Panel IV: Health Care Services Research on Clinical Integration

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Introduction

- “Integration” is a legal term
- Researchers (generally) study strategies/approaches/mechanisms aimed at improving quality/controlling costs

Why Integration?

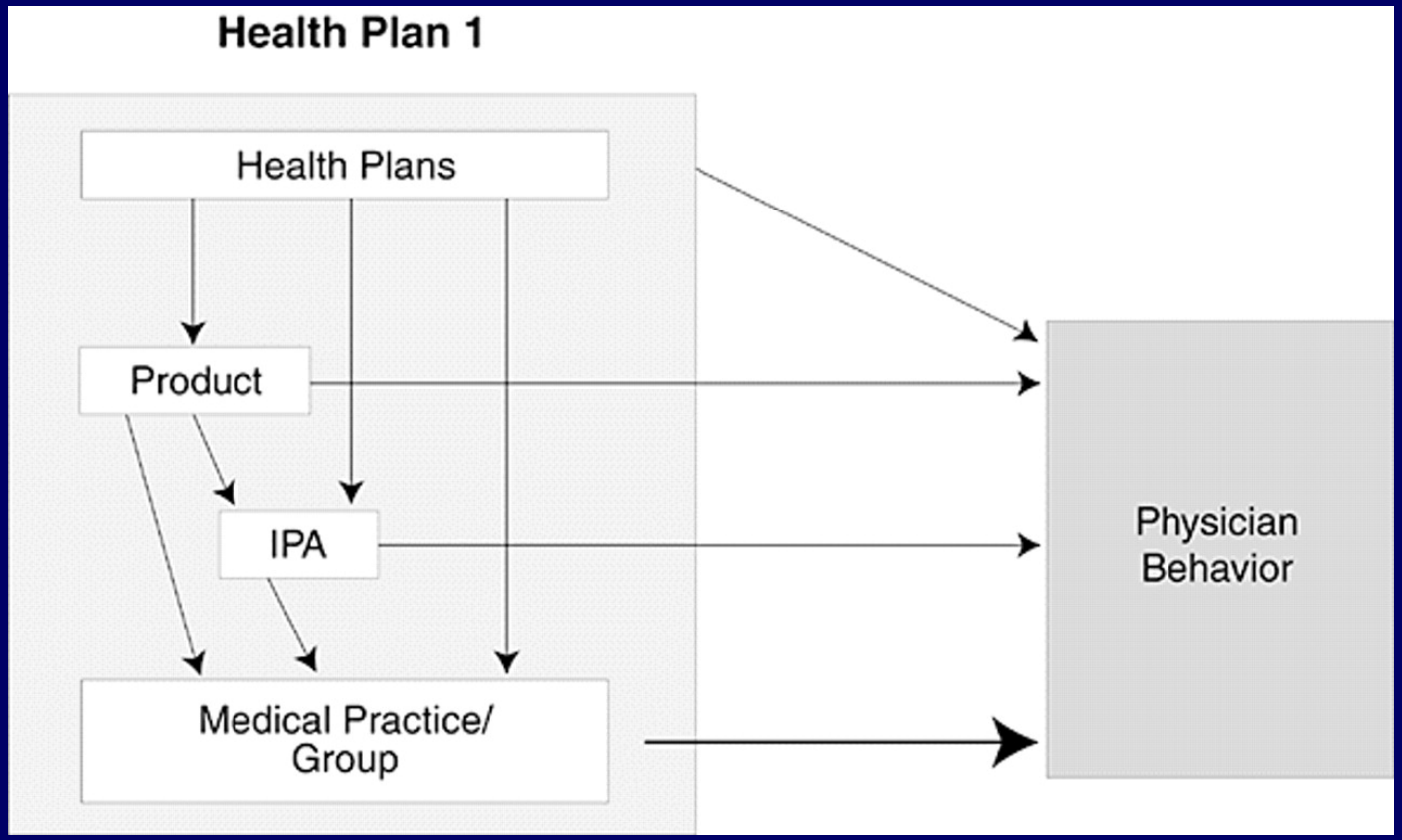
Market Power

- Physician organizations (IPAs, Integrated groups)
- Physician—hospital
- Driven by managed care

Quality/Costs

- Systems approaches
- Investment in quality
- Population management
- Clinical redesign

Possible Paths Of Organizational Influences On Physician Behaviour



Landon, B. E. et al. JAMA 1998;279:1377-1382.

JAMA

Conceptual Framework
Mechanisms to Influence MD Behavior

- Financial Incentives
- Management Strategies (e.g., population health management, “smart” systems, reminders)
- Structural (e.g., on site x-ray/lab, etc.)
- Normative (practice culture)

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Distribution of Physician Visits in the US

Practice Characteristic	Percent of Visits
Size	
Solo	38.5
2-4	34.6
5-9	16.5
10 or more	10.4
Type	
Solo	38.5
Single specialty	44.0
Multispecialty	17.5

Source: National Ambulatory Medical Care Survey 2003

Conclusions

- Market solutions might require integration to achieve improvements in performance
- Integration brings both market power and infrastructure to improve quality and redesign care processes
- Research focuses on organizational approaches that can be used to improve care