

# Disconnects in Transforming Health Care Delivery

How Executives, Clinical Leaders, and Clinicians Must Bridge Their Divide and Move Forward Together

NEJM  
Catalyst



Over the past 12 months, NEJM Catalyst has surveyed our Insights Council — members of the health care industry drawn from every rank, every setting, and every geographic region. We've asked about critical issues ranging from patient engagement, to market disruptors, to the role value-based models will play in improved care. And while executives, clinical leaders, and clinicians — who come at each topic from distinct vantage points — are aligned on many subjects, in some cases, there are clear areas where disconnects exist.

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With a new presidential administration in power, provider organizations are once again facing uncertainty as they strive to transform health care delivery. And to be successful, they will need executives, clinical leaders, and clinicians working together in new ways to improve quality of care, cost of care, and patient engagement.

Our goal in providing you this eBook is to share our research as well as perspectives from the front lines. We've incorporated insights from across the four forward-looking areas of the NEJM Catalyst content channels: care redesign, patient engagement, the new marketplace, and leadership.

Awareness is the first step to solving problems, and we hope the discrepancies we illuminate here will ultimately help your organization navigate the rough waters of health care transformation.

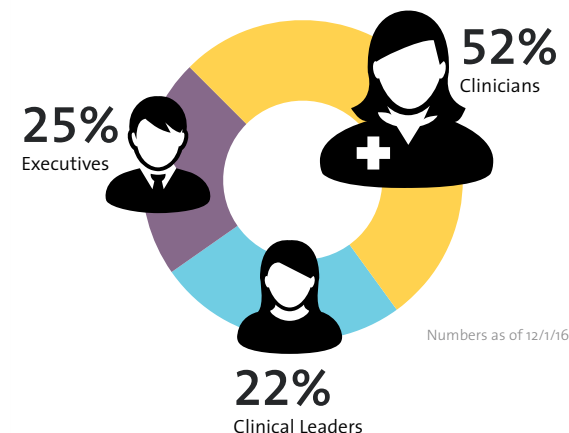
## About the NEJM Catalyst Insights Council

*The NEJM Catalyst Insights Council is a qualified group of U.S. executives, clinical leaders, and clinicians at organizations directly involved in health care delivery.*

*The Insights Council receives and responds to monthly surveys focused on one of NEJM Catalyst's four core content pillars:*



*The NEJM Catalyst Insights Council provides perspectives on mission-critical topics centered on transformation and innovation in care delivery. We put data in the center of an all-inclusive professional dialogue that needs to happen in order for the health care industry to evolve and align with today's new value-driven economy.*



*Clinical leaders tend to kick off patient engagement projects, but without executive or clinician buy-in, these tools will never reach their full potential.*



**Patient Engagement Tools**

**60%** of Clinical

Leaders believe patient engagement tools are having a major or moderate impact on quality outcomes.



**47%**

Executives



**43%**

Clinicians

## Developing engaging care environments

When it comes to care delivery, no two words have had a bigger ripple effect throughout the industry than “patient engagement.” Market share, reimbursements, population health, and more depend on the ability of health systems, hospitals, and physician organizations to get patients, as well as caregivers, invested in their health and care plans.

To that end, many health care organizations have deployed patient portals, secure email, quality metrics, and more to entice patients into a more active role and to communicate in a more preventive and productive manner with their care teams.

**And this is where we encounter the first disconnect in Insights Council responses. A majority of clinical leaders (60%) believe patient engagement tools are having a major or moderate impact on quality outcomes. However, fewer than half of executives (47%) and clinicians (43%) agree.**

*“Patient engagement tools to some extent are still in their early stages,” says Thomas Higgins, MD, MBS, FACP, MCCM, Chief Medical Officer at four facilities of the Bay State Health nonprofit health system headquartered in Springfield, Massachusetts. “We have not yet seen full implementation of things such as the patient portal, online access to their own records, or robust regional health information exchanges.”*

His organization recently posted physician ratings online, despite some early skepticism from front-line clinicians. “It will take time for transparency to become the new normal, and leadership has to come from the clinical leaders, at least in this specific instance,” Higgins says.

Clinical leaders tend to kick off patient engagement projects, but without executive or clinician buy-in, these tools will never reach their full potential. Clinicians must promote these tools to patients as an efficient way to interact with members of their care team and the health system overall. Clinical leaders also must show executives the value these tools are bringing to care delivery to be able to expand their functionality and reach.



*While executives and clinical leaders see that telehealth and retail clinics can provide opportunities to organizations with fewer resources, clinicians view them as another burden on their time and potential competition for their services.*



#### Market Disruptors

**53%** of

Clinical Leaders rank telehealth as one of the top disruptors to care delivery models in the coming years.



**52%**

Executives



**36%**

Clinicians

Market disruptors also are playing a leading role in care delivery, enabling patients to gain greater and more convenient access to care. Telehealth, in particular, has penetrated all settings — health systems, hospitals, and physician organizations — and all geographic regions. More than half of executives and clinical leaders rank telehealth as one of the top disruptors to care delivery models in the coming years compared to 36% of clinicians.

While executives and clinical leaders see that telehealth and retail clinics can provide opportunities to organizations with fewer resources, deliver appropriate care at lower cost, and give patients broader access to specialty care, clinicians view telehealth and retail clinics as another burden on their time and potential competition for their services.

Alan S. Greenglass, MD, Senior Vice President of Network Development at Christiana Care Health System in Wilmington, Delaware, and Newark, New Jersey, says, “Leaders are looking for alternatives that seem decentralized to the consumer but that actually allow for more standardization, replace or supplement limited physician resources, and help drive business to the ‘mothership.’”

Meanwhile, Greenglass adds, “Clinicians see these initiatives as competitive to, and lower quality than, their practices. They’ve also seen the various waves of this type of innovation (urgent care centers, then retail clinics) and see themselves as being left with the sickest part of the population, those with chronic disease, who probably should be in a continuity, team-based (and not physician-only) model.”

*Clinicians are doubtful about the positive impact that market disruptors, which include retail clinics, would have on improved patient self-care. Only 37% say this would be an outcome compared to just over half of executives and clinical leaders. Clinicians also don’t see how these disruptors would have a positive fiscal impact — only 23% believe they would result in a decreased overall cost of care.*



*Having clinicians slower to get on board with value-based care delivery could limit the gains that executives and clinical leaders expect from market disruptors.*



#### Value-Based Care

**62%** of

Executives consider care quality a top advantage of value-based care.



**59%**

Clinical Leaders



**47%**

Clinicians

“Care delivery models at this time place the burden of care and funds on the health system and physicians,” says a clinician who works for a large national health system, adding that there are limited models that represent patient-centered motivation. For example, she says, while there is a great need for behavioral health, patients that have commercial payer plans are at a disadvantage because many of them have limited covered services.

“It is known that patients with behavioral diagnoses also have concomitant metabolic diagnoses,” she says. “If a patient with depression and anxiety has limited behavioral resources and thus symptoms are not well managed, it is hard to fathom that he/she would be able to suddenly manage their diabetes, hypertension, and obesity, while struggling with pervasive anxiety.”

Having clinicians slower to get on board could limit the gains that executives and clinical leaders expect from market disruptors.

While 62% of executives and 59% of clinical leaders consider care quality a top advantage of value-based care, only 47% of clinicians feel likewise. Care delivery is moving at such a rapid pace that organizations must embrace new opportunities. It is clear there is work to be done to persuade clinicians that the benefits for them and their patients outweigh the perceived drawbacks.



*“I think we need to put into effect the new payment models, protect clinicians from downside risks over a period of time, and support them in learning new ways of practicing.”*

Alan S. Greenglass, MD, Senior Vice President of Network Development at Christiana Care Health System



#### Payment Shifts

**74%** of

Executives consider payment shifts one of the most important drivers of change in today's health care marketplace.



**67%**

Clinical Leaders



**58%**

Clinicians

### Embracing the new marketplace

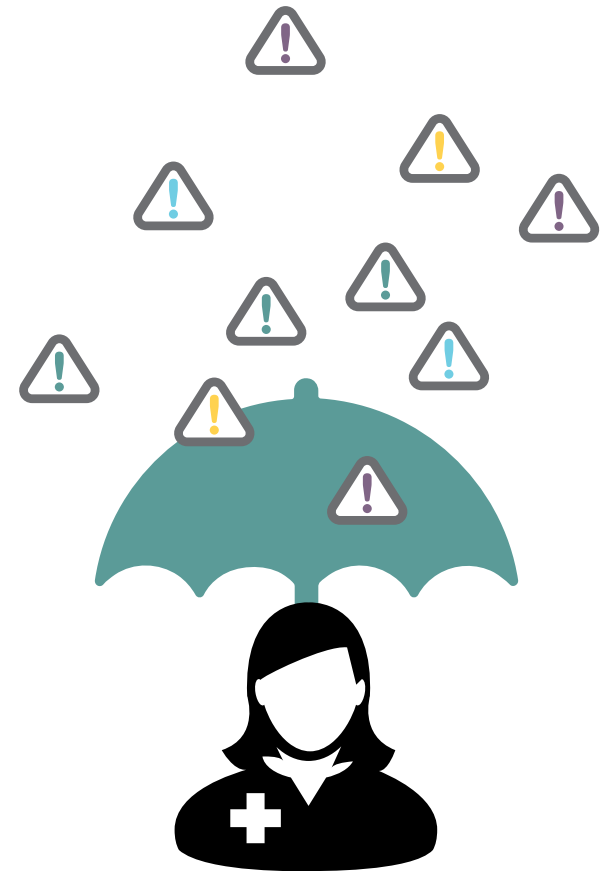
Transformation in the health care industry has taken many forms, but none is more daunting than the move away from fee-for-service payment models.

Three-fourths of executives consider payment shifts one of the most important drivers of change in today's health care marketplace — outpacing clinical leaders (67%) and clinicians (58%).

*“To me, it's moving to population-based reimbursement that is the game-changer,” says Greenglass. “I've lived in that environment and see how it changes how a clinician thinks. For example, I don't need to say, ‘make an appointment for me to recheck you in three weeks.’ I can say, ‘my nurse will call you in three weeks to hear how your blood pressure (or success with smoking cessation, etc.) is going.’”*

He adds, “I think we need to put into effect the new payment models, protect clinicians from downside risks over a period of time, and support them in learning new ways of practicing.”

Where the alternative payment model landscape becomes murky is around state Medicaid programs. More than a quarter of executives are not optimistic about the ability of state Medicaid programs to successfully transition to alternative payment models in the next two to three years. Nearly half of clinicians are not optimistic about this transition, with clinical leaders in between at 34%.



*“Front-line providers are able to add resources that will have a positive effect on individual patients, but it’s the executives and clinical leaders who are more attuned to the bottom line, and the increasing gap between cost of delivering care and what we are paid.”*

Thomas L. Higgins, MD, MBA, FACP, MCCM,  
Chief Medical Officer at Baystate Health



#### Medicaid Changes

**51%** of

Executives gave a positive rating to demonstration programs.



**40%**

Clinical Leaders



**31%**

Clinicians

“I can’t be a cheerleader for Medicaid transitioning to an alternative payment model based on my experience to date,” Higgins says. He believes programs have been underfunded in terms of per-member-per-month (PMPM) payments, particularly for patients with behavioral health issues. Furthermore, “Controls are lacking for excessive price hikes in pharmaceuticals, or the emergence of expensive new treatments that were not foreseen,” he says.

While front-line providers are able to add patient navigators and other resources that will have a positive effect on individual patients, he explains, “It’s the executives and clinical leaders who are more attuned to the bottom line, and the increasing gap between cost of delivering care and what we are paid.”

Executives have greater trust in some of the current changes in Medicaid programs, including demonstration programs where provider organizations bear risk and reap rewards for cost savings and quality improvements. Just over 50% gave this change a positive rating, while clinical leaders (40%) and clinicians (31%) fell below the halfway point.

“[The downside risk] should be shared between health systems who want to open up beds for higher paying customers, state government, and CMS,” Greenglass says.



*“Culture changes after behavioral change demonstrate the value to the new approaches... We need to change what we do, how we structure clinical practices, and what we expect clinicians to do.”*

Alan S. Greenglass, MD, Senior Vice President of Network Development at Christiana Care Health System



#### Facility Integration

**51%** of Clinical Leaders would like to see the lack of integration addressed among different types of facilities, including tertiary and community hospitals and non-acute care.



**38%**  
Clinicians



**36%**  
Executives

### Leading through change

Narrowing the gaps between executives, clinical leaders, and clinicians in both care delivery and payment models will take leadership at all levels.

Yet there is a notable difference in opinion among the different profiles about whether their organization's leadership team is addressing change appropriately. Executives rate themselves higher (61%) than clinical leaders (48%) or clinicians (44%) do.

Executives (50%) and clinical leaders (48%) are in near agreement that focusing on organizational culture will be instrumental in dealing with change. Clinicians (39%) rank this as a lower priority.

Greenglass says, “Culture changes after behavioral change demonstrates the value to the new approaches, and they become ingrained in our systems and minds. It is the desired end state, but to get there, we need to change what we do, how we structure clinical practices, and what we expect clinicians to do.”

A key area that more than half of clinical leaders would like to see addressed is the lack of integration among different types of facilities, including tertiary and community hospitals and non-acute care. Raising the bar here, they believe, would improve the value of care.

*“The system is not set up to reward communication, and time pressures encourage each provider to make their own decisions in isolation,” Higgins says.*

Well over half of clinicians (57%) point to a lack of time as their organization's biggest challenge in improving health outcomes for patients. Clinical leaders (40%) and executives (32%) do not consider this as big a challenge.

One of the biggest gaps across surveys was perception about the tools that leadership teams need more of to successfully navigate organizations through change. While 70% of executives pinpointed data and analytics as a much-needed tool, only 54% of clinicians felt the same.



*“Front-line clinicians need to see actionable data. That experience, along with provider education, will ultimately ‘sell’ the benefits of analytics.”*

Thomas L. Higgins, MD, MBA, FACP, MCCM,  
Chief Medical Officer at Baystate Health



#### Data and Analytics

**70%** of the executive suite places the most value on analytics as a much needed tool versus their clinical colleagues.



**58%**  
Clinical Leaders



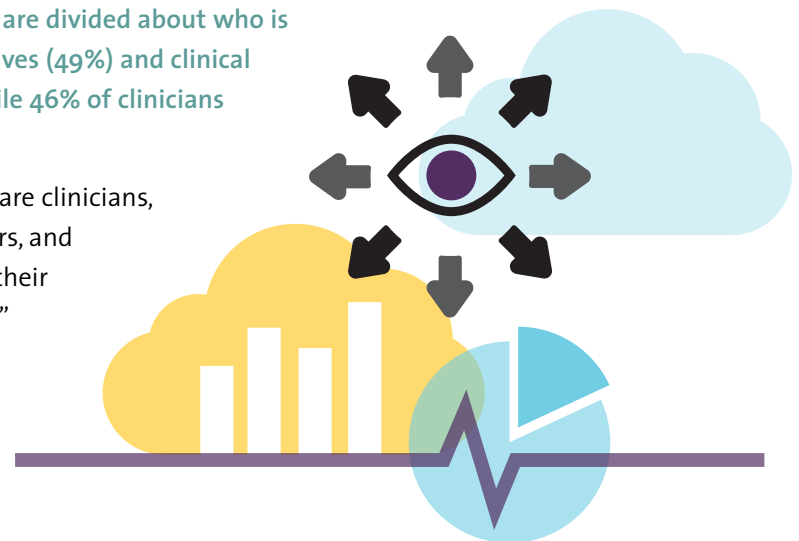
**54%**  
Clinicians

Higgins says having exposure to what insurance companies can accomplish with data and analytics has convinced him of their merit. For instance, he says, while a primary care physician might guess that a new obese, physically inactive patient is likely to have diabetes, a properly designed system could instead offer a probability estimate for the most likely health care maintenance issues based on all available EMR and patient self-reported data. “Front-line clinicians need to see actionable data. That experience, along with provider education, will ultimately ‘sell’ the benefits of analytics,” Higgins says.

*“Data and analytics thus far have focused on physician performance rather than overall health status and engagement of a patient,” says a clinician from a large national health system. “Furthermore, the data certainty and accuracy has been questioned at multiple levels, thus giving the perception of being inaccurate. Clinicians may be less likely to take data as a source of truth. I think clinicians are much more likely to rank data as a top resource in the future, especially as we become more apt at reporting usable real-time data.”*

Success in leadership sometimes comes down to picking the right individual or group to champion an effort. Health care organizations are divided about who is leading patient engagement efforts — executives (49%) and clinical leaders (42%) say the chief medical officer, while 46% of clinicians name themselves, staff physicians.

The clinician says, “The front lines of medicine are clinicians, including physician and non-physician providers, and thus patients are more likely to be engaged if their clinicians were to recommend an intervention.”





### Bridging the divide

In looking at the areas of disconnect that exist among executives, clinical leaders, and clinicians, the struggle seems to be between spearheading fiscal progress for the organization and understanding the burden that change causes on the front lines of care.

Greenglass, who previously was a primary care physician, summarizes the landscape this way: “Executives and clinical leaders are dealing with the aspirations and the big picture, including the impact of health care on health and the overall society. They also are focused on the overall

*The divide can only be bridged if disconnects are identified and addressed. The more exposure executives and clinical leaders receive on the impact increased patient engagement and disruptors have on clinicians, the easier it will be to figure out how to alleviate system stressors.*

value equation, accounting for cost and affordability. Clinicians are more focused on the here and now, with the knowledge that any strategic and cultural changes have the most immediate impact upon themselves and the folks they care for on an individual basis. They have a healthy skepticism, having seen past attempts at change fail.”

The divide can only be bridged if disconnects are identified and addressed. The more exposure executives and clinical leaders receive on the impact increased patient engagement and disruptors have on clinicians, the easier it will be to figure out how to alleviate system stressors. And the more clinicians see the positive impacts that patient engagement, market disruptors, and value-based care have on quality and cost outcomes, the more enthusiastic they will be about these opportunities.

We'd like to acknowledge the NEJM Catalyst Insights Council. It is through their voice and commitment to the transformation of health care delivery that we are able to provide actionable data that convenes a collaborative dialogue about moving the industry forward in a positive direction. Insights Council members participate in monthly surveys and the results are published as NEJM Catalyst Insights Reports, including summary findings, expert analysis, and commentary from NEJM Catalyst leaders.

**To join your peers in the conversation, visit [join.catalyst.nejm.org/insights-council](https://join.catalyst.nejm.org/insights-council).**

