



Bill Amery describes how this physician practice's parent company stopped managing and started enabling growth.

QLIMG

Joining Forces



to increase their marketshare and diversify their payer mix. When HIP migrated from a closed-staff HMO business model to one that also incorporated non-HIP physicians, it opened the door to the development of independent physician groups, such as Queens Long Island Medical Group.

Although QLIMG is an independent, physician-led corporate entity, its 22-location practice still holds strong business ties with HIP. Nearly 80% of Queens Long Island Medical Group's patients are HIP insured. "Part of our incorporation was a result HIP's decision to change its relationship with physician businesses," said Bill Amery, CAO of QLIMG. "Rather than managing these groups, HIP helped its physicians form their own companies."

Since its formation in the late 1940s, HIP developed and managed physician group practices throughout the greater New York City area, providing medical facilities and paying for most group operating expenses. By enabling the formation of QLIMG, HIP cut the ties that bound physicians, diversified the physician practice's payer mix, and provided an opportunity for physician leadership to emerge.

"When you're employed by a big insurance company, physician leadership isn't as necessary," said Amery. "When you're a stand-alone group and your business only focuses on doctors treating patients, you need physician leadership. The change in our relationship with HIP stimulated that."

Market advantage

Five years ago, QLIMG's physicians, in partnership with HIP, began implementation of a system-wide EMR. Although this technology is

In the late 1980s, the health insurance market in New York evolved. The market was flooded with competition, and businesses such as HIP (Health Insurance Plan of Greater New York) needed to change their business models to remain relevant and competitive.

In 1991, three HIP-owned physician groups in Long Island, New York, decided to join together





quickly becoming the norm in the healthcare industry, the breadth and scope of this group practice's EMR exceeds that of most practices in its region.

QLIMG's EMR implementation will be completed in 2007; only four years after the initial discussions began, all 22 centers will be connected. Although the technological aspects of the implementation were challenging, getting each of the physicians on the same page was almost more difficult. "Some of our physicians approached the electronic system with hesitancy, and rather than forcing the issue, we flooded them with staff support," said Amery. "Trainers were on hand to answer any of their initial questions from the moment they left one patient to the moment they went in to see another."

For the first two weeks, QLIMG reduced physician patient loads by 10% to 20% and added other supports to help with patient overflow. Amery admits his organization's approach was not unique; rather, it simply copied the successes of others, but it did nonetheless reduce the chances of patient dissatisfaction.

"By under-booking our patient visits, we gave each member of our staff an adequate amount of time to learn the system without being overwhelmed," said Amery. "Because we are one of the only physician groups on Long Island to have so many locations connected by an EMR, we've enhanced our market advantage. Our patients can walk into any of our 22 locations and have instant access to their medical records."

Quality reward

In addition to providing nearly 80% of QLIMG's patient base, HIP continues to play a financial and quality control role in the organization. Each year, HIP sets aside \$19 million cumulatively in bonus money to reward QLIMG each time it reaches a clinical or service quality measure having to do with patient access, satisfaction, and an array of HEDIS (Health Plan Employer Data and Information Set) standards. The HEDIS measures include

tracking for pediatric immunizations, Hg A1C testing in the diabetic population, and if mammography screenings are performed in a timely and age-appropriate manner.

"As part of our management services agreement, HIP provided standard measures of care for chronic illness and identified ways we could enhance our preventative measures," said Amery. "Essentially we are rewarded for doing what any good physician group should—increasing patient satisfaction levels, improving our quality of care, and providing better patient access."

This past year, QLIMG was rewarded with a multi-million dollar bonus for quality care and improved patient satisfaction. In addition, HIP analyzes whether or not QLIMG is appropriately managing its hospital admissions.

"Providing high quality, low cost alternatives to hospitalization benefits our business and enhances HIP's bottom line," said Amery. "Putting patients in the hospital is extremely expensive. HIP's role as a health insurance provider complements its role as a partner in our business. If we're doing what we should, all parties benefit."

Having those quality control measures in place gives Amery and his physicians the chance to work on enhancing QLIMG's presence from a visual perspective. The company's current logo consists of pale blue lettering on a white background—not enough of a dazzler to draw people away from visual enticements. However, if signage is one of QLIMG's biggest concerns, Amery believes his organization is doing well.

"Each location has a modest and, frankly, non-descript sign that says Queens Long Island Medical Group, and we're working on ways to enhance our branding prominence," said Amery. "Moving forward, we will affirm our identity as a group of doctors that are committed to their patients and community. We will do this while respecting our roots as an HIP provider, but also finding ways to serve a bigger piece of our healthcare consumer market." ■

—Amanda Barber



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