Accountability, Value, and Sustainability: The Experience of an integrated Physician Network
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Integrated Physician Network

iPN

Superior, Colorado

integrated Physician Network  accountability value sustainability

Slide Two: integrated Physician Network

Description of integrated physician network.

- multi-specialty network
- independent autonomous practices
- federally qualified health center
- hospital based physicians
- 110 total providers
- 16 practices
- 22 locations
- members pay monthly fees for admin, asp, software

We recruited members by describing

- the unsustainable environment in which our physicians lived
- a vision for the future that would make them better more efficient docs
- a method to achieve the vision through clinical integration
- a business case for the method

Slide Three: Sustainability

I think we are all aware of the unsustainable aspects of healthcare
From a providers perspective these characteristics include

- increased cost of doing business
- decreased reimbursement
- a reimbursement system that rewards
    - piecemeal work
    - procedures
- an aging population with multiple medical problems requiring
    - greater time
    - thought
    - coordination of care
- inability to attract new physicians to our area and retain current docs
- decreased access to employer-provided health benefits
- increased expense of health benefits
- decreased employment

Sustainability for our network would mean the ability to

- recruit and retain a bright energetic medical staff for our community
- pay these docs a wage that would sustain a reasonable life-style
- provide a working environment that helped make their job more enjoyable
- help them do a better job in less time

But we know we are not an “independent” entity, that we need collaborators, and that we must contribute to the sustainability of these collaborators

Slide Four: Accountability

Before we approached our collaborators we had to convince our membership that they had to be transparently accountable to anyone who wanted to evaluate the value of the services they provided

That meant convincing them first that they currently were not accountable

- We asked them for some very simple patient data they could not easily and regularly produce
    - current problem lists
    - current medicine lists
    - etc
- We asked them if that was safe and appropriate
- We asked them if they would like to change

Then we painted a picture of a future that would require them to be accountable for the value of their services and a future in which they would be compared to competitor providers

That future, though, included a competitive market advantage for them

Then we asked if they would like to create a system that demonstrated their accountability or if they would like some other agency to impose a system of accountability on them

Early adopters moved to the front and were willing to take on and be accountable for the leadership role in healthcare they should bear but have yielded to others over the years

Accountability means

- fact-based transparency
- providing data whenever possible

One of the things we did was create a fact-based model of economic sustainability for a primary care provider in our area so that others could see that we were not asking for the moon in terms of reimbursement

- We hired a financial advisor
- We surveyed home prices
- We surveyed vehicle prices
- We created a home budget

Slide Five: Collaboration

On whom are we dependent?
With whom are we interdependent?
To whom must we be accountable?
For whom must we demonstrate value?
With whom must we collaborate?
The answer to each of these questions is the same.
Further, we must

- recognize our deficiencies from the past in the eyes of these collaborators
- understand the market forces under which they work
- understand their view of a sustainable environment
- make a business case for our collaboration

Engagement of collaborators has been somewhat difficult

- patients: are overwhelmed and are willing to accept help from anyone who will offer it
    - know that the healthcare system doesn't work very well, but see the problem as overwhelming
    - want to preserve the relationship they have with their provider
    - want the costs to decrease
    - want the system to be easier to navigate

- physicians: are skeptical and want proof things will work before the majority will engage
    - know that the healthcare system doesn't work very well
    - are concerned that they may not be able to stay in the profession
    - are under enormous time pressures so they don't have much time left to think about fixes

- employers: are very willing to look at anything that might help them
    - know that the healthcare system doesn't work very well
    - are quick to catch our vision
    - want to provide benefits to employees
    - want the cost to decrease
    - want to know what they are getting for their money

- hospitals: in our case our hospital has been our most fervent supporter
    - know that the healthcare system doesn't work very well
    - know they need a good medical staff to operate efficiently and compete well
    - are willing to work with partners that will help their sustainability

- government: is a mixed bag for us
    - knows that the healthcare system doesn't work very well
    - no local or state level engagement in Colorado

    - federal government has been thoughtful, supportive and is leading many efforts in HIE
    - we have received federal grants to help start our program
    - but while significant monies are available, they tend not to be targeted for small suburban demonstration projects

- payors: have been most difficult to engage
    - know that the healthcare system doesn't work very well
    - understand that current theoretical modeling of HIE adoption and quality improvement efforts suggest that they stand to gain substantially from the investment of others
    - stress the theoretical nature of this data and want proof the "gains" before they will engage substantially
    - are skeptical of the sincerity and endurance of physician-led efforts based on the poor track record of previous efforts
    - however, we have been able to gain the initial involvement of several payors in our area

Slide Six: Quality

So how do we demonstrate value to our collaborators?

Value is an equation just like in any other business: value equals quality of service or product per dollar spent to obtain the service or product

So how do we measure quality at iPN?

In an attempt to bring transparency and consistency to this process as well we looked for nationally recognized standards

- we adopted the six aims of the Institute of Medicine
- we adopt any and only National Quality Forum certified measure of quality
- we use the models for change developed by the Institute for Healthcare Improvement

This way, apples can be compared to apples

Our physicians understand that use of evidence-based guidelines and protocols does not force them to use cookbook medicine, but allows them to easily implement best practices of care and allows them to use their time to address other patient needs more appropriately

We completed a base-line chart survey of several quality measures to know from where we are starting

Our quality improvement committee has decided to make improvement of asthma identification and care its first initiative

Slide Seven: Integration

Integration, on several levels all serving to create a clinically integrated entity

We have integrated

- financially by investing millions of dollars to purchase common software, hardware, IT services, legal services, administration, and leadership
- legally with common documents such as articles of incorporation, bylaws, sublicense agreements, provider service agreements, and management service agreements
- administratively with central administration of iPN
- around information technology with implementation of an enterprise-level common electronic practice management and medical record system
- around a community-wide clinical quality improvement program to which physicians are legally obligated

Slide Eight: Value

So now with a community-wide quality improvement program based on nationally recognized standards and implemented on a network-wide common shared electronic practice management and medical record system

We can collect primary source data with regard to clinical and economic performance

Report that data publicly

Demonstrate our value or lack thereof

And demand the same from our collaborators (except patients) in a public forum

So that consumers can decide whether or not to use our services

We hope that the value we bring to the market will allow other collaborators to re-examine their business model, find savings and share them with their collaborators while reducing the overall cost of healthcare

Slide Nine: Summary

Thus with the foundation of an integrated physician network

That creates clinical integration

Yielding transparency of function and public reporting of primary source data

Supporting open collaboration with other healthcare constituents

Requiring implementation of a clinical quality improvement program in which participation is obligatory

Demanding and monitoring efficiency of process

We will demonstrate accountability and value

In a free-market economy this should lead to sustainability