

Clinical Alignment – A Strategic Option for Providers

What is a Clinically Aligned Network?

- In today's health care environment, many health care organizations and providers are joining forces to help improve the delivery and quality of care and create greater value for patients, providers, payors and communities.
- The concept of Clinical Alignment is a provider-led and patient-centered approach to health care management and coordination. It brings together hospitals, health systems and providers through shared data, technology and performance benchmarks to deliver higher quality – and more affordable – care.
- Led by providers, the Clinically Aligned Network aims to improve care delivery by aligning providers across different care settings to enable seamless sharing of patient information. It also aims to enhance coordination to ensure delivery of the right care for patients, in the right setting, and with the right resources.
- The Clinically Aligned Network will partner with providers who have demonstrated their dedication to delivering high quality care and share a commitment to enhancing the patient experience, improving quality and reducing costs.

What is the Required Role for Providers?

- A Clinically Aligned Network must be built around an active and ongoing program to evaluate and modify practice patterns by a network's participants and create a high degree of interdependence and cooperation among the providers to control costs and ensure quality.
- Clinical Alignment is not possible without providers' strong involvement, input and collaboration.

Why Should I Be Involved?

- Remain independent in private practice while becoming part of an integrated presence in the region, attracting the attention of both patients and payors.
- Access IT infrastructure to enable data sharing, performance reporting, and enhanced care management capabilities.
- Strengthen referral relationships with regional providers.
- Collectively negotiate with payors for value-based reimbursement, such as shared savings, performance incentives, or per-member-per-month care management fees.
- No downside risk to participating.



Clinical Alignment – Frequently Asked Questions

Q1: In “real life,” how is a Clinically Aligned Network (CAN) of providers organized and what does it do?

A: Participating Providers of a CAN, often with the support of a hospital, create a Board of Managers and provider-led committees empowered to:

- 1) Identify and adopt clinical protocols for the treatment of particular disease states
- 2) Develop systems to monitor compliance with the adopted protocols on both an inpatient and outpatient basis
- 3) Collaborate with the hospital or hospital system to encourage compliance with inpatient performance improvement processes and protocols
- 4) Enter into contractual arrangements for value-based care and shared savings in a way that financially recognizes the providers’ efforts to improve health care quality and efficiency

Q2: Why are providers across the country engaging in Clinically Aligned Networks?

A: Providers have several motivations, including:

- Enhancing the quality of the care provided to patients
- Legitimately negotiating with payors as a network
- Developing more accurate alternatives to health plan “report cards”
- Gaining access to technological and quality improvement infrastructure
- Allowing networks of providers and hospitals to market themselves on the basis of quality
- Access to shared savings to enhance fee-for-service reimbursement

Q3: If I currently participate in an Accountable Care Organization (ACO), can I participate in a CAN?

A: Yes, by federal law, an ACO provider can participate in multiple CANs. However, Primary Care Providers can participate in only one ACO per payer, yet can still participate in multiple CANs. If down the road, a CAN chooses to participate in the Medicare Shared Savings Program (MSSP), a Primary Care Provider must choose which MSSP he or she will participate in. HealthNC+ has no intention of participating in MSSP. Therefore all providers, including those in an ACO, are eligible to participate.

Q4: Will participating in HealthNC+ affect my current Fee-for-Service rates?

A: No. HealthNC+ will only contract with payors for value-based reimbursement in the form of pay-for-performance incentives, shared savings, or per-member-per-month payments. HealthNC+ will not negotiate fee-for-service contracts with any third-party payors.

Q5: What will providers need to do in order to participate in HealthNC+?

A: To participate in HealthNC+, providers will be asked to do the following:

- Adopt and adhere to provider-developed standards to improve quality and efficiency
- Collaborate with colleagues to improve performance
- Agree to be measured and share quality data with HealthNC+ via the technology, provided by the program
- Be accountable for compliance with HealthNC+ policies and procedures