Clinically Integrated Network (CIN) FAQs

The Care Centered Collaborative will work with local physicians interested in developing CINs. The Collaborative is a strategic partner and will provide marketing-specific expertise and recommendations for the needed infrastructure, data solutions and clinical resources to support providers at both practice level and the network level.

1. What is Clinical Integration?
Clinical integration is a model for healthcare delivery that promotes collaboration among a community's providers to furnish high quality and lower cost 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 course 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.

Utilizing shared information technology, these providers conduct ongoing clinical care reviews to identify opportunities for improvement and ensure adherence to protocols. 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.

2. What is a Clinically Integrated Network, or CIN?
A clinically integrated network is the infrastructure needed to support clinical integration among a community's providers. A CIN network develops a governance structure, decides on clinical protocol development and implementation, performance measurement and enforcement, and formulas for rewarding physician performance. The CIN identifies, implements, and maintains supportive technologies (including data analytics); analyzing care processes to identify efficiencies; encouraging patient engagement; negotiating payer contracts; and distributing incentive payments to members.
The CIN’s clinical leadership is led by physicians. Only physicians have the knowledge, skill, and experience needed to achieve improvements in clinical quality and efficiency. A CIN respects and preserves the economic independence of its physician members.

3. Why are CINs Developing?
While fee for service still exists, a greater percentage of reimbursement is being shifted and will continue to shift towards value-based payment models, i.e., rewarding providers that deliver high quality care in an efficient manner.

Commercial insurers, as well as employers, also are aggressively pursuing value-based purchasing arrangements. More and more payers are introducing value-based reimbursement provisions in their standard provider agreements.

4. What Role Does Technology Play with CINs
The Care Centered Collaborative will partner with a preferred data vendor to provide a common technology solution to advance the goal of improved population health:

(1) Technology can assist a physician in adhering to clinical protocols, such as tracking whether a patient has received certain preventive services.

(2) Reporting on quality measures may be accomplished using IT solutions.

(3) Data analytics can identify those patients for whom certain interventions are appropriate, thus allowing providers to manage those patients more effectively.

(4) Technology can assist the CIN in tracking care costs to identify opportunities for improvement.

(5) Electronic health information exchange permits CIN members to effectively coordinate patient care (especially for high-cost, high-risk patients), thus improving outcomes and reducing costs.

5. Do All the Members of My Group Have to Participate in the CIN?
Yes. Each practice (Tax ID) will sign a group agreement and individual physicians and non-physician providers within the group need to sign an individual practitioner participation joinder to the group agreement. The group will be responsible for its activity as well as the activity of the individual practitioners.
6. What Will Happen to My Private Practice If I Join the CIN?
The purpose of a CIN is to create an infrastructure through which independent providers can work together to improve the quality and efficiency of care. A participating practice will continue to bill and collect for services under their existing payer and will remain responsible for their practice’s operations. Other than claims data, participating physicians will not be required to share financial information with the CIN.