

## GENERAL CIN FAQs

### **Q: What is clinical integration?**

A: Clinical integration is a model for health care delivery that promotes collaboration among a community's independent providers to furnish high quality care in a more efficient manner. Physicians, hospitals, and other providers share responsibility for, and information about, patients as they move from one setting to another over the entire continuum of their care. Working together, clinically integrated providers develop and implement evidence-based clinical protocols, focusing on delivery of preventive care and coordinated management of high-cost, high risk patients.

### **Q: What is a clinically integrated network, or CIN?**

A: A clinically integrated network is the infrastructure needed to support clinical integration among a community's independent providers. The network develops a governance structure through which these providers come together to decide on protocol development and implementation, performance measurement and enforcement, and formulas for rewarding performance. Other network activities include, for example, identifying, implementing, and maintaining supportive technologies (including data analytics); analyzing care processes to identify efficiencies; encouraging patient engagement; negotiating pay-for-performance payer contracts; and distributing incentive payments to members.

### **Q: What contracting actions can a CIN perform?**

A: While the antitrust laws generally prohibit joint contract negotiations among independent providers, those laws permit clinically integrated providers to engage in collective negotiations with health plans. Working together, these providers can more effectively compete for payer contracts because they demonstrate high quality and greater efficiency in care delivery.

### **Q: What does a clinically integrated network look like?**

A: Clinical integration involves both private practice and physicians in the Health Care system, facilities and other providers who join together in an organization or network that allows them to:

- Identify and adopt best practices for the treatment of patients
- Develop systems to monitor performance against adopted metrics
- Collaborate with CIN hospitals to improve processes of care
- Enter into contractual arrangements with health plans that financially recognize physicians' efforts to improve quality and efficiency

**Q: What are the characteristics of clinical integration initiatives?**

A: An effective clinical integration network contains initiatives that aligns all physicians to a common set of clinical goals. These goals are likely to improve the health of a community, provide measurable results in quality improvement, efficiency of care and patient safety. Quantifiable results can also be used to compare physician performance which results in quality improvement.

**Q: What does Clinical Integration require?**

A: CINs require:

- a. A clear set of goals for cost savings and quality improvement that can reasonably be achieved through integrating the network providers' clinical practices and modifying their practice patterns;
- b. selectively choosing to recruit and retain network providers who are likely to further the network's goals;
- c. significant investment of capital, both monetary and human, in the network infrastructure and capability necessary to achieve the goals;
- d. electronic clinical records systems to facilitate care coordination, reduce duplication, and enhance efficiency;
- e. development of comprehensive evidence-based clinical guidelines designed to modify practice patterns and achieve the goals;
- f. rigorous guideline implementation, performance measurement, and compliance mechanisms, to monitor and control how care is delivered; and
- g. in-network referrals to participating specialists, all of whom have committed to follow the network's clinical guidelines.

**Q: Why are physicians nationwide engaging in clinical integration?**

A: Physicians have numerous and overlapping motivations for joining together in clinically integrated networks including the following:

- Enhancing the quality of care provided to patients
- Allowing physicians and hospitals to market themselves on the basis of higher quality
- Legitimately negotiating with payers as a network
- Access to technological and quality improvement infrastructure that enables evaluation of physician performance