You Can't Scale What You Can't Enforce

Why a Multi-Market MSO Built on Influence Reached Its Ceiling

The Client

Northbridge Medical Foundation[1] is a large, multi-market MSO operating within a non-profit integrated delivery system headquartered on the West Coast. The organization functions as a centralized support and growth engine for more than 2,000 providers across multiple regional markets and provides both traditional shared services like analytics, finance, and other core business operations, as well as population health focused support centered on quality, patient access, and population management.

On paper, the model made sense: a single entity coordinating standards and services across semi-autonomous regional medical groups, meant to drive consistency and reduce variation across the system, all in pursuit of its mission to deliver affordable, high quality care. In practice, it was messier than that. The organization had been adding markets and accumulating complexity faster than it had been building the structural backbone to support them.

Leadership knew something needed to change. They just didn't yet know what. So, before they expanded into new markets, Northbridge engaged Ancore to provide unbiased answers two specific questions: are we high-performing, and are we set up to scale?

The Challenge

MSO-type organizations face a specific structural tension that doesn't resolve on its own. When left to their own devices, regional markets build their own relationships, develop their own processes over time, and settle into a "norm" that's unique to them. The longer that continues, the more expensive and disruptive standardization becomes, and when the central organization lacks formal enforcement authority over those markets, the normal levers (mandate it, fund it, hold someone accountable) aren't fully available.

Northbridge was in exactly that position. The relationships between the central organization and its markets were genuinely good. Leaders trusted each other, and there was real shared purpose. But goodwill and influence can only carry a governance model so far, and the organization was approaching the limits of what that model could absorb.

The leadership team was also preparing to expand into new markets, which made the timing of this work that much more important.

What We Did

Ancore conducted a 60-day rapid diagnostic across eight domains of medical group and MSO performance: physician alignment, patient access and growth, patient experience and quality, financial functions, business operations, population health, coding documentation and reporting, and technology and analytics.

 © 2026 Ancore, LLC® | All Rights Reserved.

We interviewed senior leaders across every function in scope and pressure-tested everything they told us against the data. When the two didn't line up, we kept digging until we knew why. The result was a shared, objective baseline leadership could actually use to make decisions and have the hard conversations, together. A scorecard built to be a starting point.

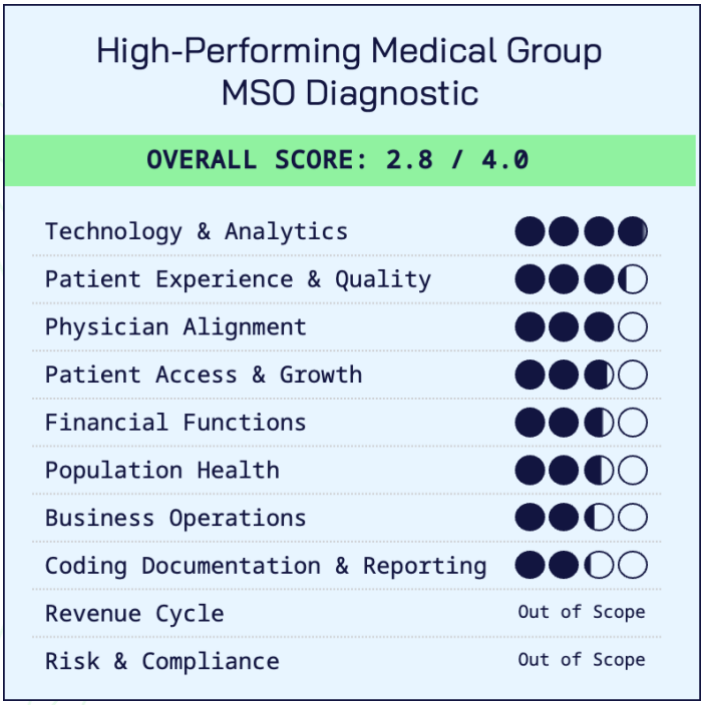
What We Found

Northbridge scored a **2.8 out of 4.0** against Ancore's High-Performing Medical Group MSO framework, below the threshold we'd consider standard. There were genuine strengths worth acknowledging (which we did)... but beneath those strengths were three structural issues that were quietly making everything harder.

(1) Governance was too diffused to enforce standards at scale.

The central organization had invested heavily in documentation, operating standards, and shared service agreements. The work was good. The problem was that none of it came with meaningful enforcement authority. When a market did something differently, Northbridge's primary recourse was to have a conversation about it. Sometimes that worked, but often it didn't. Over time, that dynamic produced significant variation across markets: in how processes were run, how resources were deployed, and how consistently standards were actually applied.

This wasn't about the people. The structure made it inevitable: when a central organization can only influence rather than require, variation follows, especially as the number of markets grows.



(2) Role duplication was driving up cost and complexity.

Because each market had developed different processes over time, those differences required separate supporting resources. The result was a pattern of parallel staffing, where work that could have been consolidated into a single shared function was instead being done in silos, market by market, with different levels of both supporting infrastructure and sophistication.

The practical consequence was a cost structure larger than it needed to be, and one that would continue to get more expensive with each added market.

(3) There was no reliable way to prove the value of central services.

This one mattered for the long term. Without P&L authority, and without a consistent method for attributing cost savings or revenue impact back to the central organization's work, Northbridge was in a difficult position when markets asked the natural question: *what exactly are we getting for this?*

© 2026 Ancore, LLC® | All Rights Reserved.

The organization could point to documented service agreements, organized standards, and high-quality reporting. What it couldn't do was say: here is how much money our involvement saved you last year, or here is the specific financial impact of the access improvements we drove. That gap not only affected internal conversations but also the organization's ability to make a compelling case for expanded authority and to recruit new markets into the model.

Where Northbridge was ahead of the curve.

Technology & Analytics was a genuine organizational strength. Dashboards were refreshed in near real time, leaders trusted and acted on the data, and the organization had a well-defined strategy for developing and prioritizing analytical tools. Patient access was another bright spot, with rigorous scheduling standards, strong third-next-available appointment performance against national benchmarks, and low effective no-show rates.

Those strengths mattered to the diagnostic and the conversation. Walking into a leadership discussion with a clear picture of what's working is what made shining a light on the challenges credible.

Why the Diagnostic Mattered Beyond the Findings

The most important thing that came out of this engagement wasn't the scorecard. It was what happened when we presented it.

Leadership had been living inside these problems for years. Some of the issues were known. Others had been named in passing but never fully examined together with the data underneath them and the right people in the room. Ancore's unbiased perspective told through our diagnostic provided a framework and a common language for a set of organizational dynamics that had previously been discussed in fragments: each domain in its own silo, each challenge owned by whoever happened to be closest to it. This opened the door for more strategic and impactful conversations with each of the domain leaders.

That alignment is what makes the path forward possible. An organization can have a great strategy document, address a bunch of symptoms, and still make very little progress overall if the leadership team isn't genuinely aligned on the real diagnosis. After sixty days of structured interviews and rigorous benchmarking, what Northbridge's leadership had was a shared picture of where the organization actually was, and why it was there.

The Path Forward

This engagement reinforced three principles we've seen hold across medical group and MSO work more broadly.

(1) **Effective operating models need real enforcement levers.** Relationships and goodwill matter. They're part of what has kept Northbridge's markets functioning well in many respects. But at some point, sustainability requires something more concrete. Whether it's headcount authority, budget control, or explicit decision rights with escalation mechanisms, a central organization needs the ability to require the things that matter most, not just recommend them. Without that, variation will persist regardless of how good the strategy is.

© 2026 Ancore, LLC® | All Rights Reserved.

(2) **Standardization is what makes scale affordable.** The most significant costs in this organization accumulated market by market over time with each market solving the same problem slightly differently and requiring its own supporting resources. The lesson isn't that customization is always wrong. It's that customization has a compounding cost, and the further it spreads, the harder it becomes to unwind. Standardizing early, before the next market is added, is almost always the most efficient and effective path.

(3) **You have to be able to prove the value of what you do.** For any MSO or central services organization, the ability to demonstrate economic impact isn't just a reporting exercise. It's a strategic asset. When leadership can clearly and credibly show what centralized services are saving or generating, everything else gets easier: market buy-in, requests for authority, and the case for further investment. Building that measurement infrastructure is some of the highest value work an organization in Northbridge's position can do.

The work ahead for Northbridge is meaningful, and it'll require thoughtful change management. But they're beginning from a place many organizations never reach: leadership alignment on both the problem and the path forward.

Interested in what a rapid diagnostic could surface for your organization? Reach us at contactus@ancorehealth.com or visit ancorehealth.com.

1. Northbridge Medical Foundation is a pseudonym. The client's name has been changed to protect confidentiality.
2. Revenue Cycle and Risk & Compliance are two domains in Ancore's High-Performing Medical Group Diagnostic. Northbridge Medical Foundation excluded those from our scope of work.

© 2026 Ancore, LLC® | All Rights Reserved.