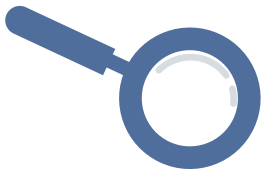


## Employed Physician Enterprise | Defining the Organizational Structure

*Market forces and trends have diminished the role of independent practice, as a significant percentage of physician practices are now owned by hospitals. The new practice model is going to be determined within hospital-employed groups; therefore, the appropriate organizational structures need to be defined and implemented in support of access, quality, and patient experience goals.*

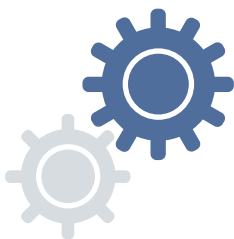
### THE CHALLENGE



A Midwest health system was facing a very common challenge with its group of 140+ employed providers. The size of the employed network had more than doubled over the course of 3 years; and, while the group was considered the organization's most important strategic asset, the corresponding infrastructure, management focus, and dedicated physician leadership structures were still being developed. The health system faced multiple challenges.

- The rapid expansion of the employed physician practices had put significant strain on the infrastructure supporting operations.
- Multiple directors had responsibility for practice operations, many with limited experience in physician practice management.
- A lack of experienced, centralized leadership had led to inconsistency in operations across the practices. It had also weakened accountability for overall practice performance.
- Physician involvement in practice operations had been limited, and roles and expectations for leadership had been undefined.
- Coding and compliance resources were limited, given the increasing numbers of subspecialists hired and the intensifying volume of charges.
- Practice dashboards and management information were rudimentary. More readily available front-end statistics were needed to understand key performance drivers.

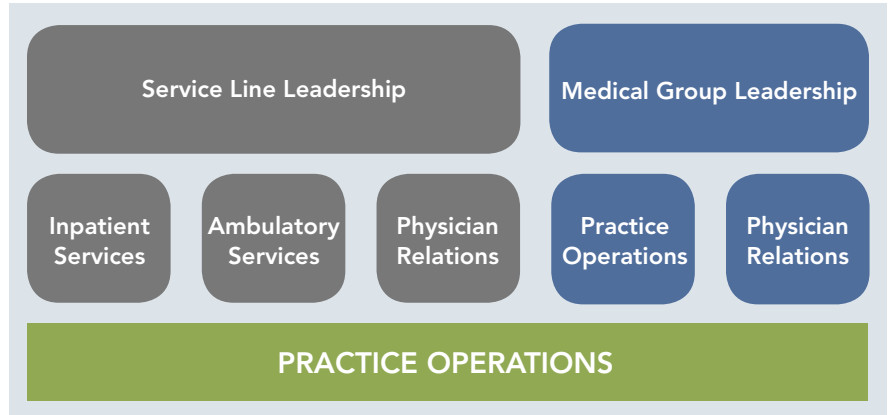
### THE PROCESS



ECG was engaged to provide employed physician enterprise assistance, guided by the dual maxims "form follows function" and "structure drives execution." Our assistance placed recommendations in the context of the overall vision and structure. Paramount to the organizational structure was the concept that there needed to be a consistent operational platform across the entire physician enterprise. Specifically, we:

- Evaluated physician and practice performance against production, collections, and staffing benchmarks.
- Assessed the current scope of management, including an evaluation of job titles/roles and the performance of individual managers.

- Reviewed current management tools, such as reporting dashboards, historical process improvement tools, and decision-making support services.
- Interviewed key physician leaders for perspectives on practice performance.



## THE OUTCOMES



ECG developed actionable recommendations that enabled the health system to enhance the performance of its employed physician enterprise through the reorganization of management and specific action plans for operational performance improvement. Based on our recommendations, the health system hired a new administrator for the physician enterprise; instituted a physician leadership council; and invested in key support services to improve data monitoring and reporting, practice manager performance, and coding procedures. These changes have led to:

- Active physician engagement.
- Increased patient access.
- Effective management and oversight of practice operations.
- Strong financial performance.
- Enhanced accountability for enterprise outcomes.
- Increased transparency in clinical and business operations.
- Improved revenue cycle and coding performance.



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