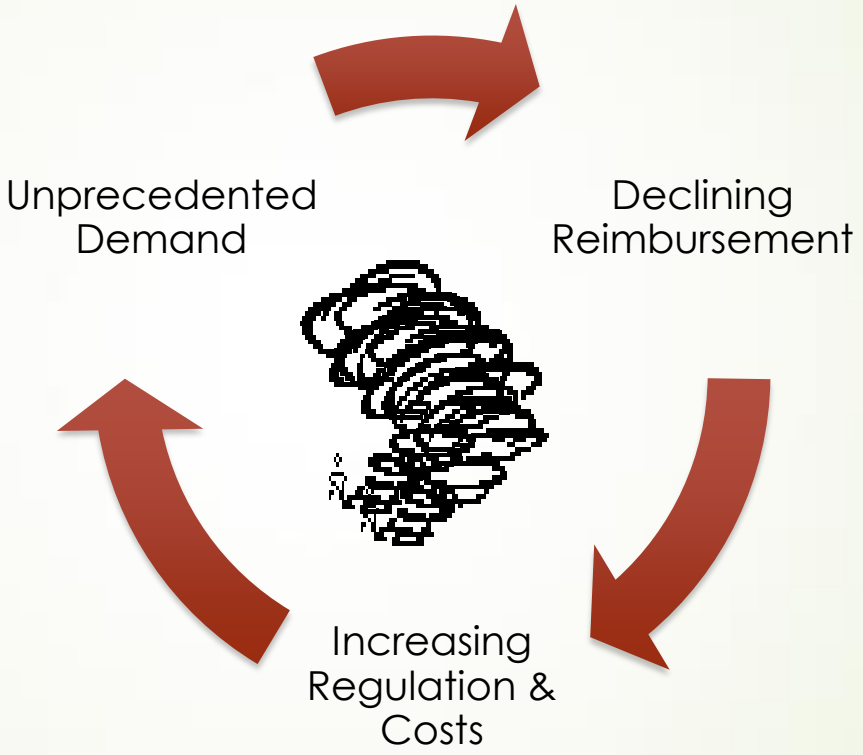
Independent Primary and Urgent Care Perspective on Hospital Relations

Setting the Agenda

- North Idaho Family Physicians – Medical Practice Management Services
- Independent PCP experience
- Old versus new PCPs
- One's own experience and environment
- Challenge of integration
  - Trends
  - Lower cost while maintaining quality
  - New reimbursement system
  - Regulation
  - Seeking the silver bullet

A Perfect Storm…



How PCPs See Themselves

- Everyone feels victimized – Change is tough
- I have a relationship
- Feel autonomous
- Getting old
- Operate outside the hospital
- Low supply and high demand
- Not used to competition
- I don't like risk
- Low man on the totem pole
- Technology as savior

How PCPs See Themselves (Continued)

- Forced embrace of regulation
- Low respect
- Leadership
- What capital
- Little return from a referral
- Low cost provider
- Please see one more a day
- Valuation of Practice
- Losing control
- We are in it together – storm has us all it all its grip

What PCPs Bring to the Business Table

- Hospitals/Large Health Systems Bring
  - Capital
  - IT
  - Business Acumen
  - Recruitment
  - Brand
- Specialist Bring
  - Expertise
  - Commodity

What PCPs Bring to the Business Table (continued)

- PCP
  - Brings market share – power of the referral
  - Who owns the patients
  - What is the value?
  - Traditional Valuation
    - Cost
    - Discounted cash flow
    - Market
  - Cost to build a PCP practice

What the PCPs See the Hospitals/Health Systems Want

- Control – when, where, who, & what
- Work on committees
- Standardization
- Lines of authority
- Stewardship
- Work within big system – engagement
- Independent physician as employees

How Urgent Care See Themselves

- Somewhat new to discussion
- Small player
- Anyone thinks they can do it
- Many models
  - Types – free standing, express care, retail clinics, FastTrack ED, telemedicine
  - Providers – mid-levels, physicians, part-time, retired
  - Service hours
  - Locations
  - Ownership
  - Other Services, FP, work comp, drug testing, limited pharmacy, physicals, allergy testing, lab screenings, CTs, etc

How Urgent Care See Themselves (continued)

- My experience is as independent free standing urgent care
  - Episodic versus chronic care
  - Complimentary to PCP and ED
  - Gap Care
  - Walk in with on-line waiting
  - Every patient relatively new
- More competitive – no schedule
- They can be bought and sold – traditional valuation
- Small player in niche market

How Urgent Care See Themselves (continued)

- PCPs see UC as competition
- ED sees as UC competition
- Get lost in integration
  - Voice at the table
  - Loss of profitability
  - ED relations block by EMTALA

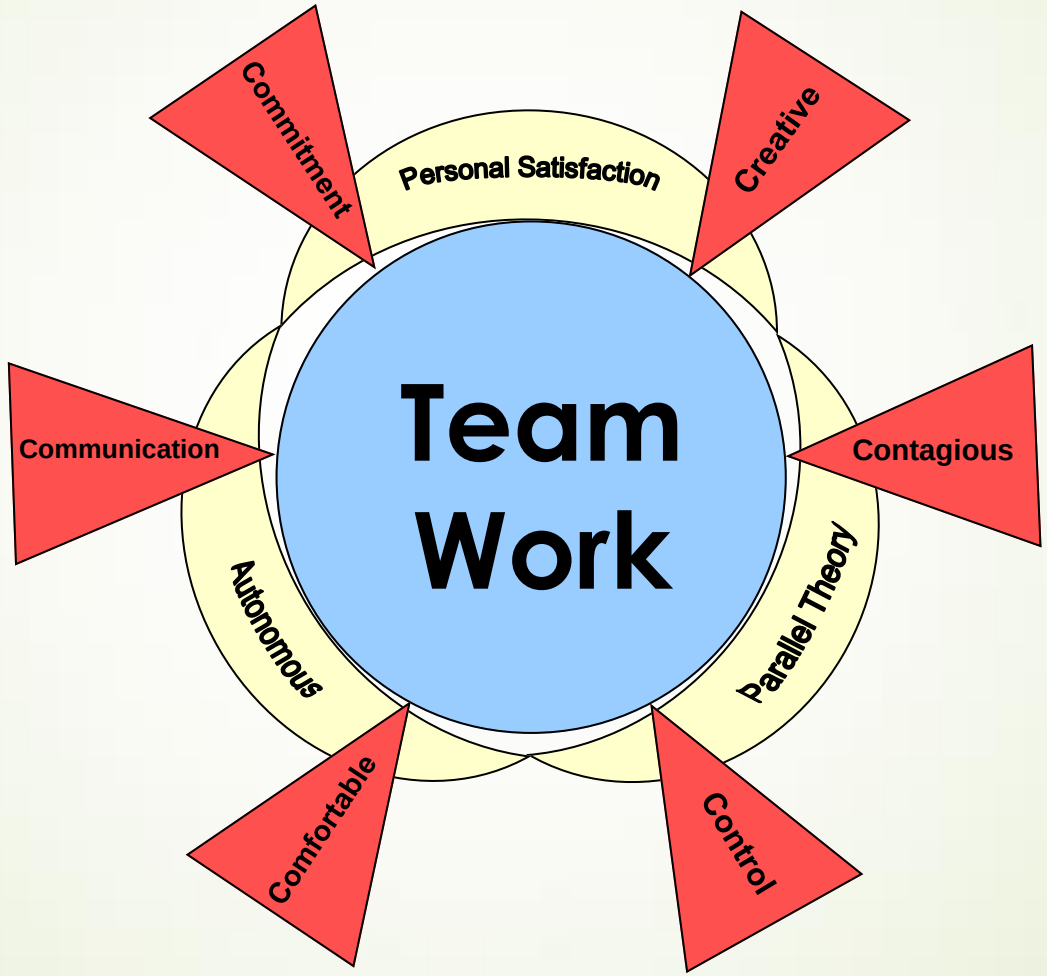
What Urgent Care Brings to the Business Table

- More like a specialist
- Can be valued by discounted cash flow
- Market share depends
- Helps with high demand – fill the gap
- Helps with cost savings

What the PCP See the Hospitals/Health Systems Want

- Control – when, where, who, & what
- Primary care overload
- Lines of authority – told what to do
- Stewardship
- Work within big system - Engagement
- Not concerned with profitability

What to Do


Team Work
Commitment
Personal Satisfaction
Creative
Communication
Contagious
Autonomous
Parallel Theory
Comfortable
Control