Is a physician-led integrated system right for you? What to ask

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Health systems that are led by a physician who advocates for patients at the highest leadership levels can offer an environment in which physicians across specialties and experience levels are allowed to flourish. Yet in determining whether such a setting is the right next step, physicians should seek answers to some essential questions, according to a guide designed to help doctors make this impactful decision.

“A guide to joining or aligning with a physician-led integrated health system,” offers helpful insight on the benefits of a health care delivery system that is peer-run. The text was written following the AMA House of Delegates’ adoption of a June 2016 resolution calling for a guide to aid physicians considering joining such practices.

James Rohack, MD, is a former AMA president who works as a senior advisor with the AMA Professional Satisfaction and Practice Sustainability Group. His career-long practice setting was in a physician-led system, Scott & White, in Central Texas. Dr. Rohack helped write the guide with valuable input from key AMA staff. It was a product of a collaboration between the AMA, the AMGA—formerly the American Medical Group Association—and the Medical Group Management Association.

“The guide has a lot of tips on how you assess systems,” Dr. Rohack said. “One of the principles to make sure of is that, you, on the frontlines caring for patients, have a voice and influence on policies and processes that are going to make your ability to care for patients better.”

What defines a physician-led integrated health system

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As the guide highlights, these systems feature physicians in leadership roles at the highest levels and provide integrated primary and specialty services. Other attributes commonly found in such systems include:

- Coordinated care across multiple conditions, providers and settings over time.
- Use of shared, patient-centered data.

Physician-led integrated health systems could include physician groups, accountable care organizations, independent community hospitals, academic health centers and multihospital health systems.

In these systems, structure is secondary to leadership. “The ethics of the physician” is likelier to prevail when the system is “being led by the physicians,” Dr. Rohack said. That means a fervent focus on the patient and “making sure the process works for the patient.”

**Asking the right questions**

The guide is primarily designed as a road map for residents nearing the end of their training and physicians looking to change practice settings. Since its publication, health systems such as Confluence Health, in North Central Washington, and Central Virginia Family Physicians (CVFP) have included the guide in the information they provide to physician candidates. Thomas Eppes Jr., MD, at CVFP noted, “We also hold ourselves to be able to answer honestly every bullet [in the guide].”

The text offers practical tips on evaluating a system. Those tips include asking the right questions—for example, which formal documents outline the governance structure and how physicians fit in and whether physicians are represented on the governing board.

“Governance of any system is a key to long-term professional happiness and satisfaction,” Dr. Eppes said. There is also a checklist to measure key attributes of a physician-led integrated health system.

It is also necessary to evaluate the system in areas such as financial health or compensation models, as well as quality initiatives and information technology. Finding the ideal system requires a measure of self-assessment.

“The guide was set up so each of the different topics was highlighted with a series of different questions to be asked,” Dr. Rohack said. “So as one looks at those questions, as your thinking about
how to evaluate it, things like your social system—Are you married? Do you have kids?—those elements are going to be important.”

Dr. Rohack, the primary author of the 36-page guide, wrote the text after soliciting input from several specialty groups and sections in the AMA to ensure the guide would meet their needs.

“As a physician with a career-long experience in a physician-led system, it made logical sense for me to write down what I would tell a resident: ‘As you’re going out there to look at practices, these are the things you need to look at,’” he said. “Here are the questions that may not be as evident. Is their support for you for your continuing education’s costs and administrative needs? Is it a supportive, collaborative environment? Does the written mission statement match what is happening?

“At the end of the day, there are principles to assure that the individual physician is going to be happy in their practice. There are certain elements that are in the document that are based on experience. If a system has these elements, it’s more likely going to provide the environment where a new graduate or even an established physician looking to leave one practice for another is going to find professional satisfaction.”

In addition to the guide, the AMA provides several member benefits—such as resources to understand employment contracts, including a variety of model contracts—to help physicians make critical career choices. For those physicians dedicated to physician-led integrated care, the AMA’s Integrated Physician Practice Section is the place to get involved and network with peers practicing in a similar setting. Learn how to obtain print copies of the guide for your health care organization.

The AMA supports physicians in all practice settings and specialties and is committed to providing resources that assist physicians in choosing and pursuing the model of care delivery that best suits them and their patients.

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