

You Can't Scale What You Can't Enforce



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

THE CLIENT

Northbridge Medical Foundation¹, a multi-market MSO inside a West Coast non-profit IDS, coordinating shared services across more than 2,000 providers and several regional medical groups.

2,000+

PROVIDERS SUPPORTED

3

REGIONAL MARKETS

West Coast

NON-PROFIT IDS

THE CHALLENGE

Influence was out of runway.

When a central organization can only influence, not require, variation across markets compounds. Northbridge had built genuinely good relationships with its markets and real shared purpose. But goodwill carries a governance model only so far, and the system was approaching the limits of what that model could absorb, especially with new markets already on the horizon.

WHAT WE DID

A 60-day rapid diagnostic.

60

DAY DIAGNOSTIC

8

DOMAINS ASSESSED

10+

LEADERS INTERVIEWED

Eight domains: physician alignment, patient access and growth, patient experience and quality, financial functions, business operations, population health, coding and reporting, and technology and analytics. We pressure-tested what leaders told us against the data... and kept digging when the two didn't line up.



WHAT WE FOUND

Three structural issues making everything harder.

Governance was too diffused to enforce standards at scale.
Documentation and standards were strong, but none of it came with real enforcement authority. When a market did something differently, the main recourse was a conversation. Sometimes that worked, but often it didn't.

01

Role duplication was driving up cost and complexity.
Because each market had developed its own processes, those differences required separate supporting resources. Work that could have been consolidated was instead being done market by market.

02

There was no reliable way to prove the value of central services.
Without P&L authority and a consistent method for attributing impact, Northbridge couldn't answer the natural question from markets: what exactly are we getting for this?

03

WHERE NORTHBRIDGE WAS AHEAD
Technology and analytics ran ahead of the curve: dashboards refreshed near real time, leaders trusting and acting on the data. Patient access also stood out, with third-next available and no-show performance favorable against benchmarks.

WHY IT MATTERED

The real outcome was alignment.

Leadership had been living inside these problems for years. Some issues were known. Others had been named in passing but never examined together with the data underneath them and the right people in the room. The diagnostic gave the team a shared framework and common language for dynamics that had previously been discussed in fragments. After sixty days, Northbridge's leadership had a shared picture of where the organization actually was, and why.

THE PATH FORWARD

Three principles that hold across this kind of work.

- 01

Operating models need real enforcement levers.
Headcount authority, budget control, or explicit decision rights with escalation paths. Relationships matter, but sustainability requires something more concrete.
- 02

Standardization is what makes scale affordable.
Customization compounds. Standardizing before the next market is added is almost always the most efficient path.
- 03

You have to prove the value of what you do.
When central services can credibly demonstrate what they save or generate, market buy-in and expanded authority follow.

Interested in what a rapid diagnostic could surface for your organization?

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WHERE CURIOSITY MEETS CLARITY.

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.

