# Highlighting Office Based Risk: Using Data and Trends to Focus Improvement

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# Objectives

- Identify key domains for a comprehensive assessment of office practice risk and specific issues for data analysis
- Discuss the benefit of data aggregation across office settings in a multi-location delivery system
- Identify trends in risk and patient safety across settings
- List specific strategies for improvement of patient safety and reduction of professional liability risk

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# Hospital-Physician Integration

## Organizational, Operational, Reimbursement and Legal Drivers

- Continuously rising healthcare costs
- Increased competition for physician services
- Hospitals desire to increase their market share
- Healthcare reform has raised demand for primary care physicians
- Physicians seeking security with their compensation and workloads
- Physicians finding that private practices are difficult to manage
- New medical technology and electronic medical records are expensive
- New incentives for hospitals to coordinate care and payment with physicians

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# Hospital-Physician Integration

## Fastest growing segment of mergers and acquisitions

- American Medical Association (AMA) data: physicians employed by community hospitals increased to 32% from 2000-2010*
- Medical Group Management Association (MGMA): percentage of physicians working in practices owned by hospitals or integrated delivery systems increased from 24% in 2004 to 49% in 2011*
- The acquisition of physician practices: transactions reported in 2012 totaled $4.2 billion compared to $416 million in 2011**
- Concern regarding increased numbers of patients: April 2015, rate of uninsured Americans*** :
  - Fell to seven year low of 11.9% in the first quarter of 2015, lowest since Gallup began tracking it since 2008
  - A sharp decrease from a high of 18% on the eve of the rollout of the Affordable Care Act in the fall of 2013

Sources:

*Kane, C.K., & Emmons, D. W. (Sept. 2013). New data on physician practice arrangements: private practice remains strong despite shifts toward hospital employment. *AMA Economic and Health Policy Research*.

**Gallegos, A. (2012, December 10). Physician groups eye mergers but blindsided by legal fights.

***washington.cbslocal.com/ 2015; The Wall Street Wire wsj.com/washwire accessed April 13, 2015

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# Physician Shortage

- Census of actively licensed physicians in US as of 2012 – 878,194*
- Physician shortage projection 2015 Study by IHS Inc., for Association of American Medical Colleges (AAMC)**
  - The US will face a shortage ranging from 46,100 to 90,400 by 2025
    - Primary Care MDs: 12,500 – 31,100
    - Non-primary care MDs: 28,200-63,700 non-specialties, most notably among surgical specialists
  - Between 2013 and 2025: The population aged 65 and over is expected to grow 46% over the next 10 years; population under age 18, there is a projected grow of only 5%
  - One third  or more of physicians will likely retire in the next decade.

Sources:

*Federation of State Medical boards (2013).  A census of actively licensed physicians in the US, 2013

**IHS Inc. for Association of American Medical Colleges. www.aamc.org . The complexities of physician supply and demand: projections from 2013 to 2025

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# Nurse Practitioners (NP) and Physician Assistants (PAs)

**BPA Findings: Increased interest in tool because of change in hiring practices**

**Job Growth in US:**

- Healthcare largest growth between 2014 and 2024 *
- Largest group is PAs: Expected job growth is 30%
- NPs: Expected job growth is 31%

Source:

*Bureau of Labor Statistics. Employment projections 2012-2022 summary. ; www.bls.gov

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# Patient Safety Tools

Best Practice Assessments (BPAs)

- Unique to AIG: methodology
- Data repository utilized to benchmark and monitor trends
- Tools for hospitals, office and ambulatory settings
- Office Practice Assessment BPA:14 risk domains
- Patient safety program: initiating or enhancing
- Site comparisons



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# Office Practice Assessment Best Practice Assessment(BPA)

What is it?

- A comprehensive tool designed by Casualty Risk Consulting-Healthcare to obtain information from medical group practices about important patient safety issues
- Analysis and report with specific recommendations to improve systems and reduce potential risks
- Our web-based system retains the following data for long-term analysis and reporting:
  - Demographics and characteristics of the office practices
  - Responses to each question
  - Scores (overall, by domain and question)
  - Recommendations for each question that scores <100%

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# Office Practice Assessment BPA

## What are the key advantages?

- Provides a road map for improvement; identifies risks that can be prioritized by practice managers
- Identifies key internal structures and processes that have greatest impact on patient safety
- Efficient: we do the legwork in collecting and categorizing the information; managers can decide where to spend time to address low scores
- Very effective for groups with multiple sites
- Practical application to the site
- Track information and improvement by each practice site
- Data provided in tabular form: can compare categories across sites
- Comparison with other groups in the database of our web-based system

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# Office Practice Assessment BPA

What types of physician practices was the BPA designed to assess?

- Hospital accounts that have acquired physician practices
- Large physician practices (single and multi-specialties) with centralized functions for risk management/patient safety
- Not appropriate for hospital-based practices, such as emergency medicine, hospitalists, pathology and radiology

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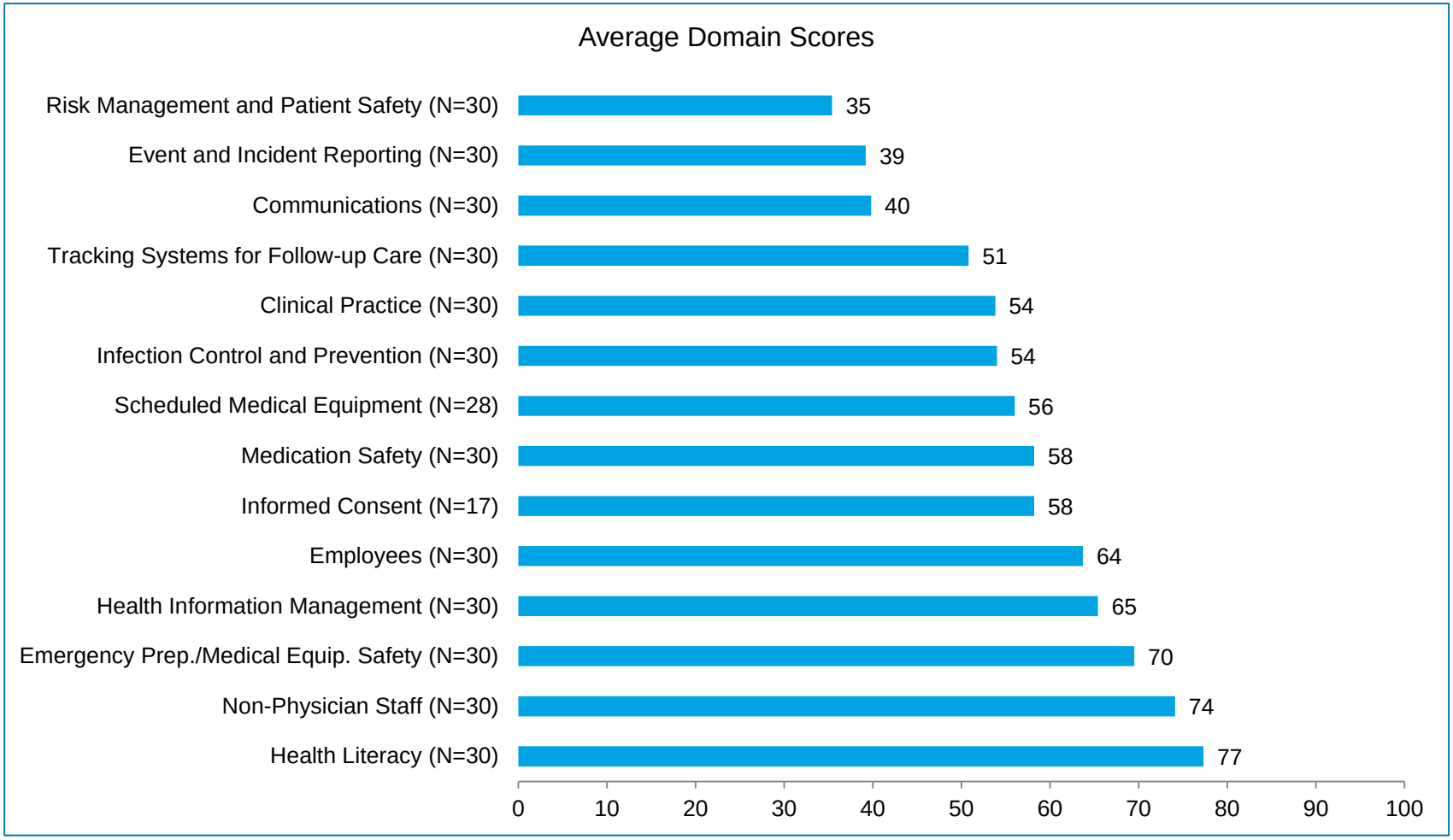
# Office Practice Assessment BPA

Standard client report Includes:

- Executive Summary
- Graphical illustrations of scores overall, by domain, and for each question
- Comparative benchmarking for multiple sites
- Question-specific recommendations to improve systems and reduce potential risks
- References, tools and other valuable resources

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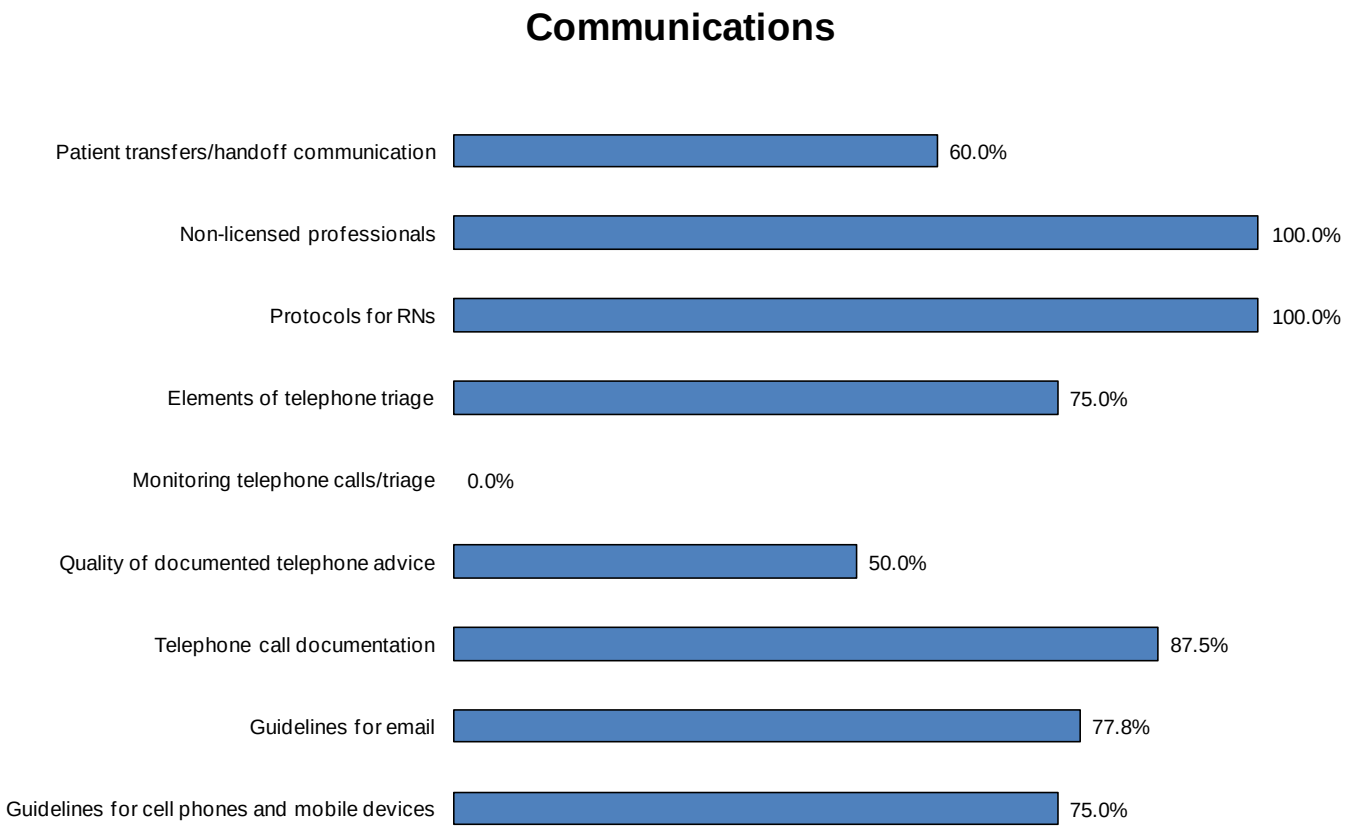
# Average Scores for Each Domain




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# Sample Chart from 1 of the 14 BPA Domains

## Report to an individual medical group




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# Sample Scorecard

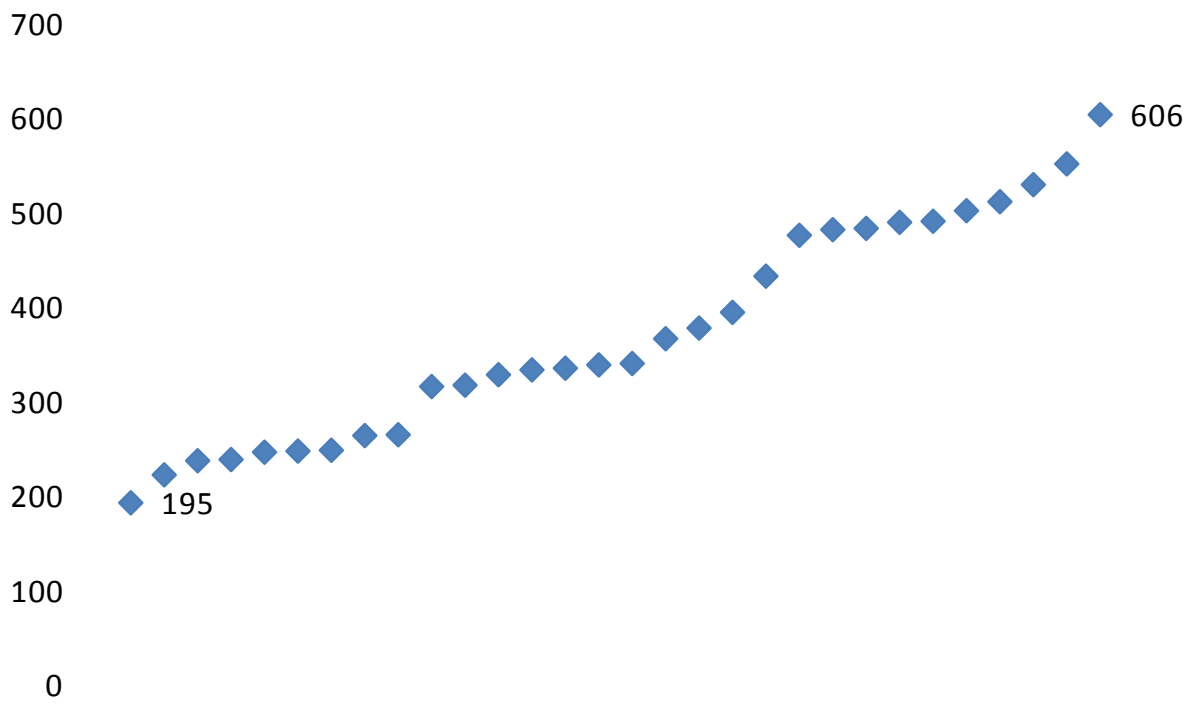
## Report to a medical group with 4 locations

| | | Site 1 | Site 2 | Site 3 | Site 4 |
|---|---|---|---|---|---|
| S14 | Medication Safety | **85.1%** | **70.5%** | **62.6%** | **76.4%** |
| Q14.2 | Prescription refill policy |  |  |  |  |
| Q14.3 | Anti-coagulant therapy |  | NA | NA |  |
| Q14.4 | Medication lists |  |  |  |  |
| Q14.5 | Medication list updates |  |  |  |  |
| Q14.6 | Documentation of medication samples |  |  | NA |  |
| Q14.7 | Sample medications |  |  | NA |  |
| Q14.8 | Drug recalls |  |  |  |  |
| Q14.9 | Controlled substances | NA | NA | NA | NA |
| Q14.10 | Management of controlled substances | NA | NA | NA | NA |

Key:
Green = score is 100%
Yellow = score is 50% to 99%
Red = score is less than 50%
NA = the question does not apply to the medical group

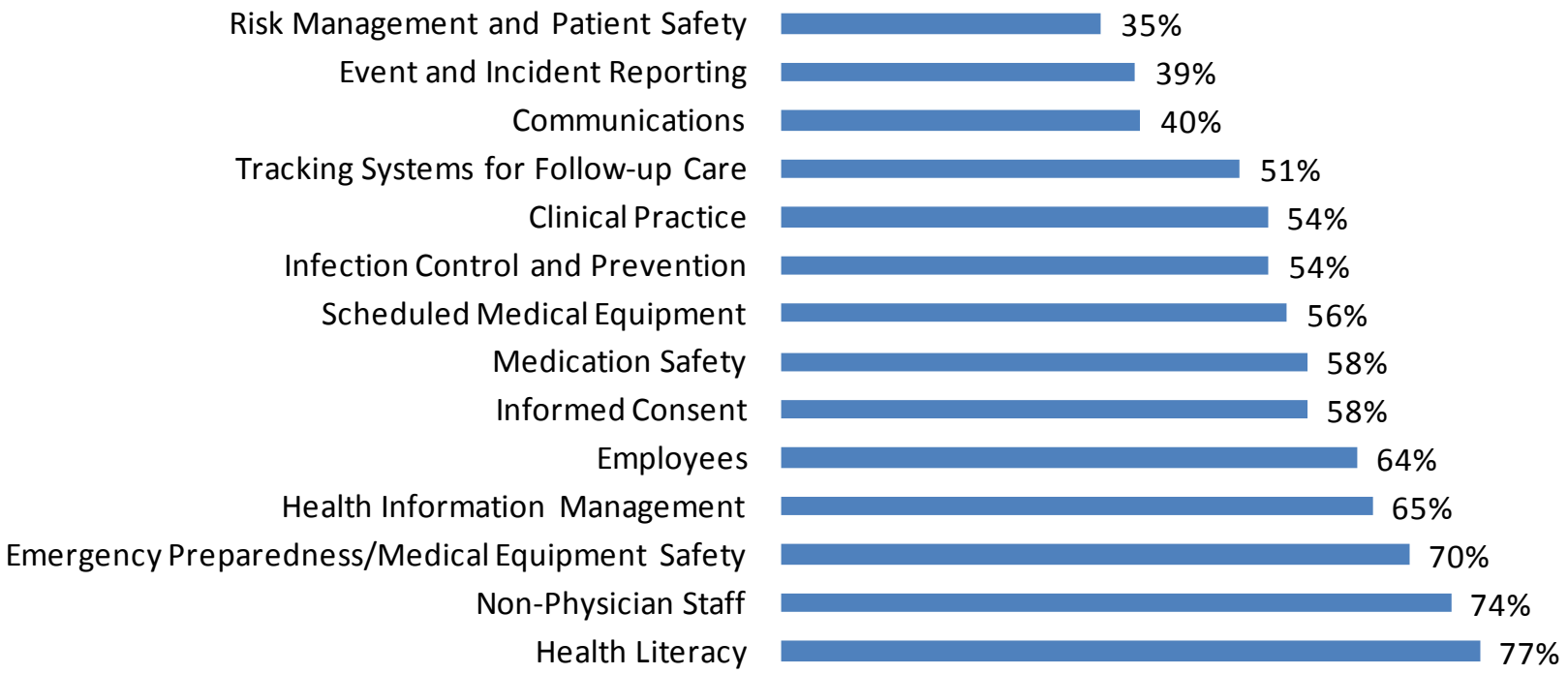
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# Overall Scores from 30 BPAs



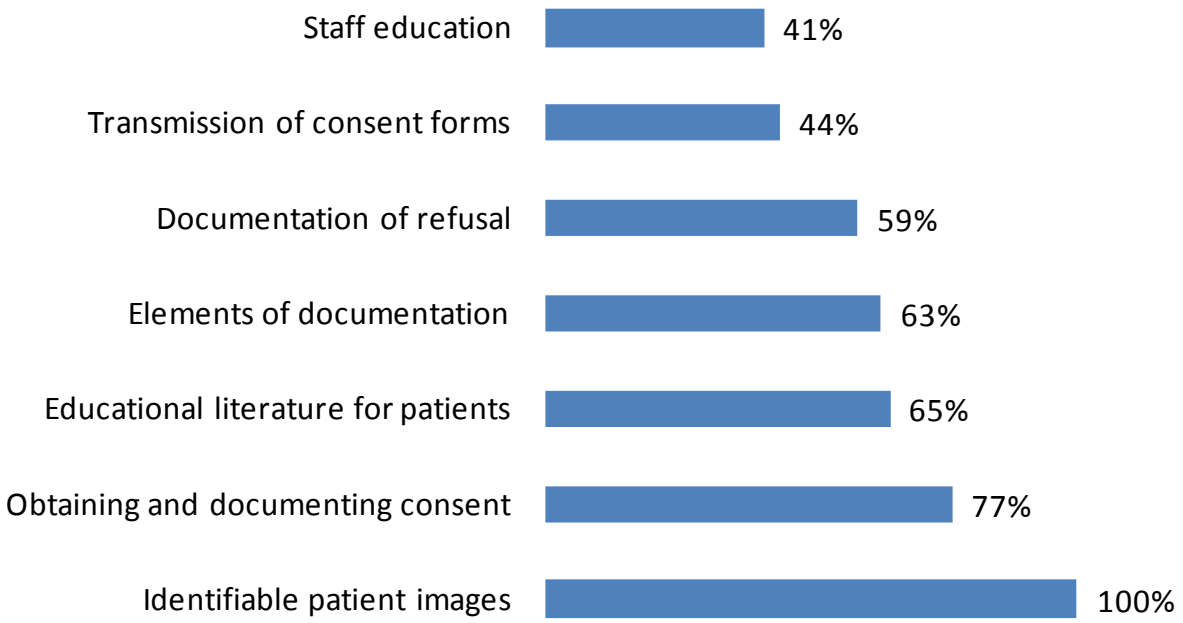

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# Average Domain Scores



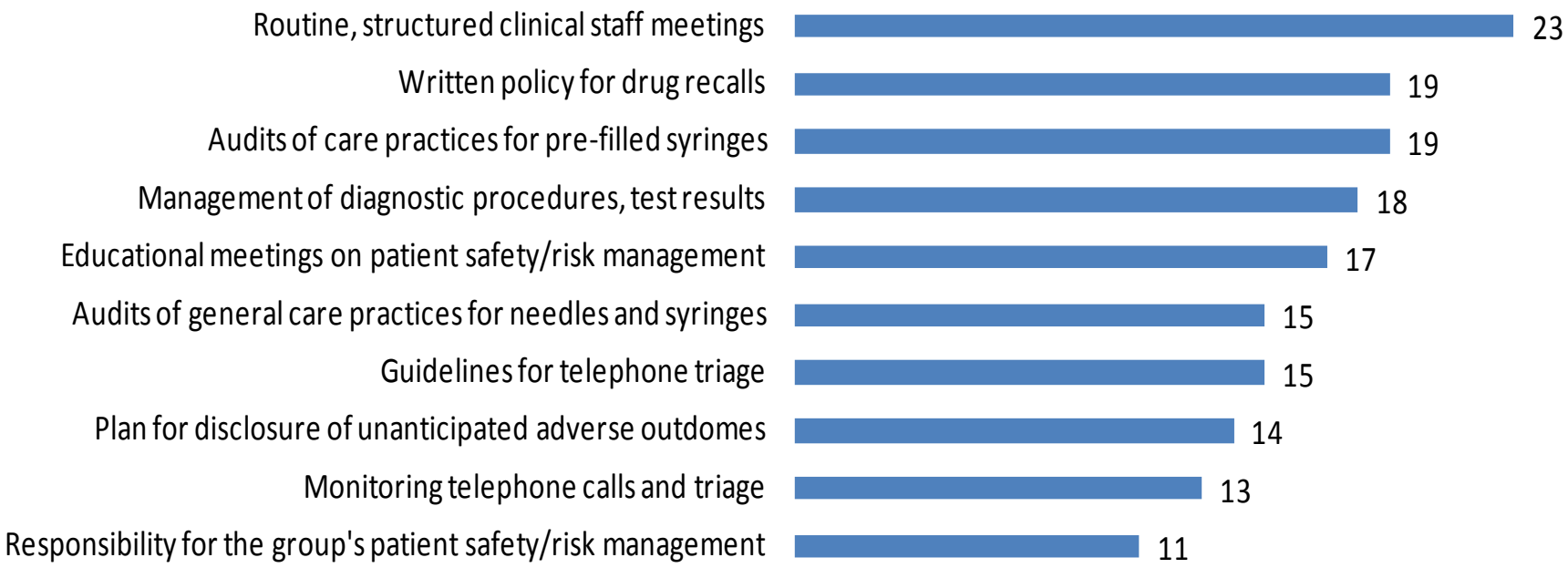

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# Average Scores from the Domain, Informed Consent




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# Top Ten Recommendations




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# Safe Injection Practices

Four large outbreaks of Hepatitis B virus and Hepatitis C Virus among patients in ambulatory care facilities in the United States*

- Private medical practice
- Pain clinic
- Endoscopy clinic
- Hematology/oncology clinic

The primary breaches in infection control practice that contributed to these outbreaks were

- Reinsertion of used needles into a multiple-dose vial or solution container (e.g., saline bag)
- Use of a single needle/syringe to administer intravenous medication to multiple patients

Source:

*www.cdc.gov/injection

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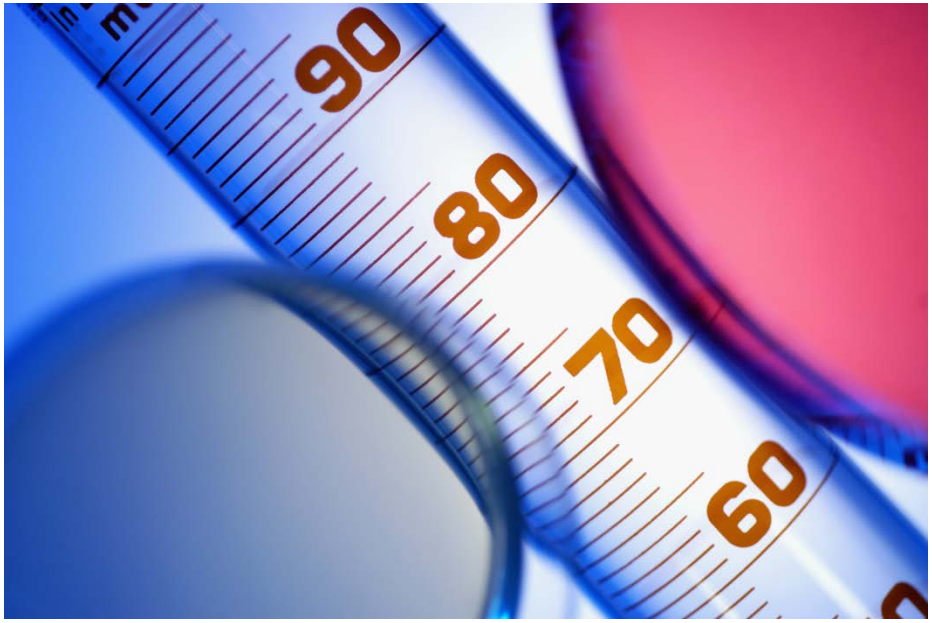
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# Safe Injection Practices

## Key Areas

Written policies or guidelines for:

- Single dose and multi-dose vials
- Single dose vial used to prepare multiple single doses
- Advanced preparation of injectable medications
- Staff education and training
- Audits of actual practices




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# Safe Injection Practices

**Audit of actual care practices**

_Needles are used for only one patient

_Syringes are used for only one patient

_ Sharps are discarded in a puncture-resistant sharps container

_ Sharps containers are replaced when the fill line is reached

_ None of the above

_We have no process for completing formal, documented audits of actual care practices involving needles/syringes

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# Communication Issues

Old Issues and New Twists:

- MAs working beyond their scope of duties
- Cell phones: increased use of videos and photos
- Geriatric Issues: Falls
- EHR Documentation Issues

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# Diagnostic Errors

- Under-emphasized patient safety concern – includes missed, delayed and incorrect diagnosis
- Diagnostic errors are probably the single largest contributor
- Most people will experience at least one diagnostic error in their lifetime
- Complex cognitive and system failures
- Opportunity for risk managers to address system issues; clinician education
- EHR: some electronic functions under-developed to address problems
- Popular topic in BPA engagements

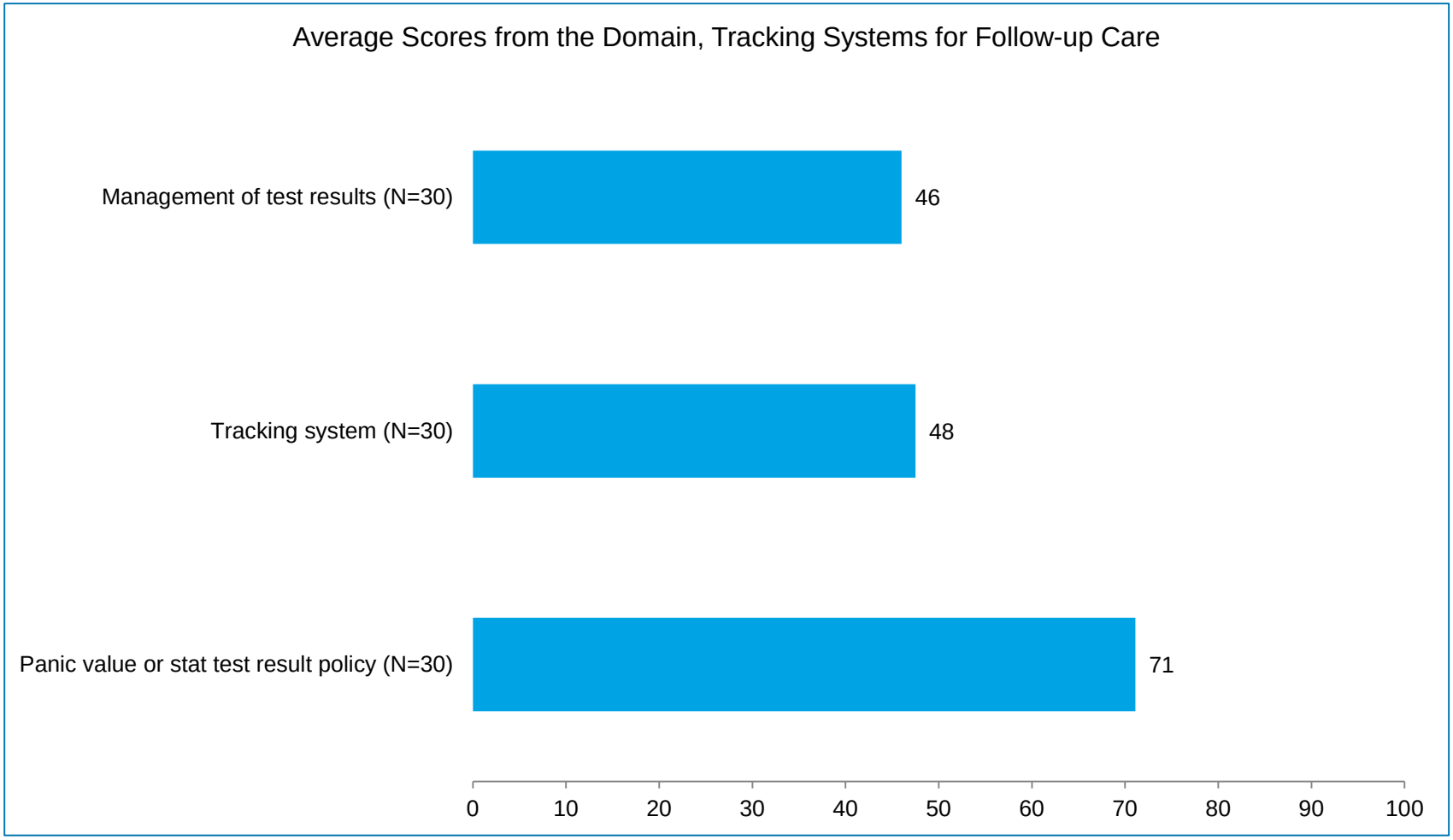
Sources:

Singh, H., & Graber, M. (2010, July 28). Reducing diagnostic error through medical home-based primary care reform. *JAMA*, vol. 304, No.4.

Institute of medicine National academies of sciences, engineering, medicine. (2015, September). Improving diagnosis in health care. Quality chasm series. Access; www. national-acadmies.org

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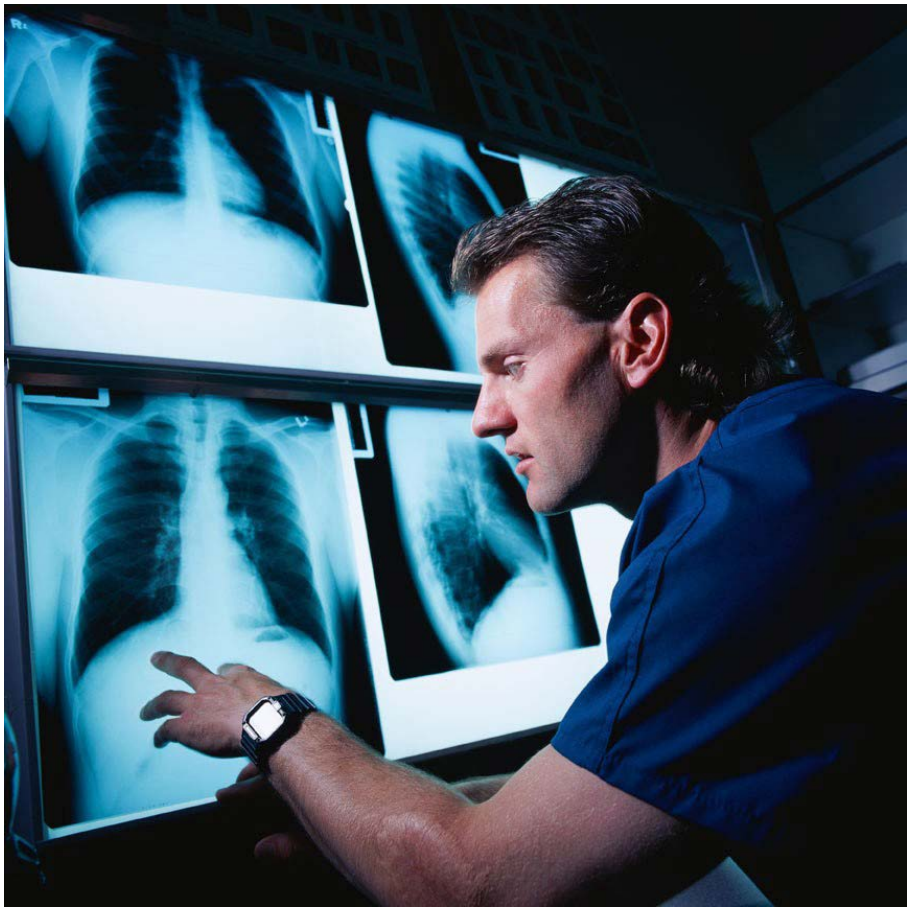
# Test Result Management




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# Test Results

- Clinic flows and Electronic Health Records (EHRs)
- Site variations
- Workarounds
- Cell phone alerts



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# Managing Organizational Change

## Integration of Hospital and Physician Practice Cultures

- What are the plans for transitioning staff to the new structure?
- Is there agreement on designated leaders in the new structure?
- Will there be a transition team managing changes in the proposed entity?
- Study found 26% of mergers and acquisitions more likely to be successful if participants effectively manage cultural conflicts*

Source:

*Hirsfeld, M, Moss. R. (2011). Culture Class: the impact of culture on physician-hospital integration. *Healthcare Finance Management,* Jul: 65(7):34-6.

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# Wrap Up

- Lack of due diligence in pre-acquisition
- Little to no knowledge regarding types of procedures, if any, in office locations
- Emergency preparedness; active shooter policy/drills
- Not all EHRs resolve diagnostic tracking problems
- Organizational transition more complex than anticipated

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# Client Successes

## Increased knowledge of office-based risk

- High level of motivation to address patient safety issues
- Implementation of recommendations tracked for 2 years, or as needed
- Assignment of patient safety responsibilities at site levels
- Use of hospital resources for medical groups
- Development of incident reporting systems: analysis by site
- New tool for analyzing office-based procedures

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# Questions?

Thank you for your interest.

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