

Breakout Group 2 (Stapleton Room)
Membership-Unity-Relevance:
What We Are Learning: Next Steps

Background

CMS has been conducting dinner meetings with active CMS members who are employed by certain large employers. These dinner meetings were held for the twofold purpose of informing these physicians about our MUR initiative and to get feedback and advice from these physicians. The following is a summary of -- What We Are Learning.

1. Physician Change Management
 - a. Employers need to help physicians adopt; change
 - b. CMS will need to be specific about the transitional services it can provide

2. Improving Physician Satisfaction – Employers have a need for physicians who are satisfied in their work. To what extent is there a need for services to employers and to physician employees that provide meaningful assistance in improving physician workplace satisfaction?
 - a. Physician Assessments and Recommendations: CMS can currently offer these services to employers.
 - i. Quantitative: In-House surveys to determine overall physician satisfaction
 - ii. Qualitative: Physician focus groups and executive/leadership physician interviewing
 - iii. Recommendations based on the above

 - b. Wellness: Healthy physicians are less likely to suffer from burnout. Physicians who suffer from burnout are more likely to make mistakes, depersonalize care, and be disruptive. Is there a broad need that is not being filled in the wellness space? Could the CMS Wellness Panel find a way to fill this need?

 - c. Leadership: Physicians want to lead health care change; Employers need physician leaders. Employers are currently in the leadership training space to various degrees. Is the leadership training space ripe for CMS?
 - i. Basic and advanced leadership training needed for medical staff leaders or for creating a pipeline
 - ii. Meeting management: Is there an opportunity to help an employer develop these skills among their medical staff?
 1. Basics of running a meeting
 2. Managing group dynamics
 3. Managing and working with the medical staff

 - d. Employer-Physician Relations: Assessments and recommendations

3. Employed Physician Trends: Like CMS, employers have a need for this type of data. Should CMS be the trusted force for physician workforce trends? Would employers pay for these reports?
4. Sustainability of Physician Careers
 - a. Workforce: How to sustain the workforce?
 - b. Physician Compensation: What are the best compensation methods for physicians that improve performance and are not value driven?
 - c. Transparency: How to address the growing consumer demand for transparency without placing additional tension on the workforce?
5. Cost of Care: New systems need to focus on fundamentally changing the way that care is delivered. Employers are demanding decreasing costs and they are no longer waiting, they are taking action to contain costs. The health care system has to come together to attack and change this or someone else is going to do it. Current payment methodologies and prevalence of fee for service are stunting that transformation. What CMS role would bring added value to physicians and employers on cost containment?
6. Consumerism: There is a continued shift to cost sharing (high deductibles and co-insurance); increase in the number of unreimbursed virtual visits and the demand on physician time (and stress) that these trends are causing. Cost sharing requires new patient conversations on the relative value of the tests and procedures being proposed. Patients want virtual contact (emails, online, etc.). Virtual models have a different demand on a physician's time and are often not covered by health plans.
7. Best Practices: How well are systems doing on palliative care and other measures? How can CMS better promote best practices?
8. Patient Satisfaction Scoring: Physician rating systems include a patient satisfaction component. Some employers are monitoring patient satisfaction and requiring remedial plans for physicians. The physician interaction is an integral part of patient satisfaction scoring. Is there a broad need that is not being met to help employers help physicians achieve top patient satisfaction scores? Is this need being met among CMS members who are in medium size to small groups?
 - a. Training
 - b. Patient satisfaction action plans
 - c. Patient management engineering
 - d. Patient PR skills
9. Physician Services: Individual physicians need help with employer relations and performance.
 - a. Employment contract analysis and advice.
 - b. Managing contract performance.

- c. Coaching: A trusted source for physicians to get advice
- d. Model Hospital Medical Staff bylaws

10. Public Policy: CMS has great expertise in the public policy space.

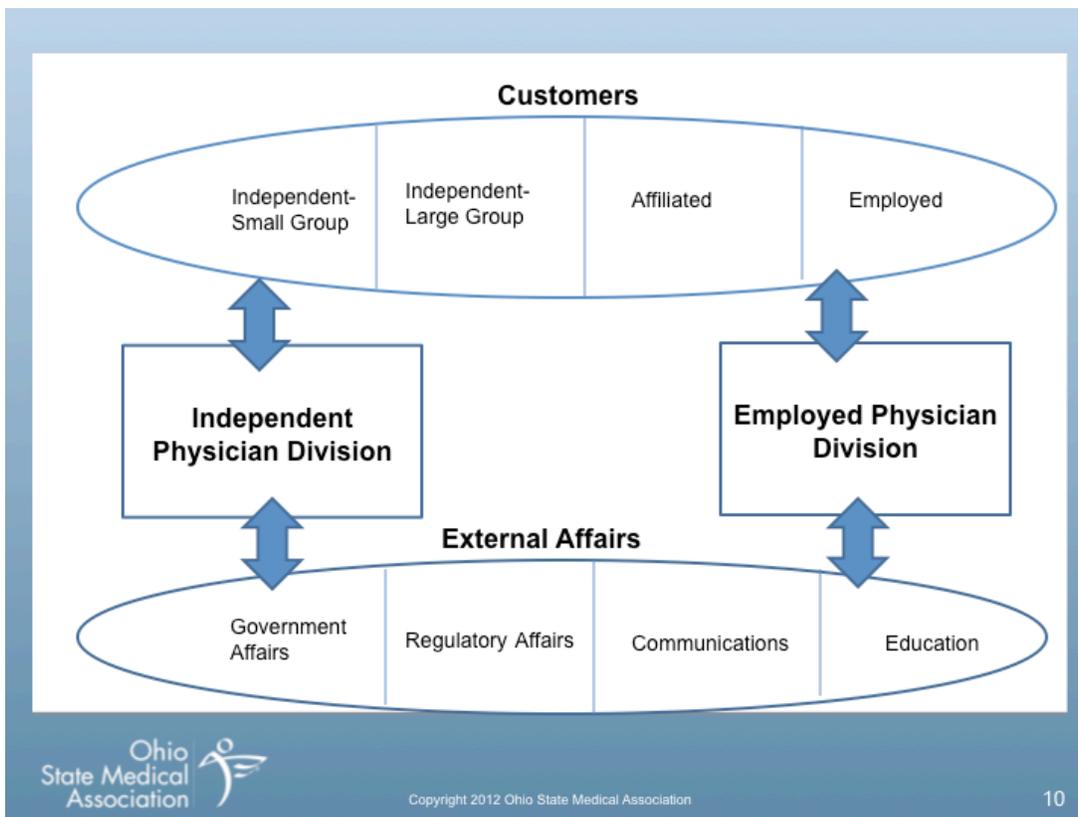
- a. Confidential white papers on the macro issues facing physicians
- b. Analyzing and interpreting public opinion
- c. Specialized Advocacy for the employer as relates to physician care of patients

B. Discussion Points and Next Steps:

Conclusions as of October 1, 2012

1. Expand dinner meetings to five additional large employers. Continue to catalogue information from these focus groups and look for patterns.
2. Employed Physician Roundtable: Convene a professionally facilitated, one-time employed physician roundtable (top 15 employers) to get group perspective on the items gleaned from the dinner meetings (focus groups). The objective being to get consensus on added value services that could be provided by CMS.
3. Gap Analysis: The employer gap analysis needs to follow the employed CMS member outreach dinners. This should be preceded by web site analysis of each employer.
4. Employed Member Survey: To stay in touch with the needs of employed physicians so that CMS can make smart decisions about future programs and activities, employed members should be surveyed to determine their interest in services specific to their needs (contract review; performance measures coaching, etc.)
5. Employed Physician Roundtable: Forums for physician leaders of large health systems and large physician groups (two separate groups) should be explored: Would physician leaders be interested and participate in a forum to interact with CMS (provide input) and to exchange ideas with others as a means of professional development? This forum could be used to develop services/assistance for physician leaders to help them manage/interact with the individual employed physicians they are responsible for leading?

Ohio State Medical Association Reorganization



Goals/Measures

Independent Division

- Membership Retention (above 90%) and New Member Gains (10%)
- Service Usage (50% of members use at least one service – currently 40%)
- Increase revenue from service offerings (10%)
- Communication Touches (email, community, etc.)
- Large Group (assign staff representative to each of the largest accounts)

Employed Division

- Interaction with targeted institutions (strategic plan with top ten targets)
- Formal transaction for services with physician group (education, advocacy, communications, etc. – at least one initiative started with top targets in 2013)
- Joint initiatives with OHA - (starting with 2013 Ohio Physician leadership program)
- Individual Memberships – Retention above 90% and 10% new gains