

# The new "holy alliance": Aligning Physicians and Health Systems Towards Population Health

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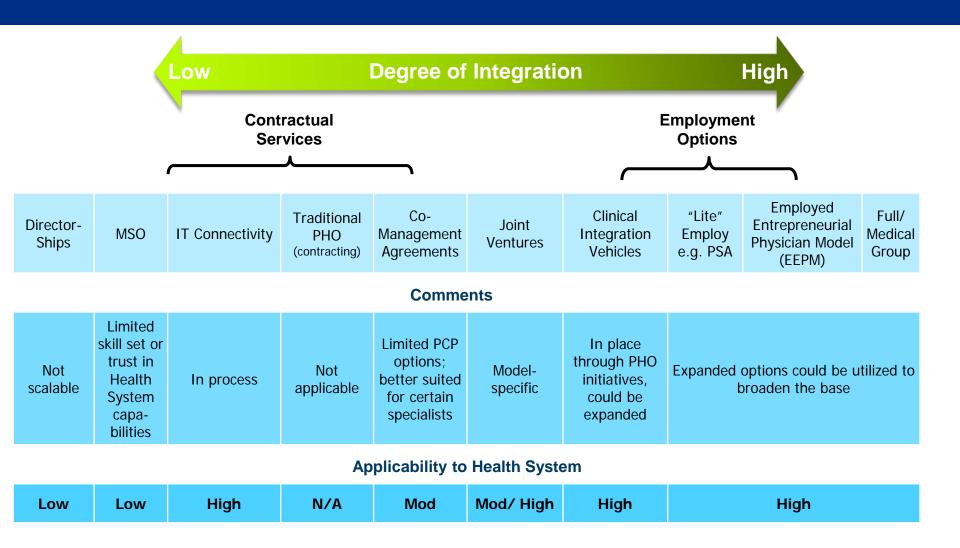
## **What Physicians Want**

- Financial stability/security in an uncertain future
- Retained degree of autonomy/independence
- Data and technology support to meet regulatory demands
- Transitions-of-practice- and recruiting support
- Administrative and operational support and resources to optimize value-based practice
- Access to insured members and business lines
- Help navigating generational professional priorities

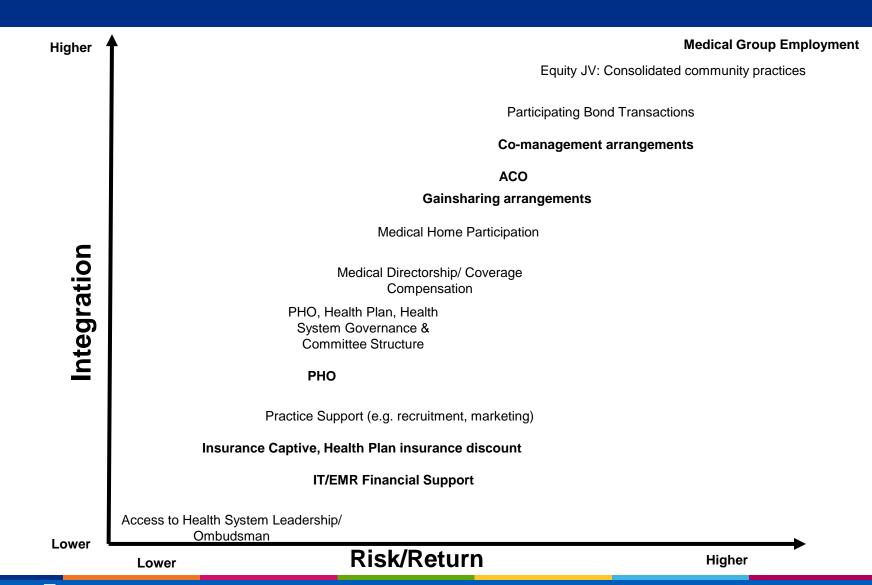
#### **What Health Systems Want**

- Expand high quality, high value clinical programs and services
- Grow Covered lives to scale: risk contractand system aligned with less leakage
- Earn an increased volume of tertiary/quaternary downstream business
- Expand geographic markets
- Prevent or mitigate competitive forces

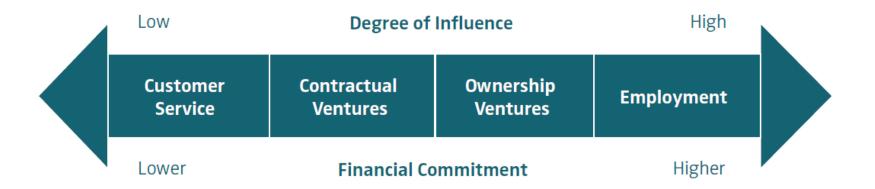
#### **Alignment Models: Applicability**



#### Alignment Models: Integration v Risk



## Alignment Models: Influence v Investment

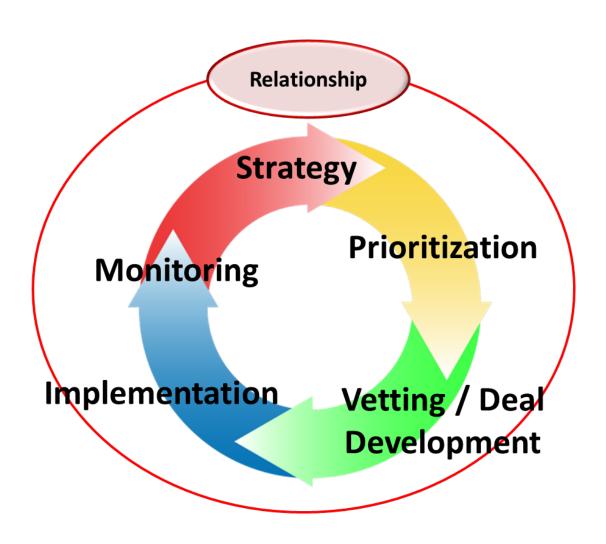


http://www.hpoe.org/Reports-HPOE/guide\_to\_physician\_integration\_models\_for\_sustainable\_success.pdf

### **Alignment Case Studies**

- Bone and joint center: Co-Management
- Large, independent primary/multi-specialty care group: PSA
- Small primary care group: Transition-of-practice model
- Large, multi-site, primary care group: novel PSA through our Health Plan
- Pseudo-aligned group: recruit and embed specialists
- Variably aligned group: embedded liaisons and direct physician/specialist advice lines

## **Alignment: The Process**



#### **Lessons Learned**

- Cultural fit and shared values matter
- Quality must be the first hurdle
- "Chance favors the prepared mind"; be open to opportunities
- Dedicate resources (human and financial)
- Reliable, timely data (referrals, etc) are essential yet elusive
- A diverse portfolio of relationships is beneficial
- Relationship does not end with the "deal"; implementation and operations require continuous attention