

**Physician Practice Transformation: Charting a Path  
Toward Increased Revenue and Improved Efficiency,  
Patient Satisfaction and Outcomes**

ANNOUNCER: Hello. Welcome to HealthSounds: Conversations with Healthcare Innovators, brought to you by the Healthcare Intelligence Network.

PATRICIA DONOVAN: This is Patricia Donovan for the Healthcare Intelligence Network. Today I am speaking with Dr. John Michos, medical director of the Virginia Health Quality Center. Dr. Michos is presenting at HIN's webinar on "Physician Practice Transformation: Charting a Path Toward Increased Revenue and Improved Efficiency, Patient Satisfaction and Outcomes." Welcome and thank you for speaking with me today Dr. Michos.

DR. JOHN MICHOS, MEDICAL DIRECTOR OF THE VIRGINIA HEALTH QUALITY CENTER: Good afternoon. Thank you very much Patricia.

PATRICIA DONOVAN: To begin with, your organizations physician office quality improvement support center, or PO kiosk, helps physician offices with process redesign, adoption of health IT cultural change and performance measurement and reporting. What's the starting point for a process redesign within a practice? Is there an assessment that has to occur before a transformation can begin?

DR. JOHN MICHOS: Absolutely. For a practice to be successful in transforming their office into a more efficient and patient-centered office what you have to do is you have to start off with a readiness assessment tool. And by that I mean, you need to sit down with key employees in your staff whether it's a

physician champion, whether its an administrator, whether it's the CFO, whether it's somebody that does the billing, sit down with the key people in your organization, in your office and come together with an aim statement. What are we trying to accomplish? What are we expected to do in order to succeed in this process for redesign? So in essence you have to have a goal. You have to have an aim. If you don't have an aim, if you don't have an aim statement then you don't know what the end point is going to be. And part of that I should say is sitting down and formulating a readiness assessment tool. In the physician office setting when we went out to practices to get them up to date with health information technology, we wanted to see the HIT literacy of the staff. So we have a tool that asks questions such as, "Do you have a practice management system?" "Do you use emails?" "How willing are you to switch to a newer EHR system?" So again you have to sit down and design the tool that will determine not only the readiness of your practice or the staff to go ahead and implement a point for process redesign, but also to figure out what you may need in the future.

PATRICIA DONOVAN: I see. Thank you Dr. Michos. How does the size of the practice affect your approach to practice redesign and its overall transformation?

DR. JOHN MICHOS: I think the size of the practice does play a role from the standpoint. If you're dealing with a small physician group it may be easier to implement plan, do, study, act cycles; quality improvement tools to implement a sort of change. When you're dealing with a larger health system, what you have to do again is you have to start at a small scale and

see the success of that scale in the aim that you're trying to establish. If you're successful then you foster that spread to other departments. So, as an example in a large hospital setting, you may start off in the medical floor on a pilot project. And if that's successful, transition it either to a surgical floor, the ICU, the ER, whatever that model or whatever that goal you're trying to achieve.

PATRICIA DONOVAN: Thank you doctor. You used the phrase patient center earlier, which we are now associating quite a bit with the medical home model. The last question I wanted to ask you was whether improvement in areas, such as those supported by your organization, better position a physician practice to become a medical home?

DR. JOHN MICHOS: I think the concept of a patient-centered medical home is ideal for the efforts that the PO kiosk was involved in physician offices. By that I mean we try to implement health information technology and its efficiencies that are gained from that to improve care that may occur at home and to coordinate care. The difficulties that have been with regards to patient-centered medical homes is interoperability, trying to communicate from one physician to another physician who may not have the same standard or interoperability that we may have. For example, we may have a system that utilizes centrality and our centrality system may not be able to communicate with another vendor type system in another office or another supplier. From the standpoint of office redesign, I think it's very important that, not only the idea of getting HIT into your office will improve the concept of a patient-centered medical home, but I think going through the process of mapping

out how you deal with telephone calls, how you deal with discharges, mapping out the process of how you communicate with a patient, and how your office communicates is very important. I think it's lost to physicians. I think once you develop the tools on how you map a process, then you could sit down with your team and figure out how to deal with potential problem areas and how to make the system much more efficient. And thus the patient is happier, your office staff is happier and with pay for performance coming out, hopefully your outcomes will be better.

PATRICIA DONOVAN: Well thank you Dr. Michos. Those are all the questions I have for you today. I want to thank you for being with us and we're looking forward to hearing more details on initiatives from the Virginia Health Quality Center during the webinar. This is Patricia Donovan for HealthSounds.

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