

The Medical Staff of the Future

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COGENTHMG
hospitalist management group

Reform's “strategic” plan



Cuts to Existing FFS System

- Market basket reductions
- DSH cuts
- P4P & Nonpayment for anything preventable or unnecessary

Disrupt Existing System

- Bundled Payments
- Innovation Center/ demonstrations
- ACOs

Reform's “strategic” plan

Track 1

Cuts to Existing IES

- Market basket
- DSH cuts
- P4P & Nonpayment for anything preventable or unnecessary

Track 2

Disrupt Existing System

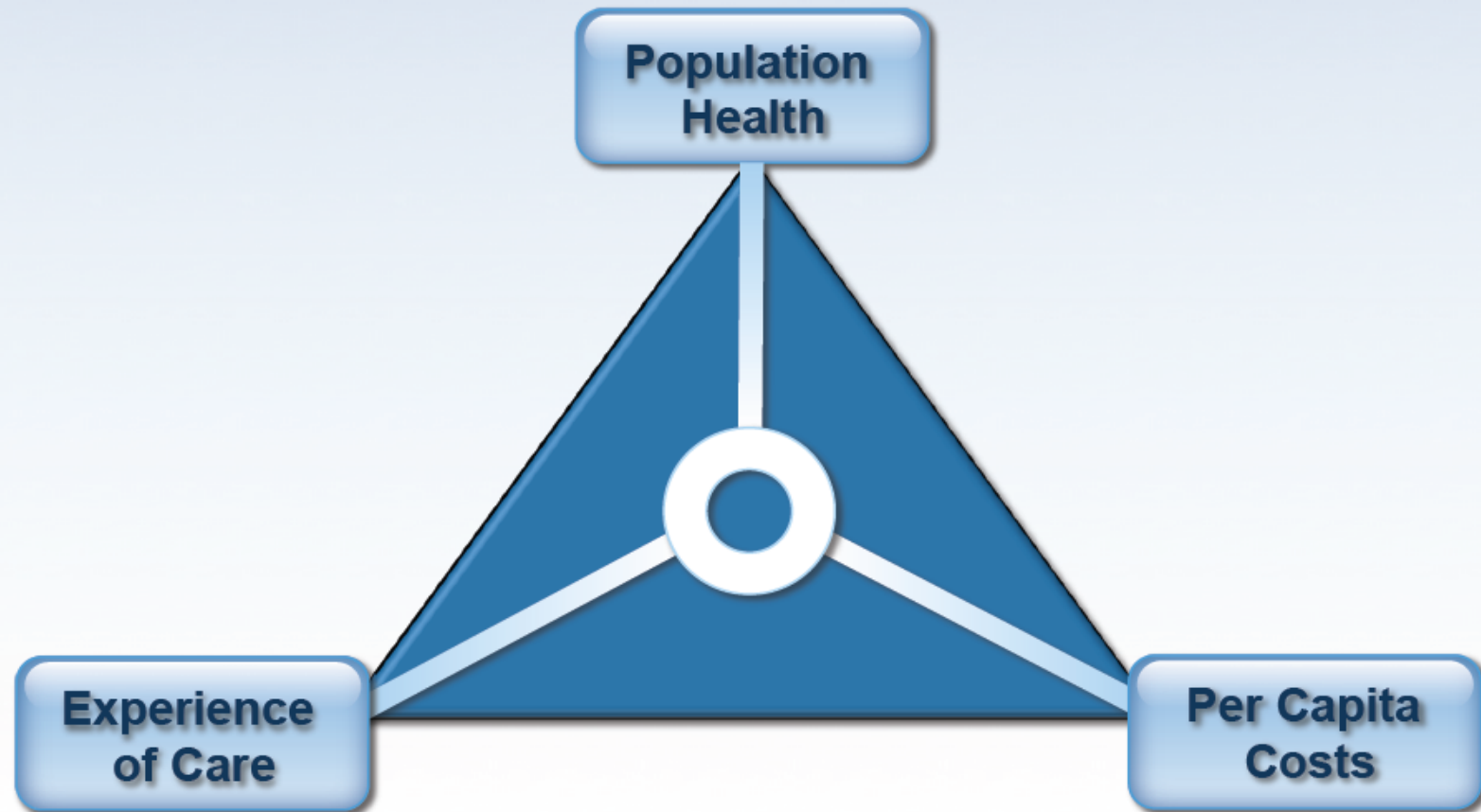
- Bundled Payments
- Innovation Center/ demonstrations
- ACOs

FAILSAFE
Independent Payment
Advisory Board

The Accountable Care Organization is a patient care model, not a financial model.

Peter Lee
Director Delivery System Reform,
HHS

Definition of reform's success: Improving Triple Aim™ population outcomes



The term Triple Aim is a trademark of the Institute for Healthcare Improvement

***“We will create a market for anyone
fulfilling the triple aim.”***

Peter Lee

Center for Medicare and
Medicaid Innovation

Macro Trends Driven by Reform

- **Consolidation**
- **Integration**

- **Increasing Importance of Physician Leadership**
- **Increasing Importance of Primary Care**

Highest and Best Use of Providers

- **Emphasis on Quality and Outcomes**
- **Increased Transparency**

- **Risk Contracting, Gain Sharing and Capitation**
- **Risk Shifting to Providers**

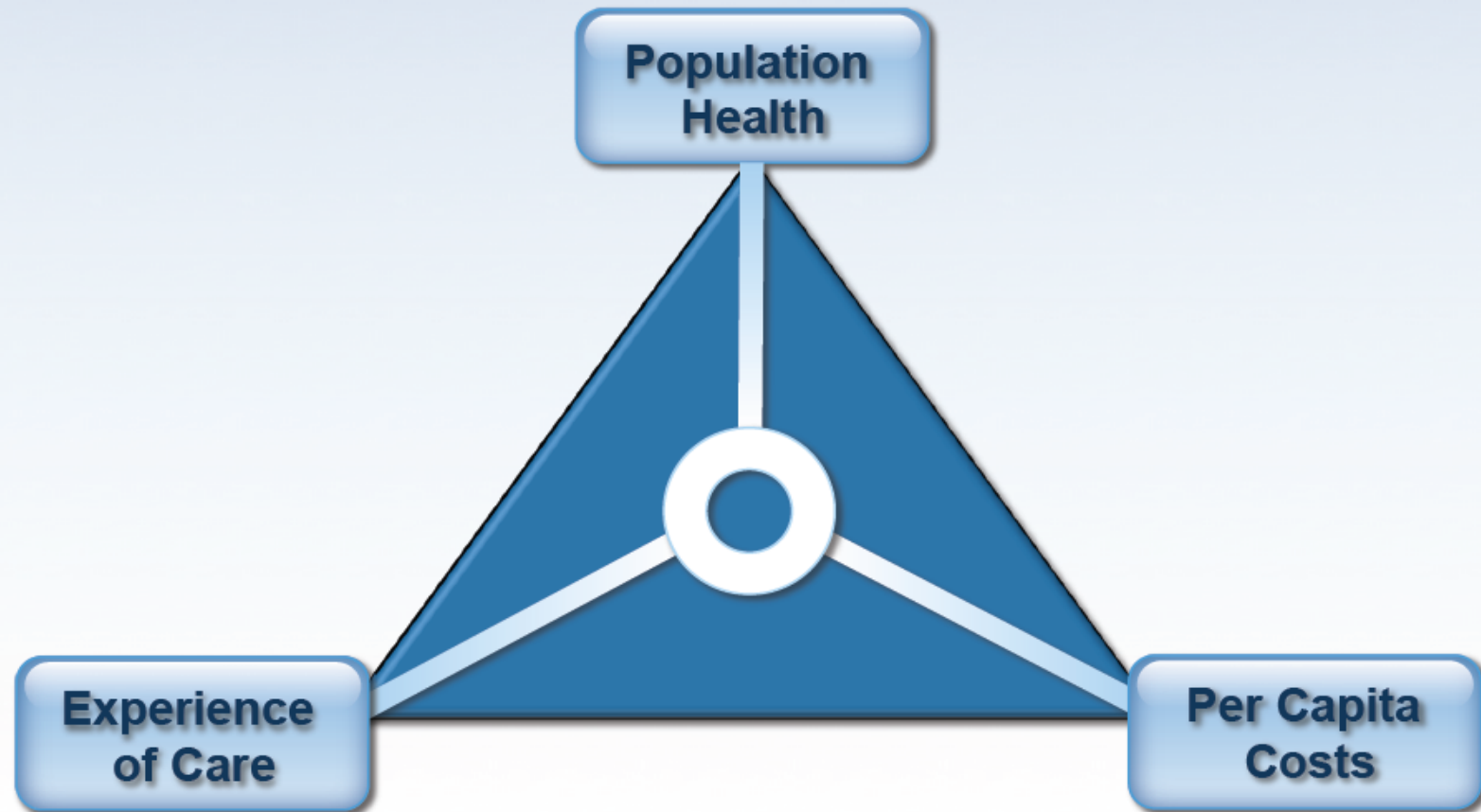
Private Insurers Lining Up with CMS

New CMS Vision

- **To achieve a transformed and modernized health care system.**
- **CMS will accomplish our mission by continuing to transform and modernize America's health care system.**

**Everyone in Healthcare is going to be in
the Same Business,
the Population Health Business**

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The Current Challenge

To prepare for the future environment of increased integration and population health while growing and prospering in the current environment of FFS payment and financial uncertainty.

What Does It All Mean For Us

- **This environment means increased risk, but also increased opportunity for hospitals and providers**
 - **Hospitals will need reliable physician partners to manage this risk**
 - **The winners will be the hospitals that are able to create innovative and enduring partnerships with physicians**
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Those relationships will take many forms

- **Successful relationships will share several features:**
 - Team based
 - Supported by systems of care
 - Data driven
 - Enduring governance
 - Design will be “organization centric” not “practice centric”
 - Shared goals, incentives, and risks

- **Intensive Care Medicine**
- **Emergency Medicine**
- **Hospital Medicine**

Medical Staff of the Future

- **Inpatient Physicians (ED docs, Hospitalists, Critical Care physicians) “live” in the Hospital and have primary accountability for the majority of patients**
- **Supporting services provided by Path, Radiology, Anesthesia**

Medical Staff of the Future

- **Specialists will be specialists and be as efficient as possible**
- **Administration, Nursing, Pharmacy, Case Managers will work with “inpatient physicians” in a system designed to improve quality, satisfaction, safety and cost efficiency**

MANAGED CARE TRANSFORMATION

Dedicated Hospitalists

Home Visits

Chronic Care Management

Disease Management

Palliative Care

Transition Care Management

Self Care And Demand Management

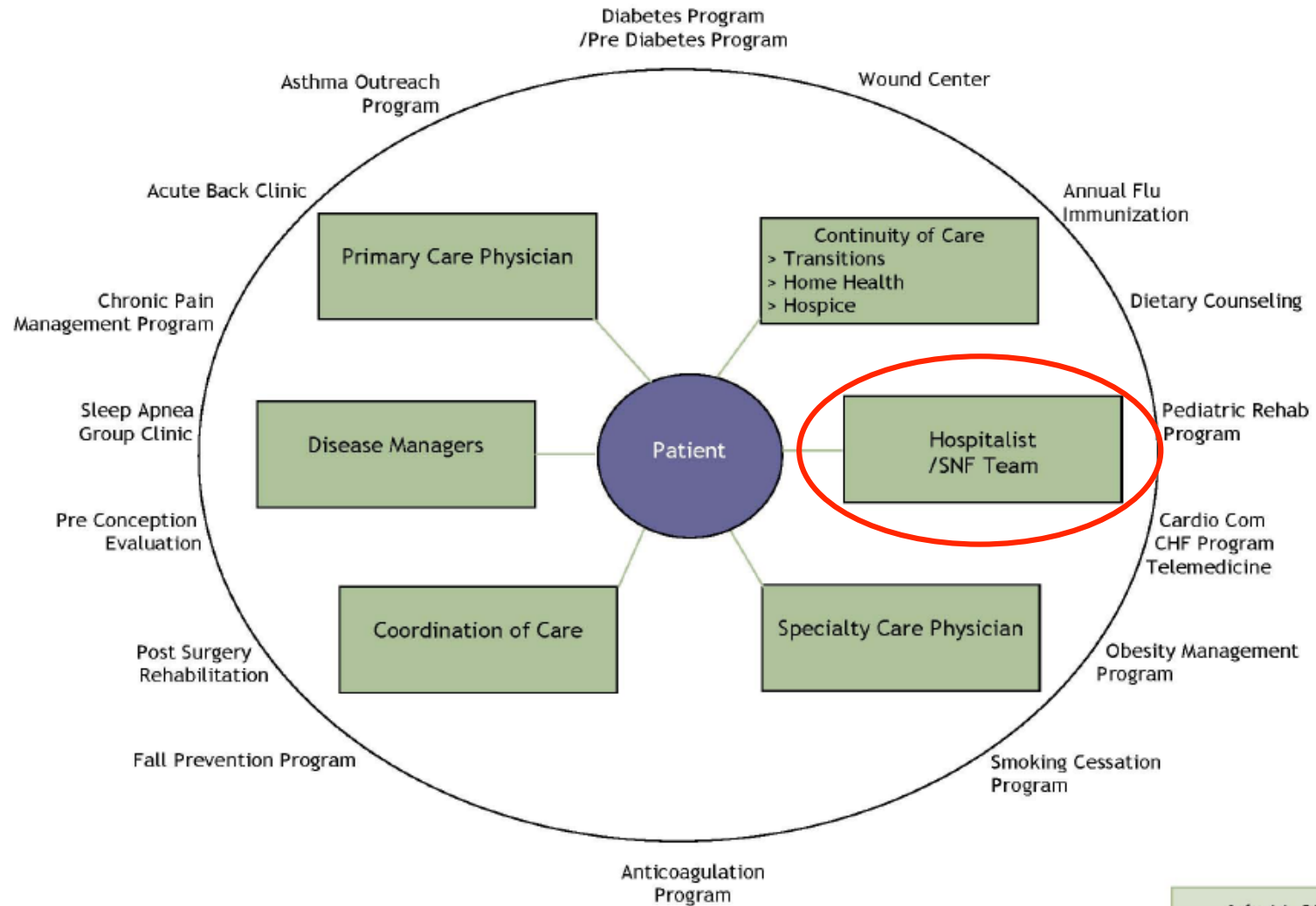
Share Decision Making



HealthCare Partners.

Medical Group and Affiliated Physicians

SRS Coordinated Care Model



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