



Catching Up With ...

Joseph S. Vasile, MD, MBA, President & CEO, Greater Rochester IPA, Rochester, NY

Dr. Joseph Vasile is a practicing physician who is Board Certified in Psychiatry with a subspecialty in Geriatric Psychiatry. He has served on a number of hospital committees dedicated to quality, education, and organizational planning and is active in several professional and scientific societies. He talks about clinical guidelines, physician performance, and himself.

Joseph S. Vasile, MD, MBA

- President and CEO of the Greater Rochester Independent Physicians Association. (2010-present)
- Past Chief of the Behavioral Health Network for the Rochester General Health System, and former Director of Psychiatry and Mental Health Services at the Rochester Rehabilitation Center.
- Clinical Assistant Professor of Psychiatry at the University of Rochester School of Medicine and Dentistry and Clinical Professor for Rochester Institute of Technology (RIT) - Rochester General Health System (RGHS).
- Member of the American College of Physician Executives and Distinguished Fellow of the American Psychiatric Association.
- Undergraduate - Yale University, MD - State University of New York at Buffalo, and MBA - University of Pittsburgh.
- Residency in Psychiatry at University Health Center of Pittsburgh, Geriatric Psychiatry Fellowship at Johns Hopkins Hospital.

Accountable Care News: *Given that GRIPA has both employed and independent physicians, what unique problems could you face as an ACO?*

Joe Vasile: Employed and independent physicians (private practice physicians) out in the community oftentimes have different approaches to practice. Perhaps you don't share the same IT systems, and you frequently don't have the ability to communicate as quickly or as efficiently to different physicians, which makes it challenging to get the care integrated. I can't say that all of the problems are alleviated by having employed physicians, but it is an extra step to get the independent physicians all working on the same page. There are more systems you have to deal with and when there are more systems and interfaces, things in communication get lost and coordination is more challenging. An accountable care organization is all about the coordination and integration of care

Accountable Care News: *Could you tell us a little about the clinical guidelines that GRIPA has developed?*

Joe Vasile: The key when it come to clinical guidelines is engaging the physicians. We have a clinical integration committee to review and in some cases vote on what the appropriate guidelines should be. We have about 300 measures and 42 guidelines.

Accountable Care News: *How important is it to have sophisticated systems for monitoring physician performance in place?*

Joe Vasile: To me the key word is 'sophisticated' in that sentence. I'm not sure what to do with that word. I think it is important to have some way of monitoring physicians' behavior and adherence. Certainly the IQ system is a step in the right direction. But I think what's important is that organizations begin to monitor *something*, even if it's very simple or limited, and even if we have to do some of the work by hand, like the compiling and gathering of data. I think it is important to have some monitoring system in place and I believe that physician groups, hospitals, and healthcare systems love to do this. You have to start somewhere.

Accountable Care News: *How should potential ACOs prepare for value-based payment?*

Joe Vasile: They have to continue to look at each piece of the care continuum and each part of what goes into the care for a patient and begin to ask the question in each step along the way. They should ask themselves what is the difference between quality and efficiency because that is the definition of value, and they need to continue to look at those two measures. Obviously this varies by specialist, by type of physician, by type of delivery system, and by level of care, but if you're continually challenging yourself to ask those questions you'll at least be on the right track. Whether we call it an ACO, whether we call it a shared savings program, what's important is that increasingly, we're going to be measured on value. What is also crucial is that you need to engage the providers, you need to engage the physicians, and this needs to be done in a real, transparent and upfront way.

Accountable Care News: *How will the GRIPA benefit from its affiliation with the Camden Group in becoming an ACO?*

Joe Vasile: Camden is a nationally recognized consultancy firm. Much of their staff who work in the east have roots at GRIPA. Our chief medical officer Eric Nielsen is one example. I would suggest that there is a role for consultant experts to play here in developing ACOs, but at the end of the day each ACO is going to have to take responsibility for developing its program, and consultants can only get you so far. We benefit from our relationship with Camden in the same way that we benefit from our good relationships with other provider groups, other consultants, and our patient population. It is a real cottage industry, but at the end of the day it's still your organization that will end up doing the heavy lifting. To work with its doctors, work with the providers, and with the patients to build a structure that could be conceived of as an ACO. Along those lines I think it is important for all of the different providers and healthcare systems and ACOs to be open to working together and sharing information. There are a lot of people out there trying to do exactly that because there is so much ambiguity and there is so much that is not known about ACOs.

Accountable Care News: *Finally, please tell us something about yourself that few people would know.*

Joe Vasile: My roots are in the clinical world, I'm still a practicing doctor in the area of geriatric psychiatry. I got an MBA along the way and I'm interested in applying the business principles in order to benefit and hopefully improve quality and efficiency, which is the definition of value and ACOs.