



For U.S. health care providers

Effectively Using Preferred Provider Network Meetings

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Introduction

Preferred provider network (PPN) meetings bring stakeholders together to share clinical best practices, discuss the current status of collaboration, and identify next steps for partnership initiatives. These regularly held meetings provide the space for stakeholders to develop and achieve network performance improvement goals. While meetings can be a powerful tool for collaboration, they can also quickly become inefficient and frustrating if not done right.

Use this resource to learn the basics of holding preferred provider network meetings, along with guidance to help you avoid common missteps in order to get the most out of these meetings.

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01

Preferred provider network meeting basics

Preferred provider network meeting basics

Why meet with your network?

Preferred provider networks should meet in order to discuss topics of importance to the network with key stakeholders from across the network. This shared time can be used to get to the root cause of problems, develop solutions, and troubleshoot with all the necessary experts in one room.

How often should you meet with your network?

Typically, most networks meet somewhere between monthly and biannually to review clinical and financial performance. However, the cadence of network meetings should be in alignment with the needs of your network. For instance, a new network might want to have meetings once a month in order to better get to know members and layout the groundwork for setting goals and starting initiatives. As the network develops and launches initiatives around specific network goals, network members might consider developing sub-committees focused on individual goals, which can meet more frequently while the full network meets only once per quarter.

Similarly, the frequency of your meetings should change to meet the needs of the providers in the network as circumstances change. Some networks opted to have more frequent meetings during the beginning of the Covid-19 pandemic, intended to ensure rapid communication in an emergency situation, and quickly source help for members in need.

Meetings are important for building relationships, but can also use unnecessary time and burn people out. Below, you will find guidance for when a meeting is necessary, and when it isn't.

When to send an email	When to meet in person
<ul style="list-style-type: none"> • Network members have significant updates, but they do not need to be discussed by the group • Items on the agenda are primarily informational or declaratory and do not require a detailed response 	<ul style="list-style-type: none"> • Network members have significant updates, decisions, or changes that need to be discussed by the group • Active collaboration between multiple stakeholders is needed to work through and solve a specific problem

In addition, networks should send a regular email update between meetings with updates such as new data, reports on the progress of initiatives, and any reminders relevant to the network. Such emails will help keep members informed and involved. They can also be used to share relevant information when a meeting is unnecessary. View our network newsletter template on page 6.

Preferred provider network meeting basics continued

Whom should you invite to your PPN meetings?

To ensure that meetings leverage the full range of network knowledge and that all decisions and information covered in meetings are disseminated to all members, network meetings should include clinical and administrative representation from every acute and post-acute member organization. Only one person from each category must be present, but more can be invited as needed. However, in order to have fruitful discussion and not waste attendees' time, the meeting should be kept to those who would benefit the most from attending and those who have something to contribute to the meeting.

How should you set goals for your network?

One of the main reasons hospitals create a network is to work on a set of agreed-upon metrics with their post-acute partners. Improving performance on these metrics is typically the goal of the network, and meeting these goals may even be contingent for members to stay in the network. It's best to base network goals on measurable data points because it allows for objective analysis of progress. First, choose the broad areas your organization wants to see improvement in, and then set incremental metric improvements for each goal.

A network may have multiple goals, but for the purposes of preferred provider meetings and activities, it's important to focus on a few at a time so as not to overwhelm your partners. During meetings, pick the one or two most important or pressing goals on which to focus. It is also important that you don't change the metrics of focus too often, to avoid goals becoming the "flavor of the week." Choose core goals that are going to be relevant across time—like readmission reduction—and add narrower, rotating goals that are time-specific alongside them, such as rolling out a new EMR platform.

Sample preferred provider network newsletter

Executive summary

Use this section to give a summary of what’s in the newsletter, and highlight overall successes and areas for improvement.

Data update

Provide updates on key data points relevant to the network’s goals, such as in-network utilization or readmission reduction. Remember to share only as much data as you need. Focus on the few most critical metrics or those that have seen the most change

Use the chart below as a template.

Metric	Network rate	Goal rate	State benchmark	National benchmark

Initiative updates

Use this section to update the network as a whole on in-progress partnership initiatives, like a joint training sessions or a SNFist program.

Initiative name:

Lead(s):

Progress update:

- What has changed since the last update?
- What is the team’s main focus now?

Key data point: Choose one or two data points that capture the progress of the initiative

Next steps/asks for the group: Use this area to plug any thing to help the initiative, for instance a survey, focus groups, or even a call for ideas to be sent to project leads.

Relevant reading/resources

Use this section to provide relevant reading material/resources for network members. For instance, [operational guidance on improving in-network utilization](#), or updated CDC Covid-19 guidelines.

Other announcement/reminders

Use this area for any miscellaneous announcement that’s would be helpful to the group, like network feedback surveys, or information about events or fundraisers at member organizations.

02

Avoiding common missteps

Common misstep 1: The hospital chooses the agenda for the network meetings.

Why it's a problem: This can make post-acute providers feel alienated—and miss some of the challenges that could be solved by the network that the hospital might not see.

Solution: Include participants' perspective in agenda-setting.

When setting the agenda for the meeting, consider participants' perspectives along with the broader needs of the preferred provider network. Including network members' views when deciding which topics to cover during the meeting keeps members engaged and meetings focused on the needs of the network, as told by the network members themselves.

To set an agenda that meets participant needs, consider the following tactics:

1. Directly communicate with participants to get feedback and ideas for meetings. These questions should aim to identify the topics that are top of mind for your members, and the ways in which your network can address these topics during meetings. Below see a sample of opened ended question to ask meeting participants:
 - What are you most excited about when it comes to our network's work together?
 - What's the biggest challenge you feel the network could help you overcome?
 - What do like about our network meetings? What could we improve on?
2. Send out a quarterly survey for participant feedback and suggestion. This survey should seek input on which topics and activities are useful for members, and to discern what they would like to see in future meetings and events. View a sample survey on the next page.

Participant survey template

Use the sample survey below as a guide for your own participant survey.

Please fill out this survey to give us feedback on past and future consortium activities. Any detail you give will help us tailor our work toward topics that will be most useful to you and other members

1. What topic, presentation, or working group did you find most interesting or useful from last quarter?
2. Are there any new policy or market changes you would be interested in learning about in a future meeting?
3. *Sample question:* We are currently considering providing education on clinical practice as part of future consortium efforts. Would this be of interest to you?

If so, what areas are you most interested in? CV, oncology, neurology/stroke, or behavioral health?

4. *Sample question:* Breakdowns in transitional care occur for a variety of reasons and we hope to use this forum as a means of addressing those. Please rank order which transitional care topics are of greatest interest to you:

- Medication management
- Information exchange
- Care coordination/management
- Transition timing and appropriateness
- Downstream capacity to care for complex patient needs

5. Do you have any other feedback or suggestions for the consortium?

Common misstep 2: The meeting primarily consists of a data-sharing from each member.

Why it's a problem: This is boring—and it can result in attendees being overwhelmed by data, not knowing where to focus.

Solution: Share most of the data before the meeting in an email. In the meeting, focus on a few of the most important metrics.

PPN meeting time is valuable. Stakeholders dedicate their time towards these meetings, so ensuring the content of your meetings could not have been resolved over email is imperative.

Before the meeting, share all data you have collected in a pre-meeting email. During the meeting, focus on the most interesting and important points. These metrics could include outliers, rapid upward or downward trajectories, and/or an overall measurement of the goal. For instance, if the goal is to reduce readmissions, during the meeting you should share:

- The overall 30-day readmission rate for your network over time
- The overall 30-day readmission rate of your state
- Your goal 30-day readmission rate
- Any high or low outliers in this category (this could be facilities, or diagnoses)
- Any facilities or diagnoses experiencing much higher or much lower readmissions than before.

The data should tell a story, but does not need to be exhaustive; that's what the email is for. The point of sharing the few most important data points during the meeting is to focus attendees on what matters. "Data dumps" are overwhelming and it can be difficult to sort through the noise to know what is most important. Think about the data shared prior to the meeting as the full story, and the data shared during the meeting as the need-to-know elements.

Doing so will make the metrics meaningful to participants, and make meetings more interesting and efficient since participants won't need to sift through data to find the most important points.

Additionally, you can encourage members to look at their own facility's data ahead of the meeting. That way, members will come with knowledge already of how their own organization is performing and what their trajectory has been. This will help ensure productive conversation during the meeting, as participants will understand their own organization's strengths and weaknesses, as well as the network's overall performance.

View our ready-to-use data sharing slides for additional guidance.

Common misstep 3: The meeting is too didactic, and not interactive enough

Why it's a problem: This can result in attendees feeling unengaged, but also misses the key opportunity of holding network meetings—to leverage discussion among participants from across the network towards improving network performance.

Solution: Build interactivity into the agenda.

As a time when clinical and administrative stakeholders from across the network come together, preferred provider network meetings are the perfect time for discussion on the progress towards network goals. Include topics for discussion in the agenda and be sure to build in extra time for any other priorities anyone wants to raise for network members' perspectives in the moment.

Discussion questions

- What policies and procedures do you think contributed to these metrics/this outcome?
- What policies and procedures should we continue to use, which should we expand, and which should we stop?
- Please share your organization's best practices regarding the specific network goal discussed in the meeting.
- What do you need from other members of the network in order to improve performance on our key metrics?

Besides open-ended discussion, targeted group activities can also be a helpful way of identifying challenges within the network and finding solutions.

Interactive activities done by the group should not only be used to engage meeting attendees, but most importantly, to help the network solve a problem. Productive activities target a specific need, provide an opportunity for members to think differently or explore new ideas, open the floor up to diverse perspectives, and lead into next steps which further your efforts to achieve the goals. Activities can be divided into two categories based on their goal:

1. **Problem identifying activities**, like root cause analyses, bring stakeholders together to understand why a challenge is occurring.
2. **Solution finding activities** are designed to help members brainstorm ideas to solve problems, and/or narrow down the list of options to determine which should be implemented.

Read on to view an example of each type of activity, as well as step-by-step instructions.

Froedtert's patient journey mapping activity

Problem identifying activity

Purpose: Identify where most care breakdowns occur and how different settings can work together to fix them.

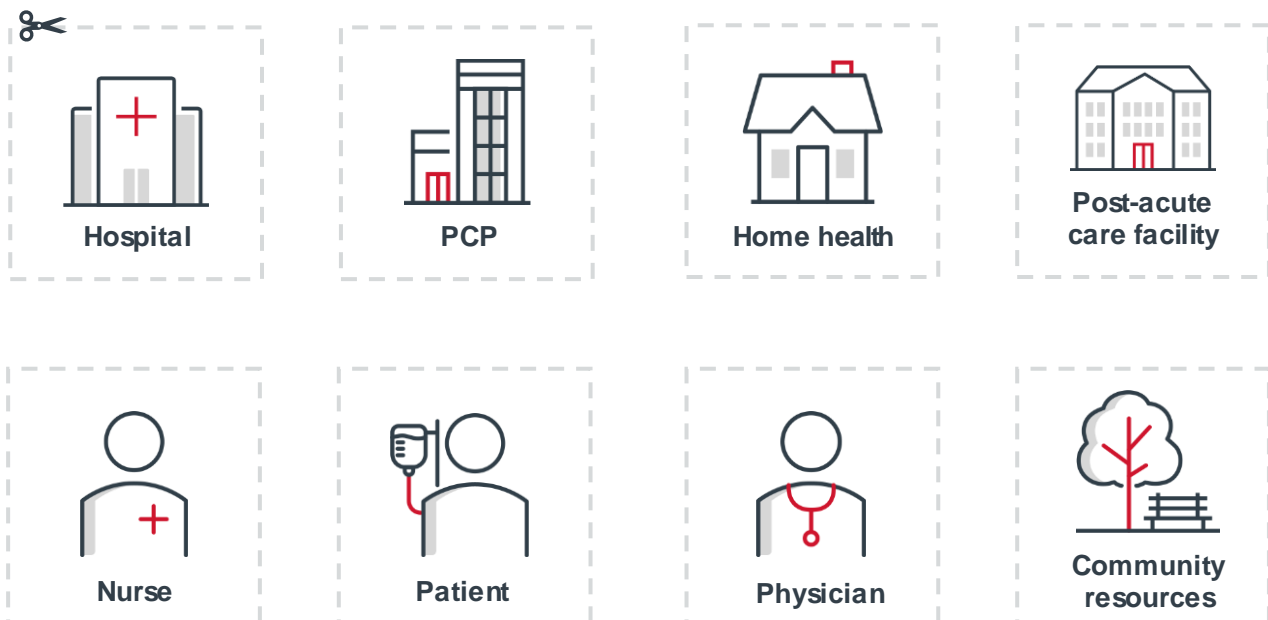
In-person or online: This activity can be done in person or online through a platform with live document editing or whiteboard capabilities, such as Google docs or Microsoft Teams.

- 1. Group participants** with diverse experiences and job titles together, limiting group size to no larger than five individuals. If online, use breakout rooms.
- 2. Develop patient scenarios** that include clinical and non-clinical risk factors; assign a different scenario to each group. Remember to choose scenarios that are most relevant to the patient population, participants, and settings represented in your network.

Example scenarios to consider:

- A pneumonia patient who has both hypertension and diabetes has recently been discharged from the hospital. She does not have any family in the area and doesn't qualify for home health.
 - A sepsis patient is ready to be discharged from the hospital. He has underlying behavioral health issues and family in the area.
- 3. Have groups map out the patient journey** on a piece of paper. Print and cut out the icons below, and have participants use them to create their own medical neighborhood, move the patient around, and draw lines between settings that must collaborate. If online, have participants work together on a shared PowerPoint with the below icons.

Encourage participants to think about the journey the patient would take and write down any likely challenges patients and caregiver might face. Each group should develop a path that the patient would follow, paying special attention to any necessary collaboration and strategies provide could use to improve quality and the patient experience.



Source: Froedtert and the Medical College of Wisconsin Health Network, Milwaukee, WI; Advisory Board interviews and analysis.

Patient journey mapping continued

Problem identifying activity

- 4. Have each group present** their patient journey to the larger group, focusing on how settings worked (or didn't work) together, and any disagreements or points of contention that occurred during the activity. Limit presentation time to five minutes per group.

Sample questions to facilitate discussion

- During which parts of the journey was the patient particularly vulnerable?
- What sort of collaboration needed to occur between settings. And where was there potential for breakdown or miscommunication?
- Were there any area where there was disagreement among your group?
- What role did the family and care team play in the patient journey?

- 5. Use the activity to facilitate broader conversation** about common challenges between settings and to identify solutions to those challenges.

The goal of this activity is to take a real-life scenario and give providers visibility over a patient's entire care journey across settings. The activity should serve as a starting point to identify where most breakdowns occur and how different settings can work together to fix them.

Sample questions to facilitate discussion

- What are some of the ways your organization has addressed the challenges we discussed today?
- How can further collaboration help to enhance these patients' care journeys?
How can we replicate this as a group?

Effort/effectiveness activity

Solution finding activity

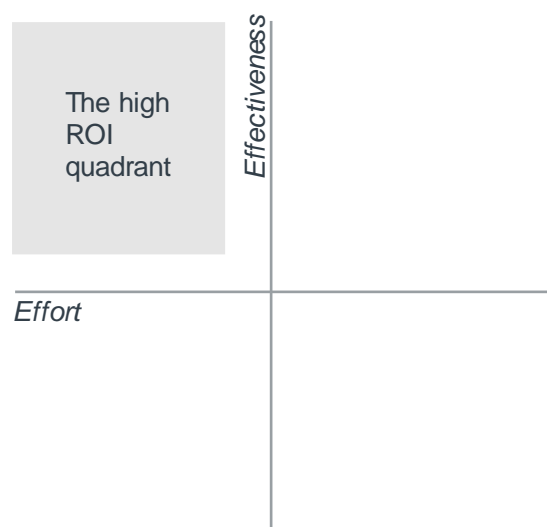
Purpose: Brainstorm and identify solutions with the highest return on investment (ROI).

In-person or online: This activity can be done in person or online through a platform with live document editing or whiteboard capabilities, such as Google docs or Microsoft Teams.

Instructions:

1. Split the group up into diverse teams of no more than five people. If online, use breakout rooms.
2. For 5 minutes, have everyone brainstorm as many possible solutions for the challenge as possible. If doing this in person, have participants write one idea per sticky note and post them on the wall. If doing this online, have participants add to the google doc.
3. Once everyone has finished brainstorming, have each team group their ideas into categories.
4. Then, each team should create a graph on a large sheet of paper with amount of effort needed on the horizontal axis, and the effectiveness on the vertical axis, as can be seen below. If doing this online, use PowerPoint.
5. Each team should first decide how much effort each solution would take and plot it along the graph. Force rank them, so that none of them take the same amount of effort.
6. Then each team should go through the solutions and move them up or down based their effectiveness. This will help you identify the solutions with the highest ROI (low effort, high effectiveness).
7. At the end of the activity, come back together as a group and discuss the highest ROI solutions.

Effort vs. effectiveness chart



Source: Advisory Board interviews and analysis.

Parting thoughts

Preferred provider network meetings have the potential to be productive forums for the advancement of hospital/post-acute partnerships. However, it is up to you to ensure network meetings are useful to the group, engaging, and productive. To that end, remember to:

- Involve the group in agenda setting
- Avoid oversharing data
- Build interactivity into the agenda to keep members engaged

For further guidance on making the most of your preferred provider network, view [Optimizing Preferred Provider Networks](#) (coming soon).

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