Improving Physician Efficiency for Patient-Centered Care

The mounting pressure from professional boards and government payors as a result of the shift from volume-based care to value-based care has encouraged many healthcare organizations to review their organizational structure and best practices. By emphasizing improvements and incentivizing physicians to participate, patient-centered care and cost-savings can be achieved by healthcare organizations. To enhance patient care, physicians working in healthcare organizations have a variety of options available to them that can improve the efficiency of both the individual physician and the entire organization, such as balancing physician guidance with individual judgment, improving physician satisfaction, increasing communication of patient information, and promoting low-tech therapies (e.g., physical therapy and counseling).

Organizations may benefit by compromising on levels of guidance for physicians in order to achieve the most efficient patient care and successful outcomes. Allowing physicians to determine their own treatment procedures tends to be less efficient for a healthcare organization; however, a healthcare organization that restricts a physician’s procedural choice to a set standard can also be less efficient, and may result in physicians providing unnecessary treatment for the sake of following procedure. In a report written by The Commonwealth Fund, healthcare entities that experienced the greatest quality improvements trained their physicians to follow best-practice guidelines, but also encouraged them to deviate from these best practices when, in the physician’s independent judgment, such deviation furthered the best interest of the patient. These successful hospitals also closely monitored performance indicators compared to benchmarks, and used the findings to encourage underperforming physicians to improve their performance. Ensuring that patient care aligns with benchmarking standards will likely be even more important as value-based care becomes the primary goal for many healthcare organizations.

In a related matter, physician satisfaction may also be important to develop strong physician-patient relationships, a valuable part of patient-centered care. Many physicians report feeling unsatisfied with their profession, and, as a result, the quality of care they provide to patients may decline. The existing research on physician satisfaction and patient outcomes suggests that a significant positive correlation exists between the two, wherein a higher prevalence of physician satisfaction results in a greater likelihood of patient adherence to treatment plans. Accordingly, by ensuring physicians are satisfied with their work and work environment, healthcare organizations may improve patient outcomes. Physician satisfaction can be achieved through enhancements in organizational culture, leadership initiatives, and “celebrations of success” such as aligning physicians with leaders and colleagues who share similar values, allowing physicians to have greater autonomy of pace and work content, and offering financial incentives for physicians who meet performance goals.

Physicians and their employers can also increase communication and improve the coordination of information to achieve patient-centered care and cost savings. One problem often encountered by healthcare organizations is that the attending physician for an emergency room (ER) generally has little information regarding the recent medical history or treatment plans of ER patients. Consequently, unnecessary services may be rendered for these patients, wasting time and money for both the patient and physician. Investigations of healthcare expenses suggest that many treatments received by patients are unnecessary or could have been accomplished using better and lower cost alternatives. Increased communication between healthcare organizations that maintain electronic health records (EHRs) could save significant time and money that may otherwise be lost. However, electronic health information exchange (HIE) use has experienced sluggish growth, with only 48% of physicians adopting EHRs and 20% to 30% of all providers using the EHRs to communicate with other providers. The Office of the National Coordinator for Health Information Technology (ONC) created a ten year plan for increased interoperability of HIE, but several challenges remain for HIE expansion, including regulatory burdens on physicians and the burdensome cost of implementation.

One potentially overlooked method for healthcare organizations to promote patient-centered, quality care is to improve access to therapies, rather than technology or medication. Many patients seek low-tech therapeutic procedures that have been proven effective and are well-tolerated, such as physical therapy and counseling.
However, these services may not be reimbursed by insurance or they may be difficult to schedule in a reasonable amount of time due to a provider supply shortage or limited availability of office hours. As such, physicians may opt to treat patients with expensive, but reimbursable and readily available, high-tech procedures or medications. Rather than investing in the latest expensive machine, which may not yield better health outcomes, healthcare organizations may instead invest in additional therapeutic practitioners or expand patient access to these practitioners by incorporating associated treatment options into their practice guidelines. The Commonwealth Fund report of successful hospitals revealed that the facilities that promoted quality and access for patients became more efficient as a result, and that the cost of care was reduced as a consequence of this improved efficiency. By compromising on physician guidance, improving physician satisfaction, expanding EHR use, and focusing on patient needs and aligning treatment with those needs, healthcare organizations may be able to more efficiently care for patients and reduce spending on unnecessary procedures.


4 Ibid.


6 Ibid.

7 Ibid.


10 Ibid, p. 3.


13 Timburt and Goold, April 30, 2015.

14 Ibid.

15 Ibid.

16 Ibid.

Robert James Cimasi, MBA, ASA, FRICS, MCBA, CVA, CM&AA, serves as Chief Executive Officer of Health Capital Consultants (HCC), a nationally recognized healthcare financial and economic consulting firm headquartered in St. Louis, MO, serving clients in 49 states since 1993. Mr. Cimasi has over thirty years of experience in serving clients, with a professional focus on the financial and economic aspects of healthcare service sector entities including: valuation consulting and capital formation services; healthcare industry transactions including joint ventures, mergers, acquisitions, and divestitures; litigation support & expert testimony; and, certificate-of-need and other regulatory and policy planning consulting.

Mr. Cimasi holds a Masters in Health Administration from the University of Maryland, as well as several professional designations: Accredited Senior Appraiser (ASA – American Society of Appraisers); Fellow Royal Institution of Chartered Surveyors (FRICS – Royal Institute of Chartered Surveyors); Master Certified Business Appraiser (MCBA – Institute of Business Appraisers); Accredited Valuation Analyst (AVA – National Association of Certified Valuators and Analysts); and, Certified Merger & Acquisition Advisor (CM&AA – Alliance of Merger & Acquisition Advisors). He has served as an expert witness on cases in numerous courts, and has provided testimony before federal and state legislative committees. He is a nationally known speaker on healthcare industry topics, the author of several books, the latest of which include: “Accountable Care Organizations: Value Metrics and Capital Formation” [2013 - Taylor & Francis, a division of CRC Press], “The Adviser’s Guide to Healthcare” – Vols. I, II & III [2010 – AICPA], and “The U.S. Healthcare Certificate of Need Sourcebook” [2005 - Beard Books]. His most recent book, entitled “Healthcare Valuation: The Financial Appraisal of Enterprises, Assets, and Services” was published by John Wiley & Sons in 2014.

Mr. Cimasi is the author of numerous additional chapters in anthologies; books, and legal treatises; published articles in peer reviewed and industry trade journals; research papers and case studies; and, is often quoted by healthcare industry professionals. In 2006, Mr. Cimasi was honored with the prestigious “Shaw Stewart Award in Business Valuation” conferred by the Institute of Business Appraisers. Mr. Cimasi serves on the Editorial Board of the Appraisals Practice of the Institute of Business Appraisers, of which he is a member of the College of Fellows. In 2011, he was named a Fellow of the Royal Institution of Chartered Surveyors (RICS).

Todd A. Zigrang, MBA, MHA, ASA, FACHE, is the President of Health Capital Consultants (HCC), where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 20 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 1,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the author of the soon-to-be released “Adviser’s Guide to Healthcare – 2nd Edition” (AICPA, 2014), numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: The Accountant’s Business Manual (AICPA); Valuing Professional Practices and Licenses (Aspen Publishers); Valuation Strategies: Business Appraisal Practice; and, NACVA QuickRead. Additionally, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); the National Association of Certified Valuators and Analysts (NACVA); the Physicians Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (ACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).

John R. Chwarzinski, MSF, MAE, is Senior Vice President of Health Capital Consultants (HCC). Mr. Chwarzinski holds a Master’s Degree in Economics from the University of Missouri – St. Louis, as well as, a Master’s Degree in Finance from the John M. Olin School of Business at Washington University in St. Louis. Mr. Chwarzinski’s areas of expertise include advanced statistical analysis, econometric modeling, and economic and financial analysis.

Jessica L. Bailey, Esq., is the Director of Research of Health Capital Consultants (HCC), where she conducts project management and consulting services related to the impact of both federal and state regulations on healthcare exempt organization transactions and provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services. Ms. Bailey is a member of the Missouri and Illinois Bars and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law, where she served as Fall Managing Editor for the Journal of Health Law and Policy.

Richard W. Hill, III, Esq. is Senior Counsel of Health Capital Consultants (HCC), where he manages research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services, and conducts analyses of contractual relationships for subject enterprises. Mr. Hill is a member of the Missouri Bar and holds a J.D., with a concentration in Health Law, from Saint Louis University School of Law.