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

**Learning Objectives**

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

**Organizational Structure**

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

**Self-Governance Committees**

- 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

**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 care delivery organization** was reorganized under a single clinical leader, or CMO, to decrease practice variability, instill a common culture, improve outcomes and assure that clinical acumen is applied to business decisions affecting medical services.

**Clinical Risk Management**

**EMR Optimization**

**Physician Clinical Education**

**Quality Assurance/Quality Improvement**

**Peer Review**

**Practice Management**

**New credentialing software in use**

**Single EMR adopted across all practices**

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

**Humana**

Y Hernandez, A McCombs, C Weinstein, A Felker, R Beveridge, J McCormick, J Ryu