ASCO Practice Leadership Series

Increasing Employee Engagement in Your Practice

Thursday, July 15, 4:00pm
Speakers

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Jason Lockard, CMOM
Regional Practice Administrator
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Karen Hagerty
Director, Regulatory Affairs
American Society of Clinical Oncology
Increasing Employee Engagement In Your Medical Practice

Bettinna Signori, CMOM
Jason Lockard, CMOM
Introductions

Bettinna Signori, CMOM - Hem Onc
Regional Practice Administrator - Beaumont Medical Group
-Content Contributor, Oncology Practice Management Magazine, Lynx Group Publication
- 24 Years of operational management experience in the healthcare and manufacturing industries
- Down time spent travelling, visiting my son OFTEN, skiing and extreme sports

Jason Lockard, CMOM
-Regional Practice Administrator - Beaumont Medical Group
-Content Contributor, Oncology Practice Management Magazine, Lynx Group Publication
-16 Years of operational management experience leading teams to service excellence
-Proud Husband, Father and Uncle
Why Focus on Engagement?

- Highly Engaged Teams lead to higher productivity

- Employees who feel heard perform their best work

- Disengaged employees cost U.S. businesses up to $550 billion annually (Beheshti, 2019)

- In 2021 more employees have left their jobs, the highest since the government began tracking this statistic in 2000. Close to 4 million Americans left their positions in April 2021 (U.S. Bureau of Labor and Statistics, 2021)

Research has demonstrated that poor leadership is a key contributor to employee attrition. As a result, it is important to look within to understand whether your actions are supporting an environment in which team members feel valued.
What does employee engagement mean to patients?

Take it to the root of why we are here, how does this affect patient care?

- **Quality**
  
  According to a study by Gallup, nurse engagement is the No. 1 predictor of mortality variation across hospitals. The commitment and emotional involvement of the nurses on staff is even more important than their numbers. (Blizzard, 2005)

- **Patient Experience**
  
  Improved Patient Experience
  
  Direct correlation between improved employee surveys and patient experience scores (Bullham & Lee, 2019)
The biggest communication problem is that we do not listen to understand. We listen to reply. Buddhist Teaching

Communicate with Your Employees

- Clear Direction
- Honesty
- Body Language
- Frequency
- Modes of communication
Celebrate Life Events

- Ties in with recognition and shows that you care and pay attention

- Examples of events to celebrate:
  - Work Anniversaries
  - Birthdays
  - Graduations
  - Growing Family/Marriage
  - Any good news

- Good/Good
Be Your Team’s Greatest Cheerleader

- Advocate for your team
- Showcase team member accomplishments
- Have Fun
Employee Recognition

-Low effort can often return high results.
-Know how your team likes to be recognized
   -Words of Encouragement
   -Quality Time
   -Tangible Gifts
   -Acts of Service
   -Etc
-Pennies example

Appreciate everything your associates do for the business. Nothing else can quite substitute for a well-choosened, well-timed, sincere words of praise. They’re absolutely free and worth a fortune.

SAM WALTON
say "Thank You"

- Powerful communication tool
  - Be specific
  - Be genuine
- Recognizes the people around you
- Increases motivation
- Positive way to end the day

Appreciation is a wonderful thing: It makes what is excellent in others belong to us as well.

Voltaire

www.VeryBestQuotes.com
In closing...

-Many more ways to engage your employees than what we have presented today, but this is a start.

-Take time today or tomorrow to think about different ways you can implement the methods we have spoken about today in your professional career and to influence the teams you work with. How might you create innovative ways of expanding these ideas and adding to them?

-Reach out to your peers and start the conversation of what they are doing that is going well.

-Always keep your team and patients at the center of your why. Those that consider what is best for their teams and focus on engagement can prevent loss through attrition, promote patient care and outcomes, and reap the benefits of a positive work environment which will allow more time and focus to serve the patients who are the foundation of why we do what we do every day.
For your attention, questions, and welcome feedback!
Questions, Concerns, Feedback?

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References


### Medicare Physician Fee Schedule, CY 2022

<table>
<thead>
<tr>
<th>Description</th>
<th>MedOnc</th>
<th>RadOnc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Changes to RVUs</td>
<td>-2.00%</td>
<td>-5.00%</td>
</tr>
<tr>
<td>Unfunded increased PFS spending (E&amp;M)</td>
<td>-3.75%</td>
<td>-3.75%</td>
</tr>
<tr>
<td>Medicare sequestration</td>
<td>-2.00%</td>
<td>-2.00%</td>
</tr>
<tr>
<td>Statutory sequestration (PAYGO)</td>
<td>-4.00%</td>
<td>-4.00%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>~10.20%</strong></td>
<td><strong>~12.95%</strong></td>
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## Provider Relief Fund

<table>
<thead>
<tr>
<th>Payment Received Period*</th>
<th>Deadline to Use Funds</th>
<th>Reporting Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Period 1</strong></td>
<td></td>
<td></td>
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<tr>
<td>April 10, 2020 - June 30, 2020</td>
<td>June 30, 2021</td>
<td>July 1 - September 30, 2021</td>
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<tr>
<td><strong>Period 2</strong></td>
<td></td>
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<tr>
<td>July 1, 2020 - December 31, 2020</td>
<td>December 31, 2021</td>
<td>January 1 - March 31, 2022</td>
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<tr>
<td><strong>Period 3</strong></td>
<td></td>
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<tr>
<td>January 1, 2021 - June 30, 2021</td>
<td>June 30, 2022</td>
<td>July 1 - September 30, 2022</td>
</tr>
<tr>
<td><strong>Period 4</strong></td>
<td></td>
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<tr>
<td>July 1, 2021 - December 31, 2021</td>
<td>December 31, 2022</td>
<td>January 1 - March 31, 2023</td>
</tr>
</tbody>
</table>

*Payments exceeding $10,000 in aggregate received*
“What we’ve learned from CMMI models over the past 10 years is voluntary models are subject to risk selection, which has a negative impact on the ability to generate system level savings.”

“So we are exploring more mandatory models. I realize those come with their own set of disadvantages, and those who follow what we’re doing, you’ve seen this shift already, it started before I got here but I support this direction.”
Demonstration Projects

Oncology Care First
Radiation Oncology Model
Most Favored Nation

*PR arrived OMB 7/7/2021
Interoperability

**USCDI v2**
- Adds SDOH across multiple existing categories
- Adds SO/GI to patient demographics
- Moves testing report narratives from “clinical notes” to other defined testing categories
- New “clinical tests” category

**Information Blocking**
- Regulations effective April, 2021, ONC website portal open for reporting violations
- Proposed rule released on CMPs ($1M/violation)
- Final rule this fall?
- Effective date?
ONC - Information Blocking

Exceptions that involve not fulfilling requests to access, exchange, or use EHI

- Preventing Harm Exception
- Privacy Exception
- Security Exception
- Infeasibility Exception
- Health IT Performance Exception

Exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI

- Content and Manner Exception
- Fees Exception
- Licensing Exception

Investigations and Penalties/Disincentives

Actors that are subject to the information blocking regulations may be investigated by the HHS Office of Inspector General if they are the subject of a claim of information blocking.

Further, actors found to have committed information blocking are subject to penalties:

- Health IT developers of certified health IT, health information networks, and health information exchanges → Civil monetary penalties (CMPS) up to $1 million per violation
- Health care providers → Appropriate disincentives to be established by the Secretary

An actor’s practice that does not meet the conditions of an exception will not automatically constitute information blocking. Instead such practices will be evaluated on a case-by-case basis to determine whether information blocking has occurred.
Surprise Billing: Major Provisions

- Emergency services & non-emergency services by out-of-network provider at in-network facility*
- Patient responsible for in-network cost-sharing
- Notice-and-consent required for balance billing
- Balance billing prohibited for ancillary services
- No minimum or median payment rate
- Independent Dispute Resolution
Ancillary Services

- Services provided at an in-network facility related to emergency medicine, anesthesiology, pathology, radiology, laboratory and neonatology

- Items and services provided by assistant surgeons, hospitalists and intensivists

- Diagnostic services (including radiology and laboratory services)

- Items and services provided by a nonparticipating provider if there is no participating provider who can furnish such item or service at the facility

- Other items and services *provided by other specialty practitioners as HHS specifies through rulemaking*. 
Balance Billing

In-network facility, out-of-network provider, with appropriate notice and consent

1) Emergency services
2) Ancillary services provided by in-network facility, by out-of-network provider
July 1
Methodology and information payers must use to make payments, procedure for making complaints about payers

October 1
Process for auditing payer compliance

December 27
Independent dispute resolution (IDR) processes

January 1, 2022
Provider-patient dispute resolution for uninsured individuals

Prohibition of surprise billing effective date

Surprise Billing Rules
Surprise Billing IFR, Part I
[HHS, Treasury, Labor, OPM]

Rule addresses:
• Payment methodology: patient cost-sharing, QPA
• Payer information sharing w/out-of-network providers
• Consumer complaints
• Notice-and-consent

Still to come:
• Payer audit process
• IDR process
• Patient transparency provisions
CLINICAL TREATMENT Act

Requires coverage of “routine care” for Medicaid beneficiaries enrolled in clinical trials

Continued ASCO Advocacy: Implementation
340B & Site Neutrality

• SCOTUS agreed to hear arguments next term on AHA’s lawsuit over cuts to Medicare reimbursement for 340B drugs (July 2, 2021)
  ▪ Also wants to hear arguments on whether the issue is one that the judges could review or if such review is precluded by statute
• Federal judge refuses HHS’ request to dismiss AstraZeneca lawsuit over contract pharmacies (June 30, 2021)
• SCOTUS refused to hear AHA’s site neutrality case (June 28, 2021)
- Improve supply chain transparency and incentivize resilience

- Increase the economic sustainability of U.S. and allied drug manufacturing and distribution

“Many of these proposals will require dedicated funding...and will require future work with relevant U.S. Departments and Agencies, the Office of Management and Budget, and Congress, as well as the private sector and other non-governmental stakeholders.”
Leverage the DPA and Current Public-Private Partnerships (PPPs) to Establish a Consortium for Advanced Manufacturing and Onshoring of Domestic Essential Medicines Production
Other Recommendations

• Incentives to create redundancy for sterile injectables
  ✓ Update *reimbursement models*
  ✓ *Financial incentives* to spur investment
  ✓ Procurement *guarantees*

• Quality management maturity rating system

• FDA collection of additional data
Status of Select Rules

**Rules Paused or Delayed**

“Safe Harbor” rule
“SUNSET” rule
MCIT & Definition of Reasonable and Necessary

**Pending Major Payment Rules**

Hospital Outpatient (OPPS)
[MFN]

**Open for Comment**

ACA/Exchange Rule
Surprise Billing, Part I
PFS/QPP
2022 Medicare Physician Fee Schedule

• Reimbursement Impact
• Physician Assistant Medicare Billing
• Telehealth
• AUC
• Colorectal Cancer Screening
• MIPS “Value Pathways”
Next Call

• August Practice Leadership Call
  7 Recruitment Strategies to Attract Top Talent in 2021
  Thursday, August 19, 2021
  4:00 PM Eastern

https://practice.asco.org/calendar
ASCO Quality Care Symposium

• September 24-25, 2021
• In-person in Boston and Online!
• Hotel and early registration: August 18 at 11:59 (ET)

https://quality.asco.org/