



## Physician Collaboration in Global Budget Reimbursement

Published on June 20, 2015 [Edit article](#) | [View stats](#)



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10 articles

*(re-published from Maryland's HFMA newsletter, Winter 2014)*

As Maryland hospital providers move forward toward Global Budget Reimbursement (GBR), physician collaboration has taken priority in supporting the overall success of GBR. During the Maryland HFMA Fall Institute a panel consisting of a private hospitalist group and two Maryland Accountable Care Organizations shared their experiences and views on the challenges of achieving physician collaboration. Common themes were shared during the panel discussion including changing the physician mindset from volume to value, improving communication between physicians across specialties, and providing valuable and discreet metrics to physician groups to improve overall operations.

### Volume to Value

Historically physicians have been encouraged by payment systems to drive volume and not value. The more services provided, the greater the reimbursements. In keeping patients healthy, providers have been penalized financially. Payments systems such as GBR look to encourage value and quality. Providers can take control of healthcare costs to increase net reimbursement. This can be achieved by better management of the patient, including the reduction of unnecessary testing. In shifting to value, physicians are further incentivized to openly communicate with other providers in coordinating care.

### Physician Communication

 Messaging

Coordination of care will be most important within GBR. This coordination will require open and frequent communication between providers that crosses specialties. The objective of increasing communication is to improve patient care and to reduce the need for hospital based services, primary the use of the Emergency Room (ER).

An example given during the panel discussion included handoff communication from the ER physician, to the Hospitalist and finally with the patient’s Primary Care Physician (PCP). The communication and care plans are audited by Care Managers. These same Care Managers may follow up with the individual patient to ensure they are following their care plan at discharge.

This strategy provides for open communication, care coordination and improves patient compliance with discharge plans, including follow up with their PCP, needs for ancillary testing and other follow up services. The impact of the improved communications can lead to deepened metrics.

**Physician Metrics**

Under GBR, physician metrics will evolve from volume based measures to those that are value based. These metrics have been previously established under Accountable Care Organization (ACO) models. Metrics are quality based and include such measures that relate specifically to patient experience, safety, at-risk population measures, and preventive care. This differs widely from volume based metrics such as patients per hour that incentivize strictly on volume and throughput.

Overall the impression towards physician collaboration is favorable. Physician collaboration is not expected to occur overnight. Mutual efforts of both the hospital providers and physicians will be required for success under GBR.

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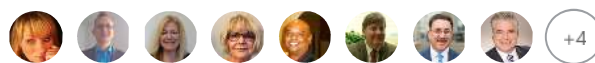
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Thanks **Marlene Miller**

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Institutional Account Director, Zoll LifeVest at ZOLL Medical Corporation

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Well written. Physician collaboration is a MUST and inevitable. Enjoyed reading this.



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