

## THE HOSPITAL-PHYSICIAN INTEGRATION CHALLENGE

The exact journey to hospital-physician integration will depend on a number of factors, including the amount of consolidation in your marketplace and your organization's mission, vision, and values. The following route reflects common strategies pursued by many hospitals and physicians across the country as they experiment with varying degrees of integration (loose, partial, and full).

### DRIVING FORCES FOR HOSPITALS & HEALTH SYSTEMS

- Improve value equation for purchasers
- Recruit the right blend of physicians
- Meet community needs (e.g., on-call ED coverage)
- Maintain or grow services
- Enhance continuity of care

### DRIVING FORCES FOR PHYSICIANS

- Ensure patient access to continuum of care
- Increase or secure consistent income
- Pursue better work-life balance
- Lessen administrative and IT burden
- Pursue value-based contracting

**START**

#### THE PLAYERS' CURRENT STATUS

- Independent hospital or health system
- 80%-90% of medical staff currently independent
- IPA mostly used for payer contracting

#### Develop Integrated Vision & Goals

#### QUESTIONS TO CONSIDER

- How well are we doing to change over the next five years to adapt to market place changes?
- What are our major strategic goals?

#### Determine Relationship Structure

#### EXAMPLES

- IPs leaders named to health system board and Medical Executive Committee
- A physician advisory committee created by hospital and IPA CEOs

#### Add Hospitals to Handle Call Coverage & Manage Care Transitions

#### Identify MD Champions

#### EXAMPLES

- Improve cardiology outcomes and costs
- Address OR scheduling problems
- Reduce unnecessary readmissions

#### Secure Value-Based Payment Contracts

Turn to page 80 for footnotes and examples of the scenarios that are highlighted. For more in-depth examples, visit [hfm.org/leadership](http://hfm.org/leadership), Fall/Winter 2013 issue.



Scenic Byway

Participate in Patient-Centered Medical Home Pilot

Compensate MDs for Time Spent in Improvement Activities

Launch a Physician Leadership Academy

Openly Merge MD Groups into a Single Group

Give Gainsharing a Try

Regularly Share Performance Data with MDs

Identify Performance Metrics to Track

Celebrate Performance Success

EXAMPLES

- Cardiology LCO down
- Quality up

Stuck here until determine Stark implications

Reframe IPA for future needs and include MSO

Merge with Multispecialty Group

Recruit Needed Primary Care Physicians

MD practice integration takes longer than estimated

Recruitment is difficult due to scarcity of PCPs in area

Trust and Communication Grows

Launch Integrated Ambulatory ESite

Discuss Joint Venture: Co-owned ASC

Strengthen Business Intelligence and Performance Reporting

Solidify Clinically Integrated Network

Pilot Population Health Management

Launch an ACO

Re-examine Employed MD Compensation Model

Collect Meaningful Use Incentives

Name a CMO and Other MD Leaders

Pursue Co-management of Service Lines

Determine best route around compliance/legal challenges

Try again... Physicians did not trust data

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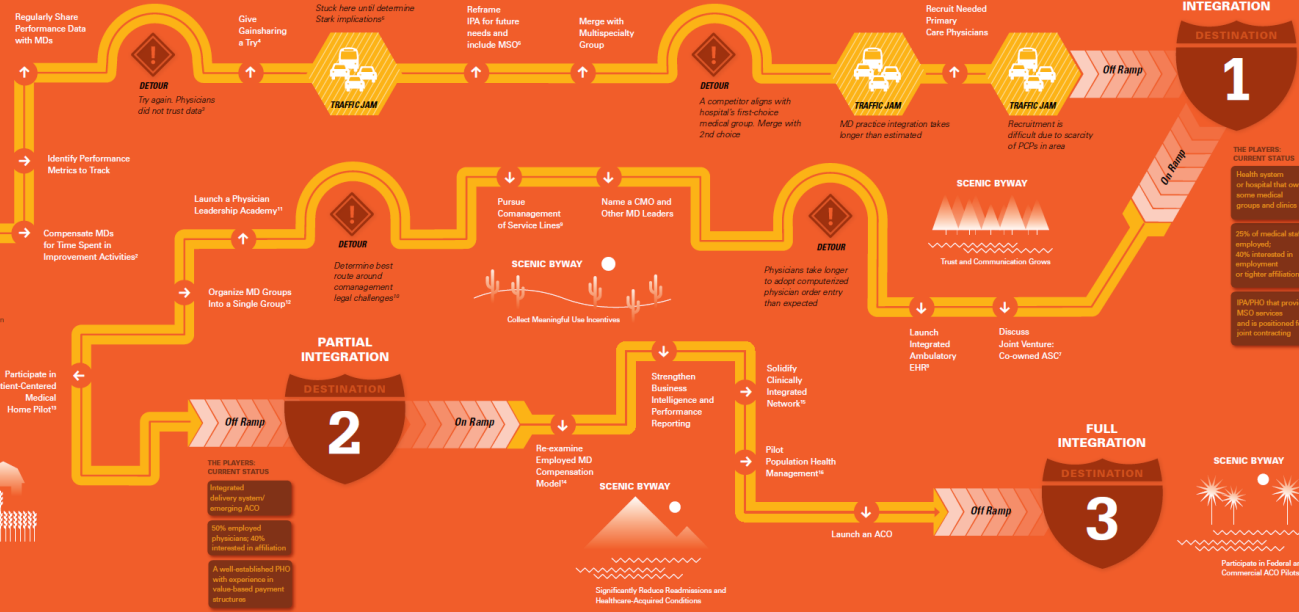
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# Integrating Physician Billing with Hospital Revenue Cycle

Panelists:

Nikki Harper, Hospital Sisters Health System

Dan Thill, University of Wisconsin Health

Kevin Sharlow, Avid Consulting Group

Moderator:

Nick McLaughlin, Americollect



# Introduction

Our experiences with physician billing practices and the varying degrees of integration with hospital revenue cycles.

UW Health Integration Video:

<https://uwmadison.app.box.com/s/r6e883zxatizclzrqc5eywvom8t6tc84>



# Q&A

