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## Texas system partners with IT company to revive doc group

By Alice Hohl

When Texas Health Resources decided to revive its physicians' group, it didn't go about things in the usual way. In fact, the effort resulted in a for-profit partnership with an information technology company, in addition to the usual not-for-profit corporation representing the physicians' group.

Texas Health MedSynergies, the joint venture company, will provide business, accounting, billing and other office tools to physicians in the Dallas-Fort Worth area on a contract basis. And, profits made by the joint venture are expected to be reinvested into new and better technology tools, upgrades and training.

Michael Stoltz, M.D., the president of the physicians' group (Texas Health Resources Organization for Physicians) and the joint venture, said Texas physicians are known for being staunchly autonomous, and usually skeptical of hospital physicians' groups. In fact, none of the private practices that feed into the giant network of 13 Texas Health Resources hospitals practice under the brand or logo of Texas Health Resources.

Stoltz says he and other physicians who were asked to work on reviving the nearly defunct physicians' group at Arlington-based Texas Health, concluded early on that hardly any of the physicians connected to the hospital would be interested in joining the group unless the perceived value was great. Stoltz says his personal conviction—that doctors are falling out of love with their profession because their focus is frequently pulled from patient care to business complexities—was a driving force behind the idea for the joint venture.

Texas Health MedSynergies is focusing first on putting in place billing and office management systems that will simplify doctors' lives and simultaneously sync their operations with those of the hospital network.

John R. Thomas, chief executive officer of MedSynergies, says after that system is in place and doctors get some breathing room and cost

savings, then the joint venture will introduce an electronic health record that would be coordinated throughout the network.

"We think you have to do the business side first so that you get the stability you need to do the EHR," he says. It also proves to the doctors that the system will help them, rather than initially taking more time and money from their practice.

Thomas says physicians are currently receiving data that aren't helpful to them, and are getting demands from affiliated hospitals and from insurers questioning their decisions, but they aren't getting anything of value from the relationships. This joint venture is meant to provide value. Despite that, adoption won't be automatic, he says.

"I think it'll do two things. A couple groups will welcome it. This is the right physician-led initiative," Thomas says. "Then there'll be a group that will be skeptical. The hospital is a wolf in sheep's clothing. There'll be a group that will look and wait. There'll be a group that will say we can buy a portion of these services so they can make the best independent decision for their practices."

Stoltz agrees the business-side tools need to come before EHRs.

"They are so busy in their practice they don't have that vision of the usefulness of that data over time," he says of physicians in his North Texas community. "Some of them have actually tried to implement some sort of electronic health record in their office and have failed. It changes the flow of the office and makes it initially more inefficient."

That experience is even more common in Texas, where the vast majority of private practices are single doctors, or two doctors sharing an office.

"The new technology that all physicians are going to need and require, these small practices cannot afford this," Stoltz says. "Their organizations have really very few management skills."

Stoltz says the joint venture shows Texas Health Resources is going at its new physicians' group with the right spirit. A hospital administrator



Michael Stoltz, M.D.

wrote the request for proposals that resulted in the choice of MedSynergies, and the hospital supported and helped develop the idea of a joint venture, but physicians were in the leadership roles.

The physicians' group has a new, more detailed mission focused on helping physicians put patients first, and it has a new board, too.

Rather than putting MedSynergies' products out to physi-

cians in the community as a "recommended choice," the physicians' group's financial stake in the venture shows they are serious about providing a valuable product that doctors have had a hand in designing, Stoltz says.

"This is just not business as usual," Stoltz says. "This is something we thought was very significant for the patient and for the profession."

Stoltz and Thomas say legal counsel reviewed the arrangement, but no special legal consideration was necessary for the unusual partnership.

"We knew if we were going to have a strong physician group, we needed an interactive management company," Stoltz says, adding that he wants the company providing services to doctors to have the same mission as the not-for-profit physicians' group.

"We wanted to be a part of everything that was offered to the physicians, and we wanted to have some oversight and some guarantee of the quality of what would be delivered to the physicians," Stoltz says. "In coming from where we were coming from, not having a knowledge of the business aspects, we wanted to assure that to our doctors and patients that we had a real input in this process."

Alice Hohl is a freelance writer for Modern Physician based in Columbus, Ohio. She can be reached at [alice@alicehohl.com](mailto:alice@alicehohl.com).



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