Title: The Physician Practice Executive’s Role in Developing a Quality Program

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American College of Medical Practice Executives Professional Paper Topic and Outline - EXPLORATORY

Paper outline being submitted in partial fulfillment of the requirements for election to Fellow
The Physician Practice Executive’s Role in Developing a Quality Program

Quality, and the measurement of quality, is at the heart of most every article and discussion about healthcare reform today. In the physician office setting, what is quality healthcare? How do physicians and staff measure and talk about quality in their day-to-day transactions? The answers to these questions increasingly drive physician reimbursement as well as patient choice in healthcare providers. According to Quality Management, Medical Practice Management Body of Knowledge (BOK), second edition, physician practice executives have historically played a key role in managing quality through: “1. Ensuring patient safety and satisfaction; and, 2. Managing processes and programs for staff, business and equipment credentialing and licensure.” Recognizing that quality management in the physician practice has evolved into a key component for all other BOK domains, the Medical Group Management Association (“MGMA”) has recently updated the BOK so that quality management is no longer a separately identified domain. This exploratory paper seeks to examine the role of quality management within each of the six remaining BOK domains, then familiarize physicians and practice administrators with the tools and language of quality, learning how to apply these principles across a variety of transactions with key stakeholders.

Purpose: The purpose of this paper is to educate the practice administrator and to assist him/her to create a tailored business model which incorporates quality as a key component, using the MGMA body of knowledge (“BOK”) domains as representative of the business of physician practice management.

I. The healthcare quality movement
   A. Historical development
      1. Impetus for quality movement
      2. Key stakeholders in healthcare quality movement
      3. Quality healthcare today – summarizing key features
   B. Healthcare quality development organizations
      1. Governmental agencies
         a. Centers for Medicare and Medicaid Services (CMS)
         b. Agency for Healthcare Research and Quality (AHRQ)
         c. Office of the National Coordinator for Health IT (ONC)
      2. National quality standards organizations
         a. National Committee for Quality Assurance (NCQA)
         b. Accreditation Association for Ambulatory Health Care (AAAHC)
         c. Joint Commission
   C. Current trends in physician practice quality movement
      1. Books:
b. Reengineering Health Care: A Manifesto for Radically Rethinking Health Care Delivery; Jim Champy and Harry Greenspun, MD

c. Transforming Health Care; Charles Kenney

2. Trade journals

a. Journal for Healthcare Quality (National Association for Healthcare Quality)
b. American Journal of Medical Quality

3. Online articles

c. Others to be pulled from current healthcare industry news

4. MGMA Connection

a. April 2014 edition: Focus on Quality Management
c. April 2012 edition: The Quality Management Issue

5. Interviews

a. Who – Healthcare industry leaders and practice managers, for example:
   i. Cinderella Tollefson, Practice Manager, Hillside Family Medicine
   ii. Laura Watkins, Consultant, SVMIC
   iii. Steve Wade, CEO, Tennessee Orthopaedic Alliance
   iv. Bill Knight, Administrator, Ear, Nose and Throat Associates, Johnson City, TN
   v. 2 to 3 others from MGMA list serve queries
b. Survey
   i. Survey questions attached
   ii. Survey Monkey will be used to disseminate survey and collect responses
   iii. MGMA ACMPE member community and Tennessee MGMA list serve will be polled for responses

II. Strategies & Tactics for Physician Practice adoption of a quality program in the framework of the BOK domains

A. Measure

1. Establish a practice focus on quality – (BOK: Operations Management)
   a. Must be physician mandated
b. Incorporation into workflow processes

2. Develop measurement protocols for quality – (BOK: Patient-Centered Care)
   a. Protocol examples
   b. How to individualize by specialty, patient mix, and demographic location

3. Benchmark practice results to industry standards – (BOK: Financial Management)
   a. MGMA assessment tools/standards
   b. Recommended assessment tool – tied to Body of Knowledge


1. Internal reporting of quality outcomes with providers and staff
   a. Early and often
   b. Review commitment to the program – (BOK: Organizational Governance)

2. Marketing
   a. Use of quality outcomes with patients
   b. Use of quality statistical outcomes with other providers

3. Negotiations
   a. Use of quality statistics with payers
   b. Use of quality statistics with facilities

C. Train – (BOK: Risk and Compliance Management and Operations Management)

1. Create knowledge base of practice quality statistics for physicians and administrators
2. Introduce all staff to the measurement tools and language of quality
3. Promote patient awareness of quality in the practice – website to exam room

III. Conclusion

A. Awareness and use of quality measurements a requirement for physician groups in the new healthcare landscape
   1. Summary of survey findings
   2. Analysis by specialty and by region

B. Physician practices can embrace quality for success

C. Physician Practice Quality staff development – beyond certified coders

D. Physicians as leaders of the quality movement

Conclusion

This exploratory paper will provide a brief historical background of quality management in the physician practice setting. Current trends in quality program components will be explored using accumulated survey information from current practice administrators and industry articles, including
quality management topics from MGMA Connections. The Medical Group Management Association (MGMA) Body of Knowledge (BOK) will be used as a framework to illustrate quality management initiatives which physicians and practice managers can undertake to move towards a quality-based physician practice.
MGMA-ACMPE Fellowship Paper Survey

1) Does the practice currently include a quality metric component in the physician compensation structure? **Yes** or **No**
   a. If **Yes**, which of these areas are included?
      i. Patient satisfaction scores?
      ii. Practice governance participation?
      iii. PQRS participation?
      iv. E-Prescribing participation?
      v. Meaningful Use participation?
      vi. Readmission rates data from the admitting hospital?
      vii. Other _______________________

2) Does the practice currently have any managed care contracts with quality reimbursement components? **Yes** or **No**
   a. If **Yes**, how many contracts?
   b. If **Yes**, which of these areas are included?
      i. Patient satisfaction scores?
      ii. PQRS participation?
      iii. E-Prescribing participation?
      iv. Meaningful Use participation?
      v. Readmission rates data from the admitting hospital?
      vi. Other _______________________

3) Does the practice participate in a quality/innovation partnership arrangement, such as:
   a. Patient-Centered Medical Home (PCMH) certification?
   b. Accountable Care Organization (ACO)?
   c. Shared Savings Arrangement?
   d. Other ________________________?

4) Does the practice conduct regular Patient Satisfaction Surveys? **Yes** or **No**
   a. If **Yes**, how are these used?
      i. Discussed with physicians?
      ii. Discussed with staff?
      iii. Communicated with referral sources?
      iv. Communicated with partner facilities – hospitals?
      v. Communicated with payers/employers?
      vi. Other ______________________?

5) Practice specialty ______________________

6) Geographic region (list from MGMA survey options)

7) Number of physicians ______________________

8) Physician or hospital/health system owned?

9) Number of employees ______________________