

CIRCLES

FOR INDEPENDENT PROVIDER GROUPS

ADDRESSING STRATEGIC IMPERATIVES

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Introduction

For a number of reasons, the domination by large hospital systems of healthcare delivery may be slowing if not reversing.

Conversely, physician owned hospitals, ambulatory surgery centers, and other independent clinical practices are assuming a greater role.

This is not surprising given the desire of physicians for independence – not only financial but also in matters of clinical judgment. The growth of physician-controlled practices is also driven by the preference of patients for personalized care,

the national focus on value-based care, and governmental policy initiatives.

There is however a fundamental challenge for independent practices – they are by definition owned by physicians. Physicians are trained – and want – to provide patient care, not deal with business issues.

Most of the strategic issues for independent provider groups are the same as for other businesses: financial stability, recruitment of qualified personnel, competitive differentiation, growth, predicting the future, and preparing for it.

Circles: Not A Cost Center, But A Strategic Imperative

In healthcare, more than most other industries, data are fundamental. They are at the center of reimbursement, product development, value-based care, and legal/regulatory compliance.

However, meaningful use, CPT codes, RVUs, and similar data requirements have imposed large costs and administrative burdens on providers. Paradoxically, these data-driven initiatives have often reduced compensation to clinicians. They also

reduce the time clinicians can spend on patient care.

Meanwhile, real-world evidence is emerging as the most important healthcare data category in the 21st century. ¹

Critically, the most valuable sources of real-world evidence arise from everyday clinical interventions and correlated long-term outcomes. Independent provider groups are in a position to capture, own and monetize that real-world evidence.

As emphasized by the FDA, however, real-world evidence depends on aggregated real-world datasets which are validated, well-structured, “fit-for-purpose”, and statistically significant. The technical platform and processes underlying each Circle ensure that these parameters are met - with minimum burden for the busy clinician.

Moreover, independent provider groups *own and control* the real-world data and evidence generated by Circles. That ownership and control can advance several strategic objectives:

Financial: Database licensing revenues.
Clinical study fees. Internal product

development and monetization. New service lines. Reimbursement.

Competitive Differentiation: Publication. Conference Presentations. Research. Deeper patient engagement.

Personnel: Recruitment/retention of physicians and researchers. Minimal burden for clinicians and office staff.

Legal/Regulatory Compliance: Support expanded access, quality improvement, off-label, and other clinical initiatives.

Brand Extension: Inherent collaboration with clinical peers and experts on clinical/scientific topics of common interest.

Learn More

[What Is A Circle](#)

[Join/Start A Circle](#)

[Ownership, Publication, Monetization](#)

[Value Propositions](#)

[Processes For Physicians](#)

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Endnotes

¹ *Real World Evidence*, FDA, February 2023. <https://www.fda.gov/science-research/science-and-research-special-topics/real-world-evidence>. *Registries for Evaluating Patient Outcomes: A User's Guide*, HHS/AHRQ, September 2020, <https://www.ncbi.nlm.nih.gov/books/NBK562575/>. *Creating Value From Next-Generation Real-World Evidence*, McKinsey July 2020. See Deloitte Insights, 2018, https://www2.deloitte.com/content/dam/insights/us/articles/4354_Real-World-Evidence/DI_Real-World-Evidence.pdf.