Session 103:
Business Leadership for Physicians: Necessary Knowledge Not Taught in Medical School

Roger L. Chaufournier, MHSA, CSI Solutions LLC, Bethesda, MD
Edward J. Bernacki, MD, MPH, FACOEM, Johns Hopkins University, Baltimore, MD
Robert K. McEllan, MD, MPH, FACOEM, Dartmouth-Hitchcock Medical Center, Lebanon, NH
Pamela Hymel, MD, MPH, FACOEM, Walt Disney Parks and Resorts, Health Services, Anaheim, CA
Craig D. Thorne, MD, MPH, MBA, FACOEM, Erickson Living, Baltimore, MD

Workshop Description

Health care is complex and fast-moving and occupational health physicians recognize that providing excellent care is not enough. They know that it is also critical to develop exceptional leadership skills and business acumen. This interactive workshop is designed to include succinct presentations on advanced leadership and management tools and case examples about how occupational health physicians have already positively impacted clinical care and program development within several companies.

The lead speaker is a renowned health care business professor and the other faculty members are innovative occupational health physician leaders who have mastered leadership and management skills to present business cases for new or improved services with measurable return on investment, and process improvement techniques and tools to improve the delivery of occupational health services and demonstrate value.

Attendees will have the opportunity to present their own management challenges to the faculty in advance and during the interactive workshop to maximize on this learning opportunity. Management challenges may be sent in advance to Dr. Craig Thorne at craig.thorne@erickson.com

Objectives

1. Educate occupational health physicians on key leadership and business acumen skills that ensure success.
2. Illustrate these with real occupational health case examples.
3. Open discussion of management challenges participants are being faced with to use this learning opportunity to help solve them.
4. Provide tools and resources for further development.

Roger L. Chaufournier, MHSA

- Chief Executive Officer, CSI Solutions LLC, Washington, D.C.
- Prior positions include:
  - 12 years in progressive senior leadership positions in hospital administration at the George Washington University Hospital, Washington, D.C.
  - Assistant Dean for Strategic Clinical Initiatives, The Johns Hopkins University School of Medicine.
  - Examiner for the Malcolm Baldrige National Quality Award.
- Serves on the faculty of The Johns Hopkins Bloomberg School of Public Health and The Johns Hopkins Carey School of Business as Associate Professor for Health Policy and Management.
- Serves on the Institute for Healthcare Improvement (IHI).
Edward J. Bernacki, MD, MPH, FACOEM
- Professor of Medicine and Director, Division of Occupational and Environmental Medicine, Department of Medicine, The Johns Hopkins University.
- Executive Director of Health, Safety and Environment.
- Chairman of the The Johns Hopkins Institutions' Joint Committee for Health, Safety and Environment.
- Prior positions include: Corporate Medical Director, United Technologies Corporation, Hartford, Connecticut; Corporate Vice President of Tenneco Inc., Houston, Texas.
- FACOEM Past President.
- Has served on numerous other FACOEM committees including AOHC 2015 Planning Committee.

Robert K. McLellan, MD, MPH, FACOEM
- Chief of the Section of Occupational and Environmental Medicine of Dartmouth-Hitchcock Medical Center.
- Associate Professor of Medicine, Community and Family Medicine, and The Dartmouth Institute at the Geisel School of Medicine at Dartmouth.
- Medical Director of Live Well/Work Well, a comprehensive, integrated health promotion and health protection program for Dartmouth-Hitchcock's employees and their families.
- FACOEM Past President.
- New England College of Occupational and Environmental Medicine (NECOEM) Past President.
- Currently chairs FACOEM's Council of Public Affairs. Has served on FACOEM's Committee on Emergency Preparedness and Response, the Environmental Medicine Committee, and the Committee on Conferences.

Pamela Hymel, MD, MPH, FACOEM
- Chief Medical Officer, Walt Disney Parks and Resorts.
- Prior positions include: Senior Medical Director, Cisco Systems; Vice President of Benefits, Hughes Electronics.
- FACOEM Past President.
- Western Occupational and Environmental Medical Association (WOEMA) Past President.

Craig D. Thorne, MD, MPH, MBA, FACOEM
- Vice President and Medical Director, Employee Health and Wellness, Erickson Living.
- Adjunct Assistant Professor, The Johns Hopkins Bloomberg School of Public Health Department of Environmental Health Sciences.
- Prior positions include: Medical Director, Employee Health and Safety University of Maryland Medical Center; Associate Medical Director of Police and Fire Clinic, Washington, D.C.
- Maryland College of Occupational and Environmental Medicine (MCOEM) Past President.
- FACOEM committees including 2015 and 2016 AOHC Planning Committees.
SPEAKER DISCLOSURES

NONE OF THE SPEAKERS HAVE A CONFLICT TO DECLARE

Today’s Agenda

- Background:
  - Changing Landscape of OEM
  - ACOEM Competencies - 2014
- Case Review #1: Managing to Drive Results
- Case Review #2: Ensuring Quality and Demonstrating Value
  - Break
- Case Review #3: Business Process Improvement
- Case Review #4: Effective Communication Skills
- Group Assignments for Selected Management Dilemmas Submitted by Attendees
- Debriefing and Take Away Tools/Resources

Themes We Heard From You - 1

- I think I take on too much. I like challenges at work but then can’t seem to get the resources to manage everything.
- I like to take action on initiatives but sometimes get feedback from senior leadership that I “let the train out of the station before everyone is on board”. It’s frustrating how many touch points there are.
- I am told by my VP that I should build on my knowledge of how our hospital is financed. How do I do that?

Themes We Heard From You - 2

- I want to have more influence over our company’s health plan. They focus too much on the finances and not the employees. How can I get a seat at the table?
- I have to constantly juggle between my clinic and way too many meetings. How can I learn to say no?
- Directors in our company still are not engaged in employees safety. How can we get this hard-wired into their work?
What is Business Acumen?

“Management means the substitution of thought for brawn and muscle, of knowledge for superstition, and of cooperation for force.”

Peter Drucker – Austrian-born American writer and management consultant

Why Develop Our Business Acumen Skills as OEM Professionals?

- Recent research on the diverse settings in which OEM Professionals practice.
  - OEM physicians have become the leading experts on mitigating the impact of health conditions in the workplace.
  - Including: managing absences and productivity, evaluating work capacity, leading workers’ compensation programs, preventing disability, assessing fitness for work, and implementing employee health, wellness and safety programs.
- Increasing globalization of the workplace.
- Evolving U.S. healthcare system.
- Changes in the way residency programs are defining competencies.

Changing Leadership Environment

- Cost control pressures.
- Demand for more customer focus.
- Boundaries blurred.
- Personal responsibility and self-activation.
- Evidence-based best practices.

Bottom line - Do more, better, faster, cheaper while creating a better experience for all.

Who Do OEM Physicians Provide Leadership To?

- Patients
- Other clinicians and occupational health nurses
- Residents and medical students
- Employers
- Safety and Industrials Hygiene professionals
- Human Resource managers
- Insurance professionals
- Attorneys
- Labor Unions
- Public Health professionals
- Etc., etc., etc....
The OEM physician should have the administrative and management knowledge and skills to plan, design, implement, manage, and evaluate comprehensive occupational and environmental health programs and projects.

OEM physicians need an understanding of health care benefits, workers’ compensation systems, electronic health records and knowledge of the laws and regulations applicable to the jurisdiction, industry, and population of interest.

OEM physicians in all practice settings are expected to be sensitive to the diverse needs and cultural backgrounds of those they serve, and anticipate meeting diverse needs in setting up their practices.

(ACGME core competencies addressed: Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.)
The New Leadership Competencies

Staff Focus and Safety

Communications

Quality & Value

Managing for Results

Coaching
Budgeting
Negotiating
Risk Management
Organizing
Design Thinking
Blue Ocean Strategy

Innovation Management
Building High Performance Teams
Operations & Logistics
Change Management

Opportunity

Improve health, reduce costs, increase productivity by proactive workers’ compensation claim management and employee engagement.
**Labor Costs**

<table>
<thead>
<tr>
<th>Item</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary and Supplemental Pay</td>
<td>74%</td>
</tr>
<tr>
<td>Paid Leave</td>
<td>7%</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>8% - 9%</td>
</tr>
<tr>
<td>Retirement and Savings</td>
<td>4%</td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>1% - 2%</td>
</tr>
<tr>
<td>Other (replacement labor)</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Labor intensive versus capital intensive industry


**Mechanisms to Contain Medical Care Expenditures**

- Place applicants in jobs they are capable of performing.
- Provide a safe workplace.
- Manage the medical care of injured workers.
- Provide programs aimed at preventing or delaying the onset of non-occupational illness or impairment:
  - Hypertension - detection and treatment
  - Colorectal cancer screening
  - Smoking cessation
  - Disease management programs
- Design a medical benefit plan that incentivizes employees/dependents to obtain medical care while conditions are reversible or treatable.

**Injuries and Illnesses Resulting in Days Away from Work, 2011**

**Johns Hopkins Experience in Managing Workplace Injuries**
Number of Employees

<table>
<thead>
<tr>
<th>Year</th>
<th>JOHNS HOPKINS HOSPITAL</th>
<th>BAYVIEW HOWARD COUNTY GENERAL HOSPITAL</th>
<th>BROADWAY SERVICES CORP</th>
<th>HOME CARE GROUP</th>
<th>SUBURBAN HOSPITAL</th>
<th>OTHER HOSP.</th>
<th>JOHNS HOPKINS UNIVERSITY TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>9,396</td>
<td>3,067</td>
<td>1,413</td>
<td>1,099</td>
<td>1,073</td>
<td>2,652</td>
<td>20,090</td>
</tr>
<tr>
<td>2011</td>
<td>9,174</td>
<td>2,926</td>
<td>1,352</td>
<td>1,135</td>
<td>1,149</td>
<td>1,431</td>
<td>19,885</td>
</tr>
<tr>
<td>2012</td>
<td>10,083</td>
<td>3,148</td>
<td>1,378</td>
<td>1,196</td>
<td>1,288</td>
<td>1,473</td>
<td>21,754</td>
</tr>
<tr>
<td>2013</td>
<td>10,250</td>
<td>3,105</td>
<td>1,471</td>
<td>1,242</td>
<td>1,374</td>
<td>1,420</td>
<td>22,182</td>
</tr>
<tr>
<td>2014</td>
<td>10,291</td>
<td>2,996</td>
<td>1,435</td>
<td>1,298</td>
<td>1,405</td>
<td>1,465</td>
<td>21,366</td>
</tr>
</tbody>
</table>

The Key to Reducing the Number of Injuries and Decreasing Workers’ Compensation Costs is to Engage Employees at the Earliest Possible Time After the Injury.

**Why?**

Optimal Workers’ Compensation Medical/Claims Management

- Diagnosis and treatment performed at onsite clinics.
- Worksite clinics supported by clinically skilled specialists with knowledge of the workers’ compensation system.
- Nurse case manager (NCM) facilitates the diagnostic and treatment process or constrains inappropriate care.
- Continuous assessment of injured employees to assure early return to work and appropriateness of medical care.
- Information transfer between all parties – safety, medical, claims, supervisors – regarding status of injured employee.
Population FY ‘14

MO Claims, 3,534
LT Claims, 363

Number of Employees, Lost Time Claims and Temporary Total Days Lost Per 100 Employees FY 1992 – 2014

Medical and Indemnity Costs per $100 of Payroll Paid Losses

$0.35
$0.30
$0.25
$0.20
$0.15
$0.10
$0.05
$0.00

$0.00
$0.05
$0.10
$0.15
$0.20
$0.25
$0.30
$0.35


Workers’ Compensation and Medical, Indemnity and Administrative Costs Per $100 of Covered Wages, 1990-2014
WC Hearings Per 100 Employees

How Do We Know We Are Doing Any Good? (Choosing a Comparison Population)

- Incurred versus paid
- State laws (employee choice)
- Claim age
- Attorney involvement
- Differences in medical practice patterns
- Industry mix

Workers’ Compensation Employer Cost Per $100 of Covered Payroll, by State, 2007-2011

<table>
<thead>
<tr>
<th>State</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>3.40</td>
<td>2.90</td>
<td>1.60</td>
<td>1.37</td>
<td>2.45</td>
</tr>
<tr>
<td>Calif.</td>
<td>1.87</td>
<td>1.63</td>
<td>1.62</td>
<td>1.62</td>
<td>1.71</td>
</tr>
<tr>
<td>Conn.</td>
<td>1.10</td>
<td>1.08</td>
<td>1.04</td>
<td>0.99</td>
<td>1.10</td>
</tr>
<tr>
<td>Delaware</td>
<td>2.09</td>
<td>1.57</td>
<td>1.26</td>
<td>1.16</td>
<td>1.17</td>
</tr>
<tr>
<td>DC</td>
<td>0.61</td>
<td>0.52</td>
<td>0.51</td>
<td>0.50</td>
<td>0.49</td>
</tr>
<tr>
<td>Louisiana</td>
<td>2.00</td>
<td>1.77</td>
<td>1.61</td>
<td>1.53</td>
<td>1.53</td>
</tr>
<tr>
<td>Maryland</td>
<td>1.16</td>
<td>1.15</td>
<td>0.97</td>
<td>1.04</td>
<td>1.05</td>
</tr>
<tr>
<td>Mass.</td>
<td>0.80</td>
<td>0.64</td>
<td>0.69</td>
<td>0.73</td>
<td>0.73</td>
</tr>
<tr>
<td>W. VA</td>
<td>6.46</td>
<td>4.07</td>
<td>3.35</td>
<td>2.79</td>
<td>1.96</td>
</tr>
<tr>
<td>Wisconsin</td>
<td>1.91</td>
<td>1.76</td>
<td>1.75</td>
<td>1.63</td>
<td>1.78</td>
</tr>
</tbody>
</table>

National Academy of Social Insurance, August 2013

METHODOLOGY

Open and closed indemnity claims from each accident year followed for twelve years.
### JHHS
**Number of Claims by Accident Year and Year of Closure**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Closed</td>
<td>112</td>
<td>87</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>118</td>
<td>1,141</td>
</tr>
<tr>
<td>% of Claims Closed</td>
<td>96.5%</td>
<td>70%</td>
<td>80.4%</td>
<td>88.0%</td>
<td>95.7%</td>
<td>96.7%</td>
<td>95.4%</td>
<td>91%</td>
<td>89%</td>
<td>89%</td>
<td>89%</td>
<td>95.6%</td>
</tr>
</tbody>
</table>

### SJHWC
**Number of Claims by Accident Year and Year of Closure**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Closed</td>
<td>222</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>137</td>
<td>1,267</td>
</tr>
<tr>
<td>% of Claims Closed</td>
<td>14%</td>
<td>16.6%</td>
<td>24%</td>
<td>13.3%</td>
<td>19.5%</td>
<td>13.3%</td>
<td>17.4%</td>
<td>19.5%</td>
<td>15.2%</td>
<td>13.3%</td>
<td>17.4%</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

### JHHS
**Total Paid by Accident Year and Year of Closure**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Paid</td>
<td>$29,647,978</td>
<td>$15,260,948</td>
<td>$44,908,926</td>
<td>$218,007</td>
<td>$3,485</td>
<td>$897,684</td>
<td>$1,005,039</td>
<td>$2,821,097</td>
<td>$3,166,756</td>
<td>$3,228,738</td>
<td>$4,331,922</td>
<td>$2,310,986</td>
</tr>
</tbody>
</table>

### SJHWC
**Total Paid by Accident Year and Year of Closure**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Paid</td>
<td>$29,647,978</td>
<td>$15,260,948</td>
<td>$44,908,926</td>
<td>$218,007</td>
<td>$3,485</td>
<td>$897,684</td>
<td>$1,005,039</td>
<td>$2,821,097</td>
<td>$3,166,756</td>
<td>$3,228,738</td>
<td>$4,331,922</td>
<td>$2,310,986</td>
</tr>
</tbody>
</table>
Summary
2000- 2012 Loss Experience
JHHS and SJHWC

<table>
<thead>
<tr>
<th>Variable</th>
<th>JHHS</th>
<th>SJHWC</th>
</tr>
</thead>
<tbody>
<tr>
<td># LT Claims</td>
<td>2,892</td>
<td>5,964</td>
</tr>
<tr>
<td>Total Paid</td>
<td>$45 M</td>
<td>$144 M</td>
</tr>
<tr>
<td>Average Total Paid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Still Open</td>
<td>$34 K</td>
<td>$68 K</td>
</tr>
<tr>
<td>Closed Claims</td>
<td>$12 K</td>
<td>$18 K</td>
</tr>
<tr>
<td>Open and Closed Claims</td>
<td>$16 K</td>
<td>$24 K</td>
</tr>
</tbody>
</table>

Key Insights
- Hospitals have many injuries that can be managed successfully.
- Hospitals have a resource onsite that is capable of optimally managing occupational injuries and illnesses – Occupational Health.
- Increase in referrals to hospital’s credentialed physicians.
- Closely following an injured employee and being their advocate reaps huge rewards in terms of costs, increased productivity, and employee engagement.
- Process improvements, informed by results, will result in less conflict and attorney involvement.

“A business like an automobile, has to be driven, in order to get results.”

B.C. Forbes – Financial journalist and founder of Forbes magazine
Theoretical Underpinnings for Driving Results

- Deming, Juran, Scholtes, Scherkenbach, Ohno
- Theory of variation
- Recognition that you manage what you measure
- All too often we are reactionary to emotional behaviors; but don’t act based on data

Deming’s System of Profound Knowledge

“ Appreciation of a system

Theory of Knowledge

Psychology

Understanding

Variation

Value

“The aim of this chapter is to provide an outside view – a lens – that I call a system of profound Knowledge. It provides a map of theory by which to understand the organizations that we work in.”

Trouble Setting Priorities?

- Decide what is “mission-critical”?
  - The most effective performers typically spend about half their time on a few mission-critical priorities.
  - What are your performance goals?
  - What are the 3-5 tasks you need to do to reach your goal?
  - Don’t get side-tracked by trivial tasks and projects that you like doing but are not tied to the bottom line.
  - Consider studying best practices for producing results — TQM, ISO, Six Sigma, etc.
  - They are particularly helpful in helping design work flows and processes.
  - Look for workshops on effective and efficient work design and then discipline yourself to follow these methods.
  - Ask those responsible in your organization for total work systems of Business Process Improvement (BPI) for help.

Case Review #2: Ensuring Quality and Demonstrating Value
NCQA Specialty Practice Recognition Program (PCSP): AOHC 2015

Robert K. McLellan, MD, MPH, FACOEM
Chief, Dartmouth-Hitchcock Occupational and Environmental Medicine
603-653-3850
Robert.K.McLellan@hitchcock.org

NCQA PCSP: http://www.ncqa.org/Programs/Recognition/PatientCenteredSpecialtyPracticePCSP.aspx

The Context

Patient Centered Medical Home (PCMH) has achieved prominence as the preferred method of organizing and delivering primary care.

PCMH accredited by NCQA.

2010: American College of Physicians (ACP) promotes concept of specialty practices as critical “neighborhoods” with which PCMHs must relate.

NCQA establishes Patient Centered Specialty Practice Recognition to promote care coordination.

Why NCQA Focus on Specialty Practices?
Address Care Fragmentation and Improve Communication

PCPs report sending information 70% of time; specialists report receiving the information 35% of the time.

Specialists report sending a report 81% of the time; PCPs report receiving it 62% of the time.

25%-50% of referring physicians did not know if patients had seen a specialist.


Slide thanks to NCQA

The Context

ACOEM publishes the ACO/PCMH paper

"How Occupational and Environmental Medicine Can Serve as a Vital Connecting Link Between Accountable Care Organizations and the Patient-Centered Medical Home"

McLellan et al. JOEM 2012
OEM: A Critical Specialty to Clinical and Population Health Management

ACOEM promotes occupational medicine as a critical population health and clinical specialty to synergize and coordinate efforts in the workplace, community and home.

Mainstreaming Occupational Medicine

Recognition by NCQA:
Opportunity to increase the visibility of OEM

ACOEM input to NCQA to assure relevance of recognition survey tool to occupational medicine

What is the NCQA Patient-Centered Specialty Practice Recognition program?

Purpose
- Improve quality
- Reduce waste
- Improve patient experiences

Primary Emphasis
Information and care coordination between PCPs and Specialists
Focus of the PCSP

Occ Med services based on referral from PCP or work or environmentally related exposures, injuries and illnesses seen in Occ Med

Accommodate range of patient relationships:
- Consultation
- Patient evaluation and treatment
- Co-management
- Temporary/permanent care management.

PCSP Excludes

Employer or Agency mandated services such as pre-placement exams, medical surveillance, fitness for duty, and drug testing.

Specialty Practice Evaluation Criteria

1. Patient access (timely appointments and advice).
2. Agreements with PCP to coordinate care.
3. Timely information exchange with PCP.
4. Timely referral summary to referring clinician.
5. Care plan coordination with PCP.
6. Communication with patient and PCP.
7. Reduced duplication of tests.
9. Alignment with Meaningful Use Requirements.

PCSP: (6 standards/22 elements)

1. Track and Coordinate Referrals (22)
2. Provide Access and Communication (18)
3. Identify and Coordinate Patient Populations (10)
4. Plan and Manage Care (18)
5. Track and Coordinate Care (16)
6. Measure and Improve Performance (16)

Recognition starts with 25 points
PCSP Standard 1

1. Track and Coordinate Referrals (22)
   A. *Referral Process and Agreements
   B. Referral Content
   C. *Referral Response

PCSP Standard 2

2. Provide Access and Communication (18)
   A. Access
   B. Electronic Access
   C. Specialty Practice Responsibilities
   D. Culturally and Linguistically Appropriate Services (CLAS)
   E. *The Practice Team

PCSP Standard 3

3. Identify and Coordinate Patient Populations (10)
   A. Patient Information
   B. Clinical Data
   C. Coordinate Patient Populations

PCSP Standard 4

4. Plan and Manage Care (18)
   A. Care Planning and Support Self-Care
   B. *Medication Management
   C. Use Electronic Prescribing

*Must Pass
PCSP Standard 5
5. Track and Coordinate Care (16)
   A. Test Tracking and Follow-Up
   B. Referral Tracking and Follow-Up
   C. Coordinate Care Transitions

PCSP Standard 6
6. Measure and Improve Performance (16)
   A. Measure Performance
   B. Measure Patient/Family Experience
   C. *Implement and Demonstrate Continuous Quality Improvement
   D. Report Performance
   E. Use Certified EHR Technology

*Must Pass

Three Recognition Levels
Level 1: 25-49 points
Level 2: 50 – 74 points
Level 3: 75-100 points

Required Criteria
Must pass elements at 50% for any level
   PCSP 1A: Written referral agreements
   PCSP 1C: Written referral response time protocols
   PCSP 2E: Team-based care
   PCSP 4B: Medication management
   PCSP 6C: Patient experience and clinical quality improvement program
Specialty Practice Recognition

Value to OEM Practices and the Field of OEM - 1
Increase visibility of OEM in health care system.

Be seen as a specialty leader.

Provide efficient care cost containment.

Improve patient satisfaction.

Position with payers.

Improve outcomes.

Value to OEM Practices and the Field of OEM - 2
Improve patient safety.

Track tests methodically.

Improve communication with patient/primary care.

Avoid overlaps/gaps in care, duplication of services.

Enhance patient self-care ability.

Increase clinician/staff satisfaction.
Specialty Practice Recognition  
**Value to:**  
Public and private payers  
- Cost containment; use in tiered network.  
Businesses  
- Reduced cost of health care; efficient use of specialists.  
Primary care practices  
- Timely referral responses, coordination of care, communication with primary care and patients.  
Patients  
- Understand which practice is responsible for care; coordination with primary care.

D-H Experience  
D-H has worked hard to establish PCMH practices including one dedicated to its own workforce which is tightly integrated with its Employee Health program.  
D-H OEM applies for recognition as an “Early Adopter”.  
D-H OEM recognized as a Level 3 Patient Centered Specialty Practice.

Key Insights on Leading the NCQA Effort  
- Context is crucial!  
  - How is Occ Med relevant today?  
  - What is the opportunity to leverage an imitative?  
  - If we do this, what won’t we do?  
- Inspire: It’s not just what we do, but why  
  - Improve Occ Med quality to provider higher value care.  
  - Raise prominence and relevance of Occ Med  
  - At home institution  
  - Nationally.  
- OK to delegate project leadership, but monitor and sponsor.  
- Celebrate success.

“Excellence is the gradual result of always striving to do better.”  
Pat Riley – American National Basketball Association head coach
The aim of this chapter is to provide an outside view – a lens – that I call a system of profound Knowledge. It provides a map of theory by which to understand the organizations that we work in.

**New Team Based System Design: Parallel Work Flow Redesign**

Adapted from South Central Foundation

**Traditional Methods of Managing Work Flow System Example from Primary Care**

Adapted from South Central Foundation
Leading Performance

✓ Provide the organization or enterprise-wide tools and infrastructure to measure and demonstrate value.
✓ Be committed to continuous improvement through empowerment and management by data.
✓ Seek to reduce variances in process to drive efficiency and effectiveness.
✓ Deliver high quality services which meet and exceed the expectations of all customers.
✓ Leverage technology to positively impact quality.
✓ Create a learning environment by regularly meeting with the team to receive and provide feedback.

Are you open and flexible for ideas?

✓ You should drive for continuous improvement and set up measures to monitor success along the way.
✓ But as you aim to promote the initiative and ensure standards are being met, be ensure flexibility to avoid pitfall of too much protocol and not enough staff decision-making.
✓ Set up a process to get valuable feedback from customers and honest feedback from your employees. You must develop relationships to ensure two-way dialog. “An idea missed is the one you didn’t hear”.
✓ Research has shown that employee-driven work designs and suggestions have big pay-offs for the organization.
✓ Become a student of the work flows and processes around you at shops, restaurants, government services, airports, and doctor’s offices.
✓ As a customer (satisfied or not), how would you design those things differently to make them more effective and efficient?
✓ What principles would you follow? Apply those principles to your own work.

Case Review #3: Business Process Improvement

Creating a Culture of Worksite Well-being

Pamela Hymel MD, MPH, FACOEM
AOHC 2015
“In order to have a safe Cast, we must have a healthy Cast first.”
~ Dr. Pamela Hymel, VP, Chief Medical Officer, Walt Disney Parks and Resorts

“Safety and health are intrinsically linked to holistic wellness.”
~ Rachel Hutter, VP Worldwide Safety

HRA Risk Tiers and Cost (in 2001 dollars)

<table>
<thead>
<tr>
<th>Outcome Measures</th>
<th>Low Risk</th>
<th>Medium Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term Disability</td>
<td>$120</td>
<td>$216</td>
<td>$333</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>$228</td>
<td>$244</td>
<td>$496</td>
</tr>
<tr>
<td>Absence</td>
<td>$245</td>
<td>$341</td>
<td>$527</td>
</tr>
<tr>
<td>Medical &amp; Pharmacy</td>
<td>$1,158</td>
<td>$1,487</td>
<td>$3,696</td>
</tr>
<tr>
<td>Total</td>
<td>$1,751</td>
<td>$2,288</td>
<td>$5,052</td>
</tr>
</tbody>
</table>

Setting the Baseline for Walt Disney Parks and Resorts

Average Trend

<table>
<thead>
<tr>
<th>1%</th>
<th>7%</th>
<th>6%</th>
<th>4%</th>
<th>2%</th>
<th>1%</th>
<th>0%</th>
</tr>
</thead>
<tbody>
<tr>
<td>150 - CCSD</td>
<td>250 - PR West</td>
<td>350 - PR East</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Behaviors that Impact Health and Performance

Individuals with chronic conditions drive 70% of group health costs. Correlation also with increases in WC medical treatment costs.
FY13 Worker’s Compensation Costs
$xx million

Underlying Health Risks
Will impact the possibility of a workers’ compensation incident
Which increases the OSHA rate

FY13 OSHA Rates

<table>
<thead>
<tr>
<th></th>
<th>WDPR</th>
<th>DLR</th>
<th>WDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMR</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>DLR</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>WDR</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
</tbody>
</table>

Direct Correlation Between Health Risks and Worker’s Compensation Costs
(An Employer Example)

Worker’s Compensation Costs

<table>
<thead>
<tr>
<th># of Comorbidities (at time of injury)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>WDPR</td>
<td>$7,000</td>
<td>$16,000</td>
<td>$31,000</td>
<td>$90,000</td>
</tr>
</tbody>
</table>

WDPR Health Services Value Proposition

OUR VISION FOCUSES ON POPULATION HEALTH WITH EMPHASIS ON IMPROVING THE WELL-BEING AND SAFETY OF OUR CAST AND THE CUSTOMER CARE OF OUR GUESTS.

PAST
Reactive Treatment Center

PRESENT
Strategic Partner to Safety, Risk Management, Operations

NEAR FUTURE
Proactive Solutions to Decrease Injuries/Illness & Support Evidence-based Care

VISION
Optimum Health and Performance of All Cast Members

OUR OPERATING MODEL FOCUSES ON THE HEALTH AND WELL-BEING OF OUR CAST BY INTEGRATING OCCUPATIONAL MEDICINE WITH A PROACTIVE FOCUS ON CAST ENGAGEMENT IN PREVENTION PROGRAMS.
*Some things are meant to work together. Just as you wouldn’t wear only one protective glove and leave the other sitting on the toolbox, incorporating workplace wellness initiatives into safety and health programs may result in a healthier, more productive workplace.*

“...The two factors, personal health and personal safety – each essential to a productive worker and to a productive workplace – are effectively combined in a symbiotic manner that increases their impact on overall health and productivity. The whole becomes greater than the sum of its parts.”

- American College of Occupational and Environmental Medicine (ACOEM)

**Leadership Engagement**

**CURRENT STATE**
- Strong focus on Wellness Rewards
- Minimal Cast engagement in health coaching and wellness resources
- High percentage of Cast with health risks
- Loose alignment between safety and health

**CULTURE OF HEALTH**
- “Knowing Your Numbers” is the starting point for Cast as a part of their wellness journey
- Cast seek out wellness resources/coaching within a supportive leadership environment
- Improve baseline health of all Cast
- Strong safety/wellness integration optimizes organizational vibrancy

---

### Hazard Severity

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>KNOWN HAZARDS</th>
<th>HEALTH SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Fatal</td>
<td>Crush, Asphyxiation, Drowning, Explosion</td>
</tr>
<tr>
<td>4</td>
<td>Permanent Disability, Disembarrassment</td>
<td>Pressure, Burns, Rotating Machinery, Moving Equipment, Animals</td>
</tr>
<tr>
<td>3</td>
<td>Partial Disability Loss Time</td>
<td>Chemicals, Powered Tools, Noise, Ladders, Pedestrians, Stored Energy, Burns</td>
</tr>
<tr>
<td>2</td>
<td>Treatment Beyond First Aid, Deemed Recordable</td>
<td>Vehicle Collisions, Cuts, Punctures, Burns, Wounds, Naps, Repetitive Motion, Carpal and Carpal, Manual Handling, Sprains, Strains, Nerves, Bones</td>
</tr>
<tr>
<td>1</td>
<td>Basic First Aid</td>
<td>Minor Cut, Lacerations, Abrasions, Burns, Bruises</td>
</tr>
</tbody>
</table>

---

### 2013 Disneyland Athletic Trainer Pilot

**Food & Beverage – Tomorrowland and Main Street**

- Focused on functional screening and physical conditioning.
- 92% of participants improved functional scores after 3 months of conditioning.
- Participants filed 50% more claims than non-participants, but claim costs 50% lower.
- 50% fewer repeat claims.
- 67% fewer restricted and lost work days.
Safety and Wellness Pilot - 2014
Early Analysis

Athletic Trainers / Fitness
- 67% Lodging participants improved functional screen scores
- 93% F&B participants improved

PHA Participation
- Participants – 28%
- Non-participants – 13%
- Base Population – 11%

Coaching Engagement
- Participants – 15%
- Non-participants – 2%
- Base Population – 1%

Key Insights
- Collaboration and consensus important on gaining program buy in.
- Providing data and using it to create the story is foundational to the business case.
- Starting with pilots and looking for results helps drive support.
- Understanding partners key interests and developing programs that advance those leads to support.

“Study to explain your thoughts, and set them in the truest light, laboring as much as possible, not to leave them dark nor intricate, but clear and intelligible.”

Miguel Cervantes – Spanish poet and author

Deming’s System of Profound Knowledge

"The aim of this chapter is to provide an outside view – a lens – that I call a system of profound Knowledge. It provides a map of theory by which to understand the organizations that we work in."
Create an environment for learning

- Never be satisfied with where a service is at. Always drive to improve all work processes.
- Measure any deviations from your expectations and determine why they have happened.
- Involve your employees in that analysis and listen to them – deeply.
- Modify your approach and “tweak” your processes based on lessons learned and then continue to monitor and adjust them.
- Just don’t be afraid to try.

Using Effective Communications to Drive a Culture of Employee Health and Wellness: AOHC 2015

Craig D. Thorne, M.D., MPH, MBA, FACP, FACOEM
Vice President & Medical Director, Employee Health & Wellness
Erickson Living
craig.thorne@erickson.com
www.ericksonliving.com
443-257-0903
Erickson Living® helps people live better lives. We strive to be the most valued and trusted leader in senior housing and services through operational excellence, integrated senior health and wellness and a commitment to the Erickson Way culture and values.

“...Respect & Caring...”

Greenspring Village, Springfield, Virginia

Characteristics of best practice wellness (health and safety) programs
- Linked to organizational business objectives.
- Top management supports the program.
- Effective communication plans are implemented.
- Effective incentives are used.
- Evaluation is an integral part of the program:
  - Systematic
  - Shared with top management
  - Shared with employees
  - Valued by top management.
Characteristics of best practice wellness programs (cont)

- The creation of a supportive environment is strongly pursued.
- Appropriately resourced with a sufficient budget.
- Design is based on best practice management
  - Goal setting
  - Stages of readiness to change
  - Tailored to meet the needs and wants of individuals.

(Adapted from National Business Group on Health)

Health Matters 2006-2015

- Personal Health Assessments
- 100% coverage for preventive care
- Health, Wellness and Safety fairs
- Wellness Fund reimburses $240/year for wellness related activities that the employee prefers
  - Winner of American Heart Association’s Worksite Innovation Award in 2008!
  - Now includes bicycles for adults and Wellness related game software for Wii™, XBox™, PlayStation®, etc.
- Onsite fitness centers and weight loss programs
- Onsite Employee Health and Wellness Centers (EHWC)
- Healthy vending machine choices
- Onsite smoking cessation clinics and tobacco free health plan reward for non-smokers
- Wellness Reward
- Nurse Health Coach
- Top Ways to Save on Health Costs
- Weight Watchers at Work

EHWC Brochure

Employee Health & Wellness Center

Top Ways to Save on Health Costs

- Weight Watchers at Work

American Heart Association
Learn and Live.
Obtaining Buy In from Senior Leaders and Employee Opinion

Vision: How Erickson Living defines a healthy and productive worker
- Not using tobacco, alcohol to excess, or illicit drugs.
- Maintaining body mass index (BMI) ideally at 25 or less.
- Regularly performing appropriate levels of physical activity.
- Complying with recommended preventive health practices.
- Has the psychological skills that enables success in highly demanding work environments.
- Works in a safe and healthy work environment.
- Is productive at work and is ready to respond to changes necessary to provide the very best service to your residents.

Healthy Communities Start With Healthy, Engaged Employees

Voice of our Employees
- Personal information not included for privacy purposes.
- 52 y.o. female housekeeper for BP check. NP noticed asymmetric lip & favoring left side. She cried & said her face was numb. 911 call & received TPA therapy in ER, avoiding a stroke. “God bless you, you saved my life”
- 46 y.o. male general services worker with cold. Heart exam revealed loud murmur. Cardiologist visit revealed leaky heart valve but normal heart function. Valve repair done with good outcome & back to work. “The Cardiologist told me you found it before it damaged my heart”
- 55 y.o. female housekeeper with sinus symptoms. Irregular pulse noted. EKG showed arrhythmia. Brother died at 42 from same problem. Cardiologist visit for medications to control her heart rate. “I was afraid I would die young as well”
- 48 y.o. female laundry worker for BP medication. BP dangerously high at 210/113. Clearly depressed due to loss of daughter in last year (leaving her with 2 children) & loss of mother 1 month ago. EAP referral, then counseling. 2 weeks later, BP normalizing, in therapy & wants to quit smoking in new year. “You really care about me”
Employee Communications

Creativity in marketing

- Simplicity
- Unexpected
- Emotions
- Concrete
- Credibility

**Erickson Living Health Matters 2015 Communication Strategy**

<table>
<thead>
<tr>
<th>Communication Objectives</th>
<th>Communication Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Health Matters Committee</td>
</tr>
<tr>
<td></td>
<td>EHWC Champion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Matters</td>
</tr>
<tr>
<td></td>
<td>EHWC Community Human</td>
</tr>
<tr>
<td></td>
<td>EHWC Human Resources</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
<tr>
<td></td>
<td>EHWC Health Promotion</td>
</tr>
</tbody>
</table>

**March 2015**

- **Community Human Resources**
  - Health Matters Committee
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

**February 2015**

- **Communication Objectives**
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

**January 2015**

- **Communication Objectives**
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

**Creative Paths**

- Stories
- Unexpected
- Concrete
- Credibility

**Health Matters Benefit of the Month**

- March 2015
- Health Matters Committee
- EHWC Champion
- EHWC Health Matters
- EHWC Community Human Resources
- EHWC Health Promotion

- Communication Objectives
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

- Creative Paths
  - Stories
  - Unexpected
  - Concrete
  - Credibility

**Health Matters Benefit of the Month**

- March 2015
- Health Matters Committee
- EHWC Champion
- EHWC Health Matters
- EHWC Community Human Resources
- EHWC Health Promotion

- Communication Objectives
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

- Creative Paths
  - Stories
  - Unexpected
  - Concrete
  - Credibility

**Health Matters Benefit of the Month**

- March 2015
- Health Matters Committee
- EHWC Champion
- EHWC Health Matters
- EHWC Community Human Resources
- EHWC Health Promotion

- Communication Objectives
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

- Creative Paths
  - Stories
  - Unexpected
  - Concrete
  - Credibility

**Health Matters Benefit of the Month**

- March 2015
- Health Matters Committee
- EHWC Champion
- EHWC Health Matters
- EHWC Community Human Resources
- EHWC Health Promotion

- Communication Objectives
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

- Creative Paths
  - Stories
  - Unexpected
  - Concrete
  - Credibility

**Health Matters Benefit of the Month**

- March 2015
- Health Matters Committee
- EHWC Champion
- EHWC Health Matters
- EHWC Community Human Resources
- EHWC Health Promotion

- Communication Objectives
  - EHWC Champion
  - EHWC Health Matters
  - EHWC Community Human Resources
  - EHWC Health Promotion

- Creative Paths
  - Stories
  - Unexpected
  - Concrete
  - Credibility
2014-2015 Flu Vaccine Campaign: I Did It For You!

- **Goal:** Increase employee flu vaccination rates.
- **Goal:** Encourage employees to think about those who benefit from them getting their flu shots.
- **Goal:** Ensure Erickson meets regulatory requirements for Continuing Care employees.
- **Goal:** Campaign included clings, flyers, and certificates.

---

Beat the Pack

- **Goal:** Awareness of tobacco-free campus and drive appointments to Beat the Pack sessions.
- **Goal:** Reinforce the commitment to healthy work environment and inform employees about Beat the Pack sessions, Wellness Fund use, and reduced health plan premiums for employees committed to quitting.
- **Goal:** Campaign reflected poster look and feel in an oversized direct mail piece.

---

Health Matters Benefit of the Month

- **Goal:** A Fresh Start. A New Beginning. Wright State is done for all Employees!
- **Goal:** Free gift to the first 20 people who enroll!
- **Goal:** Get Started!
Employee communication strategy centered around building trust

Two Pillar Communication Strategy

- Newsletter announcement and Q&A from Medical Director
- Introductory letter from Nurse Health Coach

Key Phrases in Communication Strategy

- Quality Care
- Confidentiality
- Voluntary
- Incentives
- Affordable
- Control Out of Pocket Expenses

Spreading The Word

Members identified as having a gap in care related to any of the 8 chronic diseases managed, will receive up to 3 personalized preventive chronic care reminders each year.

- Reminders for HbA1c and Cholesterol screenings, Beta Blocker and Asthma Controller adherence, eye exams for diabetics and more.
- Directs employees to their personal physician and Health Advocate Personal Health Advocates (PHAs) and Nurse Coaches.
- Encourages completion of important tests, provide guidance to evidence-based care, promote wellness/lifestyle changes and medication compliance.

Personalized Health Communications

Chronic Care Solutions
**Key Insights**

Effective and efficient employee health and wellness communications:
1. Align with mission, values and strategic goals of company.
2. Engage leaders.
3. It's all about the target audience.
4. Requires planning.
5. Be passionate and positive.
6. Call to action.

*Make the time… Make the investment… make the connection!*

---

“Relate to others individually to get the results you seek.”

Author Unknown

---

Some quality improvement initiatives fail mainly because senior leaders or employees didn’t really understand and buy in to the effort or… The leader didn’t manage process changes well to align with the goals.

---

“Deming’s System of Profound Knowledge

*W. Edwards Deming

The New Economics*
Always be employee focused

- Be responsive.
- Meet with your internal and external customers on a regular basis.
- Support that Constancy of Purpose in the organization.
- Communicate process improvements and value to all your customers. They will continue to provide you with valuable input.
- Visioning is a never ending competency to be practiced through systems of communication and engagement.

Group Assignments for Selected Management Dilemmas Submitted by Attendees

Selected References - 1


Debriefing and Take Away Tools/Resources
Selected References - 2


Resources – Roger Chaufournier

Value in Health Care-Future State HFMA file:///C:/Users/Roger/Downloads/4cf9e399-a3c4-463b-996f-554ea59b80f5.pdf
IHI.org

Recommended Additional Readings – Roger Chaufournier

- The Deming Management Method, Mary Walton
- Juran on Planning , Joseph M. Juran, Ph.D.
- The Fifth Discipline: The Art and Practice of a Learning Organization, Peter M. Senge
- Out of the Crisis, Edwards Deming
- The Improvement Guide, Langley et al.
- The Malcolm Baldrige National Quality Award Criteria – National Institute for Standards and Technology
  www.healthdisparities.net
- Green Book (www.clinicalmicrosystem.org)
- HRSA HIV/AIDS Quality Center Quality Academy on line tutorials for Q