

# Improving Trust Between Physicians and Administration

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Webinar

Brian McCarthy, Director Neurosciences/Surgical Services



# “Can’t we all just get along?”

At the end of this presentation, participants will be able to:

- Identify the key issues that need to be addressed from Administration
- Identify the key issues that need to be addressed from Providers
- Develop a communication strategy that will open discussion
- Understand the difference between a “smoke screen” and a true issue
- Become the conduit to facilitate change within the system

# Key Issues for Administration to Understand

## Perception of Administration by Physicians

- Administration does not want to spend any \$\$\$\$\$
- There is a hidden agenda
- Decisions are made without consulting with those of us who are left dealing with the changes that will occur
- Administration plays favorites
  - Based on volume
  - Based on profit for system
- Many others

# Key Issues for Physicians to Understand

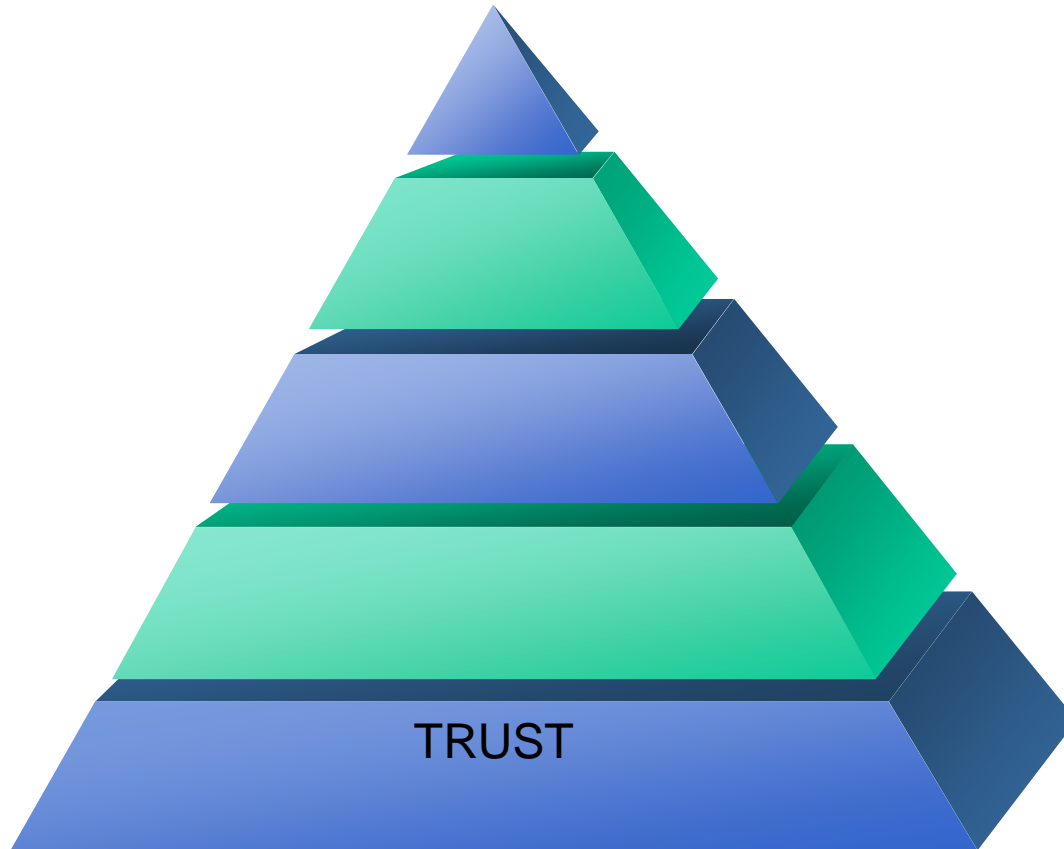
## Perceptions of Physicians by Administration

- Want the latest bell or whistle
- If you solve one issue, they will find something else to complain about
- When they come to complain, there is an ulterior motive, i.e. what is in it for them
- They feel like we play favorites and everyone is treated differently
- They make decisions without discussing it first

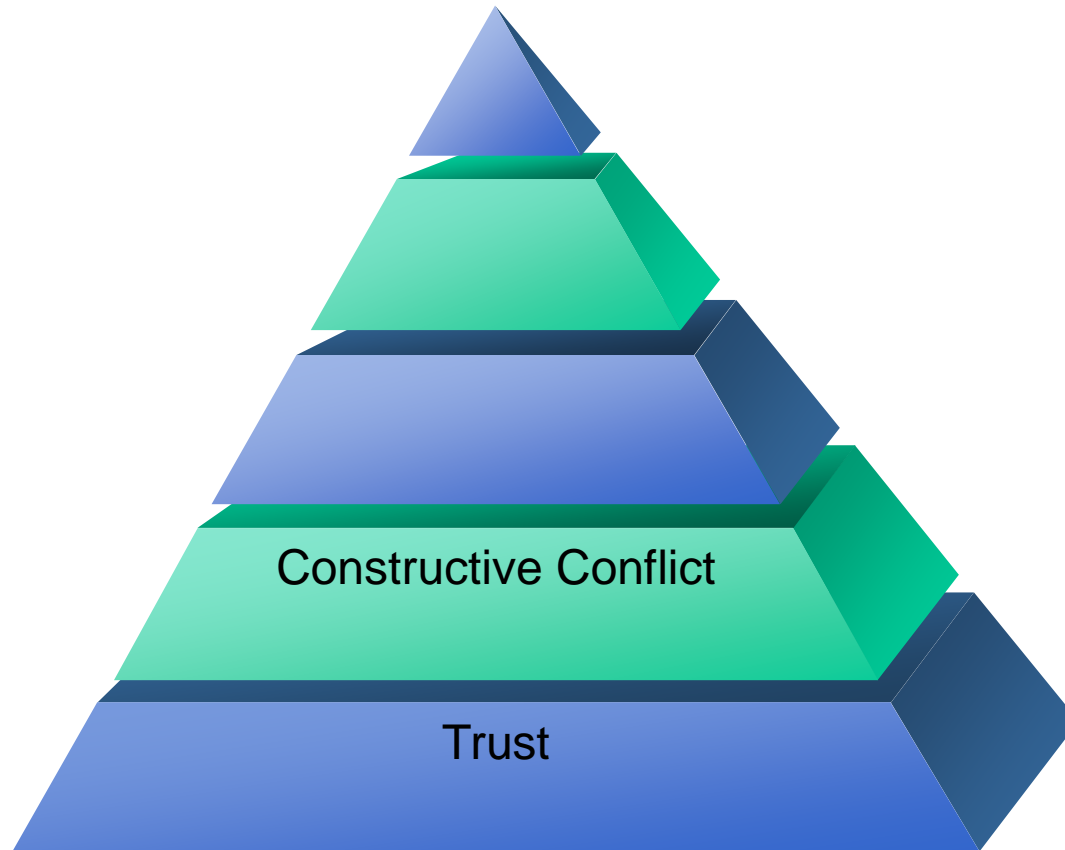
# Perceptions are NOT the Truth

- Both sides feel as if they are at odds with each other
- Neither seems to be willing to work with one another
- The issue is trust

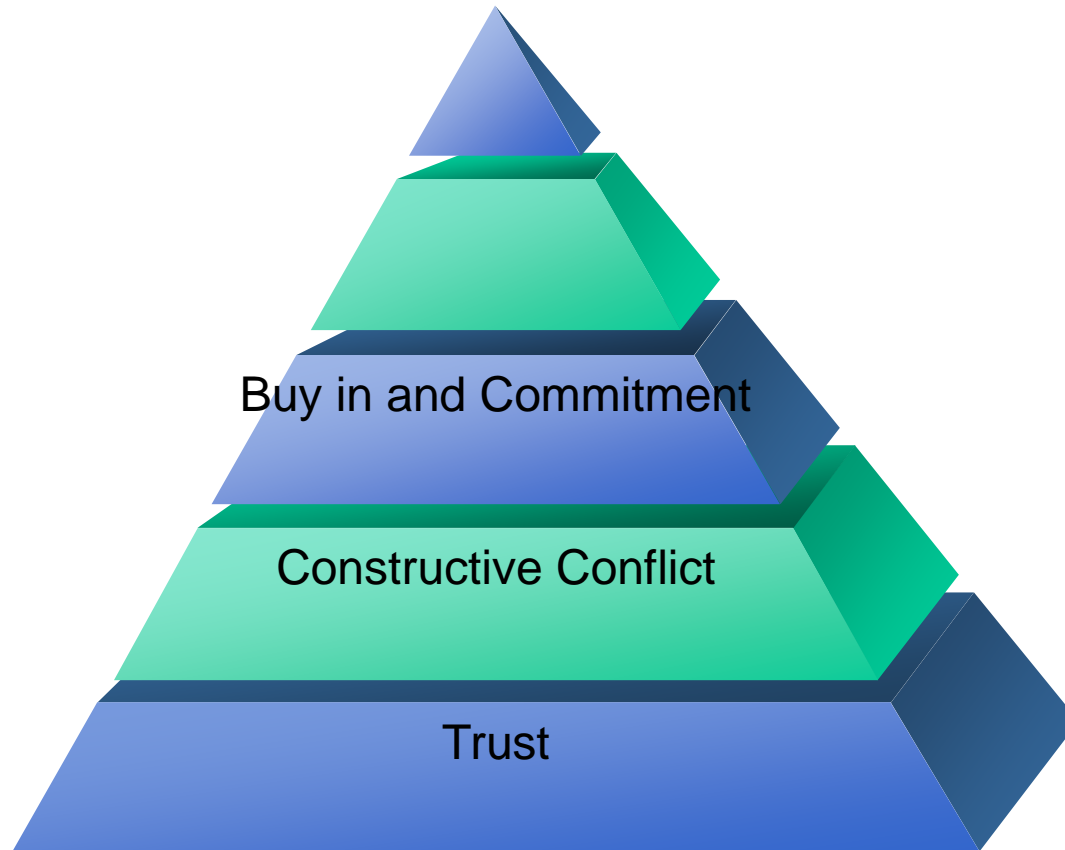
# Trust Pyramid



# Trust Pyramid



# Trust Pyramid





# Trust Pyramid



# Trust Pyramid



# Give before you take

- Terrance Moore
  - “Develop the relationships on the sunny days so that when you need their support on a rainy day they are there to help”

# Building Trust

## Rounding

- Schedule time and meet with the physicians one on one  
Ask them what their concerns are
  - Remember this is new and odd so do not expect them to believe in you at first
  - Commit to helping them and be sure to follow up on a regular basis
  - If you are waiting on someone else, share that  
Keep them involved in the process

# Building Trust

## Rounding Continued

- Do NOT commit to a solution
  - You cannot resolve all problems/issues
- Do NOT make promises that you cannot for sure provide
- Under promise and Over deliver

# Building Trust

## Rounding Continued

- Send a hand written thank you for the visit and the time
  - Share a summary of the meeting
  - Discuss what actions were decided on
  - Provide a proposed timeline
  - Make certain that the physician also has tasks to do so you keep them as an active participant in the process

# Building Trust

## Rounding Continued

- Follow-up on a regular basis
  - Provide updates
  - Gant chart may be helpful
  - Discuss road blocks and seek their input on resolving them

# Examples from our Institution





# History

- Administration made decisions without physician input
  - Which instrumentation to use
  - Cutting staff or not adding staff
- Physicians treated poorly or seeing others being favored
  - OR schedule
    - Block Time
    - Jumping rooms
    - Purchase of equipment
      - Perception that decisions are made based on the requesting provider

# History Continued

- Administration makes a promise but then does not come through
  - Inpatient rehab
- Physicians request is denied without a clear explanation
  - Vein Clinic
  - Wound Clinic

# Smoke Screens

- Vein Clinic
  - Complained that asked for it and did not happen
  - When worked to get things rolling he came up with reasons why we should probably wait.
    - Key indicator that this is a smoke screen to something bigger.
    - Its ok to call them out on it. What is the problem?

# Building trust by Example



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# Develop a communication strategy that will foster discussion

## Case Study I

- Female Urinary Incontinence Slings
  - Four Hospital Health system (FY 2010)
  - High number of slings throughout system  
Inventory varied among each hospital
- The idea
  - Put a team together
  - To Reduce the number of slings and vendors

# Case Study I Cont.

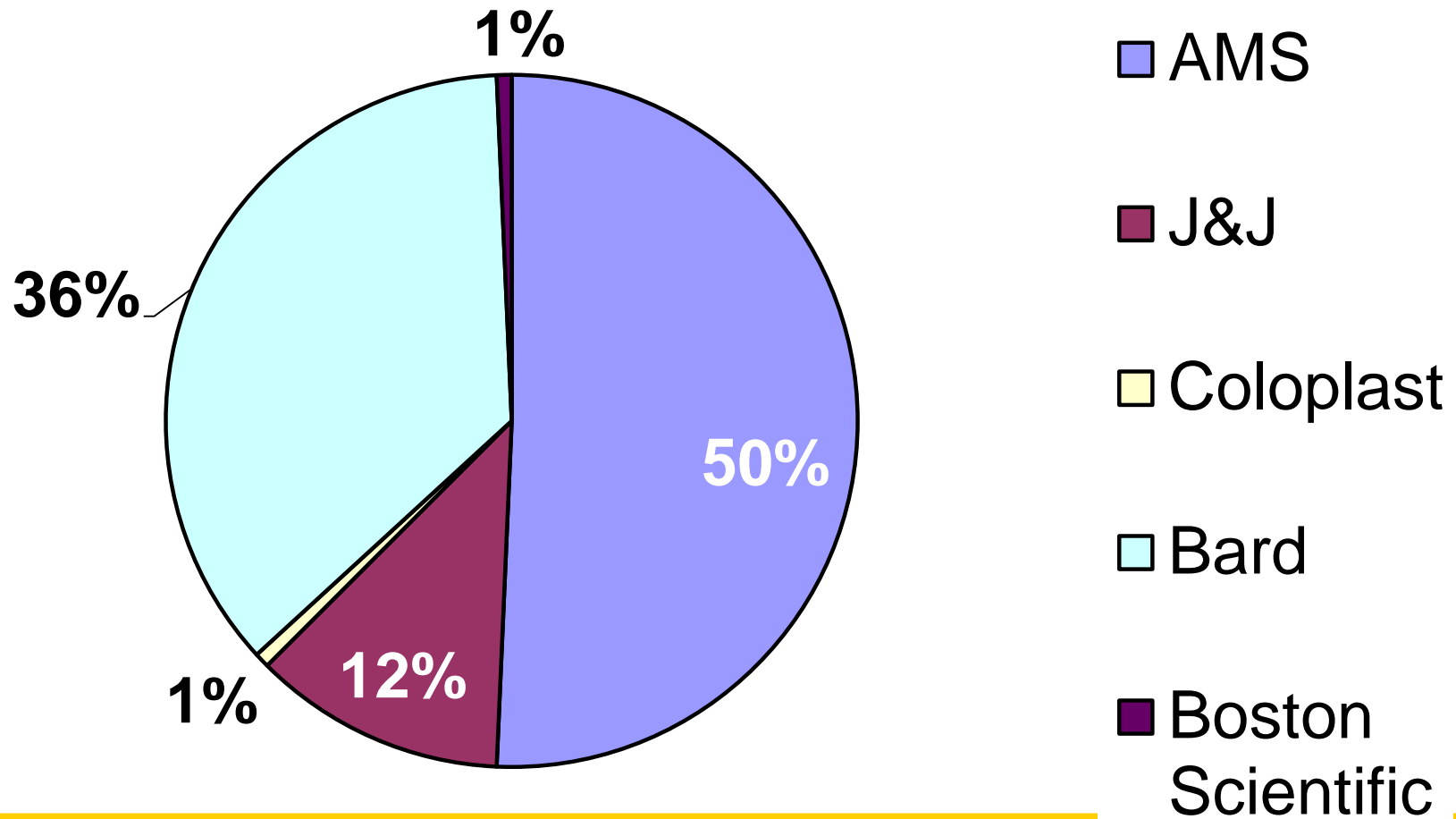
- Meeting
  - Participants
    - Physicians
    - Staff
    - Reps
  - Format
    - Reps came in one by one
    - Presentations
    - Discussions



# Goal

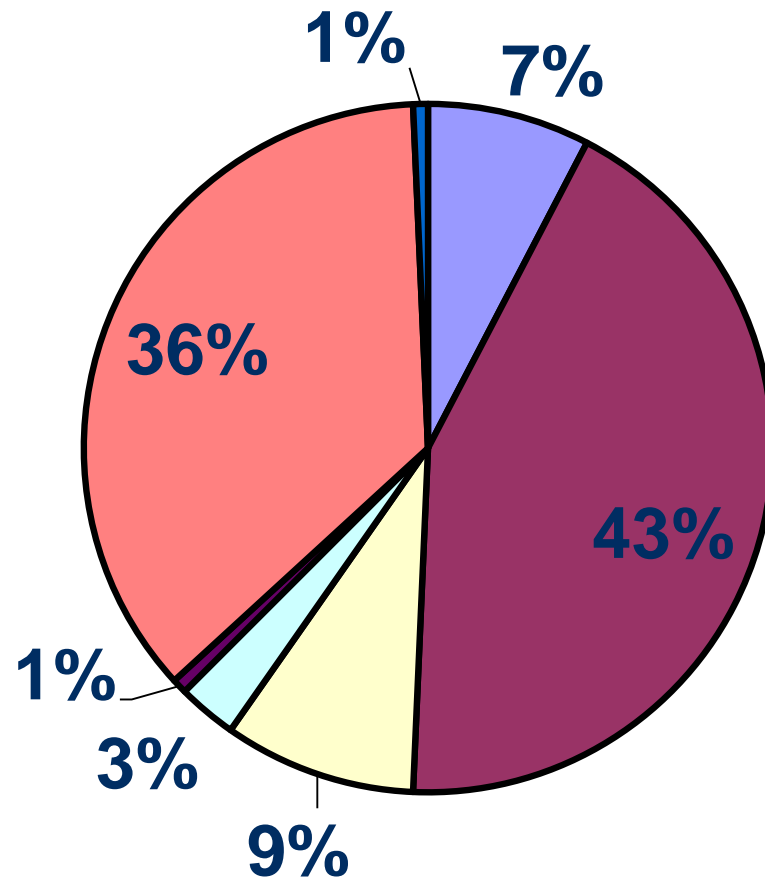
- Reduce variability
- Successful patient outcomes
- Availability of product
- Increases staff competency
- Reduce costs
  - Higher volume drives down costs for a vendor

**Slings Quantity Purchased FY11 (7/1/10-6/30/11)  
by MidMichigan Health**





**Purchased Quantity by Sling Model FY11  
by MidMichigan Health**



- MiniArc
- Monarc
- Obturator
- Abbrevo
- Aris
- Align
- Obtryx



Vendor/Mfr	Type	Cost
Vendor 1	1A	\$\$\$\$\$\$\$\$
Vendor 1	1B	\$\$\$\$
Vendor 2	2A	\$\$\$\$\$
Vendor 2	2B	\$\$\$\$\$\$
Vendor 3	3	\$\$
Vendor 4	4	\$\$\$
Vendor 5	5	\$



# Scenarios

Volume = 144 in each Scenario

		Estimated Spend	Estimated Impact
Scenario A	Vendor 1A	\$71,280	-\$77,615
Scenario B	Vendor 3	\$129,413	-\$19,482
Scenario C	Using 2 Vendors	\$141,450	-\$7,445
Scenario D	Vendor 2 B	\$176105	-\$27,001



# Post Meeting Follow-up

- Reminders needed
- Continue to Round
- Letter to all that attended highlighting the savings
- Give those in attendance the credit for the results



# Case Study II

- Surgical Mesh
- Change in Format of meeting
- Results of this meeting
- Rep issues at this meeting



# Surgical Mesh

- Four pages of Mesh Products
  - When you included various sizes over 100 different products
- Able to reduce to one page and about 20 products
- Biologics were not considered in this due to the legal issues with mesh still on going



# Prior to April 2012

67 differently of mesh

# Umbilical Hernia mesh – 7 types

ANGULAR	8.5 x 13.7	BARD	0115320
ANGULAR	10.87 x 16	BARD	0115321
ANGULAR/INCISIONAL	10 x 15	GORE	1DLMC03
ANGULAR/INCISIONAL	12 x 15	GORE	1DLMC04
ANGULAR/INCISIONAL	18 x 24	GORE	1DLMC06
ANGULAR/INCISIONAL	20 x 30	GORE	1DLMC07
ANGULAR/INCISIONAL		GORE	1DLMP02
ANGULAR/INCISIONAL		GORE	1DLMP04
ANGULAR/INCISIONAL		GORE	1DLMP06

Gore Bio-A (trial)	58017	OPEN VENTRAL/INCISIONAL	20 x 29	GORE	FS2020
Surgisis Biologic	n/a	OPEN VENTRAL/INCISIONAL	13 x 15	COOK	G36032
Surgisis Biologic	n/a	OPEN VENTRAL/INCISIONAL	20 x 20	COOK	G36033
Surgisis Biologic	n/a	OPEN VENTRAL/INCISIONAL	13 x 22	COOK	G46600
Surgisis Biologic	n/a	OPEN VENTRAL/INCISIONAL	20 x 30	COOK	G48216
Surgisis Biologic	n/a	UMBILICAL		COOK	G49088
Mesh Biologic 6-layer	n/a	OPEN VENTRAL/INCISIONAL	8 x 10	COOK	G55265
Mesh Biologic 6-layer	n/a	OPEN VENTRAL/INCISIONAL	8 x 20	COOK	G55266
Tissue Reinforce Bio-A	56866	HIATAL	7 x 10	GORE	HH0710
Gore Bio-A Hernia Plug (t	57854	UMBILICAL		GORE	HP02
Proceed	n/a	OPEN VENTRAL/INCISIONAL	10 x 20	ETHICON	PCDD1
Proceed	56963	LAP VENTRAL/INCISIONAL	15 x 20	ETHICON	PCDG1
Proceed	22654	LAP VENTRAL/INCISIONAL	SMALL	ETHICON	PCDH1
Proceed	n/a	OPEN VENTRAL/INCISIONAL	20 x 30	ETHICON	PCDJ1
Proceed Patch Laproscop	55810	OPEN VENTRAL/INCISIONAL	10 x 15	ETHICON	PCDN1
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	4.8 CIRCLE	COVIDIEN	PCO12
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	4 CIRCLE	COVIDIEN	PCO15
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	15 x 10	COVIDIEN	PCO1510
Parietex Composit skirted	n/a	OPEN VENTRAL/INCISIONAL	15 x 10	COVIDIEN	PCO1510OS
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	20 x 15	COVIDIEN	PCO2015
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	25 x 20	COVIDIEN	PCO2520
Parietex Composit skirted	n/a	OPEN VENTRAL/INCISIONAL	25 x 20	COVIDIEN	PCO2520OS
Parietex Composit	n/a	LAP VENTRAL/INCISIONAL	30 x 20	COVIDIEN	PCO3020
Prolene Hernia System	n/a	OPEN INGUINAL	EXTRA LARGE	ETHICON	PHSE
Prolene Hernia System	16175	OPEN INGUINAL	LARGE	ETHICON	PHSL
Prolene Hernia System	n/a	OPEN INGUINAL	MEDIUM	ETHICON	PHSM
Prolene Mesh	22236	OPEN VENTRAL/INCISIONAL		ETHICON	PMH
Prolene Mesh	22238	OPEN VENTRAL/INCISIONAL		ETHICON	PMII
Prolene Mesh	22240	OPEN VENTRAL/INCISIONAL	2 x 12	ETHICON	PML
Prolene	22225	OPEN VENTRAL/INCISIONAL	2 X	ETHICON	PMXL
Proceed	57132	UMBILICAL	2.5 CIRCLE	ETHICON	PVPM
Proceed	57131	UMBILICAL	1-1/2 X 2	ETHICON	PVPS
Auto Suture Surgipro	15038	OPEN INGUINAL	35 x 22	COVIDIEN	SPM149
Auto Suture Surgipro	16174	OPEN INGUINAL	8 x 13	COVIDIEN	SPM35-W
Parietex Polyester Mesh	15886	LAP INGUINAL	10 x 15	COVIDIEN	TEM1509G
Parietex Progrid	n/a	OPEN INGUINAL	15 x 9	COVIDIEN	TEM1509G
Parietex PG Rect	n/a	OPEN VENTRAL/INCISIONAL	20 x 15	COVIDIEN	TEM2015G
Parietex 3-D Knitted	15888	LAP INGUINAL	9 x 13	COVIDIEN	TET1309
Ultraro	57884	LAP INGUINAL	3 X 6	ETHICON	UMR3
Универсальный	48811	ОБЕИ ИНГУИНАЛ	2WATГ	ETHICON	Пбб2S
Универсальный	48818	ОБЕИ ИНГУИНАЛ	WEDINW	ETHICON	ПббW3
Универсальный	48819	ОБЕИ ИНГУИНАЛ	ГВРGE	ETHICON	ПббГ3

Parietex Composit	n/a	LA
Prolene Hernia System	16175	
Prolene Hernia System	16175	
Prolene Hernia System	16175	
Prolene Mesh	22236	DPI
Prolene Mesh	22238	DPI
Prolene Mesh	22240	DPI

OPEN VENTRAL/INCISIONAL		ETHICON
OPEN VENTRAL/INCISIONAL		ETHICON
OPEN VENTRAL/INCISIONAL	2 x 12	ETHICON
OPEN VENTRAL/INCISIONAL	2 X 6	ETHICON
UMBILICAL	5 x 5 CIRCLE	ETHICON
UMBILICAL	1-1/2 x 12	ETHICON
OPEN INGUINAL	35 x 22	COVIDIEN
OPEN INGUINAL	8 x 12	COVIDIEN
LAP INGUINAL	10 x 15	COVIDIEN

# Results

## Prior to 2012 Mesh meeting:

- 67 different types & sizes
- Applications – Selections:
  - Lap Ventral/Incisional – 20 Types
  - Open Ventral/Incisional – 13 Types
  - Lap Inguinal – 6 Types
  - Open Inguinal – 17 Types
  - Umbilical – 9 Types
- Stock on Hand = \$155,259

## Current:

- 15 different types & sizes
- Applications – Selections:
  - Lap Ventral/Incisional - 2 Types
  - Open Ventral/Incisional - 2 Types
  - Lap Inguinal - 3 Types
  - Open Inguinal - 2 Types
  - Umbilical - 2 mesh Types
- Stock on Hand = \$71,386
- Par Value = \$63,805



# Spine Instrumentation

- Two Surgeons
- Two Sales Reps
  - “Follow the Fool”
- Each Surgeon Requested a switch to two different companies.
- End Result was a compromise where most of the instrumentation will come from one company and unique products from another.

# Quick Win

- Surgeon scheduling in block time but wanting to add a case and go longer than scheduled.
  - Request was denied by OR staff
  - Met with OR Director
    - Discussed issue
    - Reviewed the schedule
    - Found that could offer to jump rooms in afternoon
  - Resolved issue, built trust, Win Win

## Quick Win Continued

- Surgeon refused to host clinics in Northern geography
  - I had already spent time one on one assisting with growth
  - Colorful discussion ensued and asked surgeon to trust me
  - Held initial clinic and I stayed with them all day
    - Spent down time marketing to other offices

# You are the conduit to change

- Get them to come to you with their issues
- Have frank discussions with them
- Get them involved in the discussion



# Questions on the first Case Study



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# Managing Orthopedic Episodes of Care

## Wellbe's Integrated Care Delivery

High-performing health systems use Wellbe's Integrated Care Delivery to move from fragmented silos of care to value-driven service lines. Our web-based platform enables patients to participate as partners in their care while giving providers the ability to coordinate and monitor large patient volumes more effectively. Wellbe's track record at hospitals across the U.S. shows that engaging patients in a coordinated plan of care that's based on Connected CarePaths™ across the continuum results in reduced episode costs, higher patient satisfaction, fewer readmissions, and improved outcome scores.



### Wellbe's solution includes:



#### Guided Patient Journeys for Better Engagement

Easy-to-follow Connected CarePaths™ are designed around your facility's existing clinical pathways to help your patients on their journeys to better health.



#### Coordinated Care with Connected Teams

Each member of the care team can leverage CarePath Automation™ to help them complete their "to-do's" while ensuring collaboration on patient progress.



#### Real-Time Insights from Patient Generated Data

On-demand reports give administrators the quick data they need to report on program performance.

# Upcoming Live Event

## Musculoskeletal Leadership Summit October 6-7, 2016 – Chicago, IL

<http://www.orthoserviceline.com/summit>

Speakers include:

- Renee Glanzman of Midwest Orthopedics at Rush and Christopher Nolan of Rush University Medical Center, on “Keys to a Successful Spine Bundle”
- Kristi Crowe, Associate Vice President and Orthopedic Service Line Leader at Sg2, on “The Move to Outpatient Total Joints”
- Bill Munley, VP of Professional Services and Orthopedics at Bon Secours St. Francis Health System, on “A Program for Hip Fractures”
- Eula Ramroop, Associate Vice President at CHI Franciscan Health, on “Orthopedic Service Line Strategies”
- Leslie Jebson, FACHE, FACMPE, Administrator and Adjunct Lecturer at the SIU School of Medicine, on “Recruitment, Employment and Integration of Orthopedic Surgeons”
- and more!

