Texas Tech Physicians of Lubbock
2012-2013 Business Plan

Goal 1 – Patient Satisfaction

To exceed our patient's expectations as evaluated by the patient and to compare ourselves to other successful practices across the nation.

Goal 1.1: Achieve National Recognition in Patient Satisfaction

Objective - Increase national percentile rank as follows

- 1.1 Compared to Academic Centers/ Medical School
    - I. 80th percentile by 10/1/13
    - II. 85th percentile by 10/1/14
    - III. 90th percentile by 10/1/15
    - IV. Tactic/Metric
        - a. Improve/maintain survey section minimum mean scores by 10/1/15 and make improvement plans as necessary when score is below minimum:
            - i. Access to Care – 93.5
            - ii. Moving Through Visit – 90.0
            - iii. Nursing – 95
            - iv. Care Provider – 95
            - v. Personal Issues – 95
            - vi. Overall Assessment – 95
        - b. Increase overall percentage of 5's to
            - i. 80% by 10/1/13
            - ii. 82% by 10/1/14
            - iii. 85% by 10/1/15
        - c. Increase ALL individual departments percentile rank to a minimum of 50 compared to medical schools by 10/1/13

Goal 1.2: Implement Incentive Performance Program

Objective: Reward departments and individual employees for achieving specified criteria

- Overall department improve percent of 5's to 85 by end of each quarter. 85% or better will earn catered meal for entire department
- Improve PSS specific question, "courtesy of registration staff" to 85% 5's during each quarter. 85% or better will earn each PSS staff member the "reel reward"
- Improve Nurse specific survey section to 85% 5's during each quarter. 85% 5's will earn each nursing staff member the "reel reward"
- Improve care provider (CP)survey section and wait time question as follows:

I. 95% 5's on CP section and 85% 5's on wait time question will earn 100% of regular annual augmentation
II. 90-94% on CP section and 80-84% on wait time question will earn 75% of regular annual augmentation
III. 89% or less on CP section and 79% or less on wait time question will earn 25% of regular annual augmentation
- Nurse/PSS staff positively mentioned by name on a returned survey during a quarter will become eligible for $100.00 extra pay to be paid quarterly. (1 nurse & 1 PSS)
- Any staff, including physicians, mentioned positively by name on a returned survey during fiscal year will become eligible to receive $500.00 (one winner per year)
- Improve "Moving Through Visit" survey section to 85% 5's during each quarter. Each department earning 85% 5's in this survey will have earned program incentives funded by the Dean's office

Goal 1.3: Establish Patient Focus Groups

Objective: Obtain direct patient feedback relating to the patient experience to determine strengths and weaknesses for use in recognition and improvement initiatives.
- Tactic/Measurement
    I. Host one "New Patient" and one "Established Patient" focus group per quarter within two weeks of quarter end
        - Patient Services will produce a "Strength & Weakness" report within one week of focus group meeting based on information received from focus group participants and provide to practice and clinic leadership
        - Each department will create a quarterly action plan within 2 weeks of receiving the Strength & Weakness report addressing a weakness or suggestion identified in the report
        - Each department will report at a quarterly "Focus Group Follow-Up" meeting with practice and clinic leadership outlining:
            o action plans
            o expected outcomes
            o actual outcomes

Goal 1.4: Implement CGCAHPS (Clinicians & Groups Consumer Assessment of Hospital & Provider Systems) Survey

Objective: Implement CGCAHPS survey in all clinics by 9/1/13
- Utilize Press Ganey as survey vendor
- Meet all CMS guidelines and requirements for surveying and sampling
- Study option of utilizing electronic survey process in tandem with mail-out process
    - Begin collection of patient email addresses by 1/1/13

- Collect 50% of established patient email addresses by 9/1/13 as determined by a GE Centricity report to be processed on 9/16/13

Goal 1.5: Improve Survey Response Rate

Objective – Increase overall practice survey response rate as follows:
- 20% by 10/1/13
- 22% by 10/1/14
- 25% by 10/1/15
- Tactics & Measurement
  - All clinics utilize the "Important Message" card by 1/1/13
  - Implement a process to randomly insert "survey reminders" in billing statements
  - Post "survey reminder" signage in public areas
  - Implement quarterly promotional marketing campaign focused on completing surveys

Goal 1.6: Improve Access and Helpfulness on Telephone

Objective – increase mean score on "telephone access" survey question to:
- 90 by 10/1/13
- 90.5 by 10/1/14
- 91 by 10/1/15
- Tactic & Measurement
  - COPIC membership will mystery call each clinic 5x per quarter utilizing a standardized template creating a department grade
    - 100% of calls answered by 3rd ring
    - 100% of staff identify self when answering call
    - 100% of calls score full credit on the following soft skills:
      - Kindness
      - Helpfulness
      - Gracious (thank you for using/calling TTP)
      - Outgoing
      - Clear
      - Knowledgeable
      - Above/Beyond (is there anything else I can help you with)
    - 100% of PSS & nursing staff will view the Telephone Etiquette video produced by the People COPIC by 1/1/13

Goal 1.7: Improve Appointment Access

Objective - Reduce number of cancelled clinics
  - I.   Tactic & Measurement

- Create a "Cancelled Clinics Report" identifying current percent of cancelled clinics during FY 12 by overall practice, department, and provider
  - FY 12 "cancelled clinic report" will be completed by 11/1/12
- Utilize data from FY 12 "cancelled clinics report" and any special circumstances related to physician type (surgeon, etc.) to **determine baseline** for minimum acceptable percentage of cancelled clinics by overall practice, department and provider
  - Baseline to be determined by 11/12/12

II.   For FY 13, all clinical departments (100%) will submit a monthly "cancelled clinics report" to department chair, patient services, and CEO within 7 days of month's end detailing cancelled clinics by department and individual provider
- An "exceeding baseline" report will be created by patient services and submitted to the practice CEO and dean's office for review

Objective – Maximize patient-friendly scheduling templates

III.   Tactics & Measurements
- Identify best practice for double-booking based on discipline and appointment type
  - Provide departments with best practice guidelines for double booking by 12/1/12
  - All departments implement a double booking policy by 1/1/13
- Implement standard "patient no-show" policy
  - Create and implement no-show policy in all departments by 1/1/13
  - Determine current no show percent rates by practice, department, and provider based on FY 12 data by 12/1/12
  - Set specific improvement goals by practice, department, and provider based on FY 12 no show rates by 12/17/12
  - Departments will create monthly no show percent reports by department and provider within 7 days following end of month beginning 2/7/13 for January 2013 data
    - Report will be submitted to department chair, administrator, and practice CEO
    - Report will also be submitted to patient satisfaction COPIC champion for use in creating an overall practice report to be reported at leadership meetings

Goal 2 – Quality

Attain national recognition as a top performer in patient quality based on developing systems and processes that consistently meet or exceed applicable quality benchmarks and by following the principles of evidence-based medicine.

Objective 2.1: Meet or exceed all Meaningful Use criteria

- Tactic & Measurement
    I. Continue to develop and improve Electronic Health Record (EHR) functionality to support compliance with Meaningful Use (MU) criteria.
    II. Create a formal education program for providers regarding MU criteria, initiatives, and decision support embedded into the EHR.
        - Education Program developed by 9/1/2013
        - Training will become mandatory component of credentialing and re-credentialing.
        - Training will be provided through Health.edu
    III. Track physician progress and status on MU reporting measures.
        - Performance Improvement to track progress quarterly.
    IV. Report levels of MU criteria compliance to providers, departmental leadership, and clinic leadership in a timely manner.
        - Performance Improvement to report status to senior leadership on a quarterly basis.
        - Assist providers and departments in development of initiatives and action plans to achieve optimal implementation of EHR functionality associated with MU criteria.

Objective 2.2: Achieve optimal participation and compliance with the CMS Physicians Quality Reporting System (PQRS) measures

- Tactic & Measurement
    I. Identify PQRS reporting measures applicable to the Texas Tech Physicians of Lubbock (TTPL) organization at large and those applicable to departmental specific specialty and subspecialty.
    II. Create a formal education program for providers regarding PQRS.
        - Education Program developed by 9/1/2013
        - Training will become mandatory component of credentialing and re-credentialing.
        - Training will be provided through Health.edu
    III. Ensure all eligible providers are appropriately enrolled as PQRS program participants on an annual basis.

IV. Track outcomes associated with PQRS initiatives and report this information to providers, staff, departmental leadership and clinic leadership on an annual basis.
  ▪ Assist with development of action plans to improve outcomes as needed.

Objective 2.3: Continue to maintain Joint Commission accreditation, be survey ready at all times and strive for a "Clean Sweep" at the next survey with no citations

- Tactic & Measurement
  I. Provide annual education to providers and staff regarding the National Patient Safety Goals (NPSGs) through SPIRIT 5, annually core competency training, and screen savers on clinic computers.
  II. Track organizational compliance with NPSG initiatives through monthly quality audits performed in each department and through Press Ganey Patient Satisfaction Surveys.
  III. Provide education on each chapter of the The Joint Commission's Standards for Ambulatory Care to leadership, department administrators, staff and the organization's quality and safety committees on a monthly basis.
  IV. Complete annual survey of standards compliance through the Periodic Performance Review (PPR) process submitted to Joint Commission.
  V. Leadership will conduct survey readiness system-wide and individual patient tracers on a quarterly basis.
  VI. Aggressively market the value and significance of Joint Commission accreditation to TTPL Physicians, providers, residents, staff and our patient community through the Patient Handbook, posters, brochures and external marketing initiatives.

Objective 2.4: Initiate monitoring and meet goals for all DSRIP quality measures identified

- Tactic & Measurement
  I. Meet with DSRIP project teams bi-weekly to track the status of projects, evaluate challenges and successes and facilitate implementation of rapid cycle improvements.
  II. Evolve the design of manual and electronic audit tools to capture and submit relevant data.
  III. Provide project status reports to the appropriate members of the leadership team on a monthly basis.

Objective 2.5: Coordinate with University Medical Center (UMC) through the Master Coordinating Agreement (MCA) and strive to meet or exceed identified quality metrics

- Tactic & Measurement
  I. Meet with the UMC Performance Improvement Committee, clinical department Chairs and MPIP to discuss the status of MCA measures, current compliance rate and identify strategies for performance improvement.

- UMC provides monthly reports to clinic chairs and provides an update at MPIP on a quarterly basis.

II. Assist departments in preparation of "Access" related action plans when goals are not met and assist with follow up on that plan monthly.
- Access measured through Press Ganey Patient Satisfaction Survey.

Objective 2.6: Continue to perform quality of care audits of patient records and work to automate audits through use of the Electronic Health Record (EHR)

- Tactic & Measurement
  - I. Develop tool and perform annual quality audit using measures identified in the Joint Commission's SAC, CMS and Managed Care contracts.
    - Maintain a goal of 90 percent or greater on each audited measure.
  - II. Develop tool and perform monthly follow up audit on key measures and measures with low performance identified on annual audit.
    - Maintain a goal of 90 percent or greater on each audited measure.
  - III. Present reports that give feedback to involved departments as they become available and assist departments in preparation of action plans when goals are not met and assure follow up with that plan.
    - Clinic leadership receives reports on a monthly basis.
    - Reported at Quality COPIC and Clinics Ops Committees.
  - IV. Identify quality measures that can be monitored through the EHR and work to automate as much of annual and monthly audit process as possible.

Objective 2.7: Develop and standardize patient registries and tracking for chronic condition management

- Tactic & Measurement
  - I. Work with TTPL EHR department to implement registry capabilities within the current EHR and identify ways to track chronic condition management among providers.
  - II. Develop and implement a patient "Intake Clinic" to achieve 100 percent comprehensive EHR health history data entry by January 1, 2013.
  - III. Present reports that give feedback to involved departments on a quarterly basis.
  - IV. Assist involved departments in preparation of action plans when goals are not met and assure follow up with that plan.

Objective 2.8: Develop and implement a centralized TTPL Anticoagulation Clinic

- Tactic & Measurement
  - I. Implement an organization-wide Anticoagulation Management Clinic by 1/1/2013.
  - II. Work with TTPL and UMC to optimize functionality and safety of the electronic Coumadin Monitoring tool within the EHR.
  - III. Perform quarterly quality audit checks of the process to ensure optimal tracking and management of anticoagulation patients throughout the organization.

Objective 2.9: Identify, develop, and implement Clinical Transformation initiatives through the technology available in the Electronic Health Record (EHR)

- Tactic & Measurement
    - I. Conduct the Clinical Transformation Quality COPIC committee bi-monthly meetings targeting physician and provider engagement in identifying and prioritizing patient safety and quality of care initiatives using the EHR to provide:
        - o User friendly and real time physician dashboards reflecting the status of implementation of evidence-based practice guidelines with specific physician's patient populations embedded into the physician workflow.
        - o Physician decision support rules which fire based on patient health history data entered by "Intake Clinic" personnel.
        - o Appropriate and timely referrals.
        - o Tracking of patient monitors entered by patients through the Patient Portal, including, but not limited to, blood pressures, weights and glucometer readings
    - II. Work with TTPL and UMC to design and make available Clinical Transformation tools.
    - III. Collaborate with the organization's Continuing Medical Education department in development of CME offerings to providers regarding Clinical Transformation initiatives.

Goal 3 – People Development

To attract and retain a highly motivated, engaged, and productive group of employees who understand our "ideals" and have the necessary tools, training, and leadership to accomplish our Key Performance Indicators.

Objective 3.1: Open the SPIRIT recognition store by March 2013.

- Tactic & Measurement
    I. Establish the distribution mechanism and purchase items by December 2012.
    II. Develop tracking method of inventory to set up as share drive.
    III. Create general guidelines for Departments and distribute throughout by end of January 2013.
    IV. Work with local vendors on creation of web catalog. Development should be complete by end of January 2013.
    V. Begin distributing recognition awards by February 1, 2013.

Objective 3.2: Establish structured career ladders for Texas Tech Physicians.

- Tactic & Measurement
    I. Work with HR to map out current career structure.
    II. Work with HR to Establish standardized hiring base.
    III. Work with HR to develop curriculum on each PD for advancement.

Objective 3.3: Establish mentorship program for Texas Tech Physicians.

- Tactic & Measurement
    I. Identify what a 'mentor' is how they will be used along with NEO, and how they will be selected.
    II. Establish pay/augmentation for when these individuals are mentoring/training.
    III. Develop guidelines and PD for the mentors.

Objective 3.4: Develop a Training Program for Texas Tech Physicians

- Tactic & Measurement
    I. Identify leadership for the program.
    II. Identify trainers for the program.
    III. Develop a curriculum for the program with head/trainers that possesses knowledge of operations.
    IV. Establish timeline for training of new employees after completion of NEO.
    V. Launch program by Sept. 1, 2013.

Goal 4 – Financial Performance

To accurately project revenues and expenses for each budget, to manage to those budgets, and to achieve key financial targets, ensuring that sufficient capital is available to carry out our mission.

Goal 4.1 - Financial Reports

Objective - Texas Tech Physicians of Lubbock will utilize standardized financial reporting by July 1st, 2013.

- Tactic & Measurement
    - I.   A standardized financial reporting manual will be developed to help evaluate financial, production and operational performance. Manual will be a "how-to" to obtain information from respective databases.
    - II. Every month a Department will present "Key Findings" from these three reporting areas to the Finance COPIC. The presentation will promote an open source environment for discussion and improvement.

Goal 4.2 - Denial Management

Objective- Texas Tech Physicians of Lubbock will identify the top 5 denials for top 5 Payers for each Department, respectively. A system of analysis and evaluation will be in place by March 1st, 2013.

- Tactics
    - I.   One Department per month will be educated on their top 5 Denial sources for their top 5 Payers.
    - II. The Finance COPIC will work with the Department to impart strategies associated with denial management over the course of this business plan.
    - III. During the course of this analysis, resolutions to commonalities among denials within TTP will be focused on for future improvements.
- Measurements
    - I.   First Measurement (Year 1) will be a baseline for each Department
    - II. Second Measurement (Year 2) will be a reduction of 25% of Denials compared to baseline Year 1.

III.   Third Measurement (Year 3) will be a reduction of 10% of Denials compared to Year 2.

Goal 4.3 – Service to Posting

Objective- Texas Tech Physicians of Lubbock will consistently meet Service-to-Posting goals as established by the Practice. Currently the Practice goal is 100% of total charges posted within 45 days of date of service.

- Tactics
   I.   Every month a Department will present "Key Findings" from this Goal to the Finance COPIC.
   II.   The Finance COPIC will impart strategies to the Departments in order to deliver best practices on Service to Posting, when appropriate or non-compliant.

- Measurements
   I.   Departments that demonstrate a running quarterly average of less than 90% of the stated 45 day goal will be requested by the COPIC to deliver a 2 percentage point increase in Service-to-Posting for the following quarterly average.

Goal 4.4 – Collections

Objective- Texas Tech Physicians of Lubbock will increase collections by Provider and overall Practice over the span of the business plan.

- Tactics
   I.   Every month a Department will present "Key Findings" from this Goal to the Finance COPIC.
   II.   For improved Practice collection rate, the practice will employ the following tactics to the goal:
       a.   Increase clinic visits
       b.   Increase Point-of-Service collections
       c.   Focus on denial management (Goal 4.2)
       d.   Focus on "Missing Charges"
       e.   Management of the PCS work files

- Measurements
   o   PROVIDER LEVEL: Established baseline for comparative purposes will be the provider's net annual collection rate from FY 2012
   o   PROVIDER LEVEL: 2% increase in the Net Annual Collection Rate per Provider per year.

o PRACTICE LEVEL: Using Annual NET Collection Rate (for the Practice) as established at Y/E Fiscal Year 2012, strive for a 2% year-over-year increase.

Managed Care COPIC

Goal 4.1: Begin implementation of Payor Contracting Module in GE Centricity Business by FY14, to be fully implemented by FY15; secure, train and maintain adequate staffing for implementation

Objective - Obtain fee schedules from all possible payors on an ongoing basis

- Tactic & Measurement
  I. Determine payor fee schedule update schedule by June 2013; document the schedule in a special calendar on an ongoing basis
  II. Create fee schedule requests based on payor update schedules and calendar reminders

Objective - Create usable fee schedule information for participating payors on an ongoing basis.

- Tactic & Measurement
  I. Determine all needed formats for various fee schedules from any one payor (e.g. separate schedules for facility and non-facility; modifier schedules, etc.)
  II. Request and acquire payor fee schedules from as many payors as possible
  III. Format payor fee schedules for upload to GE Centricity

Objective - Begin upload of formatted fee information by September 2013; complete Payor fee uploads by March 2014 (depending on adequate staffing)

- Tactic & Measurement
  I. Payor fee schedule uploads to GE Centricity are coordinated with the MPIP Business Office on an ongoing basis
  II. All available payor fee schedules are loaded into GE Centricity by September 2015

Objective - Create and implement a plan for ongoing maintenance of updated payor fee schedules

- Tactic & Measurement
  I. Using payor fee schedule update calendar, create reminders for receipt of updated schedules
  II. Maintain a process for fee schedule formatting for upload to GE Centricity
  III. Coordinate ongoing processes with MPIP Business Office for upload

Objective - Determine information needs for programming each payor's adjudication rules by March 2014 (given adequate staffing); implement programming for all payors by September 2014

- Tactic & Measurement
  I. Learn Payor Contracting Module requirements and programming processes
  II. Determine a process for requesting/ receiving adjudication information from payors
  III. Implement/program a single test payor with rules programmed into GE Centricity to test against real claims adjudication (first in test environment, then move to "live")
  IV. Replicate successful processes for additional payors

Objective - Create training information for use of Payor Contracting Module reports for Clinical Department use by FY15

- Tactic & Measurement
  I. Determine available information from GE Centricity on training for this Payor Contracting Module
  II. Adapt available information and sample reports for use by Clinical Departments and others

Goal 4.2: Bi-annual Charge Master update

Objective - Create and implement a TTP-Lubbock charge master update process by February 2013

- Tactic & Measurement
  I. Determine desired parameters for annual change master updates by November 2012
  II. Determine involvement and processes of various Departments needed by November 2012
  III. Publish the process to all Clinical and Central Departments for reference by February 2013

Objective - Create and implement a process for onetime charge master change requests

- Tactic & Measurement
  I. Determine desired parameters for onetime change master updates by December 2012
  II. Determine involvement and processes of various Departments needed by December 2012
  III. Publish the process to all Clinical and Central Departments for reference by April 2013

Goal 4.3: Determine need (ongoing) for an additional Enrollment Coordinator in Provider-Payor Relations Department due to Anesthesiology part-time contract provider enrollment by June 2013

Objective - Evaluate Anesthesiology part-time contract provider usage on an ongoing basis

- Tactic & Measurement

      I.   Input from Anesthesiology solicited
      II.   Determination of impact on PPR staff workload

Objective - If determined an additional Enrollment Coordinator is warranted, determine how the position will be funded

- Tactic & Measurement
  - I.   Anesthesiology?
  - II.   UMC?

Goal 4.4: Enhance or increase payments from managed care payors

Objective – Employing RVU, utilization and payment analysis, determine payors with whom to initiate fee and/or contract language updates annually, maximizing fee schedule opportunities; use ongoing market intelligence to identify opportunities for increased revenue from managed care payors

- Tactic & Measurement
  - I.   Produce an annual analysis of payor payments by RVU, overall payments, and utilization.
  - II.   Identify those payors with whom payment per RVU (or other data based rationale) shows to be out of line, or could be leveraged for increased rates; open negotiations
  - III.   Identify those payors whose contracts are in need of language updates; open negotiations
  - IV.   Identify opportunities for pay-for-performance payment maximization; open negotiations

Goal 5 - Business Development

To strategically position Texas Tech Physicians by utilizing innovative business thinking through the use of creative marketing, courageous entrepreneurship, and exceptional customer service.

Objective 5.1 - Increase premium payor collections to 50% (as a percentage of premium payor collections to total collections) in Texas tech physicians of Lubbock by 2015

- Tactic & Measurement
  - I.   Continue to monitor and measure premium payor collections on a quarterly basis
  - II.   Continue to provide feedback to the departments/leadership regarding premium payor percentages
  - III.   Continue to provide tips and suggestions for increasing premium payor collections

Objective 5.2 - Increase employer outreach for premium payors

- Tactic & Measurement
  - I.   Continue to identify premium payor employer groups for marketing/outreach
  - II.   Plan and facilitate outreach to premium payor groups to improve percentage of premium payor patients

Objective 5.3 - Accomplish internal referral accountability goals as follows:
- ▪ 80% by 2013
- ▪ 85% by 2014
- ▪ 90% by 2015
- • Tactic & Measurement
  - I.   Identify reports to measure and monitor referrals by TTP physicians
  - II.   Provide feedback to departments on individual faculty and their referral patterns
  - III. Identify and provide information to individual departments as to why referrals are not being retained within TTP
  - IV. Heavy reporting to department chairs and School of Medicine leadership of significant referrals out of TTP

IT COPIC

Objective 5.4 – Implement the Patient Portal (IQ Health) in all clinics.
- • Tactic & Measurement
  - I.   Achieve 100% implementation in all clinics by August 31, 2013.
  - II.   Monitor clinic implementation to ensure the success of the project.
  - III. Provide implementation support for each clinic

Objective 5.5 – Explore the expansion of the appointment reminder Text program
- • Tactic & Measurement
  - I.

Objective 5.6 – Explore the implementing the integration of medical records information into the external Health Information Exchange
- • Tactic & Measurement

Objective 5.7 –Explore the implementation of an electronic kiosk for patients to facilitate the check-in process in appropriate clinics
- • Tactic & Measurement
  - I.

Objective 5.8 – Explore the creation of the Official Texas Tech Physicians smartphone app
- • Tactic & Measurement
  - I.

Objective 5.9 – Provide public/patient Wi-Fi access to all clinic waiting room areas
- • Tactic & Measurement
  - I.   Public/patient Wi-Fi available in all clinic waiting rooms by 3/31/2013.