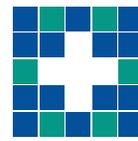


The Rise & Fall & Rise Again of Independent Doctors



PA Clinical Network

AT THE PENNSYLVANIA MEDICAL SOCIETY

By Anita Brazill, SVP, the PA Clinical Network

According to the Association of Independent Doctors, the trend of turning private practice doctors into health system employees is bad for doctors, unhealthy for patients and harmful to our health care system. The Association cites studies that demonstrate health care costs rise, quality declines, access to care is further limited, and doctors feel less satisfied when they are no longer in control of the decision-making in their own practices. Last month Medical Economics reviewed a study released by the AMA, and found evidence that doctors are leaving employment at new record rates.

Where can doctors turn for the resources and other assistance that frees them to be independent, while, at the same time, not isolated as private practices? In Pennsylvania, the State Medical Society is providing significant, long-term funding for physicians who want to remain or become independent through its newest subsidiary, The Care Centered Collaborative. That subsidiary has created and launched a bona fide Clinically Integrated Network (CIN) called the PA Clinical Network. According to the Coker Group, a well-known healthcare consulting company, a CIN is the far more-evolved and capable version of the once common, Independent Practice Association (IPA).

In Pennsylvania and across the country, the healthcare landscape is being carved up, forcing physicians and their patients to choose sides as large insurers combine with big hospital organizations. As value-based care arrangements increase year-on-year, the Medical Society is aware of reports that independent physician practices are being forced into take-it-or-leave-it contract terms, with opaque measures that can commoditize physicians and fail to account for patient preferences. On behalf of those patients, the members of the Medical Society are concerned that the promise of value-based care could be squandered, so it chose to sponsor the creation of a physician-led CIN.

With over 100 community-based physicians in the one-year-old CIN and another 65 advanced practitioners supporting them, the organization is poised to double its size and scope by year-end. With intention to be statewide in another year, its growth is currently focused in the central and western counties of the state. Early recruitment has focused on the primary care specialties.

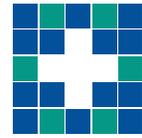
The CIN is powered by three strategic enablers that are the bedrock of a powerful network: a highly-rated, all-payer, every-EHR population health platform; care coordination/case management capabilities; and single signatory authority for the doctors to develop, negotiate and optimize value-based contracts. To date, insurers have been interested in pursuing negotiations, finding it appealing to work with an independent CIN that brings together capable independent practices that can fulfill the IHI Quadruple Aim.

Physicians succeed in value-based care when they can manage the health care needs of a critical mass of one or more insurers' population of "covered lives". As the number of covered lives cared for by the doctors in a CIN linearly increases, the ability to achieve statistically significant and clinically meaningful outcomes increases geometrically. While some larger physician groups in Pennsylvania have independently had some success with as many as 70,000 covered lives, value-based contracting based on more than 100,000 covered lives is well within reach and far more likely to succeed. And that's just for starters.

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To those big health system administrators and other forecasters who offer a requiem for private practice doctors, it seems Mark Twain's iconic epithet applies: "Reports of my death have been greatly exaggerated." Stop in to some of the private practices across Pennsylvania, there are many more than you think. They are alive, and very well.

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