Thought Leadership Compendium

A compilation of industry knowledge by ECG.
2012 Thought Leadership Compendium

The 2012 Thought Leadership Compendium is a compilation of industry knowledge authored or presented by ECG consultants during the 2011 calendar year. Titles are organized by primary topic and by chronological date of publication/presentation, within a particular topic.

Contents

Accountable Care.................................................................................................................................3
Cardiac ..................................................................................................................................................7
Children’s Hospitals .............................................................................................................................8
EHR/EMR................................................................................................................................................8
Financial Management & Reimbursement ..........................................................................................9
Governance & Organizational Design/Development..........................................................................10
Oncology................................................................................................................................................11
Orthopedics/Musculoskeletal.............................................................................................................11
Payment Innovation............................................................................................................................12
Physician Performance.......................................................................................................................14
Physician Strategy...............................................................................................................................16
Research Planning & Management .....................................................................................................18
Strategic & Business Planning ...........................................................................................................19

Complimentary PDF copies of these publications are available by visiting www.ecgmc.com and selecting the Thought Leadership Compendium from the Publications & Events section. If you wish to view a specific speech or Webinar, please e-mail us at compendium@ecgmc.com, and we will contact you regarding your request.

We welcome your comments and feedback to make this the most valuable resource possible. Please e-mail your thoughts to compendium@ecgmc.com. Thank you in advance for your time and input.
Accountable Care

From Acquisition to Integration – Transforming Your Hospital Into an Accountable Care Organization

- John Fink, Senior Manager and Sean Hartzell, Senior Manager
  1/20/11, HFMA Georgia Chapter Winter Institute, Speech
- John Fink, Senior Manager
  5/25/11, Nebraska Hospital Association, Speech

Today, hospitals recognize the need for greater physician leadership within their organizations to achieve their goals and prepare for a post-healthcare reform environment. This involvement of physician leadership is critical to helping hospitals prepare for a payment environment in which their financial imperatives are more closely tied to their ability to demonstrate high-quality clinical outcomes, coordinate care across multiple providers, and reduce the overall cost of care. For this reason, unlike in the 1990s, the focus of today's transactions is on integrating physicians into the organization rather than just acquiring them. The goal for each hospital is to develop, at last, a truly integrated delivery system capable of serving as an accountable care organization.

What’s Ahead for Managed Care 2011: Managed Care Contracting and Value-Based Reimbursement

Terri Welter, Principal
1/27/11, The Managed Care Information Center, Speech

New developments will be changing the payor/provider dynamic in 2011. Health plans and providers are studying the impact of accountable care organizations, major payor markets are shifting, new developments surround Medicare Advantage plans, and new approaches to managed care contracting and strategy all are part of the changing managed care landscape. This presentation aims to help bring focus and clarity to the multiple forces shaping the healthcare and managed care industry today.

Clinical Integration 101

Kevin Kennedy, Principal and Jennifer Gingrass, Principal

Reform of the healthcare industry will place more emphasis on improving outcomes and reducing costs, creating a need for more collaborative relationships among hospitals and physicians. Regardless of whether accountable care organizations ever come to market, we believe that clinical integration will be a core competency of successful health systems and a determining factor in whether a community can provide healthcare services efficiently and effectively. This presentation addresses clinical integration, antitrust implications, and the establishment of a clinical integration program.

Stepping Up to Accountable Care

Kevin Forster, Principal
2/9/11, HFMA Colorado Chapter, Webinar

Accountable care organizations (ACOs) have emerged as a possible model to meaningfully influence and deliver integrated patient-centric healthcare in this country. This presentation discusses ACOs and the future role they may play in delivering the right care at the right place and the right time for the best price for consumers.
Value-Based Reimbursement Models: Financial, Strategic, and Operational Implications
Terri Welter, Principal and Todd Godfrey, Manager
3/31/11, HFMA Central PA Chapter 5th Annual Physician/Hospital Collaborative Meeting, Speech

The Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA) are largely focused on insurance regulation and coverage expansion. However, there are still some crucial noninsurance reforms that are essential for physicians and hospitals to understand. These include payment and reimbursement changes and alternate care delivery models, or accountable care organizations (ACOs). This presentation discusses the major clinical, financial, operational, and strategic requirements that will drive the successful operation of an ACO. In addition, value-driven healthcare has gained considerable exposure as the industry’s stakeholders contemplate how to achieve more transparent pricing, quality, and service value. This presentation also provides a comprehensive review of current hospital reimbursement structures and evolving models that drive improved efficiencies, outcomes, and transparency.

The Patient-Centered Medical Home Model
Terri Welter, Principal; Charles Brown, Senior Manager; and Todd Godfrey, Manager
4/8/11, ECG Diagnostic

The patient-centered medical home (PCMH) model is gaining renewed momentum after the Patient Protection and Affordable Care Act (PPACA) included it as one approach to improve healthcare quality and efficiency. In further recognition of the model’s value, third-party payors are already collaborating with providers to use PCMH-like arrangements as a foundation to implement innovative ways to redesign the delivery of healthcare. This Diagnostic highlights how providers can contract with commercial payors to use potential shared savings to fund the development of a PCMH or support similar pay-for-performance (P4P) arrangements.

Medicare Shared Savings Program: Accountable Care Organizations
Terri Welter, Principal and Jim Lord, Principal
4/12/11, Proposed Rule Summary, ECG White Paper

Released March 31, 2011, by the Centers for Medicare & Medicaid Services (CMS), the proposed rule for the Medicare Shared Savings Program, created with the authority of the legislation set forth within Section 3022 of the Patient Protection and Affordable Care Act (PPACA), describes the regulations that will govern the implementation and operations of accountable care organizations (ACOs). ECG’s white paper provides a concise outline of CMS’s recently announced regulations that will govern the implementation and operations of ACOs.

Accountable Care Organizations – A National Overview
Sean Hartzell, Senior Manager
4/14/11, The Healthcare Roundtable for Employed Physician Networks, Speech

The Patient Protection and Affordable Care Act (PPACA) and Health Care and Education Reconciliation Act of 2010 (HCERA) are largely focused on insurance regulation and coverage expansion. However, there are still some crucial noninsurance reforms that are essential for physicians and hospitals to understand. These include payment and reimbursement changes and alternate care delivery models or Accountable Care Organizations (ACOs). This presentation discusses the major clinical, financial, operational, and strategic requirements that drive the successful operation of an ACO.
Industry Reform and Accountable Care Organizations  
Jim Lord, Principal  
4/28/11, Missouri Ambulatory Surgery Center Association, Speech

Healthcare reform legislation initiated the process of change, but the path for successfully realizing the broader vision is largely being left to healthcare providers. This presentation contains an overview of contemporary models to address healthcare reform. In particular, the accountable care organization (ACO) model is reviewed, and its implications on ambulatory surgery centers (ASCs) are discussed.

Practical Solutions in Response to Health Reform  
Steve Messinger, Principal  
• 5/6/11, The Healthcare Roundtable for COOs, Speech  
• 9/7/11, The Healthcare Roundtable for CFOs, Speech

Three Medicare contracting vehicles are being considered by healthcare organizations in order to foster integrated care, cost reduction, and better quality: the Medicare Shared Savings Program, Medicare Advantage risk, and the Center for Medicare and Medicaid Innovation. Accountable care organizations (ACOs) should analyze the opportunity available under each Medicare program to establish a comprehensive strategy. This presentation examines ACO regulations and interpretations, analyzes shared savings, and explores the various ACO models.

Preparing the Revenue Cycle for Healthcare Reform  
Charles Brown, Senior Manager and Ken Roorda, Principal  
5/18/11, Child Health Corporation of America, Speech

On March 23, 2010, President Obama signed healthcare reform into law with the Patient Protection and Affordable Care Act (PPACA). The healthcare reform legislation initiated the process of change, but the path for successfully realizing the broader vision remains largely unclear. This presentation provides a framework on how children’s hospitals can be successful under PPACA, which includes the changes they should anticipate as well as strategic considerations for alternative reimbursement arrangements.

Navigating the Winds of Change  
Jessica Turgon, Senior Manager and Charles Brown, Senior Manager  
9/15/11, The Healthcare Roundtable for Employed Physician Networks, Speech

This presentation examines ACO regulations and interpretations, including the shifting payment system and clinical integration, medical arrangements, and value-based reimbursement methodologies. It concludes with outlines of three ACO models and interactions. The first model envisions an enduring partnership between hospitals and physicians in which care is delivered in the most appropriate setting. The second model is a hybrid that distributes governance between system-level and regional ACO operations. In the third model, the physician groups act as a key contractor whose strategy is to drive integration efforts with other key specialists and become a participant within multiple ACOs geared toward the delivery of value-based specialty services.

Developing Accountable Care Networks  
Ross Armstrong, Manager  
9/20/11, AMGA Institute for Quality Leadership: National Summit on ACOs, Speech

Hospitals and physician groups now realize they must develop integrated networks of accountable care that span geographies and the service continuum to significantly enhance the quality and decrease the cost of healthcare in the U.S. This presentation addresses options and priorities for managing the complicated pathway to accountable care network formation, as well as shares the experiences of Park Nicollet related to its own “work in progress” development.
Hot off the Presses Update – The Latest on Reform  
Christopher Collins, Principal and Terri Welter, Principal  
10/5/11, New England Society for Healthcare Strategy, Fall Program, Speech

Regardless of your beliefs or the long-term impact of national healthcare reform in its broadest sense, payment reform is upon us. Most hospitals are taking visible steps related to reform, but many are not focused on fundamentals required to effectively participate. This presentation provides a brief examination of current national and regional healthcare reform as well as its anticipated changes.

Prerequisites for Reform: An Interactive Gauge of Readiness  
Christopher Collins, Principal; Jim Donohue, Senior Manager; and Todd Godfrey, Manager  
10/5/11, New England Society for Healthcare Strategy, Fall Program, Speech

All reform-related initiatives call for partnerships that reflect interdependence and collaboration, but how ready is the average hospital or physician organization? This presentation provides a reality check on the essentials and criteria that any hospital should be aware of before pursuing the development of an accountable care organization or other reform-related initiative.

Integrating Care in a Fractured and Medically Underserved Market  
Charles Brown, Senior Manager and Jason Lee, Senior Manager  
10/20/11, Forum for Healthcare Strategists Hospital & Physician Relations: An Executive Summit, Speech

This presentation explores the operational challenges and solutions to integrating care in a medically underserved market with numerous independent provider entities. By using Maui Memorial Medical Center as a case study, we also examine the steps for overcoming financial and political barriers to network establishment and ensuring continuity of care across the acute and subacute spectrum in a geographically isolated and financially challenging environment.

Navigating Through the Monster Winds of Change  
Jennifer Gingrass, Principal and Charles Brown, Senior Manager  
10/20/11, The Healthcare Roundtable for Managed Care & Revenue Officers, Speech

Given the time and investment required to evaluate new reimbursement methodologies and payor contracts, are organizations focusing on Medicare strategy, commercial payor strategy, or both simultaneously? This presentation examines CMS program opportunities, scalable payment models and their implications, and whether it is more advantageous to be proactive or reactive relative to payor strategy. Included is a comparison of the CMS Shared Savings Program and Medicare Advantage.

Designing Your Program: Readiness and Preparation for ACOs and Value-Based Care Delivery  
Kevin Kennedy, Principal and Jennifer Gingrass, Principal  
11/1/11, Washington State Healthcare Executives Forum, Webinar

How do hospitals and physicians build a population-based system of care that addresses the dual purposes of improving care and reducing cost, while at the same time providing each patient with the best practices evidence-based medicine has to offer? This Webinar uncovers and considers the building blocks that will get your hospital, clinic, and affiliated physicians prepared for the future.
Cardiac

Creating a Successful, Fully Integrated Cardiovascular Service Line: How Successes Help Craft a Brand Strategy
Rob Wasserman, Principal
3/28/11, Healthcare Marketing Strategies Summit, Speech

How can a hospital differentiate its cardiovascular services in a highly competitive market with declining volumes? This presentation examines the path Susquehanna Health’s Williamsport Regional Medical Center took to achieve Thomson Reuters Top 50 Heart Centers status for the first time in 2011. It also discusses how outcomes, patient satisfaction, and care coordination were improved and how these successes helped craft brand strategy.

Physician/Hospital Integration in Pediatrics: An Update for Pediatric Cardiologists
Darin Libby, Principal
6/20/11, Congenital Cardiology Today, Guest Author

The healthcare industry is undergoing a time of unprecedented change that will require hospitals and physicians to work more collaboratively to reduce the cost of care while improving quality. Regardless of the exact changes to be implemented as a result of the Patient Protection and Affordable Care Act (PPACA), lowering cost, improving quality, and increasing access will be paramount to success. This will require that hospitals and physicians rethink their business strategies and implement more integrated care models. This article shares key insights that pediatric cardiologists should consider when evaluating alignment with hospitals and reviews the Professional Services Agreement (PSA) structure as an alternative to employment.

Strategies for CV Service Line Success: Best Practices for Aligning with Cardiologists
Sue Anderson, Senior Manager
9/14/11, Society for Healthcare Strategy & Market Development Educational Conference, Speech

Discover how to look at cardiology practice employment not only as a transaction, but also as a strategy to enhance the CV service line. This presentation explores findings, including trends in physician integration, from a comprehensive MedAxiom survey of nearly 150 cardiology group practices. Through a case study from Borgess Health, the presentation also illustrates innovative ways to integrate and motivate recently employed cardiologists to take an active role in program development.

Cardiology Employment: Choosing the Optimal Practice Governance Model
Sue Anderson, Senior Manager
10/11/11, ECG Executive Briefing

Cardiologists’ top concern when contemplating employment is their compensation. A close second is the practice governance model and how practice leadership will relate to hospital management and other employed physician practices. The strategic challenge is to ensure that the chosen model is the right fit. This Executive Briefing examines the three most common practice governance structures utilized and explores the benefits and requirements of each.
**Children’s Hospitals**

**Getting Down to Business: Challenges for Pediatric Hospitals and Specialty Services**
Ken Roorda, Principal; Jim Lord, Principal; and Terri Welter, Principal
1/21/11, *ECG Insight*

As healthcare experts, we repeatedly hear common concerns from pediatric hospitals and affiliated specialty practices. It is important to recognize that solutions in the pediatric sphere are unlikely to come in the form of specially designed pediatric solutions or rescue packages. To address these concerns, the pediatric sector needs to adapt to new realities, develop focused solutions, learn how to operate more efficiently, and be willing to reform the institutional culture. This *Insight* focuses on what we see as the current realities and suggests priorities for action by pediatric organizations.

**The Pediatric Subspecialty Market: Compensation, Benefits, Recruiting, and Employment Trends**
Ken Roorda, Principal and Angie Collins, Manager
12/8/11, *ECG Trends Webinar Series*

The pediatric survey is recognized as one of the leading sources of provider compensation and production benchmarks in the pediatric subspecialty market. The 2011 survey included 35 of the nation’s premier children’s organizations, representing more than 3,600 providers in 42 pediatric subspecialties. ECG’s pediatric survey provides an in-depth review of pediatric subspecialty market trends, including provider compensation, production, benefit packages, compensation plan design and metrics, recruiting, malpractice, and numerous other key data points. This Webinar reviews key trends in the pediatric subspecialty market that affect children’s hospitals and pediatric organizations. Particular attention is given to how these trends may be influenced by healthcare reform, physician/hospital alignment strategies, the economic environment, and the pediatric subspecialist shortage.

**EHR/EMR**

**Measuring the Impact of an EMR on Nursing Unit Activities**
Laura Jantos, Principal

This session presents findings from a recently concluded study of the operational impact of an electronic medical record (EMR) on nursing unit activities. Objectives of the study measure direct versus indirect patient care activities, assess the clinical impact of implementing a Stage 7 EMR, and identify work flows and or other opportunities for enhancement. The results illustrate a marked increase in time spent on direct patient care across the units from pre- to post-EMR implementation and a decrease in time spent on both institutional and patient documentation.

**No Pain, No Gain. Living Through EHR Implementation and Beyond**
Debra McGrath, Senior Manager
5/12/11, *MGMA Indiana Spring Conference*, Speech

As physician practices prepare to attest that they are using the EHR in compliance with meaningful use requirements and participation in the American Recovery and Reinvestment Act of 2009 (ARRA) stimulus program, they are finding that it requires as much work as a certification by The Joint Commission. The EHR must be audited to ensure that requirements are met, and clinical observation is required to guarantee that all providers are using the EHR optimally. There are also some concerns about vendor preparation for Phase 2 requirements and the ability of second-year reporting for those providers attesting in 2011. This presentation is designed to meet the needs of practices in the process of EHR implementation and those preparing to attest to meaningful use in the 2011/2012 time frame. The presentation offers a practical process to prepare for attestation as well as describes how to create a framework to make subsequent stimulus years easier.
EHR Implementation Compliance: Commitment Required
Debra McGrath, Senior Manager
10/25/11, MGMA Annual Meeting, Speech

Change requires commitment, not just compliance, and commitment strongly correlates with culture. Close examination is required to understand the sociology of change and organizational background. Implementing a new EMR is a change management project and requires a profound knowledge and appreciation of the history, organizational structure, and culture of the practice, as well as an understanding of how people function in a given organization. This presentation discusses how to explore these dominant shared characteristics when engaging in such a project. It explains why practices that embrace this way of thinking and implementation approach are successful and why they see their practices transform positively as a result of using health information technology. The presentation explores the Competing Values Approach (CVA) to identify organizational culture and recognize potential cultural areas of failure prior to EMR implementation, as well as how to ensure success in the EMR implementation planning process and communication.

Beyond Technology: The Role of Leadership and Change Management in Cultural Transformation
John Whitham, Principal
11/3/11, TORCH Rural Hospital Information Technology Conference, Speech

The adoption of an EHR system involves complex organizational change that not only transforms existing processes and work flows but also significantly impacts staff and providers. Leaders, therefore, must manage change carefully and create a culture for adoption to ensure success of the project. During the difficult phase of EHR implementation and transition, there is a realistic possibility that your hospital or practice will experience a considerable drop in productivity. How long your organization remains in the “valley of despair” depends on adroit management and leadership through times of ambiguity, resistance, and user motivation (or lack thereof). This session presents proven change management strategies, tools, and techniques to set the right vision and expectations and to help guide your organization toward the desired outcomes. It is more than just technology. Understanding what makes a sound, comprehensive team strategy and fosters workforce engagement is essential to creating and maintaining a collaborative environment in which you and your staff can succeed.

So You Have an EHR…But How Are You Preparing for Meaningful Use?
Michelle Holmes, Senior Manager
• 12/12/11, NextGen Sales Representative Meeting, Webinar
• 12/16/11, NextGen Sales Representative Meeting, Webinar

So your clients have an EHR, but are they preparing for meaningful use? Achieving meaningful use is not only an IT project but a quality and operations project as well. For example, who are the right project sponsors and leaders? Which stakeholders need to be involved? And what operational considerations do you need to make? This presentation offers a strategically different perspective on meaningful use by going beyond the IT components.

Financial Management & Reimbursement

Ambulatory Care Partnerships as a Revenue Enhancer
Ben Colton, Manager
3/1/11, Physician Strategies Summit: Forum For Healthcare Strategists, Speech

Physicians are increasingly looking to their hospital partners to develop more integrated care models and relieve financial pressures. Provider-based clinic status supports both goals. This presentation explains how conversion can optimize reimbursement and enhance hospital/physician alignment.
Alternatives to ACOs: Value-Based Reimbursement Models

- Jim Lord, Principal
  8/12/11, DFW HIMSS: Education Session, Speech
- Josh Halverson, Principal and Jim Lord, Principal
  9/16/11, Active Communications International’s Accountable Care Organizations Conference, Speech

Value-driven healthcare has gained considerable exposure as the industry’s stakeholders contemplate how to achieve more transparent pricing, better quality, and increased service value. This presentation provides a comprehensive review of current hospital reimbursement structures and evolving models that drive improved efficiencies, outcomes, and transparency.

Provider-Based Ambulatory Care Arrangements: An Overview

Earl Brigham, Principal and Matt Nolan, Manager
12/13/11, ECG Trends Webinar Series

As environmental forces push hospitals to more tightly integrate their medical staffs through employment agreements, such arrangements can make the conversion of freestanding ambulatory clinics to provider-based clinics simple from a regulatory perspective. Furthermore, provider-based arrangements support the desire of hospitals to align management, operations, and financial incentives. As such, the conversion of ambulatory clinics is a natural next step following the development of physician integration models. This Webinar provides an overview of provider-based ambulatory arrangements.

Clinical Integration: Impact on Strategic Planning and Organizational Structure

Kevin Kennedy, Principal and Jennifer Gingrass, Principal
2/9/11, Providence Health & Services: 2011 Quality & Strategy Summit, Speech

There is an impetus for clinical integration with specific initiatives being promoted to improve the value of healthcare services. This presentation delves into the new funds flow and organization models along with potential delivery models and the implications for health systems.

The Brave New World of Integration: A Discussion Among Colleagues on Contemporary Models and Lessons Learned

Jim Lord, Principal
4/15/11, AMGA Annual Conference, Speech

This presentation is an interactive seminar between industry leaders of organizations that have recently undergone or are in the midst of significant integration efforts. It enables comparisons to be made of different market dynamics and the type and speed of integration. The presentation provides background information on the participating panel members but does not contain the corresponding panel discussion.

Mergers and Acquisitions

Christopher Collins, Principal
11/8/11, ACHE of Massachusetts Fall Conference, Panel Discussion

Trillion-dollar federal deficits are not sustainable, and new reimbursement formulas will not permit the system to operate as usual. Right now, any time a health system has a delay in a capital project or a reduction in workforce, the changing environment and healthcare reform are cited as parts of the cause. Will current integration strategies (e.g., provider and physician consolidations, mergers and acquisitions – from affiliations to structured reimbursement contracting arrangements) lead to more integrated organizations and be important parts of the solution? Change is always easy for someone else. This panel discussion helps C-suite healthcare leaders to better understand these dynamics and how their organizations can best respond.
Oncology

Preparing for Successful Alignment: Key Elements from Start to Finish
Jessica Turgon, Senior Manager and Malita Scott, Manager
4/20/11, Oncology Practice Management, Guest Authors

Given the reimbursement climate, there is growing concern that the economics of private medical oncology practices are no longer sustainable. As such, many oncologists are evaluating alignment options with hospital partners who, in turn, are seeking to strengthen their oncology service lines. This article includes key elements that every organization should consider when preparing to align with hospitals.

Oncology: Strategies for Superior Service Line Performance
ECG Oncology Service Line Experts
12/29/11, HealthLeaders Media, Guest Authors

The evolution of the oncology payment model and pressure to provide more patient-centered care are leading many healthcare organizations to transform the oncology care model in their communities by offering more coordinated and comprehensive services that provide high quality for patients and high value to payors. Published by HealthLeaders Media and written by oncology service line and healthcare management experts within ECG, Oncology: Strategies for Superior Service Line Performance offers realistic strategies and business guidance for developing the structures and processes necessary for oncology service line success. Through industry experience and discussions of best practices, readers will gather insights on how to navigate the challenges of oncology reimbursement, achieve clinical integration within the oncology care model, create aligned physician relationships, conduct strategic planning for oncology services, capitalize on clinical research opportunities, and establish multidisciplinary teams and support services that improve quality and access to care.

Orthopedics/Musculoskeletal

Strategic Planning: Considerations for Multispecialty Models
Matt Sturm, Senior Manager
10/22/11, Washington State Orthopaedic Association Annual Meeting, Speech

Orthopedics remains a highly competitive, extremely independent surgical specialty with a majority of physicians in private practice; however, physician relationships/partnerships will be key to success in a value-based healthcare environment. This presentation examines trends in orthopedic groups and potential strategic responses to the current market, including: developing multispecialty orthopedic clinics, merging with other orthopedic groups to create a “supergroup,” partnering with hospitals to form orthopedic service lines, joining larger medical groups or health systems, and choosing targeted investments/expansion of services.

Partnering With Orthopedists: Understanding the Options
Len Henzke, Principal and Todd Godfrey, Manager
12/15/11, ECG Diagnostic

The private physician practice business model is facing pressures, including reimbursement changes, increased practice expenses, movement toward accountable care organizations (ACOs), and the growth of hospital-employed physician networks. In the past few years, the employment of specialists from private practices has gained significant traction. This Diagnostic discusses when employment relationships with orthopedic surgeons may be appropriate and when alternatives to employment should be considered in order to build strong, sustainable partnerships with independent orthopedists.
Payment Innovation

Optimizing Current Payments and Assimilating Proposed Methodologies
Charles Brown, Senior Manager and Jason Lee, Senior Manager
1/25/11, HFMA Region 11 Symposium, Speech

This presentation reviews the contracting process and evolving payment methodologies. The presenters also discuss conducting a situational assessment, developing financial models, and identifying negotiating priorities. Payment methodologies being proposed under healthcare reform are explored as well.

 Reform-Proofing Your Managed Care Contracting Strategy
Terri Welter, Principal and Katie Fellin, Manager
2/15/11, Executive Insight, Guest Authors

Value-based payment methodologies are under careful study by both the Centers for Medicare & Medicaid Services (CMS) and commercial payors. As reimbursement trends shift from payments based on fee-for-service (FFS) to a more value-based system, risk will shift from payors to providers. The first step in developing a successful contracting strategy is to prepare for that shift by assessing the architecture, advantages, and disadvantages of value-based payment models to determine which model will help meet your organization’s strategic objectives now and over time. This article discusses four primary payment models that are garnering the most attention and outlines three steps to navigate changes and develop a successful contracting strategy.

Implementing Innovative Provider Payment Methodologies – Payment Reform Initiatives That Will Enhance Efficiencies, Outcomes, and Transparency
Terri Welter, Principal and Charles Brown, Senior Manager
2/28/11, The 2011 McKesson Network Contracting Congress, Speech

Reimbursement models continue to evolve toward being more value-based and to contain payment components tied to quality. While current provider contracts may still use traditional per diem, DRG, or fee schedule methodologies, evolving methodologies are increasingly encouraging clinical integration and enhanced coordination between hospitals, physicians, and other providers. Value-driven healthcare has gained considerable momentum as the industry’s stakeholders contemplate how to achieve more transparent price, quality, and service value. This presentation provides a comprehensive review of current hospital and physician reimbursement structures and evolving models that drive improved efficiencies, outcomes, and transparency.

Preparing for Payment Reform: A Whole New Ball Game?
Terri Welter, Principal and Charles Brown, Senior Manager
5/18/11, ECG Insight

Healthcare organizations can expect significant changes in how they are paid, regardless of what happens with healthcare reform. Confusion continues to surround virtually every component of the 2010 Patient Protection and Affordable Care Act (PPACA). With the March 31 release of preliminary regulations, some specific provisions and timing of healthcare reform have been clarified, but the comment period is under way, and there are still many issues to be resolved. This Insight explains the types of payment reform that are being considered, provides examples of payment reform initiatives currently under way, shares our perspective on how healthcare organizations will be paid in the future, and offers what we see as the critical steps to prosper in the post-reform era.
Value-Based Provider Reimbursement Methodologies
Terri Welter, Principal
5/19/11, MCOL, Speech

Healthcare reform legislation initiated the process of change, but the path for successfully realizing the broader vision remains largely unclear. This presentation explores healthcare reform and how providers must contemplate their preferred contracting approach for commercial, Medicare, and Medicaid payors in light of their unique situation and the reform landscape. There is also a discussion of the three Medicare contracting vehicles that are being examined by healthcare organizations in order to foster integrated care, cost reduction, and better quality. Furthermore, the two major payment approaches being considered for accountable care organizations – shared savings and population-based payments – are presented.

CMS Encouraging Greater Alignment Between Hospitals and Physicians: Which Specialties Are Next?
Matt Nolan, Manager and Jim Donohue, Senior Manager
7/8/11, ECG Executive Briefing

While policy makers struggle with health reform initiatives, there is agreement on one basic point: the trends in healthcare costs are unsustainable. The Centers for Medicare & Medicaid Services (CMS) has long been aware of the need for fundamental change and has used different approaches in its attempts to contain costs, including reducing reimbursement levels to offset increases in utilization and sponsoring demonstration projects to explore alternatives to the current system. Less well understood is CMS’s role in encouraging greater alignment between hospitals and physicians by manipulating reimbursement levels for high-cost services. This Executive Briefing examines the trends in Medicare payments for selected services and the difference in payment levels when those services are provided in a physician’s office as compared to a hospital outpatient setting. The results show some startling changes during the past 5 years and give an indication of which specialties may have compelling incentives to seek greater alignment with hospitals.

Achieving Success With Risk-Based Payments
Ross Armstrong, Manager

Hospitals are preparing for the bold new world of payment reform. This presentation examines the strategies your organization needs to promote to achieve financial viability under risk-based payment models and describes the University of Mississippi Health Care’s experiences since it has begun utilizing these strategies.

Value-Based Payment Methodologies: How Providers and Payors Are Collaborating to Drive Change
Terri Welter, Principal
10/26/11, MCOL Healthcare WebSummit, Webinar

The economic reality of healthcare reform has caused enormous changes in the health insurance industry. As a result, health plans must differentiate their organizations through the creation of new and innovative products. At the same time, an increasing number of hospital and medical leaders see a burning fee-for-service (FFS) platform that necessitates the movement from volume to value. This presentation provides an industry review and update on provider and health plan collaborations to evolve payment and care delivery models toward improved efficiencies and outcomes.
Physician Performance

Physician Performance Trends
Maria Hayduk, Senior Manager and Jim Lord, Principal
1/31/11, Journal of the Association of Staff Physician Recruiters, Winter Issue, Guest Authors

After more than a year of development and debate, two healthcare reform bills, the Patient Protection and Affordable Care Act (PPACA) and the Health Care and Education Reconciliation Act of 2010 (HCERA), were signed into law in March. Key provisions of these laws are still in development but clearly are aimed at increasing the number of insured patients while creating greater value (cost/quality) and accountability for patient outcomes. Using data from ECG’s 2010 Provider Compensation, Production, and Benefits Surveys, this article provides specific details to support the idea that future success will be based on the ability to demonstrate higher quality through measurable outcomes, which will require the unique talents of engaged physicians and hospitals.

Critical Trends in Physician Compensation
Len Henzke, Principal and Maria Hayduk, Senior Manager
2/10/11, Georgia Hospital Association, Webinar

The potential transition from a volume-based to a value-based reimbursement system has raised issues about the traditional focus on productivity in physician compensation plans. Physician compensation is increasing across the board, with a few notable exceptions. However, as hospitals and medical groups start to seriously examine the healthcare value proposition, many organizations are beginning to consider de-emphasizing the traditional link between production and compensation. This presentation reviews critical trends in physician compensation, production, recruiting, and benefits that affect provider organizations. Particular attention is given to how these trends may be impacted by the economic environment, healthcare reform, the physician shortage, and emerging market strategies.

Compensating Midlevel Providers – The Future of Primary Care
Miranda Mooneyham, Manager and Jason Lee, Senior Manager
2/23/11, HFMA Washington-Alaska Spring Meeting, Speech

As the limited supply of primary care physicians struggles to meet the demand for access to services, midlevel providers have been thrust into the spotlight. Learn how these professionals are being incentivized through compensation to optimize care delivery. This session elaborates on the process of developing a compensation plan as it would apply to both physicians and midlevels and then focuses specifically on the development of midlevel provider compensation plans.

Trends in Physician Compensation, Productivity, and Benefits
Sean Hartzell, Senior Manager
3/8/11, Ohio Network of Physician Recruiters, Speech

In the next few years, we expect compensation and production trends to be most impacted by the continued shortage of primary care subspecialists, increased demand for specialty care, and implementation of key provisions of healthcare reform. This presentation outlines the importance of adjusting provider compensation plans to the new incentives/revenue streams and outlines the regulations that govern hospital/physician financial relationships. By reaffirming their physician compensation strategies, provider organizations will be able to ensure success.
Auditing Hospital/Physician Financial Relationships

- John Fink, Senior Manager
  4/21/11, Nebraska Hospital Association, Webinar

- John Fink, Senior Manager
  6/7/11, ECG Trends Webinar Series

Settlements for Stark law violations and False Claims Act suits have cost health organizations millions of dollars, resulted in senior executives losing their jobs, and impacted the market strategies of hospitals as their economic relationships with physicians are scrutinized. Only through a comprehensive audit of your financial arrangements with physicians can you be confident that you are compliant with relevant laws. This Webinar reviews the regulations impacting hospital/physician arrangements, presents a proven approach to audit your financial relationships, and describes how to develop and implement a corrective action plan.

Emerging Compensation Models and Trends

Jim Lord, Principal and Maria Hayduk, Senior Manager
8/16/11, Association of Staff Physician Recruiters 18th Annual Conference, Speech

This presentation focuses on how critical trends in physician compensation, production, and recruiting are impacted by the economy, healthcare reform, the physician shortage, and emerging market strategies. It also discusses key factors that influence recruiting and retention in a variety of specialties and subspecialties in both urban and rural areas.

Provider Compensation, Benefits Trends, and Models

Jim Lord, Principal and Maria Hayduk, Senior Manager
9/12/11, AMGA Human Resources Leadership Council, Speech

Utilizing ECG’s custom surveys, this 2-day presentation examines the following industry trends: accountable care organizations and the shifting payment system, physician performance, and the growing use of advanced practice clinicians. The presentation concludes with a case study focused on a value-based employee health plan.

The Deal Is Signed…Now What?

Integrating Acquired Medical Groups

Darin Libby, Principal
9/30/11, Healthcare Strategy Alert! Issue 3, Guest Author

Today, health systems recognize the need to integrate physicians into high-performing businesses that drive coordination of patient care across physician specialties and care settings. And they are realizing that once the parties reach agreement on key terms and the deal is signed, the hard work begins. This article examines the methods for effectively integrating acquired practices.

The Provider Market: Compensation, Benefits, Recruiting, and Employment Trends

Kevin Kennedy, Principal and Maria Hayduk, Senior Manager
12/6/11, ECG Trends Webinar Series

ECG’s 2011 surveys encompass provider compensation, production, and benefits data for over 14,000 healthcare providers representing more than 76 physician subspecialties and 8 midlevel provider specialties. The surveys contain such critical data as compensation-to-production ratios, including work RVUs and total RVUs (calculated at the CPT code level by ECG); procedure code distributions; trends in provider compensation planning; recruiting by specialty; and specialty specific benefits and malpractice comparisons. This Webinar reviews five critical trends in provider compensation, production, recruiting, and benefits that impact provider organizations. Particular attention is given to how these trends may be impacted by the economic environment, healthcare reform, and the physician shortage.
Physician Strategy

Engaging Physicians to Share Bundled Payments
John Fink, Senior Manager
1/11/11, Nebraska Hospital Association, Webinar

Hospitals have recently begun renewing their focus on physician employment and are moving to employ specialists in greater numbers. This presentation outlines the underlying trends in specialty employment, the key challenges inherent in employing specialists, and best practice strategies for integrating specialists into networks that are frequently dominated by primary care physicians.

Specialist Employment Trends
Len Henzke, Principal and Katy Reed, Manager
1/18/11, Telnet, Webinar

Healthcare reform proposals and radical changes in the regulatory scheme governing hospital/physician relationships have sent hospitals and physicians scrambling for effective, legally compliant ways to partner. While the days of “under-arrangements” and “shared services” joint ventures are gone, other models that do a better job of aligning incentives are emerging. This presentation explores the models, including physician employment organizations, comanagement arrangements, accountable care organizations, clinical integration models, and new ambulatory facilities. Further, it compares and contrasts the pros and cons of the models and examines the impact of federal regulatory schemes.

Redefining the Role of Primary Care
Darin Libby, Principal
2/28/11, Physician Strategies Summit: Driving Performance and Value, Speech

Hospitals and physician organizations are pursuing strategies to build more expansive primary care networks to ensure access and coordinate care, from prevention to chronic disease management. This presentation explores the reshaping of their markets through primary care strategies.

Hospital/Physician Alignment: Implications for Marketers
Josh Halverson, Principal and Adam Klein, Manager
3/27/11, Healthcare Marketing Strategies Summit, Speech

Health reform, changing reimbursement models, and the dynamic trend of hospital employment of physicians all create market uncertainty and significant challenges for healthcare marketers. This presentation examines the industry drivers that will continue to influence hospital/physician relationships, along with cutting-edge strategies and emerging tactics that successful health systems are using to enhance alignment with both employed and independent physicians.

Physician Alignment – Preparing for New Payment Models
Dave Wofford, Senior Manager and Kevin Forster, Principal
5/19/11, HFMA Oregon Spring 2011 Meeting, Speech

As the healthcare industry gears up for the full implementation of the Patient Protection and Affordable Care Act, achieving alignment between hospitals and physicians is becoming a top priority. For many healthcare organizations, “alignment” is synonymous with “employment.” While physician employment is often the right alignment model, attaining the right model can be an elusive goal. Further, other models exist that merit consideration, particularly when physicians are unwilling to accept employment. This session discusses best practices from our experience across the country with healthcare organizations that are bringing hospitals and physicians together for success in a future environment that favors cost and quality incentives over patient volumes.
Integration Without Employment – Sharing Control for Mutual Benefit
John Fink, Senior Manager
9/30/11, ECG Diagnostic

Does it ever feel like the first step in any major initiative at your hospital requires the identification of a physician champion? At many forward-thinking hospitals, the appropriate physician champion for any initiative is obvious. These hospitals have established medical leadership structures that ensure physician input on key decisions and planning, facilitate medical staff support across the organization, and unite hospital administration and physicians toward common goals. This Diagnostic explores initiatives that have proven successful in achieving integration with physicians, including empowering physicians to run service lines and creating a shared leadership model.

Hospital/Physician Alignment Trends
Kevin Kennedy, Principal; Len Henzke, Principal; and Katy Reed, Manager
10/5/11, Davis Wright Tremaine, Speech

As demand for physician services begins to outpace physician supply, the challenges to attracting and retaining physicians will only increase. Both the consolidation of existing practices and the number of physicians becoming employed by hospitals/health systems are expanding. Meaningful strategic affiliations will yield long-term benefits; however, short-term due diligence is required to ensure a mutually beneficial alignment. This presentation examines hospital-based reimbursement and its application in two healthcare transaction case studies.

After Acquisition...Now What? Integrating Newly Acquired Medical Groups
Darin Libby, Principal
10/19/11, Hospital & Physician Relations: An Executive Summit, Speech

The acquisition of medical groups by health systems is back. But once the deal is signed, how do you manage the transition and integrate physicians into a unified medical group? Learn how a leading health system managed the growth of its primary care group from 19 physicians in 2 sites to over 150 physicians in 19 sites. In addition, this presentation examines the approaches to governance, compensation, and engagement.

Choosing the Right Physician Practices
Matt Sturm, Senior Manager; Sean Hartzell, Senior Manager; and Emily Lopez, Senior Consultant
12/1/11, hfm Magazine, Guest Authors

Health systems that just a few years ago were unsure whether they wanted to employ physicians now find a long line of medical groups at their doors, looking for the shelter of employment. The increased volume of physicians desiring hospital employment conflicts with the scarcity of the human and financial resources required to complete transactions and successfully bring physicians on board. Moreover, acquiring physician practices too rapidly increases the risk for failure due to operational and financial resource constraints. This article presents a tool that hospitals may use to carefully and consistently evaluate the strategic alignment and financial benefits of affiliation with a physician practice in order to prioritize potential acquisition opportunities.
On-Call Compensation Data-Driven Solutions
Len Henzke, Principal
12/6/11, HCPro, Inc., Webinar

This presentation helps you develop a call coverage stipend program that is reflective of call coverage burden and market benchmarks; applies a variety of call coverage payment models, depending on your specific market circumstances; engages your physicians in the development of a comprehensive and sustainable call coverage payment program; reduces the emotional levels inherent in working with physicians on this issue; and accounts for call coverage burden in employed physician arrangements.

Employed Physicians: What is Enough and What’s Next?
Critical Considerations for Hospital Trustees
Christopher Collins, Principal and Todd Godfrey, Manager
12/8/11, 32nd Annual NEHA Trustee Conference, Speech

Hospital/health system board members have the responsibility to ensure the organization makes informed, financially sound decisions that align with its strategic plan. Whether it was a defensive or calculated tactic to employ physicians (likely specialists) over the past 18 months, how does your organization plan to maximize the value of that decision and measure the ROI in the near and long term? This interactive breakout session focuses on the post-transaction imperatives for engaging physicians in the organization, which includes covering topics from record-related initiatives to service line development, conducting a reality check on the strategic and financial risks associated with employing physicians in today’s market, and discussing effective ways to measure performance and the degree of success at the highest level in the organization regarding the value of employed physicians.

Employing Physicians: Strategic Imperative and Management Challenge
Kevin Forster, Principal and John Whitham, Principal
12/23/11, ECG Executive Briefing

Physician network growth is an increasingly common situation facing hospitals and health systems across the country. Creating a successful physician network is both a strategic endeavor and a management imperative. While careful planning and precise execution will require more time, energy, and resources, the long-term benefits are worth the near-term struggles. This Executive Briefing focuses on the two fundamental issues organizations need to attend to while implementing physician network growth: strategic rationale and management evolution.

Research Planning & Management
A Strategic Approach to Clinical Trial Participation
Anne Matthiesen, Manager
8/9/11, Society of Research Administrators, Webinar

Many organizations participate in clinical trials. Yet over 20 percent of cancer center trials result in zero accruals. What distinguishes those organizations that successfully enroll patients and meet the financial targets for their trials? This Webinar presents best practices for organizations that participate in or are considering participating in clinical trials. The session discusses the role of proper planning and administration, including key considerations in trial selection, patient accrual, and ways to effectively involve physicians and define their responsibilities. It also offers methods that administrators can use to monitor and continually improve their trial performance.
Strategic & Business Planning

Vision and Balance: Missing Links in 2011 Hospital Strategy
Gary Edmiston, Principal; Kevin Kennedy, Principal; Jim Lord, Principal; and Steve Messinger, Principal
2/25/11, ECG Insight

While the shaping of public policy continues through the courts and the political process, operational responses from healthcare organizations can too often be characterized as unfocused, fragmented, and even somewhat frantic. We believe that there is much that can and should be done to bring vision and strategic direction into hospitals and health systems planning for the coming changes. This Insight highlights actions your organization should take in 2011 to respond to this very unsettled environment.

Cutting-Edge Physician/Hospital Relationship Models
Steve Messinger, Principal
3/18/11, HFMA Massachusetts – Rhode Island Chapter: Changing Physician Relationships, Speech

Building or maintaining market share often comes down to who can better engage and build relationships with physicians. This presentation examines a host of performance-oriented employment, joint venture, and partnership models that will enable physician alignment in a cost-effective manner, including employment models for specialists and primary care physicians. In addition, this presentation explores the business issues, benefits, and risks attendant to those models. Finally, an identification of key economic issues such as compensation, payments to physicians, and valuation considerations, as well as an array of legal issues, will be discussed.

Value-Based Care: Implications for the Strategy Officer
Terri Welter, Principal
3/29/11, 16th National Healthcare Marketing Strategies Summit, Speech

Wide disparities in the cost and quality of care are giving way to new forms of payment that reward providers for care coordination and quality outcomes. This presentation examines the strategy officer’s role in engaging physicians and empowering them to achieve results. In addition, it shows how these efforts will translate into the organization’s communications.

Physician/Hospital Integration Case Study: The Carle Foundation Acquisition of the Carle Clinic Association and Health Alliance Medical Plans
Gary Edmiston, Principal
4/16/11, AMGA Annual Conference, Speech

On April 1, 2009, Carle Clinic Association and Health Alliance Medical Plans merged with The Carle Foundation to create an integrated delivery system serving East Central Illinois. The integration is a prime example of the potential for collaboration among physicians and hospitals as these organizations strive to serve their communities and maintain financial stability in today’s ever-changing provider landscape. This presentation explores issues and lessons learned during this merger, with a specific focus on physician leadership within the integrated organization.
**Emergency Department Call Coverage: A Physician’s Perspective**
Dave Thornton, Senior Manager and Sean Hartzell, Senior Manager
4/30/11, Group Practice Journal, Guest Authors

Paying physicians to cover unassigned patients within emergency departments (EDs) is an ever-increasing issue for both hospital administrators and the physicians themselves. While there is a growing base of knowledge related to ED call coverage payments and burden-reducing strategies, the majority of it is hospital-centric. Recognizing a gap, the American Medical Group Association (AMGA) and ECG developed and distributed the 2010 Emergency Department Call Coverage Survey to obtain physician perspectives and data through qualitative and quantitative questions related to payment rates, call burden, and specific strategies for reducing call burden. This article outlines the key findings from the survey.

**Beyond the Politics: Developing a Successful Post-Reform Strategy**
Darin Libby, Principal
5/3/11, LTC 100 Executive Management Conference, Panel Discussion

In an evolving healthcare environment, bold and innovative strategies will be rewarded, while operators adopting a “wait and see” approach may end up left in the dust. In this panel discussion, experts look beyond the politics, focusing on the likely scenarios and practical implications of reform to give you the insight and confidence you need to make decisions and develop successful strategies.

**Reminder: Submit Your LOI for CMMI’s Bundled Payment Pilot**
John Fink, Senior Manager
9/30/11, ECG Executive Briefing

The deadlines for submission of Letters of Intent (LOIs) for the Center for Medicare and Medicaid Innovation’s (CMMI’s) Bundled Payments for Care Improvement initiative are drawing near. Those organizations seeking an effective means to integrate providers, enhance quality and efficiency, and improve service line profitability should take advantage of this opportunity to work with the Centers for Medicare & Medicaid Services (CMS) and establish financial arrangements with physicians that may otherwise be unachievable. This Executive Briefing examines what the Bundled Payments for Care Improvement initiative is, why you should participate, and what you need to do.

**Cross Disciplinary Innovative Practices**
Jay Levine, Principal
11/4/11, AAMC Annual Meeting, Panel Discussion

This panel discussion reviewed the applicability of technical/analytical expertise in engineering and business schools to the challenging operational problems that confront large teaching hospitals. The speakers focused on the organizational and/or operational results and on what the institutions/departments learned from the expertise of non-SOM faculty.

**Medical Group Acquisition: Successfully Managing the Transaction**
Gary Edmiston, Principal; John Fink, Senior Manager; and Kevin Kennedy, Principal
11/15/11, ECG Insight

Contemplating the purchase of a medical group frequently evokes a sense of dread among hospital leadership. It might be comforting to some if group acquisitions could be considered a passing fad, but the truth is that you can expect to see continued acquisition activity by hospitals in the next decade. Bringing hospitals and physicians together through acquisition involves challenges that are not always recognized by the principals involved. This Insight discusses the critical components of completing a successful transaction for the acquisition of a medical group.
About ECG

ECG offers a broad range of strategic, financial, operational, and technology-related consulting services to healthcare providers. As a leader in the healthcare industry, ECG provides specialized expertise in developing and implementing innovative and customized solutions that effectively address strategic and business planning, specialty program development, hospital/physician relationships, information technology, and the complexities of the academic healthcare enterprise.