Population Health NEWS

Clinically Integrated Networks: The Best Kept Secret in Healthcare

by Keely McManamon, Graduate Intern and Jaan Sidorov, M.D., President, Care Centered Collaborative

As healthcare policy around population health continues to evolve, one overlooked development has been the nationwide advent of "clinically integrated networks." Not to be confused with *integrated delivery systems*, these are networks comprised of smaller, independent healthcare providers who aggregate around value-based contracting.

Otherwise known as "CINs," these participants share data and manage the financial risk and incentives that are linked to quality and utilization by health insurers. While these organizations may share some features with integrated delivery systems (or IDNs), they differ in being less "top-down" with a distributed physician-led governance that is focused on achieving the economic rewards of improving care and reducing unnecessary variation.

Readers of *Population Health News* may note the resemblance of CINs to "Accountable Care Organizations." Both involve aggregate providers, but ACOs are typically created to serve fee-for-service Medicare beneficiaries under the rules established by the Shared Savings Program. While the regulatory stakes and the capital requirements in ACOs are higher, it can be argued that ACOs are ultimately just one type of CIN.

While ACOs and IDNs remain the focus of academics, policymakers, and bureaucrats, an estimated 500 CINs have sprung up across the United States. First developed in the early 1990s, CINs accelerated after the Federal Trade Commission provided guidance on their formation. This guidance did not lead to any licensing, registration or other oversight requirements, so the precise number of CINs in existence is unknown. Their number undoubtedly rival the 559 Medicare ACOs and approximately 800 IDNs operating in the Unites States today.

Value-Based Care: Population Health Monetized

As noted above, a key driver for IDNs, ACOs, and CINs has been the increase in value-based care contracting. As health insurers increasingly link provider payments to measurable improvements in preventive care, screening, chronic condition control, medication adherence, and avoidable utilization, access to the health data for all patients and care coordination of medical services outside the standard doctor-patient visit has become a critical success factor.

For readers of *Population Health News*, this may sound familiar; in fact, comparison of "value-based care" and "population health" may yield differences without a distinction. If population health "encompasses all activities that address health needs at all points along the continuum of health and well-being through participation of and engagement with targeted interventions," "value based care" are merely the payment terms linked to the successful delivery of those activities.

Five lessons learned for establishing a statewide physician-led CIN

In 2016, the Pennsylvania Medical Society embarked on a business venture to pursue value- based healthcare across the State. This was designed to increase patient value in ways that recognized the work of physicians in increasing quality and optimizing utilization. This led to the formation of the PA Clinical Network, a statewide CIN for independent physician practices. As the PA Clinical Network has grown to an enterprise of more than 500 providers providing care for hundreds of thousands of covered lives, we have uncovered five key lessons in developing a physician-led CIN:

> ***"One of the CINs most important objectives is to ensure physicians not only have a seat at the table, but also have a meaningful role in developing actionable value-based care."***

1. **Governance:** Initial conversations with independent physicians must emphasize that their participation in large group will not jeopardize their independence or autonomy. Physicians are keenly interested in "who calls the shots," and welcome governance arrangements that provide meaningful opportunities for committee and board participation.

   Most ACOs highlight physician-led governance in their mission statements; but in a true CIN, the meaning behind "physician-led" is much more palpable. CINs that catch the attention of community docs are those that are governed by a physician majority board of directors and committees made up of their colleagues to make business decisions for the whole network.

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Participation: CINs recruitment is also aided by enabling physician participation in all levels of the organization, not just governance. Jim Walton, North Texas CIN chairman, says independent physicians have a strong obligation to provide leadership that spark innovative solutions. One of the CINs most important objectives is to ensure physicians not only have a seat at the table, but also have a meaningful role in developing actionable value-based care.

1. **Patient Centeredness:** CINs require physician-led decision making to improve the Quadruple Aim, which includes the *patient experience of care*. This has emerged as one of the most important drivers of healthcare quality; literature supports the link between the patient experience and strong and convenient doctor-patient relationships, which empower patients to trust their doctor to help them make more informed decisions about their healthcare. Community-based physicians cannot survive in private practice without a high degree of patient-centeredness and are unlikely to join a CIN that doesn't share that commitment.
2. **Data:** Population health relies on robust healthcare data to track the clinical and economic returns of value-based care. Through a physician-led CIN, providers have access to aggregated data resources through a shared population health platform that is compatible with any electronic health record that tracks gaps in care, conceptualizes patient trends, and standardizes best practices across the network. Independent physicians, long stymied by EHRs that are unable to extract summary insights on their patient population welcome a CIN that offers a technology solution that can help them gain better insights a "population health" based view of their assigned patients.
3. **CINs versus other models:** Not all healthcare professionals understand the difference between a true physician-led CIN and other network arrangements. For example, many CINs are sponsored by locally dominant hospitals which can dilute physician governance. We have found that many community-based providers welcome the opportunity to work with the local hospital to improve care; however, once they see the advantages that come with a focus on physician-leadership, they'll readily join a second CIN.

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Independent Physician Associations (or IPAs) are another option for physicians. They differ from CINs in that they are made up of a group of more loosely connected practices that use the messenger model to distribute operational and management services for "off the shelf" value-based payments. In other words their business model prioritizes *facilitating* optional payor contracting arrangements. We have found that many physicians welcome CINs' use of *single signatory authority* to negotiate *tailored* value-based contracts that ultimately serve both patients and providers.

Summary

Physician-led CINs are part of the population health story. They are springing up across the United Sates as one option to effectively drive value by prioritizing personal patient care and aggregating clinical resources, while advancing community-oriented population health. Clinical integration through a CIN encourages collaboration among physicians to facilitate engagement in a true patient-centered system. We encourage healthcare professionals, who are looking to maximize population health integration returns through value-based care initiatives, to consider the collective rewards of a CIN through physician governance, direct member participation, patient-centeredness, and data utilization against other integration models.

There is an unquestionable call for continued innovation in healthcare to sustain the population health movement. A physician-led CIN is an innovative and established approach to successful population health and value-based care.