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Executive Briefing & Exchange

A service of Executive Women in Healthcare

Managing Your "To Do" List

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By Dorothy (Dolly) Bellhouse

In my last column, I offered a way to manage your time. Now, I have a tip on managing your "to do" list. I never really had a single "to do" list; I had "to do" notepads! I would keep a running list on a notepad and when I had to flip back several pages to check for tasks yet incomplete, I'd rewrite the list and start over.

Figure 1 below shows a typical "to do" list and how it looks as you complete the tasks.

Call Dr Smith	~~Call Dr Smith~~
Set up task force mtg	~~Set up task force mtg~~
Do AM's performance review	Do AM's performance review
Review pt sat data	Review pt sat data
Analyze mg'd care utilization	~~Analyze mg'd care utilization~~
Prep for Bd mtg	~~Prep for Bd mtg~~
Set agenda for PHO mtg	~~Set agenda for PHO mtg~~
Do minutes from staff mtg	Do minutes from staff mtg

Figure 1

Do you just keep adding to the list or do you transfer the incomplete items to a new list? In my "to do" notepad, the list never went away. It was also easy to miss incomplete tasks.

I still make note of the things I have to do, but I don't make a list per se. I use stickie notes and just write one thing per stickie note. When the task is complete, I just peel it off and throw it away. This makes it very clear what is left to do. It also makes it easy for me to hand-off a task to a colleague who has time and can help. I can just pass the stickie note to him! See the figure on page two.

(Continued...)

About Executive Briefing & Exchange

Executive Briefing & Exchange is e-mailed the second and fourth Monday of each month. It is offered to you free of charge. You are welcome to print copies of EB&E.

EB&E is a service of Executive Women in Healthcare, which produces educational materials and seminars to help women healthcare executives. Executive Women in Healthcare helps leaders differentiate between fads and trends; and helps make connections with other healthcare "Trend Leaders."

You are encouraged to react to anything that you read by e-mailing us at:

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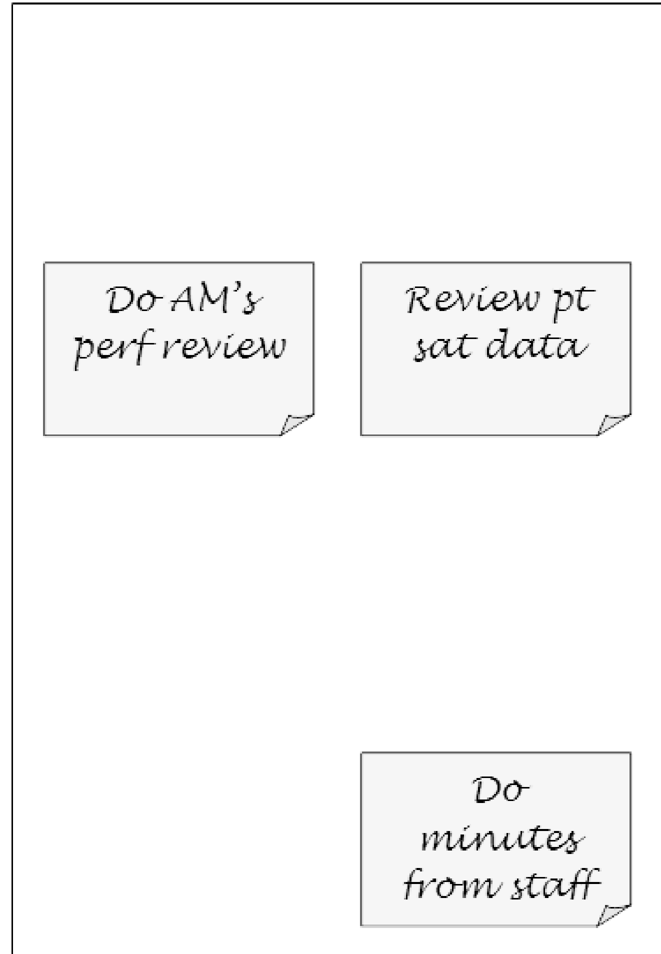
Managing Your "To Do" List (Continued...)



Making your work visible like this, will make it easier to track and sequence. I know some people that put their stickies inside the front cover of the portfolio they always carry with them. Others put the stickie list on a piece of flip chart paper on their office wall. Some use assorted stickies so they can color-code their tasks. One woman I know places her completed stickies on a blank sheet of paper so she has a visual cue of what she has accomplished each week. Experiment with what works for you. Don't underestimate the psychological effect of taking a "to do" stickie off and throwing it away or placing it on your "completed" page.

I use this technique at home as well. As the holidays approach, my family and I make our "to do" stickies and place them on a corner of the kitchen counter. It's clear what needs to be done and we can all see the progress we are making. It is great when a relative arrives and asks, "What can I do to help?" We just point them to the stickie notes and they can pick their task!

I wish you a wonderful Thanksgiving.

Dorothy (Dolly) Bellhouse is an Associate at the firm of Kenagy & Associates. She left a Senior Vice-President position in the Yale New Haven Health System to join K&A. She holds an MBA in Health Administration and Finance from the University of Chicago. You can share your comments with her at: dbellhouse@kenagyassociates.com

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New Model Pays Doctors for Quality

There is growing agreement that the low fees paid to family physicians are a weak link in our nation's healthcare system. As a result, according to the *New York Times*, some big employers and health insurers are seeking new ways to pay doctors to reward high-quality medical care.

An influential medical standards group, National Committee for Quality Assurance, a nonprofit organization focused on healthcare, presented a new model last week for helping employers and insurers to identify the best primary care doctors and to steer patients their way. Those doctors, in turn, would be paid for more services than are currently reimbursed under typical health plan payments for office visits.

The idea is to encourage doctors to meet with patients for more than a few minutes during an office visit and to also compensate them, or nurse coordinators, for communicating with patients by phone and e-mail outside office hours.

Under the plan, doctors would also be compensated for helping patients manage chronic conditions – like reminding diabetic people to take their insulin – and would be encouraged to transmit prescriptions electronically.

The *Times* reports that some of the measures have already been accepted by leaders of four primary care professional associations representing 330,000 doctors: the American Academy of Family Physicians, the American College of Physicians – Internal Medicine, the American Academy of Pediatrics and the American Osteopathic Association.

Those medical groups have been coordinating their efforts with large insurers, including Wellpoint, UnitedHealth Group, Aetna, Cigna, Humana and the Blue Cross and Blue Shield Association, as well as the International Business Machines Corporation, CVS Caremark, Medco Health Solutions and Walgreen's. Another participant is the Erisa Industry Committee, an employers group.

The *Times* reports that health policy experts say that unless payment and practice rules are changed, the financial squeeze on primary care doctors threatens to produce a crisis for patient care. As the population ages, it needs more care, but primary care doctors are becoming scarce in many parts of the country. Less than eight percent of medical school graduates chose family medicine this year, according to the academy of family doctors.

"We are empowering doctors to once again have a doctor-patient relationship," said Dr. Paul H. Grundy, IBM's director for Healthcare Technology and Strategic Initiatives, who is marshaling support for the changes. "We don't want to buy the kind of care we're getting any more. We have turned doctors into little chipmunks on a wheel, pumping out patients every five minutes."

Experiments based on the proposed model have been conducted by employers like Boeing, and several of the Blue Cross and Blue Shield plans. The tests indicate that money can be saved by helping patients deal with conditions like diabetes, asthma and heart conditions by avoiding emergency room visits and hospital admissions.

Boeing, in a test in Seattle that began last February, is paying for special care for 450 employees and dependents with multiple chronic conditions like diabetes and heart disease. Theresa Helle, a Boeing healthcare manager, said she got a thank-you call from one employee who said, "This is the first time a physician has ever spent more than 20 minutes with me."

Dr. Arnold Milstein, medical director of the Pacific Business Group on Health, an employers' organization, said Boeing planned to expand the program for chronically ill patients to other cities, if the results held up in Seattle. The program deals with "the 20 percent of people who account for 80 percent of health spending," he said.

Twenty doctors in Missouri are already practicing in this new style, said Louise Probst, executive director of the St. Louis Business Health Coalition, an employers' group. The Commonwealth Fund, a healthcare foundation, is supporting the program, which features techniques developed by Dartmouth Medical School experts.

"People can e-mail me at any time," said Dr. Thomas F. Hastings, an internist in Chesterfield, Mo., near St. Louis. In the patient-centered program called Ideal Medical Practice-Missouri, Dr. Hastings said, "If they call after hours, I try to answer in less than 20 minutes." Some doctors in the program have even given their cell phone numbers to severely ill patients.

Helen Darling, president of the National Business Group on Health, said her members, 200 large employers, were willing to pay more for primary care and related services as long as their overall medical costs did not continue to rise. "It has to be budget neutral," she said.

The *New York Times* was used as the source of this information.

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Swiss Healthcare Gets Attention

The Harvard Business School Health Industry Alumni Association met at the beginning of the month for its eighth annual get together. Gaining most of the attention was a session on the Swiss health system. Thomas Zeltner, head of the Swiss Federal Office of Public Health, explained Switzerland's move to compulsory, individually purchased health insurance on the open market, similar to auto insurance here.

The approach, introduced in Switzerland in 1996, has helped contain costs while preserving choice. Unlike auto coverage, no insurer can turn you down and rates are community based.

(You can follow this link for a 190-page report detailing the Swiss system.)

Interest in the lessons of the Swiss, who spend less and have better health results than Americans, led the Harvard association to invite Zeltner to the meeting. It is also the same reason HHS Secretary Michael Leavitt traveled to Switzerland last week, where he meet with Zeltner and other officials.

Here is some of what Zeltner told the secretary. "From all perspectives, universal healthcare coverage is something that a country needs to have,"

"A real asset in Switzerland is that we succeeded in having a health plan with comprehensive coverage." Deductibles and premiums vary, depending on the exact plan a consumer buys, but the coverage is broad, including pharmaceuticals and a full range of hospital procedures, Zeltner said.

Healthcare costs have been rising in the very low single-digits annually in percentage terms. And the cost drivers haven't been new drugs, as some might think. "It's the volume of services that is the problem," he said. Stays in hospitals are too long. Repetition of X-rays and other diagnostic tests also add unnecessarily to the cost burden. He said there's room for improvement in the organization and delivery of health services as well as for more specialized care management and insurance.

Harvard professor Regina Herzlinger appeared on the Alumni Association panel with Zeltner and delivered her own critique.

Herzlinger said, "We turn over $2.2 trillion of our money each year to those who manage our healthcare, without holding them accountable for efficiency or quality. Not surprisingly, these folks – hospitals, insurers, governments – they use the money to benefit themselves. Insurers, hospitals and governments have gotten fat on our bloated healthcare costs, which kill the competitiveness of US firms. More than 40 million Americans are uninsured, mostly because they cannot afford it, while 300,000 people die every few years from medical errors. Arrogant insurance bureaucrats deny people the services they paid for, while many insured find their coverage inadequate for serious illnesses. The uninsured – they are charged the highest prices by our allegedly nonprofit, ostensibly 'charitable' hospitals and are all too often driven to bankruptcy. Meanwhile, many doctors leave the profession because of insurer, hospital and government micromanagement of their activities. Physicians enrolled in my MBA courses at the Harvard Business School tell me, 'I can no longer practice medicine.' The grip of the powerful status quo also scares off those entrepreneurs who represent the best hope of transforming healthcare.

"Only one stakeholder can fix this – you and me. We must take back our money so we can decide how to spend it. We should be buying health insurance for ourselves, using the foregone salaries and massive taxes we once turned over to the self-serving healthcare industry crew. Switzerland's consumer-driven healthcare system points the way: With their excellent, private healthcare system, the Swiss have universal coverage and spend 40 percent less. We are at war for control of an annual $2.2 trillion – an amount equal in size to China's whole economy. If we do not win it, our health and economy will go down in flames. My new book *Who Killed Health Care?* details the consumer-driven battle plan that can revive our doctors, our economy and our good health."