

Building a Solid Business Case Through Patient Empathy

The Beryl Institute

May 2013



Learning Objectives

- Tools for uncovering patient experience needs
- Combining stories (soft) and data (hard) for service optimization
- Translating insights into strategic planning for service line development

Agenda

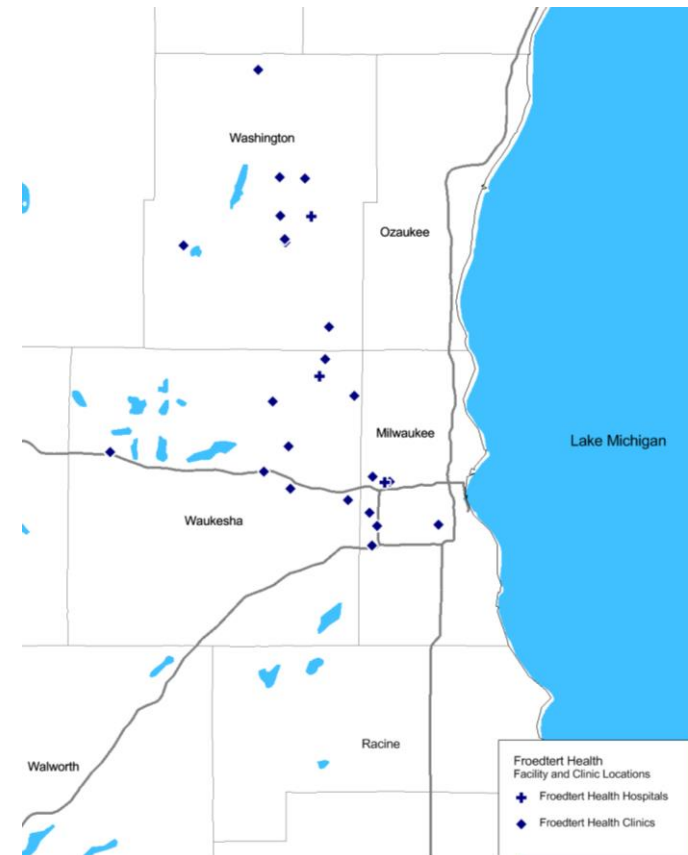
1. Background
2. Approach and Insights
3. Insights to Action
4. Results to Date

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BACKGROUND

Froedtert Health

- Froedtert Health is the only health system in the region that provides an academic/community partnership
- Comprised of [Froedtert Hospital](#), [Community Memorial Hospital](#), [St. Joseph's Hospital](#), and [Froedtert Health Clinics](#). Affiliated with The Medical College of Wisconsin.
- Key statistics
 - Beds — 772
 - Patient Admissions — 40,063
 - Outpatient Visits — 839,800
 - Physician Clinic Visits — 831,393



Situation Overview

Froedtert Health was working to redesign the rehab, orthopedics and orthopedic surgery services (i.e., the musculoskeletal service line) under a common framework.

This new design will streamline the treatment process by organize existing assets (communication, care, coordination) based on an understanding of the ideal patient experience.

Given the variety of interests with internal stakeholders, common alignment around patient needs and a collaborative approach was required.

Our Partner

Works with Nationally-recognized Institutions:

- 5 “Honor Roll” institutions
- 3 out of the top 5 cancer programs
- 2 out of the top 4 pediatric hospitals
- 2 out of the top 4 cardiovascular programs

Conducts National Benchmarking Studies:

- Patient experience
- Marketing
- Physician relations
- International programs



APPROACH AND INSIGHTS

Philosophy



Culture and your **brand** promise are linked through the **experience** delivered.

Leaders translate customer expectations to the organization and reinforce desired employee behaviors.

This **alignment** creates an exceptional experience and a sustainable competitive advantage.

We call this desired state **enchantment**.

From Input...

1.



2.

Interview Transcripts

...to Insights

Few patients conducted research; most trusted their doctor's recommendation

- Doctor said this is the place. And I trust my doctor completely. She's affiliated with Froedtert. (013 Menomonee Falls FHMg)
- I just went where my physician suggested. He said it was a good place and they had a good program. (011 Menomonee Falls CMH)
- Didn't ask about other options. Trusted physicians and orthopedic doctor. Accepted their recommendation. (018 Menomonee Falls FHMg)
- Never asked if there was another option. Therapy place was close by. Didn't have to go to hospital. Pleased with surgeon, would go where ever he sent me and follow his plan. (023 FMC)

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3.

Detailed Findings:

- Key themes
- Verbatim comments
- Strengths and barriers

Rehab services are trusted, but not well understood or distinguished from competitors



Your reputation facilitates patient trust – but not necessarily distinction from other rehab services they could seek. However, sports medicine rehab is recognized as the market leader with an exceptional facility and staff which is used by professional athletes. The elements that support this: therapist certifications and tenure, facility design, access to latest treatments.

Patients connect Froedtert with rehab locations around the hospital and in Milwaukee, but not always with outlying locations, which are often known by their location and strongly connected with the hospital.



Physicians may give patients a location based on their sense for why (or if) a location is convenient for their patients.

● High performance ● Moderate performance ● Low performance

Patients look to their physicians to understand how to choose a rehab location and what to expect

- I trust the Froedtert brand and when my physician recommends rehab services at a Froedtert location, I am confident in their expertise and do not research other options
- I might have friends or family who have used Froedtert for rehab and they had good experiences; they may even recommend that I request a specific therapist
- However, if I don't have guidance from my friends and family I am not sure what to expect and my physician provides little information; I am most concerned about if therapy will help, how much pain will be involved, and how I will fit numerous appointments into my busy schedule
- My physician suggests several locations and I pick the location that is closest to my house as I know little about the different locations or why I should choose one over another (with the exception of specialized rehab – such as cancer – or the sports medicine facility, which I may recognize as top-notch because it is used by professional athletes)



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Day in the Life and Touchpoint Assessment:

- Key Recommendations
- Illustrate with pictures
- Enrich with clips
- Identify best practices

Difference in Drivers



NUMBERS



STORIES

Functional Needs

What We Do

- Services offered
- Clinical outcomes
- Transfer efficiency
- Scheduling delays

Emotional Needs

How We Do It

- Inclusion in treatment
- “Feel” of the interactions
- Subjective quality judgments
- Feeling valued

Interview Discussion Areas

Need



Need

Physician Referral
/Recommendation

Evaluation and selection
of healthcare providers

Knowledge about
Froedtert Rehab

Scheduling



Choosing and contacting a
provider

Scheduling first visit

Financial and medical
paperwork/records

Resources provided

First Visit



Parking

Getting to the facility

Checking-in and waiting
area

Discussion of therapy
options and plan

Interactions with staff
and therapist

Patient education

Treatment



Transportation and
location

Rehab therapy

Interaction with therapist

Follow-up



Discharge from therapy

Call-backs for assistance

Communication with
referring physician
regarding progress

Follow-up visits

Preventative care and
wellness services

Billing

- Froedtert Rehab
Faculty/Staff
- Patients and their Families

- Front Desk Staff
- Faculty/Medical Staff

- Faculty/Medical Staff
- Support Staff

- Faculty/Medical Staff
- Support Staff

- Faculty/Medical Staff
- Support Staff

Primary Experience Stewards



Key Touchpoints

Site Visits



Parking can be more difficult at larger facility (and result in appointment cancellations when the weather is bad)



Unique options for therapy exercises



Specialized treatment...hand therapy area

Co-location of therapists and physicians is beneficial for patients

Information available, but not getting to patients

Rehab brochure from Community Memorial Hospital showcases specialty areas and accreditations – but few patients report knowing this information in advance, primarily because they don't receive it from their physicians or conduct their own research

Accreditations

Community Memorial Hospital is proud to receive the following accreditations and recognitions:

- Accredited by the Joint Commission. Community Memorial Hospital received the Joint Commission's Gold Seal of Approval for accreditation by demonstrating compliance with the commission's national standards for health care quality and safety in hospitals.
- Accredited by the Commission on Accreditation of Rehabilitation Facilities for our adult Inpatient Rehabilitation Program, comprehensive Occupational Rehabilitation Program and Stroke Specialty Program. This accreditation demonstrates that our programs and services are of the highest quality.
- Designated as a Blue Distinction Center for Knee and Hip Replacement by Anthem Blue Cross and Blue Shield in Wisconsin. The Blue Distinction designation is awarded to medical facilities that have demonstrated expertise in delivering quality healthcare in knee and hip replacement.

Specialty Services

At Community Memorial Hospital, we address the specialized needs of our patients. Our services include:

- Continence rehabilitation
- Advanced spinal treatment
- Fibromyalgia
- Osteoporosis
- Wound Care
- Lymphedema
- Hand therapy
- Custom orthotics
- Vestibular rehabilitation
- Cardiac Physical Therapy Program
- Bariatric Physical Therapy Program

Occupational Rehabilitation and Injury Prevention

Since 1990, Community Memorial Hospital has been helping workers recover quickly from work-related back, knee, hand and arm injuries. Our services include:

- An intensive Work Hardening Program utilizing job simulation, fitness conditioning and education to shorten recovery time.



Patients satisfied, but notice differences in care

- No clear path to direct patients to the therapist/location most specialized to their needs
- Patients who visited multiple locations notice differing levels of investment in the facilities
- Patients want increased care collaboration – particularly those who have experienced it out-of-market
- Once treatment begins, patients praise therapists' expertise, motivational attitude and thorough explanations – but have mixed feelings about not having the same therapist at each appointment

Physicians:

Streamline services and co-locate with therapists

Overall

- Some perceive duplication of services in certain geographies, and others simply do not know what services are available throughout the system
- There is a challenge of not being able to match patients with the therapist, which would be helpful because some patients need more emotional support, aggressive treatment, etc. - this is exacerbated when patients see different therapists throughout treatment
- Physicians most value outcomes and ensuring the patient experience goes smoothly and efficiently, citing location of treatment and ease of obtaining appointments as examples
- Co-location of physician and therapist is perceived by most to be ideal

"I want the patient to have an efficient experience, like an appointment in a timely manner. The quality of therapy is expected."

Referring Physician

"Consolidate rehab into one organization. We need a common way of getting feedback from therapists, pool our resources, [and provide] continuity of care. One of the problems I see is that patients see one therapist one time, another therapist another time because of scheduling. They try to see the same one, but can't always succeed. We'd have an advantage of pooling the resources."

Referring Physician

Leadership Summary

There is a burning platform to carefully examine the current patient experience and identify opportunities for streamlining operations

- Economics: Internal competition for referrals
- Experience: Confusion around facilities located closely together

Want support in identifying and translating best practices across locations so that this service line does things consistently, regardless of where the patient accesses care

There is commitment to championing changes required to achieve these objectives

Our Challenge:

Balancing experience and economics

There is a higher satisfaction and more coordination of patient care when rehab services and physicians are co-located – although convenience for the patient is still important. These two elements are in conflict.

There was a clear business need to identify ways to reduce costs and redundancy and to differentiate programs from others in the market.

There was an appetite for promoting rehab services as a single product under Froedtert brand, but the financial implications need to be considered (and billing should be consistent)

Example of Conjoint Task: Simulating Real-World Decision-Making

Scenario x of 12

When answering the questions, please imagine you were in a situation where you:

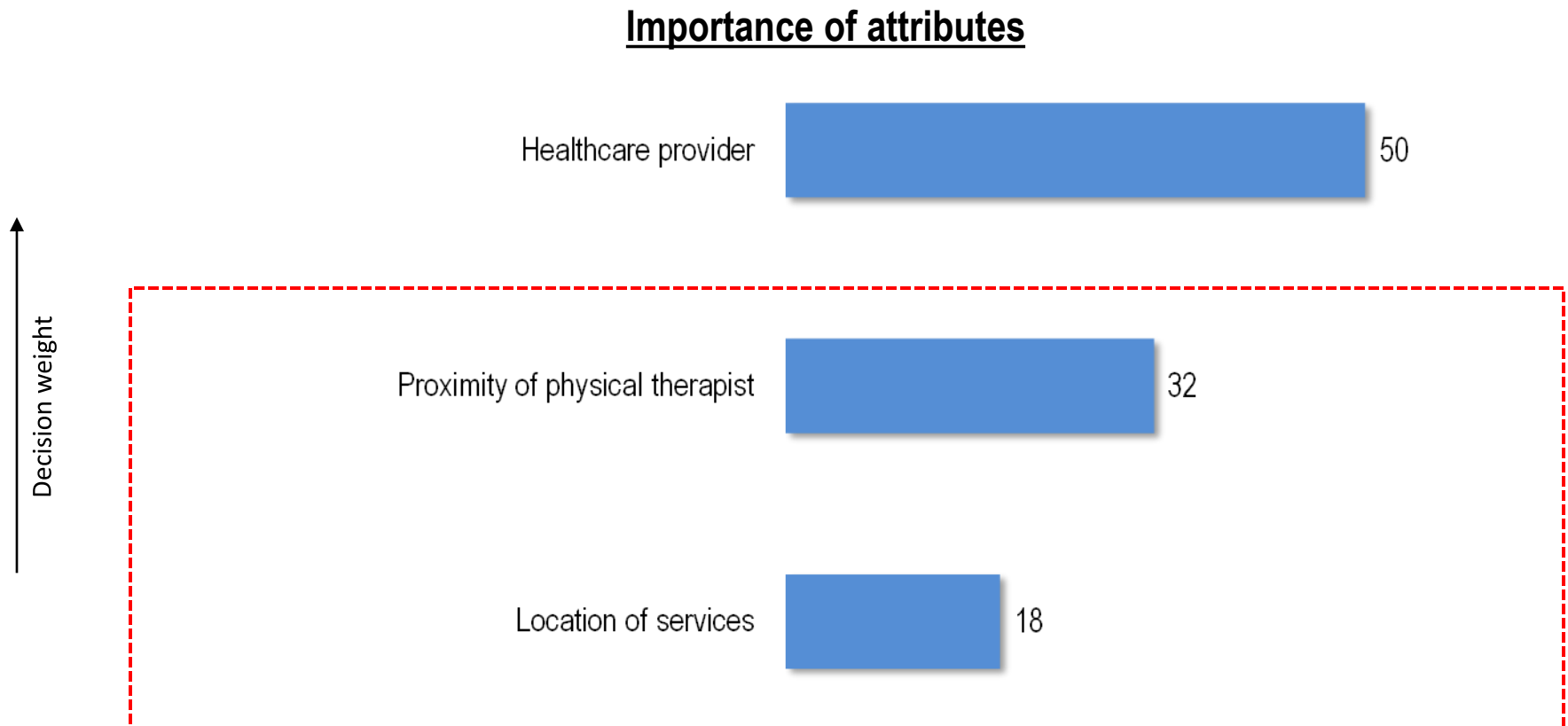
- 1) visit an orthopedic specialist several times,
- 2) undergo corrective surgery as an outpatient **returning home the same day**, and
- 3) need several physical therapy sessions for rehabilitation

Please choose the offering that you would most prefer to use, or please select “none” if you would not be willing to use any of these options. In all scenarios, travel time to your physical therapist will be specified. In some scenarios where your orthopedic specialist and/or surgery center are at different locations, assume they are within 30 minutes of your home or work.

Location of services	Specialist, surgery, and physical therapist are all located together	Specialist, surgery, and physical therapist are all at different locations	Specialist, surgery, and physical therapist are all located together	
Proximity of <u>physical therapist</u> from your home or work	30 minutes	45 minutes	Less than 15 minutes	NONE: I wouldn't choose any of these.
Healthcare provider (all services)	Froedtert Health / Froedtert & The Medical College of Wisconsin	Competitor A	Competitor B	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

Choice of healthcare provider is most important; proximity of PT outweighs co-location of services



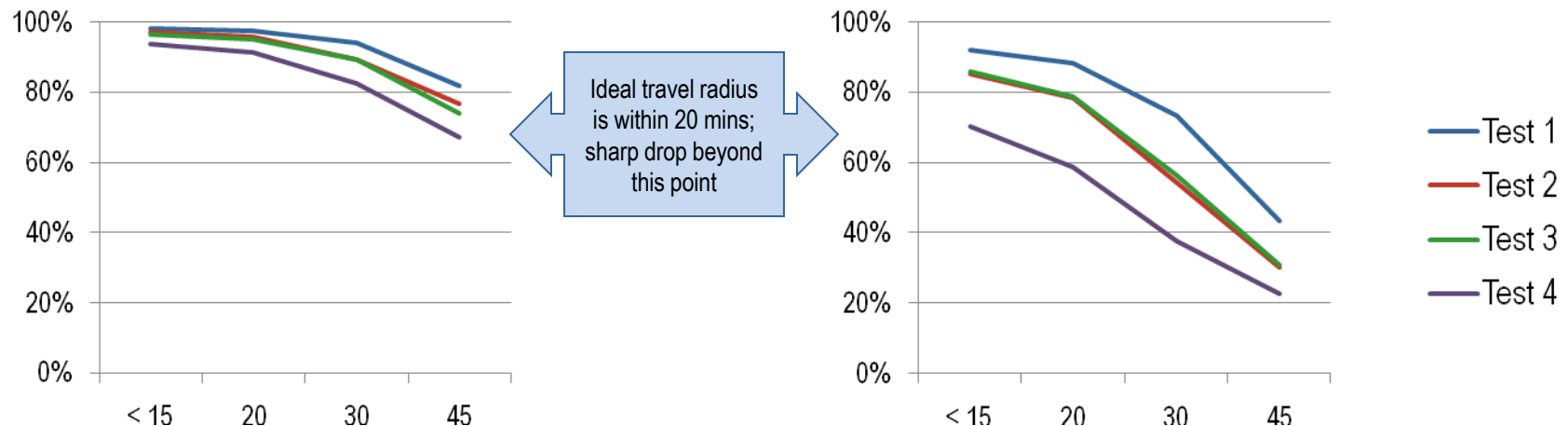
n = 504

Numbers represent importance of each conjoint attribute out of 100 points

Sensitivity Analysis

This approach involves holding other attributes constant and changing one attribute at a time, such as proximity of rehab, and recording likelihood to purchase at each point along the proximity continuum

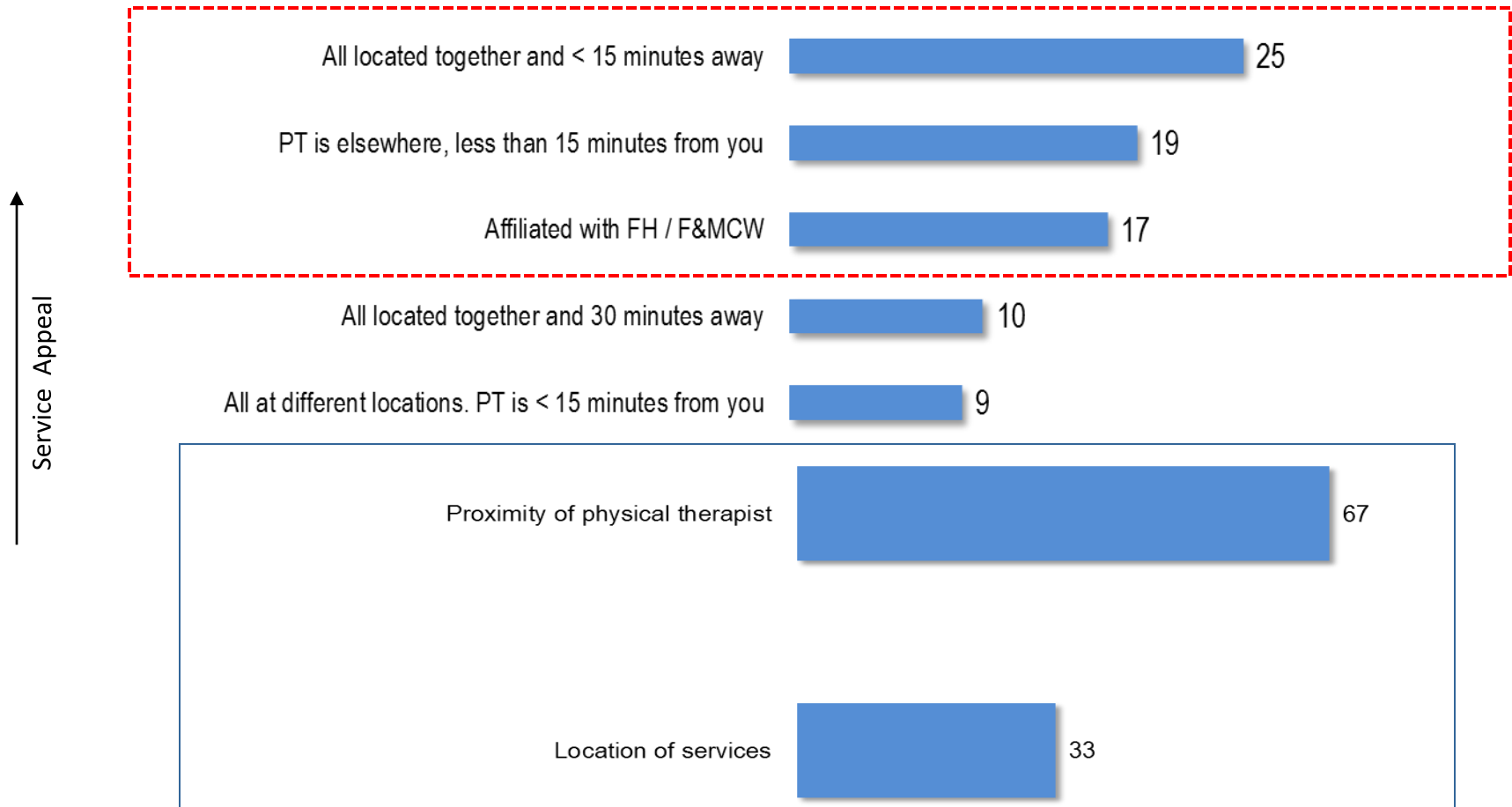
	Test 1	Test 2	Test 3	Test 4
Proximity of physical therapist from your home or work	Sensitivity Analysis			
Location of services	Specialist, surgery, and physical therapist are all located together	Specialist and surgery are together but physical therapist is elsewhere	Specialist and physical therapist are together but surgery is elsewhere	Specialist, surgery, and physical therapist are all at different locations
Healthcare provider (all services)	FH / F&MCW	FH / F&MCW	FH / F&MCW	FH / F&MCW



This analysis is intended to guide product definition only and should not be used to forecast sales

PT in close proximity key

Importance of attributes



n = 504

INSIGHTS TO ACTION

“A-HA” Moments

- We have the strongest brand in the market for these services (but those without prior experience might rate others higher)
- Physicians share the same perceptions as patients for proximity (even to the 20 minutes drop off)
- Co-location becomes *less* of an issue when trade-offs are required

Strategic Questions

- Can we consolidate existing facilities? Yes, and market won't see change as long as within 20 minutes.
- Should we build a freestanding facility? Yes, but limit scope of services.
- Should we realign our services? Yes, in fact, it's important to maintain our market share.
- How can we plan for future growth? We now know market potential and from whom we need to take market share.
- What will we communicate to affected employees? Changes are part of our long-term commitment to solidifying a market leadership position and patients/physicians require access.

Our Strategy: Build flagship site but supplement with PT services in multiple locations

Develop a hub and spoke model to meet current and future needs

- Full-service musculoskeletal center-of-excellence addresses some competitive market forces
- However, one or two full-service locations will not address the community's need for patient-PT proximity (i.e., within 20 minutes) in all service areas
- Hence a unified, system-wide plan with satellite PT locations is required

Provide and communicate “sports medicine” for full-service location(s), to contribute to perceptions of superior orthopedic expertise

- Sports medicine casts a “premium care halo” for many consumers, and especially patients with prior orthopedic experience, as well as referring physicians
- However, it does not drive choice for over 4 in 5 patients/consumers
- Nor does a stand-alone orthopedic specialty hospital

Communicate with primary care physicians (PCPs) and ensure they are engaged in new strategy

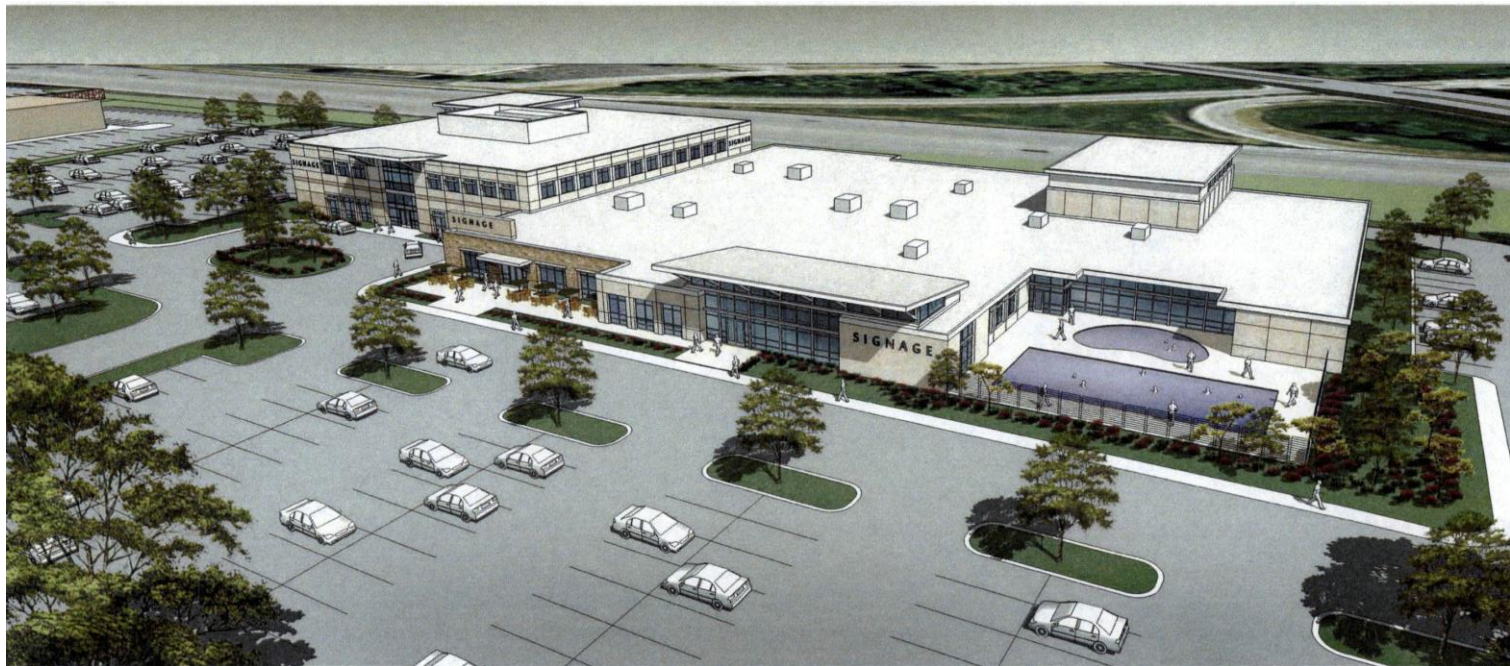
- 2 in 3 patients directly follow their PCP's recommendation for hospital or specialist care
- Emphasize the role PCPs play and how FH is making care better and more convenient

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RESULTS TO DATE

Patient-Centered Design

- Multidisciplinary teams led by steering committee
- Voice of the patient is a required input
- Functional design based on needs of the patient
- LEAN workflows for staff / physicians developed prior to construction



Operational Plan

- Consolidate rehab services into a single organizational structure at health system level
- Reduce the number of sites in over-served markets and ensure smooth transition for patients
- Define system-wide musculoskeletal service line structure, leadership and objectives
- Complete construction of free-standing facility (January 2014) and service line deployment plan
- Identify additional initiatives to optimize service line to best meet the needs of our patients and providers

Communication Plan

- Current and future patients
- Referring physicians (internal and external)
- Orthopedic specialists
- Rehab services leaders and staff
- Community members at large
- Health system leaders and staff
- Medical group practice leaders and physicians

Lessons Learned

- Patient and physician “stories” help build support for change
- Demand estimation tools are sophisticated, but necessary
- Multi-million dollar decisions require some investment in data acquisition
- Buy-in throughout – process, insights, and actions is critical

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