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The Riner Group Inc. Healthcare • Management Consulting

Mediscene Newsletter

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HEALTHCARE RELATED SPENDING – STIMULUS PACKAGE

The $819.5 billion American Recovery and Reinvestment Act includes provisions for healthcare related spending.

HEALTHCARE RELATED SPENDING INCLUDES

- **$89.7 billion** to increase the federal share of Medicaid spending for all states and the District of Columbia from Oct. 1, 2009 to Dec. 31, 2010
- **$40 billion** to extend health insurance coverage to unemployed workers through Medicaid and COBRA
- **$20.2 billion** in Medicare and Medicaid incentives for physicians, hospitals and community health centers to adopt health information technology
- **$3.5 billion** to the National Institutes of Health, including money for biomedical research and an NIH repair and renovation plan
- **$3 billion** for prevention and wellness programs administered by HHS and the CDC
- **$1.5 billion** to community health centers, including money for uninsured care and facility renovations
- **$1.1 billion** for comparative effectiveness research
- **$600 million** for physician, nurse and dentist training

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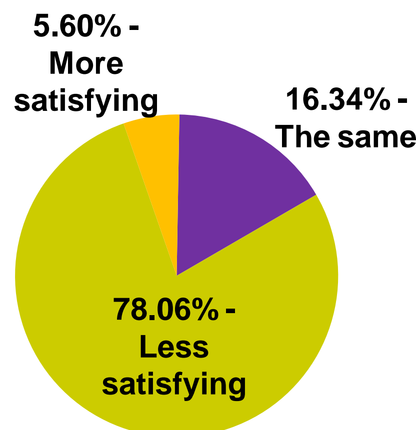
Source: CBO; Office of House Speaker Nancy Pelosi (D, Calif.): Bill; *American Medical News 02/16/09*

PHYSICIAN SATISFACTION

In a recent survey conducted by The Physicians' Foundation by Merritt Hawkins & Associates, physicians were asked whether their practice was more satisfying, less satisfying or the same over the past five years – unfortunately for society and those who will need care.

PHYSICIAN PRACTICE SATISFACTION



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Source: The Physicians' Foundation, The Physicians' Perspective: Medical Practice in 2008, p.17; Survey conducted by Merritt Hawkins & Associates, results compiled 10/2008 *MGMA Connexion, 2/2009*

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BRING A MAGAZINE

Physician practices are attempting to become more efficient and are targeting patient wait times. The graph represents the experience of 1,909,485 patients treated at 8,483 sites nationwide between January 1 and December 31, 2007.

PATIENT TIME SPENT WAITING

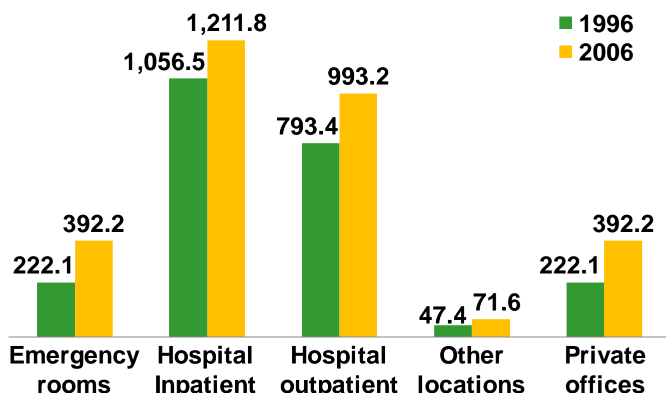
Specialty	Wait time
Orthopedics	31 minutes
Ophthalmology	29 minutes
Surgery, general	28 minutes
Oncology, medical	27 minutes
Otolaryngology	26 minutes
Neurology	25 minutes
Gastroenterology	25 minutes
OB/GYN	25 minutes
Pediatrics	25 minutes
Cardiovascular disease	23 minutes
Pulmonary disease	22 minutes
Family practice	22 minutes
Internal medicine	22 minutes
Rheumatology	21 minutes
Dermatology	21 minutes

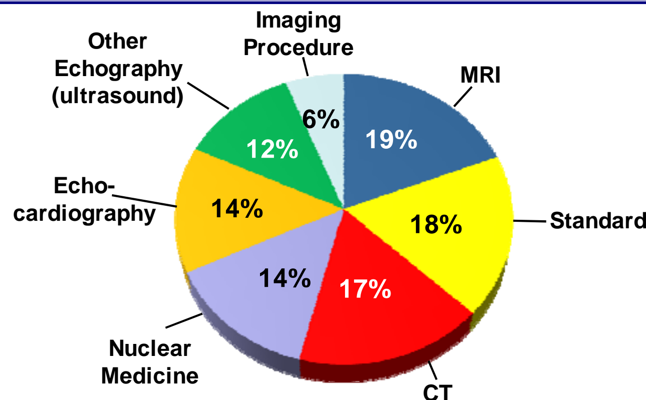
The Riner Group, Inc. Source: Physician's Office Pulse Report 2008; Patient Perspectives on American Health Care, page 12; Press Ganey; *MGMA Connexion, 2/2009*

FOCUS ON IMAGING

Private offices have increased their diagnostic imaging for Medicare patients since 1996, according to a study published in the February issue of the *Journal of American College of Radiology*.

It is noteworthy that much of medicine is focusing on more precise diagnoses and imaging plays a much more important component in virtually all aspects of medicine. The graph shows Medicare spending for imaging services by type of service.





However, despite the increase in certain types of imaging, it should also be noted that many hospitals nationwide are performing fewer cardiac catheterizations. Catheterizations are dropping nationwide because a growing body of evidence is showing that catheterization may have been used too aggressively in patients with minimal symptoms. Hospitals are also becoming less aggressive with high-risk patients because public reporting of mortality rates has made physicians cautious in using these types of services. Additionally, other preferable types of imaging modalities may be contributing to the decrease in cardiac catheterization.

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FOCUS ON THE EMERGENCY DEPARTMENT

Hospital emergency rooms are frequently the front door to inpatient activities. Hospitals are looking at innovative ways to decrease crowding and delays.

EMERGENCY ROOM BY THE NUMBERS

32%
Increase in ER room visits between 1996 and 2006, with 119 million visits in 2006

1 in 5
Americans who visited an ER. Babies, elderly people, patients on Medicaid and African Americans used ER at even higher rates

56
Average ER wait time in minutes

7 p.m.
The busiest hours in the ER when there are 3 times the number of patients that are there at 6 a.m. Visits are highest in winter and dip somewhat in summer and fall

7 out of 10
People who spent less than four hours in the ER; median wait time is 2.6 hours

40%
ER visits paid by private insurance. 26% were paid through Medicaid, 17% through Medicare, and 17% of patients had no insurance

Sources: American College of Emergency Physicians and Centers for Disease Control and Prevention; *USA Today 12/15/08*

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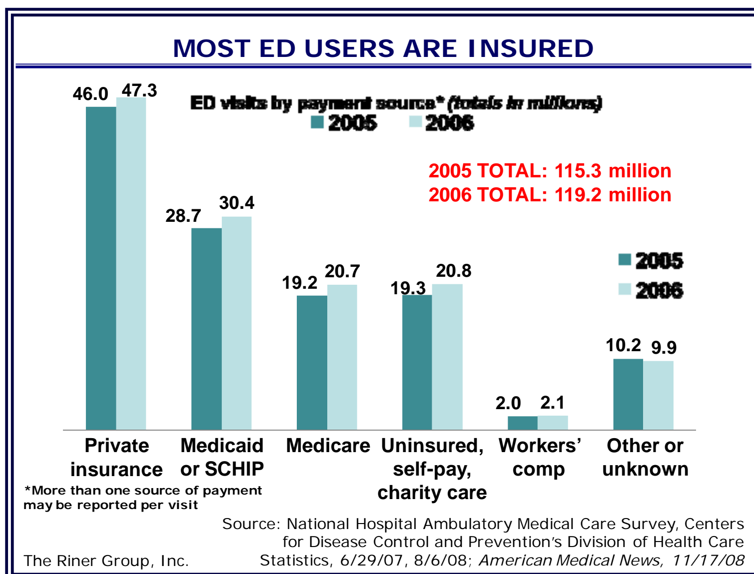
UNINSURED PATIENTS MAY NOT BE DRIVING ED OVERCROWDING

A comprehensive examination of academic journal articles found that not all common assumptions about the impact of the uninsured on Emergency Departments are supported by data. These data and reports obviously occurred prior to our current economic challenges. The data reflect the most recent data available for analysis.

MOST ED USERS ARE INSURED



*More than one source of payment may be reported per visit

Source: National Hospital Ambulatory Medical Care Survey, Centers for Disease Control and Prevention's Division of Health Care Statistics, 6/29/07, 8/6/08; *American Medical News, 11/17/08*

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THE EVIDENCE IS IN

Not clearly supported by data
- Uninsured patients use the ED for nonurgent or inappropriate care
- Uninsured patients are a leading cause of ED overcrowding
- Uninsured patients visit EDs at disproportionately higher rates than other

Partially supported by data
- Increasing numbers of uninsured patients are being treated in EDs

Supported by data
- Uninsured patients turn to EDs because they lack access to primary care
- Costs are higher for uninsured people seeking care in EDs than the costs would be for care sought elsewhere
- Uninsured patients delay seeking care, show up for care at EDs when they are sicker than other patients, and often receive less care than other patients

Sources: "Uninsured Adults Presenting to U.S. EDs: Assumptions vs. Data," *Journal of the American Medical Association 10/22-29/08*; *American Medical News*, 11/17/08

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IT ISN'T GETTING EASIER

Medical Group Management Association members were asked to name the task their practices found most challenging.

THE POWER OF FAMILY PRACTICE

%	Task
69.9%	Maintain physician compensation levels in an environment of declining reimbursement
68.0%	Deal with operating costs that are rising more rapidly than revenues
67.8%	Select and implement a new electronic health record system
61.4%	Recruit physicians
56.9%	Manage finances with uncertainty of Medicare reimbursement rates
54.4%	Negotiate contracts with payers
53.3%	Modify physician compensation methodology
50.3%	Hire and retain quality staff
50.1%	Collect from self-pay, high deductible and/or health savings account patients
48.5%	Participate in the Medicare Physician Quality Report Initiative
46.1%	Participate in commercial pay-for-performance programs
45.6%	Select & implement a new practice-management system
43.4%	Design and implement a system for communicating with patients via e-mail
39.6%	Understand physician performance rating criteria
35.1%	Improve patient flow
34.8%	Fulfill requests for provider quality and patient outcome information
34.2%	Deal with the commercial payer physician credentialing process
34.2%	Deal with the Medicare physician credentialing process
29.3%	Design and implement payment policies for uninsured patients
28.7%	Collect from commercial payers
28.4%	Determine optimal staffing ratios
25.2%	Design and implement a marketing plan
25.2%	Compete with physician components of hospital and integrated delivery systems
23.9%	Design and implement a Web site
20.7%	Fulfill requests for contracted rate information
17.9%	Deal with the hospital physician credentialing process
17.7%	Outsource administrative functions such as billing
15.0%	Compete with low-cost, retail walk-in primary care clinics
14.5%	Collect from Medicare
11.3%	Outsource clinical services
10.2%	Comply with Stark rules
8.9%	Implement new policies and procedures to improve patient safety
7.0%	Comply with HIPAA rules
4.4%	Comply with OSHA standards

Survey conducted online in March. MGMA received 1,393 respondents (a 12% response rate), and more than 500 written comments. Members could give more than one answer.

Sources: "Medial Practice Today: What Members Have to Say," MGMA Survey, July; *American Medical News*, 11/10/08

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SEEKING RELATIONSHIPS

A recent American Hospital Association report found increased requests for jobs as well as money from any number of physicians and physician groups. During the past three months, 56% of hospital CEOs said their facility got more physician requests for aid. Results of those CEOs who responded to the survey are shown here.

WHAT DOCTORS ARE SEEKING

83% reported more physicians wanting increased pay for on-call or other services provided to the hospital

69% reported more physicians seeking hospital employment

56% reported an overall increase in doctors asking for financial aid.

31% reported more doctors looking to sell their practices to hospitals

23% reported more doctors seeking to partner on buying equipment

Survey conducted via email and fax to CEOs of all nonfederal hospitals in late October. AHA received 736 responses, which it says is a broad representation of hospitals

Sources: "The Economic Crisis, Initial Impact on Hospital," AHA Survey, November; *American Medical News , 11/17/08*

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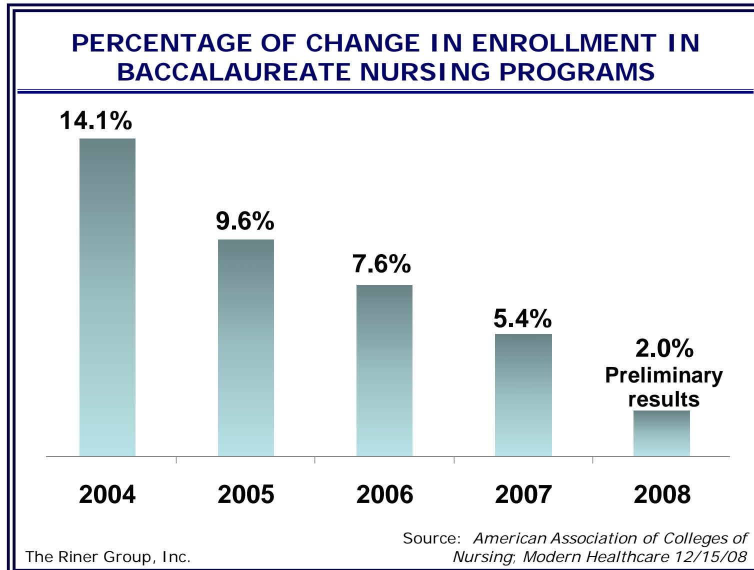
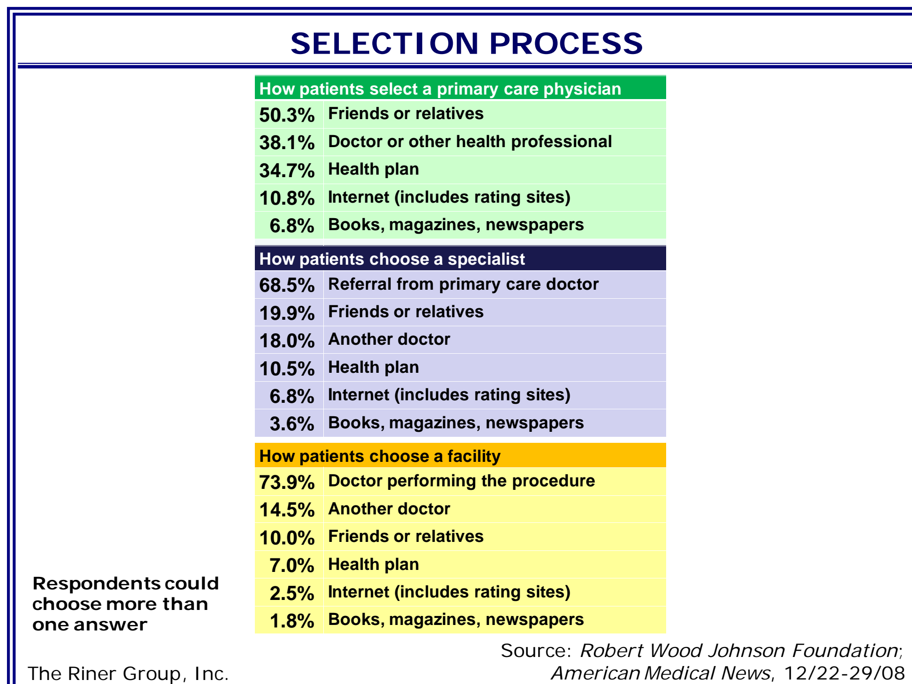
NURSING CONTINUES TO BE A CHALLENGE

The undergraduate nursing programs continue to show a slowdown in the growth of newly admitted students at a time when many are forecasting an increasing need for these professionals. This is according to a new report from the American Association of Colleges of Nursing.



REFERRAL SCIENCE

A survey released December 2008 by the Center for Studying Health System Change had findings similar to those of a Harris Interactive Poll released in June of 2008. The vast majority of Americans prefer word of mouth when choosing a new doctor or hospital, despite a drive to post doctor cost and quality information online.



SELECTION PROCESS

How patients select a primary care physician	
50.3%	Friends or relatives
38.1%	Doctor or other health professional
34.7%	Health plan
10.8%	Internet (includes rating sites)
6.8%	Books, magazines, newspapers
How patients choose a specialist	
68.5%	Referral from primary care doctor
19.9%	Friends or relatives
18.0%	Another doctor
10.5%	Health plan
6.8%	Internet (includes rating sites)
3.6%	Books, magazines, newspapers
How patients choose a facility	
73.9%	Doctor performing the procedure
14.5%	Another doctor
10.0%	Friends or relatives
7.0%	Health plan
2.5%	Internet (includes rating sites)
1.8%	Books, magazines, newspapers

Respondents could choose more than one answer

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Source: *Robert Wood Johnson Foundation*; *American Medical News*, 12/22-29/08

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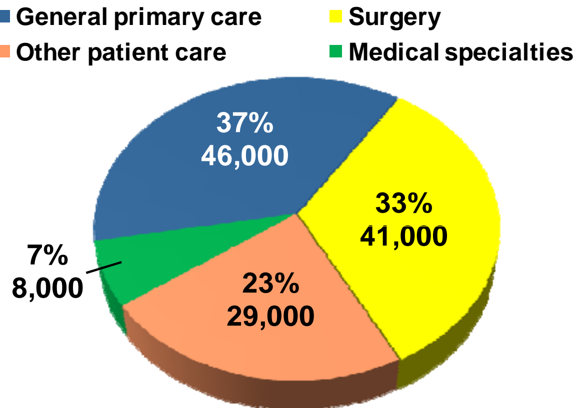
PREDICTIONS

A recent report published by the Association of American Medical Colleges suggests that there will be a physician shortage that will grow over time and may be made worse by the adoption of Universal Healthcare coverage.

However, many of these projections occur prior to the significant economic challenges our country is facing. Many physicians are delaying retirement plans which will radically impact some of the projections of workforce shortages.

PROJECTED SHORTAGE OF PHYSICIANS IN 2005 BY SPECIALTY GROUP



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Sources: Association of American Medical Colleges report, "The Complexities of Physician Supply and Demand: Projections thru 2025;" *Modern Healthcare* 12/1/08

FINANCES COUNT

DOCTORS' STARTING SALARIES, 2007

Specialty	Starting salary
Radiology	$350,000
Anesthesiology	$275,000
General Surgery	$220,000
Otolaryngology	$220,000
Emergency	$178,000
Neurology	$177,500
Psychiatry	$160,000
Internal Medicine	$135,000
Family Medicine	$130,000
Pediatrics	$125,000

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Source: Journal of the American Medical Association; *USA Today, 9/2008*

Medical Students appear to be shying away from careers in general Internal Medicine, which could exacerbate the doctor shortage in certain specialties. Only 2% of 1,177 respondents to a survey of students at 11 U.S. medical schools said they planned to go into general Internal Medicine. Many of the students are turned off by specialties that have to care for chronically ill patients and the amount of paperwork general internists must deal with. They rated the intellectual aspects of the field highly, and they rated continuity of care as appealing. However, students also noted that Internal Medicine and Family Practice are among the lowest paid medical specialties, looking at the return on the significant investment for that specialty activity. Also of note is that members of the medical school class of 2007 graduated with an average debt of $140,000. This graph shows benchmark data for starting salaries in 2007.

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LIABILITY PREMIUM OUTLOOK IMPROVES

43% of medical liability premiums fell in 2008; 50% remained unchanged. After significant hikes in 2003-05, the past three years has shown a significant stabilization and reduction in overall average medical liability rates.

CHANGE IN OVERALL AVERAGE MEDICAL LIABILITY RATES

	Overall Average Rate Change
2003	20.4%
2004	20.5%
2005	9.1%
2006	0.7%
2007	0.4%
2008	-4.3%

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Source: *Medical Liability Monitor*, 2008 Rate Survey; *amednews.com; 12/29/08*

GENERAL SURGERY UNDERGOING CHANGE

Economic and cultural forces reshaping U.S. medicine are prompting an exodus from the field of General Surgery. In fact, many hospitals are seeking temporary surgeons for hire. For decades general surgeons have been the backbone and economic engine of the community hospital. While maintaining their own private practice, they staff trauma and critical care units. However, grueling schedules, shrinking payments and more profitable surgical niches have made the field less attractive. Over the past 25 years, the number of general surgeons per capita has declined 25%, according to a study published in the Archives of Surgery. This table shows how many of the open positions in general surgery residency programs and programs for other specialties were filled in recent years.

FILLING SURGERY POSITIONS

	2003		2004		2005		2006		2007	
Specialty	Offered	Filled	Offered	Filled	Offered	Filled	Offered	Filled	Offered	Filled
General Surgery	1,049	1,038 (867)	1,044	1,042 (885)	1,051	1,044 (845)	1,047	1,046 (872)	1,057	1,055 (826)
Neurological Surgery	39	38 (37)	43	38 (37)	19	17 (16)	18	16 (15)	17	15 (11)
Orthopaedic Surgery	575	568 (533)	589	588 (548)	610	605 (560)	615	599 (551)	616	614 (578)
Plastic Surgery	77	76 (71)	78	77 (73)	81	80 (73)	88	88 (84)	93	93 (88)

The numbers in the "Filled" columns indicate the total number of positions filled, while the number filled by the U.S. graduating medical students are in parentheses.

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Source: National Resident Matching Program; *WSJ, 1/13/09*

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HOSPITAL INFECTIONS

The Centers for Disease Control (CDC), in a study performed on 2002 data, estimated that 1.7 million patients annually suffer from care-related infections, most of them preventable, resulting in nearly 100,000 deaths. That's more lives than are claimed by AIDS, breast cancer and motor vehicle accidents combined. The cost of these infections is conservatively estimated at $8,000 to $15,000 per patient, or more than $20 billion annually. The CDC and hospitals are focusing heavily on fighting infections. Much of the guidelines and focus of activities are aiming at performing pre-surgical checklists that can reduce complications including infections by one-third.

KILLER CONTAMINATION

These four categories account for 78% of healthcare-related infections each year

Category	Total Infections	Deaths
Surgical site	290,485	13,088
Central line-associated bloodstream	248,678	30,665
Ventilator-associated pneumonia	250,205	35,967
Urinary tract	561,667	8,205

Estimates for 2002

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Source: Department of Health & Human Services; *USA Today, 1/27/09*

THE CHANGING FACE OF MEDICARE SINCE ITS BEGINNING

Those who deal with Medicare healthcare policy are much aware of the fact that changes in the Medicare program need to addressed. The table shows just how much Medicare has changed, and why it needs to be updated.

MEDICARE – THEN AND NOW

Medicare	1965	2008
Eligibility Age	65 y/o	65 y/o
Average Lifespan at Age 65	4 yr	20 yr
Ratio of Taxpayers to CMS Beneficiaries	10:1	3:1
Number of Medicare Beneficiaries	<10 million	44 million

CMS = Centers for Medicare & Medicaid Services

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Source: *Clinical Geriatrics December 2008*

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NOT AS SIMPLE AS IT SEEMS

Medicare beneficiaries with heart failure see an average of 16-23 different physicians annually, depending upon the severity of their heart failure. These findings are based on an extrapolation from fiscal year 2005 data on a representative sample of more than 1.7 million Medicare beneficiaries. It underscores the need to develop systems and processes of coordinated care for the nation's more than 5 million heart failure patients. In 2005, patients with heart failure accounted for 37% of all Medicare spending and nearly 50% of all inpatient costs. Additionally, these patients not only see a significant number of physicians, they have a significant number of co-morbidities as indicated.

PREVALENCE OF COMMON COMORBIDITIES

	Overall Medicare population	Heart failure patients, by disease severity		
		Mild	Moderate	Severe
Diabetes	21%	38%	47%	46%
Vascular disease	14%	33%	37%	40%
Arrhythmia	13%	41%	54%	59%
Chronic obstructive pulmonary disease	13%	34%	43%	46%
Renal failure	5%	17%	25%	32%
Unstable angina	4%	18%	24%	35%
Cardiopulmonary failure/shock	4%	18%	24%	25%
Stroke	4%	11%	12%	12%

Note: Based on data from a representative sample of more than 1.7 million Medicare beneficiaries

The Riner Group, Inc. Source: Dr. Page; *Cardiology News, 1/2008*

UNFAIR COMPETITION

The latest edition of the AMA's Competition in Health Insurance: A Comprehensive Study of U.S. Markets, in a study of 313 metropolitan areas in 44 states in the HMO and PPO product market, shows that health insurance markets nationally have become highly concentrated and are contributing to rising insurance rates.

COMPETITION IN HEALTHCARE INSURANCE

A Comprehensive Study of U.S. Markets showed these facts on HMO and PPO product markets in 313 metropolitan areas in 44 states

- A full 96% (299) of the areas have at least one insurer with a combined market share of 30% or greater
- In addition, 64% (200) of the areas have at least one insurer with a combined market share of 50% or greater
- A full 24% (74) of the areas have at least one insurer with a combined market share of 70% or greater
- And, 5% (15) of the areas have at least one insurer with a combined market share of 90% or greater

The Riner Group, Inc. Source: AMA

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DID YOU KNOW?

• The Ambulatory Surgery Center Association estimates there are more than 5,000 surgery centers nationwide, and about a fifth of them are joint ventures between physicians and hospitals.

• Medicare received poor ratings on their debut of the Pay-for-Reporting initiative. More than 400 physician responded to an AMA survey on Medicare's 2007 Physician Quality Reporting Initiative (PQRI). Many reported problems and dissatisfaction. About a quarter that responded said they planned to drop out of the initiatives unless major changes were made.

• The Food and Drug Administration has a new Web page intended to provide one stop shopping for postmarket drug safety information. The site provides links to an array of data, including information on drug labels; medications that have risk evaluation and mitigation strategies; postmarket studies; information from MedWatch; and quarterly reports on drugs being evaluated for safety issues. The development of the Website (http://www.fda.gov/cder/drugsafety.htm) is one of the many requirements of the Food and Drug Administration Amendments Act of 2007.

• Rapid-response teams do not appear to have a significant impact on reducing cardiac arrest or deaths in hospitals, according to a new study published in the December 3rd issue of the *Journal of American Medical Association*. Researchers studied the use of rapid-response teams consisting of intensive care unit nurses and respiratory therapists at 404-bed St. Luke's Hospital in Kansas City (MO), and their association with lower hospitalwide cardiopulmonary arrest and hospital mortality rates. Despite support from patient-safety advocates, like the Institute for Healthcare Research, for hospitals to use rapid-response teams, the researchers said they couldn't determine a meaningful link between their use and fewer deaths. This study was seen to raise critical questions about whether recommendations to disseminate rapid-response teams nationally are warranted without demonstrable mortality benefit. Additional studies are underway.

• Generic heart drugs appear to work just as well as the brand name treatment they mimic at a fraction of the cost, according to a new analysis in the *Journal of the American Medical Association* in 2008. Additionally, investigators searched for articles comparing the clinical efficacy of brand name and generic cardiovascular drugs published between January 1984 and August 2008. The researchers found that all of the studies involving beta blockers, antiplatelet agents, statins, ACE inhibitors and alpha-blockers showed clinical equivalence, while 91% of randomized controlled trials showed clinical equivalence for diuretics, and 71% showed the same for calcium-channel blockers.

• A recently released and comprehensive survey from The Physicians' Foundation of more than 12,000 primary care physicians in the U.S. found some troubling commentary. Here are some of those findings in the survey, which has a margin of error of less than 1%:

- 49% of primary care physicians say they will reduce the number of patients they see over the next 3 years
- 63% of physicians say non-clinical paperwork has caused them to spend less time with their patients, and 94% say that non-clinical paperwork has increased in the last 3 years
- 82% say their practices would be "unsustainable" if proposed Medicare reimbursement cuts were made, with 65% saying they lose money on Medicaid, and 36% saying they lose money on Medicare. Another 33% have stopped seeing Medicaid patients, and 12% have stopped seeing Medicare patients
- Only 17% of physicians describe their practices as "healthy and profitable," while 45% say they'd retire if they could afford it
- 78% of physicians say medicine is "no longer rewarding" or "less rewarding" while 76% say they are at full capacity or overextended. Only 6% describe the morale of colleagues as "positive," and 42% describe the morale of colleagues as either "poor or very low."

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DID YOU KNOW?

• Cancer is expected to surpass heart disease as the world's leading killer by the year 2010, according to a report released by the World Health Organization. Rising tobacco use in developing countries is believed to be a huge reason for the shift, particularly in China and India, where 40% of the world's smokers now live. In addition, better diagnosing of cancer, along with the downward trend in infectious diseases that used to be the world's leading killers, are contributing to this shift.

• With the number of hospitalists growing from zero to more than 20,000 in the 15-year history of the specialty, there is little doubt that the vast majority of hospitals and managed care organizations remain both satisfied with and committed to the continued success of hospital medicine as the primary driver of inpatient care. The Society of Hospital Medicine estimates there are 2,000 Hospitalist Medical Groups (HMGs) practicing in the U.S. today, with each group averaging 9-10 hospitalists. A recently released annual survey conducted by the Society confirms that HMGs typically operate using one of two business models: doctors are either employed by hospitals or they are organized as private practice groups (private practice groups may be multispecialty or hospitalist-only). The two business models coexist in the market in roughly equal proportions.

USE OF HEALTH INFORMATION TECHNOLOGY

How do electronic systems affect your efficiency as a clinician?	
More efficient	77%
Less efficient	11%
No effect	10%
No answer	2%
How do electronic systems affect your ability to deliver safe care?	
Increase safety	78%
No effect	18%
Decrease safety	2%
No answer	2%

The survey, conducted in 2004 and 2005, included 240 residents who graduated from Vanderbilt University Medical Center between 2001 & 2003, and 88 medical students

Source: "Performing Without a Net: Transitioning Away from a Health Information Technology-Rich Training Environment," *Academic Medicine, 12/2008.*

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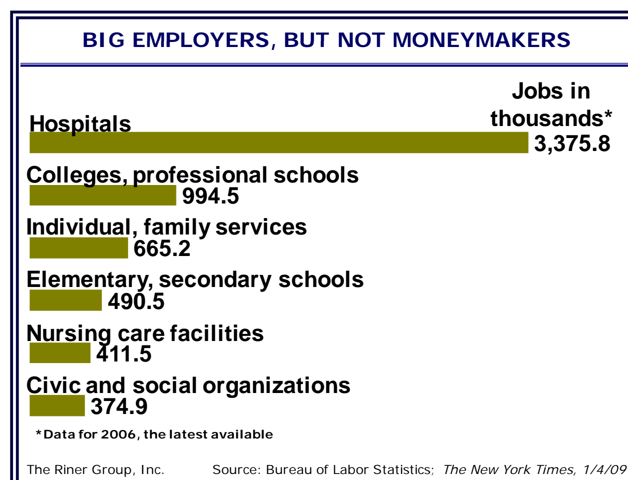
• Researchers at Vanderbilt University Medical Center asked medical students and residents their attitudes toward health information technology. The majority said they felt health IT made them more efficient and increased their ability to practice safely. Indeed, many expect to be able to use electronic medical records when they enter practice and will select practice opportunities based on the availability of such.

• Our society has been built on a competitive for-profit platform. However, almost daily we see comments about how greed can run amuck. Nonprofit businesses are hardly immune to economic motives and realities. It should be noted however that some not for profit businesses, particularly in medical services, have become significant employers.



• The current practice of Medicine is forcing many doctors to look at alternative options for their practices. Doctors are saying that the economics of running a practice has become so difficult that many are attempting to find different ways of practicing. Data from the MGMA annual Cost Survey Report may bear this out. The number of participants whose practices are hospital-owned has risen 2%-3% per year during the past 4 years. It is anticipated that more physicians will seek hospital employment in the year 2009. Some are predicting that up to 60% of physicians will be in a hospital-owned practice within 10 years.

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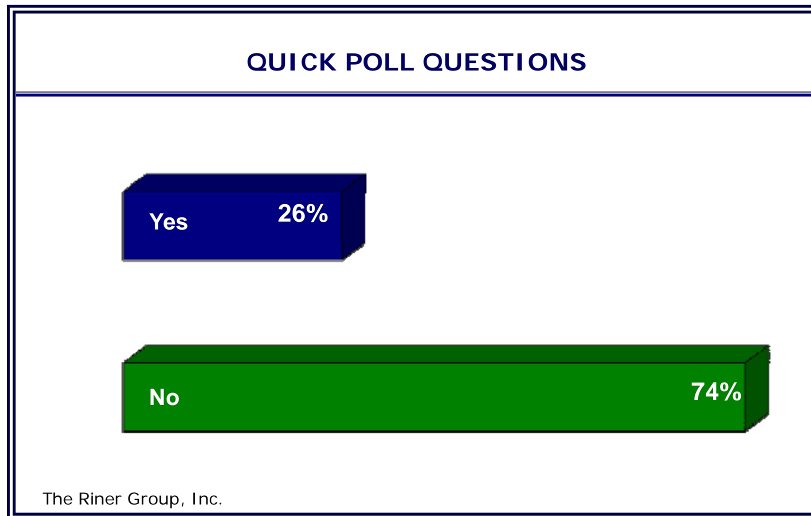
OUR QUICK POLL RESULTS

The following question was posted on the Riner Group Website for the month of December 2008-February 2009.

"Do you feel that Healthcare is a Recession Proof Industry?"



Perspective: There is an old adage that healthcare is a relatively recession proof industry. However, with the current US economic troubles fewer patients are seeking hospital care and fewer patients are seeking care from their physicians. Data would suggest that elective operations and elective visits and preventive care is being postponed.

A recent report from the American Hospital Association (AHA) noted that hospitals which employ 5,000,000 people across the U.S. could be facing uncertain times as their financial health falters and their ability to borrow funds for improving facilities and updating technology becomes challenged. The report is based on a survey of 736 hospitals and information from Data Bank, a web-based reporting system used in 30 states to track hospital trends.

According to the report, total margins for hospitals fell to negative 1.6% in the third quarter 2008 vs. a positive 6.1% during the same period the previous year.

Financial stress is forcing hospitals to make or consider making cut-backs, including cutting administrative costs (60%), reducing staff (53%) and reducing services (27%) among the hospitals surveyed.

Many hospitals are reconsidering or postponing investments in facilities and equipment where communities rely on care. For instance:
56% of survey respondents are considering or holding off on renovations or plans to increase capacity.
45% are delaying purchase of clinical technology or equipment.
39% are putting off investments in new IT.

Likewise, on the physician provider side of the equation, many physicians are postponing major capital expenditures. This segment of the healthcare industry is under significant reimbursement constraints and is finding it difficult to shoulder additional economic challenges.

As with all other industries, virtually every segment of the healthcare industry is looking for an economic upturn in these challenging times.

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OUR FOCUS

With over twenty-five years of business experience in healthcare, we have worked with physician practices, hospitals, health systems, academic medical centers and healthcare businesses throughout the United States with a focus on strategy, new business development and performance improvement. We specialize in integrating the business and clinical aspects of healthcare. Some of our current projects include:

- Business development strategies for hospitals, health systems, medical practices, emerging healthcare companies and healthcare related businesses
- Development of Heart Centers/Heart Hospitals, Enhancement of Cardiac Servicelines and Vascular Centers, Development of Strategic Alliances and new Business Ventures
- Group practice management enhancements and clinical practice assessments, compensation modeling
- Development of physician-hospital alignment strategies and the formation of governance and management structures for such – (Co-management agreements; New management companies, etc.)
- Leadership programs/educational forums for healthcare industry executives, trustees, directors and clinicians. In depth exploration of major trends impacting healthcare
- Executive and career mentoring/coaching for physicians and healthcare executives
- Temporary management of Heart and Vascular Centers and Medical Groups
- Hospital and medical practice quality reporting initiatives

EXAMPLES OF RINER GROUP SPEAKING ENGAGEMENTS

• "The Future of In-House Imaging, Will It Remain Viable?" – American College of Cardiology's Strategies for Success

• "Designing Your Healthcare Organizations' Physician-Hospital Management Structure, What It May Look Like in 2010" – AHA Society for Healthcare Strategy and Market Development

• "Transitions in Traditional Hospital Business Models: The New Frontier in Hospital-Physician Relations with New Responsibilities for Trustees" – Center for Healthcare Governance

• "Trends Impacting Healthcare Delivery" – Numerous Business and Health System Forums

• "Compensation & Partnership Models for CV Practices" – Society for Cardiovascular Angiography & Interventions

• "Exploring the Role of Physicians on Hospital and Health System Boards" – American Hospital Association

•"The Challenge and Opportunity of Enhanced Physician – Hospital Partnering" – Numerous venues

• "The Impact of Increasing Physician Workforce Shortages" – Board Retreats at numerous programs provided for health system boards and trustees

To request specific information regarding the Riner Group, or subscribe to our newsletter, please email us at **requestinfo@rinergroup.com**

Our PRIORITY ... excellence in the business and science of medicine.
Our SPIRIT ... superb patient care.