Strategic Growth from All Perspectives: Clinical, Operational, IT and Sales & Marketing

Tarrah Lowry, CEO, Sangre de Cristo Hospice & Palliative Care
Dr. Ashley Albers DO, VP of Medical Services, HMD, Four Seasons Compassion for Life
Michael Ferris, Managing Partner, Healthcare Strategica
Darcey Trescone, RN, BSN, Trescone Consulting

Today’s Faculty:

Tarrah Lowry, CEO, Sangre de Cristo Hospice & Palliative Care, Pueblo, CO
Dr. Ashley Albers DO, VP of Medical Services, HMD, Four Seasons Compassion for Life, Flat Rock, NC
Michael Ferris, Managing Partner, Healthcare Strategica, El Paso, TX
Darcey Trescone, RN, BSN, Trescone Consulting, LLC, Las Vegas, NV
Agenda

- What is strategic growth?
- Importance of strategic growth
  - Elements of a strategic growth plan
  - Keys to success
  - Must be continual
- Strategic growth from all perspectives
- Group activity: Formulate your strategic growth plan from today’s workshop

What is Strategic Growth?

Strategy
- A careful plan or method: a clever stratagem
- The art of devising or employing plans or stratagems toward a goal
- An adaptation or complex of adaptations of behavior that serve or appear to serve an important function in achieving evolutionary success

Strategic
- Of, relating to, or marked by strategy
- Of great importance within an integrated whole or to a planned effect
Hospice Strategic Growth

- Driven by a holistic 360-degree assessment and analysis of all the business components of your organization’s growth
- The combination of data analytics, sales, marketing, IT, operations and senior leadership
- Critical to any hospice organization’s financial success
- Key to developing a best practice, actionable plan for growth

Agenda

- Strategic growth from all perspectives
  - CEO / Operations / Finance
  - CMO / Clinical / Compliance
  - Growth / Sales / Marketing
  - Technology / Systems
- Four topics of conversation
  - Population Management
  - Culture
  - Quality
  - Business Mix
Group Objectives

What are your goals for today’s workshop?

Population Management

CEO / Ops / Finance:
• Value based management
• Understand population managers in your market(s)
• Contractual terms
• Delivering value
• Benefit to my organization
• Best practices
Value Based Management

- Mission, Strategy & governance
- Organizational Culture, communication
- Decision process and systems
- Performance management
- Reward process and systems

Outcome is the purpose and values the organization wants to achieve (maximizing shareholder value or impact on mission)

Value Based Management

- VBM is the management approach that ensures organizations are run consistently on value
- To:
  - Creating Value (ways to actually increase or generate maximum future value=strategy)
  - Managing value, governance, change management, organizational culture, communication, leadership
  - Measure value (valuation)
Six Conditions for Excellent Value-Based Management

Whole Person Care & Support

**Target**
Targeting Catchment Area Patients
Segmentation around severity of need

**Engage**
Engagement and Management
Programs in support of patient, family, providers

**Support**
Quality, Utilization and Pricing analysis
Continuous improvement

EFFICIENT AND EFFECTIVE CARE FOR THE RIGHT PATIENT AT THE RIGHT TIME
Target Provider Sources

- Geo locate health systems providers and free standing providers by market
- Mine hospital referral patterns
- Target the number of patient referred to other providers
- Find the right patient niches and work with providers who have that patient base

Identify Preferred Provider Sources

Population Management

CMO / Clinical / Compliance:
- Form relationships with referring providers
- Provide education around services provided and benefits to patient's and referring providers
- Understand population needs and disease cohorts
- Define communication patterns with referring providers Identify population managers in your market(s)
- Benefit to my organization
Best Practice: Use of Predictive Analytics

Predictive Analytics:
Artificial Intelligence (AI) and Machine Learning Platform

Connects and aligns the healthcare ecosystem of your community

Predicts at 90-95% accuracy when a community patient will become hospice or palliative appropriate

Prognosis intervals:
3, 6, 9, 12, and
12+ months

Standardized Scoring

THE ACG® SYSTEM: DIFFERENTIATING FEATURES

The Johns Hopkins ACG System offers a unique approach to measuring morbidity that improves accuracy and fairness in evaluating clinician performance, identifying patients at high risk, forecasting health care utilization and setting equitable payment rates.

Based on the premise that clustering of morbidity is a better predictor of health care services resource use than the presence of specific diseases or disease hierarchies, the ACG System provides a multi-morbidity framework that is clinically logical, informative of future health care resources, easy to use and applicable to financial and clinical managers.
CONNECTED CARE PLATFORM ARCHITECTURE
SEVERE ILLNESS CARE IS FRAGMENTED

Connecting the Stakeholders

PATIENT
- Engaged in care options, including palliative and hospice care
- Receives the right care at the right time
- Educated via video vignettes
- Assigned care navigators
- Wrap-around care provided to diminish emergent care

PRIMARY PROVIDER
- Appropriately and accurately unburdened from their most complex critically ill patients
- Technology solution supports new payment models and delivers efficiencies: operational and financial

FAMILY
- Quality time with loved ones
- Connected to care team through technology solutions
- Educated via video vignettes
- Access to Navigators

HOSPICE PROVIDER
- Intelligent identification and strategic, proactive engagement of appropriate hospice candidates
- Referral management
- Prognosis predictions
- Support certification and audit workflows

PAYER
- Ensure the most complex and costly care scenarios are in the hands of the right care team
Population Management

Growth / Sales / Marketing:
• Identify internal sales resources at the C suite level
• Identify population managers in your market(s)
• Define value proposition(s) for each
• Develop Sales Campaigns
  • Questions
  • Solution presentation
  • Expected Objections
  • Service level agreement

Business Development View
Best-in-Class Referral Networks

- Establish a narrow network to ensure value-based care success
- Ensure your post-acute care organization shares the same vision
- Invest and upgrade data analytics capabilities to share data and performance comparisons
- Select provider partners that align with service areas and their patient needs
- Make sure quality initiatives are aligned

Know Who Influences Hospice Patients

- Claims data is available that identifies those providers with a billable encounter within 6 months of a patient making the hospice election.
- Shows all of the providers who have an opportunity to enable their patients to have a pre-acute hospice experience designed to provide both quality and quantity of life at end-of-life
Sales Skills Required

• Be prepared – know about this organization and their requirements, current relationships, etc.
• Prepare discovery questions
  • What are your goals for this relationship?
  • How will you measure success?
• Understand value proposition of your solution for this potential referral partner
• Present value proposition with proof points
• Ask for commitment
• Know the potential objections and how to handle them

Population Management

Technology / Systems:
• Technology required
• System interoperability
• Dashboard reporting
• Benefit to my organization
• Best practices
Population Management

System Interoperability Population Management

- What is Interoperability
  - Secure transfer of data between software systems

- Why is Interoperability important
  - Sharing key data elements regarding services delivered across the continuum

- Value of sharing data across platforms
  - Supports consistency of knowledge and services between providers
  - Puts important information into the care staff’s hands before delivering services
  - Should improve quality of services provided and outcomes
Dashboard Reporting Population Management

Longitudinal View - 180 Days Before Death – With Hospice ALOS

Organization Benefit of Population Management

- What can we do with Population Management data available
  - Measure quality of services
  - Understand the patient populations we service
  - Understand how we are positioned competitively
  - Build referral relationships
  - Form strategic partnerships
  - Develop a strategic roadmap for growth
Technology Best Practices Population Management

- Where are you obtaining information from
  - Within your population serviced
  - In comparison to other providers servicing these populations

- Organizational understanding of the:
  - Value of the data
  - Everyone’s role in capture/review of data
  - How it supports the organization’s mission

Culture

CEO / Ops / Finance:
- What is my culture?
- How does it support strategic growth?
- Leadership drives culture
- Culture defeats strategy
- Staff education to support culture
- Best practices
Culture

CMO / Clinical / Compliance:
• Create a culture of quality and compliance
• Set the documentation standards
• Guide communication patterns and collaboration within the organization
• Mentorship programs across all levels
• Best practices

Growth / Sales / Marketing:
• What is my culture?
• How does it support strategic growth?
• Importance of strong growth culture
• Role of sales in building and supporting good culture
• Internal messaging
• Best practices
Build the Bridge

Culture

Technology / Systems:
• How does technology effect culture?
• How to make it a positive
• Tools to support strong employee satisfaction
• Best practices
Leadership is Required with Technology

• Lead from the front …. Authority
  • In any group the person on top consciously or unconsciously sets the tone

• To inspire and bind the group together they must see leadership:
  • Engaged in the technology
  • Holding themselves and everyone accountable to higher standards
  • Taking risks and making tough decisions with confidence

• Force is not a remedy....they will always find a loophole when forced

Create a Positive Culture with Technology

• Technology provides tools/data to allow organizations to:
  • Make better decisions
  • Move more efficiently
  • Be competitive and flexible....SURVIVE....GROW

• Change management is CRITICAL!!
  • Leadership sets the organizational goal/mission
    • Communication throughout the organization
    • Accountable to ensure technology supports the goal/mission ... if not then CHANGE
    • Define a team of Leadership Lieutenants (in mgmt. positions)
      • Leader and Lieutenants are hands on with the technology and the team of employees
How to Make Technology Positive

• It is about working with the team and oversight to ensure:
  • Organizational goals are achieved
  • Tools are actually usable and helpful
  • Enhanced workflows and improved knowledge

• Change management is scary but it must be done!
  • Day to day activities....too busy to even try
  • In a good routine and it works....why now
  • What’s in it for me?....Wrong Question!
    • “me” does not support the org
  • How can I build the org?....Right Question!
    • everyone plays a role in achieving the organizational goal (SHOW THEM THEIR VALUE)

Tools to Support Employee Satisfaction

• Show them how to incorporate the technology into their day
  • Listen to their ideas, needs and feedback

• Utilization monitoring – set the expectation up front
  • Let them know what you are looking for on day 1 (document it)
  • Set goals with the team and individuals – monitor for achievement (document it)
  • Reward adoption....make the others jealous (share it in written form...bragging rights)

• Feedback loops and closing them
  • Listen seriously – write it down – investigate
  • Change what makes sense and provide rationale for what does not (CRITICAL)

• Engagement with leadership from day 1 and beyond!
  • Acknowledge that innovation with technology is part of a leaders job description
Best Practices

- Organization mission/vision – what is our goal
  - Employee understanding and engagement (ALL LEVELS)
- Departmental activities that support organizational goal
  - Assign Lieutenants – work with team and report into Leader
  - Workflow changes to support achieving goals (document and communicate)
- Utilization/adoption
  - Leader and Lieutenants know what metrics they need to achieve
  - Day 1 employees know what is being measured and reported on
  - Any changes are communicated to all in a timely manner
- Feedback loop and keeping them closed (gather feedback from all levels regularly)
  - Make a change…communicate change
  - Don’t make a change….communicate why

Quality

CEO / Ops / Finance:
- Define all aspects of quality
- Measure quality across all operational areas
- Communicating quality internally
- How does quality impact strategic growth?
- Best practices
"In God we trust, all others must bring data"

W. Edwards Deming
Decision makers get stuck in a memory loop and can only predict the future as a reflection of the past... you see the future as merely a slight variation on yesterday’s news.

Leonard M Fuld
An exercise to get your team thinking differently about the future
Using your Pepper Report

• Program for Evaluating Payment Patterns Electronic Report

• PEPPER compares hospice’s Medicare claims data statistics with aggregate Medicare data for the nation, MAC jurisdiction and state

• Identifying Home Health and Hospice Target Areas
  • MedPAC reports to congress, OIG Study Results

Hospice Target Areas

Live Discharges No Longer Terminally Ill
Live Discharges – Revocations
Live Discharges with LOS 61-179 Days
Long Length of Stay
Continuous Home Care Provided in an Assisted Living Setting
Routine Home Care Provided in an Assisted Living Facility
Routine Home Care Provided in a Nursing Facility & SNF
Claims with Single Diagnosis Coded
No General Inpatient Care or Continuous Home Care
Long General Inpatient Stays

Other data added in 2017:
• A new “Live Discharges by Type” report.
• A revised “Top Terminal Conditions” report, updated to reflect the “Top Terminal Clinical Classification System Diagnoses.”
Quality

CMO / Clinical / Compliance:
• Define quality from the clinical perspective
• Set and maintain documentation standards
• Chart review, particularly addressing areas of risk (via PEPPER report or other)
• Focus on improving CAHPS/HIS scores
• Process improvement events
• Goes hand in hand with compliance: poor documentation may seem to be a quality issue, but it leads to compliance concerns.
• Best practices

Growth / Sales / Marketing:
• Define quality
• Measure quality
• Communicating quality
  • What do these outcomes mean to this referral partner
  • Translate everything to fit their needs
  • Make no assumptions
• How does quality impact strategic growth?
• Best practices
Live by the Sword, Die by the Sword

Quality

Technology / Systems:
- Technology to support quality – what metrics
- Dashboard technology – communicate metrics
- Use of technology to drive quality
- Best practices
Technology to Support Quality

• The right technology, implemented well and utilized:
  • Allows more to be done with less resources
  • Provides easier oversight for better decision making
  • Supports growth with ideal workflows/efficiencies

• The wrong technology, poorly implemented and under utilized:
  • Requires more resources to mine the data
  • Does not demonstrate the quality of services provided
  • Becomes an organizational noose that strangles momentum
  • Prevents growth with complicated workflows

Dashboards are Simply Metrics Compiled

• Importance of defining key dashboards with the right metrics
  • Operational metrics
  • Market metrics

• They tell a story when compiled and can be easily pushed to the end user

• Does your leadership team know what to do with the metrics
  • Frequency to review metrics
  • Metric goals that define success
  • Lacking metrics that require refinement of activities/processes
Dashboards to Communicate Quality

• 1st Question: What metrics are you using to measure Quality
  • Care provided (EMR)
  • Patient outcomes (EMR/Data Vendor)
  • Business development/market growth (CRM)
  • Other technology you are using where quality metrics could be obtained

• 2nd Question: How will you compile and use these metrics
  • Metrics need to be easily obtained and understandable
  • Team needs to know how to use metrics to improve and reward quality
  • Strengthen industry relationships with metrics

Technology can Impact Quality Positively

• Technology can help identify many areas that impact quality:
  • Operational improvements
  • Process or workflow changes
  • Management of costs
  • Utilization of resources
  • Areas of risk
  • Revenue streams
  • Quality of services/patient outcomes/patient satisfaction
  • New programs to competitively position your organization
Best Practices

• Define the quality metrics you will measure across the organization
• Determine what technology tools these metrics will come from
  • Work with your vendors to ensure these metrics are easily obtainable
• Do you and your team understand how to use these metrics
  • It’s not enough to collect them – they should be valuable and usable
• Measure, measure, measure
  • Improvements achieved
  • Efficiencies gained
  • Direction of growth/roadmap
  • Quality of Services - Communication (Bragging rights!)

Business Mix

CEO / Ops / Finance:

• Importance of census growth
• Developing budgets
  • Admissions
  • LOS
• Revenue quality
• Financial management of palliative care
• Best practices
Palliative Care truly based on your community
Growing our Reach and Market Share

- Needs assessment in our Community
- Data Collection
- Key Community Partners
- Community Needs vs. Capacity
Recognizing need for palliative care in our community (specifically Pueblo County)

A. Lack of local pain mgmt.
B. Lack of access to primary care (rural areas, low physician to population ratio)
C. Prevalence of chronic illness compared to CO (CHF, COPD, ESLD)
D. High # of ED visits / readmissions
E. High Percentage of adults with diabetes: 14% (6.9% Colorado)
F. High heart disease hospitalizations and heart failure hospitalizations
Providing Services that Count

- Meeting needs without causing financial strain
- Organizational capacity for non-reimbursed or under reimbursed services

Thinking Outside of the Regular “Palliative Box”

- Navigator vs. MSW
- Palliative Clinic
- Organizational vs. Community Benefit
- Nurse Practitioner vs. Physician
- Respiratory Therapist
Business Mix

CMO / Clinical / Compliance:
• Staffing ratios and caseloads
• Partner relationships
• Relationships between service lines
• Productivity expectations
• Clinical challenges created by census growth
  • Admissions practices
• Managing Palliative Care
• Best practices

Business Mix

Growth / Sales / Marketing:
• Drivers of census growth – Census is a lagging indicator
  • Admissions
  • LOS
• Types of referral partners
• Payer mix
• Palliative Care opportunities
• Diversification is good – positive margin is better!
• Best practices
Manage the Mix

- Define your care continuum
  - Home health palliative care
  - Palliative care
  - Hospice
- Clearly define the goals of each program and hardwire the processes
- Must operate seamlessly and selflessly
- Makes it easy for the referral partners

Business Mix

Technology / Systems:
- Business mix implications
- Field staff support – mobile applications
- Palliative Care
Business Mix Implications

• Ideal: One platform to manage all business lines
• Reality: Not always the case ‘or’ an option
• Solution: Communication of key data across platforms if possible
  • Identify patients ready to transition from Home Health to Palliative or Hospice
  • Easily send EMR or critical components to next step in continuum of care

• If you have 1 system this is easier
• If you have >1 system work with your vendors

Billing and Payer Management

• Billing is critical and meeting payer requirements
• Who oversees this in your organization
• Understanding of how information
  • Enters the system
  • Is reviewed for accuracy
  • Meets regulatory requirements
  • Supports billing/payer requirements
Field Staff Support

- Care staff support
  - Devices
    - Lightweight, powerful, up to date technology
  - Access to system support
    - Quick is ideal
  - Ease of use
    - Transition to documenting at the point of care

- Marketers
  - Devices
  - Access to system support
  - Ease of use

Palliative Care Technology

- Is it built into your EMR?
  - Many vendors are working to incorporate

- Is it separate from your EMR
  - What data flows between the 2 systems

- If you are partnered with a Palliative Care provider
  - Transition of key patient data to your EMR is ideal
Build Your Plan Group Activity

- Distribute Planning tool
- Each table selects their objective
- Re-seating to align objectives
- Group activity
  - Define objective
  - Determine goals
  - Outline plan
- Report out findings

Group Reports / Discussion

- Each table is a group and will have a topic to discuss.
- Each group will develop a Strategic Growth Plan related to their topic using the planning tool provided.
- Each group will appoint a spokesperson to report their plan to the group.
- Group Discussion
- Questions, Answers & Comments
- Promise to Implement Upon Return to Your Hospice

Thank You for All That You Do!
Faculty Contact Information:

Tarrah Lowry, CEO, Sangre de Cristo Hospice & Palliative Care, Pueblo, CO
Tarrah.Lowry@Sangre.org  www.Sangre.org

Dr. Ashley Albers DO, VP of Medical Services, HMD, Four Seasons Compassion for Life, Flat Rock, NC
Aalbers@fourseasonscfl.org  www.FourSeasonsCFL.org

Michael Ferris, Managing Partner, Healthcare Strategica, El Paso, TX
Michael@HealthcareStrategica.com  www.HealthcareStrategica.com

Darcey Trescone, RN, BSN, Trescone Consulting, Las Vegas, NV
Darcey@TresconeConsulting.com  www.TresconeConsulting.com