



Monterey Bay Independent Physician Association



## Minute Update

### WHY?

In the last Minute Update I gave you a quick recap of 2105 and suggested some goals for 2016. One of the most important things to consider as we start our third year functioning as the MBIPA, and we welcome our new members, is “Why”. Why are we in existence and what do we hope to accomplish? Before using this forum for necessary clinic purposes, I’ll set forth some of that in the next few weeks in these Updates.

The seeds of the MBIPA started in 2012 when several physicians from Monterey and Salinas got together to explore the ways that physicians and other providers could organize to affect the direction of health care in our community and optimize the viability of practicing in our area. The challenges that both the community and we individuals face, and that motivated such concerns, are well known to all of you. Importantly for some of us was the history that we’d experienced; that providers simply observed impotently as our hospitals and the “big bad insurers” unilaterally dictated to us – and we were repetitively intimidated by warnings of anti-trust action should we have impermissible conversations among ourselves. When we investigated the possible avenues for organization we found only a few:

- Form a very large, physician-owned single-tax-ID multispecialty group (a *huge* undertaking that would have us competing with our colleagues within the hospital-owned clinics);
- Develop a Foundation with one or more hospitals (would requiring hospital partners and at least 40 physicians in at least 10 specialties); or
- Promote independent practices, while having an avenue to organize with the increasing number of employed physicians – the defined legal entity, an Independent Physician Association.

Clearly the IPA option, while retaining the future possibility of the other two, presented the most palatable – *and possible* – alternative. Additionally, it kept ownership and governance in the hands of physicians, including those employed by the hospital clinics. The MBIPA formation, notably, coincided with the early development of the Aspire Medicare Advantage Plan by the Community Hospital Foundation (now Montage Health). This enabled us to receive a “community benefit grant” from the Foundation for start-up funding, as they need a broad-based functioning panel of providers with which to contract.

In the next Updates, I’ll discuss our early emphases:

- Spiriting collaboration among our community’s hospitals and other health care stakeholders;
- Germinating population health capabilities among providers;
- Protecting provider interests, both financial and in practice functioning;
- Leading the charge to provide our patients and community the *right* health care at *appropriate* cost.

-Jim