Care Organization Model continued....

and delivery of care. [ACOs] are designed to lift the burden of fragmented and disconnected care from patients, while improving the partnership among patients, doctors, hospitals and other providers of care in making health care decisions.”

Do not confuse ACOs with the capitation models of the 1990s. At that time, providers were burdened by the insurers financially rewarding lower cost care; unfortunately, this pitted patient needs against insurers with the providers caught in the middle. ACOs, conversely, reward coordinated and efficient care, requiring that certain basic standards be followed, encouraging the spending of health care dollars to achieve these goals, with the understanding that these endeavors save money by promoting health. Best practice models are utilized to deliver the best care consistently.

CMS has just reported the success of a five year Physician Group Practice Demonstration Project, the lessons learned from this being used to shape the ACO model, which is still in development. In the Demonstration Project, there were 32 performance measures with incentive pay earned by the providers for each measure met. By year 5, 70 percent of the groups achieved benchmark performance on all 32 measures, and 30 percent achieved at least 30 out of the 32. This was a remarkable increase from the performance data at year 1, where only 20 percent achieved benchmark performance on all 32 measures. Medicare paid \$110 million dollars to these groups for their success, while these groups delivered demonstrably improved care and saved Medicare money. Primary Care Providers were shown to play a key role in the care coordination and cost control.



The ACO concept is being refined by Medicare and the financial rewards and participation requirements are being reviewed by many health care organizations nationally. This is just one concept in the developing quest to reform our Health Care delivery system to a patient-focused, cost-efficient, and quality-driven model.

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hospitals, physicians and our patients. Networking is a key component in enabling good information exchange.

We should each encourage our peers to join the American Association of Physician Liaisons. There is strength in numbers and pride in belonging to such a vibrant organization. Your AAPL board is evaluating the viability of adding new services to our members and we continue to grow.

We are indeed blessed to be able to serve our organizations, physicians and patients. May we make a difference in at least one person's life each day.

Sincerely,

Jim Lawrence, RN, MBA
President, American Association of
Physician Liaisons
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New Productivity Features for Microsoft Outlook Users

For many of us, Outlook remains an ubiquitous business tool that our organizations adopt, and we use in addition to our contact managers, databases and other software. Many of us just use Outlook for email but it offers other features that can help us in our daily work. I wrote an article on using Microsoft Outlook for contact management a few years ago. Since that time, several new versions of Office and Outlook have been released.

Updated Inbox

The Inbox has been updated with an at-a-glance calendar, your next three meetings and tasks on the right hand side. You can still drag email to tasks, calendar or notes to create new items with the full text of the email in the body. You can also customize the navigation pane on the left to show just the folders you want to see. A cool new feature is Quick Steps. Here you can add a routine (forward this email to my supervisor and copy my colleague in marketing) that run it with a single click. You can now enable conversation grouping (like Gmail threads) that keeps the original email and all the replies together. You can collapse the conversation or expand it when needed.

Activities View

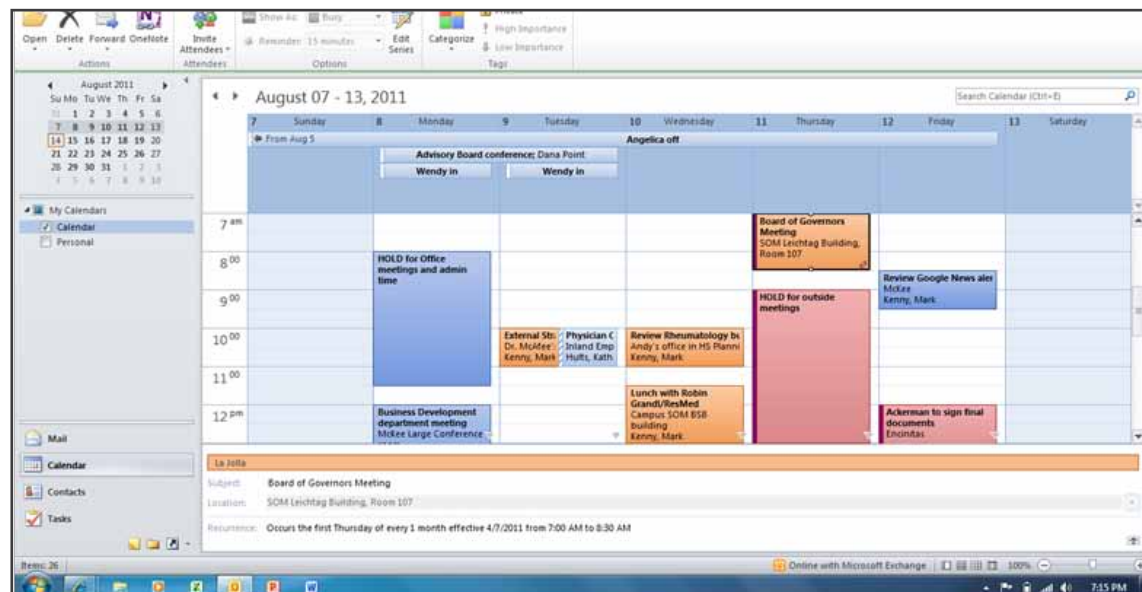
The Activities view in the contact record is a great place to find that email you know you sent to that provider but don't have time to search through your Sent Items folder. This view is found at the top of the contact record next to the General and Details view. Below is an example of the view and the data you can display. Right click in the display area and use Field Chooser to add the fields you find useful.

Calendar

The new calendar now has a reading pane that allows for meeting information to be displayed when you select a meeting. This saves time by not having to open the meeting each time you want to view details. The Calendar now displays tasks at the bottom to keep you productive as well.

You can categorize meetings by color to keep you organized and on time. I categorize meetings by campus and visually it helps me to keep from scheduling too many trips between our two campuses and my office.

Below is an example of a week in my calendar.



If you haven't used Outlook much beyond email, there are a few cool things you can do to improve your productivity. Here are my top three:

1. Click and drag your email from the Inbox to Calendar or Tasks to copy and create new items with the full text of the email included in the item.
2. Customize your views in each area to see just the information that is important to you.
3. Use Advanced Search to find all items in Outlook related to a topic.

There are many resources on the web for Outlook users as well. Slipstick.com is one of the better sites with lots of tips and help for you.

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Successful Strategies: Pediatric Update: Regional CME Conference



Physicians in the Northern Kentucky/Southeastern Ohio region had shared the lack of access to Pediatric Continuing Medical Education opportunities in their region.

Solution: Assemble a program of pediatric sub-specialists to take a “road show” CME program to the physician population in identified target region.

Plan: Developed program of pediatric sub-specialty lectures specifically targeted to support current outreach clinics in the region yet provide strong primary care focused topics that would draw referring physicians.

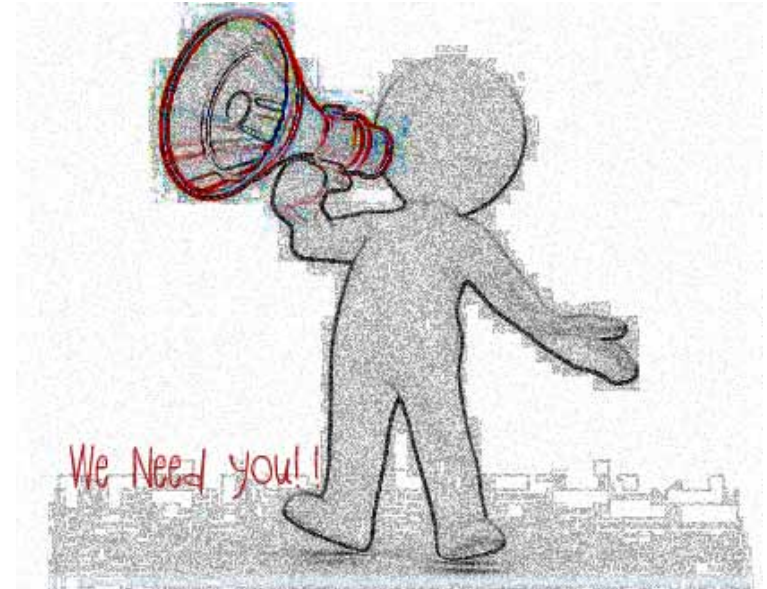
Execution: Provided half day program, on September 11, 2011, with seven speakers/topics that provided 3.5 category 1 AMA credit hours of CME. Event was marketed to an eight county, tri-state region with a large primary care base of pediatricians and family practice.

Results: The event drew 50 attendees that included, 20 pediatricians, 12 family practice, 12 RNs, 4 Residents and 2 Med Students. Pre-marketing of the event yielded a two-page full layout local newspaper coverage of the upcoming CME and included information regarding the outreach services NCH offers in the region and NCH's national ranking status. Full ROI analysis is being calculated, however early numbers show a 25.9% increase in total referrals from the region. (Comparing data from 4th qtr. 2010 and Jan-Feb 2010 to same data in 2011).

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Call for Speakers

We are looking for presenters for the 2012 AAPL Annual Conference and Membership Meeting. This is an opportunity for top-level liaisons and medical staff leaders to share “best practices” and network with colleagues from health systems around the country.



If you are interested in presenting or have suggestions for speakers, please contact Cathy Mikelson, AAPL Program Chair, at Cathy.Mikelson@uphs.upenn.edu.

The conference will be held June 20-22, 2012 at the Hyatt Regency in Jersey City.

Successful Strategies: Helping Physician Practices to Market Themselves

How many times have you heard “Our practice needs more marketing!”? Our hospital system works with many independent practitioners, but I hear it from employed physician groups as well. What physicians really want is a plan to grow their business. A “Successful Strategy” for Physician Liaisons is to offer your expertise in this area.

While approaches may differ between primary care physicians and specialists, or employed verses independent practitioners, how a practice marketing plan is developed is similar. I work with the Office Manager and / or designee to determine who will take ownership of the plan. I start by asking some very basic questions to determine the goal (i.e. increase business from a particular region or population). Then, we discuss various tactics to target the community, referring physicians and / or area employers.

Ways to target the community that I suggest are programs that our hospital already offers to physicians, such as lecture series they can participate in, posting their bio on a bulletin board in the hospital elevators, or submitting health tips for our social media pages, just to name a few. Tactics to target referring physicians may include office visits, distributed case studies or a pointed conversation at a networking event. The key to success comes

from putting each step in an organized written plan.

When I meet with a practice to develop their plan, we document the agreed-upon tactics in an excel spreadsheet. The “owner” is then responsible to set target dates

for each tactic, and to update the status of each step taken, so that a working document is in place. The plan is shared with each physician in the practice to obtain input and to show the progress periodically throughout the year.

Results

The results have been positive from all parties involved. The physicians are pleased with the organized effort from “the hospital” (me!). The Practice Managers are relieved that every idea their physicians suggest (“Hey Mary, we need a website!”) does not have to be handled immediately, but can be incorporated into the plan with a target date. As the Liaison, I can show Administration specifically how I’m driving business to the hospital by helping the physicians to “market their practice”!

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2011/2012 AAPL Board of Directors



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Save the Date

AAPL Annual Conference & Membership Meeting

June 20-22, 2012

Hyatt Regency, Jersey City, NJ



Connect with Your Colleagues

Now there are even more ways for you to network with your fellow AAPL members. Sign in and join today:

Facebook Page: Search facebook for the American Association of Physician Liaisons and become a fan of the AAPL

LinkedIn: http://www.linkedin.com/groups?about=&gid=85113&trk=anet_ug_grpro

Twitter: <http://twitter.com/AAPLinc>

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