Frequently Asked Questions
Q: What is a clinically integrated network?
A: Clinically integrated (CI) networks are integrated systems of hospitals, physicians and other medical facilities that collaborate to improve quality and efficiency of care. The structure of these networks encourages a team-based approach to care delivery and allows for greater sharing of patient data and best practices. CI networks are able to leverage the unique strengths of independent physician practices and share resources—such as technology, care management programs and infrastructure investments.

Q: What are the characteristics of an effective clinically integrated program?
A: Clinical integration fosters interdependence among providers who, by working together on the quality initiatives they select for the program, are able to achieve higher quality and greater cost-effectiveness than they likely could accomplish on their own.
Q: What does a clinically-integrated network of independent physicians look like?

A: In most instances, clinical integration involves a hospital and physicians on its medical staff who create committees and management capabilities to:

- Identify and adopt clinical protocols for the treatment of particular disease states
- Develop systems to monitor compliance with the adopted protocols on both an inpatient and outpatient basis
- Contract with fee-for-service health plans and local employer self-insured plans in a way that financially recognizes the physicians’ efforts to improve health care quality and efficiency

Q: Does clinical integration require me to place my fees at risk in a “withhold” or capitation model?

A: While clinical integration uses many of the same quality improvement and medical management techniques that would allow for effective management of capitation, it currently does not require the use of withholds or capitation.

As healthcare reimbursement models change in the future, members of the network may opt to participate in contracts that have downside risks.

Q: Will I be able to negotiate with other doctors in the program for better fee-for-service rates from the health plans?

A: In successful clinical integration programs, value-based contracts with fee-for-service health plans can include incentives that recognize the value of the higher quality and greater efficiency furnished through the clinical integration program.

Q. Can we participate in just the contracts that we choose?

A. The clinical integration program agreement requires physicians to participate in each clinically integrated payer contract negotiated by the network. Participation in the Bundled Payment for Care Improvement (BPCI) or Medicare Shared Savings Program (MSSP) is voluntary.

Q. Do all members of the group have to participate if we sign up under a group agreement?

A. The participation agreement stipulates that all members in a group must participate.

Q. Will this affect my referral patterns?

A. Participation in a clinically integrated network does not mandate any change in referral patterns. SRQCN is not an HMO or an IPA.
Q. Does participating affect my other payer contracts?

A. Membership is non-exclusive and does not limit a physician’s ability to contract with other health plans independently or through another independent practice association (IPA), physician organization (PO) or physician hospital organization (PHO).

Q. My staff cannot take on more work. How will this affect my practice?

A. Joining a CI network will provide additional resources. The goal is to not add more work to a physician’s staff. Provider feedback indicates the required claims uploading process only takes a few minutes.

Q. What role do Dignity Health and the hospitals have in making decisions for the network?

A. SRQCN is physician led. Its board of managers is composed entirely of physicians with one hospital representative.

Q. Why can’t care management support all of my patients?

A. SRQCN’s care management team currently supports patients who are part of the CI network’s contracts and can assist with providing information on community resources for other patients.

Q. Do the CI Network quality metrics replace PQRS?

A. Federal Trade Commission (FTC) regulations require a CI program to measure and report on the quality of the care provided within the network. These measures have been designed to overlap with PQRS; however, they are not a replacement.

Q. Is a CI network an ACO? Is it an IPA?

A. A CI Network is neither an ACO nor an IPA. A CI program can involve independent and employed physicians working with a hospital or health system who contract collectively with fee-for-service health plans without violating anti-trust laws.
Q: What benefit will St. Rose Dominican Hospitals provide in the development of a clinical integration program?

A: Partnering with a hospital or health system can provide distinct advantages to a network of independent physicians in the development of clinical integration. In instances where the hospital shares the same quality vision as the physicians, as is the case at St. Rose Dominican Hospitals, the hospitals are a powerful ally in program development by:

• Collaborating with the physicians in developing clinical integration initiatives based on existing inpatient quality measures
• Lending financial assistance and personnel in implementing inpatient and outpatient initiatives that provide true community benefit and are not tied to the referral volume or value

Q: Why are physicians across the country engaging in clinical integration?

A: Physicians have several motivations for participating in clinically integrated networks, including:

• Enhancing the quality of the care provided to patients
• Legitimately negotiating with payers as a network
• Developing their own alternatives to health plan “report cards” and other initiatives that may not accurately assess physicians
• Providing access to technological and quality improvement infrastructure
• Allowing networks of physicians and hospitals to market themselves based on quality
Q: Why do so many physicians view clinical integration as a good business and healthcare strategy?

A: Doctors and hospitals nationwide are implementing clinical integration programs because they believe in its value proposition:

1. **Clinical integration allows physicians to:**
   - Demonstrate their quality to current and future patients
   - Choose the clinical measures against which they will be evaluated
   - Share in appropriate care management, care coordination and technology tools that allow the physicians to participate in the health system in a more integrated way

2. **Clinical integration gives hospitals the ability to:**
   - Develop a better, more collaborative relationship with their medical staff
   - Demonstrate their quality to current and future patients
   - Enlist physician support for hospital initiatives, including compliance with “core measures,” clinical pathways, standardized order sets and supply chain management initiatives

3. **Clinical integration provides patients with:**
   - Greater stability in their relationships with their doctors and hospitals and less likelihood that they will need to choose new healthcare providers every year
   - A better value for their healthcare dollar
   - More effective care management and outreach from a trusted source - their physician
   - More reliable information to support their choice of health plans, physicians and hospitals
   - More accurate and meaningful provider ratings
4. Clinical integration gives employers:

- Ability to provide a more integrated model of care for their employees that focuses on quality outcomes and efficiency in health care
- Increased employee productivity and reduced absenteeism through better management of chronic disease
- Ability to more effectively manage the healthcare costs of employees and their dependents through the purchase of better, more efficient health care
- Lower healthcare costs over the long term through the reduction of variation in physician practice patterns
- More reliable information to support conversion to consumer-driven health insurance products

SRQCN is dedicated to providing the tools and support that physicians need to adapt to changes in our industry and leverage new opportunities to maintain successful, sustainable practices.

To learn more, visit www.srqcn.org or contact:

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