

STRATEGIC MANAGEMENT TOOLS TO IMPROVE PERFORMANCE

Lone Star Circle of Care

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Lone ★ Star
Circle of Care

St. Davids
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Medical Center



Lone Star Circle of Care's Operating Model



Strategic Management Framework



Accountability for Results



Summary of Current Tools



Outcomes Under Current Framework



Current State Challenges



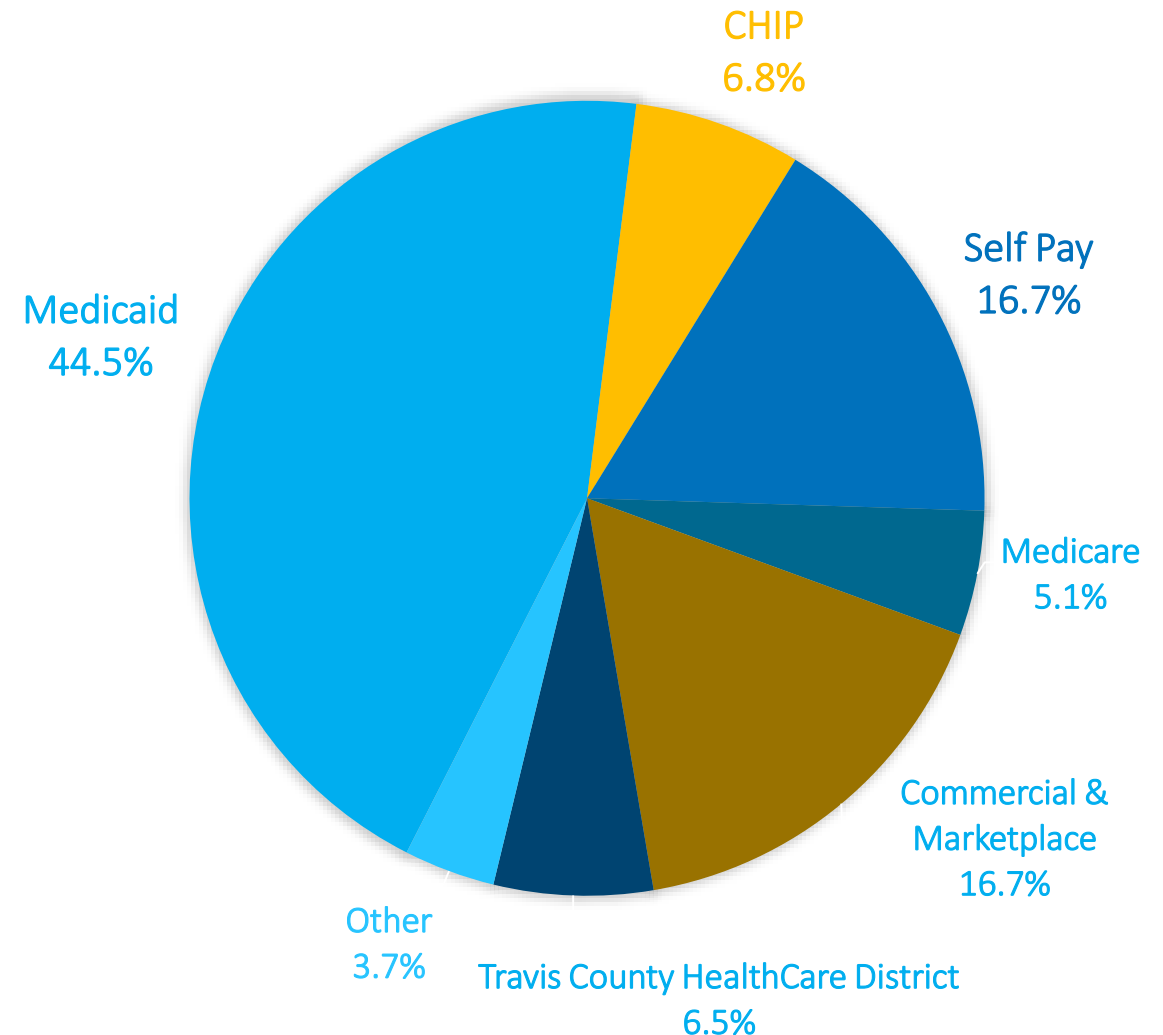
The Path Forward- Dashboards 2.0



The Ultimate Objectives

- Lone Star Circle of Care (LSCC) operates **21** physical sites spanning **6** counties in Texas, and its service lines include:
 - Primary Care: Pediatrics, Family & Senior Medicine
 - Comprehensive Obstetrics & Gynecology
 - Integrated Behavioral Health
 - Dentistry
 - Convenient Care
 - Optometry
 - Pharmacy Services
- In the past 12 months, LSCC has provided **342,266** encounters to **89,201** unduplicated patients
- LSCC employs over **625** employees, including **134** billable providers

Overall Encounter Mix By Financial Class:



Define What is Important – What Should Be Measured?

- **3-Year Strategic Plan** defines organizational-wide strategic objectives
 - Note: Moving toward a more frequent strategy update as operational disruptors are coming at a more rapid pace (i.e., downside risk ACO and VBC contracts, market consolidation, market opportunities, new models of care and patient engagement)
- Objectives from the Strategic Plan are then distilled down into measurable outcomes
 - **Balanced Scorecard** – Org-wide rollup with cascading to clinical management and department leaders
 - 4 Balanced Scorecard Elements (22 total metrics)
 - **Financial:** 7 metrics, **Customer:** 6 metrics, **Internal Process:** 6 metrics, **Learning and Growth:** 3 metrics
 - **Staff Scorecards** – Provider and Medical Assistant/Nurse scorecards
 - Service-line specific list of the most strategic metrics for a given fiscal year
 - Averaging 12 metrics for providers and 7 for MAs
 - Provider scorecards include **Clinical Quality**, **Patient Satisfaction**, and **Productivity** metrics
 - In development: Scorecards for Navigation Center and Front Desk staff

Support Staff in Meeting Objectives with Actionable Data

Real-time evaluation and action planning around business operations (short range)

- **Flash Reports**- dynamic dashboards developed internally nearly a decade ago that continue to be refined (Intranet access- built with JavaScript, SQL feeds, HTML, etc.)



Support Staff in Meeting Objectives with Actionable Data (continued)

Patient-level dashboard at the point of care reduces lost opportunities

Quality Metrics template – link in patient chart to list of failing metrics that need to be addressed



Quality Metrics - Person: - MRN: - Last F2F: 6/24/2019

Failing		Passing
Diagnostics		
Colon Cancer Screening: Fecal Occult Blood Test Annually	N	All patients age 50-75 are expected to have an annual Fecal Occult Blood Test. This must be an at-home iFOB test, <u>not</u> a guaiac obtained via digital rectal exam. Alternatively, this measure can be met with a Colonoscopy every 10 years, or Flexible Sigmoidoscopy every 5 years. (Rolling Year)
Referrals		
Diabetes: Annual Retinal Exam	N	Diabetics age 18-75 are expected to have a dilated eye exam by an optometrist or ophthalmologist annually. A referral order alone is insufficient. This measure is satisfied by a kept appointment with an LSCC optometrist or a completed external referral (ie, referral order closed and marked as "report received"). (Rolling Year)
Screenings		
Fall Risk Screening	N	All patients age 65+ years are expected to be screened annually for future fall risk. Document this using either of these My Phrases in Plan Details: "Fall Risk Screen - Normal [LSCC]" or "Fall Risk Screen - Fill in Blanks [LSCC]". (Rolling Year)

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Support Staff in Meeting Objectives with Actionable Data (continued)

Biweekly scorecards with summary scores plus patient and encounter-level drill down

- Drill down used by providers to better understand misses
- Centralized Population Health team uses patient-level data to perform care coordination and assist with closing care gaps

PEDIATRICS Baseline Metrics

Incentive Metrics

Metric	Asthma Med	Asthma Action Plan	WCC 3 to 17	Patient Plan	Charges on Time	Med Rec	Depress Screen	Patient Satisfaction	Provider Productivity
Goal	90%	50%	85%	90%	98%	95%	80%	90%	95%
Q1 2024	90%	53%	82%	96%	97%	95%	84%	95%	83%
Q2 2024	94%	58%	87%	99%	100%	93%	84%	97%	98%
Q3 2024	90%	62%	87%	95%	100%	99%	92%	91%	100%
Q4 2024	88%	56%	89%	100%	99%	95%	84%	95%	79%

Nutr/ Act Screen	Pedi Imm Combo 10	Adol Immun	Flu Vaccine	Patient Satisfaction	Provider Productivity
80%	45%	50%		97%	100%
96%	41%	54%	29%	95%	83%
90%	72%	71%	30%	97%	98%
96%	54%	69%	26%	91%	100%
94%	67%	75%	35%	95%	79%

Provider & Support Staff Scorecards

- Provider scorecards initiated in FY2014 and financial incentives were incorporated in FY2016
- Financial incentives for Medical Assistant and Nurse scorecards were added in FY2016
- Metrics are selected based on key revenue contracts and UDS clinical measures LSCC is striving to improve and are tailored to service line and provider position type (if applicable)
- Transparent: All staff in a given service line see peers' performance
- Scorecard includes **baseline metrics** (expected minimum performance thresholds) and **incentive metrics** (financial incentives for meeting stretch goals, particularly suited for outcome metrics)
- For providers, incentives are available for Clinical, Patient Satisfaction, and Productivity metrics
 - Financial pools set for each “payout” metric
 - Providers must hit threshold productivity figures to participate in clinical incentives

Balanced Scorecard

- In FY2018, annual performance reviews were aligned to the Balanced Scorecard methodology and elements and metrics were tailored/weighted according to position
 - Balanced scorecard results have a direct, mathematically-determined impact on annual reviews and merit increases for certain positions (manager level and above)
 - Example: The CFO's performance evaluation scoring would include a heavier weight towards the "Financial" section than the Privacy and Compliance Officer

Strategic Planning

- At the end of the strategic plan cycle, LSCC's staff and board of directors review the progress and results compared to plan to evaluate performance and necessary adjustments to incorporate into the following cycle



Access

- Expanded access to services
 - Serving **27%** more patients than 2015
- Increased service offerings – expanded dental services, convenient care, pediatric, and adult services
- New access points and improved provider retention

Quality & Safety

- LSCC has achieved the **top 10%** of FQHCs nationwide in quality as measured by the UDS for the past 3 years
- Improvement in patient satisfaction - focus on LOC/AIDET; measurement by Press Ganey
- 19/19 score on most recent HRSA Site Visit
- Successful TJC Survey

Financials

- Substantial improvement in financial performance from 2014 to July 2019:
 - Days Cash on hand: **1.4** days to **111** days
 - Current Ratio: **.8** to **7.1**
 - Unrestricted Net Assets: **\$3.7 million** to **\$33.3 million**
 - Eliminated long-term debt (excluding capital leases)
 - Achieved P4P payout metrics on multiple contracts

Provider & Support Staff Scorecards

- Onerous to prepare and currently distributed via Excel workbooks twice a month
- Complex underlying calculations and scoring system
- Incentives provided at the end of the year and are not easy to track

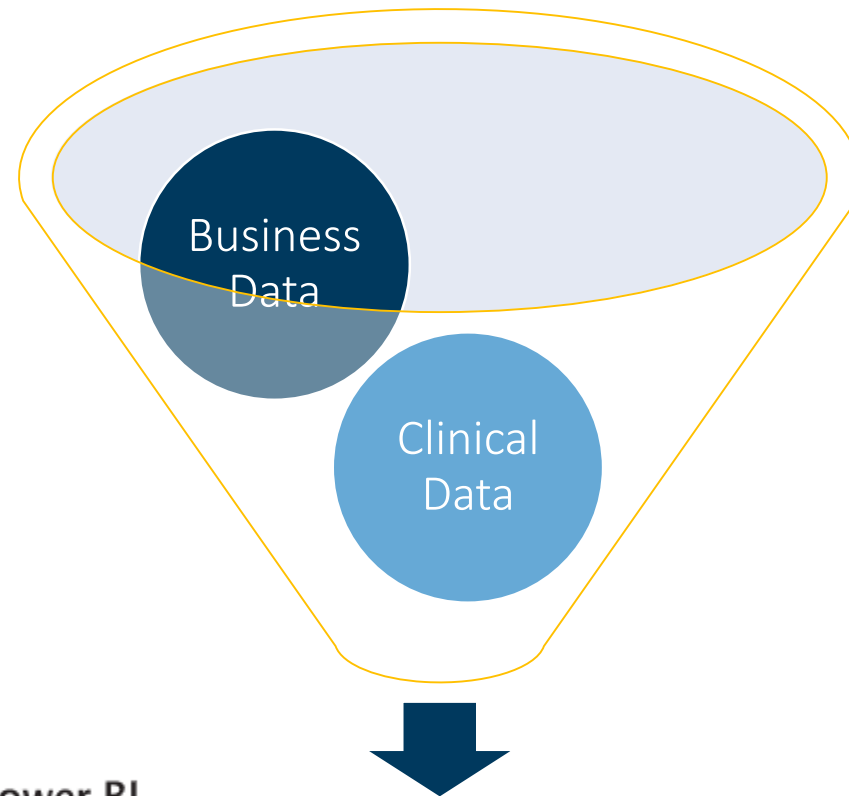
Analytics

- Many clinical metrics are currently calculated and shared manually by the clinical analytics department (lack of self-serve; dashboards)
- Potential delays in obtaining clinical outcome metrics needed for decision making

Other

- Fragmentation of reporting between business and clinical analytics
- Risk with only a few individuals with knowledge and expertise
- Staff perception of unfairness (more scrutiny of some roles as compared to others); other roles are difficult to measure in this manner

LSCC is in process of building a new data warehouse to consolidate relevant clinical and business data. LSCC will standardize dashboard reporting with Microsoft Power BI – targeting May of 2020 for reporting rollout



 Microsoft | Power BI



Create data dashboards and visualizations in minutes

- Unified platform to evaluate clinical and business data to make better decisions
 - Accurate and reliable data
 - Documented definitions and easier to replicate code for reporting metrics
- Addition of other data types: cost, risk stratification, SDoH, ED utilization, inpatient stays, health plan feeds
- Simplification of staff scorecards; eliminate complex attribution model
- Automation of pay-for-performance contract tracking
- Become better prepared for reimbursement shift from volume to results. Determine how to leverage data to increase value (value = patient outcomes / cost)
- Then use data to accelerate alignment of health plan payments and incentives to value-based care models
 - Pay for results, not process metrics

