

# Enhancing Health System Performance with Effective Practice Management Dashboards

- Beth Simpson, MHSA, Sr. Manager, HSG
- Davis Creech, MBA, MHA, Director, HSG
- Pat Ward, BSN, MPA, Interim Director, HSG



The presenters do not have any financial conflicts to report at this time.

# Learning Objectives

- Discover key metrics that need regular reporting and review within practice management dashboards
- Produce physician practice management dashboards for key organization stakeholders
- Use a reporting structure that keeps data consistent and valuable for decision-making

# History

- Hospitals or health systems employ 78% of providers that were either in private practice or employed by a hospital or health system, based on the 2021 MGMA physician compensation survey report.
  - Up from 72% five years prior
- Continued increase in provider employment continues to impact network losses
  - Having the ability to pinpoint the reasons for losses is imperative for financial sustainability

# Key Questions for the Future

- Do we currently equip decision-makers with metric-driven management dashboards to inform operational and strategic decisions?
- Do we have the management, IT infrastructure, and staffing to effectively mine and report on key data metrics?
- Which team members have the greatest ability to effect change for each metric?
- With what frequency (weekly, monthly, and quarterly), and by whom, should dashboard metrics be reported and reviewed?

# Dashboards

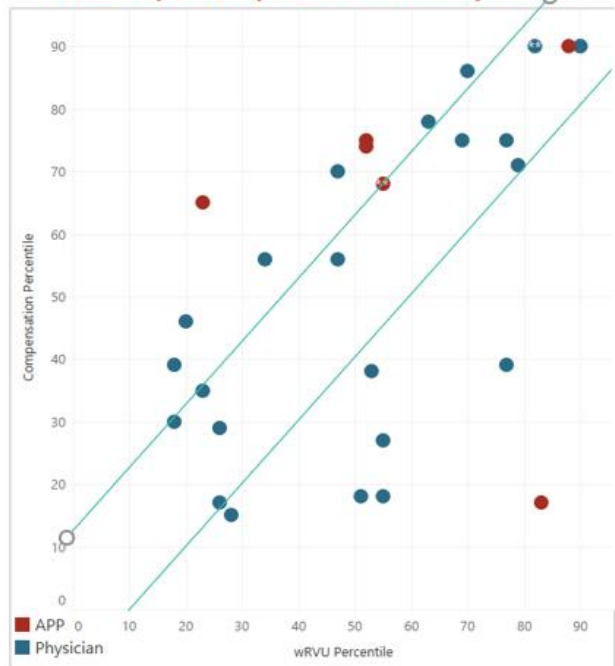
- Dashboards are critical to equip decision-makers with metric-driven data to inform operational and strategic decisions
- Operational efficiencies must be achieved to sustain services
- Consistency of metrics reviewed across audiences is imperative to success and building a culture of optimization
- Suggested metrics for executive dashboard and all audiences are:
  - wRVUs
  - Collections
  - Denial rates
  - Provider compensation v. wRVUs

# Executive Dashboard Example

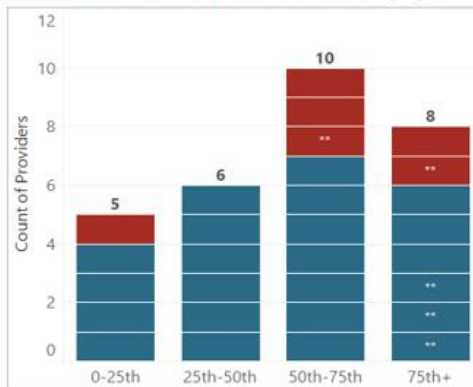
Period Selector

2021

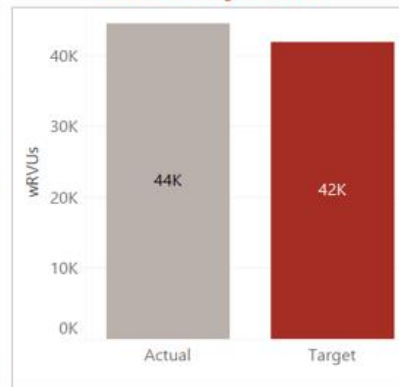
### Productivity and Compensation Percentiles by Provider



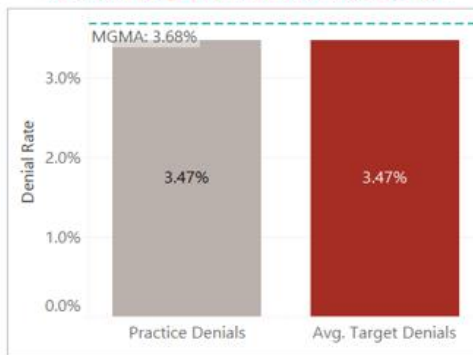
### Number of Providers in Each Productivity Quartile



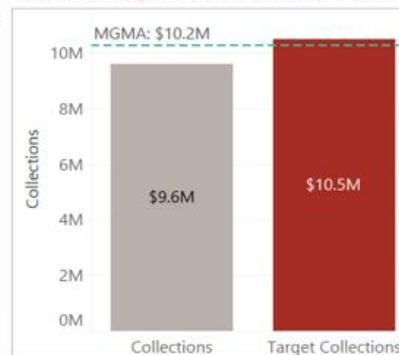
### Actual vs Target wRVUs



### Actual vs Target vs MGMA Median Denials



### Actual vs Target vs MGMA Median Collections



## Director Dashboard

Dashboards targeted for directors should include the same metrics as the executive dashboard but with expanded data on practice specificity and three additional metrics:

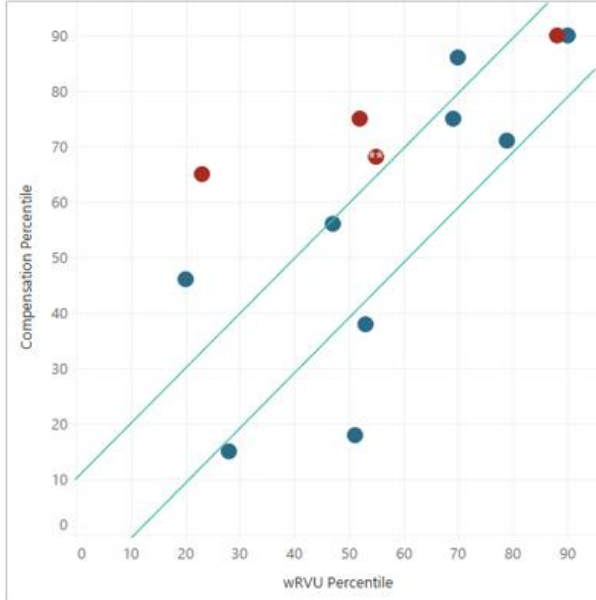
- No-show rate
- Staffing
- Coding

# Director Dashboard Example

Period Selector  
2021

Practice Selector  
Primary Care North

## Productivity and Compensation Percentiles by Provider



### Provider Type

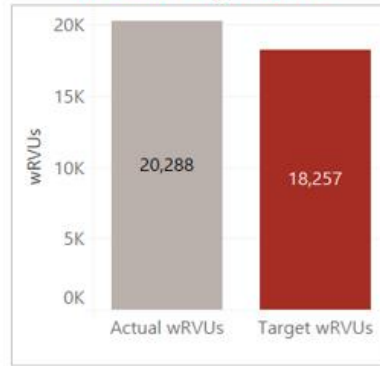
- APP
- Physician

Position along the x and y axes reflects wRVU and compensation (respectively) percentile as compared to 2021 MGMA Survey (National). Each dot represents one provider. Color coded by provider type.

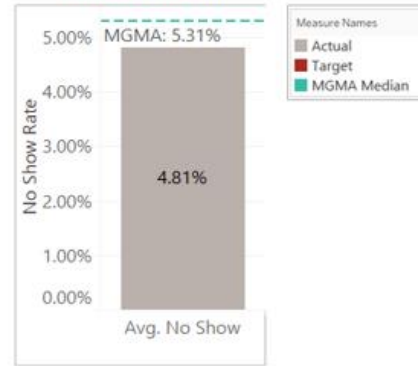
\* Denotes hire date during FY2021

\*\* Denotes hire date during FY2020

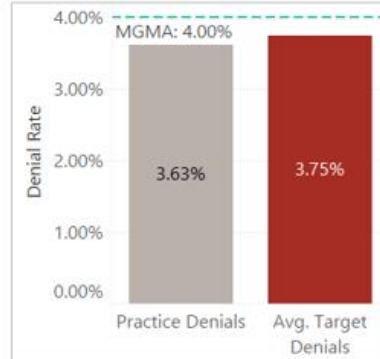
## Actual vs Target wRVUs



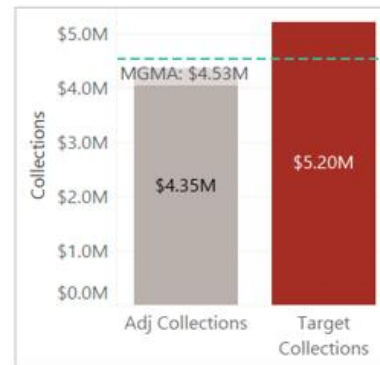
## No Show Rate vs MGMA Median



## Actual vs Target vs MGMA Median Denials



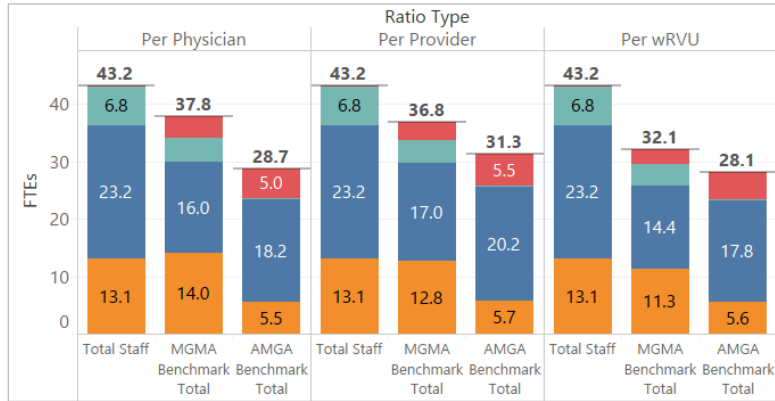
## Actual vs Target vs MGMA Median Collections





# Director Dashboard Example, cont'd.

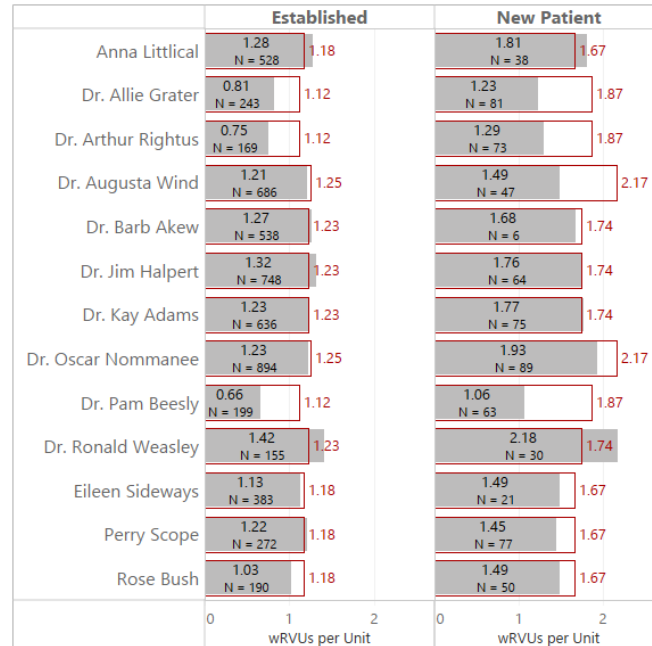
### Total Staffing FTEs Compared to MGMA Medians



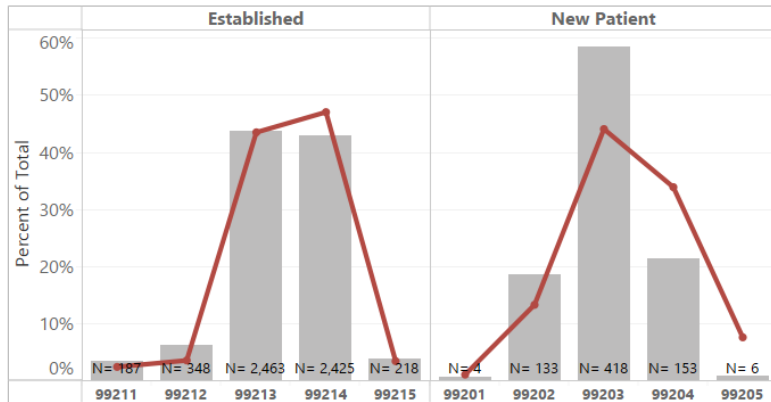
- Total ancillary support staff
- Total business operations support staff
- Total clinical support staff
- Total front office support staff

Practice Selector: Primary Care North  
 Period Selector: 2021

### Average wRVU per E&M Visit Compared to CMS



### Primary Care North Provider Coding Curves Compared to CMS



Measure Names

- Actual Units
- Expected Units at Benchmark



# Practice Manager Dashboard

- Practice managers should review the same practice-specific dashboards as directors, but also have individual provider detail
  - Providers should also receive their individual dashboard
- Practice dashboards should be reviewed monthly with staff
  - Discuss and plan how to achieve goals

# Practice Manager Dashboard Example

Period Selector

2021

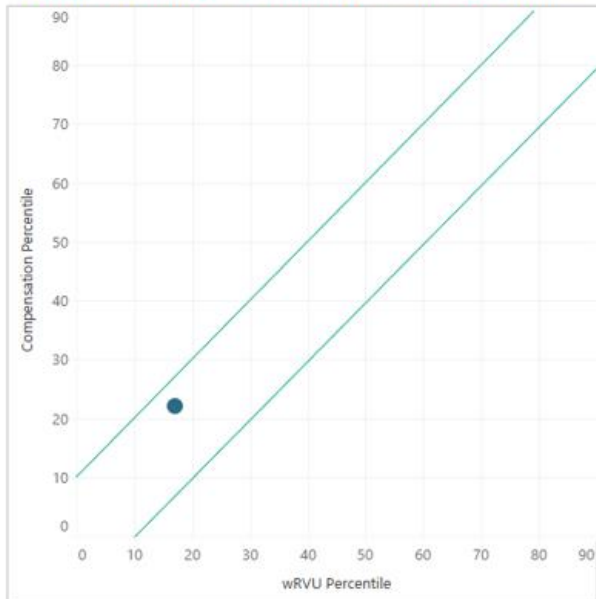
Practice Selector

Primary Care North

Provider Selector

Dr. Augusta Wind

## Productivity and Compensation Percentiles by Provider



Provider Type

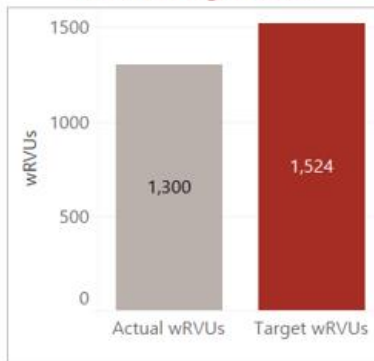
■ Physician

Position along the x and y axes reflects wRVU and compensation (respectively) percentile as compared to 2021 MGMA Survey (National). Each dot represents one provider. Color coded by provider type.

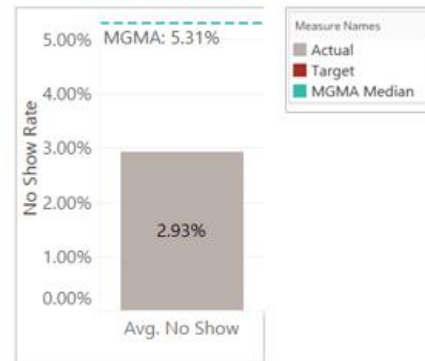
\* Denotes hire date during FY2021

\*\* Denotes hire date during FY2020

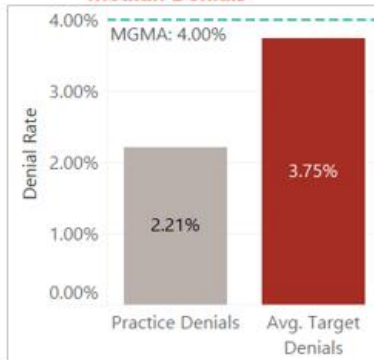
## Actual vs Target wRVUs



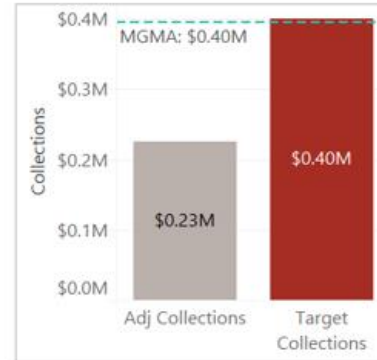
## No Show Rate vs MGMA Median



## Actual vs Target vs MGMA Median Denials

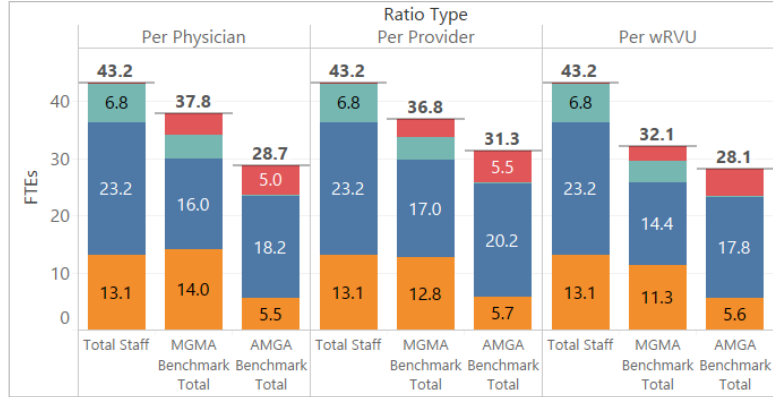


## Actual vs Target vs MGMA Median Collections



# Practice Manager Dashboard Example, cont'd.

**Total Staffing FTEs Compared to MGMA Medians**



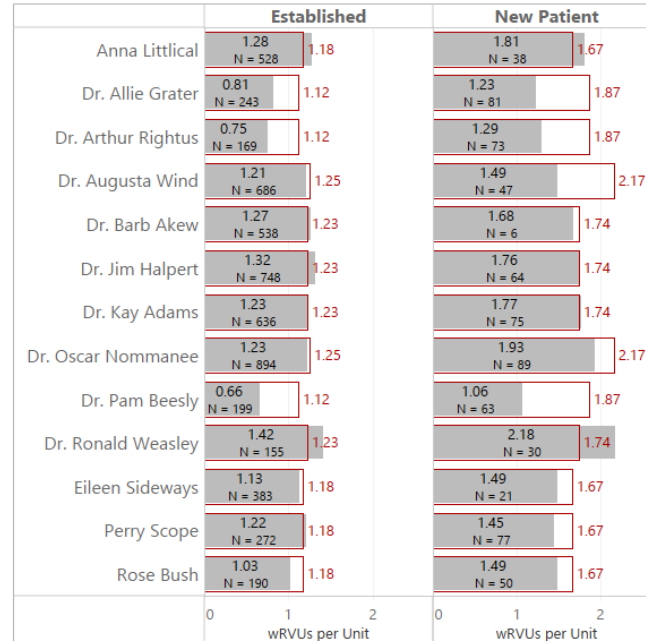
- Total ancillary support staff
- Total business operations support staff
- Total clinical support staff
- Total front office support staff

**Practice Selector**  
Primary Care North

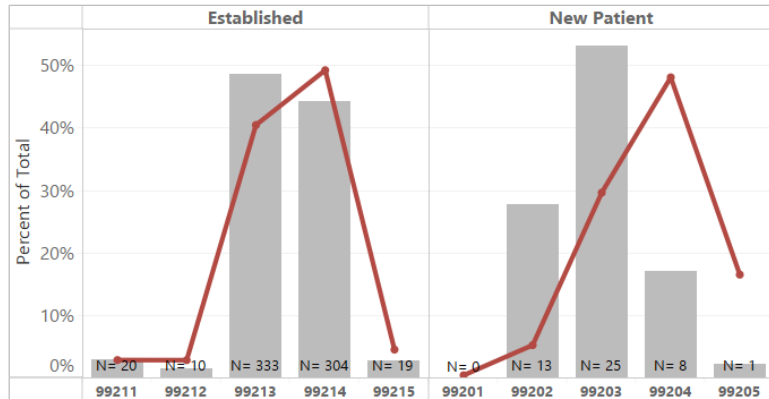
**Period Selector**  
2021

**Provider Name**  
Dr. Augusta Wind

**Average wRVU per E&M Visit Compared to CMS**



**Dr. Augusta Wind - Coding Curve Compared to CMS**



**Measure Names**

- Actual Units
- Expected Units at Benchmark

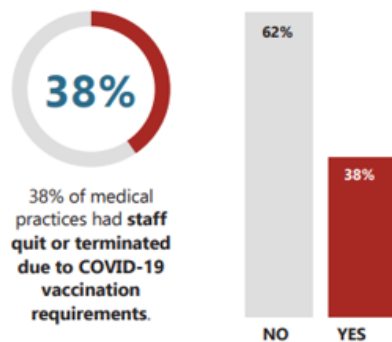


# Metrics

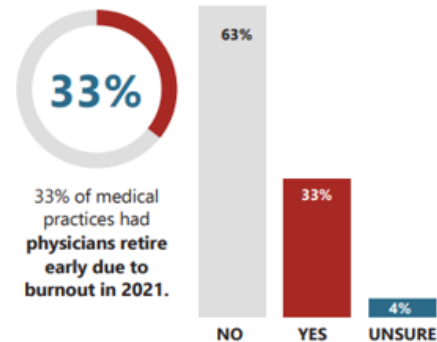
- The top consideration for what metrics to include is the organization's ability to accurately capture, track, and report the associated data
  - The build process should be a broad work group to gain buy in across all stakeholders
- Start small to gain buy in and build excitement then build on progress
- Visual representations are effective for easy interpretation
- It is imperative every person involved in the operations or revenue cycle of the practice can interpret the dashboards
- IT infrastructure and staff are critical components to use an EMR to its full potential

# Employee Engagement

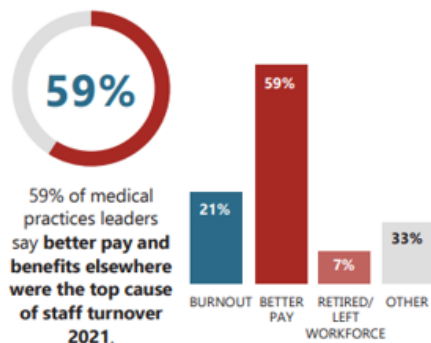
- The last two years have been volatile for staffing
- Engaging all staff and celebrating successes is imperative to build morale and optimize practice operations
  - Engagement should start during the build process



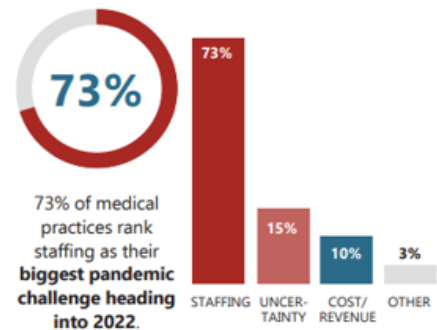
MGMA Stat poll, October 5, 2021  
Have any of your staff quit or been terminated due to COVID-19 vaccine requirements?  
1018 responses | MGMA.COM/STAT, #MGMASTAT



MGMA Stat poll, October 26, 2021  
Have physicians retired early or left your practice in 2021 due to burnout?  
930 responses | MGMA.COM/STAT, #MGMASTAT



MGMA Stat poll, February 1, 2022  
Top cause for staff turnover in 2021?  
823 responses | MGMA.COM/STAT, #MGMASTAT



MGMA Stat poll, September 21, 2022  
What is your biggest pandemic challenge heading into 2022?  
983 responses | MGMA.COM/STAT, #MGMASTAT

## Other Considerations

- Organizations must understand what financial incentives they have with payers
  - Processes then need to be built to streamline entry and reporting capabilities to ensure optimal revenue capture
- Having a pulse on the market needs and insight into expansion opportunities of service-line offerings is critical to maintaining a competitive advantage

# Reporting and Review Frequency

- Reporting should be a push system on a regular interval with three areas of focus:
  - Accountability
  - Rewarding Improvement
  - Continual Optimization



# Conclusion

- Knowing the current state is critical for developing a path for improvement
- Including all stakeholders in the process is crucial for engagement and long-term success
- Consistency with monitoring and improving metrics will help drive optimization

# Thank you!

- **Beth Simpson, MHSA, Sr. Manager, HSG**  
[BSimpson@HSGadvisors.com](mailto:BSimpson@HSGadvisors.com)
- **Davis Creech, MBA, MHA, Director, HSG**  
[dcreech@hsgadvisors.com](mailto:dcreech@hsgadvisors.com)
- **Pat Ward, BSN, MPA, Interim Director, HSG**  
[PWard@hsgadvisors.com](mailto:PWard@hsgadvisors.com)

