

Quality and outcome management

PwC helps hospital partner with physicians to improve quality rankings

Client's challenge

Recently disappointed by the release of a public report ranking its quality metrics, a hospital system aimed to improve its patient outcomes. The hospital, accustomed to a top ranking, had slipped into a lower rank state-wide. This was according to an organization that measures how consistently hospitals use proven treatments, prevention measures, and patient education in four clinical areas: heart attack, heart failure, pneumonia, and surgical-site infections. This specific ranking is an industry standard based on data collected from hospitals by the U.S. Centers for Medicare & Medicaid Services (CMS).

After its disappointing finish, the hospital set its sights high. Not only did it want to be the highest-quality performer in its state, but it also aspired to rank within the top 10 percent nationwide in quality and safety performance. Hospital executives realized, however, that this goal would be difficult to achieve without the cooperation and commitment of their credentialed physicians.

PricewaterhouseCoopers' Advisory solution

PricewaterhouseCoopers (PwC) worked to transform the hospital into a quality frontrunner by developing and implementing a model of co-management within its cardiovascular service line to align the interests of the physicians and the hospital.

Cooperation between hospitals and physicians often falters because they have different or misaligned interests when it comes to operational and reimbursement matters. Physicians desire more control or say in these areas of hospital decision-making than hospitals are often willing or legally allowed to cede. Yet a partnership between a hospital and its physicians can elevate quality of care and resolve complex clinical and operational issues that impact reimbursement, efficiency, and cost containment.

In the complex regulatory environment that healthcare providers inhabit, collaboration also can help prevent administrative errors and mitigate patient safety concerns, both of which can disrupt a hospital's services or jeopardize its reputation.

From the physicians' perspective, the co-management model could:

- Demonstrate mutual commitment between physicians and the hospital
- Improve quality and efficiency for their professional practice

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- Give them incentive compensation for achieving quality benchmarks
- Create the potential for further partnering opportunities
- Allow better and more efficient use of the hospital's facilities, staff, and processes

From the hospital's perspective, improvements in quality outcomes driven by the co-management model could:

- Mitigate reimbursement and volume risks associated with quality and performance programs such as pay for performance and value-based purchasing
- Elevate the quality and safety of care
- Improve patient satisfaction
- Support the mission of the hospital
- Standardize care processes through evidence-based medicine that lead to more efficient operations
- Encourage physician involvement to develop new programs and services
- Create a platform for further physician partnering opportunities

Impact on client's business

According to CMS CORE indicator scores, one year later, the hospital tied for first place in its state for quality care and placed itself in the nation's top tier of hospitals; it now ranks at or near the top ten percent nationwide in its application of patient care standards.

The co-management model gave the hospital and its cardiovascular physicians an opportunity to focus on key operational challenges that impact clinical quality, safety, and performance. The increase in trust and financial transparency between the hospital and its physicians has also allowed for a more stable work environment and the potential for further partnering models.

For more information:

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