

Frequently Asked Questions (FAQs)

– Continued

Why would a physician want to engage in a CIN?

- Enhanced quality of care provided to patients
- Support to remain in private practice
- Improved alignment of services and care transitions across the care continuum
- Access to IT solutions, quality data, outcomes research, and other services
- Negotiation vehicle with payers by demonstrating value through Clinical Integration
- Improved competitive position in the market
- Ability for network to promote itself on the basis of quality
- Collaborative platform to develop integrated clinical protocols and pathways

What are the risks of joining the CIN?

The risks of joining the CIN are minimal, since the network is currently focused on fee-for-service contracts, without a downside risk for performance. That said, failure to meet expectations around quality and efficiency may result in potential lost incentives and flat reimbursement. The CIN will protect the confidentiality of physician and patient data. No physician-identifiable information will be released or shared with any other party, including other network

Why is the CIN important to patients and their families?

The CIN's mission is to enhance the health and well-being of our community across the continuum of care – including primary care, inpatient and specialty services. This mission includes establishing best practice clinical standards and patient care protocols for all participating CIN physicians and their patients. Patients are at the center of the CIN and the coordination of care between primary care, specialty care and the hospital to avoid redundancies and gaps is a cornerstone of population health management. Patients will have better access to care and support services to help manage minor, acute and chronic conditions.

By agreeing to participate in the CIN program, will I be required to abandon medical staff appointments at non-network hospitals or admit patients only to network hospitals and ambulatory care facilities?

No. The CIN program is a non-exclusive organization, making no limitations on the physician's ability to admit patients to non-network facilities. However, by being collaborative members of the CIN, Commonwealth Health hospitals will strive to demonstrate high quality and low cost of care.

How will I be measured?

All physicians will be measured on quality metrics, including process and outcomes. The measures are selected by your



The Case for Clinical Integration

The Obama administration announced an ambitious effort to drastically change how physicians will be paid – tying Medicare reimbursement to alternative, quality-focused payment models and setting a goal affecting 30 percent of payments by 2016 and 50 percent by 2018. Likewise, commercial payers continue to increase the amount of business they tie to quality and cost outcomes through value-based arrangements. Under these new reimbursement structures, physicians and hospitals will be paid based on quality and performance.

Across the country, health care providers are looking for new ways to work together and are finding that provider-organized networks are well positioned to coordinate delivery and management of care through Clinical Integration. These new networks differ from employment models and provide the added benefit of protecting independent physicians.

Payers in the market also recognize the value and rationale for Clinical Integration, leading to enhanced opportunities for Clinically Integrated Network physician members to engage in innovative reimbursement models through payer contracting.

Current vs. Future State of t

Characteristic	Current
Health Care Focus and Delivery	Fragmented focus on treat
Care Management	Aligned arou
Infrastructure Focus	Bricks and m
Payment	Based on qu
Strategic Orientation	Maximize vo

What is the Clinic

The CIN is NOT...

Not payer-driven or reminiscent of '90s-style managed care arrangements

Not a state-driven initiative