Hospital-Physician Alignment: Success Strategies

By Bob Keaveney [5]

In healthcare, size matters. That's always been true, but several factors are combining in many markets to accelerate the pace of provider group consolidation.

Source: Physicians Practice

"We're in a different time right now," says Cristina Arredondo, regional director of Christus Santa Rosa Medical Group, a 250-physician multispecialty practice in the San Antonio area owned by Christus Santa Rosa Health System. "We have to focus on quality initiatives, outcomes, and patient satisfaction."

Cristina Arredondo on Monday (October 22) will offer attendees of the MGMA 2012 Annual Conference advice on how medical practices and health systems can align their interests more cohesively. She argues that long-existing pressure points such as declining reimbursement and increased overhead are meeting new factors, including healthcare reform and demands from payers for a switch to value-based payment models, to force systemic reforms in the way patients are managed. That means health systems and physicians will need to work more closely together despite a relationship that, in many places, has historically been tension-filled. Health systems that don't align successfully with physicians will struggle to survive as they lose out on payer contracts that will soon require providers to demonstrate their ability to effectively care for populations of patients, not just provide services.

To that end, Arredondo will offer her audience some specific strategies for hospital-physician integration, including:

• **Focusing on open communication.** From the hospital's point of view, that means being transparent about sharing information that will affect physicians, especially things that they might not like: "If you know you have bad news, just tell them the bad news," she says.

• **Working on trust.** Physicians want to know that they're being heard on matters related to hospital policies and processes. For example, a review panel that Christus wanted to form with doctors to discuss the management of certain patients was met with initial skepticism. Physicians worried it would become an excuse for hospital-driven edicts. Instead, the comanagement group was physician led, and the hospital made sure to point out areas where it was incorporating the doctors' recommendations. "When they see that we're training the nurses in the way that the physicians recommended, the physicians say, 'You know what? They're listening,'" says Arredondo.

• **Getting physician buy-in.** If you want to make changes in policies that affect patient care or physician work style, you have to include the physicians in the decision-making process from the beginning.

Finally, Arredondo, says, organizations that expect to align more closely with physicians will have to "bring value" to the relationship. For example, they might clarify that doctors who work through the system will see higher reimbursement thanks to the system's contracting leverage, or that they can
provide management assistance to reduce physicians' administrative burden. "If you don't integrate with your physicians successfully, you're probably going to be out of business," she says of health systems. As for the practices, she says, many will have a choice of whom to partner with. But for smaller practices, remaining strictly independent seems like an implausible long-term strategy. "The one- and two-doc practices, I just don't see how they can do it over time."

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