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7 Steps to a Clinically Integrated Network: A Roadmap for Success

One of the key aspects of successfully transitioning to value-based care is the implementation of a clinically integrated network. A CIN is a healthcare network of hospitals, physician organizations and non-acute providers across a market using established governance, measurements and defined incentives to create a virtually integrated delivery system that will enhance patient care and reduce cost.

A successful CIN not only enhances access to quality care for consumers, but also improves clinicians' and physicians' access to insights into the health of populations and how to better manage patients across the continuum of care.

Developing a CIN requires identifying participating provider organizations, recruiting physicians and ultimately, engaging payers – all of which takes time and commitment. Hospitals and other stakeholder organizations' values and goals must be thoroughly considered while creating the CIN. Although there is no silver bullet to success, health systems can follow seven steps to ensure their CIN is properly planned, implemented and measured.

Step One

Identify Potential Participants

A CIN involves bringing together separate and distinct organizations. Therefore, hospitals and health systems, physician organizations and independent physicians must find a way to work as one whole fluid network.

A number of factors, including market position and each entity's leadership, are considered in determining which groups would work best as potential partners. More practical factors must be examined as well, such as geography and possible facilitators in the marketplace.

On a more specific level, core competencies are determining factors. Each group must bring value to the network and complement one another. Here are a few questions that must be asked when considering potential participants:

- What services do they offer to complement or bridge gaps in the care continuum?
- Which physician specialists are they considering bringing in?
- Does the entity represent what the network desires to stand for (i.e. quality, cost)

Step Two

Develop a Shared Vision and Value Proposition

Once the CIN founders identify other participants for the CIN, they must create value propositions for the network and for each stakeholder. The visioning sessions with stakeholders should occur to not only develop the value propositions but to help pare down the barriers between stakeholders to reach common ground.

It is during these meetings when each participant sees what the others are trying to accomplish. In addition, they're

able to see the benefits of helping each other. The visioning sessions give participating organizations the opportunity to see the CIN's goals from a broader and more varied perspective.

While each participant has specific desires regarding value propositions, the aim of visioning sessions is to ensure all parties involved adhere to the same strategy. CIN participants cannot have competing interests – they must instead have aligned and coordinated incentives.

However, the target audience isn't left out of the value proposition process. "We create value propositions not only for the stakeholders, but also for the patients and consumers that will bring [the CIN] together," says Mark Martinez, associate vice president of network operations for Conifer Health.

The value propositions for the CIN determine its value to the market. Many common themes are convenience, quality, cost and keeping the community healthy.

Step Three

Develop the Governance Framework and Participation Agreements

After value propositions are developed, stakeholders must draw up the governance framework and participation agreements. A successful governance framework includes leaders from each of the participating organizations who work together as a singular entity. The stronger governance structures are exceedingly inclusive and see to it that each of the stakeholders has a voice.

"Governance structures should be organized to ensure that all participating organizations have a seat at the table, understand the shared vision and have the information required to drive performance. However, spend the most time recruiting strong physician leadership because the best governance structures give credence to reality that physician buy-in and participation is one of the most important elements for CIN success," says Megan North, president of value-based care for Conifer Health.

Detailed participation agreements should ultimately define what will determine a CIN's success, including the governance structure, quality measures, the rewards (or penalties) to drive performance and how either of these will be shared among the participants. There is no secret methodology for the process: It often involves sitting at a table with stakeholders and working through the details that make sense for each individual organization. Once an agreement is created, the members of the governance team take it back to their organizations for approval. Overall, a good agreement will:

- Clearly define what is required of each participant
- Outline the measures that drive quality outcomes and cost savings
- Articulate incentives and how good performance will be rewarded
- Establish a means for fair and balanced conflict resolution

Step Four

Select Quality Measures

Selecting quality measures is critical to establishing a high-quality network. Using industry-standard quality measures, clinician and physician representatives view performance data and baseline their current status to create a value proposition for potential payers and employers. After considering their own agreements to which they're contractually bound, they create a roadmap of a more sophisticated set of data-driven quality measures.

Naturally, the most fitting measures depend on the maturity of the network and its makeup in terms of specialties. For example, early networks use process-based measures and good citizen measures. More established CINs are interactive and work with measures to decide if existing programs are working, how to fix them and potentially how to raise the bar. Regardless of its size and maturity, a CIN should focus on a select set of measures; otherwise it becomes difficult to drive them in a focused manner.

Step Five

Recruit Physicians

Part of the physician recruitment process involves strengthening ties with physicians who are already on subcommittees within the network. These individuals, called physician champions, assist in spreading the word about the network. Physician champions are well respected, can communicate to their peers and help bridge the gap between physicians and hospitals.

Physician champions should create presentations to share with physician recruits about what their role would be in the CIN, how they will benefit and the long-term gains the CIN would bring to the community. They can present this material to physicians in a variety of ways, whether via town hall meetings or on a one-on-one basis. Naturally, networks should consider and be sensitive of the history of the marketplace before presenting material to physicians.

CINs attract physician recruits through a variety of ways, including the name recognition and quality performance of involved organizations, compensation packages and the population the CIN serves. Because physicians are data-driven, they're attracted to evidence-based quality measures and actionable data. They're also attracted to ease of use – the clinical integration should make matters easier for physicians to understand.

Step Six

Measure and Improve

When the structure for the CIN is up and running, measurement and improvement efforts can be taken. Such efforts include how success is defined for the network and whether

the network is committed to making improvements. For example, some networks are paid for fulfilling each quality standard, while other, more mature networks examine their overall improvement on a quarterly or yearly basis as a way of measuring success.

A CIN can perform self-assessments to discuss performance and pivot measures in case they're not working. The network can continually refine and examine its strategies to improve outcomes.

"[Successful CINs are] constantly refining care delivery and coordination across the network and looking at new strategies and evidence-based approaches to improve the outcome of the population the network serves," says Donna Costanza, vice president of strategic solutions with Conifer Health. "When all the CIN's participants have the right data at the right time to adjust to better manage costs and or boost quality, then that is a sign of success."

Step Seven

Engage Payers

The final step in the process is engaging payers in negotiations. Payers should only be integrated after legal standards have been agreed upon and the network has demonstrated it has a data-driven set of goals.

The network's value proposition to payers is the ease of working with a single organization that will provide all the care and services to their customers while lowering cost and improving quality. Naturally, payers want to engage with networks that share its goals.

In more practical terms, payers appreciate the administrative ease that accompanies working with an organization that can do it all, from creating the infrastructure to providing the services. If a CIN can prove it can expand and attract more employers, payers will be interested.

"It's about going to the payers and being able to articulate that you're helping them define a better place for their members to receive care," says Ms. North.

Conclusion

Through recruiting participants, developing governance framework and participation agreements and selecting quality measures, a CIN is on its way to success. Once established, the network can begin self-assessing its progress to ensure successful outcomes. An ideal CIN connects primary and specialty care physicians, acute care hospitals and outpatient care before approaching payers for support. The tie between these services results in a variety of benefits, including improved access to quality care, insights into the health of market populations and better management of patients across the continuum of care. ■

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