

**NOBLIS INSIGHTS PANEL SURVEY RESULTS**  
*Recent Progress Seen in Physician-Hospital Alignment; Yet the Road Ahead is Long*  
August 19, 2009

In August 2009, Noblis surveyed members of the *Noblis Insights Panel* about their organizations' current strategies for physician-hospital alignment, particularly in the context of anticipated payment reforms.

**SURVEY PROFILE**

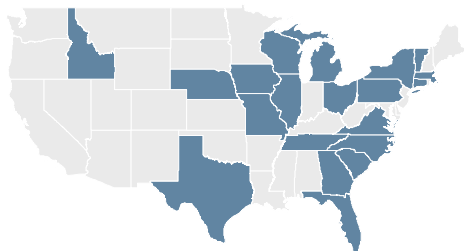
*41 Participants*

17	41%	CEO/COO/CFO
13	32%	VP/Other C-suite
2	5%	CMO/VPMA
9	22%	Manager/Director/Other

*All But 2 Are Hospital Leaders*

Multi-hospital System	18	44%
Community Hospital	13	32%
Academic Medical Center	5	12%
Children's Hospital	3	8%
Physician Organization	1	2%
Other	1	2%

*20 States Represented*



*78 percent have 200+ beds<sup>1</sup>*

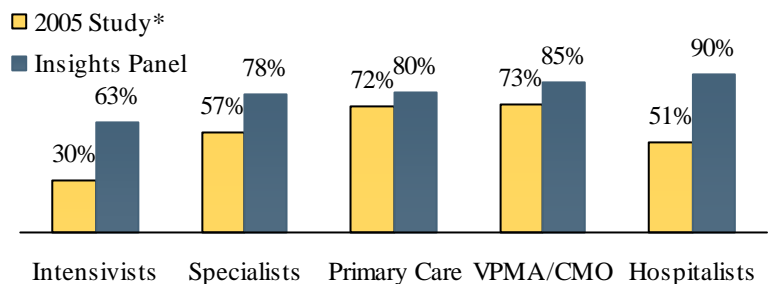
<100 beds	3	8%
100-199 beds	5	12%
200-499 beds	13	32%
500+beds	19	46%
NA	1	2%

<sup>1</sup>Number of beds for multi-hospital systems includes all the acute care beds in the system

**KEY FINDINGS**

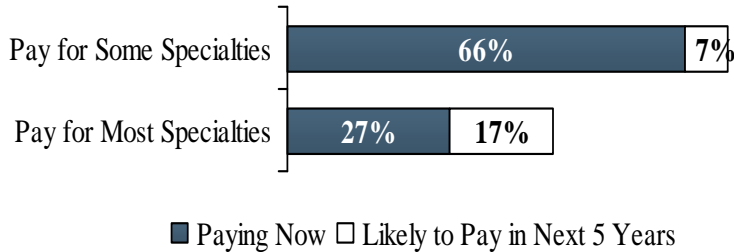
- The recent trend toward hospital employment has continued, with widespread adoption of the practice not only for hospital-based physicians, such as hospitalists and intensivists; but also for community-based primary care physicians and specialists.
- Payment for ED call coverage for select specialties is fast becoming standard practice. Over 2/3 of hospitals are now paying at least *some* specialties for ED call.
- Payment for clinical performance is an emerging trend. Nearly 2/3 of hospitals now pay, or soon expect to pay, bonuses for quality outcome measures or administrative fees for co-management of service lines.
- Aligning with the community's private practice physicians is seen as the next major challenge and clinical information technology strategies appear to be the most likely to accelerate in the next few years.

**HOSPITAL EMPLOYMENT OF PHYSICIANS IS THE MOST WIDELY USED INTEGRATION STRATEGY, WITH NOTABLE INCREASES IN THE EMPLOYMENT OF HOSPITALISTS, SPECIALISTS, AND INTENSIVISTS**



\* *Strategies for Strengthening Physician-Hospital Alignment*, Noblis & Society for Healthcare Strategy and Market Development, 2006.

**ED CALL PAYMENT HERE TO STAY?**  
**¾ OF HOSPITALS PAY OR EXPECT TO PAY FOR CALL FOR AT LEAST SOME SPECIALTIES**

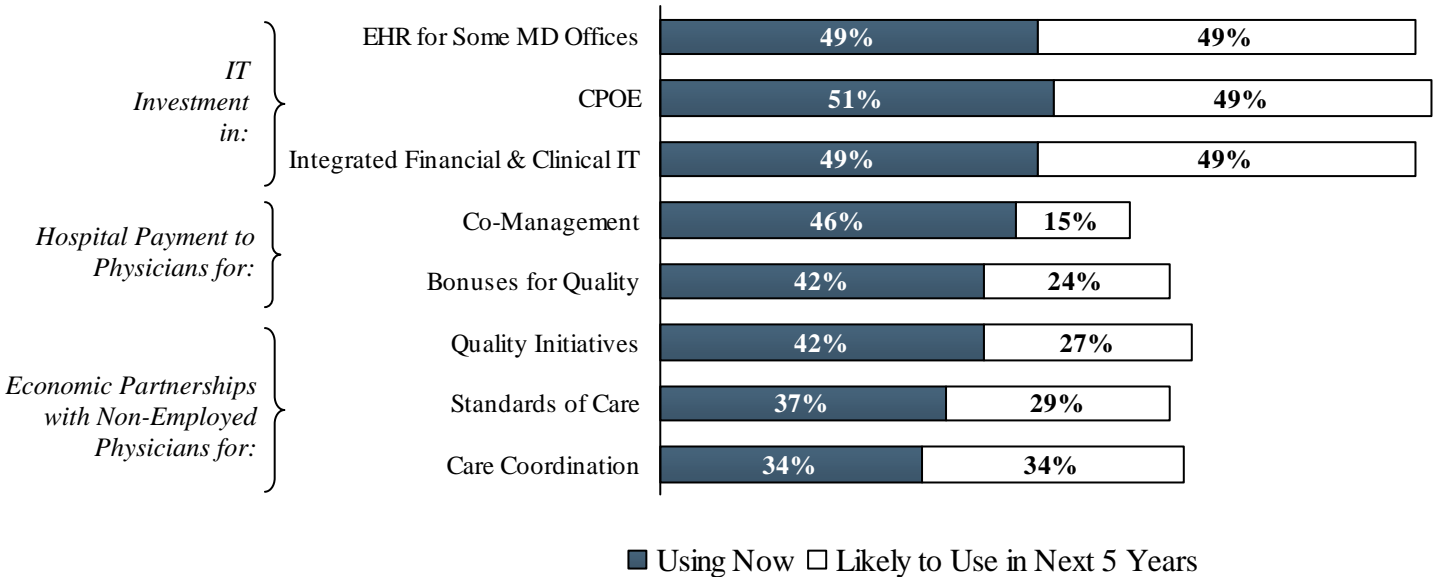


**FACED WITH THE PROSPECT OF GLOBAL/BUNDLED PAYMENTS, HOSPITALS ARE MOST FOCUSED ON CHALLENGES IN WORKING WITH PRIVATE PRACTICE PHYSICIANS**

*TOP CHALLENGES:*

1. Reconciling the competing interests among different physician groups
2. Legal restrictions on aligning the physicians with the hospital
3. Inability to retain/recruit physicians needed in the community
4. Lack of integration with the private practice physicians

**CLINICAL AND INFORMATION TECHNOLOGY INTEGRATION STRATEGIES LAG BEHIND EMPLOYMENT STRATEGIES, BUT ARE VERY MUCH ON THE RADAR SCREEN**



**AUTHORS**  
 ▪ Kathleen Henchey, *Principal*  
 ▪ Paul T. Breslin, *Senior Principal*  
**Noblis Health Innovation**

The *Noblis Insights Panel* consists of more than 150+ healthcare executives across the U.S. Please contact [healthinnovation@noblis.org](mailto:healthinnovation@noblis.org) with any questions about this study, suggestions for future surveys, or to become a member of the *Noblis Insights Panel*.