achieving an aligned physician enterprise through cultural transformation

Health systems that are seeking to transform themselves to deliver truly consumer-focused care must create a highly aligned physician enterprise with a culture focused on transparent decision making, collaboration, and continuous innovation to meet consumer demands.

The rise of consumerism, in which patients can choose where and when to seek care, has been developing rapidly and is becoming the new norm. Consumerism promotes efficient, high-quality, and convenient care for patients at a price that is commensurate to the services rendered.

How Consumerism Is Reflected in Health Care

Consumerism has at its root the goal of addressing problems in U.S. healthcare delivery that have impeded patients’ timely access to care, particularly for minor ailments, where a patient might be left with an untenable choice between waiting for several days to see a primary care physician and enduring hours in the emergency department (ED) at a high out-of-pocket cost.

To successfully embrace the new consumerism paradigm, a healthcare organization must undergo a cultural transformation to a team-based, patient-centered approach to care, facilitated by significant changes in how patients interact with their care providers. This transformation should encompass the following.

Communication medium. Traditionally, the phone has been patients’ only medium for reaching their physicians’ offices. Often, they find that
scheduling is limited to office hours, or they might be required to leave voice-mail messages, resulting in phone tag and long wait times to receive answers to basic inquiries. In addition to a greater focus on answering the phone via contact centers with extended hours, clinics also are adopting patient portals, email, click-to-chat, and other quicker, more-convenient methods of reaching the care team. Patients can now message their provider in the middle of the night and hear back the next morning—or sometimes even right away.

**Place of treatment.** As noted previously, when treatment is time sensitive and their provider is not available, many patients go to the ED, where they rack up high bills and wait several hours to see someone. Now health systems are offering innovative treatment options. Urgent/convenient care and pharmacy-based centers provide a level of care that is more convenient and less costly for both the health system and the patient. E-visits, video visits, and other telemedicine options provide round-the-clock coverage for non-life-threatening conditions such as ear infections and urinary tract infections.

**Treating provider.** Part of consumerism is embracing a movement toward team-based care, where patients are given a greater choice of providers, including the option to be seen by an advanced practice clinician. Rather than waiting for an appointment with their primary care physician, patients can send a message to the clinic nurse or see a nurse practitioner in a local convenient care center.

**Patient access.** Empowering patients with options has also allowed them to challenge the expectation that they will wait to be seen. Given the current competitive healthcare market, outpatient clinics are focusing on having same-day appointments available so patients do not go to a rival clinic or use a competitor’s telemedicine platform. This access also extends to open communication with patients, as well as setting standards for phone answer time.

**Technology.** Telemedicine, contact centers, and patient portals are all ways the healthcare industry is improving technology to make treatment faster and more efficient for the consumer. To enable these changes, health systems are implementing, optimizing, and better using their electronic health record (EHR) systems. As discussed in the next section, we have seen the upsurge in EHR implementations as a catalyst for improving the culture of patient care to foster increased consumerism.

These strategies combine for a new model of care that is truly “patient first.” If a health system is not providing patients with convenient and simple options for where, when, and how to be treated, and it is not doing so with transparent and fair prices, today’s patients exercise the option to take their business elsewhere.

Clinics and health systems can implement these technologies and processes, but they must have a culture of physician engagement, requiring a strong physician partner, to fully transform their care. Systems with highly aligned physician enterprises are best able to adopt consumer-focused practices—from quick, transparent communication with the provider’s care team to a well-run, multifaceted telemedicine platform. Systems that are seeking to transform their care to the new paradigm must evaluate their physician partnership and ensure that the necessary cultural shift is both possible and welcomed by all parties.

**The Transformation of a Physician Enterprise**

Traditionally, initial and replacement EHR implementation initiatives have been approached
as IT projects, with sponsorship and leadership provided by technology-focused executives and resources. Although technology is, of course, a significant focus in this type of project, an organization can realize more profound organization-wide improvements when the EHR implementation is viewed as a catalyst for transformational change.

Adventist Health System (AHS), headquartered in Altamonte Springs, Fla., provides an example of the positive effects of building cultural engagement around an EHR implementation in 2016. AHS created a shared vision to simplify, standardize, and optimize workflows and technologies to improve physician well-being, staff satisfaction, consumer engagement, and financial performance. It then established a communication and engagement strategy and developed a standard operating platform to capitalize on its ambulatory EHR implementation effort and promote enhancements across the entire physician enterprise. The substantial change made possible through these efforts positioned the organization for a higher level of alignment to offer more consumer-centric services in the outpatient environment.

For example, AHS recognized its opportunity to use the EHR implementation to improve the way physicians and care team members coordinated and provided care according to consumer expectations. Physician schedules needed to be optimized so it would be easier to make appointments via phone and online, and administrative tasks needed to be simplified to streamline registration and check-in tasks that were required prior to the provision of care. Ultimately the success was attributable to the shared belief in the strategy: The major stakeholders agreed that the new EHR was necessary, but leadership also was united in the belief that an organization-wide transformation was critical.

The cultural transformation had considerable ground to cover. Over time, AHS’s medical groups had developed separate and distinct operating and consumer access models, and each included distinct processes, policies, and standards. Due to increasing pressure to improve efficiency and adapt to consumer expectations, AHS reevaluated its workflows and sought a standard, well-tested and proven operating approach across the enterprise. AHS’s leaders looked to best practices popularized by other leading health systems and innovated these methods to adapt to the cultural nuances of their organization; finance leaders tested these different control and operating models to ascertain which would best support the economic health of the organization. The operational transformation was designed to simplify, standardize, and optimize processes and performance, jump-starting AHS’s efforts to develop a continuous improvement culture across the physician enterprise.

One of the goals of the effort was to better meet consumers’ expectations to spend less time waiting for appointments and to receive easier and faster access to both care and information—a premise that leadership and staff alike understood, could relate to, and would support. This and a few other articulated needs served as the foundation for a broad vision and guiding principles not just for the EHR implementation, but for an operational transformation initiative.

The Role of Culture to Support Transformation

The shared vision at AHS fostered emotional and thoughtful buy-in by all parties and focused all team members on a unified purpose. Establishing this vision positioned everyone to work collaboratively by setting and accomplishing common goals, and supporting the vision was a foundational component of AHS’s transformational process. Building upon this foundation required a
robust and thoughtful communication and engagement strategy with timely and factual information sharing.

An enterprise transformation effort requires an organization to recognize and overcome cultural, political, and operational barriers to rally stakeholders to support the initiative. A transformation touted by senior leadership also must be supported by managers and staff at all levels to be successful. AHS’s largely federated medical group model made it more difficult to engage local leaders and staff. The health system’s planned transition to a standard way of operating with a standard set of technologies presented a situation that demanded a communication and engagement strategy and structure to support not just the change process but also ongoing and sustained performance.

While developing its engagement strategy, AHS considered how methods of communication aligned with enterprise and medical group structures and cultures, as well as how best to unify stakeholders around the new vision. The way information flowed throughout the organization had a significant impact on the tone of communication about the change being introduced. AHS had to ensure that communication channels enhanced the existing governance of the project, the enterprise, and the individual medical groups.

The health system had to include medical group and practice administrators and physician leaders in the development and cascade of project updates on new decisions, policies, and milestones. Aligning the communication process with leadership accountabilities gave these stakeholders an opportunity to champion organizational transformation and be active in the dissemination of information. Allowing administrators to carry the message of change fostered trust among physicians and practice staff members who were more familiar with these staff members than they were with management. This communications strategy resulted in deeper engagement across all levels of the enterprise.

The paramount accomplishment in obtaining collective buy-in for the change was uniting medical group and practice administrators and physician leaders to champion and support the transformation. AHS was able to achieve this result by creating a transformation leadership committee that consisted of physician and administrative representatives from the various medical groups. The goal of the committee was to bring together high-performing leaders from across the health system and garner their support of the overarching organizational vision. The committee composed and agreed upon a core set of guiding principles, which the physician enterprise embraced, and this vision was socialized using distinct branding and creative media to introduce a unified goal and, eventually, a unified culture.

One example of such communication was an interactive mobile app designed to keep stakeholders informed about the latest news on the project. Features of the app included a scrolling activity stream, prepopulated training schedule, and discussion forums where users could interact with each other. Use of the app was encouraged by the inclusion of a built-in leaderboard that could track activity and keep a tally of the most engaged participants. In addition, the app had a survey capability that provided leadership with real-time insights on staff support for the project.

Physician Enterprise Transformation Outcomes

In just over a year, AHS not only implemented a common EHR throughout its medical groups, but also established a decision and change
management structure that enabled initial operational transformation and ongoing process and performance improvement. Key outcomes of the project included the following:

> Brought 1,200+ providers live on the EHR across 18 groups, 500+ clinics, and seven states
> Transitioned from five different EHR and revenue cycle systems to achieve one platform, standard metrics, and a common language to define performance excellence
> Introduced operationally focused ongoing support structures, including governance committees, a performance improvement team, and an innovation committee
> Gained consensus to adopt four primary appointment types, reduced from several thousand, to simplify and improve patient scheduling and access
> Improved provider satisfaction with IT systems to the 77th percentile nationally, representing a 26-percentage point increase in percentile ranking

The EHR deployment ultimately has enabled AHS to continue its change management progress, particularly regarding enhanced patient access in the outpatient setting. In the year since AHS completed the deployment, the organization has seen adoption of the patient portal by more than 40 percent of patients and greater use of online scheduling functionality. Performance improvement projects have resulted in significant reductions in patient wait times from the time of check-in to checkout. Active initiatives in 2018 include expanding the use of e-visit and other consumer technologies and working toward the organization’s 2020 goal of scheduling 70 percent of new patients within seven days for primary care and 14 days for specialty care appointments.

At AHS, a shared vision gave clarity, direction, and momentum to the project from the very beginning. Health systems looking to leverage their EHR implementation projects to effect organizational change should bring stakeholders together with a robust communication and engagement strategy that connects team members across geographies and job roles. And a standard operating platform will carry this vision far into the future, with a foundation of stable workflows and continuous improvement to evolve the adoption of best-known practices and tools as they emerge. Taken together, all these factors allow a health system to transform to become a highly aligned physician enterprise, capable of meeting consumer demands for timely access to high-quality, personalized health care.

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