

An Evaluation of Clinical Models to Integrate Physicians and Hospitals

Posted on June 10, 2018

The current economic climate and health screening have critically reassessed previous and existing models to integrate physicians and hospitals. Despite this being the most common model of independent, independent, private practice, medical personnel, and surgical specialists, such as vascular surgeons, are increasingly used and integrated into healthcare systems. At least the level of integration varies from full integration to full employment. (Satiani & Vaccaro, 2010)

This review recognizes the forces that influence these changes, and the strengths and weaknesses of each model of employment in physics are analyzed. Strategies for the successful implementation of the integrated employment model in the 21st century are discussed. One of the weakest and most curious relationships in healthcare is the relationship between doctors and hospitals. Symbiotic relationship based on development. Offices cannot work without doctors, but not all doctors should work in a hospital. Doctors have a choice of hospitality or commitment, using hospitals for the health system. Practitioner's practice methods vary from a practitioner, working among them, to a full-time hospital worker, including some employment models. (Satiani & Vaccaro, 2010)

The national economic and healthy environment has been given the strength to reassess models with a wide range of applications for primary care physicians (PPS) and specialists. The hospitals in which doctors work have changed significantly. In the last 4 or 5 years, Merritt Hawkins reported that the number of calls to the hospital increased to doctors by almost 300%, and their search queries increased accordingly to experts for employee occupations.

This article deals with the integration of physicians and hospitals and the forces that include the current situation for vascular surgeons. In the past, we will discuss the essence of the different types of doctoral studies. Finally, from the doctor's perspective, the goals of total integration are set out, and the factors that are important to achieving success. Make sure most of the doctors are still working independently, but most have enough interaction with the hospital and the health system, and this discussion will be relevant to them.

Integration and integration Many of them have defined medical practices as a prototype of the cottage industry, an independent department with each application. Before dealing with integration with a hospital and a doctor, we need to see how doctors' practice changes. The Center for Education in the Healthcare System (CSHSC) reported that one or two vaccine practices decreased from 47.8% in 1996-1997 (37.5%) from 2004 to 2005 ($P < 0.01$). Physiologists who have been in practice decreased from 61.6% to 54.4%. (Satiani & Vaccaro, 2010)

Unlike PEP, the study indicated that moving to alternative environments, such as hospital centers and

academic institutions, is more likely to be due to the tendency to reduce operating costs and activities and efforts to achieve scale economies. Due to the difficulties associated with the needs of new graduates, private examination groups have the best opportunities to recruit hospital patients' groups of donors to offer or help. In fact, Merritt Hawkins Associates reports that 45% of doctors' orders were made in 2008 and 2009 with over 23% in 2005 and 2006.

Why integration?

"Integration of the brand of subjects such as the strong links between doctors and hospitals, care coordination system, geographical access, quality management, contracting facilities, use control, financial stability, oversight and organized a large-scale economy. , cohesion is higher. In terms of the doctor, "cost management, better access to other service providers and support systems, access to a wider range of support services, financial stability, and security, improving customer satisfaction, access to educational resources and access to information systems, group discounts to improve purchasing, strategic planning, and image enhancement in the community.

Clinical model (full integration)

Advantages

1 Clinical supervisor manages the patient care initiative; the role of management (Satiani & Vaccaro, 2010)

2 The doctor keeps there and the application infrastructure.

Can 3 change leadership roles?

4 Care income

5 The balance of business life can be better

Disadvantages

There is a group in one hospital.

2 Integration can be difficult

3 Co-deaccessioning

4 Doctors responsible for the management

Clinical Model or Base

The clinical model essentially provides an integrated opportunity for doctors and hospitals. The Cleveland and Mayo Clinic is the best representative of this model. Doctors work for the fund, which is not profit-oriented, and all are in the healthcare system. Doctors remain in a separate company, which provides all their compensation through a professional service agreement. Initial costs of the health system are very important in terms of applications, including tangible and intangible assets, and hiring new graduates. However, when it is in place, the deduction of the doctor is enormously due to income security and job satisfaction. (Satiani & Vaccaro, 2010)

The Fund's unique model represents significant legal restrictions between the hospital and the doctor in relation to the transfer of income. Market or higher standards support compensation for the doctor, which attracts the best practitioners. The initial establishment of the tax exemption status is very expensive and consuming. Compensation can be based on fixed fees or a percentage of the collection but at the discretion of doctors. In addition, this model provides the best prices for taxpayers, ensuring that the most systematic and systematic control costs are remunerated in terms of cost-effective assistance through the ongoing harmonization of doctors and healthcare systems. It is important to note that doctors have fair representation in management, and in most cases, there is a senior doctor's manager. to maintain medical groups that do not control the trusted healthcare system and through the practice standards and distribution of income allocated to them. The full contract is made to deliver payers to the healthcare system. The health system can sustain capital as necessary to improve practical success. Considering the healthcare system, complex integration, time-consuming, and cost, asking questions such as: Why is the hospital trying to integrate it? Doctors are thinking that everything is under control, but the causes are complicated and numerous. In the first place, the likelihood of breaking revenue streams, such as standing outpatient surgery, spontaneous, and imaging centers, after the break. Outline surgical sizes grow at a growth rate of > 6%, although the annual growth in outpatients is constant. (Satiani & Vaccaro, 2010)

Hospitals have special concerns about vessel surgeons. The market for chronic diseases is crucial to the long-term growth of disease margins. The main reasons for ensuring the use of professionals in the cardiovascular system instantly are to encourage them to achieve quality and goals, to prevent their cooperation with partners, and the impact of anti-kickback and Stark law. The doctor has more than \$ 1.5 million for all professionals and \$ 2 million for vascular surgeries.

Secondly, during the hospital period more competitive pay from consumer and government organizations, constantly responding to the pressure has become a quality and conscious system, thus looking at efficiency: operational, clinical, and strategic at the same time as the benefits of innovation and the expansion of the mission,

Then, look for hospitals for the future, and there are not many surgeons. Population and analysis workload, in the case of any change in the current paradigm of education until the year 2030 330 399

ediyor.7 hospital signature vessel.7 among surgeons, 1980, and in the early 1990's many of the reasons return to her role as an employer there. Although they are no longer paying for goodwill, the costs of their operation, including pay and benefits, are important. Some retention applications failed due to technological advances and the need for capital investment to align, offices and electronic medical records with the health system. As noted, however, hospitals also recognize significant income from surgical specialties.

The economy is primarily determined by the use of employment in hospitals. Overhead repayments are growing, the applications cannot compete with the deepest hospital pockets of new hospitals and a more complex regulatory environment. In addition to inadequate capital for major technological innovations and a greater amount of business, doctors are looking for profitable security. Young doctors want to work less time for predictable compensation. (Satiani, 2013)

The study of the causes of stress and burnout among responding surgeons is different, but generally, they are "lack of independence, difficulty to balance a personal and professional life, emergency management responsibilities and high numbers of patients." Often, losses of independence are one of the important factors that surgeons consider when thinking about retirement or professional change. 608 In a study by the doctor Kaiser Permanente, it is seen that control of the application environment is the only significant factor. So why do doctors refuse to give them the greatest reward to work in the healthcare system or in the hospital? Most medical practices are met through a patient ratio division (50%), smart incentives (40.7%), as well as professional and professional relationships (54.2%), insurance problems (51.6%), as well as abuse of position official and protection goals for medical problems go individual and small groups of medical security, information, and independence for better work-life balance. Two-thirds of the members of the vascular surgical department consist of special specialists with membership or non-members. Some members, although not used in hospitals, are privately practiced by vascular surgeons, knowing that their success is the autonomy that is directly related to their hard work, some of their heads, or do not respond to the academic hierarchy and Multiple vascular surgeons can be found. If a doctor reports employment in the healthcare system, he does not create the ideal model. It depends on the existing interest groups, the past history between the parties, the volume of the doctor's group, where it is, healthcare resources and board commitment, terms of practice and trends, and the economic climate in the community. The current economic environment is able to buy a medical business under repayment pressure for strong financial systems. (Satiani & Vaccaro, 2010)

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