

# Physician Engagement for the Established CIN

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Physician engagement is critical to CIN success. True engagement, however, takes vigilance and a long-term commitment; having physicians join your network is just the beginning of the process.

Our experience has shown that, despite their best intentions, many CINs lose touch with their physician membership at some point along the road. Effectively engaging physicians in network initiatives and ensuring long-term retention of your physician membership requires:

- Understanding and assessing engagement
- Developing and implementing targeted initiatives
- Monitoring and staying ahead of what other networks may be offering

## ASSESSING PHYSICIAN ENGAGEMENT

Engaged physicians are emotionally committed to your organization, its vision, and the initiatives you are pursuing collectively. While this may sound “fluffy,” it is emotional commitment that motivates, propels innovation, and drives their investment in the processes that truly create value.

To assess your physicians’ degree of emotional commitment, ask yourself:

1. Do our physicians believe in the work?
2. Do they identify with the network and the collective efforts it seeks to achieve?
3. Do they understand and value their role?

Polling your physicians can be a solid starting point. In our interviews with the physician membership of established CINs, we have found significant variation in how physicians respond to questions about their engagement in the network. Often, polling your



physicians provides new insights for network leadership. Be prepared for the possibility that at least a portion of your physicians will not convey strong “buy-in.”

You may also find some really engaged physicians that you didn’t quite appreciate before. These physicians could be a significant resource in your quest to get others engaged.

## **DEVELOPING TARGETED ENGAGEMENT INITIATIVES**

A solid understanding of who is and is not engaged, and why that might be, can help you identify the most effective approaches to strengthen engagement.

Is one specific segment of your membership disengaged? Are there geographies or groups that you are missing? Depending on where you are on the path to clinical integration, there may be certain specialties or groups of physicians that are not yet directly engaged in the clinical or value-based payment initiatives that have been rolled out. Ensuring routine practice outreach and holding informal meetings with these groups can help to involve these members in the work—whether that is developing care management approaches or determining what payer initiatives to pursue next. This will help keep them engaged and committed.

Interviews may also reveal that physicians share a broader sense of disengagement from the network, or ambiguity about their role and its importance. In this situation, we have seen organizations effectively use full network planning retreats to enhance engagement. These retreats, when well facilitated and executed, ensure that the physicians will be involved in making the decisions that they will need to be involved in executing.

## **DEFENDING AGAINST MEMBERSHIP CHURN**

CIN leaders are increasingly concerned about losing physician members to competing networks. While physician retention has always been a key focus of health systems, competition between CINs for member retention is a relatively new phenomenon.

With CIN (or similar) membership becoming more common, physicians now have options. Informal conversations with other physicians may inform your members about differences in financial rewards and participation requirements between your organization and others. That’s why delivering actual financial results is critical. No amount of talk will counter significantly superior financial results available in another network.

It’s essential to keep a pulse on what your physician membership is hearing from physicians in other networks, and to know what they care most about. Be sure you can explain why your CIN is better, and deliver meaningful financial rewards. ●

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