A SELF-GOVERNANCE MODEL
FOR A PAYER-EMPLOYED,
POPULATION HEALTH-BASED,
PRIMARY CARE PHYSICIAN GROUP

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Humana.

The care delivery organiztion was

CARE DELIVERY ORGANIZATION

100,000+

More than 100,000 patients served including 70,000 patients with
Medicare Advantage whose physicians
are in value-based relationships

Physicians across Texas, Florida and South Carolina, and expanding into other states

The CDO was formed through acquisitions of managed care organizations, merging of physician practices, and de novo launches.



LEARNING OBJECTIVES

STRUCTURE

ORGANIZATION

1) Explain the rationale for implementing a new governance process within a care delivery organization.

COMMITTE

SELF-GOVERNAN

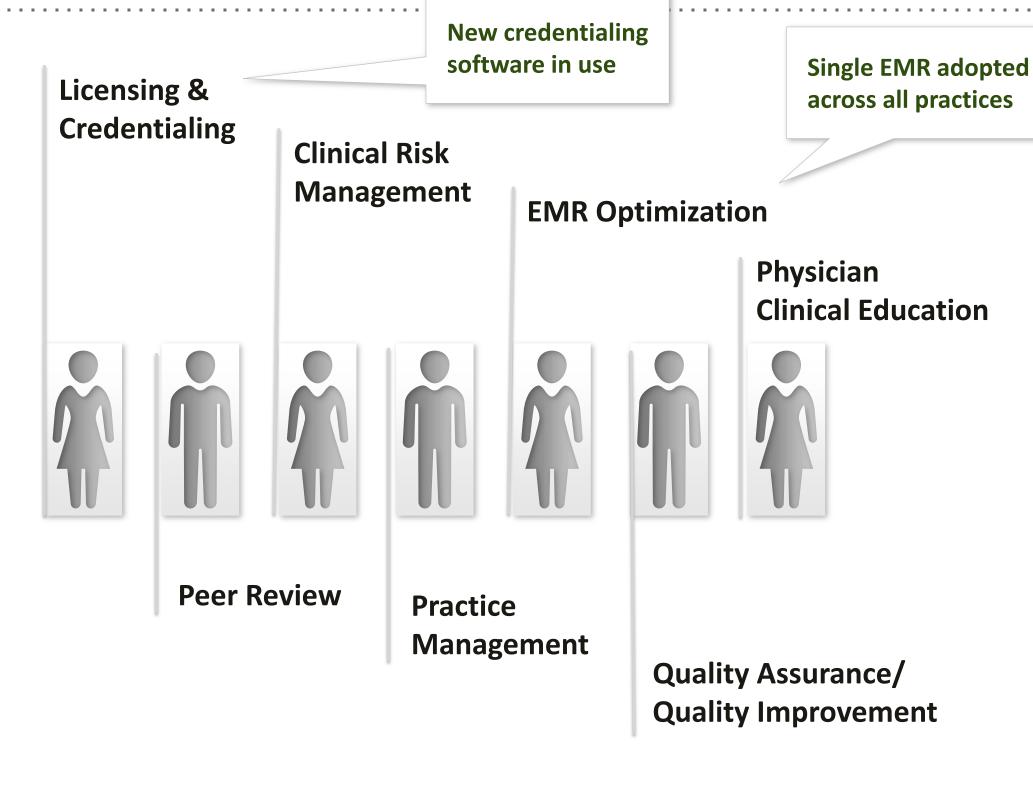
- 2) Describe components of the physician self-governance structure.
- 3) Define the benefits of an organization structure for outpatient practice based on the peer-review tenets of hospital governance.

200+ primary care physicians

in Humana-owned clinics

reorganized under a single clinical leader, or CMO, to decrease practice variability, instill a common culture, improve outcomes and assure that **Chief Medical** clinical acumen is applied to business: Officer decisions affecting medical services. Clinical Services Shared Services Administration Regional Regional Regional **Medical Director Medical Director Medical Director** actual organizational chart is simplified for illustrated purposes

- Based on the peer-review tenets of hospitalbased physician governance
- Model resembles hospital governance
- Concept is uncommon in outpatient practice



- Committees chaired by a senior physician
- Members include physicians, allied health professionals, content experts and organization administrators
- Participation from Corporate Risk, Legal, Compliance, and Human Resources

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