

Operationalizing Medical Direction: Practical Tips to Get You Started

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Topics

- The importance of creating value
- Practical tips to help you be successful
- The changing healthcare environment and evolving the role



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Recurring theme...Value

- People don't **engage** in projects without value
- People don't **support** things without value
- People don't **promote** things without value
- People don't **pay** for things without value

$$\text{VALUE} = \frac{\text{QUALITY}}{\text{COST}}$$



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If you take nothing else away from this talk...

Be VALUABLE!

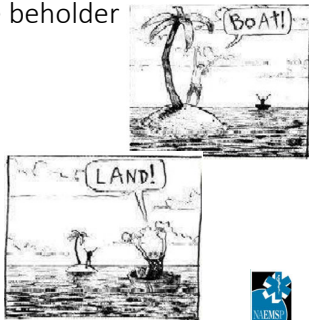


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Value is in the eye of the beholder

- It is easy to convince yourself of value
- Then rationalize its value to others
- Remember...You don't control what others value

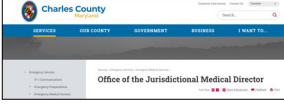

Ask yourself – "What problem am I trying to solve?" – and then ask your target audience if it is actually a problem for them.



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Reporting Structure


- Create an Office – even in name only
 - In multi-agency system defines your service to all
 - Vehicle for interaction with other non-public safety groups
- Retain independent authority
 - Ideally you want to report to same person the Chiefs do
- Consider expanding supervision to other types of agencies
 - Makes it clear your office is multi-dimensional therefore logical that it is an independent "Office"

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Key Functions Your Office Should Control

- Education
 - CE is your best mechanism to build your practice
 - Lack of control of education \$s puts that at risk in budget cuts
- Performance Improvement
 - Informs education, drives clinical effectiveness and accountability
 - Control process and culture of PI
- Credentialing
 - Who (providers) and what minimum standards are critical to your practice
 - Lack of control risks lowered standards or limited provider options
- Medical Control –on-line
 - Best way to assure your standards of care are met



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Create an Advisory Board



Don't carry the coffin alone!

- You want accountability to the larger medical community
- Do not relinquish your decision making authority
- **Goal: Engage the larger medical community to support your clinical efforts – they can be powerful advocates**

NB: Some state laws may define this for you!



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Membership in Advisory Board/Committee

If building your own...

- Have representation from all health systems
- Engage relevant specialties
 - EM, Surgery, Trauma, Hospitalists
- Consider Public Health or population health leaders
- Invite neighboring county, city or town Medical Directors
- **Create showplace for your value**

If member...

- Drive to science and data
- Advocate for capabilities
- Choose your battles
- Befriend the influential
- Cozy up to detractors
- Use for “independent” political influence
- **Be valuable**



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Financing – Have a Separate Budget

Why

- Allows control of funding critical functions of CE, PI, Credentialing
- Provides opportunity to defend your portion of budget against operational cuts
- Provides opportunity for additional funding streams (health system, payers, grants, etc)

How

- Straight budget line item
 - Cost plus annual increase
 - % of Public Safety/Org budget
- Per call rate (tax)
 - \$/Response or transport
- Per supervised provider
 - Level agnostic bulk charge
 - Level specific oversight
- Pros and Cons to each



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If you don't have a budget

- Demonstrate value FIRST
 - Keep it about your patients and your people
- Get buy-in from who does
 - Capture in line item
 - Gentle persuasion
- Create reasons for own budget
 - Broaden services and capabilities
 - Destination for transfer of funds



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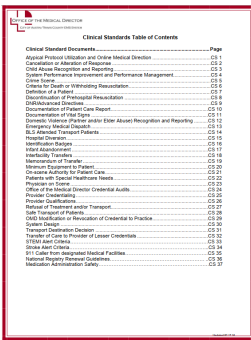
Policy Pearls



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**Beg, borrow and steal...
and then refine**

- Policies often have an incident that created it
 - It is always best to learn from **OTHERS**
 - If non-clinical assure they match HR, company, departmental, state rules
- Ask for help and build a network
 - NAEMSP / Eagles / ACEP EMS Committee
 - Your challenges are seldom unique...there is strength in numbers
- Share generously
 - Make your resources and efforts available to others
 - Collective wisdom accelerates our development



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Policy and Process Fundamentals

“A leader is one who knows the way, goes the way, and shows the way.”

- John Maxwell

Have Guiding Principals
Vision, Mission and Values Statements
Choose 3-5 values and **live them**
Make them public

Be consistent in your application
You will never make everyone happy
If you are consistent... you are reliable, predictable, and trustworthy




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Invest in YOU and your education on leadership

- Leadership is a learned skill
- Complete a leadership program
 - Certified Physician Executive (CPE) from American Association for Physician Leadership
 - Fellow of American College of Health Care Executives (FACHE)
- You will make mistakes – be sure to give yourself a break

“Leadership and learning are indispensable to each other.”
- John F. Kennedy




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More on Creating Value in a Changing Healthcare Environment



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This generation of EMS leaders will define the role EMS plays in healthcare of the future...




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Rate of change is accelerating!

- Value based care – still a thing!
- Technology is changing landscape
- Provider shortages forcing care model redesign
- Consumer behavior radically changed by the pandemic
- All pushing to rapid site of service changes
- “Care Everywhere” is the new buzzword

Value Based Care is like climate change...

Most agree it is coming... the question is WHEN?



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CMS is driving change

- CMS NEEDS different
- Costs are out of control
- Upside risk models did NOT generate the desired savings
- Looking to inspire healthcare systems to change
- Create market pressure that drives innovation by participants

Medicare spending for traditional Medicare and MA rising steadily

Expenditures in billions of dollars

Year	Expenditure (billions of dollars)
2010	\$516
2011	\$541
2012	\$566
2013	\$575
2014	\$605
2015	\$639
2016	\$670
2017	\$702


Source: Advisory Board

DATA SPOTLIGHT

Medicare is on the road to insolvency

2024

Declines in tax revenue due to Covid-19 accelerate projections of insolvency to 2024, up from previous projections of 2026



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Market Forces Continue to Threaten Status Quo

All Purchasers Looking to Curb Spending

Opportunity →

- Government**
 - Medicare doubling down on risk
 - Medicare Advantage poised for reform
 - Medicaid experimenting with risk; consumerism
- Employers**
 - Private exchanges increasing pricing pressure
 - Self-insured employers focusing on utilization control
- Consumers**
 - Continued premium sensitivity on public exchanges
 - Price sensitivity increasing at point of care

Creating risk models to drive down cost Drives payers to seek low cost solutions Consumers seeking value like other goods and services



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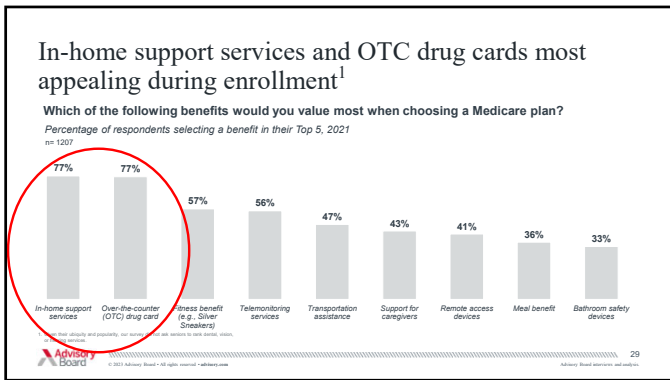
Bringing the health system into the 21st century

Promises of the virtual hospital

HOSPITAL OPERATIONS	CARE DELIVERY	CONSUMER CENTRICITY
Workforce flexibility Technology allows higher staffing ratios and prevents burnout	Improved outcomes AI can reduce errors, tailor care to the individual, and anticipate health episodes	More choice Virtual care gives patients more flexibility for when, how, and where they are seen
Cost savings Lower overhead, increased capacity, and task automation provide savings	Enable value-based care (VBC) RPM and continuous chronic disease management will enable value-based care	Seamless patient journey Providers can own more of the care continuum and easily transition patients across it

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Anxiety about the unaffordability of health care is driving increased receptivity not only to Medicare for All, but to disruptive solutions writ large. *"Top 15 Things CEOs Need to Know in 2020"* -Health Care Advisory Board Company 2020

This next decade is going to be **DISRUPTIVE** which creates opportunity for you!

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EMS Origins in Disruption

- Disruptive innovation of the day
- Patients in extremis need care before they reach the hospital
- Couldn't solve the problem with existing resources
- Who is available and ubiquitous
- Revolutionized care delivery and created pre-hospital care



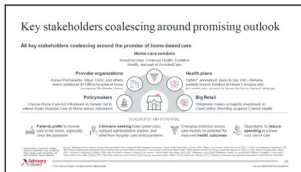
Make sure disruption drives VALUE



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EMS system has more value than you know!

- Geographically diverse deployment
- Built in excess capacity in the system
- Sophisticated **low cost** work-force
- Comfortable with algorithm based care
- Comfortable in nearly any setting
- Payor agnostic first contact capability
- Navigation AND transport capability
- Touch every part of pre/post acute care
- Ability to **change OUTCOMES**



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You Have Unique Value to Healthcare




To capitalize on our unrecognized value we have to have a seat at the health system table –
That is YOU!



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Medical Director in the hospital or health system setting does NOT carry the same respect it does in our world




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EMS Medical Director

- Ultimate authority/responsibility for care
- Highest clinical leader in organization
- Performance improvement/Regulatory compliance
- Oversight of clinicians
- Organization clinical direction/strategy/policy
- **Key member of c-suite**

Viewed as a critical EXECUTIVE Leader




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Why titles matter...

- We are taught the clinical language as part of cultural indoctrination and membership
- If we want our due place in healthcare we have to speak their language.... of business, rank and structure
- Titles matter...they garner respect, grant access, validate opinions, and give you a head start on relevance

This is not about your abilities. It is the psychological framing of your role and influence



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Demonstrate Your Value

- Make friends and be persistent
- Get to know
 - CMO and if possible the CEO
 - Chief Pop Health and/or innovation officer
 - Med Staff President
 - Anyone with responsibility for post acute activities
- Start with asking and understanding their pain points
- Offer to be part of the solution
- Get creative - together



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Take Away

- Exciting time to be a leader in EMS
- Develop your office to create flexibility and autonomy
- Don't carry the coffin alone – build medical community support
- Leadership is a learning journey – invest in yourself
- EMS systems are an untapped resource – Led by YOU!
- Learn how healthcare is changing and seek ways to share your immense value with the larger universe of healthcare
- Consider a CMO title – at least when dealing with outsiders

You can't go wrong if you create VALUE



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