

ACHIEVING HOSPITAL-PHYSICIAN ALIGNMENT THROUGH CLINICAL INTEGRATION

PART IV – CASE STUDY – SOUTHEAST HEALTH SYSTEM

This is the fourth in a series of five articles on achieving hospital-physician alignment through clinical integration.

The following describes a Southeast Health System that has use a clinically integrated provider network to align with its medical staff and differentiate its services in its market.

Overview

- Division of six hospital integrated delivery system
- 175 employed physicians (primary care and specialists) in 30 practice sites, 75 mid-level practitioners, staff of 1,400
- Several independent community based practices

Ambulatory Clinical Quality Improvement

- Started five to six years ago before incentives, pay for performance programs, or employer-sponsored initiatives such as *Bridges to Excellence* and *Integrated Healthcare Association*
- Physicians established goal to practice according to recognized standards
- Evidence-based clinical quality is expected norm of behavior for the group
- Physician leaders champion quality improvement and group culture embraces clinical quality
- System and participating physicians agree to a “compact”
 - Physicians can expect to get to work in an organization that is a leader in providing excellence in clinical quality
 - Physicians are expected to give high-quality medical care according to recognized standards

System Support

- Program infrastructure (principally funded by system) includes:
 - Tools and resources
 - Staff to evaluate practices
 - Staff to audit medical records to measure compliance with standards
 - Analytic support to give physicians comparative feedback on performance
 - Support to office staffs
 - Information system support to aggregate and report data
 - Medical champions to visit participating sites, share reports, and educate on standards
- Staff consists of:
 - Senior Vice President for Clinical Improvement
 - Medical Director
 - Quality Assurance Nurse

- Start-up Funding -- \$500K over 3 years to pay for data gatherers, physician champion time, and meetings with interested physicians

Initiatives

- Diabetes care
- Coronary artery disease
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Hypertension
- Childhood and adolescent immunizations
- Childhood asthma
- Childhood obesity

Selected Results

- Physician culture changed
 - Initial anger with poor results
 - Question validity of measurement
 - Within a year anxious to improve scores
- 47 physicians recognized for delivery of quality care to patients with diabetes
- Group physicians were among the first practices in the nation to be recognized as leaders in heart / stroke management
- Forsyth physicians believe that ambulatory clinical quality program is needed to demonstrate clinical integration. Hospital quality improvement is important but needs to be combined with ambulatory program

Next: Part V – Case Study – Northeast Health System

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