Clinical Integration Network (CIN)

Frequently Asked Questions

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. Participation in such clinical integration creates a high degree of interdependence and cooperation among participants. Clinically integrated systems are recognized by the FTC and allow joint managed care contracting in order to accelerate improvements in healthcare delivery.

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 goals. These goals are likely to improve the health of a community, 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 network look like?

A: Clinical integration involves both private practice and physicians in the WellStar Medical Group 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
4. Enter into contractual arrangements with health plans that financially 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. Legitimately negotiating with payers as a network
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 network?
A: Yes. WellStar and the physician members of the recently formed IPA BPR subcommittee have been actively engaged in the process of exploring a clinically integrated physician network. The clinical integration subcommittee members include Arif Aziz M.D., Alan Zuckerman M.D., Chuck Craton M.D. and Robert Jansen M.D.

The WellStar CIN will be governed by an operating committee led by physicians and will operate for the explicit purpose of developing and implementing a clinically integrated network. The WellStar CIN will negotiate single signature payer arrangements with health plans and will share in the savings generated by improving quality and reducing costs.

Q: If I join a CIN, will my current commercial contract rates go down?
A: No, one of the advantages of a CIN is the ability to market and negotiate on behalf of the entire network to derive reimbursements that recognize quality and scope of the network. Additionally, it is anticipated that the CIN will negotiate pay for performance elements in addition to the fee-for-service base payment rate. Such performance incentives are not currently available to physicians.

Q: Will a CIN change how my practice operates?
A: Community physicians will maintain their own practice. Membership in the CIN does not imply employment by WellStar and does not impact practice identity, operations or staff. WellStar CIN membership does require a commitment in terms of time, accountability, and compliance with the CIN’s clinical initiatives.

Q: What will physicians need to do in order to participate in the WellStar CIN?
A: Physicians will be asked to agree to the following:
   1. Criteria-based selection of providers
   2. Accept an appropriate level of risk
   3. Quality and cost improvement initiatives including required data sharing
4. Accountability for a shared population

Q: Will physicians be required to abandon medical staff appointments at non WellStar hospitals or admit patients only to WellStar hospitals and care facilities?

A: No. The WellStar CIN does not impose limitations on a physician’s ability to admit patients to non-WellStar facilities.

Q: What clinical initiatives will the CIN include?

A: The WellStar CIN is still in the development stage but the following are likely to be included:

- Chronic disease management
- Care episode management
- Generic drug use
- PQRI and other quality reporting
- Communication among primary physicians and specialists
- Hospital cost enhancement efforts
- Patient satisfaction efforts

Q: Will participation in the CIN require physicians to change the way they practice medicine?

A: Yes. Participation in the quality and care management initiatives of the WellStar CIN will require focused time and attention from physicians to achieve the goals of the CIN. The CIN will not supersede a physician’s clinical judgment in the practice of medicine. However, the CIN will develop clinical guidelines and participation in quality and utilization efforts. CIN physicians will be eligible to obtain financial rewards for their additional efforts.

Q: What role does an electronic medical records (EMR) system play in clinical integration?

A: An ambulatory EMR is not a prerequisite for the development of clinical integration. While a common EMR across all participating physician practices can certainly accelerate and strengthen a clinical integration program, many successful models nationwide do not depend on an ambulatory EMR system for data on physician performance. Sharing claims data and performance metrics will be necessary to enable the success of the CIN.
Q: If I am required to share my claims data, how can I be sure the data won’t be used against me or be shared with my competitors?

A: Data will be downloaded to a secure database. Access to that database will be restricted to the CIN leadership and the CIN Board will determine how the data is utilized.

Q: I have heard that the Federal Trade Commission (FTC) has not yet adequately clarified the meaning of clinical integration. Is this true?

A: No. Since 1996, the FTC has been very consistent in its definition of clinical integration as well as the analytical framework it applies when evaluating clinical integration among a network of independent physicians. As defined by the FTC, a “qualified clinically integrated arrangement” is:

……an arrangement to provide physician services in which: 1. All physicians who participate in the arrangement participate in active and ongoing programs of the arrangement to evaluate and modify the practice patterns of, and create a high degree of interdependence and cooperation among, these physicians, in order to control the costs and ensure the quality of services provided through the arrangement, and 2. any agreement concerning price or other terms or conditions of dealing entered into by or within the arrangement is reasonably necessary to obtain significant efficiencies through the joint arrangement.

The FTC has also indicated on numerous occasions that clinical integration programs may include:

…(1) establishing mechanisms to monitor and control utilization of healthcare services that are designed to control costs and assure quality of care; (2) selectively choosing network physicians who are likely to further these efficiency objectives; and (3) the significant investment of capital, both monetary and human, in the necessary infrastructure and capability to realize the claimed efficiencies. (Statements of Antitrust Enforcement Policy in Healthcare by the FTC and the U.S. Department of Justice, Statement 8, August 1996).

Q: How is it lawful for a network of clinically integrated physicians to collectively negotiate with health plans when the FTC is actively investigating and prosecuting physician networks for negotiating PPO contracts?

A: The FTC views clinically integrated physician networks as an opportunity to create efficiency and quality in care that outweighs any restraint on trade. However, the FTC will continue to monitor those networks that fail to demonstrate the elements of true clinical integration.
Q: What benefits do health systems provide in the development of clinical integration programs?

A: Partnering with a health system can 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, 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 financial assistance and personnel
3. Demonstrating to payers that the CIN program is legitimate and valuable

Q: Why should WellStar and its affiliated physicians believe that clinical integration is a good business and healthcare strategy?

A: Physicians and health systems nationwide are developing clinical integration programs because they believe in the value they create for the patient, provider and payer. Clinical integration allows physicians and health systems to:

1. Demonstrate their quality to current and future patients
2. Choose the clinical measures they will be evaluated against
3. Enhance revenue through better management of patients
4. Gather collective support for necessary infrastructure
5. Engage in group contracting