Opportunities for Leadership: By Stakeholders in a Coalition

Ideas for Change: Beginning the Discussion
March 20, 2008

CLINICAL INTEGRATION

Clinical integration is needed to facilitate the coordination of patient care across conditions, providers, settings, and time in order to help achieve care that is safe, timely, effective, efficient, equitable, and patient-focused. To achieve clinical integration we need to promote changes in provider culture, redesign payment methods and incentives, and modernize federal laws.

1. ***Promote changes in clinical and hospital leadership culture that accomplish greater "systemness."***
   Cultural change is critical to encouraging team approaches to patient-focused and culturally competent care. It will be key in reshaping the roles and functions of clinicians, managers, and others so that they work together as teams with shared decision-making and shared accountability.
   - Modify education programs (medical, allied health, health care management) so they include training in team approaches to care, care coordination, and cultural competence.
   - Develop tools and processes to aid hospital leaders, physicians, and other caregivers in working together to achieve greater "systemness" and care coordination.
   - Provide funding for demonstration projects on effective mechanisms for involving and supporting patients and their families/caregivers in the care planning and delivery process.
   - Develop and share models for excellence in care coordination across sites and disciplines of care, acknowledging that different models will be needed in different situations.

2. ***Reward providers who engage in care coordination activities that result in desired outcomes.***
   Performance incentives should be developed across providers to stimulate the desired outcomes in care.
   - Establish quality and efficiency measures that reflect the value of care coordination, and are consistent across different providers engaged in caring for the same patient.

- Ensure that individual provider payment incentives are parallel and consistent so that providers can work to achieve together what they may not be able to achieve alone.
- Encourage all payers to adopt common performance measures and data reporting requirements.

3. ***Modernize laws and regulations to allow doctors, hospitals, and others to work together in teams or "networks".***
   Federal laws and regulations have been put in place to protect patients and taxpayers from potential abuses of the system. These include rules that prevent providers from profiting by illegal referrals or kickbacks. These laws and regulations, however, should provide corridors of innovation to allow physicians, hospitals, and others to work together as teams, able to use financial incentives to not only reduce costs but also improve care.
   - Establish a simpler, consistent set of federal rules for how hospitals, physicians, and others may construct their financial and contractual relationships.
   - Provide clearer guidelines under federal antitrust law to enable clinical integration and joint hospital-physician contracting with payers to ensure aligned performance incentives.
   - Amend the Civil Money Penalties law to allow implementation of best practices and clinical protocols by only prohibiting incentives for physicians to withhold *medically necessary* care.
   - Provide a "safe harbor" under federal laws and regulations to encourage the development of real or virtual delivery "networks" (such as accountable care organizations).
   - Reevaluate the impact of state laws governing the corporate practice of medicine on the ability of providers to collaborate.

4. ***Provide financial incentives to providers and others to engage in care coordination services (see "Chronic Care Management").***

5. ***Test payment redesign to give provider groups a single amount to manage the entire episode of a patient's care and better coordinate care (see "Highest Quality Care").***