

Driving Quality at the Service Line Level

By Stacey Lang

Certainly, a focus on Quality for service line leaders is not a new concept. What is new, however, is the increased focus on timely identification of quality outliers, increased accountability for successful correction of performance deficiencies, and the advent of financial penalties for failure to demonstrate performance that meets national and regional standards. These new facets of the long-standing quality discussion are shifting the paradigm of what it means to provide “top quality” care in today’s healthcare landscape. Hospitals must be ready to embrace these and other changes ... Now more than ever, a proactive, detailed, and aggressive approach is required to ensure that a clinical service line functions in the fully-integrated manner required to meet these ever-evolving performance standards.

Much of the increased attention to performance at the service line level can be attributed to some of the provisions contained within the Affordable Care Act. There are three main objectives of Healthcare Reform:

- Increase Patient Access to Necessary Care
- Increase Healthcare Quality / Outcomes
- Decrease Healthcare Spending

The Service Line approach to clinical services management and care delivery provides the foundation necessary to develop and implement strategies required for organizational success within this new care delivery paradigm.

Patient Access

Evaluating quality with respect to patient access within the service line structure often presents unique challenges. Gaining access to timely, meaningful, and accurate data on which to base performance findings and recommendations for process improvement can be difficult. As patient access points, in most cases, can be well in advance of an emergency room visit or employed specialist’s office, hospital-based service line leaders must work to expand their reach beyond traditional boundaries. Access or awareness points can occur in many non-traditional areas (Figure 1).

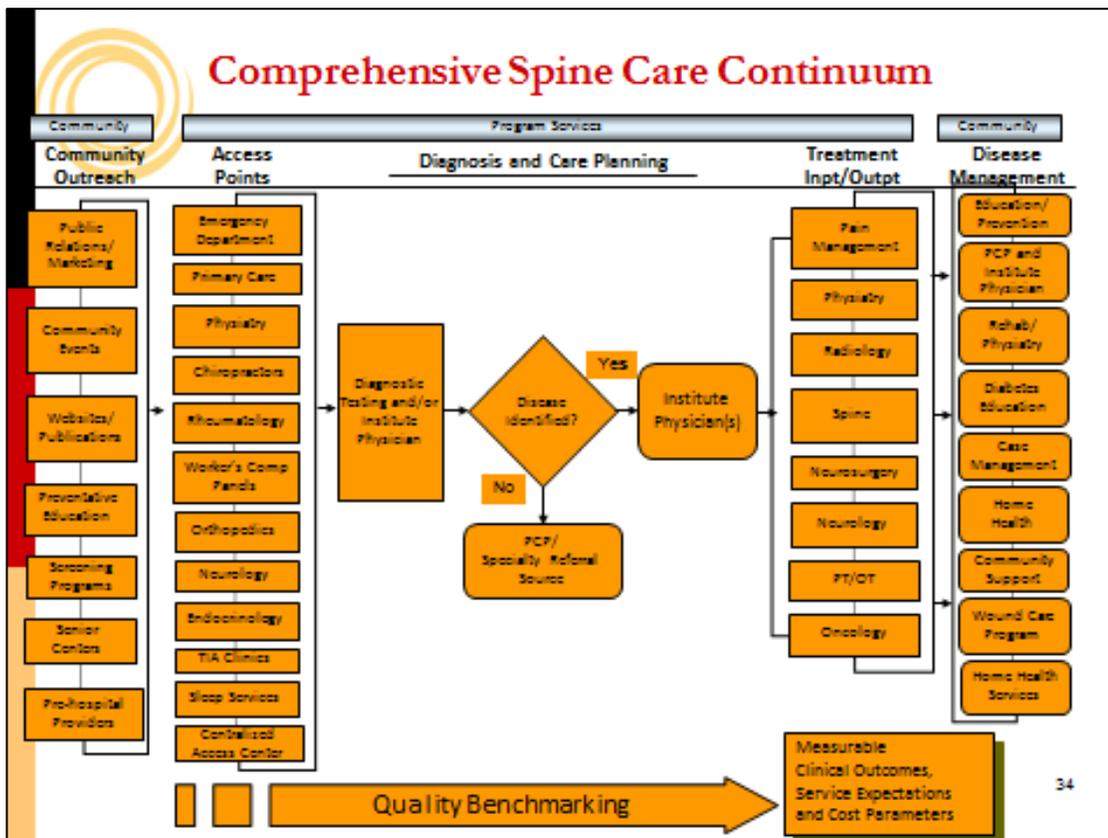


FIGURE 1: A Service Line Approach to management of complex conditions that require both medical and surgical care is particularly helpful. This comprehensive approach facilitates communication and collaboration across the continuum. The figure below illustrates the all-encompassing nature of Service Line management in complex spine care as an example of the utility of this approach.

Approaching fact-finding in a broad way, initially, helps to ensure that all possible contributing factors are identified and addressed in the resulting corrective action plan. Utilizing information gathered from in-house planning and marketing staff, for example, can assist with the evaluation of existing market share and diagnosis-specific utilization rates. Variation from the expected, or from established benchmarks, in the case of utilization rates, can serve to alert leaders to potential problems with patient access.

The next crucial step in identifying necessary corrective actions is in determining what issues are involved in preventing patients from receiving care. Issues related to public awareness and lack of community outreach by a healthcare provider can certainly contribute. All too often, however, patient access is negatively impacted by long wait times for new patient appointments in the outpatient arena, process and scheduling challenges related to diagnostic testing, or even inefficiencies in patient flow across the care continuum.

The service line leader is uniquely positioned to evaluate patient access “from the top down.” First by assessing those factors impacting access in the market at large and then drilling-down into those inpatient processes, staffing patterns, facility challenges, and communication barriers that may be hampering patient access and throughput.

Healthcare Quality/Outcomes

There is no doubt that driving quality improvement is one of the primary goals of healthcare reform. A well-established service line structure is invaluable in not only accurately reporting quality and outcomes data, but also in the ability to respond and adapt process quickly in order to address quality fall-outs. Corazon recommends a dashboard approach to quality review and reporting. The key to success in affecting necessary change is in demonstrating integrity within the reported data, again ensuring that the right information is collected and reported in a timely manner, and in leveraging the nimble and far-reaching nature of a successful service line in order to correct course.

Experienced service line leaders recognize that now more than ever the availability of publicly-reported quality data drives patients in decisions related to healthcare choices. Given the lag time in many of the databases utilized by the outcomes and quality reporting organizations (e.g., Healthgrades, Carechex, etc.) can be delayed by several

quarters or even years. As a result, performance improvement initiatives can take many months to positively impact outcomes, especially in terms of what the public sees when evaluating your organization or even discrete clinical services. To track progress in a more timely way, internal dashboards can provide a current and ongoing assessment of the effects of process change or improvement strategies, as well as provide greater opportunity for course correction in the short term. The sample dashboard in Figure 2 below represents a sample dashboard format for an academic physician with responsibility for program growth.

Decrease Healthcare Spending

The third main objective of healthcare reform is one that service line leaders have been integral in managing for many years. The goal of decreased healthcare spending contained within the Affordable Care Act, however, goes well beyond the traditional approach of managing via cost-per-case benchmarks and supply costs. Again, evaluation of service line performance with respect to cost efficiency in care delivery across an episode of care is required in order to identify opportunities for improvement. Common areas of opportunity include judicious use of diagnostic testing, decreasing the likelihood of post-operative complications through a rigorous and well-defined preparation program in the case of the surgical patient, and an established system for ongoing follow-up post-discharge for the complex patient. Expanding the search for potential savings beyond the typical staffing ratios and patient care supplies, and instead focusing on every component of care delivery along the patient experience is of tremendous benefit in meeting the new expectations with regard to the cost of healthcare.

Service line leaders are uniquely positioned to enhance not only service line performance, but also to improve quality in care delivery given their typically comprehensive knowledge of every aspect of the patient experience within a defined episode of care. Through a renewed focus, and a top down approach to service line evaluation and management, the savvy leader can be successful within this new paradigm. The benefits associated with a more efficient care delivery model can be realized and the risks associated with decreased reimbursements due to failure to meet these enhanced expectations can be mitigated.

FIGURE 2

FACULTY PHYSICIAN PROFILE

SUMMARY	Name		Summary					
	SubSpecialty	Neuromuscular	Benchmark wRVUs	Jun-13	Jul-13	Aug-13	Total	
	Clinical %	80%	% of wRVU Goal	407	407	407	1,222	
	wRVU Goal (FY)	4,888	Days to 1st Avail. Appt.	47%	22%	97%	55%	
	Overall Resident Eval	Outstanding	Cancellation Rate	5		63		
	Overall Student Eval	Excellent	% New Visits		27%	8%		
			% Established Visits		21%	15%	17%	
				79%	85%	83%		
PRODUCTIVITY	wRVU		June-13	July-13	August-13	Total	Previous 3mo.	
	Actual wRVU Production		192	91	395	678	757	
	Benchmark wRVU Production		407	407	407	1,222	1,222	
	<i>see provider metrics for more detail</i>							
RESIDENT & STUDENT EVALS	<p>Average Resident Evaluations n=4</p>				<p>Average Student Evaluations n=4</p>			
PROFESSIONAL & DEPARTMENT GROWTH	Contributions for Departmental Growth				Professional Growth			
	(1) - Clinical Excellence				(1) - ALS Clinic certified by the ALS Association (or MDA)			
	(2) - Education of students, residents & physicians				(2) - Promotion to Associate Professor			
	(3) - Community Outreach				(3) - ACGME-certified fellowship in Neuromuscular/EMG (next 1-2 yrs.)			
<i>see self-submitted survey results for more detail</i>								