Developing Provider "Scorecards" for Patient Leakage Measurement

HSG advisors

Developing Provider "Scorecards" for Patient Leakage Measurement

- **Abstract:**
  - Strategic referral development and patient "leakage" measurement are critical for continued growth.
  - Using a combination of claims-based and internal data to analyze provider relationships is the most impactful way to identify and remove access barriers, prioritize provider outreach, build closer physician alignment, and optimize your network.
  - Utilizing these data elements to build provider-level "scorecards" will identify the most immediate opportunities for incremental patient retention and revenue growth within the health system.

- **Learning objectives:**
  - Apply key lessons and identify best practice measurement tools and KPIs required to increase patient "leakage" in their markets.
  - Adapt use-case examples of how health systems are integrating claims-based physician relationship analytics and business development efforts to quickly and strategically grow their organizations.
  - Review specific examples of "provider scorecards" organizations are building to measure revenue-growth within their networks.

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Managing Director, HSG Claims Data Analytics

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Strategic Healthcare Executive experienced in utilization of data in system- and organizational-level strategic planning and growth.

EXPERTISE

- Claims Data Utilization
- Market Analytics
- Service Line Growth
- Medical Staff Development Planning
- Provider Need
- Market Development Strategy

PROFESSIONAL EXPERIENCE

- Managing Director and Chief Strategy Officer at HSG Advisors.
- Provider of Claims Data Analytics market-level insights several hundred hospitals and health systems nationwide.
- Development of primary care and service line growth plans resulting in multi-million dollar increases in incremental service line and organizational revenues.

EDUCATION

- MBA, University of Utah David Eccles School of Business
- MHA, University of Utah David Eccles School of Business
- BS, Pre-Medicine w Business Minor, Brigham Young University
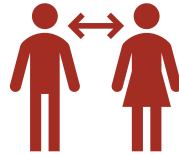
Presentation Overview

- **The Imperative to Measure Patient Leakage Differently**

- **Variation in Patient Leakage**

- **How Are Health Systems Utilizing a Claims-Based Approach to Patient Leakage?**

- **Questions and Discussion**

The Imperative to Measure Patient Leakage Differently

How Do Most Health Systems Measure Patient Leakage?

Many organizations rely on inadequate data and analyses to infer patient behavior.

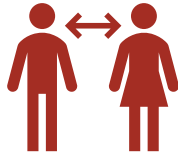| Anecdotal Observations	Electronic Medical Record
• Personal experiences are critical during drill-down to define root cause • Only tells us what we "feel" is happening • **Should not be a measurement metric**	• Typically focused on identifying referrals leaving the network as part of a referral management strategy • Outputs are **only as good as the inputted data** • Misses any care provided at other facilities

Barriers to Retention of Patients

"Provider referral" is only one of many reasons a patient stays in a network – or doesn't.

Patient Factors	Provider Factors	Operational Factors
• **Brand Loyalty:** Prior experience and/or relationship with a provider or health system • **Provider Reputation:** Word of mouth or website • **Geography Considerations:** Travel time, difficulty to travel, etc. • **Insurance Issues:** High co-pays and deductibles essentially make patients self-pay	• **Existing Provider Relationships:** Long-term colleagues and/or providers with existing level of trust • **New Provider Relationships:** Provider treatment philosophy, communication patterns, interpersonal treatments of patient/family • **Health System Alignment:** Employed, aligned, or other health system arrangement • **Insurance Issues:** Consistent with others plus pre-authorization processes	• **Practice Access:** Time to next available appointment • **Insurance Issues:** Closed networks including commercial, self-insured, direct to employer contracts • **Scheduling:** Anything from provider schedule availability to ability to answer phone calls for connecting with patients to schedule

Identifying Leakage Due to Patient Retention Barriers

A broader, claims-based look at the care continuum and how patients seek care within it is needed to understand opportunities to increase patient retention.

Anecdotal Observations	Electronic Medical Record	All-Payer Claims Data
• Personal experiences are critical during drill-down to define root cause • Only tells us what we "feel" is happening • **Should not be a measurement metric**	• Typically focused on identifying referrals leaving the network as part of a referral management strategy • Outputs are **only as good as the inputted data** • Misses any care provided at other facilities	• Can provide holistic portrait of patient care • Detailed **data facilitates multiple analytic approaches** • Some data redactions due to privacy protection • Typically requires 3rd party vendor relationship

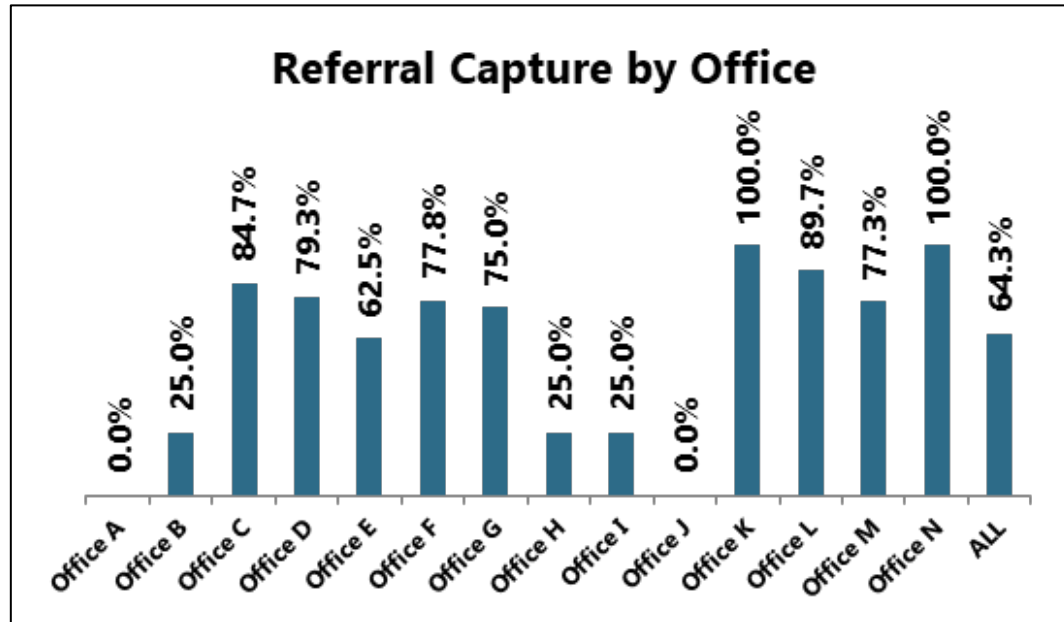# Benefits of a Claims-Based Approach to Patient Leakage

- Focused on internal patient journey
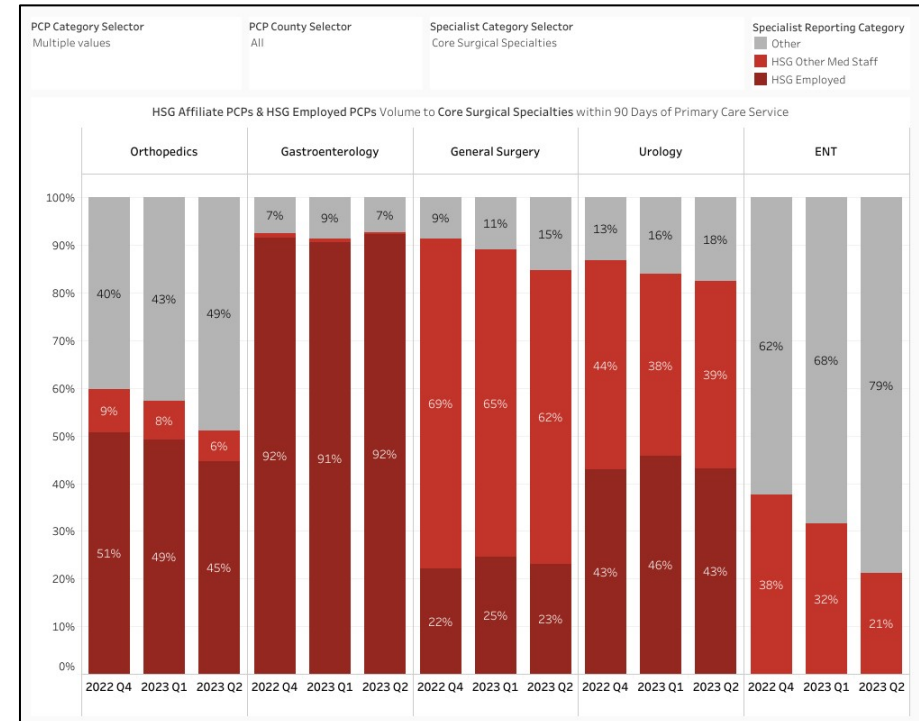- Misses any care provided at other facilities

- Provides holistic portrait of patient care
- Easier identification of "Patient Leakage"

Electronic Medical Record	All-Payer Claims Data

Variation in Patient Leakage

Variation in Patient Leakage

Geographic Variation

- **Market Geography** (Primary, Secondary, Other Market Definition)

- **Location Provider Mix** (Primary Care Only, Primary Care + Urgent Care, Primary Care + Multispecialty)

- **Location Type** (Provider Only – Single Specialty, Provider Only – Multispecialty, Provider + Ancillary Services)

- **Ease of Travel** (What is Nearby?)

Provider Variation

- **Provider Alignment with Organization** (Employed, Independent, Competitor)

- **Access Point** (Traditional Primary Care, Urgent Care, Emergency Room)

- **Specialist Type** (Primary Care, Medical v. Surgical Specialist, Sub-Specialists)

- **Provider Tenure** (New vs. Established Provider in the Marketplace)

Variation in Patient Leakage – By Geography

Easy Identification of Variance by Geography and Specialty

Image Example

- We are losing 83% or Orthopedic volume from our LaGrange, KY practice locations while keeping ~50% from Louisville, Lexington, and Shelbyville

- Within our Louisville practices we are keeping 90%+ Gastroenterology, General Surgery, and Urology volume.
  - Orthopedic and ENT patient leakage mitigation needs to be priority.

Variation in Patient Leakage – By Practice

Easy Identification of Variance by Practice (Employed, Independent, Competitor)

Image Example
- We are capturing 80% of the Urology volume coming out of our Competitor Practice Locations.
  - What are we doing in Urology to capture so much? Can we replicate it with other services?

- We're only capturing 10-20% of ENT volume from our Primary Care A and C locations.
  - Is it possible to get those in-line with our other practices?

Variation in Patient Leakage – By Provider

		% of Patients			Patient Count			Procedure Count		
		2022 Q4	2023 Q1	2023 Q2	2022 Q4	2023 Q1	2023 Q2	2022 Q4	2023 Q1	2023 Q2
Cardiology	HSG Employed	92%	96%	97%	1,484	1,401	1,832	18,404	12,302	10,792
	Other	8%	4%	3%	126	60	52	1,195	333	157
Orthopedics	HSG Employed	63%	61%	51%	265	167	116	4,093	1,132	336
	HSG Other Med Staff	12%	9%	8%	49	26	18	1,911	116	88
	Other	26%	30%	41%	108	82	92	295	182	183
Cancer	HSG Employed	93%	91%	86%	325	271	228	2,805	1,288	951
	Other	7%	9%	14%	26	26	36	102	102	212
Gastroenterology	HSG Employed	96%	93%	95%	290	160	162	4,020	601	588
	HSG Other Med Staff	1%	2%	2%	4	4	4	4	4	4
	Other	3%	5%	2%	8	8	4	8	8	6
General Surgery	HSG Employed	17%	25%	21%	38	38	26	168	168	127
	HSG Other Med Staff	83%	70%	70%	188	108	86	4,319	316	294
	Other		5%	8%		8	10		16	12
Urology	HSG Employed	26%	37%	35%	40	40	50	40	40	120
	HSG Other Med Staff	74%	63%	65%	114	69	94	869	292	241
Neurology	HSG Employed	97%	95%	91%	128	76	96	465	202	191
	HSG Other Med Staff			8%			8			42
	Other	3%	5%	2%	4	4	2	4	4	2
Women's Health	HSG Employed	55%	55%	46%	34	34	22	46	46	32
	HSG Other Med Staff	29%	29%	38%	18	18	18	102	102	108
	Other	16%	16%	17%	10	10	8	14	14	15
Pain Medicine	HSG Other Med Staff	90%	81%	83%	54	25	50	393	57	102
	Other	10%	19%	17%	6	6	10	12	12	18
ENT	HSG Other Med Staff	100%	100%	50%	20	8	4	46	14	12
	Other			50%			4			8
Endocrinology	HSG Employed	100%	100%	100%	13	2	10	241	6	17

HSG Affiliate PCPs & HSG Employed PCPs Volume to **Core Medical Specialties & Core Surgical Specialties** within 90 Days of Primary Care Service

Easy Identification of Variance by Individual Provider

- Need to measure unique patient volumes along with procedural/service volumes

- Measurement across all specialties, with an emphasis on key medical and surgical will provider most immediate ROI

- Trending critical to measure impact of both new and established providers in the marketplace

How Are Health Systems Utilizing a Claims-Based Approach to Patient Leakage?

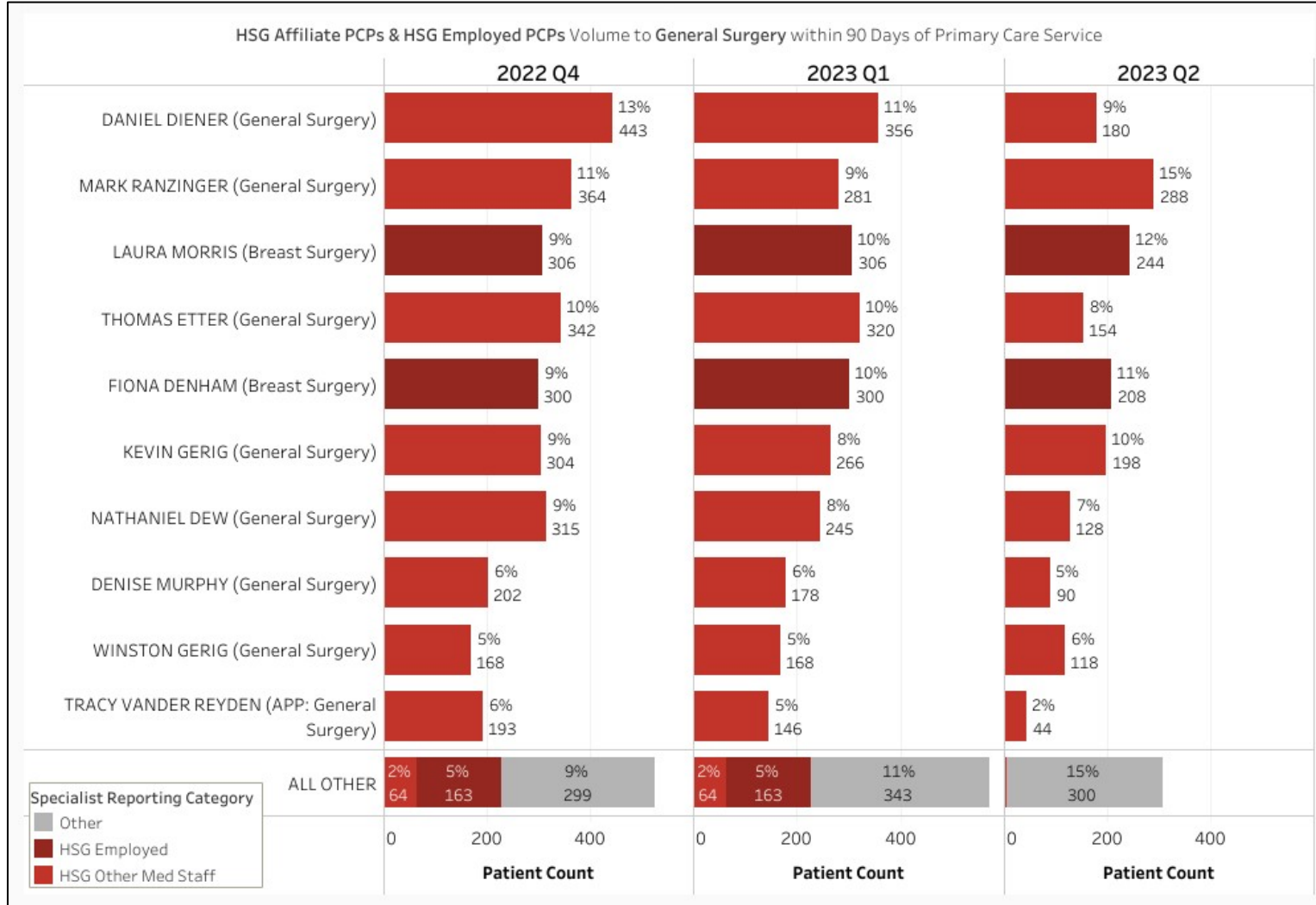# Business Development / Provider Liaison Discussions
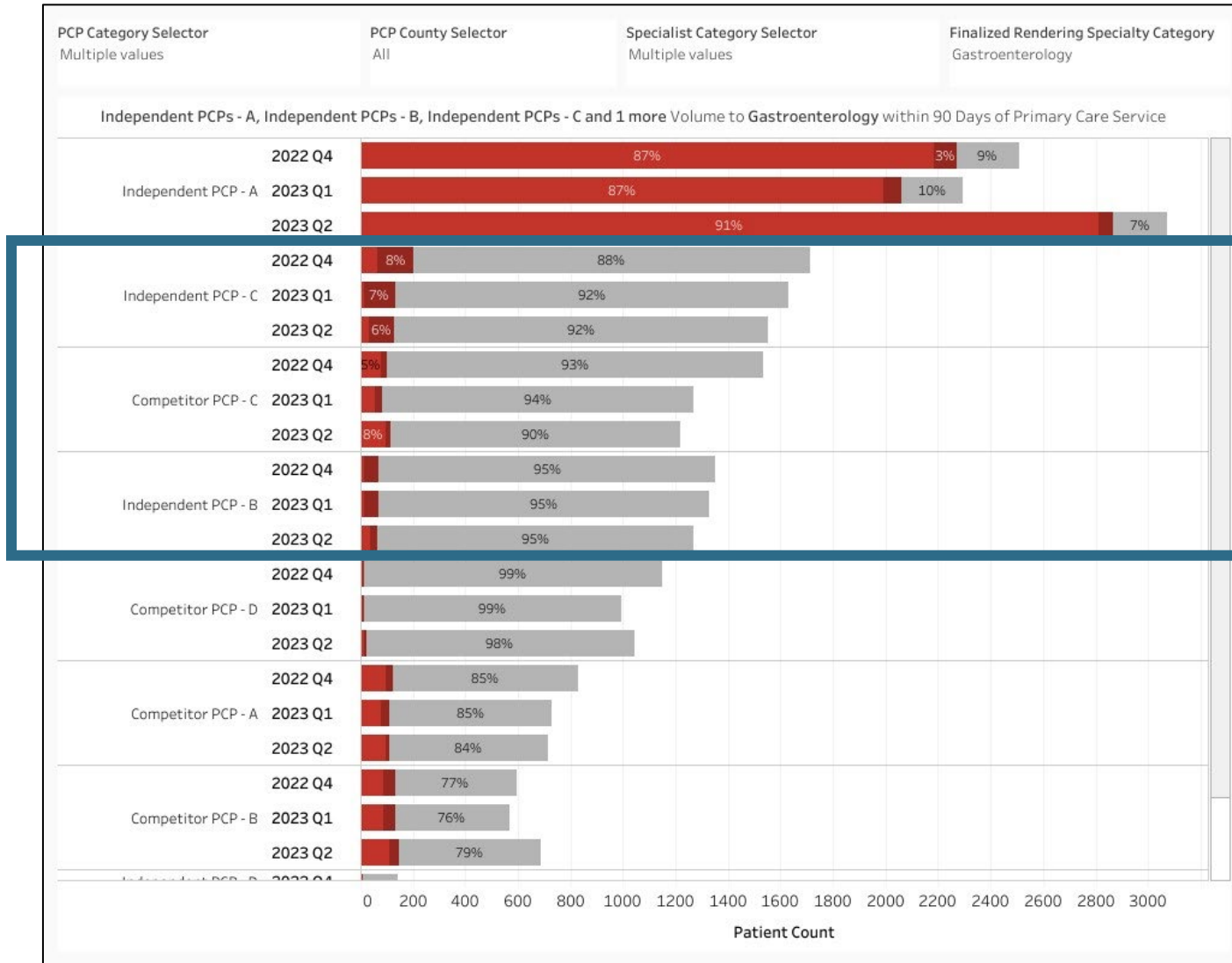
- Trending patient volumes from independent and competitor locations, along with patient leakage, creates easy to prioritize information for service line growth.

Image Example

- Independent Practice C, Competitor Practice C, and Independent Practice B should be our first practices for targeted Gastroenterology service line discussions.

Specialty-Specific Growth Identification

HSG Affiliate PCPs & HSG Employed PCPs Volume to **General Surgery** within 90 Days of Primary Care Service

- Determining where patients ultimately receive their specialty care services, if not within our specialty network, is critical to identify opportunities for incremental patient capture within our own network.

- Ability to track and trend at the individual provider vs. comprehensive practice and network level is critical.

Provider Alignment Initiatives

Referring Provider State
All

Referring Provider Location (City, State)
All

OSUWMC Employment Status
- Non OSU Affiliated Provider
- OSU Other Medical Staff Provider
- OSU Attending Provider

Top 10 Referring Specialty Categories to OSU (The James) Oncology Providers within 90-Days of Oncology Service

Specialty	Red %	Gray %
Primary Care	8.3%	91.7%
Cancer	42.6%	53.7%
Emergency Medicine	15.8%	81.9%
Nephrology	13.4%	86.3%
Hospitalist		91.4%
Radiology	34.4%	64.4%
Cardiology		89.1%
Pathology		76.6%
General Surgery		94.2%
Orthopedics		73.8%
All Other	11.7%	84.2%

Patient Count (0 – 2800)

- Which provider types are feeding the greatest number of patients to our specialists?

Image Example

- Primary Care provides are feeding the highest number of patients to our Cancer specialists.

- 3rd highest volume of patients is coming from emergency medicine providers, 16% of which are coming out our ED.

Provider Alignment Initiatives
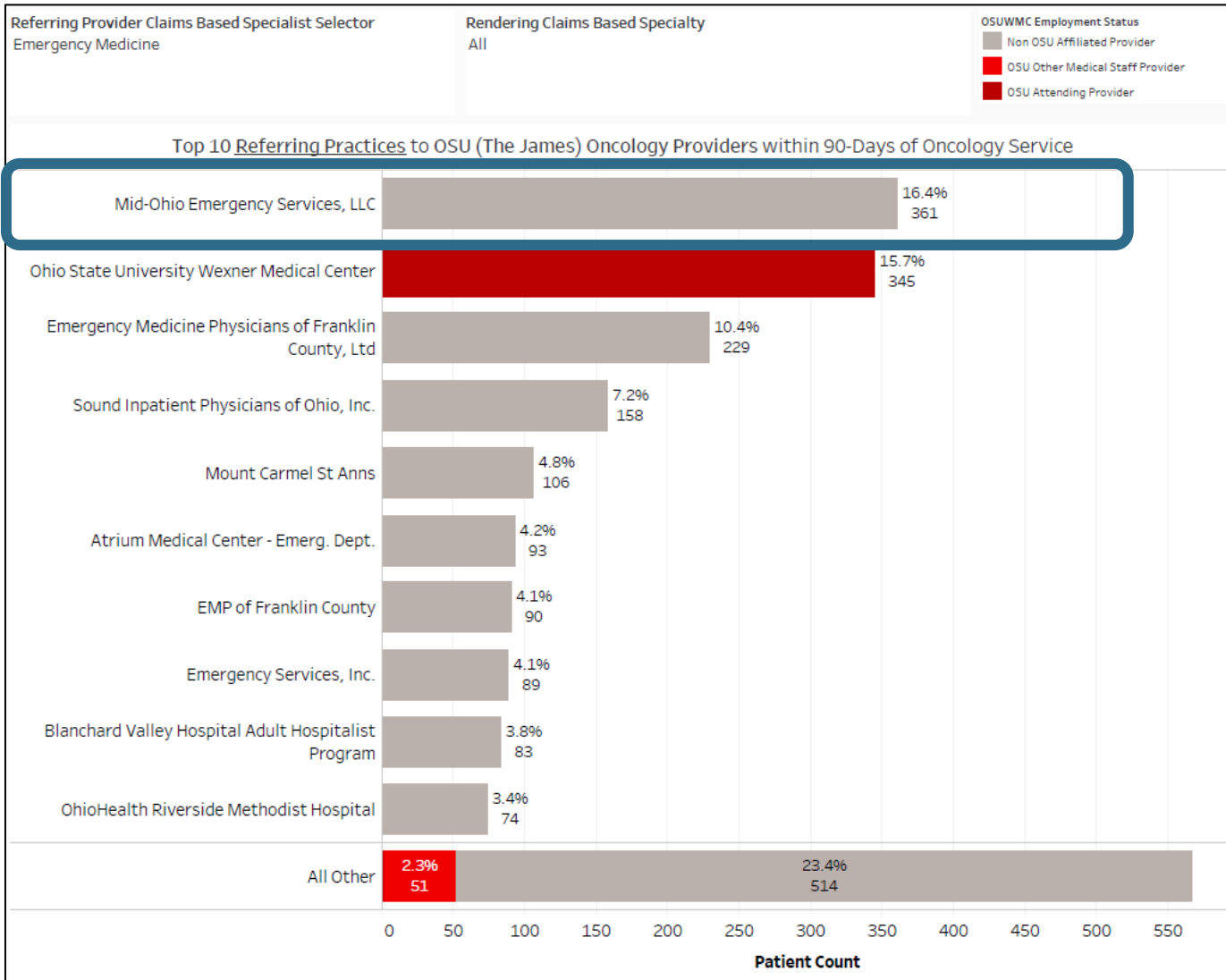
- Which emergency medicine locations are feeding the greatest number of patients to our specialists?

Image Example

- Mid-Ohio Emergency Services, which mainly operate within our competitor locations, are feeding our cancer specialists more patients than our own ED.

- Further alignment with that ED group would have the shortest ROI for our cancer service line growth.

Employed Network Leadership Discussions
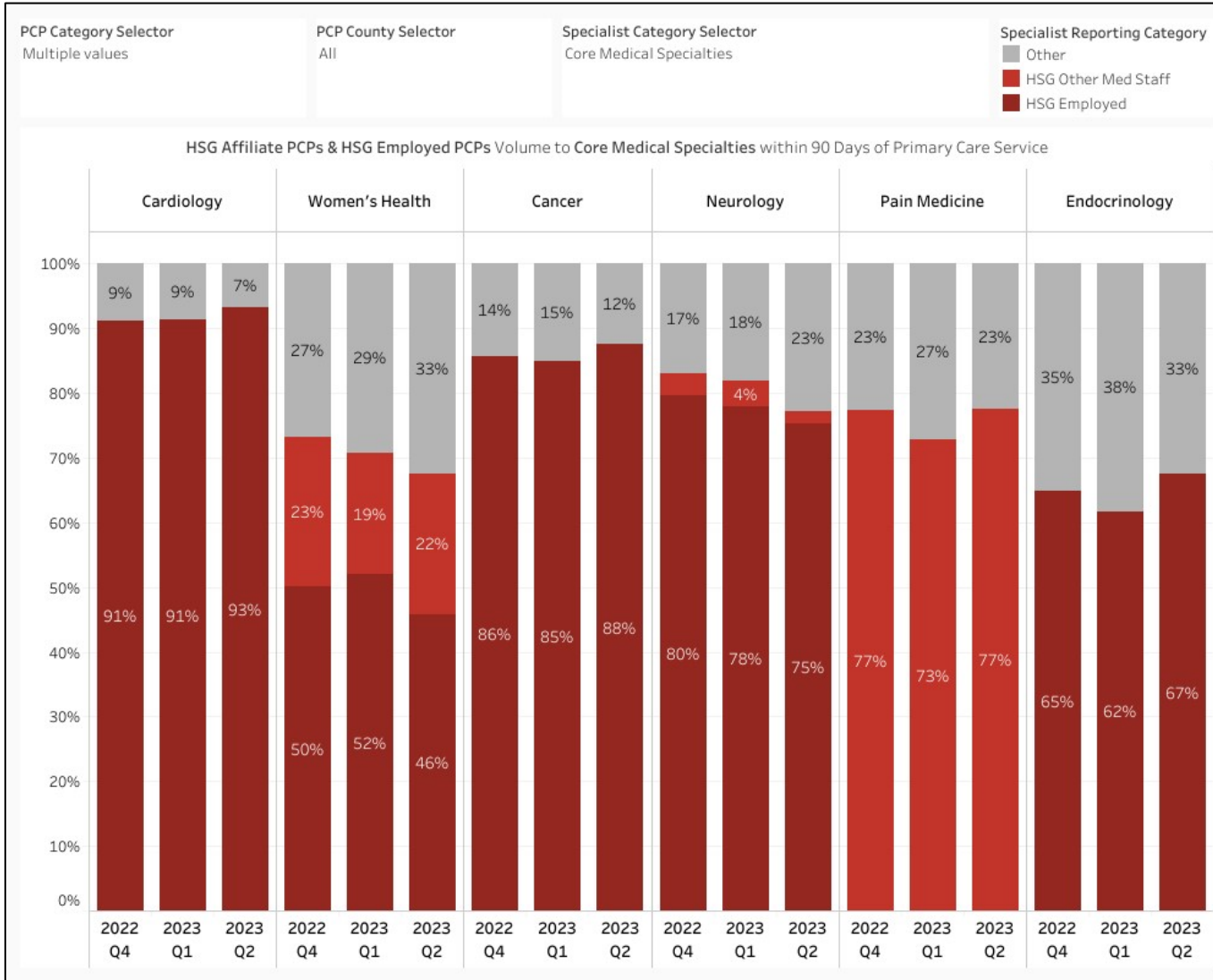
- Employed Network Leadership needs a consistent measurement of patient leakage for core medical, surgical, and hospital-based specialties.

- Reporting mechanisms need to be simple and repeatable by translating data into information.

- Having consistent, and reliable data, will empower Employed Network Leadership to engage providers and service line leads in root cause discussions for patient leakage.

Practice/Provider Management Dashboards

- Patient Leakage measurement is a critical element but should not be the only element.

- Other key points of measurement include:

    - **Financial Metrics:** Collection Rate, Payer Mix, AR Aging, Charge Master, Denials

    - **Staffing Metrics:** Per Physician/Provider, Per wRVU – by Support Staff Responsibilities

    - **Productivity and Compensation Metrics:** Production Benchmarks, Productivity vs. Compensation Alignment

    - **Supporting Metrics:** Access, Coding and Document, Quality, Etc.

PROVIDER **PRODUCTIVITY VS. ACCESS**

UPPER LEFT QUADRANT: HIGH PRODUCTIVITY/LOW ACCESS - *DO WE NEED TO ADD MORE STAFF?*
LOWER LEFT QUADRANT: LOW PRODUCTIVITY/LOW ACCESS - *DO WE NEED TO STREAMLINE WORKFLOWS?*
LOWER RIGHT QUADRANT: LOW PRODUCTIVITY/HIGH ACCESS - *DO WE NEED TO ADVERTISE ACCESS?*
UPPER RIGHT QUADRANT: HIGH PRODUCTIVITY/HIGH ACCESS - *IDEAL STATE*
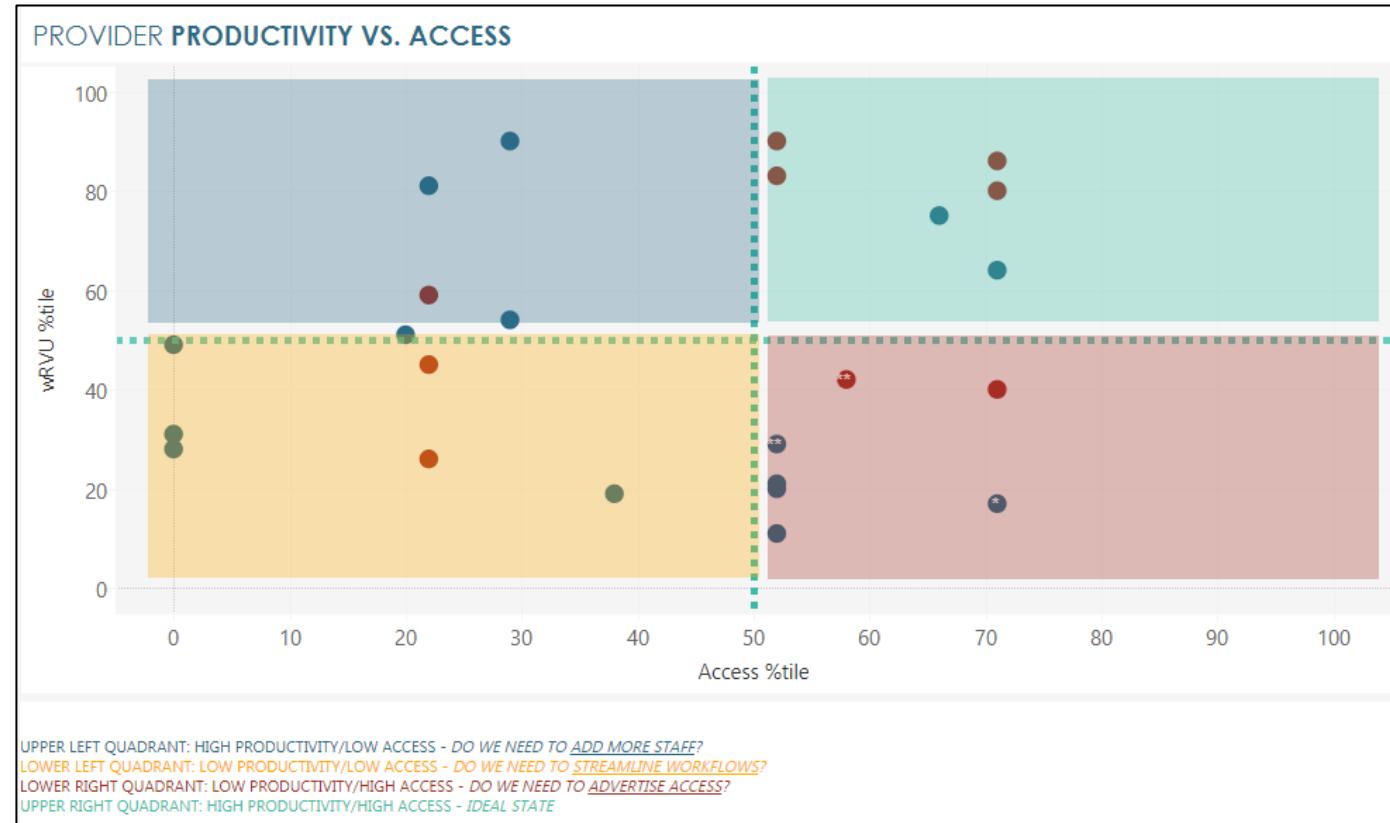
Conclusions

Conclusions

- Remember - "Provider referral" is only one of many reasons a patient stays in a network – or doesn't.
  - Review all data in context of many factors impacting patient behavior.
- Invest in adequate data and analyses to measure the patient journey.
  - **EMR:** Focused on internal patient journey
  - **All-Payer Claims:** Easiest identification of Patient Leakage
- Ensure ability to measure variation by both geography and provider type
- Develop repeatable processes for ongoing measurement and management related to Patient Leakage, focused on:
  - Business Development and Provider Alignment Initiatives
  - Strategic Growth (Geographic, Organizational, and Network Specific)
  - Practice/Provider Level Management

About HSG

HSG Advisors (HSG) partners with health systems to transform their approach to their markets, services, and providers for improved growth and operational and financial sustainability.

Headquarters: Louisville, KY
Formed: 1999

HSG CLAIMS DATA ANALYTICS

Evaluate competitive dynamics within markets, service lines, providers and patients based on all-player healthcare claims data analysis and HSG insights and expertise.

HSG STRATEGY

Define strategic goals and direction for your health systems' long-term growth plans that allows for the simultaneous pursuit of immediate market opportunities, focused on growth strategies and Medical Staff Development Planning.

HSG EMPLOYED PROVIDER NETWORKS

Improve your financial and quality performance and overall Operational Excellence by building a Shared Vision and developing strong organizational, leadership, and governance support structures.

HSG COMPENSATION AND COMPLIANCE

Develop sustainable provider compensation solutions to achieve market competitiveness, financial sustainability, and regulatory compliance through compensation model development and implementation.
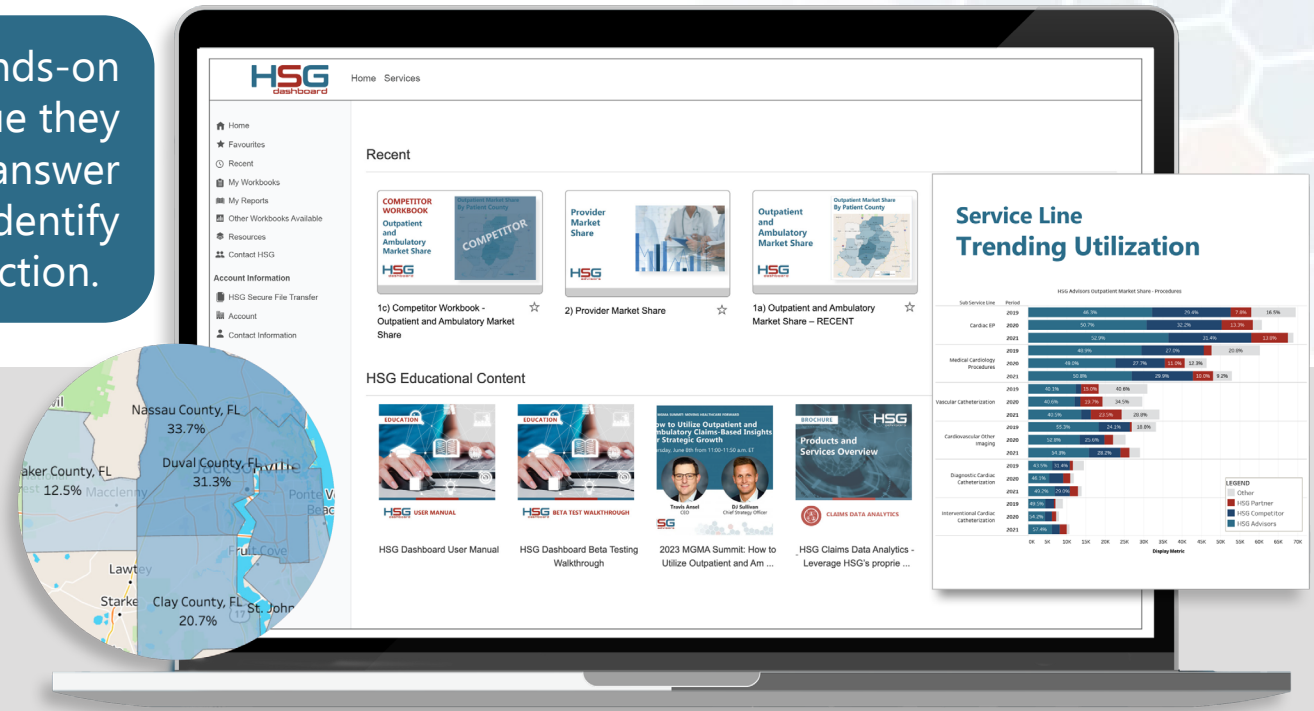
HSG Dashboard
Overview

HSG Dashboard is HSG's Tableau-based client data visualization environment that blends **HSG's proprietary All-Payer Claims Database, State-Level Inpatient Market Share, Outpatient Market Share, and Emergency Department and internal client health system data** to create unique, easily-interpretable reports, all housed in **one** central location, for utilization by **Health System Executive, Planning, and Employed Network Leadership** and other stakeholders focused on understanding the market and making strategic decisions.

HSG's Strategic Advisory Team employs a hands-on approach to ensure health system clients get the value they are seeking - helping health system clients answer questions about their markets and providers and identify incremental opportunities, turning information into action.

Core HSG Dashboard Solutions:
- HSG Outpatient and Ambulatory Market Share™
- HSG State-Level Inpatient Market Share™
- HSG Patient Flow™
- HSG Patient Share of Care™
- HSG Provider Market Share™
- HSG Provider Need Analytics™
- HSG Market Demographics™

Provider "Scorecards" Patient Leakage Sample for Review

HSG Dashboard Analytics
- Individual Provider Scorecard
- Dr. Joseph Bobrowski

St. Tammany HEALTH SYSTEM

PCP Category Selector	PCP Parish Selector	PCP Practice Name		Source NPI Name
St. Tammany Employed PCPs	All	All		JOSEPH BOBROWSKI

Specialist Category Selector
Core Surgical Specialties

St. Tammany Employed PCPs Volume to **Core Surgical Specialties** within 90 Days of Primary Care Service

		Patient Count			% of Patients			Procedure Count		
		2023 Q1	2023 Q2	2023 Q3	2023 Q1	2023 Q2	2023 Q3	2023 Q1	2023 Q2	2023 Q3
Orthopedics	STHS Employed	163	85	80	52%	38%	40%	2,997	1,655	749
	Ochsner JOA	55	52	49	18%	23%	25%	626	553	381
	STQN	10	16	13	3%	7%	7%	331	413	209
	Other Market	84	72	57	27%	32%	29%	793	675	555
	Total	312	225	199	100%	100%	100%	4,747	3,296	1,894
Gastroenterology	Ochsner JOA	17	12	7	6%	8%	4%	90	66	40
	STQN	254	142	142	93%	91%	90%	1,643	856	776
	Other Market	2	2	9	1%	1%	6%	48	64	96
	Total	273	156	158	100%	100%	100%	1,781	986	912
ENT	Ochsner JOA	29	24	20	11%	15%	18%	176	132	158
	STQN	215	130	85	78%	79%	75%	1,739	894	592
	Other Market	30	10	9	11%	6%	8%	172	38	34
	Total	274	164	114	100%	100%	100%	2,087	1,064	784
Urology	Ochsner JOA	62	34	22	30%	25%	17%	697	641	591
	STQN	144	100	104	70%	74%	82%	2,001	901	660
	Other Market	1	2	1	0%	1%	1%	4	8	4
	Total	207	136	127	100%	100%	100%	2,702	1,550	1,255
General Surgery	Ochsner	2	2	3	2%	4%	7%	12	12	19
	STHS Employed	62	34	26	74%	61%	57%	822	479	285
	Ochsner JOA	6	8	4	7%	14%	9%	59	69	37
	STQN			1			2%			2
	Other Market	14	12	12	17%	21%	26%	155	81	69
	Total	84	56	46	100%	100%	100%	1,048	641	412

- Sample "Provider Scorecards" for Patient Leakage Measurement Available in back
- If you would like a customized "Provider Scorecard" built for your organization contact HSG Advisors directly.
- DJ Sullivan: djsullivan@hsgadvisors.com