Session 21
Data, Strategy, Execution: The Triple Play that Will Engage Physicians in Strategic Growth

Presented by:
Michael A. Patmas, MD, FACHE
J. Tod Fetherling
Tammy Tiller Hewitt, FACHE
David W. Miller, FACHE
Data, Strategy, Execution:
The Triple Play that Will Engage Physicians in Strategic Growth
Warm-Up

This is going to be **THE** season!
Agenda

2:15  Warm-Up: Learning objectives and preparation for polls
  Coaches: Introducing the presenters as workshop resources
  Scouting Report: Audience profile poll

2:45  Pre-Game Show: Industry landscape

3:00  Play Ball!
  ▪  Draft: Form Teams – Large, medium, small market hospital; large physician group
  ▪  Ground Rules: Overview of the workshop exercise
  ▪  Pre-Inning: Detailed assumptions, options, tips, & scoring
  ▪  Innings#1 and Innings #2

4:15  Stretch: Refreshment break

4:30  Closer: Inning #3 and final scoring

5:00  Champions: Recognize Winning Team, MVP & All-Star Score

5:10  Key Takeaways: Review and discussion

5:30  Conclude

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Learning Objectives

• **Objective 1:**
  Assess the value of the integration of: 1) data analytics, 2) physician strategy and 3) professional execution capabilities before launching a physician-focused growth initiative

• **Objective 2:** Design a high-level strategy that engages physicians in the continuum of the initiative - from design to execution to measurement
Your goal should be to BUY WINS...
In order to buy wins,
You buy RUNS!
Prepare for Audience Polls

- On your phone, tablet or laptop, open a browser to [www.pollev.com/tillerhewitt088](http://www.pollev.com/tillerhewitt088)
  
  *Note: You do not need to “Log in”*

- Answer questions as prompted

- Your answers will automatically (and anonymously) populate on the presentation screen

**Ready! Set! Go!**

Raise your hand when you see the map of the United States on your device.

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**Warm Up: Audience Poll**

*Click on the state where your hospital(s) or facility(ies) are located.*

*Respond at PolEv.com/tillerhewitt088*
Lineup: Michael Patmas

Michael Patmas, MD, FACPE, FACHE
Chief Medical Officer, Gritman Medical Center
Physician at Prairie Family Medicine

- Physician leader of transformation and performance
  - Chief Medical Officer, Gritman Medical Center
  - Interim Exec. Dir., Nimipuu Health System
  - Chief Executive Officer, Rockwood Clinic
  - Chief Medical Officer, Woodland Healthcare
  - Chief Executive Officer, St. Alphonsus Medical Group
  - Vice President Medical Affairs, Clear Choice Health Plans
  - Medical Director, Providence Ambulatory Care & Education

- Fellow of American College of Physicians
- Fellow of ACHE and Certified Physician Executive of ACPE
- Class of “trailblazers” in first MMM at USC - Marshall School of Business
Head Coach: Physician Engagement

Physician Engagement

Gritman Medical Center *Arrived December 2016*

- Enhance physician engagement
- Drive growth through recruitment and additional service lines.

Rockwood Clinic *350-provider group*

- Recruited 115 new providers
- Expanded market, increased clinic encounters and net revenue
- Improved EBITDA; reduced per provider subsidy to $35K

Woodland Healthcare *Integrated system*

- Recruited 50 providers, increased net revenue by 20%
- Named in top three safest hospitals in California

St. Alphonsus Medical Group *140-provider group*

- Recruited 38 new providers, transformed culture
- Increased provider satisfaction 14 points
- Increased primary care spinoff contribution margin by 55%

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Coach: Tod Fetherling

**J. Tod Fetherling, MBA**
Chief Executive Officer
Perception Health

- Award-winning HIT leader
- Previous health system and physician practice management experience:
  - Director, Interactive Marketing, Columbia/HCA
  - Manager, Strategic Planning at Jewish Hospital, Louisville
  - Primary care practice management
- Career of “firsts”
  - Built one of the first interactive health portals at HCA
  - Created the first home health use rates
  - Directed the first live surgery online and first live birth on the Internet
  - Real-Time Care Command Center
First Base: Data

- Largest database of its kind, the most current and most complete in the industry
  - Over 3.75 billion claims records
  - Current within the past 30 days
  - Full continuum of care: Pre-Acute, Acute & Post-Acute
- Simplifies extremely complex data sets to visual market overlays

Coach: David Miller

- 22+ years of management consulting
- Strong track record of generating revenue growth and growing market share for hospitals, health systems, and employed physician networks
- Responsible for the successful completion of 175+ projects for acute care regional and tertiary non-profit and for-profit hospitals/health systems, critical access hospitals, and payers
- ACHE Fellow/Faculty
Second Base: Strategy

HSG

- National consultancy of experienced physician network management professionals
- Physician practice mergers and consolidations; operational improvement; network development; employment and practice management
- Repeat business accounts for 75 percent of annual sales
- Inc. Magazine's list of fastest-growing, privately-held U.S. companies

Coach: Tammy Tiller-Hewitt

Tammy Tiller-Hewitt, MHA, FACHE
Chief Executive Officer
Tiller-Hewitt HealthCare Strategies

- Nationally recognized expert, speaker and trainer: Physician Relations, Retention & Market Outreach
- 20 years at BJC HealthCare, St. Louis
  - Managed Liaison & Outreach Programs
  - Founding leadership team for development/consolidation system-wide Medical Group
  - 220 physicians including acquisition and integration of staff-model HMO with 90K lives
  - Management of MSO agreements with independent and aligned physicians
  - Health Center Administrator
- CEO/Founder Largest National Healthcare Firm specializing in Physician Relations, Retention, and Outreach Programs
  - Pioneered Strategic Outreach/Liaison Program for all size organizations to remain relevant in evolving healthcare environment
  - Partner with Leaders to hardwire organizational culture of successful physician relations, retention and loyalty
  - Proven Track Record for Driving Strategic Growth

- ACHE Fellow / Faculty / Chapter Board
- Certified Leadership Coach – John C. Maxwell
- Certified LEAN-Six Sigma
Third Base: Execution

THHS

- Physician Hospital Relations, Outreach & Liaison Programs
  - Recruit, hire, train and manage liaisons/outreach teams
  - Collect and analyze data for strategic outreach efforts and accountability
  - LEAN Process Improvement to accommodate strategic growth
  - Internal Communication – PRM System for tracking and rapid response to issues/barriers
  - Develop Internal Leadership/Management Training
  - Incremental market share growth
  - Improve provider satisfaction/loyalty

- OnboardingPLUS & Navigation Program
  - Rapid Ramp-up & Long-term Retention
  - Mentorship Program
  - Community/Family Integration & Onboarding

- Leadership Training & Development
  - Hardwiring a Culture of Effective Physician-Hospital Relations

Disclosure of Relevant Financial Relationships

The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:

- J. Tod Fetherling, MBA
  Chief Executive Officer, Perception Health

- David W. Miller
  Managing Partner, HSG

- Michael Patmas, MD, FACPE, FACHE
  Chief Medical Officer, Gritman Medical Center

- Tammy Tiller-Hewitt, MHA, FACHE
  Chief Executive Officer, Tiller-Hewitt HealthCare Strategies
Scouting Report: Audience Poll
Select your organization type.

- Independent hospital
- Health system
- Independent physician enterprise
- Ambulatory surgery center
- Federal system hospital
- Corporate headquarters
- Industry organization / Consulting / Service...
- Education/research institute
- Other

If a hospital, select the total number of licensed beds of the facility(ies) for which you are responsible.

- Critical access hospital
  - Less than 25
  - 25 - 99
  - 100 - 299
  - 300 - 499
  - 500 - 999
  - 1,000 or more
  - N/A

When poll is active, respond at PollEv.com/Tillerhewitt088 Test TILLERHEWITT088 to 22333 once to join.
### What is your status?

- For-profit
- Not-for-profit
- Government
- Other

### What is your position/title?

- CEO
- CFO
- CIO
- CMO
- CNO
- COO/CAO
- EVP/SVP/VP
- Director/Dept. Head
- Manager
- Other (Consultant, etc.)
### What is your area of focus?

- **Administrative**
- **Clinical**
- **Combination**
- **Other**

0% of respondents have responded.

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### In three words or less, what is your biggest barrier to growth? Note: If you submit a phrase, connect the words using underscores.

When poll is active, respond at PoilTv.com/tillerhewitt088
Landscape: The Engagement Gap

Engagement among physicians is very low

20% ENGAGED

Source: Athenahealth/EPOCRATES, 2016
Landscape:
The Engagement Gap

Percentage of Engaged Physicians, by Organization Type

- Physician-owned medical office or group practice: 32%
- Medical group or faculty owned by health system or hospital: 17%
- PHHC: 14%
- Urgent care center: 14%
- Hospital staff: 14%

Share of Physicians: 26% 39% 7% 2% 25%

Source: Athenahealth/EPOCRATES, 2016

Landscape:
The Need for Leadership

Satisfaction with leadership drives engagement

Share of Physicians who are engaged:
- Very satisfied: 74%
- Satisfied: 29%
- Neutral: 7%
- Dissatisfied: 2%
- Very dissatisfied: 0%

Source: Athenahealth/EPOCRATES, 2016
Landscape: The Communication Gap

This Is What I Believe

This Is What I THINK You Believe

Landscape: The Disconnect

On key engagement drivers, physicians and hospitals are not "on the same page."

<table>
<thead>
<tr>
<th></th>
<th>Physicians</th>
<th>Hospital Execs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital name is trusted</td>
<td>43%</td>
<td>63%</td>
</tr>
<tr>
<td>Delivers on what they promise</td>
<td>45%</td>
<td>66%</td>
</tr>
<tr>
<td>Always treats physicians fairly</td>
<td>49%</td>
<td>68%</td>
</tr>
<tr>
<td>If a problem arises, physicians can always count on a fair, satisfactory resolution</td>
<td>38%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Landscape: The Disconnect

Hospital executives’ perception of the involvement of physicians in clinical policy decision-making is quite alarming.


Landscape: The Disconnect

Hospital executives believe there are opportunities for physicians to get involved in administrative policy decision-making, but physicians don’t see it that way.

Landscape: The Consensus

Unfortunately, the one thing where they agree is that communication needs improvement. One of the lowest scores rated by both physicians and hospital executives is the level of communication across the hospital or health system.


Landscape: Data-Driven Decision Making

3 Critical Success Factors

- Analytical maturity
- Savvy blending of technology and people
- Transparency about data sources and quality

3 Beneficial Outcomes

- Reduce Patient Risk
- Optimize Care Networks for Cost and Quality
- Increase Hospital Revenues

Landscape: Engagement

Engage physicians throughout the entire continuum:

- Input into the market growth objectives
- Access to the data that supports strategic decision-making
- Clear channels for offering feedback

BUILD REVENUE AND MARKET SHARE ON A FOUNDATION OF TRANSPARENCY, TRUST AND IMPROVED SATISFACTION

Landscape: Resources

Equip your organization with tools to:

- Reveal where to invest resources for highest ROI
- Build capacity for service delivery capacity
- Remove barriers to high-value service
- Train and deploy the team to “score the runs”

DELIVER ACCOUNTABLE, MEASURABLE, STRATEGIC RESULTS
2017 CONGRESS ON HEALTHCARE LEADERSHIP

LET’S PLAY BALL!
Draft: Form Your Teams

- Form teams with others in the same category
  - Small Market: Single Community Hospital
  - Medium Market: Suburban, General Acute Care Hospital located in a Second Tier Market
  - Large Market: Urban, Large Tertiary Facility
  - Large Physician Group
- Get re-seated with your team mates

Ground Rules

This simulation is intended to be fun and high-level directional. The value we hope you get is also in the strategy discussions with your team and your coaches, while bringing your real-world championship experience to this game!
Ground Rules:

Interactive modeling encompasses variables in three key growth investment areas:

1. **Data/analytics**: Market profile, payer mix, referral and utilization patterns, success metrics

2. **Strategy**: Physician alignment, employment and clinical leadership models

3. **Execution**: Service line capacity, improved access, market intelligence and strategic outreach in the field

Ground Rules: Overview

- **Assumptions**:
  - Large/Medium/Small Markets & Physician Groups

- **Line-up Options**:
  - Make strategic decisions over three years representing by Inning #1, Inning #2 & Inning #3

- **Curveballs**:
  - Market forces may change your game plan in Innings #2 and #3
Ground Rules: Overview - Continued -

- **Scoreboard:** How to score runs
  - ROI on decisions adds (or subtracts) runs in each Inning

- **Winners:**
  - Highest number of cumulative runs
  - MVP Team
  - Outscoring the All Stars

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### Team Descriptions

<table>
<thead>
<tr>
<th>Ownership</th>
<th>Small Market</th>
<th>Medium Market</th>
<th>Large Market</th>
<th>Large Physician Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>County</td>
<td>Single Community Hospital</td>
<td>General Acute Care Hospital</td>
<td>Large Tertiary Facility</td>
<td>Multi-Specialty Group</td>
</tr>
<tr>
<td>National</td>
<td>Small Town / Rural Market</td>
<td>Second-Tier Suburban Market</td>
<td>Large / Urban Market</td>
<td>Large / Urban Market</td>
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<td>Catholic System</td>
<td>Not for Profit</td>
<td>For Profit</td>
<td>Not for Profit</td>
<td>PSC</td>
</tr>
<tr>
<td>Independent</td>
<td>Not for Profit</td>
<td>For Profit</td>
<td>Not for Profit</td>
<td>PSC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feature</th>
<th>Small Market</th>
<th>Medium Market</th>
<th>Large Market</th>
<th>Large Physician Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed Size</td>
<td>99</td>
<td>268</td>
<td>800</td>
<td>NA</td>
</tr>
<tr>
<td>Physicians</td>
<td>58</td>
<td>377</td>
<td>1,251</td>
<td>+25</td>
</tr>
<tr>
<td>% of population with private insurance</td>
<td>33%</td>
<td>40%</td>
<td>41.5%</td>
<td>38%</td>
</tr>
<tr>
<td>Tax Status</td>
<td>Not for Profit</td>
<td>For Profit</td>
<td>Not for Profit</td>
<td>PSC</td>
</tr>
<tr>
<td>Ownership</td>
<td>County</td>
<td>National</td>
<td>Catholic System</td>
<td>Independent</td>
</tr>
<tr>
<td>Retained Patient Share</td>
<td>52%</td>
<td>35%</td>
<td>48%</td>
<td>45%</td>
</tr>
<tr>
<td>Hospitals in Market</td>
<td>1</td>
<td>3-5</td>
<td>&gt;10</td>
<td>2</td>
</tr>
<tr>
<td>Population</td>
<td>125,000</td>
<td>750,000</td>
<td>907,301</td>
<td>225,000</td>
</tr>
<tr>
<td>5-Year Market Growth</td>
<td>0.54</td>
<td>1.28</td>
<td>2.28</td>
<td>.85</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$ 45,000</td>
<td>$ 57,000</td>
<td>$ 62,000</td>
<td>$52,500</td>
</tr>
</tbody>
</table>
**Inning Line-up** (Each Inning Representing 1 year)

**INSTRUCTIONS: Make Your Investment Decisions Each Inning**

*Circle maximum of 4 Highs, 4 Mediums, 3 Lows*

<table>
<thead>
<tr>
<th>Growth Investment</th>
<th>Levels of Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Planning</td>
<td>High</td>
</tr>
<tr>
<td>Physician Recruitment</td>
<td>High</td>
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<td>Physician Retention</td>
<td>High</td>
</tr>
<tr>
<td>Implement Marketing Campaign</td>
<td>High</td>
</tr>
</tbody>
</table>

**Beware of Curveballs!**

*It’s hard to beat a person who never gives up.*  
- Babe Ruth
Scoreboard: How to Score Runs

- Line-up Decisions Influence the Model
- Model calculates “runs” scored in Innings 1, 2 and 3 based on Return on Investment (ROI)
- Multiplier Equalizes For Market Size
  - “Inter-league” match ups will not dis-advantage smaller markets

Tip!
We encourage each group to discuss the following pre-game questions before selecting your line-up, and Remember…

There’s no crying in baseball.
Pre-Game Warm-up

- How does your organization approach strategic planning (scope, timeframes, stakeholders involved, key areas of focus)
- How does your organization engage physicians in the strategic planning process?
- How is Physician Outreach structured in your organization? Is this done formally or informally?
- Does your organization have a physician recruitment or physician retention culture?
- How formal of a program do you have for ensuring physician retention? What are the major success factors in retention for your organization?
- How do you measure patient leakage for your organization? How do you determine when patients are leaving your network and why?
- What models for physician alignment does your organization use? Which are most successful in creating alignment with key physician groups? Which are not?
- How do you currently engage with your physicians (tactics of engagement)? Are your physicians asked to participate in leadership roles?
- Does your organization have a formalized task force committed to onboarding physicians for 12-months or greater (including a physician mentorship program)?

There’s No Crying…
Inning #1: Exercise

25 Minutes:
- Pre-Game Warm up
  - Review Assumptions
  - Engage in Team Discussion
- Evaluate & Select Line-up Options
- Consult Coaches
- Mark Line-up Decisions
- Turn in Line-up Card
Inning #1: Warm-up Tips

- How does your organization approach strategic planning (scope, timeframes, stakeholders involved, key areas of focus)
- How does your organization engage physicians in the strategic planning process?
- How is Physician Outreach structured in your organization? Is this done formally or informally?
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- Does your organization have a formalized task force committed to onboarding physicians for 12-months or greater (including a physician mentorship program)?

Inning #1 Line-up (Representing Year 1)

INSTRUCTIONS: Make Your Investment Decisions Each Inning
Circle maximum of 4 Highs, 4 Mediums, 3 Lows

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<td>Implement Physician Liaison Program</td>
<td>High</td>
</tr>
<tr>
<td>Practice Management / Operations</td>
<td>High</td>
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<tr>
<td>Physician Leadership Development</td>
<td>High</td>
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<tr>
<td>Mergers and Acquisitions</td>
<td>High</td>
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<tr>
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<td>Physician Retention</td>
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<td>Implement Marketing Campaign</td>
<td>High</td>
</tr>
</tbody>
</table>
Inning #1: Audience Poll

Are you using any data to perform predictive analytics for physician utilization?

- Yes
- No
- Not known

When poll is active, respond at PollEv.com/tillerhewitt088 Text TILLERHEWITT088 to 22333 once to join

Poll Everywhere
How often do you track your physician performance for your facility?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually

How often do you track your physician performance for your market?

- Daily
- Weekly
- Monthly
- Quarterly
- Annually
What’s the Problem?

Think Different.
**Inning #1: Scores**

<table>
<thead>
<tr>
<th>Teams</th>
<th>Inning 1</th>
<th>Inning 2</th>
<th>Inning 3</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team 2</td>
<td></td>
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<td>Team 3</td>
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<td>Team 5</td>
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<td>Team 6</td>
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<td>Team 7</td>
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<td>Team 8</td>
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<tr>
<td>Team 9</td>
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<tr>
<td>Team 10</td>
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</tbody>
</table>

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**INNING #2**

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Inning #2: Curveballs!

Possible Curveballs

<table>
<thead>
<tr>
<th></th>
<th>Budget Cuts</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Repealed</td>
<td></td>
</tr>
<tr>
<td>Key Surgeon Leaves</td>
<td>New Competitor Enters</td>
</tr>
<tr>
<td>Major Commercial Payer</td>
<td>Physicians Open Ambulatory Surgery</td>
</tr>
<tr>
<td>Cancels</td>
<td>Center</td>
</tr>
</tbody>
</table>

Inning #2: Exercise

15 Minutes:

- Evaluate you Line-up Options
- Consider Your Curveball
- Consult Coaches
- Submit Wild Cards
- Mark your Line-up Decisions
- Turn in your Line-up Card
Pre-Inning Warm-up – Inning #2
Discuss previous investments still in play

- How does your organization approach strategic planning (scope, timeframes, stakeholders involved, key areas of focus)?
- How does your organization engage physicians in the strategic planning process?
- How is Physician Outreach structured in your organization? Is this done formally or informally?
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- What models for physician alignment does your organization use? Which are most successful in creating alignment with key physician groups? Which are not?
- How do you currently engage with your physicians (tactics of engagement)? Are your physicians asked to participate in leadership roles?
- Does your organization have a formalized task force committed to onboarding physicians for 12-months or greater (including a physician mentorship program)?

**Inning #2 Line-up** (Representing Year 2)

**INSTRUCTIONS:** Make Your Investment Decisions Each Inning
Circle maximum of 4 Highs, 4 Mediums, 3 Lows

<table>
<thead>
<tr>
<th>Growth Investment</th>
<th>Levels of Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Planning</td>
<td>High  Medium  Low</td>
</tr>
<tr>
<td>Physician Recruitment</td>
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<tr>
<td>Reduce Patient Leakage</td>
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<tr>
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<td>High  Medium  Low</td>
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<tr>
<td>Data/Analytics</td>
<td>High  Medium  Low</td>
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<tr>
<td>Physician Retention</td>
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</tr>
<tr>
<td>Implement Marketing Campaign</td>
<td>High  Medium  Low</td>
</tr>
</tbody>
</table>

2017 CONGRESS ON HEALTHCARE LEADERSHIP
Inning #2: Audience Poll

Rank these provider alignment models in order of importance to the execution of your organization's strategy:

Employment
Co-Management
Physicians/Hospital Organizations (Non-CHI)
Clinically Integrated Network
Accountable Care Organizations
Medical Directorships
Joint Ventures
Management Services Organizations
Professional Services Arrangements
Other
You’ve Got One Strike Left…
Now Go Get ’m for the Championship!
Inning #2: Scores

<table>
<thead>
<tr>
<th>Teams</th>
<th>Inning 1</th>
<th>Inning 2</th>
<th>Inning 3</th>
<th>Final</th>
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STRETCH!
Sing-a-long with Harry

TAKE ME OUT TO THE BALL GAME
TAKE ME OUT WITH THE CROWD; BUY ME SOME PEANUTS AND CRACKER JACK, I DON'T CARE IF I EVER GET BACK. LET ME ROOT, ROOT, ROOT FOR THE HOME TEAM, IF THEY DON'T WIN IT'S A SHAME. FOR IT'S ONE, TWO, THREE STRIKES YOU'RE OUT, AT THE OLD BALL GAME!

15 Minute Break Time
Inning #3: Curveballs!

<table>
<thead>
<tr>
<th>Possible Curveballs</th>
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<tbody>
<tr>
<td>ACA Repealed</td>
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<tr>
<td>Budget Cuts</td>
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<tr>
<td>Key Surgeon Leaves</td>
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<tr>
<td>New Competitor Enters</td>
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<tr>
<td>Major</td>
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<tr>
<td>Commercial Payer Cancels</td>
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<tr>
<td>Physicians Open</td>
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<tr>
<td>Ambulatory Surgery Center</td>
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</tbody>
</table>
Inning #3: Exercise

15 Minutes:
- Evaluate Inning #1 & 2 Results
- Discuss Previous Investments Still in Play
- Line-up Options
- Consider New Curveball
- Consult Coaches
- Mark Line-up Decisions
- Turn in Line-up Card

Pre-Inning Warm-up – Inning #3
Discuss previous investments still in play

- How does your organization approach strategic planning (scope, timeframes, stakeholders involved, key areas of focus)
- How does your organization engage physicians in the strategic planning process?
- How is Physician Outreach structured in your organization? Is this done formally or informally?
- Does your organization have a physician recruitment or physician retention culture?
- How formal of a program do you have for ensuring physician retention? What are the major success factors in retention for your organization?
- How do you measure patient leakage for your organization? How do you determine when patients are leaving your network and why?
- What models for physician alignment does your organization use? Which are most successful in creating alignment with key physician groups? Which are not?
- How do you currently engage with your physicians (tactics of engagement)? Are your physicians asked to participate in leadership roles?
- Does your organization have a formalized task force committed to onboarding physicians for 12-months or greater (including a physician mentorship program)?
### Inning #3: Line-up Decisions

*Circle ONLY 4 Highs, 4 Mediums, 3 Lows*

<table>
<thead>
<tr>
<th>Team Type</th>
<th>Growth Investment</th>
<th>Small</th>
<th>Medium</th>
<th>Large</th>
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<tbody>
<tr>
<td>Pitcher</td>
<td>Reduce Patient Leakage</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<tr>
<td>Catcher</td>
<td>Physician Recruitment</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<tr>
<td>1st Base</td>
<td>Physician Retention</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<td>2nd Base</td>
<td>Physician Economic Alignment</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<td>Shortstop</td>
<td>Structure Outreach Program</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<tr>
<td>3rd Base</td>
<td>Implement Physician Liaison Program</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<tr>
<td>Left Field</td>
<td>Implement Marketing Campaign</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<tr>
<td>Center Field</td>
<td>Practice Management/Operations</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<td>Right Field</td>
<td>Strategic Planning</td>
<td>High</td>
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<td>Designated Hitter</td>
<td>Mergers and Acquisitions</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
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<td>Free Agent</td>
<td>Data Analytics</td>
<td>High</td>
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### Inning #3: Audience Poll
This game is Only One Half Skill…
The rest is something **BIGGER**
Most Valuable Team:
### Inning #3: Final Scores

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Victory – YES – YES – YES!

Reveal the All-Star Scores

<table>
<thead>
<tr>
<th>Winning Team Score</th>
<th>All-Star Team Score</th>
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<tbody>
<tr>
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<td>2</td>
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KEY TAKEAWAYS

DATA
Where to Invest for ROI

STRATEGY
High-Value Service Capacity

EXECUTION
Accountability & Results

DATA
Where to Invest for ROI

PHYSICIAN ENGAGEMENT
Sustainable Performance

GRAND SLAM!
Bibliography/References


Biography

J. Tod Fetherling, MBA
CEO of Perception Health

Fetherling’s career has been a series of “Firsts” in various industry segments. He built one of the first interactive health portals at HCA, created the first home health use rates, directed the first live surgery online and first live birth on the Internet, first K-12 Health Curriculum online, and now he is bringing the first Real-Time Care Command Center to life.

Tod graduated from the University of Tennessee in 1986 with BS in Marketing. He lectures for Belmont (HIT Accelerator, Strategy) and Vanderbilt (Marketing, MBAs).

HSG Managing Partner David W. Miller primarily focuses on strategy development, including strategic plans for hospitals & health systems and employed physician groups, affiliation/merger strategies, physician alignment strategies, primary care strategies, and service line planning. He also provides board and medical staff education and retreat facilitation.

Before co-founding HSG in 1999, David spent four years as a Partner with the Galvagni-Miller Strategy Group and fifteen years as an executive with Norton Healthcare in Louisville. David is a Fellow of the American College of Healthcare Executives (ACHE) and serves on the board of the organization’s Kentucky chapter. He holds a Master’s Degree in Health Administration from The Ohio State University and a Bachelor’s Degree in Management from Virginia Tech.
Biography

Michael Patmas, MD, FACPE, FACHE
Chief Medical Officer
Gritman Medical Center
Physician at Prairie Family Medicine
(208) 871-1484
michael.patmas@gmail.com

Dr. Michael Patmas, MD, MMM, CPE, FACP, FACHE, joined Gritman Medical Center in December 2016 to enhance physician engagement, drive growth through recruitment and develop additional service lines.

He has recently served as Chief Executive Officer of Rockwood Clinic, a 350 provider medical services group located in Spokane, Washington. In his leadership role, Dr. Patmas effectively engaged others toward achieving common goals for growth, resulting in Rockwood recruiting 115 new providers, opening three new offices and growing volume and revenue by 20% over two years. Previously, as Chief Medical Officer of Woodland Health Care, Dr. Patmas had a unique role sharing accountability for both organizations with a focus on integration strategies; quality and patient safety programs; and physician recruitment and retention. His published articles and presentations relative to this topic include:

He is a fellow of the American College of Healthcare Executives as well as the American College of Physicians. He is a Certified Physician Executive through the American Association for Physician Leadership.

Biography

Tammy Tiller-Hewitt, MHA, FACHE
Chief Executive Officer
Tiller-Hewitt HealthCare Strategies
866-651-8701
tth@tillerhewitt.com

Tammy Tiller-Hewitt, MHA, FACHE, is a nationally recognized physician relations and retention consultant, drawing on 30 years of healthcare management experience. Her work with both the health system and the physician practice sides of healthcare give her a unique perspective on the complexities facing today’s healthcare professionals. Prior to starting Tiller-Hewitt HealthCare Strategies, Tammy spent 20 years with BJC HealthCare in St. Louis, Missouri.

Tammy holds a Bachelors Degree in Business Administration, Maryville University, St. Louis, and a Masters Degree in Healthcare Administration from Trinity University, San Antonio.

She is a Fellow of the American College of Healthcare Executives and a John Maxwell certified coach and trainer.