THE HOSPITAL-PHYSICIAN INTEGRATION CHALLENGE

Successful hospital-physician integration is considered a core element of any successful response to mounting demands for higher-quality, lower-cost patient care. Turn the page to find a challenging—and rewarding—route to this still elusive destination.
Hospital-Physician Integration Strategies
For more in-depth descriptions of the following strategies, visit hfma.org/leadership, Fall/Winter 2013 issue.

1. Comanagement agreements (10)
   - A successful joint venture between Summa Health System and Summa Physicians, Inc., brought together the 70 hospitals in the Health System and Summa Physicians, Inc., brought together quality targets before being allowed to join the PHO.
   - Some PHOs require MDs to meet certain performance standards before joining, according to the 2010 HFMA roundtable discussion.

2. Integration of ambulatory care services (9)
   - Some PHOs, like the Advocate and Blue Cross Clinically Integrated Network, work with health plans to develop and implement integrated care delivery models.
   - Advocate and Blue Cross worked together to develop a three-year episode of care, according to a November 2010 article. However, the December 2012 OIG opinion approved the Medicare Advantage program as a financial incentive to some physicians for reducing or limiting services to Medicare or Medicaid beneficiaries under their care, according to a July 2013 article.

3. Medicare shared savings agreement (8)
   - In 1999, the U.S. Office of Inspector General (OIG) released a special advisory bulletin stating that the government could impose a civil monetary penalty on a hospital that pays a physician or physicians for activity that results in a higher Medicare payment or reimbursement, according to an August 2012 article.

4. Pay-for-performance (7)
   - Some hospitals directly employ hospitalists. Others use professional service agreements (PSAs). In 1999, the U.S. Office of Inspector General (OIG) released a special advisory bulletin stating that the government could impose a civil monetary penalty on a hospital that pays a physician or physicians for activity that results in a higher Medicare payment or reimbursement, according to an August 2012 article.

5. Gainsharing (6)
   - Gainsharing is a performance improvement initiative designed to align physicians with hospital financial goals. It is used to reward physicians based on their performance, according to a July 2013 article. However, the December 2012 OIG opinion approved the Medicare Advantage program as a financial incentive to some physicians for reducing or limiting services to Medicare or Medicaid beneficiaries under their care, according to a July 2013 article.

6. Gainsharing example (5)
   - Health systems can offer management services and support, such as practice management services, IT support, and other services, to affiliated physicians as an alignment strategy. In some cases, these services are provided through management service organizations (MSOs). The MSO business model is complex, with many legal obstacles to gainsharing.

7. Comanagement goals (4)
   - Comanagement agreements (10) are a successful joint venture between Summa Health System and Summa Physicians, Inc., bringing together the 70 hospitals in the Health System and Summa Physicians, Inc., bringing together quality targets before being allowed to join the PHO.

8. Employee citizenship initiatives (3)
   - Employee citizenship initiatives are designed to align physicians with hospital financial goals. It is used to reward physicians based on their performance, according to a July 2013 article. However, the December 2012 OIG opinion approved the Medicare Advantage program as a financial incentive to some physicians for reducing or limiting services to Medicare or Medicaid beneficiaries under their care, according to a July 2013 article.

9. Patient satisfaction scores (2)
   - Patient satisfaction scores for patient service, quality of care, and cost savings are used to evaluate the performance of physicians, according to a September CFO Forum article.

10. Public reporting (1)
    - Public reporting of physician performance data with physicians, according to a Fall 2013 article.
Why aren’t you better integrated with your physicians? • Why are you leaking patients—and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up? • Why aren’t you better integrated with your physicians? • Why are you leaking patients—and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up? Why aren’t you better integrated with your physicians? and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up? Why aren’t you better integrated with your physicians? and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up? Why aren’t you better integrated with your physicians? and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up? Why aren’t you better integrated with your physicians? and revenue? • Why can’t you modernize your revenue cycle without high costs and disruption? • Why is it so hard to scale up?

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