



2017 Issue Brief

Support the Formation and Development of Multi-specialty Medical Groups and Other High-Performing Health Systems

Foundational Argument

Multi-specialty medical groups and other High-Performing Health Systems (HPHS) are the most effective and efficient delivery system models to provide the highest quality of medical services to Americans, while at the same time, bending the cost curve. Such medical groups are more likely to invest in health information technology, practice team-based care, collect and analyze data, and provide direct physician feedback on clinical care. Further, evidence shows there is greater collaboration among physician specialties and allied health professionals in large multi-specialty medical groups and other HPHSs, which is a key component of successful care coordination.

Formulating Multi-specialty Medical Groups and High-Performing Health Systems

As the healthcare delivery system moves toward rewarding value instead of volume, supporting legislative and regulatory strategies to incentivize the creation, growth, and development of multi-specialty medical groups and other organized health systems should be a priority. Medical groups and organized health systems are distinguished by certain core attributes that contribute to the delivery of high-quality, patient-centered, and efficient care. These attributes include:

Organized System of Care

A multi-specialty medical group or HPHS is an organized system of care that provides the continuum of care for patient populations; is an integrated system, either internally or through partnerships with other care sites; and includes physicians as the principal leaders of all clinical programs. An organized system of care will also assume accountability for coordination across care settings.

Quality Measurement and Improvement Activities

Quality measurement and improvement activities are essential to the provision of a patient-centered, value-based approach to healthcare delivery. These activities include:

- preventive care and chronic disease management programs for targeted groups of patients;
- ongoing patient outreach programs to improve the health of those populations;
- participation in continuous learning, such as collaboratives where medical groups and health systems can learn from one another;
- benchmarking activities;
- use of research such as applied data analytics to validate clinical processes, and outcomes data to determine effectiveness;
- external reporting and transparent internal reporting on clinical outcomes, variability, and timely performance improvements; and
- conducting patient experience surveys.



Care Coordination

HPHSs utilize a team-based approach that supports collaboration and communication among the patient, physician, and the licensed or certified medical professionals who are working at the top of their license to improve their patients' well-being. A single plan of care across healthcare settings and providers, as well as shared decision-making, creates a true collaboration between the patient and the healthcare provider.

Use of Information Technology and Evidence-Based Medicine

A HPHS will meaningfully use interoperable information technology, scientific evidence where it exists, and comparative analytics to aid in clinical decision-making and improve patient safety; help monitor patients and track preventive services; and aid in the prescribing of prescription drugs in order to improve safety. Health information technology provides the foundation for other delivery system improvements.

Compensation Practices That Promote the Above-Listed Objectives

Compensation structures that provide incentives to physicians and licensed and certified medical professionals to improve the health and outcomes of patient populations play an important role in the development of an HPHS. Compensation practices could include patient experience surveys, meeting quality metrics such as chronic disease measures, and compliance with prevention strategies within a patient population.

Accountability

Ultimately, HPHSs agree to be accountable for successfully managing the per-capita cost of healthcare, improving the overall patient experience, and improving the health of their respective populations.

AMGA Asks Congress to:

Incentivize the creation, growth, and development of multi-specialty medical groups and other organized systems of care, and the core attributes that distinguish them.