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**Asked and Answered: Frequently Asked Questions by Physicians About Clinically Integrated Networks
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While clinical integration development continues to build momentum, many questions still remain. The following questions and answers will help communicate the value of clinical integration and clinically integrated networks ("CINs") to your physicians. If you're a physician, these questions and answers should help you with some recurring and nagging issues.

What is clinical integration?

Clinical integration is an effort among physicians, often in collaboration with a hospital or health system, to develop active and ongoing clinical initiatives focused on delivering quality, performance, efficiency and value to the patient.

What's driving the movement toward clinical integration?

In the years ahead, physicians and hospitals must partner more closely than ever before to ensure that the community receives the highest quality and value. As we move from today's fee-for-service reimbursement models to new performance- and value-based pay models, CINs enable healthcare providers to join together to enhance the health of a community. These networks bring value to patients, payers, and physicians by improving transitions of care, coordinating chronic disease management, and managing the health of a population.

What does a CIN do?

A CIN helps physicians align with the hospital to coordinate care across caregivers, focus on quality and performance, and prepare for new, incentive-based compensation programs in addition to the base compensation they already receive. The network will develop new payment systems and methods that focus on achieving quality, efficiency, cost-management measures, and enhancing value.

What is the purpose of the CIN?

The principal purpose is to enhance the quality and efficiency of patient care services provided by the participating providers to the community. A CIN with participating providers works together to develop clinical performance standards and protocols for the network. These will form the basis for the network to negotiate contracts with payers for performance incentive programs.

How is it structured?

The CIN is a wholly owned subsidiary of the health system managed by its own Board of Directors, with community physicians and hospital members. Physicians willing to participate in a meaningful way have the opportunity to be involved in the organizational committees that drive the network.

What are the benefits of joining?

For physicians, the network offers the opportunity to:

Become available as a preferred network provider to members

Use care management resources provided by the CIN

Identify and measure best practices

Improve outcomes for patients

Receive financial rewards for value-based outcomes and achievements

The goal of the CIN is to provide an exemplary patient experience and improve the health of individuals in our community in a continuum of care that is focused on quality, performance, efficiency, and value. This serves as the platform that will determine financial incentives for physicians.

Who can join?

To ensure the best value for patients and payers, the CIN welcomes physicians who want to be accountable and raise the quality of care. These physicians can be:

Independent community physicians who seek clinical and quality alignment

Physicians employed by a health system

Physicians who contract with the hospital to provide services in specialties such as emergency medicine, anesthesiology, and pathology

Do physicians join as individuals, or do all the physicians in a practice need to join?

For independent physicians, a delegated representative from a group practice may sign the participation agreement and code of conduct on behalf of the practice to enroll all providers. However, in most instances, each individual physician in the group will need to complete a short application packet. Physicians employed by the health system will be enrolled with other members of their practice groups.

Will members be required to refer enrolled patients to other network members?

Although not required, in-network referrals allow for the efficient accumulation and reporting of data, promote coordination and continuity of care and ensure adherence to evidence-based medicine.

What type of data is monitored?

Network leaders and physician advisory committees will determine details on clinical initiatives and data to be monitored and reported. Collected data likely will be similar to that being measured for Medicare programs, such as the Physician Quality Reporting System.

What is the difference between a CIN and an Accountable Care Organization ("ACO")?

According to the Centers for Medicare and Medicaid Services, an ACO is accountable specifically for Medicare beneficiaries. It is an organization of healthcare providers that agrees to be accountable for the quality, cost, and overall care of Medicare beneficiaries enrolled in the traditional fee-for-service program who are assigned to the ACO. Similarly, a CIN is an alignment model, coordinating care across affiliated caregivers and developing contracts with payers to improve quality while controlling growth in total cost of care, including value-based contracting initiatives with commercial payers and Medicare.