Physician Leadership

Physicians will take on multiple leadership roles across the CIN and within the committee structures.

Information Technology

IT is the backbone of the CIN network’s value proposition and critical to improving coordination and connectivity between providers of care. Potential IT options that providers are utilizing include:

- Electronic Health Records (EHRs)
- Patient Registries
- Health Information Exchanges

Payers Contracting with the CIN

Payers must be willing to change their paradigm:

- Change from the current payment model
- Reward a network that can demonstrate its value proposition
  - Collaborate by:
    - Sharing information
    - Jointly managing and engaging the patient
    - Educating participants
  - Focus on Win-Win relationship with the network

Flow of Funds

A distribution methodology should equitably allocate funds to as many physicians as possible based on local and global network performance and individual activities and outcomes.

Payors & Employer's:

- Performance targets
- Educational event attendance
- Submission of Data
- Adoption of IT platform
Clinical Integration (CI) is commonly defined as a health network working together, using proven protocols and measures, to improve patient care, decrease cost, and demonstrate value to the market. Once the network can demonstrate a value proposition, payors and large employers are approached to support the network and offer incentives that are based on achieving defined results. In most cases, these networks and the initial conversations with payors are initiated by health systems, however, once developed, often become physician-led and physician-driven networks.

### Components of Clinical Integration

- **Flow of Funds**
- **Contracting**
- **Information Technology**
- **Legal Structure & Governance**
- **Participation Criteria**
- **Performance Objectives**
- **Physician Leadership**

### Value of Clinical Integration

**Academic Medical Center**
- Response to market pressures
- Focus on complex, high acuity procedures
- Maintain / expand patient referral base
- Address overcapacity issues

**Community Hospitals**
- Maximize facility utilization
- Focus on high acuity procedures
- Access to more training and education programs
- Align medical staff
- Increase sub-specialty coverage in local market

**Physicians**
- More attractive payer contracts
- Access to patient information across the continuum
- Data-driven clinical best practice guidelines
- Increased input in health system decisions
- Share in quality and performance related savings

**Patients & Communities**
- Improved Quality / Patient Satisfaction
- Improved Financial Performance
- Greater Coordination of Care
- Reform Readiness
- Aligned Incentives

### Legal Structure & Governance

To legally implement CI, the health system and physicians are required to organize in a structure that supports program objectives. With the exception of an employment-only model, a CI network can primarily be created with a (an):
- Physician-Hospital Organization (PHO): joint venture between a sustainable source of revenue and physicians
- Independent Practice Association (IPA): owned and operated by physicians
- Subsidiary of the Health System: health system is the sole corporate member of the subsidiary entity and member physicians sign separate legal agreements to participate

### Infrastructure

The CIN is a Separate Business Entity with...
- Distinct leadership structure and staff
- Independent budget and financial statements
- Participating agreements with providers
- Sustainable source of revenue

### Participation Criteria

Member physicians or groups in the CI network must sign a participation agreement. This agreement outlines the expectations and requirements for participation in the Clinical Integration program. Sample participation criteria are listed below:

### Performance Objectives

Clinical quality and operational improvement projects are a key component of a CI program. Performance improvement projects span across specialties and sites of care and allow physicians to determine how quality is defined and measured.

### Examples of Performance Improvement

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variance &amp; Cost Reduction</td>
<td>Improving Operational Efficiencies</td>
<td>Minimizing orthopedics supply chain cost</td>
</tr>
<tr>
<td>Unnecessary Care Reduction</td>
<td>Reducing avoidable, unproductive and duplicative services</td>
<td>Prostate cancer screenings for elderly patients; Readmissions</td>
</tr>
<tr>
<td>Clinical Restructuring</td>
<td>Ensuring treatment in most optimal setting with most appropriate level of provider</td>
<td>Early step down from an IP to SNF bed</td>
</tr>
<tr>
<td>System Optimization</td>
<td>Shifting focus to upstream, preventative care with emphasis on clinical integration and population health</td>
<td>Disease based medical homes, Patient engagement strategies using telehealth</td>
</tr>
</tbody>
</table>