

ENG 123: Module 7-3 Project Two Persuasive Essay - Service Lines

Kristin Harmon

English Department, SNHU

ENG-123, English Composition II

Chris LeClair

October 14, 2022

Challenges of Healthcare and How Service Lines Address Them

Healthcare organizations are facing unprecedented challenges, service lines lay the foundation for them to carve a path forward. From limited staffing resources to financial instability, the pandemic was a catalyst for major issues to grow and make their way to the forefront of healthcare (Office of the Assistant Secretary for Planning and Evaluation, 2022). But service lines are not just a new idea trying to tackle a new problem; they're a tested and proven way forward, with implementation dating back to the 1970s at Johns Hopkins Hospital (Anshu et al., 2006). As organizations shift to value-based care (Phillips et al., 2015), service lines serve as a model to enhance patient care by empowering all levels of healthcare workers to come up with solutions (Phillips, 2016), improving efficiency in key areas from operations to finance (Fine & Kuhlenbeck, 2021). The model comes with its own challenges that are heightened due to the pandemic: limited resources and staffing, traditional silos, resistance to change, variation in job duties, and unclear responsibilities. Service lines enhance healthcare organizations because they enable them to provide better care to patients, encourage multifaceted teams to improve processes, and they serve as a vehicle to freeing up valuable resources by streamlining projects and goals.

The Ins and Outs of Service Lines

What exactly are service lines, and how do they help healthcare organizations overcome the challenges at hand? Simply put, they resemble mini businesses within a larger organizational structure. For example, UMass Lowell's heart and vascular service line has its own leadership, strategic, operational, and financial groups that are all tailored to heart and vascular services (Phillips et al., 2015). In UMass Lowell's model, the service line was overseen by the president and chief operating officer of the hospital, ensuring that the goals and outcomes of the focused

service line were approved by and integrated into all of UMass Lowell, but were led by a team of experts that was specific to heart and vascular services (Phillips et al., 2015). When a healthcare organization has multiple hospitals, the idea of a service line becomes even more appealing to those who support them. Consider fictional patient Ryan. Ryan has seen his primary care doctor for years and is moving an hour away, leaving a primary care office overseen by one hospital within the organization, and going to an office overseen by a different hospital within the organization. Ryan's healthcare organization has a primary care service line, so when visiting his new primary care office for the first time, he notices virtually no changes. His new primary care provider sent him a text reminder four days before his appointment, he registered at a virtual kiosk, the Medical Assistant prepped his visit two days ahead of time ensuring he received the same important tests and screenings he is due for, and the Patient Service Representative scheduled him for his next visit before he left the building. The visit was smooth and familiar for Ryan. This minimal change was made possible because the service line model streamlined and standardized the way it cares for patients at all primary care practices. Without a service line, operations for primary care practices vary locally, either by practice or by hospital. This means that any or all aspects of Ryan's visit could differ greatly depending on the physical location he visits. A varied method to everything from appointment reminders to ordering test could be difficult for Ryan, and could also open the hospital up to liabilities in everything from data reporting to patient care (Fine & Kuhlenbeck, 2021). Instead, this streamlined model was created by experts in primary care at all levels of the team and standardized across the organization. This results in a model that encourages an individualized focus while also plugging into the overarching goals of the hospital or organization, in turn enabling healthcare organizations to provide better patient care (Fine & Kuhlenbeck, 2021).

Enhanced Patient Care Through Coordination and Communication

Healthcare organizations can enhance patient care through increased coordination and communication. One of the most streamlined and efficient ways to do that is by implementing the service line model, which establishes multidisciplinary teams comprised of clinical and non-clinical leaders (Phillips et al., 2015). Their diverse expertise leads to higher quality patient care when compared to other healthcare models (Druckenmiller, 2018). For example, after implementing a Heart and Vascular Service Line (HVSL), UMass Lowell reported that “the isolated coronary artery bypass graft surgery mortality was reduced from 4.3% to < 1%.” When interpreting those numbers with real human lives in mind, that means that for every 100 people who received isolated coronary artery bypass graft surgery, 4.3 people died, compared to after implementation, when less than one person per every 100 people met that same fate (Phillips et al., 2015). When fictional patient Ryan goes to see his primary care provider, he can feel confident that clinical and non-clinical experts in primary care helped build the best model possible. Experts in every level of his care are empowered to continually improve their processes, ensuring the highest quality coordination and communication with Ryan. The enhanced care and coordination created by service lines is saving lives by creating and deploying teams that are empowered to lead the path forward.

Teams of Clinical and Non-Clinical Leaders Move Healthcare Forward

Multidisciplinary teams are what drive service lines; they are what set this model apart from others and are what empowers service lines to continue to improve healthcare organizations. The teams are “one of the main reasons that market advantage can be created by service lines” (Anshu et al., 2006). “The service line team includes operational leaders from ambulatory services (which encompasses telehealth, urgent care, ASCs, and other businesses),

academic and community hospitals, and physician and operational leaders from the medical groups” (Fine & Kuhlenbeck, 2021). With this diverse collection of experts and leaders, each level of operational and clinical challenges is addressed. In UMass Lowell’s model, they outlined three teams that drove the service line forward (Phillip et al., 2015). The Executive Team made “practical recommendations for program improvement” according to Phillip et al. The Operations and Finance Committee worked simultaneously to generate “transparency of the SL financials and joint initiatives across physician practices and hospital operations” (Phillip et al., 2015). And the System Improvement Teams identified areas for improvement, prioritized them, addressed them, and monitored their progress, in turn generating “several million dollars in savings for the HVSL” (Phillip et al., 2015). All of these teams were empowered to work to top of license/ability, identifying projects that enabled them and their colleagues to do so, in turn instilling an unmatched level of loyalty and commitment to their respective organizations (Phillip et al., 2015). With a team that feels empowered and millions of dollars in savings, fictional patient Ryan is surrounded by people who feel valued when they come to work and have the resources to do their job to the best of their ability. Whether it be clinical and non-clinical staff who are better aligned with organizational operations and strategy, or teams that are saving millions of dollars, this aspect of a service line is proven to enhance a healthcare organization for staff and patients alike.

Efficiency in Operations, Strategy, and Finance

The enhanced efficiency in operations, strategy, and finance is proven by the successful implementation of multiple service line models in various healthcare organizations. From increased volume to recruitment and retention, healthcare organizations have seen the positive impacts from service lines (Phillips et al., 2015). The structure of the service line enables

organizations to consider their strategy by utilizing a focused lens (Phillips, 2016). UMass Lowell's Heart and Vascular Service Line reported a 141% increase in revenue (from \$147.5 million to \$208.5 million) and a 234% increase in profit (from \$4.1 million to \$9.6 million) (Phillips et al., 2015). Their model also enabled them to create a compensation model that allowed 3% to 5% of their "contribution margin to be shared with faculty," leading to other incentives tied to the performance of the service line. When cutting edge technology comes out, fictional patient Ryan's primary care office can offer it to patients, because they have the funding and staffing available to make it happen. With impressive data points and millions of dollars generated, there are still those who may oppose service lines, and its of the utmost importance that healthcare organizations address their concerns during the strategic planning phase.

Service Line Opposition and the Importance of Buy-in

There are many reasons why a healthcare organization may face opposition when implementing service lines, ranging from limited resources to reluctance to break down historical silos (Phillips et al., 2015). Whether the barriers are operational or cultural, they can be difficult to overcome. Resources are already incredibly limited, and some say there simply are not enough people or there isn't enough money to stand up a service line. With 3-5 years anticipated to implement a full-functioning service line, the time commitment is lengthy (Anshu et al., 2006). And with key stakeholders focused in several areas, including navigating the effects of the Covid-19 pandemic, it can be difficult to hold their attention, in turn creating unintentional silos. Silos can lead to breakdowns in communication between providers, potentially jeopardizing patient care in the process (World Economic Forum, 2022). When "input is not elicited during the strategic planning phase, participating members may lose faith and interest in the concept," enabling these silos to grow even larger (Anshu et al., 2006). But service lines can help

healthcare organizations utilize resources in thoughtful ways and can help focus attention on quality and revenue generating initiatives. By employing multiple service lines, organizations can share resources and infrastructure, allowing them to “focus and invest limited resources on lines that are critical for both short-term and long-term viability” (Anshu et al., 2006). Banner Health reported that the service line model helped them navigate unique challenges created by the Covid-19 pandemic, including enhanced and streamlined communications that address staff and patient’s top concerns (Fine & Kuhlenbeck, 2021). By taking the time to implement a service line, patient care for fictional patient Ryan was greatly enhanced just in his primary care visits alone. Patient data and the electronic medical record was standardized across Ryan’s healthcare organization, meaning all providers have access to the same critical information. Ryan’s primary care provider has a standardized way to speak to any specialist within the organization, meaning they can serve as the hub for coordinating Ryan’s care. Many of the reasons people oppose or resist service lines can be addressed in strategic conversations where stakeholders are encouraged to be open about risks, making service lines stronger from the start.

Service Lines will Propel Healthcare Organizations Forward

From institutional and cultural barriers to the Covid-19 pandemic, service lines and their multifaceted team structure enable healthcare organizations to be nimble when instituting change and providing the best care for patients (Fine & Kuhlenbeck, 2021). All healthcare organizations should implement service line models. First and foremost, these models enhance patient care by creating “manageable, measurable, and therefore, accountable entities” (Anshu et al., 2006). They empower multidisciplinary teams to work to top of ability or license, bringing together groups of people that may not typically collaborate, in turn “shifting the focus away from individual objectives to patient-centered goals” (Phillips et al., 2015). These teams also ensure

resources are managed and used as responsibly as possible (Phillips, 2016). Service Lines create efficiencies in operations, strategy, and finance, as seen at UMass Lowell and Banner Health. They also encourage conversations including managing risks and identifying barriers, collaborating to resolve differences for the better of the healthcare organization and their patients (Phillips, 2016). People like fictional patient Ryan benefit from service lines because his teams are creating realistic goals to constantly improve his care, they feel empowered and supported by the structure the service line created, and the fiscal management the service line bolsters has enabled them to have the funding for cutting edge tools and education. After reviewing the pros and cons to implementing a service line at a healthcare organization, it's clear that the benefits far exceed the drawbacks: service lines enhance the lives of staff and patients, making quality healthcare a more attainable goal for all.

References

- Anshu K. Jain, BA, Jon M. Thompson, PhD, Scott M Kelley, PhD, & Richard W. Schwartz, MD, MB. (2006). *Fundamentals of Service Lines and the Necessity of Physician Leaders*. (Volume 13, Number 2).
- Druckenmiller, G. (2018, July 5). How to Grow High-Value Service Lines Effectively. *Healthcare Financial Management Association*.
<https://www.hfma.org/topics/hfm/2018/july/61155.html>
- Fine & Kuhlbeck. (2021). Implementing a New Service Line Model to Support Growth and Serve Patients. *Foundation of the American College of Healthcare Executive*.
- World Economic Forum. (2020, November 14). *Silos in healthcare are bad for us. Here's the cure*. <https://www.weforum.org/agenda/2020/11/healthcare-silos-are-bad-for-us-heres-the-cure>
- Office of the Assistant Secretary for Planning and Evaluation. (2022, May 3). *Impact of the COVID-19 pandemic on the hospital and outpatient clinician workforce: challenges and policy responses*. (Issue Brief No. HP-2022-13). U.S. Department of Health and Human Services.
- Pan American Health Organization. (2022, September 27). *Health in the Americas publication addresses impact of COVID-19*. <https://www.paho.org/en/news/27-9-2022-health-americas-publication-addresses-impact-covid-19>
- Phillips, L. (2016). Growing Service Lines in a Value-Based Environment. *Leadership* (1948-089X), 38–42.
- Phillips, Robert A. MD, PhD; Cyr, Jay RN, MSN, MBA; Keaney, John F. Jr MD; Messina, Louis M. MD; Meyer, Theo E. MD, DPhil; Tam, Stanley K.C. MD, MBA; Korenda,

Kathleen NP, MBA; Darrigo, Melinda PhD, NP; Kumar, Pooja MD; Challapalli, Sailu MBA. (2015). Creating and Maintaining a Successful Service Line in an Academic Medical Center at the Dawn of Value-Based Care. *Academic Medicine*: October 2015 - Volume 90 - Issue 10 - p 1340-1346.