

# Clinical Integration in Health Care: A Check-Up

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**Private Initiatives to Improve Health Care Delivery through Collaboration among Health Care Providers**

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# United Health Alliance

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- ❑ Rural PHO (15 years)
- ❑ 50/50 partnership
- ❑ 105 physicians (1/3 Primary Care)
- ❑ Hospital <100 beds
- ❑ Board (3 PCP, 3 Specialists, 3 Hospital)
- ❑ Multi-functional: ACCESS, best practices/processes, clinical integration, group purchasing, contract facilitation, on-going education

# Goals

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- ACCESS
- Stabilization of costs: consumers, payers, providers, employers
- Manage to “best practices”
- Outcomes/Prevention/Wellness
- Standardization of Measures/Processes
- Education and Innovation



# 2007 Strategic Objectives

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- ❑ **Implement a process that meets the anti-trust rules/regulations and requirements for non-risk contracting for the organizations' membership.**
- ❑ **Develop and implement processes that support and strengthen corporate compliance for physician membership and SVHC.**
- ❑ **Implement the Performance Improvement Merit Award System© (Pay-for-performance methodology).**
- ❑ **Investigate and implement savings (discount programs) for the membership through group purchasing initiatives (e.g., centralized billings, personal insurance offerings, professional liability insurance).**
- ❑ **Expand Clinical MicroSystems to include specialist.**
- ❑ **Meet the Vermont Blueprint demonstration project's goals under the UHA grant**



# UHA Activities

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- ❑ Anti-trust Compliance (process/policy)
- ❑ Blue Print for Health Care Grant (demo)
- ❑ Performance (Provider) Improvement Merit Award System©
- ❑ Clinical Micro-Systems
- ❑ Integration Task Force
- ❑ On-going Education



# Mechanisms and Incentives

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- Access to Data/Information
- Best Practices/Outcomes (Chronic Disease Management, Wellness/Prevention)
- Decrease Administrative Costs
- Stabilize Costs
- Practice Medicine



# Approach and Measures

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- Performance Improvement Measures: (PIMAS©)
  1. Elements of Care
  2. Diabetes Care
  3. AMI Bundle
  4. Surgical Infection Prevention
  5. Surgery Process
  6. Pneumonia Care Bundle
  7. Heart Failure
  8. Patient Access
  9. Clinical Micro-Systems



# Approach and Measures

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- Blue Print: Data Input/Chronic Disease Management (Physician's Office)
- Clinical Micro-Systems: Processes/Efficiencies (Physician's Office)
- Integration Task Force: Identify Model (System and Physicians)





# Observations (Problems/Issues?)

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- ❑ Rural design of medical practices & system
- ❑ Clinical Integration definition & requirements
- ❑ Resources (\$, time, people)
- ❑ ACCESS
- ❑ Payer and provider frustration
- ❑ “Pendulum Swing” (\$ costs moving away from stabilization)
- ❑ Organizations size (Super vs. Local)



# Confusing and (**Sometimes**) Scary Terms

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- Anti-trust
- Compliance
- Collusion
- Fraud
- “Gorilla”



# Contact Information

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