

Medical Group and Hospital Collaboration

ACO Congress

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November 1, 2011

Sharp HealthCare – Provider System Profile

Medical Groups

Sharp Rees-Stealy

- 19 Clinic Locations
- 390 Physicians (*137 primary care physicians/253 specialty physicians*)

Sharp Community Medical Group

- 225 Sites
- 658 Physicians (*208 primary care physicians/454 specialty physicians*)

325,000 HMO Patients

12 Urgent Care Sites

Hospitals

Four Acute Care Hospitals

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Memorial Hospital

Three Specialty Care Hospitals

- Sharp Mary Birch Hospital for Women
- Sharp Mesa Vista Hospital
- Sharp Vista Pacifica Hospital

Sharp Health Plan

History of Patient Management

- HMO's gain popularity in the 90s
- SCMG formed by independent physicians in 1989 as response
- Began as economic model
- Transformed into a patient care model
- Key was ability to collaborate with hospital system

Keys to Collaborative Approach

- Trust
- Willingness to address conflicting priorities
- No sacred cows
- Common Mission
 - Doing the “right” thing at the right time
 - Quality care is less expensive, in the long run.

Leveraging Proven Processes

- > 20 years in California Delegated Model
 - Medical Management
 - Quality Measurement and Improvement
 - Efficiency
 - Integration
 - Financial Risk and the ability to invest
 - Care programs
 - Technology (EMR)
 - Data, Data, Data

ACO Lessons Learned

- Commercial ACO Experience
 - Steer to high quality
 - More patient engagement
 - FFS model impact on “value”
 - Investment in infrastructure required
 - Are self-insured entities willing to take the leap?
 - Benefit Design
 - New care paradigms