

2022



STRONGER

vizient. CONNECTIONS SUMMIT

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#vizientsummit



# Creating Physician/APP Engagement Through the Use of Data

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# Learning Objectives

- Discuss how Intermountain Healthcare leveraged a data platform to develop an OPPE process.
- Develop a plan to implement an interactive OPPE data insight review session at your own organization.



# Creating Physician/APP Engagement Through the Use of Data

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# Our OPPE History

## Internally Developed Tool

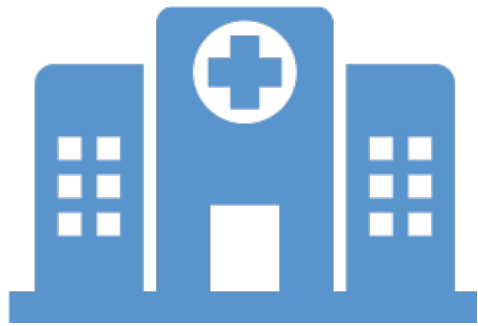
- Disrupted by the change to a new EMR
- Outdated platform

No external  
benchmarking  
capabilities

Varied OPPE  
Workflows  
throughout the  
system

Historical  
Distrust of the  
data

# Designing an OPPE Process to Meet a Broad Scope of Needs



**24** Hospitals



Over **3,500**  
affiliated  
physicians and  
APPs who provide  
inpatient care



Medical Group  
with more than  
**2,400** employed  
physicians and  
APPs

# “It Always Seems Impossible Until It’s Done” — Nelson Mandela



Assess  
current state  
through  
interviews

Explore  
available  
tools

Create  
proposal  
for  
system  
leaders

Begin  
Staged  
Implementation



# What we looked for in an OPPE tool



Easy to use



Meets Regulatory OPPE Standard requirements



Aligns with the improvement work for the system



Internal and external benchmarking capabilities

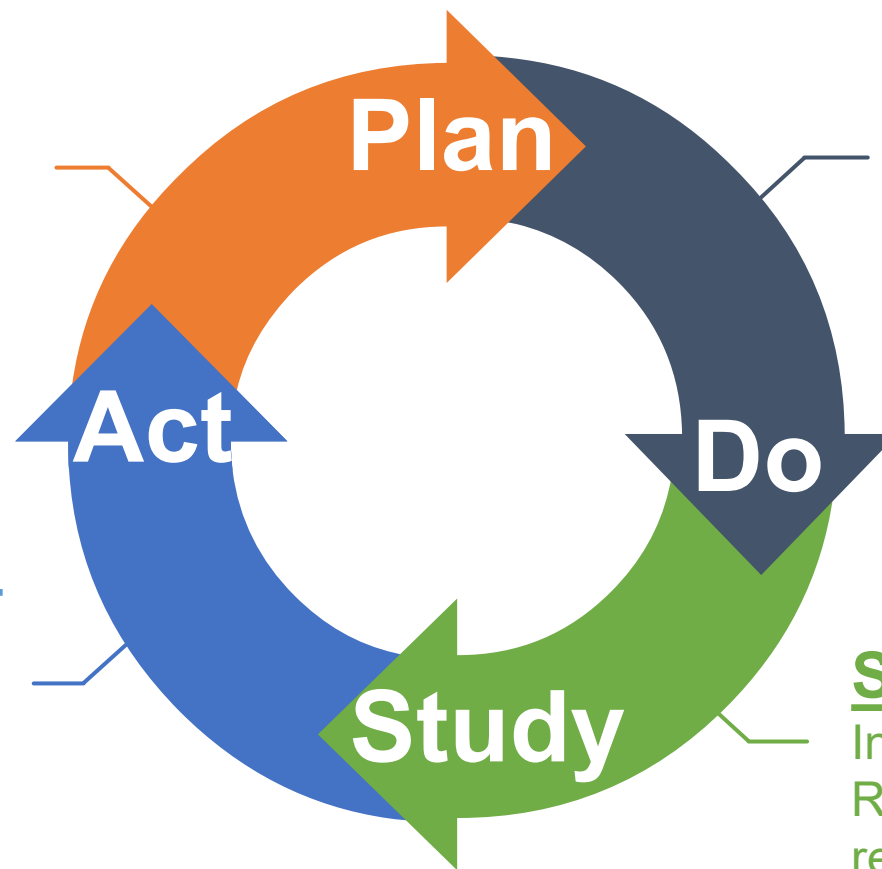
# Plan, Do Study, Act

## Groundwork:

Learn tool  
Design process  
Define Metrics (System/Facility)

## Define & Remove Barriers

Physician Leader Access  
Physician Training/Retention  
Attribution in tool



## Approval

Facility Medical Directors  
Medical Executive Committees  
(MEC) at Individual Facilities

## Education

Quality Team  
Medical Staff Office Professionals  
Physician Leadership

## Staged Roll-out

Initial Pilot Groups (5 hospitals)  
Review feedback from OPPE  
reviews

# “In the Middle of Difficulty Lies Opportunity” – Albert Einstein

## BARRIERS

Managing required training for current and new medical staff leaders

Must have access to tool for electronic sign off

Proxy Process

Medical Staff Specialty Designation varies throughout the system

## MITIGATION STRATEGIES

- Quality Professionals perform drill down of report data
- Quality Professionals meet individually with physician leader to review the report together

- Quality Professionals act as proxy for the physician reviewer in the tool

- Approval by legal and The Joint Commission (TJC)

- Collaborate with Medical Staff Professionals to create query for physician map

# 1:1 OPPE Data Review



- Real time answers to questions
- Builds trust
- Adds Value
- Respectful of time
- Reduces learning curve
- Allows for meaningful exchange of ideas

# Creating an Engaging Review

## What to Prep:

- Schedule in advance
- Complete Drill Down
- Review data definitions

## What to bring:

- Curiosity
- Case drill down summaries
- Data definitions
- Attribution definitions
- Metric List

# Proxy Process



8/30/2022

On 8/27/2022, Dr Lon Bones reviewed the OPPE report for General Hospital Orthopedic Surgery

The physician reviewer:

- Evaluated Outcome measures, case summaries and other pertinent information within the report
- Approved all notes within the report
- Determined the appropriate performance category for each provider
  - Providers in the "Further Review Required" and "Improvement Needed" categories will have follow-up as determined by the reviewer.

I, Melisa Roeber have acted as scribe and proxy review signer for Dr Lon Bones in the Provider Insight tool.

Melisa Roeber  
Quality Consultant  
Office of Patient Experience

- Approved by The Joint Commission (TJC)
- Follows Intermountain and State signature guidelines
- Outlines proxy and reviewer roles

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# Managing Physician Mapping



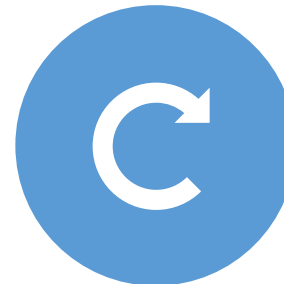
Using credentialing software – which fields to query



Comparing apples to apples – Internal Comparison Groups



Custom maps for Rural Facilities – size decides comparison group



How often to update?

# Outcomes & Impact

- Relationships between Quality Professionals and Physician Leaders
- 95% OPPE meeting completion rate
- Two percentile points away from top decile in our whole system key performance indicator
- Measurable and significant improvements in OPPE lead metrics like door to needle times for stroke patients and lag metrics like mortality (over 30% improvement in the last 2 years)
- Since implementation, ten Intermountain facilities have been fully surveyed for accreditation with only one finding based on a selected case from the former process.

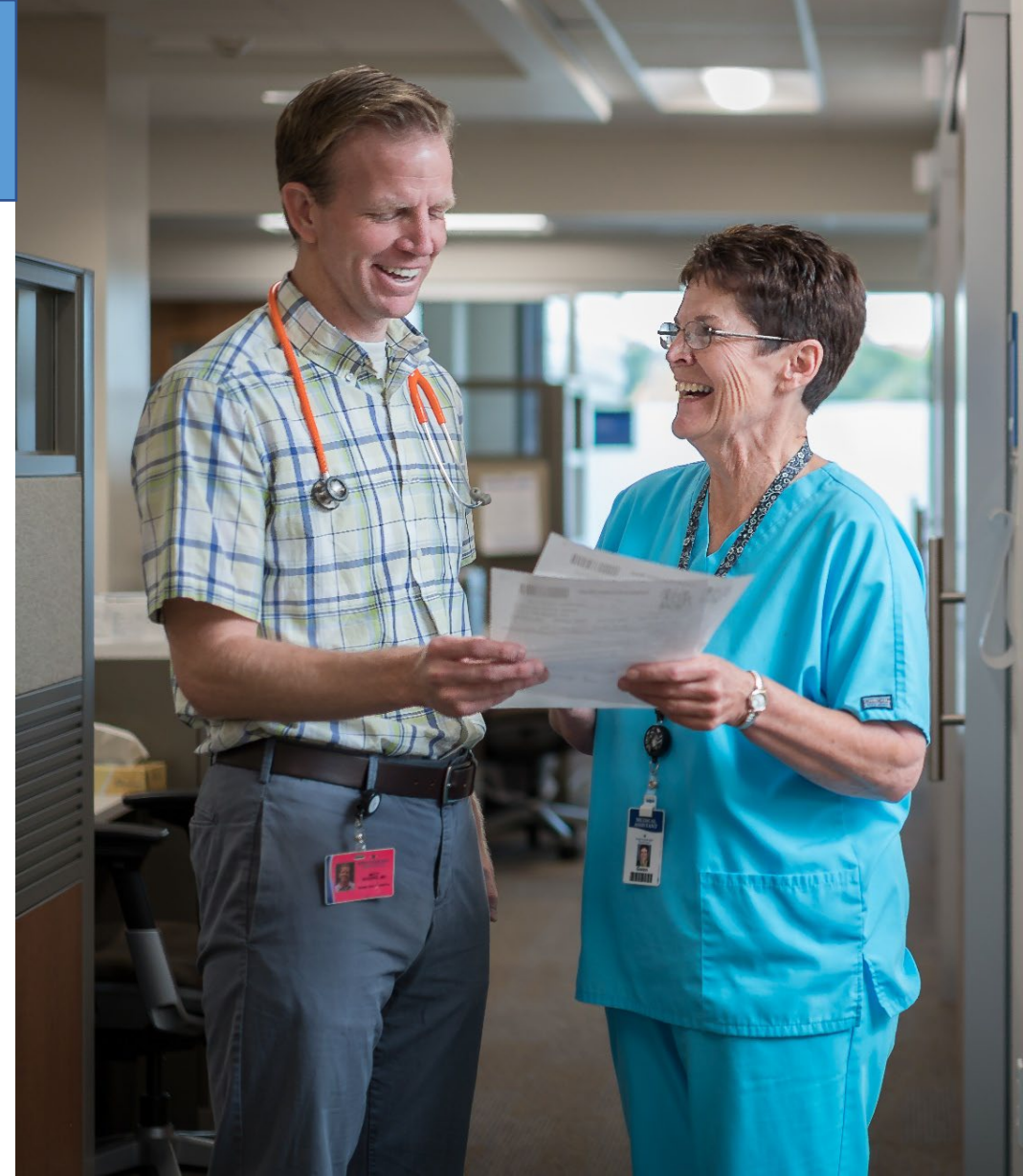


# Success Story

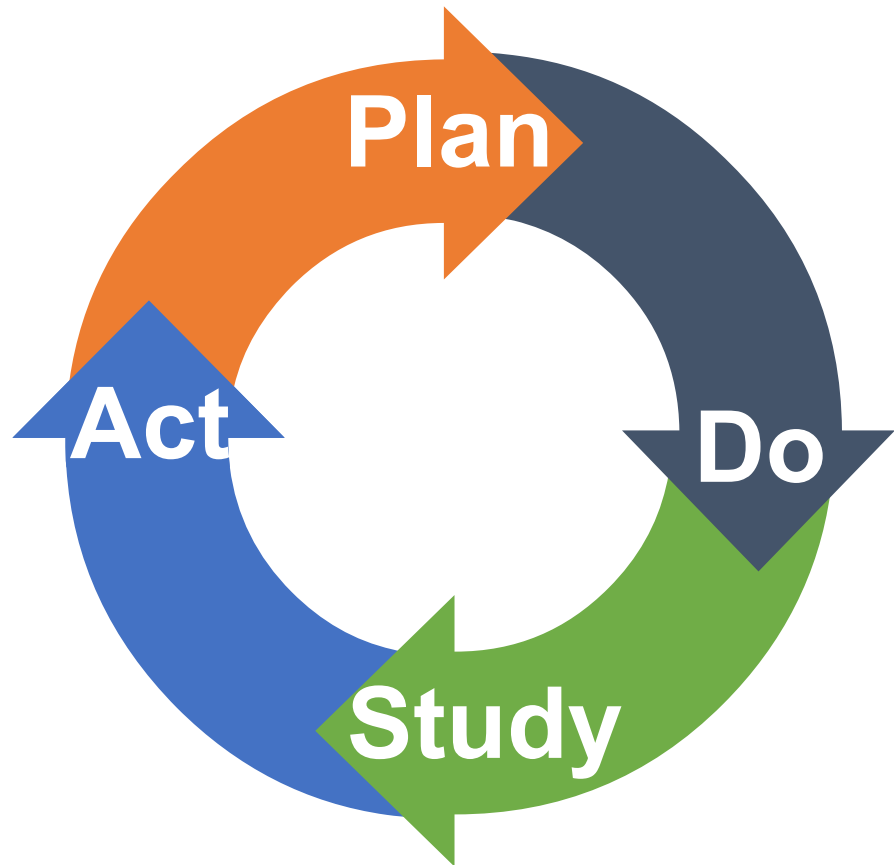
“I have worked with Dr “X” on OPPE for over 5 years. He has always disparaged the data, complained about the attribution and even refused to sign the report for 2 years!

I had an OPPE review with him yesterday and he said, “This is better!” I was able to answer all his questions, and he is taking data from the report to review and share with his department.

He even signed the report!”



# Lessons Learned



- Evaluate process with each roll out
- Multiple touch bases with physicians, quality professionals, medical staff office, etc.
- Respond quickly to feedback
- Close feedback loop
- Educate
- Practice

# Key Takeaways

- **BE CREATIVE!**
- Make the tool work for you
- 1:1 OPPE Reviews forge stronger relationships between quality professionals and physician leaders
- Trust in the data comes with the building of relationships
- Quality and physician leaders can align work to achieve goals
- Caregiver engagement increases when work is perceived as valuable

# Questions?



## Contact:

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