Independent Physician Association (IPA)

What Every Physician Needs To Know
Our Background
Introductions

• Rick Kellenberger, DO- Family Practice
  • Outpatient Only
  • Ft Scott, KS and Nevada, MO
  • 34 years in private practice
Introductions

• Mindi Garner, DO- Internal Medicine
  • Traditional Practice: In-Patient and Out-Patient
  • Pittsburg, KS and Girard, KS
  • 12 years in private practice
  • Currently in MBA Program at Pittsburg State University
All Physician-Owned Entities Have One Thing in Common...
TRUST
Trust is the Foundation

• Our 10+ year professional relationship and friendship

• Absolute requirement

• Professional careers are “on the line”

• True commitment to unity
Disclaimer

• We don’t have a crystal ball

• Our way will not fit everyone’s needs

• Informational only

• We hope we don’t offend
Disclaimer

• Looking for stable structure?
  • “Like the good ole days?”

• Ever-Changing Environment “is the way it is”
  • “Play the hand you’re dealt”
Disclaimer

• I am “Over the Top” in energy level

• Focus: Physicians’ Interests to help care for patients

• Uniting doctors is like “herding cats” 🧚‍♀️ 🧚‍♂️ 😊
What is an IPA?
Independent Physician Association (IPA)

• Legal entity organized and directed by physicians

• Negotiate insurance contract terms/reimbursement

• Provides many other Independent Practice Services
Independent Physician Association (IPA)

• First IPA was created in 1986

• The IPA Association of America (TIPAAA)
  • National Association

• 500+ IPA’s in United States
Independent Physician Association (IPA)

• First created for defensive purposes

  • Health plans were economically credentialing
Independent Physician Association (IPA)

• First IPA’s took on significant risk

• Managed Care and Capitation era in early 1990’s

• Could not be financially maintained
Independent Physician Association (IPA)

• Now the focus is to attack gaps in healthcare system
  • Improve accountability
How Did We Get Here?
The Evolution...

- Pinnacle Care
  - Physician Hospital Organization (PHO)
  - Created in 1996
  - Not-for-Profit Corporation but not 501(c)(3) exempt
The Evolution...

• Pinnacle Care
  • 12-member board with equal representation
    • Physicians and Administration Board Members
  • Served physicians’ needs for ~ 10 years
• Then changes came about...
The Evolution...

• Four State Physician Alliance (FSPA)

  • Incorporated in 2006

  • PHO Administration Board shifted in mission

  • FSPA Board included PHO Physician Board
The Evolution...

• Four State Physician Alliance (FSPA)
  • This entity served as PHYSICIANS’ unifying body
  • Served as a political action organization
The Evolution...

• Four State Physician Alliance (FSPA)

• Created additional branch to support Joplin
  
  • Four State Physician Alliance of Missouri
The Evolution...

• Pinnacle Care Physician Board extremely engaged

• Trained in contract evaluation and Messenger Model

• Arrived at the SWOT Analysis
The Evolution...

• SWOT Analysis
  • What was PHO’s value?
  • What direction is healthcare going?
  • So many questions but not many answers...
The Evolution...

Physician-owned model served our needs
And Then Our IPA Was Born...
SEKIPA, LLC

• Created January 1, 2013

• Limited Liability Company (LLC)

• Physician-only Board includes 13 members
SEKIPA, LLC

Board of Directors

Dr. Mindi Garner
CEO

Dr. Rick Hudson
Secretary

Dr. Tammy Battaglia
Treasurer

Dr. Jim McDaniel
Dr. Rick Schoeling
Dr. Ricky Kellenberger
Dr. Elias Tawil
Dr. Chris Banwart
Dr. Robert Huebner
Dr. Daniel Koehn
Dr. David Seidl
Dr. Ken Turner
Dr. Brent Cosens
SEKIPA, LLC

Mission Statement

SEKIPA is a regional independent physician association located in Pittsburg, Kansas serving physicians and providers through clinical integration to decrease medical costs by eliminating redundancy of testing, improving quality of care by increasing communication between providers and supporting fair reimbursement with management of insurance contract terms and negotiations.
The Product

SEKIPA was created by physicians who have long-term commitments to the independent physician cause, are resilient and rely on strength from unity.
The Product

The board supports and provides resources that strengthen every aspect of physician-owned medical practice.
Reasonable and Cooperative

SEKIPA continues to maintain good relationships with area hospitals to facilitate patient care...our primary goal.
Integrated Physician Advocates (IPA)

• IPA’s don’t require high membership numbers

• Coalition of the willing

• United professionals create cohesive culture

• Willing to practice a different way
Integrated Physician Advocates (IPA)

- Hippocratic Oath bonds physicians together
- Hospitals and Insurance Companies don’t take our oath
- Physicians always know their mission
  - Care for the patient
  - Other entities change missions and goals
IPA’s Foundation of Value
SEKIIPA, LLC: Clinical Integration

• CIN

• EMR utilization

• CIN is Absolute Requirement for IPA

• Federal Trade Commission (FTC) mandate
SEKIPA, LLC: Clinical Integration

- Online Resource Access for Members
- Health Information Networks
- Decrease test redundancy
- Improve communication between providers
SEKIPA, LLC: Clinical Integration

• Utilize existing CIN

• Physician Alliance of Kansas (PAK)

• Blending of multiple IPA’s
SEKIPA, LLC: Quality Measures

- Members commit to improve quality of care
- Similar to PQRS
- Requires work and honest self-reflection
The “Double” Treat
SEKIPA, LLC: Quality Measures

1. Members improve quality of care/outcomes
   • Together as a team of physicians

2. Improved compensation and contract terms
   • Well deserved for extra effort
SEKIPA, LLC: Quality Measures

• Peer Review with quality measurements

• Improve outcomes with teamwork

• Vested Interest

• “Win-Win”
SEKIPA, LLC: Other Benefits

• Discount with KaMMCO

  • Large size of group

  • Improved quality of care decreases risk
SEKIPA, LLC: Other Benefits

• Group Health Insurance
  • For Physicians and Support Staff
SEKIPA, LLC: Other Benefits

• Accountable Care Organizations (ACO)

• Medicare Shared Savings Program (MSSP)

• Clinically Integrated IPA required
Best of Both Worlds...
Our Current Set-up

• Pinnacle Care maintained as credentialing hub

• Relationship between PHO and IPA is maintained

• Physician Board members of both
Why Participate?
I’m Employed, Why Should I Care?

• You never know what the future holds...

• Important to know what fellow physicians are doing

• Physician involvement reflects on all physicians
WHY IPA?

• Reassure physicians on disconcerting change
  • Unity in uncertain times

• Build trust and camaraderie among physicians
  • Physician-Owned and Physician-Led
WHY IPA?

• Increase professional satisfaction

• Motivate physicians

• Be part of a group of like-minded physicians

• No longer feel alone and isolated
Why IPA?

• Enable opportunity to mentor and support new physicians

• Think of the future to support community

• Replace ourselves to continue independent model
WHY IPA?

• Our “life’s work” is taking care of our neighbors

• We must take care of the business of medicine to maintain our position of taking care of patients

• Maintain control over our destiny as professionals
WHY IPA?

Many entities vying for domination that do not provide the value we provide to the patient.
WHY IPA?

Utilize resources to protect the physician-patient relationship

Paramount and Sacred
WHY IPA?

• Physician Leadership of the healthcare team
  • The doctors’ obligation
  • What we were trained to do
• Provides tremendous value to patient care
WHY IPA?

• Increases professional satisfaction

• Important to protect physicians’ core values
WHY IPA?

• Honor doctors
  • Who have served in the past
  • Safeguard opportunities for physicians that follow
WHY IPA?

• Embrace Change
  • Not just react to change

• Create Meaningful Change on our terms

• Patient focused mission
Dr. Kellenberger’s “Low-Down”
SEKIPA, LLC: Other Benefits

• Discounts on EMR

• Access to Human Resource expertise

• Retirement and Financial Planning
WHY IPA?

• Helps recruit doctors to rural areas

• Collective resources and common goals
WHY IPA?

- Tap into grants/scholarships as IPA

- Difficult as a solo, isolated physician trying to recruit new colleagues
WHY IPA?

• Ability to negotiate insurance contracts directly
  
  • Eliminate “just accepting” terms
  
  • Do something about it
WHY IPA?

- Maintain ability to run business “my way”
- More control → deliver better care
- More control → help defend patients’ rights
WHY IPA?

• Hold down costs with physician originated ideas and enforcement

• Ability to obtain greater financial reward through improved quality of care
WHY IPA?

• Maintain the “greater good” focus our forefathers had when creating our associations

• Maintain ability to focus on patient care

• Model to save independent practice
Independence Will Be Maintained

The benefits of the IPA will ensure the viability of its structure and ensure survivability of small medical practices
The Bottom Line
Who Knows What the Future Holds?

The IPA is a unified group and is easily converted to any healthcare model we need in the future.
Who Knows What the Future Holds?

• No guarantee this model will not change

• Most important is “We are in this together”

• Long-term commitment
Final Thoughts
IPA

• Be the physician you want to be

• Be part of a progressive and energized group

• Create change not just react to change

• Worth the effort, just like our profession