

# *Client Spotlight*

*Long-term care superheroes*

**Reconnecting  
with long-term  
care physicians:  
A revolution at  
hand**

**Dr. Arif Nazir** | *Signature HealthCARE Chief Medical Officer*

**Phar**Merica®  
Value. Trust. Performance.

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In today's chaotic world of healthcare, it's easy to see how terms like "innovation" and "change" can become a punchline.

Since its inception, Signature HealthCARE has backed up those words with its devotion to revolutionizing every facet of long-term care – from the business it conducts with the vendor community, to the way it recruits and treats its 17,000 employees, to the care it delivers at the bedside of thousands of residents.

Signature is a healthcare and rehabilitation company with 115 locations in 11 states. A growing number of Signature centers are earning five-star ratings from the Centers for Medicare & Medicaid Services (CMS). In 2013, the company was named one of Modern Healthcare's 'Best Places to Work' for the third time. Signature's organizational culture is founded on three pillars: Learning, Spirituality, and Innovation.

For more than a decade, Signature HealthCARE has worked with PharMerica to innovate to improve the quality of life of residents. For example, the two organizations are exploring

ways to forge more meaningful partnerships with Signature's physicians and PharMerica's pharmacy consultants so clinicians have better access to evidence-based medication management solutions around everything – from statins to antibiotics to psychotropic drugs. PharMerica is currently working with Signature to customize its pharmacy dashboard metrics on outcomes of these and other kinds of therapeutic medications.

The past few years have brought unprecedented change, and few stakeholders have been affected more deeply than physicians. Payers and regulators have profoundly shaped physicians' role in this new environment – in both good and not so good ways.

Dr. Nazir speaks about one of his greatest passions as a disrupting influence in revolutionizing physician engagement, and the important role it could play in shaping better patient outcomes and improving the future of long-term care.

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**Q** It's no secret that you believe joining Signature HealthCARE was one of the best career decisions you've ever made. Why?

**A** **Dr. Nazir:** We are in the greatest country in the world and there is no reason why we can't provide the most evidence-based geriatric care that results in the best outcomes. As an academician, I have always strived for quality improvement and have introduced several new models of care. At Indiana University, I led a CMS Innovations project because I believed we had to think outside the box. With changing healthcare and sicker patients, our clinical care and our staff education systems were falling short. I realized that I wasn't getting any younger and I needed to find a place where I could make a true and meaningful difference. I started looking around for an organization that aligned with my mission and vision, which have always been to disrupt the status quo for better

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### About Arif Nazir, MD

- *Signature's Chief Medical Officer since 2016*
- *Specialist of internal medicine and geriatric care*
- *Spent 8 years in various leadership roles at Indiana University*
- *Helped implement Indiana's Nursing Home Value-based Purchasing program*
- *Played a pivotal leadership role with the CMS Innovation Center's OPTIMISTIC Project to decrease avoidable hospitalizations of nursing home residents in Indiana*

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results. My search ended when I learned about Signature. In the 35 minutes I spent with Signature CEO, Mr. Joe Steier, I knew this was the organization that was nimble enough to rise to the challenges of the changing healthcare system. A lot of my mentors told me, “Be very careful when you join a corporation as you will be frustrated because of slow change.” I found Signature the exact opposite of that.

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### Q What are your priorities as Signature’s Chief Medical Officer?

**A Dr. Nazir:** Front and center is how we can improve outcomes for our patients. Currently, there are serious gaps in this health setting as a whole. For example, only 30 percent of patients get best-practice cardiac care and 60 percent or more of patients with dementia are exposed to harmful polypharmacy. Thus, it’s not a surprise that CMS is particularly focused on the polypharmacy area. One of the key reasons I think the industry is unable to get the best outcomes in the post-acute/long-term setting is that clinical competencies just aren’t to the level they should be, and sometimes providers are stifled by not having enough staff and nurses. These are critical barriers we have to work against each and every day across the long-term care community. Every day I ask myself: how can we use resources more efficiently? How can we empower healthcare teams better? How can we facilitate physicians to have a bigger impact? What kinds of innovative digital solutions bring more efficiencies? As the Chief Medical Officer, I refuse to accept below-average results, and within the realm of regulatory and compliance frameworks, push for new approaches for better care.

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*“Currently, there are serious gaps in this health setting as a whole. For example, only 30 percent of the patients get best-practice cardiac care.”*

### Q Can you elaborate on your work, dedication and pioneering efforts in the area of physician engagement and incentivized behavior?

**A Dr. Nazir:** Our vision is to revolutionize healthcare on several fronts, but empowering physicians and other clinicians to perform at their best is high on my priority list. Current carrot and stick approaches to motivate our physicians, our practitioners and our nurses will not work. Review of engagement literature clearly shows that health teams seek professional development to get better at what they do. They also seek autonomy at work, and most importantly, they want to believe that their work is resulting in good outcomes. If you don’t give people the opportunity to improve, and do not provide them their patients’ outcomes in a meaningful way, then they are not going to be engaged.

Health teams in our settings are being asked to do a lot and are facing historical levels of burnout. Most clinicians did not join this setting to check boxes but to have an impact. We need to work on engagement strategies as internal motivation needs to be garnered for us to counter this trend of burnout. It will require us to focus on providing professional support, ongoing feedback and fairness at the workplace for our clinicians.

Over the last few years, I have worked with my team to set up systems for creating feedback loops with our frontline doctors and practitioners, to understand their educational needs and then to provide them with meaningful education. We are also working on systems to incentivize teamwork and interdisciplinary collaboration – a big facilitator for team education. We will also be implementing medical director dashboards so that they know how they are performing and to help them seek the right education. It is our intention to implement technologies so that team members can stay in touch, spend more time with the patient and document the progress in the least burdensome manner.

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Timely communication is also important with the physicians. Traditionally, we have not done the best job in communicating what our expectations are. At Signature, I am working with my team to build robust physician engagement structures that educate physicians and other practitioners about what we expect of them from day one. We have also set a structure of ongoing education and training for our physicians around several key areas, including medications, infections and interdisciplinary systems for effective care.

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**Q** How does your approach to physician engagement fit in with the overall culture at Signature?

**A Dr. Nazir:** We have a very formal structure around physician engagement here. A lot of work is being done on physician outcomes and we're working with PharMerica on many innovative solutions that I'm very excited about, such as exploring ways to forge more meaningful partnerships with our physicians and the company's pharmacy consultants. We have one of the most innovative nurse practitioner programs in the country, and more and more, our practitioners are bringing evidence-based care into our facilities. We are utilizing telehealth already for things like wound care and psychiatric management.

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**Q** Signature HealthCARE's website address is "LTC Revolution." It speaks to taking bold and disruptive, even upending, approaches to maximize the possibilities of senior living in every way. How does this affect your approach to quality clinical care?

**A Dr. Nazir:** Change doesn't just happen in healthcare. Any setting or organization is like a gigantic ship that needs to be guided to change course. At Signature, we are known for



bringing changes faster than other organizations. Though this strategy risks some failures, we understand that this is part and parcel of successful innovation. Our mantra "LTC revolution" describes our day-to-day culture here at Signature. It's exciting and invigorating. The collaboration for the creation of the Thrive Center in Louisville [the 7,500-square-foot Center features innovative technology and specialized programming to enhance elder wellness] is a good example of how Signature is not only pushing for internal innovation but also for external innovative partnerships. PharMerica shares our vision and mission of high-quality care, and together, we have already taken and will continue to take exciting leaps of faith and to innovate. I have no doubt that our two companies will continue to excel because of this unique partnership.

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*PharMerica's Client Spotlight is an ongoing series of provocative "Q&A" interviews with leading industry thought leaders who endeavor to address the myriad pressing issues that are changing the face of long-term care.*

### Key Takeaways

#### What's wrong with this picture?

- Payers and regulators are not paying enough attention to how the reforms may be affecting the clinicians on the front line.
- Our current systems for communication, support for the staff, and our models of clinical care, including resources for clinician education, are falling short.
- Patient-clinician interaction – the pillar of person-centered care—is getting reduced and marginalized due to extensive regulatory requirements.
- What do physicians want?
  - Best outcomes for their patients
  - To spend more time with patients
  - A system that incentivizes them for becoming better at what they do
  - Greater autonomy

#### How can we fix it?

- Focus on ways to better engage our physicians and other clinicians, who we know are talented and internally motivated but need the right support for day-to-day care
- Continue meaningful efforts toward evidence-based, resident-centered care
- Better empower physicians to advocate for their patients without worrying about distracting tasks that may not add value
- Invest in processes that better motivate physicians to spend more time with their patients and not leave their side so often
- Provide physicians with quality and useful data on their performance, increased autonomy to have more control, and timely outcomes so that they know what they do is meaningful

#### What are Signature and PharMerica doing?

- Exploring ways to forge more meaningful partnerships with Signature's physicians and the company's pharmacy consultants so clinicians have better access to evidence-based medication management solutions around everything from statins to antibiotics to psychotropic drugs
- Working with Signature to customize its pharmacy dashboard metrics on outcomes on these and other kinds of therapeutic medications