Clinical Integration in Health Care: A Check-Up

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

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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

- 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

- 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

- 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

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

- 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

- 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?)

- 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

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