

How to Use This Book

IN THIS BOOK, we make a case for the organization of hospital-employed physicians into effective, integrated multispecialty group practices. We bridge theory and practice to explain and clarify our recommendations and offer guidance. Because readers will have varying familiarity with the issues presented, we have divided the book into four parts. Those conversant with the dynamic marketplace changes driving physician employment can start with Part II. If the reader is thoroughly familiar with the subject of multispecialty group practice, Part III may be the most relevant place to begin.

Part I (chapters 1–4) begins with a historical summary of changes in the workforce and in the practice of medicine to set the stage for our discussion of hospital–physician relationships. We proceed by identifying the forces driving physician employment (Chapter 3) and the skills required to develop an effective employed physician workforce (Chapter 4). Readers versed in these issues can skip to Chapter 5.

Part II (chapters 5–9) takes us into the heart of our thesis. We describe the difference between straightforward physician employment and the organization of employed physicians into a group

practice, and then map the journey to group practice formation. Chapters 7–9 detail the governance, leadership, and cultural elements that underpin successful groups.

Part III (chapters 10–12) provides critical detail about what must happen within a hospital’s group practice to achieve and sustain an advantage in quality, service, and operational efficiency. We focus on the infrastructure of the group practice, operational issues, and legalities. Further, we distinguish between the group practice and the hospital medical staff and describe how reassignment of traditional medical staff duties to the group practice can promote implementation of higher standards.

In Part IV (chapter 13 and conclusion), we show how committed, high-functioning groups can provide their parent health systems with leadership and strategic advantage in the marketplace. In conclusion, we propose that group-led healthcare systems are best positioned to provide the seamless, integrated care demanded by today’s discerning consumers.