

# NEWS **Beaumont Medical Group**

January 2018

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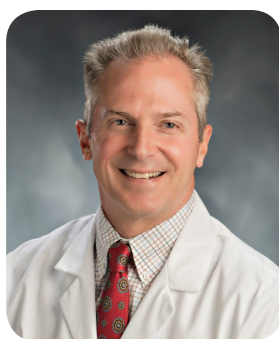
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## CARTS Physician Compensation Plan to move forward in 2018

*By David Wood, M.D., Interim President, Beaumont Medical Group and Executive Vice President and Chief Medical Officer, Beaumont Health*



**P**hysician and Administrative leaders from across Beaumont Health have worked together over the past year to assess the current state of physician compensation and develop a new framework.

The system-wide assessment provided a clear picture of the current state and confirmed wide inconsistencies in clinical and non-clinical compensation across the legacy organizations.

The assessment was followed by a comprehensive development process. The BMG Compensation Committee and the ARTS Oversight committee and subcommittees established key goals for the new compensation framework.

All of this work confirmed that CARTS is the right solution for our system moving forward. CARTS is a national best practice and is used by top academic institutions nationwide. It aligns with Beaumont's mission and provides a clear, consistent framework to compensate for all clinical and non-clinical responsibilities.

### About CARTS

CARTS has five components: Clinical, Administrative, Research, Teaching and Strategic. Beaumont has combined Strategic work with Administrative work to streamline allocations and tracking. Moving forward, Strategic positions will not be funded.

#### GOALS FOR THE NEW FRAMEWORK

1. One standardized, systemwide physician compensation framework
2. Regulatory compliance to protect the system, including our employed and independent physicians
3. Align physician incentives to performance and value
4. Value all aspects of the mission, including academic
5. Transparency
6. Financial sustainability

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# CARTS

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Physicians fall into three compensation groups: Clinical only, ARTS only and CARTS — Clinical and some allocation of ARTS.

## ARTS compensation

Some Beaumont independent and employed physicians are compensated for ARTS work. Here is an overview of how these assignments will be allocated and compensated under the new compensation plan.

## Administrative

The Administrative Subcommittee has categorized Administrative time into three key areas:

- Standard positions that exist at multiple hospitals. Standard positions are required to provide department leadership and to meet quality, safety and accreditation needs
- Hospital-specific positions that exist at one hospital due to unique programmatic requirements
- Non-billable clinical work, such as house coverage at night

The primary monitors for Administrative time will be MediTract time reporting and performance reviews.

## Research

The Research Subcommittee has designed a clearly defined and uniform allocation process for recognizing and advancing competitive research and institutional scholarship. The Research allocation process promotes three things:

- Beaumont Health
- The system's clinical programs and patients

- The health of the populations we serve
- The primary monitors for Research will be research reports and accomplishments.

## Teaching

The Teaching Subcommittee has developed a standardized methodology to provide allocations to graduate medical education programs within CARTS. The subcommittee reviewed program requirements, drafted job descriptions, analyzed functions related to teaching in graduate medical education programs and tested formulas to develop final recommendations. Beaumont is currently projecting a significant increase in the overall investment in teaching across the system.

## Clinical compensation

Clinical compensation will be performance and value-based under CARTS. Beaumont will eliminate the ANC Model and all clinical work will transition to Work Relative Value Unit (wRVU) measurement over time. Leading health systems nationally are making this transition, Beaumont will lead the shift to value-based compensation in the local market.

## Coordinating Physician Compensation

Clinical, Administrative and Research full-time employee (FTE) allocations will be calculated for each physician. Teaching will be provided to the department or program as a block grant. Department chairs and program directors will allocate the FTEs within their respective departments. The Beaumont Physicians Partners centralized Contracting and Compensation team will bring all compensation components together to ensure accurate tracking and reporting for each physician.

## CARTS transition begins in 2018

Early in 2018, CARTS will move from the system level to departments for review and finalization.

Physician education and phased CARTS implementation will begin in the first quarter. All BMG physicians will transition to the new Clinical compensation plan. Value-based compensation will be implemented for primary care physicians. ARTS compensation will be incorporated for physicians who have Administrative,

# CLINICAL: Performance Based

## Production Based Measurement

- Work Relative Value Units — wRVUs
- Billable codes assigned specific wRVU values
- Values established by CMS
- Designed to capture scope/intensity of clinical service

## Value Based Measurement

- Specialty level measures
- Examples include: HEDIS measures, CG-CAHPS, MACRA
- All measures must be reportable and validated

## Weighting Between Production and Value Measures

- Specialty level weighting
- Based on ability to drive desired behavior

## CARTS

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Research or Teaching roles. Physicians will meet one-on-one with their leaders to discuss individual clinical and non-clinical allocations. Compensation adjustments will be phased in over time based on the level of change.

A brief CARTS overview [video](#) and [fact sheet](#) are available. Thanks to all the physician leaders who helped lead the development of Beaumont's CARTS plan. We are confident this is the right plan at the right time for the long-term success of our physicians and our health system.



## Sports and Orthopedic Injury Clinic opens in Canton

At the new Beaumont Sports and Orthopedic Injury Clinic in Canton, patients can see a Beaumont orthopedic doctor on a walk-in basis and be able to get everything from same-day exams and imaging to surgical referrals and expedited access to specialists.

The clinic was created to provide access to convenient, high-quality orthopedic care for children, adults and seniors experiencing a variety of orthopedic injuries, including those resulting from sports activities and falls.

“Whether it’s a sprain, a possible broken bone or an injury from a fall, patients will leave with a comprehensive treatment plan,” said Jeffrey Fischgrund, M.D., clinical chief, Beaumont Health Orthopedics. “From children to seniors, our goal is to help patients take the first steps toward recovery so they can get back to doing what they love as quickly as possible.”

Beaumont Sports and Orthopedic Injury Clinic provides care for:

- bone, joint or muscle injuries
- possible sprained ankle, foot or knee
- possible broken bone
- hand, wrist, elbow or shoulder
- swollen joints
- dislocations
- sports injuries
- torn ligaments and tendons
- falls
- bruises and contusions
- tendonitis
- tailbone injury

It is not intended to provide emergency care, care for chronic medical conditions, post-surgical follow-up care, pain medication refills or second opinions.

The clinic is located across the hall from the Beaumont Emergency Center in Canton. Hours are Monday through Friday, 4 to 8 p.m. and Saturday and Sunday, 10 a.m. to 6 p.m. Call 734-324-9658 to schedule a same or next-day appointment, or walk in to be seen as soon as possible.



## BMG Legal Restructuring

**B**eaumont Medical Group will begin operations in three new legal entities on Jan. 1, continuing its journey toward a unified and integrated medical group. The new corporations are divided by physician practice specialization and are named:

- BMG Primary Care Services
- BMG Specialty Services
- BMG Hospital-Based Services

**ACTION ITEM:** If you received a request to sign a contract amendment, please complete and return the request in December. This will ensure you are properly enrolled in the correct new legal entity by the start of the new year.

### Why a new legal structure?

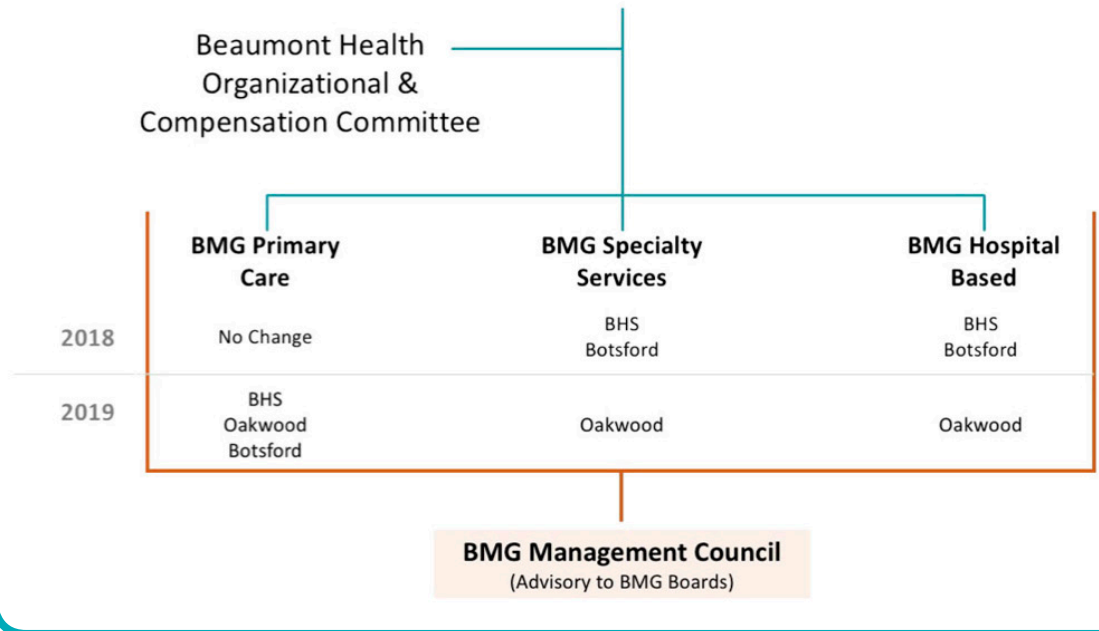
The new legal structure is designed to streamline and simplify BMG operations. It will reduce organizational complexity and allow BMG to achieve its goals of clinical integration and participation in alternative payment models.

### Current legal structure – Key challenges

BMG currently operates in name only and is not a legal entity. Employed physicians are referred to as “BMG physicians” but are actually employees of the hospitals within the founding organizations. This legal structure creates barriers related to payer relations and enrollment, billing and revenue cycle management, and alignment with external physician organizations. Restructuring will help eliminate these barriers and create a simplified organization and administrative environment.

## BMG Legal Structure

### Beaumont Health Board of Directors



The current legal structure also is inhibiting BMG’s progress related to the changing regulatory environment, specifically MACRA and the Quality Payment Program. This landmark piece of legislation aims to fundamentally change the way clinicians are paid by Medicare, either through quality incentives or through the proliferation of alternative payment models (APM).

BMG physicians would receive significant increases in Medicare payments by participating in APMs, while working to transform practice patterns to improve the health and well-being of our patient population. Our current legal structure does not allow for universal participation in this type of arrangement.

The new legal structure will position BMG to pursue multiple APM arrangements, either through the federal government or through commercial insurers/payers.

All employed physicians will be moved into one of the three new corporations by 2019.



## Three new BMG policies

The Beaumont Medical Group Management Council recently approved three new policies, effective Dec. 6. All were developed through the Performance and Optimization Committee with significant involvement from providers and administrative leads.

**BMG Patient Discharge from Employed Practices** is a new policy to be followed when discharging a patient from care at outpatient practices. The policy defines criteria for discharge and addresses processes to ensure patients have access to continuity of care. The policy also provides guidance to the providers and highlights considerations when terminating a patient so that the least disruptive course of action can be followed.

**BMG Patient Missed Appointment at Outpatient Practices** is a new policy to be followed when a patient misses a scheduled appointment. The policy provides a consistent definition of a missed appointment across our organization. The process flows for documenting and/or rescheduling an appointment ensures that we are assessing and giving consideration to patient needs in the spirit of Patient and Family-Centered Care.

**BMG Office Closure at Employed Outpatient Practices** is a new policy to be followed during elective and unforeseen instances of office closure at our outpatient practices. In the



event of a closure, this policy ensures that consistent processes are followed as we strive to maintain patient and staff safety and satisfaction. The policy also defines elective office closures and provides guidance in instances of low census.

If you have any questions regarding these policies, please reach out to the appropriate physician leader, RPA or business manager. To ensure you always have the most up-to-date policy, please view approved policies on PolicyTech via the Beaumont Health Intranet.

## Changes to the release of results in *myBeaumontChart*

Changes are coming that will affect how your patients' results are released in *myBeaumontChart*. Effective Jan. 2, 2018, your patients will have the opportunity to see their test results much sooner than they currently see them.

Once changes are implemented, results will be released in the following ways:

### Outpatient

All laboratory tests including HIV, STD and pregnancy, as well as imaging studies, will be automatically released to the patient within 24 hours of when the final results are available to ordering physicians. The only exception is outpatient surgical pathology and cytology.

### Outpatient Surgical Pathology and Cytology

All surgical pathology and cytology results will be automatically released three days after the final results are available to ordering physicians.

### Inpatient

All laboratory tests, imaging, other diagnostic and procedure results will be automatically released immediately after discharge (no change).

Results will be released to patients seven days a week. Once they become available, they will be placed in *myBeaumontChart* for patient viewing either by 7 a.m. or 2 p.m. on the day that the results are final. This will be

dependent on the specific time that the results are completed. A new policy outlining these changes called *myBeaumontChart* Record Release has been developed and approved by Beaumont.

You and your staff need to be aware of these changes as questions and comments may be raised by patients, family members and other care providers. For more information, see the new Beaumont Health Policy called *MyBeaumontChart* Record Release or contact Matthew Zimmie, M.D., at [matthew.zimmie@beaumont.org](mailto:matthew.zimmie@beaumont.org) or Miriam Halimi at [miriam.halimi@beaumont.org](mailto:miriam.halimi@beaumont.org).

## BMG celebrates 2017 accomplishments

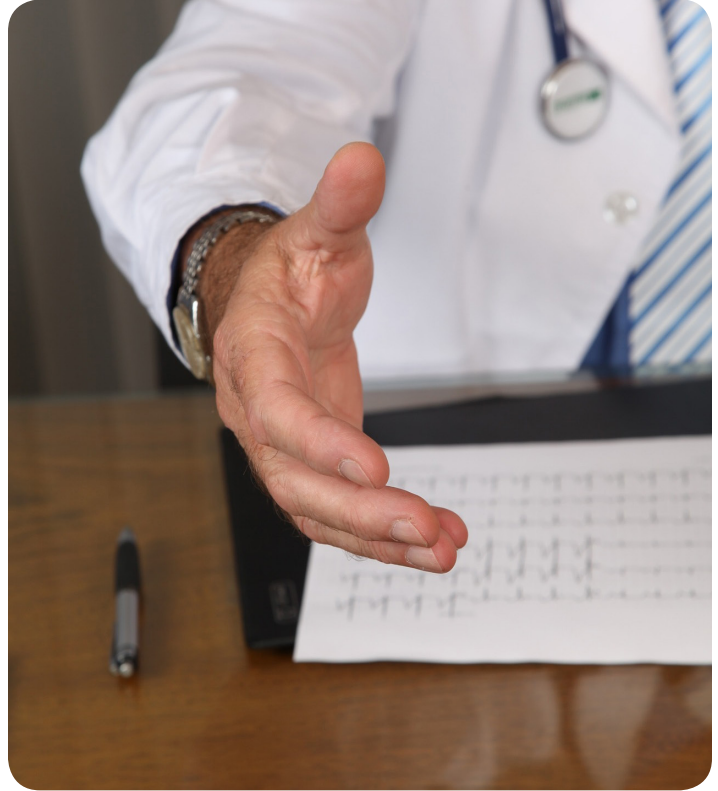
As we start the New Year, let's take time to reflect on the many accomplishments of the Beaumont Medical Group.

### Clinical Growth and Improvement

- ☑ Working to update and standardize more than 500 clinical policies from the founding medical groups
- ☑ Created system APP task force to standardize delineation of privileges for APPs across the system (both IP and OP)
- ☑ Neurosciences service line growth
- ☑ New Sleep Center opened
- ☑ Interstitial Lung Clinic opened
- ☑ Multispecialty Center opens within new Beaumont, Grosse Pointe medical office building
- ☑ Acute Injury Clinic opened in Canton
- ☑ Development of Resource Pool
- ☑ Immunizations (childhood, flu): implemented two-way MICR reconciliation to support complete and accurate immunization records and close measures
- ☑ Recruited more than 17 primary care providers

### Human Resources

- ☑ BMG filled 538 non-physician positions, both new and replacement, for BMG/BPP from Jan. 1 to Dec. 5
- ☑ Jonathan Maner, senior vice president and executive director, BMG
- ☑ Abrar Founas, senior director, Physician Services for BPP and BMG
- ☑ Mary Stahl, senior director, Population Health and Payer Quality
- ☑ Meghan McInnis, vice president, Primary Care
- ☑ Samuel Bauer, M.D., BMG physician executive, OB/GYN
- ☑ Barbara Ducatman, M.D., BMG physician executive, Pathology
- ☑ Stonish Pierce, vice president, Specialty Services
- ☑ Appointed Michael Barnes, M.D., as medical director of Service for BMG. Dr. Barnes will champion patient and family-centered care and patient satisfaction
- ☑ Named regional primary care medical directors for BMG



### Health IT

- ☑ Completed implementation of *oneChart* in 83 founding Oakwood ambulatory offices
- ☑ Improved documentation in support of payer metrics
- ☑ Developed and completed focused education and reinforcement of metric measurement documentation
- ☑ Test tracking education
- ☑ Documentation grid for PCMH measures
- ☑ Founding Oakwood CMS billing issue successfully resolved with no gap in participation

### Population Health

- ☑ Achieved PCMH designation in 57 practices with 198 physicians
- ☑ Developed organizational structure
- ☑ Recruited system director

## 2017 Accomplishments

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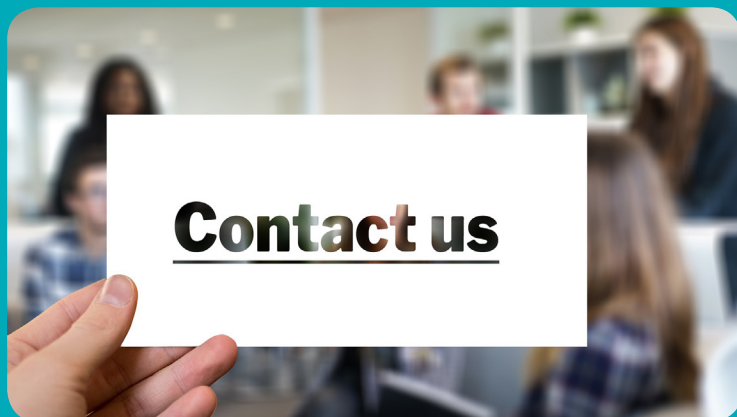
- ☑ Redesigned manager position to support new programs
- ☑ Comprehensive Primary Care Plus (CPC+) practices (eight)
- ☑ State Innovation Model (SIM) practices (five)
- ☑ Created project implementation plan
- ☑ Created committee structure to support projects
- ☑ Project manager hired
- ☑ Hired five care managers
- ☑ Developed care management module in *oneChart*
- ☑ Developed Behavioral Health Pilot for CPC+ practices
- ☑ Recruited director, three behavioral health consultants and a clinical pharmacist
- ☑ GM Executive Health
- ☑ Improved scheduling process
- ☑ PCMH dashboards include attribution rule and two-year lookback
- ☑ Combined Gaps in Care Report, created to support outreach
- ☑ Utilized panel management team to perform data mining and support outreach to engage patients in their care. Refined letter process to ensure single letter for all outstanding measures. Mined more than 50,000 patients and closed almost 8,000 care gaps.
- ☑ Panel management team actively entering data into Health e-Blue
- ☑ Developed best practice advisory to promptly order overdue health maintenance items
- ☑ Colorectal cancer screening:
  - ☑ launched option of Cologuard for screening
  - ☑ implemented electronic measure closure using procedure report generated post procedure
- ☑ Cervical cancer screening:
  - ☑ implemented process to collect lab results and insert into health maintenance to close measure
- ☑ BMI Metric:
  - ☑ implemented the use of smart set phrase to support the use of appropriate codes to satisfy pediatric counseling metric
- ☑ Created process to add DM metrics to health maintenance if diagnosis is present on problem list

### PFCC and Service Excellence

- ☑ Implemented Patient Safety Rounds in Jan. for sites with lowest culture of safety scores and improved scores by the mini survey in May 2017. Full October survey results pending
- ☑ Led efforts to hold eight Patient and Family Advisory Councils in eight CPC+ practices, interview 28 potential Patient and Family Advisors, and personally onboard/orient 11 of them
- ☑ CG-CAHPS physician scorecards created and distributed to BMG providers

### Joint Commission

- ☑ Joint Commission:
  - ☑ 7 Mock Joint Commission surveys: Dearborn, Taylor, Wayne, Trenton, Grosse Pointe and Farmington Hills, two within 10 months
  - ☑ five actual Joint Commission surveys at Dearborn, Taylor, Wayne, Trenton and Grosse Pointe within five months – only three low-risk individual findings from 24 clinics/practices



Share your good news and great ideas in BMG News. Contact Deb DePue, physician marketing and communications manager, at: [Deborah.DePue@beaumont.org](mailto:Deborah.DePue@beaumont.org) so we may include your news or ideas in a future issue of BMG News.