

2009

Enhancing Medical Group Governance

Web Survey 2009

Review what leaders from over 115 group members of the American Medical Group Association observe in a Fall 2009 Web Based Survey on governance challenges and opportunities for enhanced group performance.

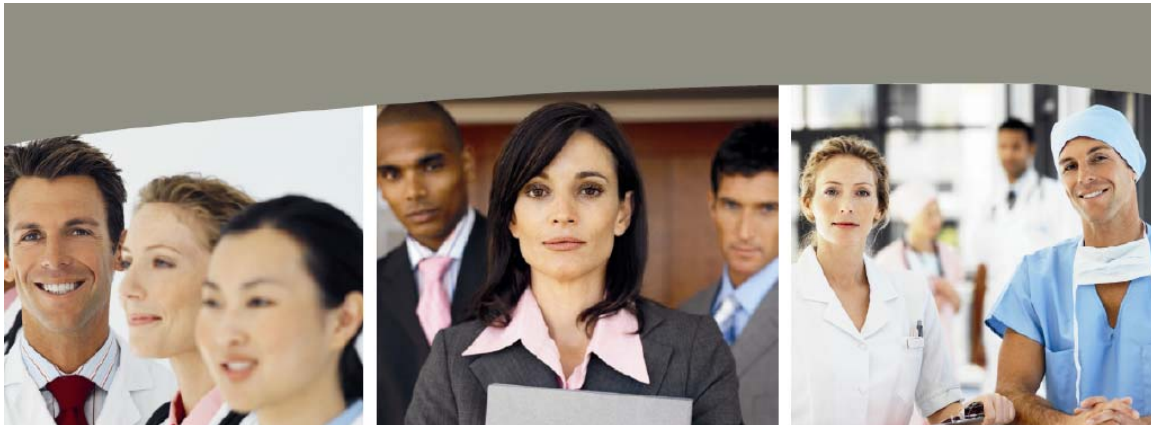
**Survey conducted as collaboration with
American Medical Group Association, The Governance
Institute and Integrated Healthcare Strategies**

Governance Matters
11/13/2009



Strategic Initiatives for Better Medical Group Governance

Results from Web Survey
Fall 2009



Leaders from over 100 large medical groups that are members of the American Medical Group Association (AMGA) participated in a web based survey of trends in the board work and governance of large medical groups. The survey was conducted as a collaborative project among AMGA, Integrated Healthcare Strategies, and The Governance Institute.

The preliminary findings of the study are being reviewed with senior leaders of AMGA at its Council Meeting In New Orleans November 13 2009.

This Summary Report includes the data responses to structured questions about the governance of these large groups, as well as verbatim, narrative insights shared by the respondents about what they see as the top challenges facing the boards of large groups, as well as the top initiatives for enhancing the performance of the boards of these groups.

Additional studies, interviews and focus groups to probe and expand on the findings of the survey will be conducted over the next few months by Integrated Healthcare Strategies to add insights into best practices for great governance of medical groups.

Top Challenges facing Boards of Large Medical Groups:



The leaders of the 115 responding groups identified dozens of observations about their board work that can be summarized in to the following top 10 challenges that frustrate the boards from achieving governance excellence. Many are similar to the 2005 survey findings, but in 2005 there was a focus of concern on inter-personal and departmental challenges within the board, and this year more strategic issues of payment, mergers, and integrated care models are surfacing on the plates of group boards.

1. The board is wrestling with its strategic focus on what is best for the group within an array of issues, such as:
 - a. Managing squeeze from new bundled payments in era of reform;
 - b. Sorting physician-hospital alignment challenges-opportunities;
 - c. Finding capital for push to enhanced EMR; and
 - d. Multiple agendas and self-interests of board members who come to the board table seeking more to represent a narrow interest rather than advocate what is in the best, long-term interest for the collective good of the group.
2. Inability to stay focused on strategic versus tactical or operational details of the practice. Unable to clearly distinguish between board work (strategic and macro) versus management (Tactical and micro).
3. Lack of effective way to build and own a true, shared vision of what the group needs to look like, and how it should behave in the future; and how best we should collaborate to get from here to there.
4. Lack of time from physician leaders to both practice and be a smart, well informed board member. Time constraints have double negative impact: inadequate time to prepare for, and be educated about the board's important strategic decisions that are (or should be) in the board's agenda; and time to openly and intelligently discuss the important issues during our regular meetings.
5. Inability of board to make, then implement tough, evidence-based decisions on policies that objectively balance such practice and personal performance issues as:
 - a. A patient first commitment to superior clinical outcomes and patient safety;
 - b. Optimizing financial ROI for the group; and
 - c. Ethical and personal behavior physician members.

6. Unwillingness or inability to find the money to invest in physician leadership development at management level, and at the board level of the group.
7. General complexity of and speed of change within our industry.
8. Lack of clear plans for board member selection and succession planning.
9. Irony of not enough quality nor frequency of communications between board and shareholder physicians, but boards that are too often branded as “Too Democratic”
10. Lack of experience and objectivity in board work, by not having enough non-physicians on board, or at least helping to guide and stretch the thinking and decisions of the board.

How do these potential frustrations relate to your own board situation?

What are building blocks to remove, reduce or work-around these obstacles in groups like yours?



Strategic Initiatives for Better Medical Group Governance

The respondents identified these top 10 actions that boards should take to enhance their board effectiveness and efficiency: (Complete responses are shown in attached survey results.)

1. Significantly bigger and smarter investments into board member and group leaders' education and development (training; information on best board practices; board mentors; and customized learning events).
2. Measure and report much clearer performance expectations for all board members, board committees, and the board as a whole. (provide job descriptions; committee work plans; do an annual board self-assessment; and report board work transparently (face-to-face and via intranet) to shareholders).
3. Dramatically enhance the frequency and quality of two-way communications between board and physician group members (shareholders). (build "trust through transparency"; practice "learn-to-listen, and listen-t- learn" mentality; develop better systems for two-way informing and polling of full group so we can make faster and smarter decisions at board meetings).
4. Encourage sharper board focus on our strategic challenges and opportunities; i.e. focus on "the windshield, not the rear view mirror" (Periodic strategic thinking and planning retreats; greater reliance on group performance "dashboards"; benchmarking our performance with other large groups; and rely more on continuous market and industry trend spotting and scanning).
5. Groom, recruit, orient, educate and pay better for board members with real governance and leadership competencies. (spice up board composition with non-physician experts; expect higher performance and preparation for board work that is paid for; be more formal with board job descriptions and with annual performance reviews).
6. Establish a more "corporate model of governance" with more formal governance authority and board policies. (consider term limits that balance need for "fresh thinking, new experiences" with "continuity of insights into our heritage and priorities"; board meeting agendas that are known in

- advance; clearer lines between what is governance and what is management turf; prompt, concise and accurate minutes of board work easily available).
7. Support a board decision-making culture that has low tolerance for disruptive behavior among shareholders and board members, and has “the backbone to follow-through and follow-up” on difficult decisions where group member’s need to be disciplined, or where big changes are needed in our strategic quality and financial plans.
 8. Assure that board agendas always favor patient quality and safety issues with our other fiduciary responsibilities for group fiscal vitality and shareholder professional growth.
 9. Make sure board meetings provide enough time and flexibility for higher quality discussions about our strategic challenges and opportunities, not just listening to reports.
 10. Board work needs to drive toward what is strategically important for the long-term vitality of the group, not entangled in issues of smaller parts or specialties of the group.

What additional actions would help improve board performance in an organization like yours?

Please take time to review the many other verbatim, and useful insights that are shared by the respondents in the attached survey findings report.

Thank you for all your are doing to enhance the performance of our nation’s large medical groups and healthcare systems.

For questions, comments of idea exchange, please contact Jim Rice at jim.rice@ihstrategies.com or cell 612-703-4687



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Web Survey 2009 Findings in Detail



American Medical Group Association®

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American Medical Group Association - Trends in governance of large medical groups

Demographics: Our main office is located in:

	Number	Percent	95% CI
Alabama	0	0.0 %	± 0.0 %
Alaska	0	0.0 %	± 0.0 %
Arizona	0	0.0 %	± 0.0 %
Arkansas	0	0.0 %	± 0.0 %
California	17	15.7 %	± 6.4 %
Colorado	3	2.8 %	± 2.9 %
Connecticut	1	0.9 %	± 1.7 %
Delaware	0	0.0 %	± 0.0 %
Florida	4	3.7 %	± 3.3 %
Georgia	2	1.9 %	± 2.4 %
Hawaii	1	0.9 %	± 1.7 %
Idaho	0	0.0 %	± 0.0 %
Illinois	5	4.6 %	± 3.7 %
Indiana	2	1.9 %	± 2.4 %
Iowa	4	3.7 %	± 3.3 %
Kansas	1	0.9 %	± 1.7 %
Kentucky	1	0.9 %	± 1.7 %
Louisiana	2	1.9 %	± 2.4 %
Maine	0	0.0 %	± 0.0 %
Maryland	1	0.9 %	± 1.7 %
Massachusetts	5	4.6 %	± 3.7 %
Michigan	2	1.9 %	± 2.4 %
Minnesota	3	2.8 %	± 2.9 %
Mississippi	0	0.0 %	± 0.0 %
Missouri	0	0.0 %	± 0.0 %
Montana	1	0.9 %	± 1.7 %
Nebraska	0	0.0 %	± 0.0 %
Nevada	0	0.0 %	± 0.0 %
New Hampshire	0	0.0 %	± 0.0 %
New Jersey	3	2.8 %	± 2.9 %
New Mexico	1	0.9 %	± 1.7 %
New York	3	2.8 %	± 2.9 %
North Carolina	3	2.8 %	± 2.9 %
North Dakota	2	1.9 %	± 2.4 %
Ohio	5	4.6 %	± 3.7 %
Oklahoma	1	0.9 %	± 1.7 %
Oregon	3	2.8 %	± 2.9 %
Pennsylvania	3	2.8 %	± 2.9 %
Rhode Island	0	0.0 %	± 0.0 %
South Carolina	0	0.0 %	± 0.0 %
South Dakota	0	0.0 %	± 0.0 %
Tennessee	3	2.8 %	± 2.9 %
Texas	5	4.6 %	± 3.7 %
Utah	1	0.9 %	± 1.7 %
Vermont	1	0.9 %	± 1.7 %
Virginia	5	4.6 %	± 3.7 %
Washington	6	5.6 %	± 4.0 %
Washington D.C.	0	0.0 %	± 0.0 %
West Virginia	0	0.0 %	± 0.0 %
Wisconsin	8	7.4 %	± 4.6 %
Wyoming	0	0.0 %	± 0.0 %
Total	108	100.0 %	

Missing Cases = 10

Response Percent = 91.5 %

American Medical Group Association - Trends in governance of large medical groups

Demographics: Main office region

	Number	Percent	95% CI
Midwest	32	29.6 %	± 8.2 %
Pacific	27	25.0 %	± 7.7 %
Northeast	16	14.8 %	± 6.3 %
South Atlantic	15	13.9 %	± 6.1 %
South Central	12	11.1 %	± 5.5 %
Mountain	6	5.6 %	± 4.0 %
Total	108	100.0 %	

Missing Cases = 10

Response Percent = 91.5 %

American Medical Group Association - Trends in governance of large medical groups

Demographics: Number of physicians in your group:

	Number	Percent	Cumulative
Less than 50	7	6.0 %	6.0 %
50 - 100	29	24.8 %	30.8 %
101 - 150	17	14.5 %	45.3 %
151 - 200	17	14.5 %	59.8 %
More than 200	47	40.2 %	100.0 %
Total	117	100.0 %	100.0 %

Missing Cases = 1

Response Percent = 99.2 %

American Medical Group Association - Trends in governance of large medical groups

Demographics: Number of your Board members who are:

	Mean	SD	Median	Total
Physician members	10.5	9.0	9	117
Non-physician employees	2.2	6.1	1	69
Community members	3.5	5.7	0	61
Total Board members	11.8	5.9	10	103

American Medical Group Association - Trends in governance of large medical groups

Demographics: Our group is:

	Number	Percent	95% CI
Community based	104	90.4 %	± 5.9 %
Based in an Academic Medical Center	11	9.6 %	± 5.3 %
Total	115	100.0 %	

Missing Cases = 3

Response Percent = 97.5 %

American Medical Group Association - Trends in governance of large medical groups

Demographics: Which of the following best describes your group's total revenue?

	Number	Percent	Cumulative
Less than \$1 Million	0	0.0 %	0.0 %
\$1 - \$100 Million	42	36.5 %	36.5 %
\$100 - \$200 Million	34	29.6 %	66.1 %
\$200 - \$300 Million	14	12.2 %	78.3 %
\$300 - \$400 Million	6	5.2 %	83.5 %
\$400 - \$500 Million	6	5.2 %	88.7 %
\$500 - \$600 Million	1	0.9 %	89.6 %
\$600 - \$700 Million	1	0.9 %	90.4 %
\$700 - \$800 Million	1	0.9 %	91.3 %
\$800 - \$900 Million	1	0.9 %	92.2 %
\$900 - \$1 Billion	3	2.6 %	94.8 %
More than \$1 Billion	6	5.2 %	100.0 %
Total	115	100.0 %	100.0 %

Missing Cases = 3

Response Percent = 97.5 %

American Medical Group Association - Trends in governance of large medical groups

Demographics: Estimated Productivity (annual revenue in millions per physician)

Minimum = 0.2

Maximum = 19.7

Mean = 1.5

Median = 0.9

Standard Deviation (Unbiased) = 2.1

95 Percent Confidence Interval Around The Mean = 1.1 - 1.9

99 Percent Confidence Interval Around The Mean = 1.0 - 2.0

Quartiles

1 = 0.7

2 = 0.9

3 = 1.5

Valid Cases = 114

Missing Cases = 4

Response Percent = 96.6%

American Medical Group Association - Trends in governance of large medical groups

Please rank the 3 most important benefits of great medical group governance. (rank 1, 2, 3)

(N=118)

	Mean & SD	1st	2nd	3rd	Total
High quality patient care	1.6 0.7	38 32.2%	24 20.3%	12 10.2%	74 62.7%
Enhanced strategic planning for the group	1.7 0.8	46 39.0%	19 16.1%	18 15.3%	83 70.3%
Enhanced culture development	2.0 0.8	15 12.7%	16 13.6%	14 11.9%	45 38.1%
Higher employee morale	2.0 0.0	0 0.0%	1 0.8%	0 0.0%	1 0.8%
High financial success	2.3 0.7	8 6.8%	23 19.5%	21 17.8%	52 44.1%
High physician satisfaction	2.3 0.7	6 5.1%	17 14.4%	20 16.9%	43 36.4%
Better facilities and equipment	2.4 0.9	1 0.8%	1 0.8%	3 2.5%	5 4.2%
Better electronic information systems	2.4 0.7	1 0.8%	4 3.4%	5 4.2%	10 8.5%
Better leadership succession and development	2.5 0.8	4 3.4%	5 4.2%	15 12.7%	24 20.3%
Enhanced role in medical education and research	2.5 0.7	0 0.0%	1 0.8%	1 0.8%	2 1.7%
High integrity in our financial management systems	2.6 0.5	0 0.0%	3 2.5%	4 3.4%	7 5.9%
Better physician recruitment	2.6 0.5	0 0.0%	4 3.4%	6 5.1%	10 8.5%

American Medical Group Association - Trends in governance of large medical groups

Please rank the 3 most important benefits of great medical group governance. Reverse scale & weighted by the number of respondents (Higher number = greater weighted importance)

	Mean	SD	Total
Enhanced strategic planning for the group	1.6	1.3	118
High quality patient care	1.5	1.3	118
High financial success	0.8	1.0	118
Enhanced culture development	0.8	1.1	118
High physician satisfaction	0.6	0.9	118
Better leadership succession and development	0.3	0.7	118
High integrity in our financial management systems	0.1	0.4	118
Better electronic information systems	0.1	0.5	118
Better physician recruitment	0.1	0.4	118
Better facilities and equipment	0.1	0.4	118
Higher employee morale	0.0	0.2	118
Enhanced role in medical education and research	0.0	0.2	118

American Medical Group Association - Trends in governance of large medical groups

Other benefits of great governance are:

Better leadership succession and development; enhanced cultural organizational health -- creating and maintaining a healthy organization; creating a constructive relationship with management that is also healthy.

Group Cohesiveness and ability to recruit top physicians, as well as providing an environment for younger physicians to participate in a leadership role.

Representation from all practice facilities leads to more trust and confidence from physician members.

Recruitment is facilitated. Strategic planning is supported.

Public board members provide a 'moral compass' for the group

Group by in to difficult decisions

Accountability for oversight, though not management

Community board helps insure alignment of strategy to mission, vision and values. Physician board members provide knowledge base that helps bridge clinical practice and operations.

foresight, group mentality, physician owned, physician lead, patient centered

physician satisfaction, financial success, enhanced ability to shape culture.

As it is today: our focus is ourselves. As it could be: an expanded view/focus, in which we see ourselves in the context of a larger environment; an important part of the 'ecology of care' as it were.

Strong leadership in clinical and business management.

enhanced strategic planning; leadership succession; financial success

Strategic planning, culture development, and leadership development all lead to key outcomes: 1) financial success, high quality care, high physician and staff satisfaction and recruitment

Confidence in the on-going quality of leadership that will be available to the group

Clear and unified goals, objectives & tasks

Focus on adding value for customer

Adherence to an organization's mission statement.

strategic planning and better financial analysis

Adaptability to the changing landscape. Trust---docs and staff.

high patient satisfaction

Better patient satisfaction, employee morale, and physician satisfaction in that order.

collaboration among physician colleagues

Survival as an independent entity

Efficient management of physician practices, advantaged contracting, financial rewards to fund quality initiatives and physician members

Alignment of group members with strategic direction.

American Medical Group Association - Trends in governance of large medical groups

Other benefits of great governance are:

enhance one's skill set; educational opportunities and better understanding of the national health care debate

Provide a better communication channel for physicians

Clear separation between governance and management with accountability assigned to both.

Advice and involvement of experienced community trustees.

shared goals and administrative structure Contracting and relationships with other HC entities

This is difficult to articulate in a short manner as many of these characteristics build on one another. Great leadership and strategic thinking leads to patient, MD and employee satisfaction as well as enhanced cultural development. All are critically important to long term financial and professional success, not to speak succession and longevity for and within the group.

enhanced culture development

Collegiality. Better recruiting and retention. Adoption of EMR.(Board meets weekly. That number cannot be entered below)

High patient and physician satisfaction

Physician and employee satisfaction, financial success.

Quality Care

Alignment with in the group practice.

American Medical Group Association - Trends in governance of large medical groups

Our Board size is:

	Number	Percent	95% CI
1=Too small	4	3.4 %	± 3.3 %
2=Appropriate	93	78.8 %	± 7.5 %
3=Too large	16	13.6 %	± 6.3 %
=Not sure	5	4.2 %	± 3.7 %
Total	118	100.0 %	

Mean = 2.1
SD = 0.4

Missing Cases = 0
Response Percent = 100.0 %

American Medical Group Association - Trends in governance of large medical groups

How often does your Board meet in a year?

Minimum = 4

Maximum = 24

Mean = 13.4

Median = 12

Standard Deviation (Unbiased) = 6.5

95 Percent Confidence Interval Around The Mean = 12.2 - 14.6

99 Percent Confidence Interval Around The Mean = 11.9 - 15.0

Quartiles

1 = 10

2 = 12

3 = 16.5

Valid Cases = 115

Missing Cases = 3

Response Percent = 97.5%

American Medical Group Association - Trends in governance of large medical groups

Does your board meet:

	Number	Percent	95% CI
1=Not enough	4	3.4 %	± 3.3 %
2=Appropriate	97	82.2 %	± 7.0 %
3=Too often	14	11.9 %	± 5.9 %
=Not sure	3	2.5 %	± 2.9 %
Total	118	100.0 %	

Mean = 2.1
SD = 0.4

Missing Cases = 0
Response Percent = 100.0 %

American Medical Group Association - Trends in governance of large medical groups

Approximately what percentage of your Board meetings are focused on:

	Mean	SD	Median	Total
Other strategic issues	30.7	16.0	30	118
Other operational issues	24.6	13.9	20	118
Quality medical care	18.7	11.6	18.5	118
Physician compensation	12.5	9.8	10	118
Miscellaneous	8.5	10.1	5	118
Physician work life issues like call, schedules, etc.	5.0	8.8	5	118

American Medical Group Association - Trends in governance of large medical groups

To what degree do you believe your Board is working to achieve the following possible strategic goals?

(N=118)

	Mean & SD	Very Low Priority				Very High Priority	Total
Improve the quality of our patient care	4.3 0.9	2 1.9%	4 3.8%	10 9.5%	38 36.2%	51 48.6%	105 100.0%
Strengthen our recruitment of needed physicians	3.9 1.0	2 1.9%	11 10.3%	17 15.9%	46 43.0%	31 29.0%	107 100.0%
Make it easier for our patients to receive one-stop-access to medical care	3.9 1.2	6 5.6%	9 8.4%	18 16.8%	35 32.7%	39 36.4%	107 100.0%
Enhance our relationships with hospitals	3.8 1.1	6 5.7%	8 7.5%	23 21.7%	38 35.8%	31 29.2%	106 100.0%
Attract a high caliber of practice management support staff and systems	3.5 1.2	9 8.6%	12 11.4%	29 27.6%	29 27.6%	26 24.8%	105 100.0%
Enable a stronger voice in future health reform debates	3.3 1.2	9 8.7%	19 18.3%	26 25.0%	32 30.8%	18 17.3%	104 100.0%
Enhance marketing for our practices	3.1 1.0	7 6.6%	15 14.2%	48 45.3%	29 27.4%	7 6.6%	106 100.0%
Secure better managed care contracting terms	3.0 1.5	26 24.5%	12 11.3%	22 20.8%	25 23.6%	21 19.8%	106 100.0%
Share overhead costs in managing our practices	2.8 1.3	23 21.7%	18 17.0%	29 27.4%	27 25.5%	9 8.5%	106 100.0%
Earn income by establishing a diagnostic imaging and treatment centers	2.6 1.5	38 36.5%	17 16.3%	14 13.5%	22 21.2%	13 12.5%	104 100.0%
Save money in group purchasing activities	2.5 1.2	25 24.0%	32 30.8%	25 24.0%	17 16.3%	5 4.8%	104 100.0%
Earn income by establishing an ambulatory surgery center	2.1 1.4	53 51.0%	15 14.4%	13 12.5%	16 15.4%	7 6.7%	104 100.0%
Support CME opportunities among our members	2.0 1.2	48 45.7%	23 21.9%	20 19.0%	10 9.5%	4 3.8%	105 100.0%

American Medical Group Association - Trends in governance of large medical groups

Other more important goals should be:

long term sustainable model

Communication and education of member physicians; ensuring a high performing physician organization in patient satisfaction and physician utilization of resources; ensuring management bench strength; creating and maintaining a healthy management and board relationship

many of the above we already have in place so i was unsure how to answer

Enhancing operations to improve patient experience.

Transforming to all technology that will enhance financial performance and provide better quality management of patients

Enhance quality of care through initiatives including EHR implementation.

Becoming an accountable care organization

preparing to be an accountable care organization

Board role is oversight, not operations - it must be diligent in maintaining this separation.

enhance further revenue streams, diversification

Improving patient satisfaction, physician leadership development

culture development

1. Identify each year 1-2 initiatives that will improve care. 2. Create a program to internally develop leaders. 3. Offer students-in-training formalized internship opportunities.

Protecting the financial viability through changes that are outside the groups direct control and staying involved in the negotiations/debate.

We believe that docs must have a strategy to prosper in a rapidly changing environment and we must execute that strategy well. We feel successful in this regard.

1. Performance reviews for medical-administrative management team 2. Communications to all constituents in this challenging environment 3. Response to health reform challenges or opportunities 4.

develop a career transition program

Most of the goals listed above are operational, not strategic.

ability to do battle with hospitals who try to inappropriately flex their muscles

reduce variation in work and care processes; develop sustainable business model;

Becoming more transparent in quality outcomes/costs/fees

Strengthen the culture, improve the financial performance, strategically position the group for where health care is going, not where it is.

Improve patient, employee and physician satisfaction

Physician recruitment and group finances are primary Board responsibilities.

Regular Measurement of Patient Satisfaction

Revising the comp plan

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Other more important goals should be:

Establishing a provider compact - gives and gets

Financial survival as an independent primary care dominated group

Use of Nurse Practitioners. Exit plan for physicians retiring from the practice. EHR roll-out. Hiring of additional Specialists.

Enhance culture of group

-

survival

Philanthropy, capital allocation, evaluation of senior management

Strategic growth and meeting our communities needs.

integration with health systems, shared revenue , wRVU formulation

Three to five year strategic plan for growth and development.

maintaining group stability

Developing a collaborative co-leadership structure.

Our Board is chiefly focused on financial issues.

Creating a patient centered experience

Establish budget and hold management accountable

American Medical Group Association - Trends in governance of large medical groups

What are the 1-2 most important challenges facing the Board of your medical group in the next 18 months?

Expanding Primary Care practices along the medical home model and appropriately transitioning care at the right time along evidence based guidelines

physician/hospital alignment

1. Reducing cost of care and enhancing quality through standardization of practice. 2. Migrating to a more effective governance structure

Hospital relationships; turnover of current board members; management succession planning

Continue strong growth, should we integrate with a hospital

Improving revenue. Improving patient perception and market share.

The development, in our market, of hospital employment of physicians.

1st challenge is finishing our implementation of an EHR and coming in on budget, 2nd challenge is healthcare reform, what will it be and how do we prepare?

Health reform and the uncertainty of this. Medicare payments and further restrictions on practicing good quality medicine.

Strategic planning for growth in the next 5 years. Implementation of new tablets, EHR, and voice activated transcriptions.

1)Effects of Medicare and insurance reform, 2)Integration of ambulatory operations with our university hospital

Health Care Reform, Completion of EMR implementation

major change in compensation system and cultural alignment

Unpredictability of healthcare reform

1) Planning for the impact of health care and health payment reform and 2) Insuring accountability of organization's physician and administrative leadership to achieve quality and operating performance goals.

reimbursements, physician satisfaction and shortages in PCP

Incorporating health care reform requirements

(1)modifying physician comp to align with P4P; (2) removing barriers to access to our practice for patients

integration

1. Maintaining a strategic focus. 2. Being leaders outside of the Board meeting. 3. Strengthen the group culture, not the 'what's in it for me' mentality.

Managing growth and EHR

Recruitment, adaptation to health care reform including potential elimination of Medicare Advantage programs, and solidification of local strategic alliances

Medicare cuts, reform, and it's impact.

Preparing for a national health plan.

Issues that will arise as we implement their strategic initiatives.

1. Difficulty in finding PCPs 2. Financial strain of making investments in time & money for improvements while taking care of a lot of patients.

American Medical Group Association - Trends in governance of large medical groups

What are the 1-2 most important challenges facing the Board of your medical group in the next 18 months?

1. Transforming care delivered through PCMH 2. Overseeing specialty expansion 3. Determining affiliation strategies with our two major hospital partners

adapting to health care reform whatever shape it takes; implementing an EHR

care coordination within medical group; preparing for potential payment reform

law of unintended consequences in health care reform

Medicare cuts and EHR

Merger and economics of healthcare

1) Driving culture to accept changes that are patient centered, and 2) address the challenges of consolidation in our service area.

capital; competition

Changing from a fee-for-service environment to a 'medical home' model, in what Mass. is calling an 'accountable care model'.

1-adoption of solid Board director behavior as we transition from a group run by an executive committee. 2-improve operations so that lower performing doctors have the opportunity and support to get their professional production up to the needed levels.

Responding to patient demand for quick access to providers in a tightening economy. Also, recruiting doctors into a market with starting salary expectations that are above the ability to produce such income quickly.

Knowing and appropriately responding to decisions coming from Washington, D.C. and remaining a strong competitor in our region.

1. Restructuring the compensation plan. 2. Encouraging flexibility within the operating units while embracing appropriate discipline across the enterprise.

impact of health reform and capital funding

health care reform; provider consolidation in regional market

It's own governance structure and appropriate utilization of the human resources our organization currently has.

health care reform, local market changes

further growth of governance process and adapting to the large clinic that we have now become

Establish an equity model for retained earnings

Leadership and the lack of physicians who will step up and take a position on important issues.

Staying independent vs forming a 'system' with major hospital. Financial viability.

Healthcare reform legislation....Episode of Care payments

modernizing our compensation plan. Establishing a uniform culture across our clinic.

1. Managing strategic expansion even when some physicians are resistant. 2. Maintaining our work ethic in spite of our success.

Being a 'new' group formed by several smaller groups in a large healthsystem,our most important challenge is culture development and branding.

EMR decision, how to pay for the system

Growth and achieving ROI on EHR implementation

American Medical Group Association - Trends in governance of large medical groups

What are the 1-2 most important challenges facing the Board of your medical group in the next 18 months?

Succession planning

Maintaining professional services agreement with our primary hospital. Ensuring success of new Cancer Center outpatient facility.
culture, strategy

Replacement of facilities and board member succession planning

Attracting & retaining additional physician/owner/members. Adapting to looming changes in healthcare climate.
access to capital and physician recruitment and retention.

Primary care provider recruitment/retention Financial improvement

Integration of our current physicians and hospitals with the large private practice community. Figuring out how to plan for changes to quality and compensation systems in US healthcare.

Finding enhanced revenues to enable the development of a viable business model. Enhancing our automation functions to continuously improve quality and lower overhead

Lower reimbursement. Replacement of physicians with newer physicians that have a very different work ethic!

Moving to enhanced EMR; leading development and implementation of Medical Home models

Assurance of adequate revenue stream to support high-quality practice operations.

Capital required for lack of IT and facilities infrastructure. Physicians at risk for operating income.

adding new services lines of business and implementation of EMR

react to the economy and federal and state health policy

Changes to Medicare and Medicare Advantage will effect the operations and income

Affordability, successful completion of our merger

Recruitment of physicians and implementation of EMR

integration with a health system...optimization of Epic

Major issues with the Public Hospital and clinic system financial viability as well as negotiating a new relationship with children's hospital and third, strategic planning for cancer initiative.

Internal politics; growth and expansion; strategic partnerships

healthcare reform

Integration with Health System and governance

changing healthcare and regulatory environment

Physician recruitment. Increasing office space. Adoption of EMR

Setting realistic quality goals. Managing rapid growth.

Changes in reimbursement environment causing financial stress and also new priorities for the work of practice (P4P and capitation are becoming major financial drivers)

Medical Group Mergers, Positioning for the future

American Medical Group Association - Trends in governance of large medical groups

What are the 1-2 most important challenges facing the Board of your medical group in the next 18 months?

Strategic planning, physician recruitment and growth of the organization

? merger

1.) Degradation of Commercial HMO enrollment due to economic / market forces related to the general economy. 2.) Decrease of Medicare Advantage revenue from CMS.

Integration with hospital, effect healthcare reform will have on reimbursement

Healthcare reform concerns Tight operating margins - physician comp

physician productivity and medical home

Continued application of technology in the practice setting. Economic issues.

1. Appropriate strategic planning with the changing healthcare environment.

Staying alive in the environment. We are family practice and the issue of reimbursement is always front and center.

Medical home cert

Decreases in revenue likely from government and other payers resulting in limited ability to earn an adequate bottom line sufficient for capital needs.

American Medical Group Association - Trends in governance of large medical groups

How optimistic are you with the ability of your current Board arrangements to help govern your group to achieve your goals and meet the above challenges?

	Number	Percent	95% CI
1=Very Pessimistic	1	0.9 %	± 1.7 %
2=	6	5.6 %	± 4.0 %
3=	26	24.3 %	± 7.6 %
4=	47	43.9 %	± 9.0 %
5=Very Optimistic	27	25.2 %	± 7.7 %
Total	107	100.0 %	

Mean = 3.9

SD = 0.9

Missing Cases = 11

Response Percent = 90.7 %

American Medical Group Association - Trends in governance of large medical groups

Please indicate the degree to which you agree or disagree with each of the following statements regarding your Board's effectiveness:

(N=118)

	Mean & SD	Strongly Disagree	2	3	4	Strongly Agree	Total
		1				5	
Board has real authority to act	4.3 0.9	0 0.0%	5 5.0%	12 11.9%	29 28.7%	55 54.5%	101 100.0%
Good relationship with group CEO/managers	4.2 0.9	1 1.0%	3 2.9%	15 14.7%	40 39.2%	43 42.2%	102 100.0%
Decisions and meeting minutes are easy to access by physician partners	4.1 0.9	1 1.0%	2 2.0%	23 22.8%	35 34.7%	40 39.6%	101 100.0%
Board trusts committee work	3.9 1.0	4 3.9%	5 4.9%	14 13.7%	53 52.0%	26 25.5%	102 100.0%
Leaders are effective in management of the group and its interpersonal dynamics	3.7 0.9	2 2.0%	7 6.9%	30 29.7%	41 40.6%	21 20.8%	101 100.0%
Makes tough policy decisions on physician clinical quality	3.7 1.1	4 4.0%	12 11.9%	22 21.8%	39 38.6%	24 23.8%	101 100.0%
Uses term limits for members	3.6 1.6	20 19.6%	7 6.9%	8 7.8%	22 21.6%	45 44.1%	102 100.0%
Has defined a clear strategic plan and budget for growth and vitality	3.6 1.0	3 3.0%	14 14.0%	19 19.0%	46 46.0%	18 18.0%	100 100.0%
Establishes productive hospital relationships	3.6 0.9	3 3.0%	9 8.9%	26 25.7%	50 49.5%	13 12.9%	101 100.0%
Board has right mix of competencies for great board work	3.6 1.0	4 4.0%	10 9.9%	31 30.7%	38 37.6%	18 17.8%	101 100.0%
Board work is confidential	3.5 1.2	7 6.9%	15 14.7%	24 23.5%	30 29.4%	26 25.5%	102 100.0%
Board is clear on its roles and responsibilities	3.5 1.0	4 4.0%	12 11.9%	30 29.7%	38 37.6%	17 16.8%	101 100.0%
Has championed the use of clinical protocols for best practices	3.5 1.2	5 5.0%	18 17.8%	26 25.7%	27 26.7%	25 24.8%	101 100.0%
Board conducts retreats to focus on strategic issues	3.5 1.4	14 13.7%	10 9.8%	24 23.5%	24 23.5%	30 29.4%	102 100.0%
Has established a culture that celebrates what is best for the group vs. what is best for a single specialty or department	3.4 1.1	8 8.0%	12 12.0%	29 29.0%	34 34.0%	17 17.0%	100 100.0%

Conducts quality CEO performance reviews	3.4	14	10	23	30	24	101
	1.3	13.9%	9.9%	22.8%	29.7%	23.8%	100.0%

American Medical Group Association - Trends in governance of large medical groups

Please indicate the degree to which you agree or disagree with each of the following statements regarding your Board's effectiveness:

	Mean & SD	Strongly Disagree	2	3	4	Strongly Agree	Total
		1				5	
Committee work is effective	3.4 1.0	4 4.0%	11 11.0%	37 37.0%	38 38.0%	10 10.0%	100 100.0%
Continuously updates board policies	3.4 1.1	6 5.9%	15 14.7%	32 31.4%	33 32.4%	16 15.7%	102 100.0%
Decision-making process and criteria are easily understood by average physician partners	3.4 0.9	2 2.0%	15 15.0%	40 40.0%	31 31.0%	12 12.0%	100 100.0%
Provides equitable physician compensation policy that balances quality, citizenship, productivity and revenue production	3.3 1.0	3 3.0%	19 19.0%	26 26.0%	45 45.0%	7 7.0%	100 100.0%
Makes tough decisions on payer contracting	3.3 1.2	10 10.0%	15 15.0%	28 28.0%	26 26.0%	21 21.0%	100 100.0%
Enforces "zero-tolerance" culture for improper physician behavior	3.3 1.2	10 9.9%	16 15.8%	28 27.7%	27 26.7%	20 19.8%	101 100.0%
Has defined if the group is a "confederation" or "corporation" of specialty services/departments	3.3 1.3	10 9.9%	18 17.8%	25 24.8%	27 26.7%	21 20.8%	101 100.0%
Fair compensation for board members	3.2 1.3	14 13.9%	12 11.9%	30 29.7%	25 24.8%	20 19.8%	101 100.0%
Clear job descriptions for board members	3.2 1.2	11 10.8%	18 17.6%	29 28.4%	29 28.4%	15 14.7%	102 100.0%
Has defined a clear balance of group priorities in patient care, medical education and research	3.2 1.2	14 14.0%	11 11.0%	30 30.0%	35 35.0%	10 10.0%	100 100.0%
Invests in board education	3.1 1.3	12 11.8%	23 22.5%	24 23.5%	28 27.5%	15 14.7%	102 100.0%
Leaders look for best practices to continuously improve board effectiveness	3.1 1.1	9 9.0%	22 22.0%	28 28.0%	33 33.0%	8 8.0%	100 100.0%
Conducts routine assessments of performance	3.0 1.3	18 17.6%	20 19.6%	25 24.5%	23 22.5%	16 15.7%	102 100.0%
Plans for leadership succession create emotional ownership among the shareholders	2.7 1.2	16 15.7%	29 28.4%	29 28.4%	21 20.6%	7 6.9%	102 100.0%

American Medical Group Association - Trends in governance of large medical groups

Please indicate the degree to which you agree or disagree with each of the following statements regarding your Board's effectiveness:

	Mean & SD	Strongly Disagree 1	2	3	4	Strongly Agree 5	Total
Provides an effective strategy for medical school relationships	2.5 1.2	24 25.0%	26 27.1%	26 27.1%	15 15.6%	5 5.2%	96 100.0%
Allows physicians or specialties to receive preferential access to capital, equipment or staff	2.4 1.1	26 26.3%	21 21.2%	35 35.4%	16 16.2%	1 1.0%	99 100.0%
Includes "outsiders" on board & committees	2.3 1.4	41 41.0%	20 20.0%	17 17.0%	11 11.0%	11 11.0%	100 100.0%
Dissent among young vs. older shareholders is prevalent	2.2 1.0	26 25.7%	37 36.6%	26 25.7%	11 10.9%	1 1.0%	101 100.0%

American Medical Group Association - Trends in governance of large medical groups

Please assess our existing board performance in each of these randomly listed dimensions of medical group governance.

(N=118)

	Mean & SD	Poor Performance					Excellent Performance	NA	Total
		1	2	3	4	5			
Assure compliance with government regulations	4.4 0.7	0 0.0%	2 1.7%	8 6.8%	33 28.0%	45 38.1%	30 25.4%	118 100.0%	
Friendly cooperation and coordination among board members	4.3 0.8	1 0.8%	2 1.7%	9 7.6%	39 33.1%	41 34.7%	26 22.0%	118 100.0%	
Oversight of our financial affairs & economic vitality	4.2 0.9	1 0.8%	2 1.7%	13 11.0%	32 27.1%	39 33.1%	31 26.3%	118 100.0%	
Quality of information available for board decision-making	4.2 0.8	0 0.0%	3 2.5%	11 9.3%	45 38.1%	32 27.1%	27 22.9%	118 100.0%	
Board understanding of and support for our strategic and financial plans	4.1 0.8	1 0.8%	4 3.4%	10 8.5%	46 39.0%	31 26.3%	26 22.0%	118 100.0%	
Board culture fosters good respect, rapport, relations with our physicians	4.0 1.0	1 0.8%	6 5.1%	17 14.4%	35 29.7%	32 27.1%	27 22.9%	118 100.0%	
Oversight of our strategic business and market planning	3.9 1.0	2 1.7%	5 4.2%	19 16.1%	37 31.4%	28 23.7%	27 22.9%	118 100.0%	
Oversight of the group's patient care quality & patient safety	3.9 1.0	1 0.8%	5 4.2%	25 21.2%	29 24.6%	31 26.3%	27 22.9%	118 100.0%	
Foster compensation that attracts and retains excellent physicians	3.9 1.0	2 1.7%	5 4.2%	18 15.3%	40 33.9%	26 22.0%	27 22.9%	118 100.0%	
Foster compensation that attracts and retains excellent management	3.9 0.9	1 0.8%	6 5.1%	20 16.9%	37 31.4%	24 20.3%	30 25.4%	118 100.0%	
Board understanding of our group's performance compared to competitors	3.9 0.9	2 1.7%	4 3.4%	19 16.1%	45 38.1%	21 17.8%	27 22.9%	118 100.0%	
Oversight of hospital relations	3.8 0.9	1 0.8%	6 5.1%	21 17.8%	35 29.7%	23 19.5%	32 27.1%	118 100.0%	
Effectiveness of physician cooperation and coordination	3.8	1	3	21	51	16	26	118	

throughout our group	0.8	0.8%	2.5%	17.8%	43.2%	13.6%	22.0%	100.0%
Stay educated on medical practice trends	3.8	1	11	19	34	29	24	118
	1.0	0.8%	9.3%	16.1%	28.8%	24.6%	20.3%	100.0%

American Medical Group Association - Trends in governance of large medical groups

Please assess our existing board performance in each of these randomly listed dimensions of medical group governance.

	Mean & SD	Poor Performance				Excellent Performance	NA	Total
		1	2	3	4	5		
Overall effectiveness of the Board's work	3.8 0.9	2 1.7%	6 5.1%	17 14.4%	48 40.7%	20 16.9%	25 21.2%	118 100.0%
Avoids conflicts of interest or competition among board members and the group as whole	3.8 1.0	2 1.7%	9 7.6%	15 12.7%	41 34.7%	23 19.5%	28 23.7%	118 100.0%
Effectiveness of board work in committees	3.8 0.9	2 1.7%	5 4.2%	19 16.1%	43 36.4%	19 16.1%	30 25.4%	118 100.0%
Clarity of board and committee authorities within the group	3.8 1.0	3 2.5%	9 7.6%	14 11.9%	43 36.4%	24 20.3%	25 21.2%	118 100.0%
Speed of board decision-making processes	3.8 1.0	2 1.7%	10 8.5%	18 15.3%	41 34.7%	22 18.6%	25 21.2%	118 100.0%
Board work uses wisely our manager time and talents	3.7 1.0	1 0.8%	12 10.2%	24 20.3%	33 28.0%	22 18.6%	26 22.0%	118 100.0%
Ability to plan and monitor performance of our senior executive team	3.7 1.1	5 4.2%	9 7.6%	19 16.1%	35 29.7%	22 18.6%	28 23.7%	118 100.0%
Foster a group culture of excellent patient/customer service	3.6 1.1	2 1.7%	14 11.9%	23 19.5%	30 25.4%	23 19.5%	26 22.0%	118 100.0%
Board work uses wisely board member time and talents	3.6 1.0	3 2.5%	10 8.5%	23 19.5%	40 33.9%	17 14.4%	25 21.2%	118 100.0%
Foster a culture that encourages high employee morale and loyalty	3.6 1.0	1 0.8%	13 11.0%	22 18.6%	40 33.9%	16 13.6%	26 22.0%	118 100.0%
Overall efficiency of the Board's work	3.6 0.9	2 1.7%	9 7.6%	28 23.7%	41 34.7%	13 11.0%	25 21.2%	118 100.0%
Fostering superior communications with our physician members	3.6 0.9	1 0.8%	10 8.5%	29 24.6%	41 34.7%	11 9.3%	26 22.0%	118 100.0%
Effectiveness of the board to guide us to develop bold business plans	3.5 1.0	4 3.4%	11 9.3%	24 20.3%	39 33.1%	15 12.7%	25 21.2%	118 100.0%
Oversight of board leader effectiveness	3.4 1.2	7 5.9%	13 11.0%	24 20.3%	32 27.1%	16 13.6%	26 22.0%	118 100.0%

Recruitment of talented new board members	3.2	3	19	33	30	8	25	118
	1.0	2.5%	16.1%	28.0%	25.4%	6.8%	21.2%	100.0%

American Medical Group Association - Trends in governance of large medical groups

Please assess our existing board performance in each of these randomly listed dimensions of medical group governance.

	Mean & SD	Poor Performance 1	2	3	4	Excellent Performance 5	NA	Total
Orientation and education of board members	3.2 1.1	7 5.9%	18 15.3%	31 26.3%	28 23.7%	10 8.5%	24 20.3%	118 100.0%
Oversight of political advocacy and lobbying	2.8 1.2	15 12.7%	19 16.1%	28 23.7%	14 11.9%	10 8.5%	32 27.1%	118 100.0%
Have a well formulated executive succession plan	2.6 1.1	16 13.6%	29 24.6%	26 22.0%	16 13.6%	5 4.2%	26 22.0%	118 100.0%

American Medical Group Association - Trends in governance of large medical groups

Please prioritize each of these randomly listed potential strategies for enhanced performance of your governance model.

(N=118)

	Mean & SD	Not Important					Very Important 5	Total
		1	2	3	4	5		
Improve our systems for quality and patient safety	4.0 1.0	3 3.2%	6 6.5%	15 16.1%	34 36.6%	35 37.6%	93 100.0%	
Improve communications with our physician colleagues	4.0 1.0	2 2.2%	5 5.4%	17 18.5%	38 41.3%	30 32.6%	92 100.0%	
Enhance our discussions of strategic issues at board meetings	4.0 0.9	2 2.2%	2 2.2%	19 20.4%	45 48.4%	25 26.9%	93 100.0%	
Assure our board agendas are 80% focused on future strategic issues, less on operational issues	3.8 1.1	3 3.2%	7 7.5%	24 25.8%	32 34.4%	27 29.0%	93 100.0%	
Expand board interactions and trust building efforts with our physicians colleagues	3.8 1.0	5 5.4%	4 4.3%	20 21.5%	42 45.2%	22 23.7%	93 100.0%	
Enhance our long range financial planning and monitoring processes	3.8 1.1	5 5.4%	6 6.5%	21 22.6%	35 37.6%	26 28.0%	93 100.0%	
Enhance educational opportunities for board leader development	3.7 0.9	2 2.2%	5 5.4%	27 29.0%	41 44.1%	18 19.4%	93 100.0%	
Develop succession plans	3.6 1.0	5 5.6%	7 7.8%	22 24.4%	40 44.4%	16 17.8%	90 100.0%	
Enhance our strategic business and budget planning processes	3.5 1.0	3 3.2%	11 11.8%	28 30.1%	34 36.6%	17 18.3%	93 100.0%	
Improve our board self-assessment processes	3.5 1.0	4 4.3%	9 9.7%	24 25.8%	45 48.4%	11 11.8%	93 100.0%	
Enhance our board orientation and education processes	3.5 1.0	4 4.3%	11 11.8%	23 24.7%	42 45.2%	13 14.0%	93 100.0%	
Rely more on electronic communication tools (e-mail and websites) to enhance our governance	3.5 1.1	5 5.4%	11 11.8%	28 30.1%	33 35.5%	16 17.2%	93 100.0%	
Enhance our understanding of the importance of our relationships with our hospital affiliations	3.5 1.2	8 8.7%	11 12.0%	19 20.7%	38 41.3%	16 17.4%	92 100.0%	
Develop clearer definition of								

board roles and responsibilities	3.4	8	16	22	26	20	92
	1.2	8.7%	17.4%	23.9%	28.3%	21.7%	100.0%

American Medical Group Association - Trends in governance of large medical groups

Please prioritize each of these randomly listed potential strategies for enhanced performance of your governance model.

	Mean & SD	Not Important 1	2	3	4	Very Important 5	Total
Recruit additional board members that bring needed competencies for the successful governing of the group for the future	3.3 1.3	12 12.9%	13 14.0%	20 21.5%	30 32.3%	18 19.4%	93 100.0%
Expand the quality of discussion among board members in our meetings	3.3 1.2	12 13.2%	6 6.6%	28 30.8%	33 36.3%	12 13.2%	91 100.0%
Improve the quality of information used for our board and committee work	3.3 1.0	7 7.5%	9 9.7%	38 40.9%	29 31.2%	10 10.8%	93 100.0%
Enhance our board and management relationships	3.2 1.2	10 10.9%	12 13.0%	26 28.3%	34 37.0%	10 10.9%	92 100.0%
Improve coordination among our group and other are clinics or hospitals	3.2 1.1	10 10.9%	11 12.0%	29 31.5%	32 34.8%	10 10.9%	92 100.0%
Develop more effective committees or special purpose task forces	3.2 1.2	11 11.8%	14 15.1%	24 25.8%	36 38.7%	8 8.6%	93 100.0%
Expand our compliance review processes	3.2 1.0	6 6.5%	16 17.2%	35 37.6%	29 31.2%	7 7.5%	93 100.0%
Establish a "Board Member Code of Conduct" to enhance working relationships	3.0 1.2	14 15.4%	14 15.4%	30 33.0%	21 23.1%	12 13.2%	91 100.0%
Develop more formal board member "Position Descriptions"	3.0 1.2	9 9.7%	25 26.9%	24 25.8%	26 28.0%	9 9.7%	93 100.0%
Have fewer but better board meetings	2.7 1.4	25 27.2%	19 20.7%	19 20.7%	19 20.7%	10 10.9%	92 100.0%
Have more but better board meetings	1.8 1.0	45 48.4%	25 26.9%	17 18.3%	5 5.4%	1 1.1%	93 100.0%

American Medical Group Association - Trends in governance of large medical groups

Other essential actions for better Board work should be:

Advancing the culture of true patient (not physician) centeredness; we not me

continuation of our fully automated EMR practices

Not important scores above due to existing excellent performance in these areas.

Putting the group before the individual

-

A formal communications plan.

American Medical Group Association - Trends in governance of large medical groups

What is the single most important action that would enhance the effectiveness of your group's governance model?

Enhancing Board's understanding of the marketplace and organizational changes needed to be made to stay ahead of the curve

Inclusion of outside board members (non-physician)

diversity evaluation and plan of action to achieve talent, skill, and demographic diversity

Define the role of the board and add outside members

Board members realize that they are looking out for the entire group, rather than their specific department

Can't offer any suggestions, we have a very effective Board right now.

Focus on strategic planning as a priority.

Eliminate Selfish Behavior and make decisions that will benefit entire group not one physician or specialty education

Enhance Board member engagement and participation on Board and organizations key operating committees

Simplification of entire organization

Training

understand governance vs management and spend time on governance and less on operations

Embrace their role as leaders, not managers, of the group.

Add non-physician, community Board members.

clearly defined roles and responsibilities

Creating a consent agenda for many of the necessary reports that go to the Board so that more time is available for strategic work.

reduce favoritism

Better committee work.

Concentrate more of the Board's energy on strategic and not the operational issues. This will require more trust that the admin staff can run the operations

Introduction of a medical directors position to formally deal with physician/provider issues

To consistently make the best decision for the entire group instead of focusing on the needs of their independent units.

constructively dealing with uncertainty and ambiguity

Including Independent members on our Board

Better training and succession planning for Board

Each board member preparing ahead of time for the Board meeting

consistent participation by all who attend

Less self-interest and more group-interest in discussions.

Regular attendance by all members

American Medical Group Association - Trends in governance of large medical groups

What is the single most important action that would enhance the effectiveness of your group's governance model?

Group Think

Getting them to embrace 'we' versus 'me'!

Thinking and acting like a Board Member rather than a Chair or Faculty member where self-interest takes precedence.

Increase Board members education

Focus on strategic planning rather than routine operational issues.

dunno

A viable business model

Reinforcement in the minds of every director that their fiduciary duty is to the shareholders of the corporation and not to a different constituency. Not a huge issue but important to keep at the forefront.

Create a Physician Champion within the Board for direct interface with individuals (mentoring or best practice training)

I think our board operates very well

Addition of one or two specialist physicians with excellent leadership talent.

To better use our Board Committees to actually make decisions and carry out the actions for which they have authority rather than having everything come back to the Board.

More time spent educating the Board on how Health Reform and IT developments will impact practices in the near future.

Integration of clinical and operational activities between departments

Leadership CME for our physicians.

Effective agenda with focus on key strategic issues.

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To what degree would any of these resources help your Board enhance its effectiveness?

(N=118)

	Mean & SD	Very Low Interest					Very High Interest	Total
		1	2	3	4	5		
Report on best practices for medical group boards	4.0 0.9	2 2.2%	6 6.5%	10 10.9%	44 47.8%	30 32.6%	92 100.0%	
Model board self-assessment survey	3.7 1.2	6 6.5%	9 9.8%	18 19.6%	36 39.1%	23 25.0%	92 100.0%	
Model board member orientation tool-kit	3.5 1.2	8 8.8%	7 7.7%	21 23.1%	37 40.7%	18 19.8%	91 100.0%	
Sample board member job descriptions	3.5 1.2	7 7.6%	11 12.0%	27 29.3%	26 28.3%	21 22.8%	92 100.0%	
Onsite board education sessions	3.4 1.1	7 7.6%	10 10.9%	31 33.7%	29 31.5%	15 16.3%	92 100.0%	
Web based board education programs	3.2 1.2	9 9.8%	16 17.4%	30 32.6%	20 21.7%	17 18.5%	92 100.0%	
Sample committee work plans	3.1 1.2	10 11.0%	17 18.7%	26 28.6%	26 28.6%	12 13.2%	91 100.0%	
Onsite consulting for governance enhancements	2.8 1.2	16 17.4%	20 21.7%	28 30.4%	20 21.7%	8 8.7%	92 100.0%	

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Other resources that would help your Board become more effective are:

board member or board chair forum

Guidance for healthy board/management relationships; best practice for board mix: physicians, independent outside leadership; ownership and structure issues and implications

benchmarks

better understanding of Gov't regs. , mandates etc

Get reassurance from other groups in our area that have been using the Board format that our governance and Board behavior is effective and efficient

None. The resources above would be phenomenal. Please communicate with us as soon as ANY of these are available.

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Any other comments or ideas that you believe should be considered in our study of medical group governance enhancement?

Physicians need to understand that the reasons to restrict the autonomy of the individual is to enhance the autonomy of the Group.

No, but please publish the study and return to all participating members for distribution to their boards.

Information on best practice for communicating board policy, work, and generally what decisions and work the board is conducting to all physician members so there is an appreciation of what is being done on the physician's behalf by their elected board members.

role of chair especially in relation to CEO

none

'Best practices' regarding use of outside Board members.

Investigate whether the Board of medical groups and hospitals can interact to prevent some of the hospital/physician friction

Changing culture of Board to vote for group interest rather than self-interest or departmental interest.

Our organization has multiple boards with different responsibilities. In answering the questions I focused on one board meaning some of the questions were not within its purview therefore the answers to the questions in total may not reflect the purpose of the survey.

Many groups out here are about to lose their autonomy and join hospitals. I don't view that as a positive at all, rather, I think they've thrown in the towel, to the detriment of patient care and cost-effectiveness.

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Survey hard to apply to our physicians' network, which is part of a larger integrated delivery system which has its own board (nonphysicians) that has ultimate authority.

No

Our board does not focus on many of the activities you listed early in the survey. For example, physician comp is the responsibility of our CMO subject to board vote of total physician comp and subject to review by the board comp committee. The entire board does not discuss individual compensation. Similarly, any physician behavioral issues would be handled by the CMO/management team and rarely surface at the board level.