

Navigating an Orthopedic Practice and its ASCs through a Changing Healthcare Environment

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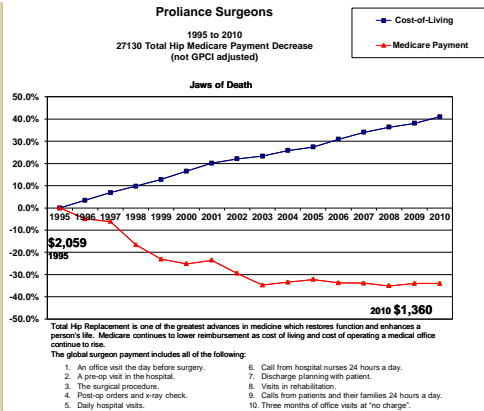
Proliance Surgeons

- Physician Practice – General (22), Orthopedic (119), ENT (17) Surgeons, Other (9)
- Professional Services C-Corporation
- 41+ Offices, Tacoma to Anacortes
- 167 Physicians 230 Credentialed Providers
- 500,000+ Visits
- 12 Surgery Centers / 32,500 Cases
- Over \$5.5mm in Uncompensated Care
- Physical Therapy and Imaging
- 1300+ employees – “100 Best Companies In Washington to Work For” 2009, 2010, 2011
- Formed 1993 with 40+ doctors
 - Give Physicians “a voice”



Mission/Vision/Values

- **Mission:**
 - To be the leader in physician managed healthcare services
- **Vision:**
 - Excellent Surgical and Clinical Care for Every patient Every day
 - Physician Driven
 - Employee Oriented
- **Values:** Our values transcend all our relationships: Patients, Physicians, Employees, Colleagues, Business Associates
 - Leadership
 - Loyalty
 - Mutual Respect
 - Integrity



Prolience Keys to Success to date

- Physician Focused
- Practice and ASC same Tax ID
- Size
- Geographic spread
- Sub-specialties at most locations
- Only specialties that add to ASC value
- No joint ventures
- Ambulatory cases done at ASC's
- Risk Management
- P4P / Coordinated Projects

Commercial Plan – P4P

- Value – Only differentiating factor in Contracting
- Performance – A measure of value
- 2009 Program
 - Decrease MRI utilization
 - Upper Extremity, Lower Extremity, Lumbar, Cervical
 - No change in "Readmissions"
 - No change in ASC Infection Rate
 - DVT Risk Assessment
 - Pre-ACL Activity Level Form
- 2011 Program
 - Hip/Knee Arthroplasty utilization and cost
 - Sinus Surgery utilization and cost
 - MRI and CT utilization
 - Readmissions
 - Hernia surgical cost

DLI – Ortho/Neuro Pilot

- Since 2007, extended through 2013
- Over 57,000 injured workers seen under pilot
- Rolling out standards statewide
- [DLI ONS Outline.pdf](#)
- **L&I attracted surgeons to the pilot who had lower costs and disability rates to begin with.** Data from the UW Interim Evaluation Report shows that before the pilot began, when compared to other orthopedic and neurological surgeons treating similar injuries, pilot participants had a per claim average of \$704 less in medical costs and 12 fewer days of time loss.
- Formulary prescriptions 97% of the time
- Transferrable knowledge to non work related injuries

How to succeed – P4P

- *Real Value: Regular transparent meetings*
- Trust level higher – see each other working towards goals
- Ability to work as a group
- Money motivates (NSS)
- Low risk = low \$ return , high risk = high \$
- Must constantly discuss value of program and the wins it gets both parties
- Consistently review and tweak program
- Innovation = Savings (if planned correctly)
- Tips:
 - Start small
 - Shared savings

Prolific Surgeons' Future Keys

- Culture Change ?
 - Patient Focused
 - Business Focused
 - Margin Focused
- Relationships
- Growth
- Shared Risk
- Private Practice is not dead
- Specialty/Surgical Care is not dead
- Ancillaries will still succeed
- Collaboration / Coordination
- Isolationism may be dead
- Independence is NOT dead

Ideas / Brain Storming *Next Level*

- Coordinated Care
 - IPA's
 - ACO's
 - Co-Management at Hospitals
 - Open panels to Primary Care
 - Reduce Hospitalization
 - EHR interface / combined record

Ideas / Brain Storming *Next Level*

- Employer Incentives
- Return to Work
- Medical Tourism
- Bundled Care

Ideas / Brain Storming *Next Level*

- Move Cases
 - Medicaid
 - TRICARE
 - Spine (Commercial)

Ideas / Brain Storming *Next Level*

- Give a little
 - Cooperation
 - Non-isolationist
- *Your ideas..... And Thank You!*
