



Penn Orthopaedics: Advancing Care Through Network Development



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While health systems and hospitals have been merging and consolidating for many years, the post-Affordable Care Act world has seen significant activity. From 2010-2015, 561 hospital mergers and acquisitions deals were announced, affecting over 1,200 hospitals¹. Moreover, physician practices across specialties are not immune to the trend.

Many physician groups either merge together or with a health system to better compete in value-based payment models, improve financial standing, or protect from uncertainty in the health care market; though, there are a multitude of other reasons groups are merging, including notably, a shift in practice preferences among providers. However, physician practice consolidation does not guarantee higher quality of care and more efficient use of resources, and it may indeed limit some amount of flexibility and innovation found in smaller organizations.

Recognizing that quality improvement can and should happen regardless of outright ownership, Penn Orthopaedics, as a part of the Musculoskeletal & Rheumatology Service Line, has worked to create a network of physician practices and hospitals to share in goals around improving the standards of care for all orthopaedic patients.

Strategically, the Penn Orthopaedics Network most directly supports the ever-growing footprint of Penn Medicine. In January 2018, Penn Medicine merged with Princeton HealthCare System, in Plainsboro, NJ. Subsequently, Penn Orthopaedics and Princeton Orthopedic Associates formed a strategic alliance, which builds formal channels for surgeons to share patient management protocols that enable seamless care coordination in the community and at the downtown campuses. It also enables the collection and benchmarking of patient outcomes data from both groups to enhance research, practice approaches and treatment options.

Similarly, for almost six years now, Bayhealth Medical Center has been an affiliate of Penn Orthopaedics. The cornerstone of the relationship with Bayhealth is the Penn Orthopaedic Surgery Residency Rotation. Through this relationship, Penn

residents are offered the opportunity to learn about health care delivery in a community hospital and independent practice setting.

Additionally, Penn Orthopaedics has a community presence in Cape May Court House, NJ with two Penn surgeons, Dr. Kevin McHale and Dr. Stanley Michael practicing at Cape Regional Medical Center (CRMC). Here, there is ongoing work with CRMC to share proven hospital-based programming and best practices.

Finally, Lancaster General Health (LGH) in Lancaster, PA and Chester County Hospital (CCH) in West Chester, PA are home to multiple well-established Penn-employed and private orthopaedic groups. Thus, the partnership with both hospitals is a collaboration on patient care pathways, post-acute protocols, and program development. Although located in different geographic markets, we develop programs synchronously, not only discovering best practices sooner, but also reducing duplicative efforts in collaboratively solving similar problems.

In conclusion, although various types of relationships have been developed with partners across the region, they are approached with the same goal in mind: *how can we deliver the highest quality of care to patients regardless of geography?* In doing that, meaningful partnerships have been forged that focus the clinical teams on improving care at the delivery level. When success is realized in one hospital or practice, there is a nimble ability to spread that success across the region. As such, we have created a network that recognizes our quest for quality care does not occur simply upon joining forces; rather, this is just the beginning of a dynamic Penn Orthopaedic Network that will work tirelessly to stay at the vanguard of continuously improving orthopaedic care.

References

1. **American Hospital Association**, Trendwatch Chartbook 2016, Chart 2.9 - <https://www.aha.org/system/files/research/reports/tw/chartbook/2016/chart2-9.pdf>.