



KEY QUESTIONS AND ANSWERS FROM IMPROVING THE PERFORMANCE OF EMPLOYED PROVIDERS

1

How do you measure clinical performance at an individual physician level?

This is very specific to specialty; you want to think about how to weed through the noise of all the industry-related metrics and think instead about the clinical, operational, and resource utilization metrics that are important for that specific specialty. This is where it's helpful to have an external partner with experience in a certain specialty help you understand which metrics move the dial—and which are just nice to have.

The metrics on which you choose to evaluate your providers must be aligned with what the system itself is measuring. At both the organization and provider levels, choose metrics that are meaningful to the outcomes of the patient and are also driving down costs. Lastly, provide performance information and benchmarks in real-time, if you can, so the provider gets feedback right away and can adjust or continue behavior accordingly.

2

How do you balance provider satisfaction and buy-in while still achieving financial success?

Buy-in is a challenge that we all face whenever we are trying to move an initiative forward. The answer to this is two-fold.

First, bring in your physician influencers early—both your biggest supporters and your most adamant naysayers—and listen to them. Hear about their operational pain points and what solutions they think would work. If you can execute on it now, follow up and do it. If you can't execute now, don't give the slow no. Instead, convey that you hear their challenges, respect their solutions, and will certainly come back to this request if you find a way to execute on it in the future. There needs to be full transparency in what the organization is trying to accomplish; involving the providers in decision-making really helps with engagement, trust, and buy-in. There is always going to be a small percentage that will continually try to resist and won't want to change, but try to keep your mind and energy on the positive influencers who are able to get their peers involved and engaged as well.

Second, focus on retention. You may face some initial concern if you partner with an outside management practice program. Providers can feel like their jobs are at-risk or that their careers are now owned—but that's not the case. Demonstrating that providers' voices are welcome and valued is key to successful retention. As an example, less than 5% of providers left Centura Health after they began a partnership with SCP Health due to their collaborative, interactive communication. In fact, that partnership instilled such an engaging, best practice culture that Centura was able to grow their permanent provider teams substantially with SCP Health.

3

What sort of “governance” or regular meeting structures are you using to change the practice performance and culture?

If you aren't intentional about your meeting structure and cadence, you won't accomplish your goals—none of us will. Some of the most important factors that influence the structure of your meetings are the scope of the parent health system, the number of hospitals and number of providers, and the geographic location(s).

Altogether, you must have a consistent meeting plan. In SCP's partnership with Centura, for instance, there are monthly medical director steering committee meetings and quarterly governance council meetings. Additionally, we augment these structured meeting forums with an intentional task force initiative strategy where we handle priority issues in real-time by gathering up the stakeholders and finding a solution.

Of course, no matter what structure and cadence you decide is right for your organization, it must be governed by intense communication. You have to communicate frequently and continuously.

4

What mix of physician compensation between base salary and incentive amounts do you recommend?

This is a question that many leaders have struggled with for a long time. The typical mix percentage between base salary and incentive compensation should include, at minimum, 25% in incentive pay. This incentive percentage will align the provider group with your priorities and convey the importance of your compensation plan strategy.