SCP Health (SCP) works with hospitals, urgent care centers and physician groups nationwide implementing practice management and support solutions to deliver high success, affordable, and appropriate care. A leader in clinical effectiveness, SCP has proven experience across a variety of healthcare organizations in optimizing their employed providers and associated program performance.

SCP’s Management Solutions are custom-tailored, offering hospitals the opportunity and flexibility to retain employed providers for continued quality care delivery and local support. Hospital leaders can then focus on overall facility leadership while SCP oversees daily practice management tasks and strategic performance improvement initiatives. This customized support program improves and enhances clinical performance, strengthens provider leadership and recruiting efficiencies, and enhances revenue cycle benefits for hospital clients.

WHY MANAGEMENT SOLUTIONS
SCP Health’s Management Solutions address the most common challenges facing Emergency Medicine & Hospital Medicine programs when the client continues to employ its physicians and own their A/R.

- Provider recruitment and management
- Clinical leadership development
- Performance and productivity
- Provider and patient satisfaction
- Resource utilization/locums use
- Volume fluctuations/seasonality
- Operational and clinical reporting capabilities
- Revenue cycle efficiencies
- Program growth

MODERN HEALTHCARE REQUIRES CREATIVE PROBLEM SOLVING
Whether it’s bundled payments, alternative contracting structures, gain-sharing, or risk reward relationships, SCP Health’s Management Solutions offer hospitals the opportunity to optimize provider performance and see tangible, meaningful, and long-term results.
**PERFORMANCE IMPROVEMENT IMPACTS AND SOURCES OF VALUE**

**BENEFITS**

**IMPROVED CLINICAL PERFORMANCE**
- Sustained success in target metrics
- Improved outcomes
- Reduced variation of care
- Improved evidence-based best practices
- Increased patient satisfaction; continuity of care for each patient
- Greater program integration
- Improved coordination of care

**GREATER COST EFFICIENCIES**
- Reduced provider costs, if vacancies exist
- Leveraged NP/PA coverage
- Telehealth night coverage, as appropriate
- Improved provider productivity
- Effective resource utilization and staffing optimization
- Improved throughput
- Appropriate management of ALOS

**REDUCED ADMINISTRATIVE BURDEN**
- Medical staff integration and collaboration
- Provider satisfaction
- Improved access to clinical leadership and development
- Seamless implementations/ transitions
- Improved access to care
- Greater performance visibility through analytics and reporting
- Deep analytics capabilities to support value-based initiatives

**EXPANDED REVENUE OPPORTUNITIES**
- Effective reimbursement processes
- Improved census management, encounter tracking, chart capture
- Accurate coding and effective collections
- Improved documentation and billing
- Volume growth through improved operational throughput, consistent program management, visible leadership and community physician outreach initiatives
- Advanced reporting technology and data analytics tools for performance management