Frequently Asked Questions  
Clinically Integrated Organization (CLIO)

Q: What are the WellStar CLIO Vision and Mission Statements?  
A: *Vision Statement:* To deliver world-class healthcare to patients through outstanding physician leadership, innovation and quality outcomes

*Mission Statement:*  
(1) To optimize the well-being of the communities we serve through improved quality care and collaborative health management to maximize value for the patient;  
(2) To be accomplished through a physician-led, clinically integrated organization

Q: What is clinical integration?  
A: Clinical integration is a structured collaboration between community and employed physicians and hospitals to develop active and ongoing clinical initiatives designed to improve the quality and efficiency of healthcare services.

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

Q: What does a clinically integrated organization look like?  
A: Clinical integration involves both private practice physicians and WellStar Medical Group physicians, who join together in an organization or network, that allows them to:  

1. Identify and adopt best practices for the treatment of patients  
2. Develop systems to monitor performance against adopted metrics  
3. Collaborate with WellStar hospitals to improve processes of care across the continuum.  
4. Enter into contractual arrangements with health plans that recognize physicians’ efforts to improve quality and efficiency

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:  

1. Enhancing the quality of care provided to patients  
2. Allowing physicians and hospitals to market themselves on the basis of higher quality
3. Collectively negotiating with payers as a network with quality and best practice as the focus.

4. Access to technological and quality improvement infrastructure that enables evaluation of physician performance

Q: **Will physicians be involved in the development and leadership of a clinically integrated organization (CLIO)?**

A: Yes. WellStar and the IPA have recently formed a Steering Committee tasked with the development of a clinically integrated organization. The committee, under the co-leadership of Dr. Arif Aziz and Dr. Robert Jansen, is made up entirely of physicians representing an equal mix of WellStar affiliated physicians and employed physicians and a cross section of different specialties and hospital affiliations. This committee is supported by task forces focusing on four distinct areas related to clinical integration: the operating model (organizational structure, governance, and physician participation), quality, population health and informatics. In total, 46 physicians currently are involved in the CLIO development process. While the exact structure and governance of the new CLIO entity has not yet to be determined, the CLIO will be physician led, and physicians will play important roles in the leadership and management.

Q: **What benefits do health systems provide in the development of clinical integration programs?**

A: Partnering with a health system will provide advantages to a network of private practice physicians in the development of clinical integration. When the health system shares the same quality vision as the physicians, as it does here, the health system can be a powerful ally in program development by:

1. Development of clinical integration initiatives using existing inpatient quality measures
2. Providing operational infrastructure and personnel in support of the CLIO

Q: **What is the difference between the WellStar IPA and the CLIO?**

A: The WellStar IPA utilizes a messenger model for contracting with payers. Contract rates are communicated to the members who choose to participate or not. Physician participation in a CLIO facilitates a concentrated focus on improving quality, efficiency and adhering to best practices and allows for single signature contracting with payers.

Q: **What is the difference between the WellStar ACO and the CLIO?**

A: The WellStar ACO coordinates high quality care to traditional Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors. By delivering quality care and spending healthcare dollars more wisely, as measured by specific metrics developed by CMS, the ACO members can potentially share in the savings it achieves for the Medicare program.

The CLIO focuses on delivering high quality care to additional patient populations and determines its own quality metrics for each specialty area. Members are responsible for adhering to best practices to achieve these quality goals. The CLIO will negotiate contracts with payers on behalf of its members.