Advisory Board | Medical Group Strategy Council

Five Must-Have Characteristics of the Consumer-Focused Physician

EXECUTIVE RESEARCH BRIEFING

Patients are becoming increasingly consumeristic in their health care decisions.

Consumerism in health care is a trend that is here to stay. The rise in the number of patients covered by high deductible health plans (HDHPs) and the deductible levels of non-high deductible plan types have made patients increasingly responsible for their health care costs.

Simultaneously, care provider options have expanded. As just one example, the number of retail clinics has increased by 30% in the last two years.

Patients increasingly shopping for health care...

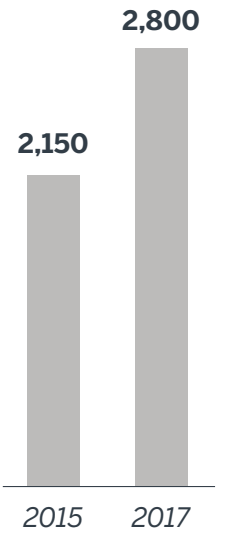
1 in 3

Covered by an employer-sponsored health plan were enrolled in an HDHP in 2016

Increase in deductible level of non-HDHPs since 2010

...and they have options to choose from

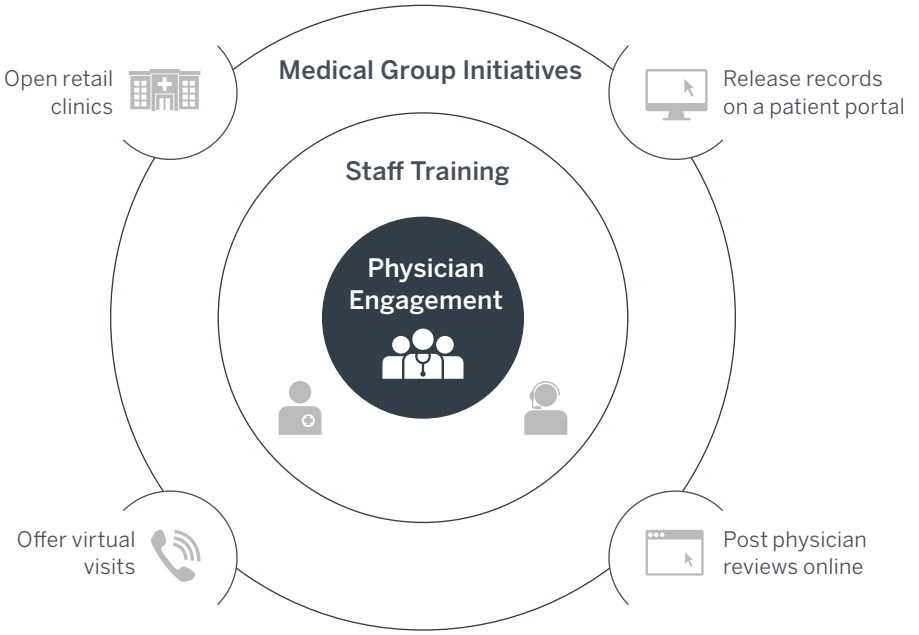
Number of Retail Clinics in the U.S.



Most medical groups' consumer strategies work around, rather than with, physicians.

Given the upward trend in consumeristic behavior, medical groups have implemented a range of initiatives to meet consumer demands. Though each of these approaches is valuable, most current efforts are designed to avoid physicians rather than engage them.

Existing Consumer Strategy Isolates Physicians



For instance, many groups staff retail clinics and run telehealth programs with advanced practice providers (APPs). Some groups also automatically push labs and other records to the patient portal and upload patient reviews to a website.

The problem with building these one-off initiatives without your physicians is that it prevents them from engaging in consumer strategy and can even turn them into barriers to its success.

To engage physicians in your consumer strategy, you need **a clearly defined set** of must-have physician characteristics.

Meeting consumer demands can easily turn into just another item on your physicians' to-do lists. To avoid this, medical groups should focus on behaviors that clearly meet a consumer demand and are proven to move the dial on consumer loyalty.

We have identified **five key characteristics** that meet those criteria.

1 Accessibility for existing patients

2 Availability for new patients

3 Service-oriented care

4 Collaboration with patients

5 Understanding of patient financial obligations

Each of these characteristics requires a different strategy to engage physicians. Read on to learn the strategies and view cases studies on how to promote adoption.

1 There is a clear consumer demand for access, but most groups are struggling to meet this demand.

In an increasingly on-demand world, consumers expect seamless accessibility from their doctors. In fact, accessibility is a fundamental patient preference and driver of loyalty. In a recent Advisory Board survey, 7 of the top 10 reasons patients would switch primary care providers related to access.

7 of Top 10 Scenarios Making Respondents Likely to Switch PCPs Are Access-Related

1. I will have no out-of-pocket costs for my visit if I switch from my current PCP to the new PCP
2. The new PCP is known for making sure patients understand their illness and treatment plan
3. **The new PCP guarantees an in-clinic wait time of less than 15 min**
4. **The new PCP offers same or next-day appointments for non-urgent routine visits**
5. **The new PCP's clinic is open for appointments on weekends**
6. **The new PCP guarantees I will always see him/her (instead of first available physician)**
7. **The new PCP's clinic is open for appointments on weekday evenings**
8. The new PCP is known for showing respect and patience with his/her patients
9. **The new PCP guarantees that I will always be treated by an MD instead of an NP or PA**
10. **The travel time to the new PCP's office is half that to my current PCP's office**

Appointment Access a Strong Driver of Loyalty

In response to this demand, 80% of medical groups report that they are working to improve patient access in some way. However, the data suggests that groups are still failing to meet some critical patient demands for access. Specifically, two accessibility-related demands are not being consistently met:

1 Extended office hours

2 Centralized scheduling services

CASE STUDY: AURORA MEDICAL GROUP

Getting physicians on board with extended hours depends on giving them **flexibility around when to extend hours.**

When **Aurora Medical Group** wanted their physicians to offer extended hours, they decided to mandate the change—but give physicians flexibility in how to do so. The group required each physician offer at least eight early morning, evening, or weekend hours per month, but the physicians had complete control over when to offer them.

Aurora's Traditional Physician Schedule

SUN	MON	TUES	WED	THURS	FRI	SAT
CLOSED	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	CLOSED

Examples of New Physician Schedules

SUN	MON	TUES	WED	THURS	FRI	SAT
CLOSED	9 a.m. – 5 p.m.	8 a.m. – 6 p.m.	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	9 a.m. – 3 p.m.	10 a.m. – Noon

SUN	MON	TUES	WED	THURS	FRI	SAT
CLOSED	8 a.m. – 6 p.m.	9 a.m. – 5 p.m.	9 a.m. – 5 p.m.	9 a.m. – 3 p.m.	9 a.m. – 5 p.m.	9 a.m. – 11 a.m.

The ROI of Extended Hours

That flexibility paid off for Aurora's patients—and the group's bottom line. Physicians were willing to extend hours, as long as they did not lose complete control over their schedules. In just one year, Aurora saw a 9%+ increase in visits. They estimate that equates to about $23 million in net financial gain across the system.

9.4% Increase in visits across medical group in one year

$23M Net financial gain of expanded hours across system

CASE STUDY: ABINGTON-JEFFERSON HEALTH

Large-scale access initiatives, such as centralized scheduling, require a **tiered rollout.**

Similar to extending hours, **Abington-Jefferson Health** learned that an online scheduling rollout requires a mix of mandates and flexibility. However, preserving physician autonomy is only half of a successful centralized scheduling rollout. Success also depends on selecting the right pilot practices. Abington started with four willing and engaged primary care practices, and they opened online scheduling only to established patients at these clinics.

Three Characteristics of Abington's Primary Care Online Scheduling Pilot

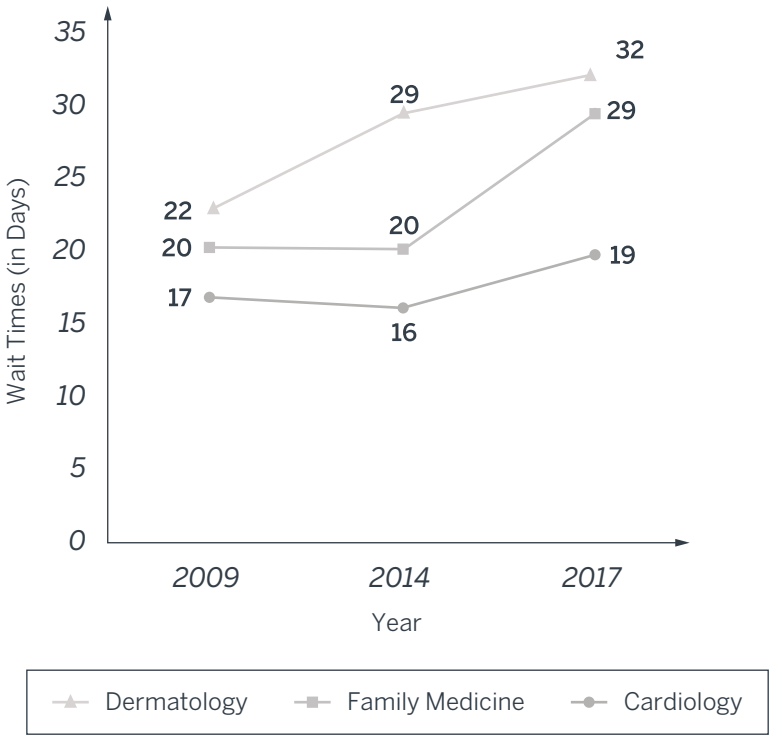
			Why Target These Groups?
1	 **Start with limited number of practices** *n=4*	❯	• Choose willing and engaged pilot practices • Allows medical group to perfect pilot before scaling
2	 **Implement within primary care**	❯	• Appointment types are less complex than specialty care • Provides a short-term win
3	 **Make available to established patients**	❯	• Patients already joined portal; provides ease of scheduling • Physicians can access medical records • Usually require shorter visits

Once Abington-Jefferson mastered the process at the pilot clinics—and with the help of physician champions from these groups—the system was able to expand the initiative to all primary care and ob-gyn practices and to new patients. Our analysis suggests that groups should consider rollouts first to primary care, then to self-referring specialties (e.g., dermatology, orthopedics), and then finally to other specialties.

2 Access remains particularly difficult for new patients.

The challenges that existing patients have accessing their providers are only intensified when it comes to new patients. Looking at a subset of appointment wait times for popular specialties, we see a consistent increase since 2009. As of 2017, it takes the average patient 29 days to be seen by a family medicine provider and 32 days to see a dermatologist.

Average New Patient Wait Times Across Popular Specialties



However, a well-developed access strategy for new patients needs to involve existing physicians. Getting physicians on board with seeing new patients often requires changing how they are compensated.

CASE STUDY: LEGACY MEDICAL GROUP

In **primary care,** progressive groups are incorporating panel size metrics into compensation to incent new patient growth.

Moving away from a traditional RVU-based approach, **Legacy Medical Group** developed a three-part compensation model that over-weights panel size. Under Legacy's model, physicians receive a base salary plus an incentive, which is multiplied by panel size. Panel size actually appears twice in this model—both in the incentive and in the multiplier—which encourages physicians to focus on building out their panels.

Legacy's Compensation Model Equation

Base Salary + [**Incentive Rate** Based on work RVUs, quality scores, and panel size × **Panel Size** 18-month age- and gender-adjusted]

Provider Considerations

- Guaranteed physicians would see at least 95% of their compensation from old model
- Provided a "what if" calculator to demonstrate minimal change to physicians

Results

- Physicians like new model, do not want to return to old model
- Provider satisfaction increased
- Productivity remained consistent
- Quality-related revenue increased

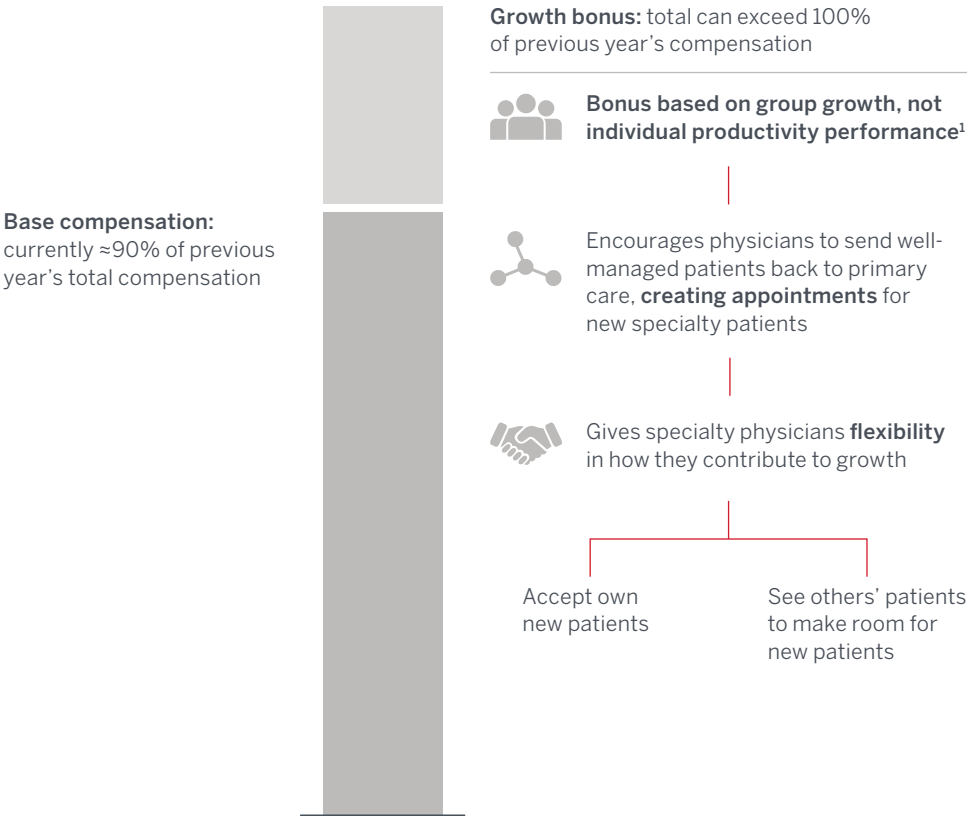
So far, the model has been well received by Legacy's physicians. Perhaps the biggest marker of success is that they do not want to return to the old model. In addition to incentivizing new patients, this approach has kept provider productivity consistent and actually increased the group's quality-related revenue.

CASE STUDY: SLOAN HEALTH (PSEUDONYM)

For **specialists,** consider focusing bonuses on group growth.

Since specialists are not managing panels in the same way as primary care physicians, a better incentive to accept new patients is a growth bonus. At **Sloan Health**, specialists receive a bonus based on group growth. This encourages them not only to add new patients themselves, but also to collaborate to improve specialty-wide access. Through this bonus, physicians have the opportunity to exceed their previous year's compensation.

Sloan Health's Specialty Compensation Model Equation



1. Bonus also based on individual quality, service, leadership expectations, and other measures.

3 How the physician interacts with the patient is one of the strongest drivers of patient loyalty.

According to an Advisory Board survey, physician service is the fourth highest-ranked cause of patient departure from their primary care provider. Recognizing this connection between provider service and loyalty, many medical groups are putting an increased emphasis on giving providers training to enhance the patient experience.

Top Scenarios That Drive Consumers to Leave Current PCP

1. My PCP no longer accepts my insurance
2. I will have to pay an extra $250 per year to continue seeing my PCP
3. I experience a medical error with my PCP
4. My PCP becomes rude or impatient with me

Physician behavior more likely to lose patient loyalty than staff

5. I start leaving my appointments feeling confused about my illness and/or treatment plan
6. I will have to pay an extra $100 per year to continue seeing my PCP
7. My PCP's staff (front desk or clinical) become rude or impatient with me

Most medical groups focus service improvement initiatives around staff

There are two types of physicians who need additional support to successfully meet patient expectations for service: new physicians and low performers. Both of these groups can be trained together in groups or via one-on-one coaching.

After initial training, groups should provide ongoing support to sustain gains made by those physicians and the group at large. This ongoing support often occurs through the use of low-cost rewards, as well as the inclusion of service in physician employment contracts and incentive models.

CASE STUDY: CRYSTAL RUN HEALTHCARE

Combine multiple types of service training to maximize results.

A comprehensive approach to service training involves support for physicians in need, as well as those who are meeting service expectations. **Crystal Run Healthcare** provides shadow coaching to new physicians, low performers, and any physicians who request additional support. A service excellence team of trained nursing leaders observe physicians in clinic and provide them with immediate feedback on their service. The program has been well received by physicians, with 90% feeling the process was helpful and 92% recommending the program to others.

Crystal Run's Shadow Coaching Program

1 Identify physicians in need

- Used survey data and Net Promoter Scores (NPS) to collect information on individual physician performance on patient experience and loyalty
- Provided coaching to all new physicians and low performers, and also others upon request

2 Shadow physicians in clinic

- Service excellence team of trained nursing leaders and other non-physicians provides one-on-one coaching
- Coaches observe physicians in the clinic during patient encounters

Sample Evaluation

- ☐ Washed hands
- ☐ Engaged the patient
- ☐ Managed eye contact while using computer
- ☐ Adequately explained diagnosis

3 Provide observation report

- Coach provides physicians with immediate feedback and observation report outlining next steps

Physician-Reported Results

90% Felt process was **helpful** and would **improve patient interactions**

92% Would **recommend** the program

Crystal Run supplements this time- and resource-intensive coaching with a simpler online training platform. Physician can take quick "Practicing Excellence" online modules at their convenience. To increase participation, leadership emails "modules of the month" and awards bonus points for module completion that are tied to financial incentives.

Low-cost rewards have outsized value in encouraging behavior change.

To encourage physicians to maintain their focus on service, **Northwell Health Physician Partners** bestows annual Patients' Choice awards to five physicians with the highest patient experience scores. Senior leaders surprise the winners with balloons and snacks in their office. Northwell also hosts a dinner for the winners and their families, and they invite patients to be surprise guests. This simple, low-cost solution is a strong motivator for Northwell's physicians.

Northwell Health Physician Partners' Patients' Choice Awards

All names are pseudonyms

Northwell Health Physician Partners

Patients' Choice Award 2017 Winners

Joe Jefferson, MD
Internal Medicine

Ben Silverman, MD
Obstetrics and Gynecology

Bethany Gotham, MD
Pediatric Rheumatology, Pediatrics

George Williams, MD
Medical Oncology, Hematology

Barry Anderson, MD
Pediatric Cardiology, Pediatrics

Description of Awards

Award Recipients

Awarded **annually**

Given to **five highest performers** on patient experience scores across the previous year

Recognition Process

Recognized with **surprise visit** from leadership bearing balloons and cookies

Group produces **video compilation** and sends to medical group employees and system leaders

Invited to **dinner** with patients as surprise guests

4 Patients expect not only good service, but also collaboration, from their doctors.

Physicians have to go a step beyond basic service tenets and incorporate patients' preferences into care decisions. Doing so increases patient satisfaction and loyalty, and can also improve care quality and reduce patient costs.

Care Quality

- Greater identification of preventable complications
- Increased adherence to care plan

Patient and Physician Satisfaction

- **47%** of patients who experienced shared decision making would switch to a provider who offers it
- **74%–90%** of physicians exposed to decision tools want to use them again

Increased Loyalty

- **17%** of cancer patients changed to center that offered shared decision making

Cost Control

- **5.3%** lower medical costs and **12.5%** fewer hospital admissions among patients who received decision support

Establishing a collaborative physician-patient relationship often takes time. Physicians must be involved in identifying where patients would benefit from more collaborative care, and many require convincing about its benefits.

Once physicians are on board, however, relatively simple tools can support collaboration across the care pathway.

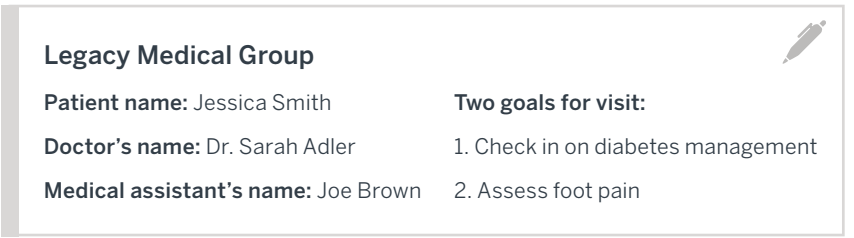
Relatively simple tools can help physicians get on the same page as their patients.

Establishing a collaborative relationship in the primary care setting relies on meeting a patient's goals for a given encounter. Understanding this, **Legacy Medical Group** brought a relatively simple inpatient practice—whiteboarding—to the ambulatory setting.

They posted whiteboards in every primary care clinic room. When the medical assistant rooms each patient, they list their own name, along with the patient's and doctor's names on the whiteboard. The medical assistant then asks the patient to identify two goals for the visit, which they add to the board. That way, when the physician arrives, there is a preset agenda for the visit, which both the physician and patient can easily refer back to. This ensures that the visit meets the patient's expectations.

Legacy's Primary Care Whiteboards

All names are pseudonyms



Key Elements of Whiteboarding

- MA completes with patient
- Lists patient and care team names
- Identifies two specific goals of visit

Benefits to the Patient Visit

- Quick and easy to incorporate
- Makes patients reflect on purpose
- Sets shared expectations
- Guarantees patient expectations are met

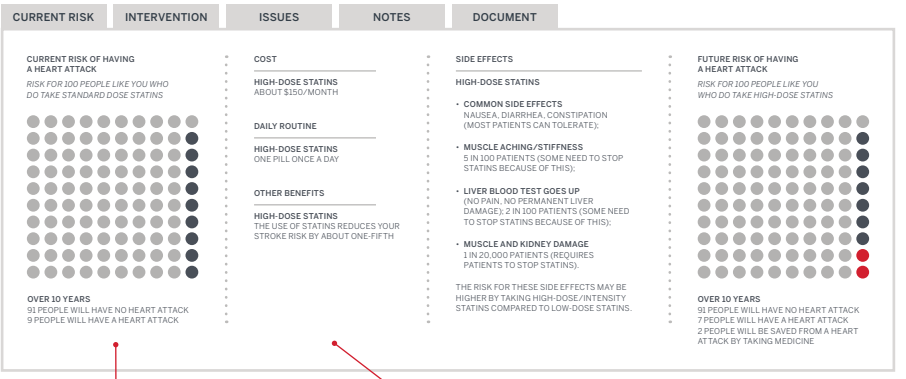
CASE STUDY: MAYO CLINIC

For more complex care decisions, use **shared decision-making** tools.

More complex treatment decisions require more complex aids. Electronic shared decision-making tools help guide physicians and patients through a step-by-step approach to collaborative care.

Mayo Clinic's decision aids include an assessment of the patient's risks, treatment options, and areas for documenting the discussion with the patient. The online tool includes easy-to-understand graphics that physicians can use to talk through decisions with their patients. It also compiles issues such as costs, side effects, and efficacy that are relevant to the decision. After implementing these aids, Mayo saw a 20% improvement in patients' knowledge of their care options and involvement in care.

Tool Presents All Relevant Issues to Facilitate Shared Decision Making



Benefits vs. downsides according to my personal health information using ACC/AHA ASCVD Risk Calculator

Presents risk-tailored data in easy-to-understand graphic for physicians to discuss with patients

Provides key considerations and expected treatment results for patients to assess their relative preferences (e.g., risk, cost, benefits, side effects)

Impact of Decision Aids

20% Of patients think physicians should discuss the cost of recommended treatment with them ahead of time

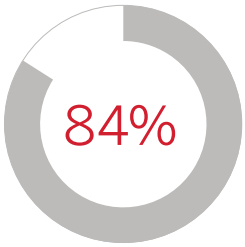
5

Patients want their doctors to discuss the cost of care.

Patients are increasingly asking about the out-of-pocket cost of care before receiving treatment. These estimates are usually provided by non-clinical staff members. However, 80% of patients actually think their doctor should discuss the cost of any recommended treatment.

Both new and returning patients have questions on pricing...

Of patients have tried to find out their out-of-pocket cost **before receiving care**



Of patients rated front-end cost estimates as having an impact on **continuing to use a provider**

...and expect answers from their doctors

80% Of patients think physicians should discuss the cost of recommended treatment with them ahead of time

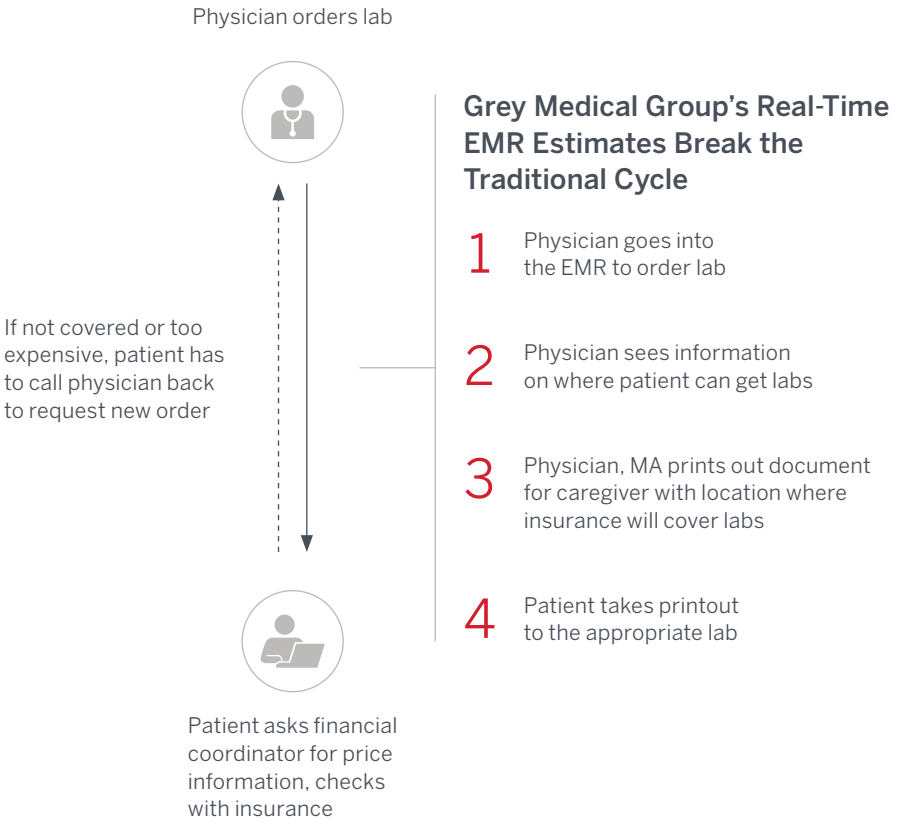
There are a range of roles that physicians can play in discussing costs with patients. As a baseline, they must be able to direct patients to staff or resources that can provide price estimates. More advanced groups are helping their physicians to provide price estimates during the visit and even factor prices into care and referral decisions.

CASE STUDY: GREY MEDICAL GROUP AND MURPHY MEDICAL GROUP (PSEUDONYMS)

Leading groups are embedding cost tools **into the EMR.**

For physicians to discuss cost with their patients, groups must ensure easy access to pricing information in real time. EMR enhancements can seamlessly integrate cost information into the physician's workflow.

At **Grey Medical Group**, physicians are able to view the comprehensiveness of insurance coverage for patients' labs as they place an order. This enables them to select a lab location where patients will have lower out-of-pocket costs.



Building upon this concept, **Murphy Medical Group** built a function into their EMR to allow physicians to compare the relative cost of labs and imaging scans before placing an order. This enables physicians to select the most cost-effective test or scan that the patient needs.

Available Resources

The Medical Group Strategy Council has a range of resources on medical group consumer strategy. For more detailed guidance, visit: **advisory.com**

Webconferences

How to Meet New Consumer Demands

Learn strategies to appeal to consumers through market-leading cost, access, and patient experience.

New Frontiers in Patient Access

Understand the three frontiers where medical groups are expanding access even further across their business: select same-day specialty care, technology-enabled primary care, and more comprehensive care interactions

The Medical Group Executive's Guide to Boosting the Patient Experience

Review the business case for focusing on patient experience and targeting improvement efforts at the practice level, and learn the four steps for empowering practice managers to lead practice-level improvement in patient experience.

Publications

The Battle for Consumer Preferences in Primary Care

Understand how competitors are targeting specific patient preferences and how to best respond.

The Customer Service Mandate

Learn the three objectives that a service-oriented medical group must master: making an organizational commitment to service, engaging providers and staff, and improving the capture and use of patient feedback.

About the Medical Group Strategy Council

The **Medical Group Strategy Council** is the go-to resource for health system-sponsored medical groups. It offers real-time access to the latest strategic insights and implementation support around medical groups' biggest priorities, from expanding access to improving care for value-sensitive patients. For more information, contact your relationship manager or visit **advisory.com/mgsc**.

National meetings and facilitated networking

Attend the Medical Group Strategy Council's annual national meetings to hear the latest best practice research while networking and sharing best practices with innovative organizations.

Research

Get an in-depth look at the results of our research initiatives, including lessons for addressing root causes of up-at-night problems, best practice profiles, and implementation tools.

Member support

Contact our research team to discuss emerging trends, address specific challenges, and gain deeper insight into profiled best practices.

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Sources

Inside Front Cover: "Employer Health Benefits: 2016 Annual Survey," Kaiser Family Foundation, http://files.kff.org/attachment/Report-Employer-Health-Benefits-2016-Annual-Survey.

Inside Front Cover: Hennessy M, "Retail Health Market to Reach $4 Billion in Revenue," Contemporary Clinic, August 24, 2016, http://contemporaryclinic.pharmacytimes.com/journals/issue/2016/august2016/retail-health-market-to-reach-4-billion-in-revenue.

Page 4: Market Innovation Center, *What Drives Consumer Loyalty to a Primary Care Physician?*, Washington, DC: The Advisory Board Company, 2015.

Page 7: Sanborn B, "Patient Experience, Care Access Drive Improvement Efforts by Medical Practices, MGMA Survey Shows," Healthcare Finance, November 3, 2016, http://www.healthcarefinancenews.com/news/patient-experience-care-access-drive-improvement-efforts-medical-practices-mgma-survey-shows.

Page 13: Goldbach P, "Power to the Patient: Shared Decision Making Improves Care and Reduces Costs," Modern Healthcare, April 6, 2013, http://www.modernhealthcare.com/article/20130406/MAGAZINE/304069987.

Page 13: Montori V, "Increasing Patient Engagement with Shared Decision Making," Mayo Clinic, April 16, 2015, http://shareddecisions.mayoclinic.org/2015/04/16/increasing-patient-engagement-with-shared-decision-making/.

Page 16: Blumberg D, "TransUnion Survey: Providers Fall Short of Meeting Growing Demand for Greater Healthcare Cost Transparency," Market Wired, June 23, 2014, http://www.marketwired.com/press-release/transunion-survey-providers-fall-short-meeting-growing-patient-demand-greater-healthcare-1923127.htm.

Page 16: Schleifer D, et al.,"How Much Will It Cost? How American Use Prices in Health Care," Public Agenda, March 2015, http://publicagenda.org/pages/how-much-will-it-cost.

Medical Group Strategy Council interviews and analysis.

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