Five Common CIN Pitfalls - And How to Avoid Them

Many independent providers are turning to clinically integrated networks (CINs) as a way to address the challenges and opportunities of our changing healthcare environment. However, simply meeting the government's requirements for a CIN does not ensure success. CINs must have the key elements necessary to provide cost-effective care and earn shared savings. Here are five common CIN shortcomings and how to avoid them.

YOU HAVE:

☐ **Conflicts of interest.**

CINs that are hospital-centric (as opposed to physician-centric) can face competing priorities, and may place the interests of the hospital over the goals of the CIN. Such decisions can lead to higher costs of care, reduced value, and lower shared-savings rewards for doctors. In contrast, a physician-run CIN avoids such conflicts of interest. It provide doctors with the means to make independent decisions based on data, unencumbered by a hospital's goals and priorities. Additionally, physicians can receive larger value-based payments by not having to share them with a hospital.

☐ **Lack of transformation.**

Clinical integration will fail if your entire office is not onboard. Each CIN member's practice must transform to a value-based approach. All office processes should be evaluated and adjusted as needed, to ensure costs are minimized and quality is maintained or enhanced. All staff members must work to the top of their credentials, and embrace new workflows and best practices. Ongoing education will help ensure continued improvement and success.

☐ **Inadequate technology.**

An electronic health record (EHR) alone is not enough. CINs require an IT platform that enables reporting of quality metrics required by payers, as well as data analysis to enhance care and reduce costs. For instance, providers must access and analyze data in order to implement population health programs. They need to aggregate data across providers. And they must analyze their own performance.

☐ **Absence of contracts.**

A CIN must secure value-based reimbursement contracts in order to ensure its financial viability. But the ability to obtain contracts can vary with market factors and the CIN's understanding of them. We recommend a thorough analysis of the market prior to forming a CIN, to determine the potential for securing such contracts from payers and employers, and the types of terms that are realistically achievable.

☐ **Over-reliance on FTC/DOJ requirements.**

Approval from the Federal Trade Commission and Department of Justice is legally necessary to form a CIN, and will help reduce the network's legal risks. However, providers must understand that these requirements have little to do with whether the CIN will succeed in the marketplace. That will depend on the CIN's proficiency in providing value-based care – and in demonstrating this differentiator to payers, patients, providers and other stakeholders.

402 Lippincott Drive | Marlton, NJ 08053 | 856.782.3300 x 2419 | **www.continuumhealth.net**