

Performance Insight

Vol. 04

OPTIMIZING QUALITY DOCUMENTATION

Leveraging staff to improve
clinical performance

“To create new norms, you have to understand people’s existing norms and barriers to change. You have to understand what’s getting in their way.”

Atul Gawande

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The average physician spends approximately



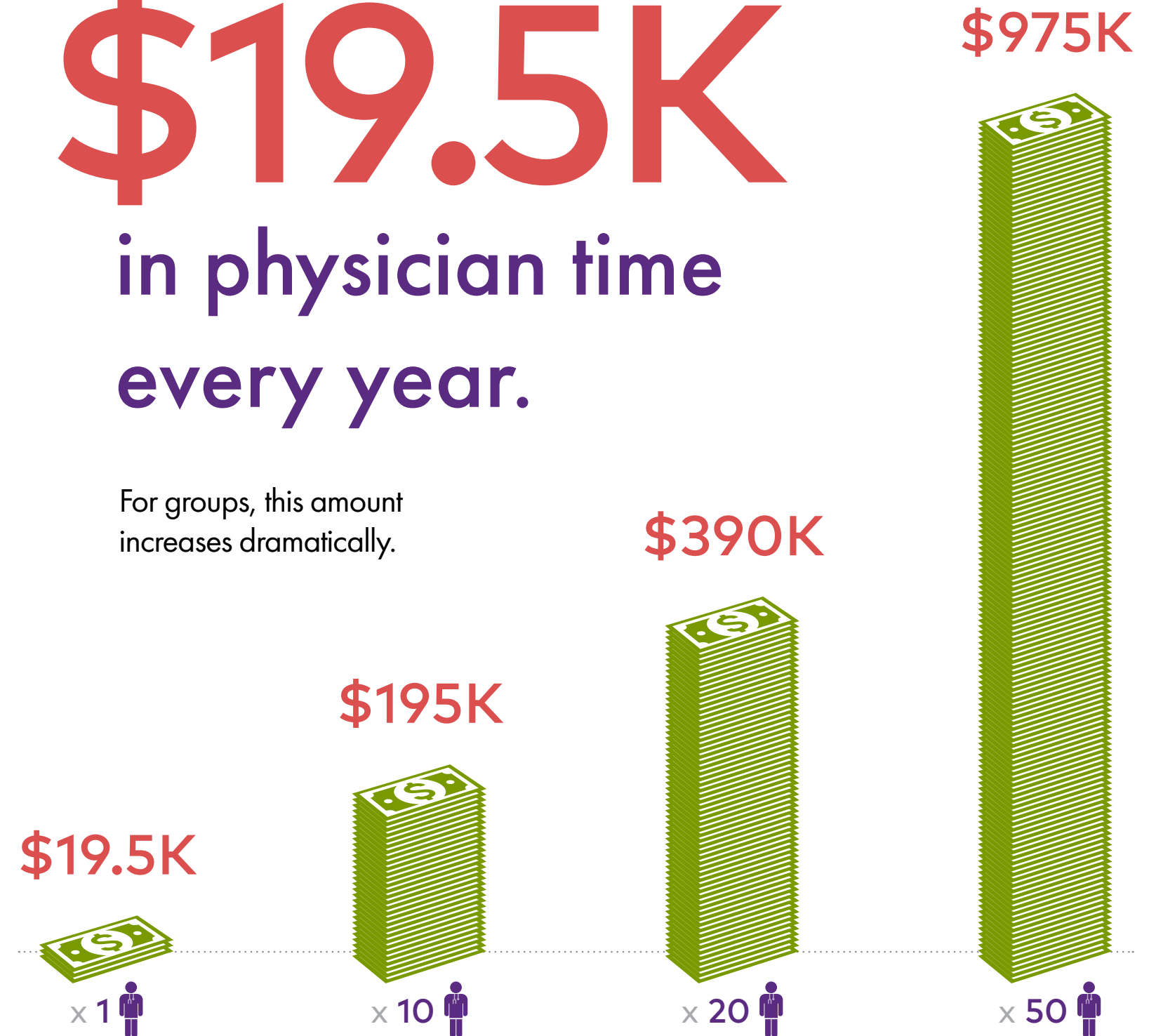
3 hours

documenting measures for quality reporting each week.

Source: Health Affairs
Time spent given MGMA-average compensation and assuming 47 hours worked per week for 50 weeks per year by clinical providers in primary care, cardiology, orthopedics, and multi-specialty practices; data is not inclusive of time spent by physician assistants, nurse practitioners, registered nurses, licensed practical nurses & medical assistants, and non-clinical administrative staff.

That's **\$19.5K** in physician time every year.

For groups, this amount increases dramatically.

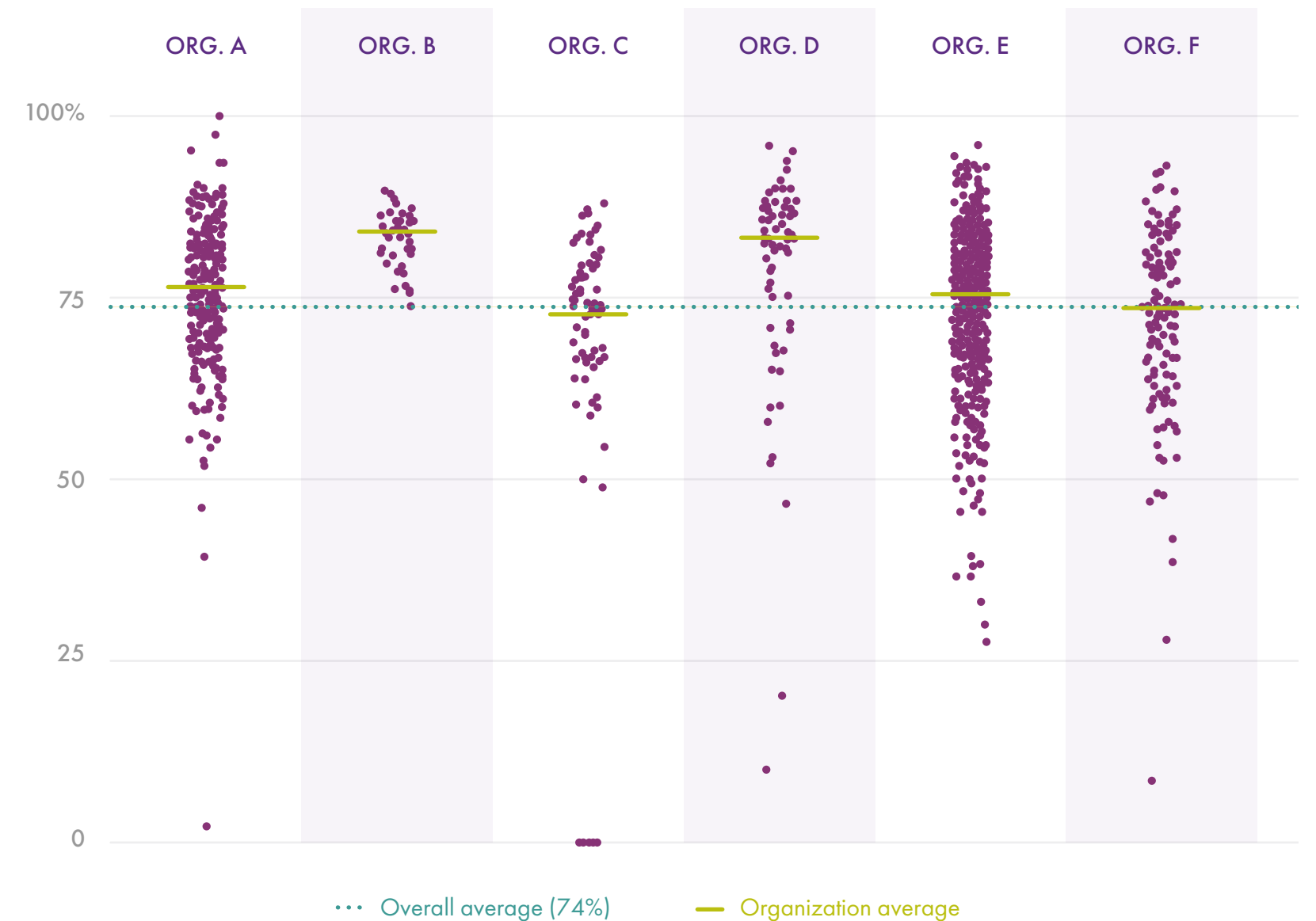


Physician quality performance varies within and among organizations.

Many organizations rely on physicians to document quality care rather than empowering staff and standardizing workflows and templates to close care gaps.

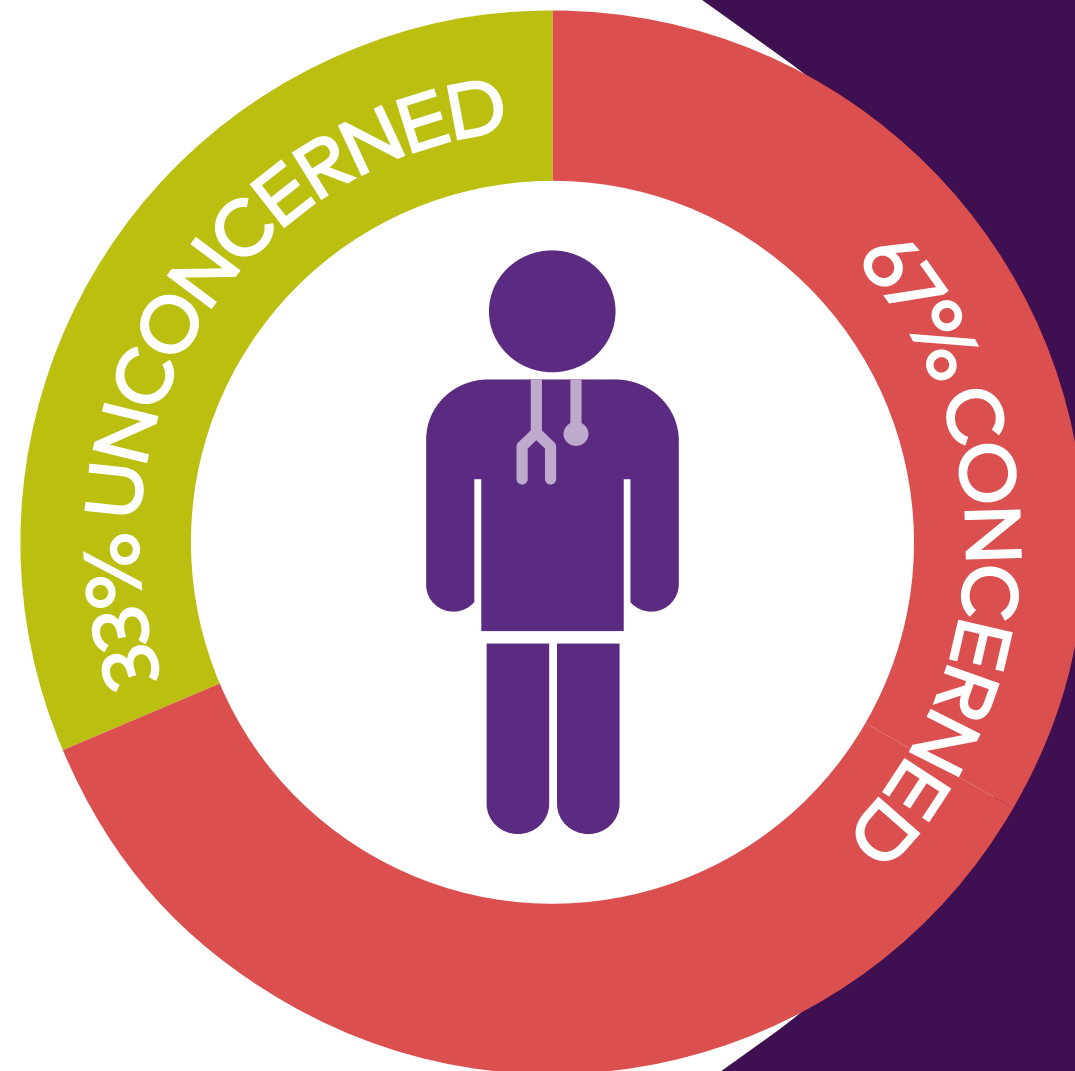
Physician quality performance variance

% of hypertension patients under control, ages 60+



Source: athenaResearch
Physician is defined as MD, DO, or equivalent provider.

67%
of physicians are
concerned their
workloads are
unsustainable.



**What can
be done?**

Source: athenaResearch
Based on an April 2017 survey of 1,029 physicians. Percentage of physician responses, using a six-point scale (1-2 = unconcerned, 3-6 = concerned) to the statement "I feel I will have trouble sustaining my current workload over the long term."

Learn from top performers

Empowering staff to take on quality reporting improves patient outcomes while wicking work away from physicians. The following strategies are taken from top-performing organizations within the athenahealth network.

athenahealth identifies top performers based on four key metrics that indicate performance in chronic care management and preventive care:

- Hypertension control
- HbA1c control
- Colorectal cancer screening rate
- Mammography rate

3 STRATEGIES TO EMPOWER STAFF

1

Activate staff to capture quality metrics

Click to automatically advance to this section >

2

Address care gaps before and after visits

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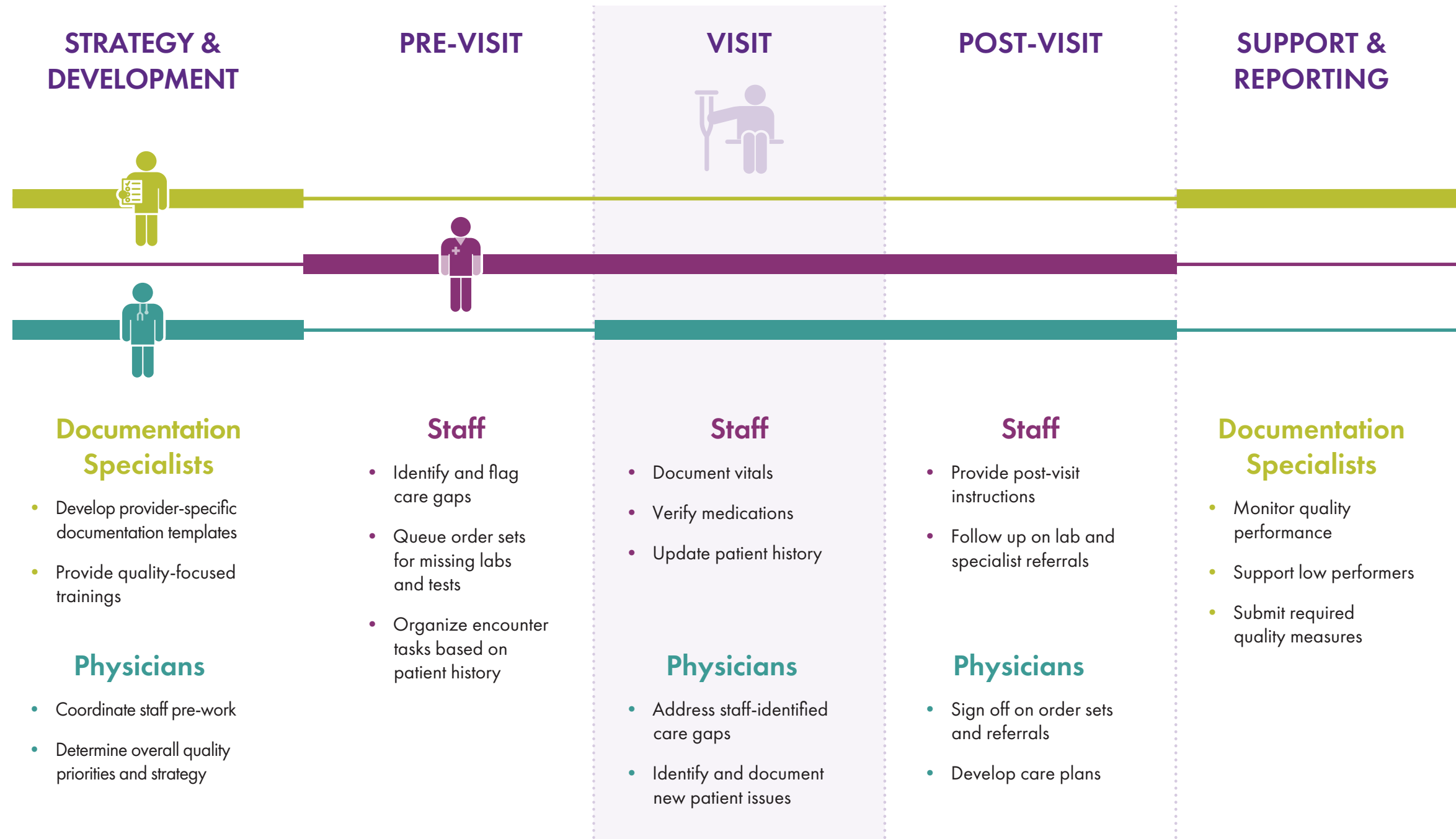
3

Structure visits around quality

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1 Activate staff to capture quality metrics

Physicians shouldn't be completely removed from the quality conversation, but organizations can shift part of the burden by activating non-physician staff to take on as much of the documentation as they are able, and using specialists to streamline documentation wherever possible.



CASE STUDY

Beebe Medical Group, DE

80-physician group, ACO

Beebe Healthcare attributes its strong quality performance to a clear focus on workflows and staff delegation. Leadership built a thoughtful infrastructure around physicians by customizing templates for physician documentation styles to make sure quality data is captured, sharing best practices from top performers, and removing much of the work from physicians' plates.

90th PERCENTILE overall quality performance

2 Address care gaps before and after visits

Establish protocols for staff to collect basic patient information prior to an encounter and actively manage care after each visit.

“A week before the appointment, we review the record. A few days before, we get their lab results. After the visit the patient gets a care summary. We’re not cramming it all into 15 minutes.”

Joel Feinman, President
Valley Medical Group

CASE STUDY

Valley Medical Group, MA

100-physician group

Valley Medical Group adopted a team-based workflow that queues up care plans for every scheduled visit a full week before the patient arrives. Teams include everyone from practitioners to reception staff—and each person has a defined role in addressing care gaps before and after the visit. Tactics from this workflow, such as identifying patients who need colorectal cancer screenings in advance of the visit, helped make Valley Medical Group a top performer on the athenahealth network for that measure.

96th PERCENTILE
colorectal cancer screening rate

S	M	T	W	T	F	S
31	1	2	3	4	5	6
7	8	9	10	11 ✓	12	13
14	15 ✓	16	17	18 ✓	19	20
21	22	23 ✓	24	25	26	27
28	29	30	31	1	2	3

PRE-VISIT

1 WEEK BEFORE

Review and flag chart gaps, such as missing test results or details surrounding a recent hospitalization.

3 DAYS BEFORE

Enable staff to create or queue orders for labs or screenings. For orders or tasks that require a physician’s input, ask staff to have the information queued during the encounter.

POST-VISIT

BEFORE LEAVING

Provide a post-visit care summary to outline next steps and empower patients to take ownership of their health.

FOLLOW-UP

Designate a staff member to follow up with patients who have missing information or need diagnostics such as blood tests or colonoscopies.

3 Structure visits around quality

Make sure physicians have all the tools and information they need for efficient, quality-focused visits, allowing them to thoroughly address each patient's most current needs in any moment of care.

“We’re adding notes and putting orders in before the visit, so when a patient comes in the provider and nurse know what needs to happen. Providers love having the pre-work all set up and ready to go. It really helps streamline their work.”

Practice Administrator, Martin’s Point Health Care

CASE STUDY

Martin’s Point Health Care, New England

72-physician group, PCMH/ACO

Martin’s Point Health Care has a systematic diabetes-management approach that touches nearly everyone in the organization. They flag care gaps weeks ahead of patient visits, follow standard care protocols, and offer a variety of wrap-around services to help patients beyond their encounters. But the patient visit itself remains central: the physician can easily see care gaps and has the tools to address those in the moment of care, as well as identify new challenges and develop ongoing care plans. This approach helped Martin’s Point achieve high performance in HbA1c control relative to other primary care providers on the athenahealth network.

95th PERCENTILE HbA1c control

Using reports, organize encounter tasks based on patient history:

DIABETES REPORT

Visit Type	Last HbA1c Date	Last HbA1c Value	Statin drug in use	Last Nephrologist Appointment	Last Eye Exam	Flu Vaccine	Pneumonia Vaccine
Other	9/16/16	8.2	Y	9/16/16	-	N	N
Other	9/8/16	7.9	Y	12/17/15	8/9/16	Y	Y
Chronic	11/21/16	7.3	Y	11/21/16	3/1/16	N	Y
Well Visit	7/5/16	10.9	Y	10/19/16	-	N	Y
Other	8/22/16	9.3	Y	7/13/16	9/8/16	N	Y
Other	10/4/16	5.9	Y	10/11/16	-	N	Y

Use the most recent lab results to tailor in-office conversation to the patient’s current health status. A patient in poor health might need to spend additional time discussing the best approach to his or her care, while a healthier patient can focus on other topics or areas of concern.

Identify care gaps that should be addressed during a visit. Place lab orders or queue those conversations for the physician, and prepare the templates the physician will need to document a complete view of the patient—including any follow-up care.

Learn more

For more strategies and tips, check out these resources on athenaInsight:

Articles:

- What does it take to achieve quality? >
- 4 staff capability attributes of high performers >
- 4 strategies to rethink the wellness visit >
- The clinicians at the heart of value-based care >
- How physician coaching translates to quality >
- 3-minute case study: Chart prep that lasts a week >
- 3-minute case study: The optimized medical assistant >

Click the title or arrows to go directly to an article, video, eBook or case study.

Videos:

- Performance Tips: Reporting on quality >
- Performance Tips: Pre-care planning for the patient visit >
- Performance Tips: The effective encounter >

eBooks:

- High-Performing Physician Network >



Our research into the drivers of healthcare performance is ongoing. We've partnered with Harvard Business School professor Len Schlesinger, whose pioneering work has helped to transform the service industries to develop a strategic framework for operational excellence in healthcare. Learn more about our research, along with strategies, tactics, and tips drawn from high performers on the athenahealth network, at athenainsight.com/performance.

As always, we welcome comments, critiques, suggestions, best practices, and ideas for future research.



Sincerely,

Josh Gray
VP of Research
athenahealth

“The bigger your mission, the more critical it is that you prepare your team and organization effectively for tackling it.”

Nancy F. Koehn

James E. Robison chair of Business Administration, Harvard Business School

athenainsight.com is an online magazine dedicated to sharing data and actionable insight from athenahealth's nationwide network and beyond. Check in daily for stories about performance best practices, clinical trends, government policies, physician leadership, and the transition to value-based care.

