8 THINGS YOU NEED TO KNOW WHEN EVALUATING A PHYSICIAN SCORECARD SOLUTION

EXECUTIVE BRIEF

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INTRODUCTION

Individual physician performance has a direct impact on a health system's financial, patient safety, and care quality initiatives. As hospitals strive to deliver better care at lower costs, they will need to align physicians to drive the clinical practice changes necessary to reduce variations in care, improve the quality of care, and wring out inefficiencies and waste.

Forward-thinking hospitals are seeking to address multiple objectives when evaluating a physician scorecard solution:

☑ Automate the data collection, integration, and benchmarking process to deliver physician performance evaluations that meet The Joint Commission's Ongoing Physician Performance Evaluation (OPPE) requirements and frequencies.

☑ Deliver actionable information to physician leadership to identify, quantify, and prioritize performance improvements.

☑ Share accurate and timely information with each physician to allow self-monitoring of performance, and to provide a means to engage the physician to drive necessary changes.

The 8 selection criteria presented in this brief represent the key requirements Dimensional Insight has gathered over the past ten years from our work with hospitals across the United States on their business intelligence initiatives.

1. INTEGRATE MULTIPLE DATA SOURCES

Does the Application Automate the Integration of All Datasources Required for a Complete Assessment?

To produce comprehensive physician performance assessments, it is necessary to combine and summarize large volumes of data from multiple hospital information systems and external sources, and convert those into a single data set for reporting, display, and analysis. Information is needed from a variety of data sources, including: EHR and other clinical systems; cost accounting, GL and other financial systems; supply chain and other operational systems; external benchmark services; clinical quality measures; and patient satisfaction data.

This information needs to be available at both the individual and aggregate level (practice group, specialty, hospital/facility), and should include quantifiable measures of utilization, outcomes, patient satisfaction, and quality and safety measures based on patient encounters across the settings of physician-provided care. This is a difficult task, but fundamental to making better data-driven decisions.
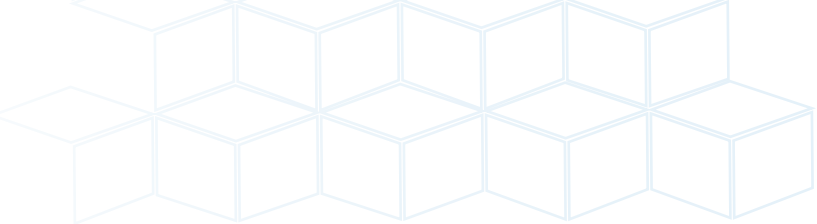
2. TAILOR BENCHMARKS

*Do You Have
Flexibility to
Tailor Benchmarks?*

Most hospitals have a variety of external benchmark sources they use to evaluate physician and overall health system performance. It only makes sense that they would want to incorporate these sources into their physician performance tool.

Does the application require you to use a specific benchmarking service, which may or may not be relevant, or do you have the flexibility to use alternate sources?

Your organization might also want the ability to compare itself to a specific peer group cohort, such as top quartile performance of acute care hospitals with more than 200 beds within a particular geographic area. Will you be able to do that?

Benchmark data should be capable of being applied at a detailed level, ideally based on expected values derived at the patient encounter level, and should be severity adjusted where possible.

Additionally, hospitals want to incorporate hospital-specific benchmarks, such as patient satisfaction data, to help them better understand physician performance. Does the solution you are evaluating let you do that?

The ability to tailor and incorporate custom benchmarks in ways that maximize the potential to positively impact your organization is a core requirement for any physician scorecard application.

3. USE TIMELY DATA

Is the Data Timely?

To maximize opportunities to respond effectively to information while it's still fresh, a physician performance evaluation application needs to be capable of automatically updating data as soon as it is available. For example, patient encounter data becomes available daily and provides the basis for utilization and outcomes measures. Patient satisfaction surveys and quality measures, on the other hand, become available less frequently—on a monthly or quarterly time cycle—and can be imported into assessments at those intervals.

The sooner information is available, the greater the probability it will lead to insight and action. As time transpires, the window for action shrinks. Being able to present physicians with timely, up-to-date assessments—based on their most recent cases—provides the best opportunity for effective response.
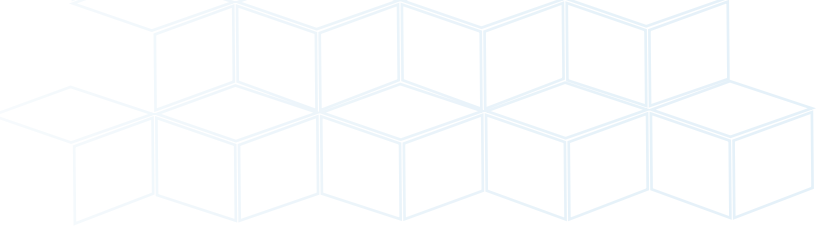
4. CAPTURE DATA FROM ACROSS CARE SETTINGS

Does the Application Capture Data Across Care Settings?

Creating a complete picture of physician performance in all spheres of practice is key to a comprehensive assessment. Does the physician scorecard solution capture encounter data across care settings—emergency, observation, ambulatory surgery, and outpatient clinic, in addition to inpatient?

One of the biggest opportunities to improve both efficiency and care quality is reducing variations in care. This requires visibility into the physician's performance across care settings and practice patterns. You also need to be able to examine the data from multiple perspectives—by physician, practice, specialty,

and facility—in order to pinpoint problems, as well as detect patterns such as best practices. Access to the underlying data is crucial for providing details and engaging in constructive dialogue with the physician.

In an era of new business models, such as accountable care organizations and bundled payments, it is going to be the norm to measure, monitor, and manage at the patient and population level across multiple settings of care to reduce overall costs and drive improvements in care. Being able to use your physician scorecard solution in support of those efforts is a good step in that direction.

5. EMBED ANALYTICS

Are Analytics Embedded?

Interactive analytics should be a part of the solution to let administrators and physician leadership easily interact with a point-and-click on a key performance indicator to examine underlying data, down to the case-level.

Ad hoc analytics should also be available to detect patterns that may not be obvious when reviewing individual physicians. Ad hoc analytics

can give users the ability to: uncover outliers in areas such as quality, safety, utilization, and patient satisfaction; perform in-depth analysis to identify root cause; and allow users to answer their own questions of the data without requiring IT assistance.
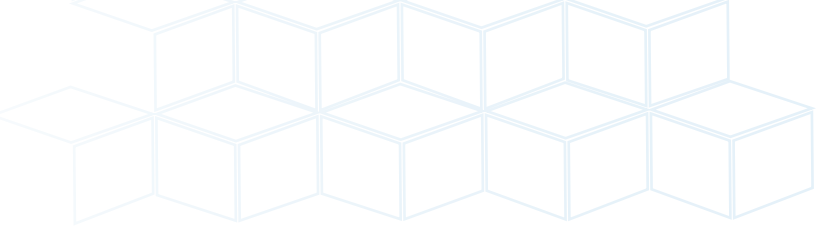
6. MAKE INFORMATION ACCESSIBLE TO PHYSICIANS

Is the Information Accessible and Usable by Physicians?

Physicians practicing in a hospital environment typically have limited visibility into summarized information that would provide an objective indicating how they are performing relative to their peers within the hospital or to other benchmarks. The rising groundswell to simultaneously reduce costs and improve quality makes it essential for physicians to know where they stand. They need to be able to easily and intuitively monitor their performance, examine the impact of their practice patterns, and make changes to their practice as a result of the information.

The information needs to be accurate and objective and incorporate risk and severity adjusted data for consistent performance comparisons. Providing access to data in a timely manner also helps to facilitate change. Being able to get down into encounter level detail beneath both the individual and organizational performance in a context that facilitates constructive dialogue around performance improvement between the physician and hospital administration is crucial.

## 7. IDENTIFY & QUANTIFY IMPROVEMENT OPPORTUNITIES

Does the Application Identify and Quantify Improvement Opportunities?

A physician performance assessment solution needs to not only more effectively automate Ongoing Physician Performance Evaluation (OPPE) requirements and frequencies, but identify and quantify improvement opportunities. Can the physician scorecard solution you are considering aggregate and analyze data to understand how physician practice patterns are affecting overall hospital performance? Can it help you set targets for performance improvements, and then track and monitor performance initiatives in pursuit of those targets? Can it pinpoint the physicians who are in the best position to contribute to those improvements?

You need to be able to identify opportunities, measured by utilization and/or outcomes, by hospital within the health system, specialty

within the hospital, or groups within a specialty, and set targets for performance improvements. You need to compare current performance relative to targets, aggregating information on utilization, quality, and patient satisfaction for individual physicians' patient populations. You also need the ability to compare practice patterns, taking into account differences in case volumes and mix, to objectively compare performance.

With such capabilities, you'd be in a position to affect real change on costs and quality, built on objective, data-driven analysis of and communications with your physicians.
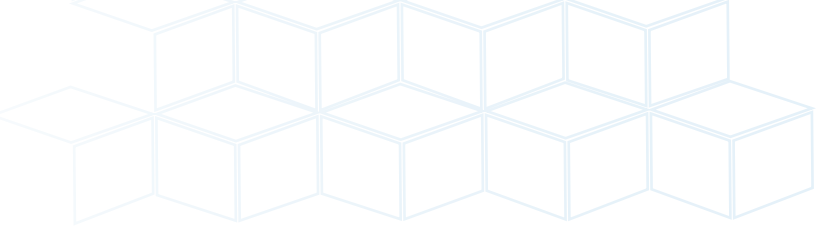
8. PROVIDE FLEXIBLE DEPLOYMENT OPTIONS

*Are Multiple Deployment Options Available?*

Are multiple deployment options available for the physician scorecard application? Every organization possesses unique environmental and system considerations. You may be looking for a vendor to host your application, or want more control over the implementation and so are looking for an on-premise solution. Or due to other circumstances, you're looking for a hybrid solution combining both on-and off-site deployment and maintenance capabilities.

It is important to align your requirements with a vendor's deployment options. Technology flexibility and a range of options should be on your checklist to ensure you get the deployment solution that fits your needs.

SUMMARY

Continuous change is the new norm in the healthcare world. Forward thinking hospital physician leaders are leveraging next-generation physician performance evaluation solutions to better manage, align, and engage with their physicians to improve care delivery and reduce costs, especially in the face of reform and regulation. The 8 considerations described here are critical capabilities for putting in place a foundation for enabling real change.

If you are currently researching physician performance management tools, please visit
Provider Advisor™
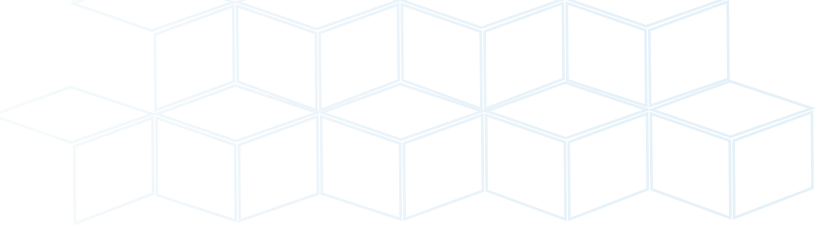
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