2018 Guide to On-Site Research Briefings and Working Sessions
The Medical Group Strategy Council’s on-site research briefings provide members with the opportunity to host a research-based discussion at a location of their choosing. Whether it’s an effort to educate physicians about industry trends, a working session for a care transformation team, or a facilitated discussion around medical group culture, our research faculty are renowned for their deep content knowledge as well as their presentation and facilitation skills. Council staff will work with you to ensure that both the content and the format are appropriate for your needs. We highly encourage member organizations to take advantage of this highly regarded service.

To schedule an on-site research briefing, please contact your institution’s Advisory Board relationship manager. Due to extremely high demand for this service, we respectfully request at least 12 weeks’ notice to ensure faculty availability. During periods of peak demand we may not be able to guarantee the availability of specific faculty on a particular date.

**To Schedule Your On-site Presentation, or Request Additional Information:**
Please contact your Member Services representative or submit a request on advisory.com through the “Request an On-Site” function on the Guide to the On-Site Service page.

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New Consumer Demands

In the wake of the 2016 election and the GOP’s continued efforts to repeal and replace the Affordable Care Act, the health care industry has faced a period of prolonged uncertainty. While the GOP continues to advance its health care agenda, medical group leaders must set course amid continued change and uncertainty.

The Medical Group Strategy Council’s latest “State of the Union” provides an objective analysis of the next era of health care reform. The presentation explores the potential futures of the public exchanges, Medicare, Medicaid, and the health care regulatory landscape—and what those changes mean for provider strategy. But government action is only one driver of health care reform. Shifting patient demographics and increasing personal accountability for health care spending also impact provider economics. And while these forces put downward pressure on provider revenues, health systems are also confronting accelerations in expense growth. Medical groups and affiliated health system leaders face an inevitable margin management challenge. In all, this presentation covers the key downward pressures on price that must motivate action from the C-suite to the front lines.

The presentation concludes by sharing the Council’s latest guidance on how group leaders should proceed in a time of impending margin pressure, pinpointing no-regrets priorities that position providers for long-term success regardless of the political climate.

Learning Objectives

After attending this presentation, attendees will be able to:

- Understand the latest health policy developments from the Trump administration and Congress—and which reforms substantively impact provider strategy.
- Identify the core elements of the next era of health reform that are poised to impact the health care industry regardless of repeal and replace efforts.
- Explain the changes in the health care economy that are depressing providers’ revenue growth and accelerating their cost growth.
- Recognize the need for dramatic system transformation to meet emerging imperatives for cost control, clinical transformation, and economies of scale.

Length of Presentation

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

Suggested Audience

Board members, senior executives, physician leaders, physicians and staff
The High Performance Medical Group
From Aggregations of Employed Practices to an Integrated Clinical Enterprise

As health system employment of physicians continues to grow, the pressure to maximize the financial and strategic returns from employment activity similarly intensifies. Traditionally focused only on strengthening the individual practice bottom line, health systems have often missed opportunities to build a coordinated physician enterprise that can be leveraged for greater value. This presentation showcases strategies from organizations that have mastered the operational complexities of managing growing employed physician networks and captured the benefits of clinical transformation. These “high performance medical groups” offer a model for health systems that want to take a more integrated and coordinated approach to managing the employed base.

Learning Objectives

After attending this presentation, attendees will be able to:

- Review the reasons why efforts by hospitals to employ physicians have not led to the desired financial and clinical outcomes
- Compare the characteristics of high-performing medical groups with those of median-performing groups
- Assess the current state of performance of the health system’s current employed physicians against best-in-class benchmarks
- Prioritize opportunities for performance improvement among employed physicians in order to develop an appropriate institution-specific strategy

Length of Presentation

Please allow 120 minutes for this presentation, including discussion

Suggested Audience

Board members, senior executives, physician leaders
Medical Group on the Rise
Navigating the Key Steps to an Expanded System Role

For progressive medical groups, strong practice-level outcomes are no longer the only goal. Some medical groups have also started taking responsibility for key functions at the system-level, such as managing cross-continuum service lines or developing care management infrastructure.

This expanded role is a welcome change from the typical perspective of the medical group as separate from the core hospital enterprise. But it hasn't happened by accident. Rather, these medical groups have taken purposeful steps to identify and take opportunities to grow their system-level responsibilities. In this presentation, you’ll learn how your medical group can do the same—and why it’s important to start this transition today.

Learning Objectives

After attending this presentation, attendees will understand:

- Why progressive medical groups are evolving to take increased responsibility for crucial system-level functions
- How to identify which system-level functions are best suited for medical group oversight
- What steps leaders can take to raise the medical group's profile within the organization, facilitating role expansion

Length of Presentation

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

Suggested Audience

Board members, senior executives, physician leaders
The Customer Service Mandate

Building Long-Term Patient Loyalty for Competitive Market Advantage

Thanks to niche competitors, online provider ratings, and growing cost awareness, patient loyalty has never been more at risk. As consumerism becomes the new normal, medical groups must pay more attention to how patients perceive not just care quality, but the entire care experience, from the moment of first contact through appointment follow-up.

While many things can influence patients' decisions about where to seek care, one fundamental factor is “customer service”—how well patients feel providers and staff understood and responded to their individual needs. But adopting a service orientation is an unfamiliar approach for many medical groups, and often met by skepticism from providers. As a result, medical groups must make a concerted effort to give customer service more than lip service—to build a true service-focused, patient-centered culture.

This presentation outlines key steps for medical groups seeking to compete on customer service. Strategies discussed include how to engage front-line providers and staff on service; how to strengthen the capture of patient opinions about the care experience; and how to begin using that information to make improvements in medical group operations.

Learning Objectives

After attending this presentation, attendees will be able to:

- Articulate what constitutes “great” customer service in the medical group setting and why it is essential to long-term patient loyalty
- Develop effective programs to engage providers and staff in improving the patient experience through training, individual coaching, and incentives
- Maximize the use of both formal patient experience surveys and other feedback collection mechanisms to build a complete picture of “what patients want”
- Take steps to ameliorate common sources of patient dissatisfaction simply by changing patient perception, without significant operational redesign

Length of Presentation

Please allow 120 minutes for this presentation, including discussion

Suggested Audience

Senior executives, practice managers, physician leaders, clinical leaders
Strategically Deploying Non-Physician Providers to Expand Access and Coordinate Care

Coverage expansion, an older and increasingly co-morbid patient population, and increasing care management expectations under population health incentives are straining the ability of the traditional physician practice to effectively manage patient care. Therefore, many organizations are turning to Advanced Practitioners (APs) to increase patient access and care quality, even in the face of physician shortages. However, many of them are also running into challenges in getting the most out of this critical workforce investment.

This presentation examines the efforts that progressive groups are making in three areas:

- **Expanding Clinician Roles Across the Care Team:** To the extent permitted by law, APs should assume autonomous clinical functions and see patients independently. We have identified several best practice models for sharing work in this way across specialty, inpatient-based, and primary care practice.
- **Strengthen AP-Physician Collaboration:** Medical groups must deploy APs appropriately, give physicians confidence in their abilities, and adjust incentive structures to encourage collaboration
- **Align AP Management to Provider Status:** Progressive medical groups are centralizing oversight of AP hiring within the medical group and establishing contracts and performance evaluation processes that closely match those used for physicians. Some are even designating a dedicated AP leader to address APs’ unique role and needs.

**Learning Objectives**

After attending this presentation, attendees will be able to:

- Assess models for AP utilization
- Analyze approaches to AP clinical education
- Utilize tools for structuring AP deployment, performance evaluation, and clinical training
- Identify incentives for physicians and APs that support collaboration
- Determine appropriate management structures for APs

**Length of Presentation**

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

**Suggested Audience**

Senior executives, physician leaders, AP leaders, physicians and APs
Achieving Financial Sustainability
How to Elevate Your Financial Performance

Rising budget demands and health system margin scrutiny require that medical groups run as efficiently as possible. Within any medical group there are countless opportunities for operational improvement. And, while there's certainly no silver bullet, there are concrete ways to build institutional processes that can capitalize on these opportunities reflexively and continuously.

This presentation examines the efforts that progressive groups are making in three areas:

- **Building a Cycle of Continuous Operations Improvement**: Hardwiring processes for collecting data, sharing it with frontline staff, and providing improvement resources, medical group leaders can create a virtuous cycle of efficiency gains.
- **Elevate Providers’ Financial Performance**: We’ve identified four targets that medical group executives can actually address. This section gets to the root of these challenges—and presents best practices and tactics for tackling each.
- **Secure the Medical Group’s Role in System Financial Success**: How do you manage your financial relationship with the health system? Can you document the value you contribute? Do you manage practice operations in a way that increases value to the overall system, rather than just the individual practice budget? Has employment actually translated to improved performance in your referral network?

**Learning Objectives**
After attending this presentation, attendees will have acquired strategies for:

- Instilling a culture of continuous operational and financial improvement
- Targeting immediate financial opportunities: provider performance, revenue capture, service rationalization, and beyond
- Optimizing financial accounting: proving medical group ROI across the system
- Capitalizing on new growth opportunities in a compressed market

**Length of Presentation**
All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

**Suggested Audience**
Medical Senior executives, financial and operations leaders, physician leaders, AP leaders, physicians and APs
New Frontiers in Patient Access

From retail clinics to online scheduling to extended hours, medical groups have come a long way in expanding access to services. But rather than slowing down, consumer demands for increased access only continue to intensify.

Medical groups must raise the bar on access to respond, and this means considering novel access expansion strategies. This presentation reviews three frontiers where medical groups are expanding access further across their business:

- **Select Same-Day Specialty Care**: Most of the existing focus on same-day appointments centers around primary care. To meet consumer's access demands, though, medical groups must shift towards universal, same-day access.

- **Technology-Enabled Primary Care**: Virtual interactions with patients—via portals, e-visits, virtual visits, etc.—are increasingly popular, but for success medical groups must understand 1) what their patients want in such an offering and 2) how to appropriately deploy it.

- **More Comprehensive Care Interactions**: Rather than focusing on its assets, the medical group must shift its emphasis to deepening the provider-patient interaction. By identifying additional opportunities to proactively meet patient needs—such as through patient education, behavioral health, and proactive follow-up—groups can leverage their access expansion strategies to build deeper and more durable relationships with patients.

**Learning Objectives**

After attending this presentation, attendees will understand:

- Where to prioritize for same-day specialty access
- How to maximize return on virtual visits
- Lessons for integrating behavioral health into primary care

**Length of Presentation**

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

**Suggested Audience**

Senior executives, practice managers, physician leaders, clinical leaders
Preparing for the Future of Quality-Based Payment
Your Guide to Ambulatory Quality Performance Management

With CMS and private payers shifting to payment based on quality, reporting quality measures is no longer optional for clinicians. These CMS programs tying reimbursement to quality have providers spending significant time and money on quality-related tasks, but many medical groups feel frustrated and concerned their efforts are not actually paying off.

Medical groups clearly share the goal of providing top-notch care to patients—but many of them feel they’re wasting resources on the mechanics of quality reporting. This presentation covers lessons to streamline reporting activities, enhance the value of quality tracking, align medical group and clinician incentives, and build an oversight structure to ensure long-term success. Medical groups must make these core investments today in order to thrive in the future of quality-based payment.

Learning Objectives

After attending this presentation, attendees will understand:

- Best practices to streamline quality reporting and track quality data that’s valuable to you - and your payers
- How to integrate quality measures into clinician compensation
- Lessons for building an quality governance structure in the ambulatory setting

Length of Presentation

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

Suggested Audience

Senior executives, quality leaders, practice managers, physician leaders, clinical leaders
How to Recognize and Remedy Physician Burnout

More than half of physicians feel “burned out” due to the never-ending list of mandates and unrelenting pace of change in today’s health care world. With physician burnout reaching epidemic levels, it has also become a top priority for health care executives because of its very real effects on patient experience, quality, and cost.

To successfully combat physician burnout, medical groups must understand what it is, what it isn’t, and how it manifests. This presentation outlines what burnout is, what’s causing it, and the strategies the medical group can use to identify and beat physician burnout.

Learning Objectives

After attending this presentation, attendees will understand:

- The difference between burnout, dissatisfaction, and disengagement
- The manifestations and consequences of physician burnout
- Strategies to combat physician burnout across the medical group

Length of Presentation

All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

Suggested Audience

Senior executives, practice managers, physician leaders, clinical leaders
The EMR Optimization Playbook

Key Steps to Alleviate the Growing Administrative Burden of Medicine

Rapid and incessant change in health care has put financial pressure on provider organizations and burned out more than half of physicians across the country. Medical group leaders need ways to overcome burnout and restore joy in the practice of medicine for physicians.

To overcome physician burnout, medical groups must address the root cause: the dwindling amount of time that physicians are able to devote to direct patient care. Numerous surveys now suggest that most physicians spend more time doing administrative work than they do treating patients. In particular, many physicians are spending nearly between a third to half their time navigating the Electronic Medical Record. Alleviating this technology-based administrative burden from physician practice is critical for medical groups, physicians, and patients.

Learning Objectives

After attending this presentation, attendees will learn:

- Strategies to adopt “systemness” within the practices and benefit from economies of scale
- How to use EMR optimization to help frontline clinicians save time and improve documentation speed
- Tactics to remove low-value tasks from the physician’s workflow

Length of Presentation

All session times are flexible; however, we suggest allowing between 60 and 90 minutes for this material, including discussion.

Suggested Audience

Senior executives, practice managers, physician leaders, clinical leaders
The Consumer-Focused Physician
Helping Frontline Physicians Deliver Consumer-Centric Care

Patients are increasingly shopping for their health care. The rapid growth in patient deductibles and copays is only adding to rapid pace of change. In response, medical groups have typically implemented one-off initiatives to meet new consumer demands. Often focused on patient access, these one-off tactics are an important first step in the journey to embrace consumerism and deliver better service to patients. But over time, they often fall short and fail to sustain long-term physician engagement in the group’s consumer strategy.

Engaging physicians in consumerism is challenging for one key reason: the large number of competing demands already placed on physicians. The key to physician engagement in a successful consumer strategy is to simplify the number of demands. This presentation outlines the five must-have characteristics of a consumer-focused physician and best practice approaches to engaging physicians with each one.

Learning Objectives
After attending this presentation, attendees will understand:

- Key motivations shaping how consumers choose a physician
- The five characteristics that physicians must display in order to meet consumer demands
- Tactics for gaining physician buy-in alleviating physician concerns with implementation of a consumer strategy

Length of Presentation
All session times are flexible; however, we suggest allowing between 90 and 120 minutes for this material, including discussion.

Suggested Audience
Board members, senior executives, physician leaders, physicians and staff
The Cost-Focused Medical Group

Eight Best Practices for Partnering with Physicians on Cost Management

Providers nationwide are facing considerable downward pressure on their operating margins. Reimbursement cuts, shifts in payer and case mix, and rising bad debt all require health systems to focus on managing enterprise costs to achieve long-term financial sustainability. Few organizations, however, have looked to their medical groups as partners in their cost-containment strategy. Many systems continue to see the medical group through an outdated lens as a cost driver or a source of “losses” to the system. A growing number of systems, however, now recognize the key role that medical group’s can play in bending the long-term cost growth curve and are empowering frontline physicians to lead the system’s efforts in cost management.

This presentation provides eight best practices that medical group leaders can adopt to support front line physician partners to provide reliable, low-cost clinical care through a sustainable, cost-efficient clinical workforce.

**Learning Objectives:** After attending this presentation, attendees will be able to:

- Understand the importance of effective physician engagement in a system-wide cost-management strategy
- Establish a strategy for reducing unwarranted and costly care variation
- Assemble the cost-efficient clinical enterprise through principled network curation
- Redesign incentive models to stabilize physician compensation

**Length of Presentation:** Please allow 90 to 120 minutes for this presentation, including discussion

**Suggested audience:** Medical group executives, physician leaders.
Sessions for Smaller Working Groups

- Medical Group Culture Intensive
- Physician Compensation Intensive
Medical Group Culture Intensive

A Working Session to Diagnose Improvement Opportunities

When we ask medical groups to name their biggest priorities, culture building recurs at the top of the list—for groups of all sizes and at all stages of development. But even groups that have developed a culture worthy of praise continue to express discontent with various aspects of it.

Whether you worry about the connection between the physician enterprise and the larger system, physician engagement and their buy-in on strategic imperatives, or operational inefficiencies, the Medical Group Culture Intensive can provide actionable insights into priorities and next steps for your group.

The Intensive takes place in three parts:

- **On-Line Diagnostic Survey:** All participants complete a short, on-line assessment of the different components of group culture. Council staff analyze responses and identify compelling patterns
- **Facilitated Discussion:** Council faculty come on-site to discuss results and implications for next steps. Working group identifies priorities and ideas for improvement opportunities
- **Customized Plan:** Experts connect the outcomes of discussion to our resources, such as toolkits, templates, and action plans, and create detailed implementation plan

**Length of Session**

Please allow 2-3 hours for the discussion.

**Suggested Audience**

Medical group executive leadership, system-level leadership, physician leadership; please note that as this is a strategic working session, attendees should include any stakeholder in the overall performance of the medical group.
Value-based care may be growing, but most medical groups today still receive only a modest portion of their reimbursement based on quality, patient experience, and utilization reduction. It’s a dynamic that poses significant challenges for compensation design, as the plan has to be able to support two different set of incentives:

- Efficiency and production, at the individual and group level
- The transition to value-based system goals, such as increased quality, access, and patient satisfaction

Moving from the former to the latter too quickly has proven problematic—productivity tends to decrease well in advance of additional revenues for value-based care.

For this reason, integrated medical groups should maintain productivity-based compensation plans for the foreseeable future, however they also must incorporate non-productivity based metrics into base and incentive pay for clinical staff. This working session, based on insights from the Council’s white paper entitled “Achieving Strategy-Aligned Clinician Compensation,” is designed to help those members of the medical group leadership team responsible for compensation strategy determine what, if any, adjustments they might wish to incorporate, and assess their tactics for staging compensation change.

Some of the concrete strategies include:

- Aligning metric selection with system priorities
- Selecting metrics backed by strong, clear, and reliable data
- Developing thresholds that encourage and reward best-in-class performance
- Choosing appropriate quality metrics by seeking specialty-specific physician input
- Staging implementation of patient access metrics, such as supervising advanced practitioners or building a base of e-visit patients

Session Format

This working session includes a brief overview of the white paper findings, followed by a structured discussion of ideas for incorporating non-productivity metrics into clinician compensation. While Council staff cannot make formal recommendations as to appropriate metrics, members can use this session to gain insight into how other organizations have thought through the process.

Session Length and Suggested Attendees

We recommend 90 minutes for this discussion. Suggested attendees include anyone tasked with determining compensation strategy for the medical group.
Frequently Asked Questions
FAQs for On-Site Research Briefings and Working Sessions

**How far in advance should we plan to schedule our research briefing?**
To ensure your preferred date and time, we suggest that you allow 12 weeks lead time for each request. We will do our best to work with you on a shorter timeframe if necessary, but cannot guarantee availability inside that 12-week window.

**Can we request a weekend session?**
While we will do our best to accommodate weekend sessions, we cannot guarantee their availability.

**How do we select a topic?**
Our hope is that this guide will serve as a preliminary reference tool to assist you in selecting an appropriate topic for your on-site research briefing. Your Advisory Board relationship manager is a helpful resource; in addition, our faculty are available to guide you toward the right content for your needs. Approximately six weeks in advance of your session, the on-site coordinator will set up a planning call for you to speak directly with your research expert regarding the topic you’ve selected.

**What is the appropriate length of time to allot for the session?**
Most of our topics are roughly two hours in length. Please reference topic summaries inside the guide for specific suggested lengths of time.

**Who should attend?**
Each of our presentations is tailored to a specific audience. You can find this information listed inside the guide as well as on our website.

**Will we receive handouts?**
The Advisory Board Company uses an electronic format for distribution of meeting handouts formatted for easy duplication. While we are pleased to have you share this material electronically, we think the experience of the attendees will be greatly enhanced if it is accessible in hard copy during the presentation. As such, we ask that members provide hard copies for each of the attendees.

**What specific room setup or materials are we expected to provide?**
The presenter will bring their PowerPoint presentation pre-loaded on a USB flash drive. You will need a computer and a projector, as well as a microphone if the room size and setup necessitates it. Additionally, a full-sized podium is preferable if you have one available.

**Can we request specific faculty?**
While we will try to accommodate specific requests, due to heavy demand it is possible that your requested faculty member will not be available on your preferred date. In addition, each faculty member’s expertise lies within a different terrain so it is important to schedule someone who can fulfill the content needs and objectives you are looking for.

To request additional information or to schedule your on-site, please contact your Advisory Board relationship manager.