Health Care Services Research on Initiatives to Improve Health Care Delivery through Collaboration among Providers

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Clinical Integration in Health Care – A Check-Up
May 29, 2008 – Washington D.C.
Relevant Background

Research:
1. Hospital-Physician Relationships
2. Integrated Delivery Networks: PHOs, IPAs, etc.

Expert Witness:
2. FTC v. Evanston Northwestern Healthcare Corp. and ENH Medical Group (2005)
Need To Understand the Context:
Three Types of Integration

1. Non-economic integration
2. Economic Integration
3. Clinical Integration
CLINICAL INTEGRATION COMPONENTS:
What Researchers Study

- Guidelines, pathways, protocols
  a) development
  b) implementation
- Physician & episode profiling
- Physician performance feedback
- Physician credentialing
- Common patient identifier
- Disease registry
- Case management
- Medical management committee
- Disease management
- Demand management
- Disease management
- Clinical information systems
- Patient self-management skills and education

- Quality improvement steering councils
- Continuous quality improvement
  a) inpatient
  b) outpatient
- Clinical service lines
  a) inpatient
  b) outpatient
CLINICAL INTEGRATION COMPONENTS:
What FTC Investigations Looked For

- Criteria for physician membership
- Criteria for physician credentialing & re-credentialing
- Utilization management
- Clinical protocols
- Physician profiling
- Episode profiling
- Quality management
- Information systems & software
- EMR roll-out to physicians
Hospital-Physician Collaboration: Landscape of Economic Integration & Impact on Clinical Integration

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Kaiser Foundation Roundtable on Hospital/Physician Collaboration
February 21-22, 2008 (Dallas)
Evidence Base on Integration
Strategic Intent of Integration:
Hospital vs. Physician Goals
The Iron Triangle of Health Care

Cost Containment

High Quality Care

Patient Access
Older vs. Newer Generations of Clinical Integration in IDNs