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HEALTHCARE MANAGEMENT ADVISORS

Tackling the IT Challenge in Your CIN

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Clinically Integrated Networks (CINs) need quality data to understand their patient population and manage provider practice patterns. That makes information technology ("IT") critical at any stage of CIN development. For CINs with a mix of employed and independent physicians, IT is likely to be a tale of two cities – the employed physicians have solid, up-to-date technology while the independent physicians have EMR systems that vary widely in their capabilities and compatibility, and some have no EMR at all.

The lack of consistent systems or even of data (from physicians with no EMR) can cause IT to become a major stumbling block for CIN development. It may seem that for independent physicians, producing appropriate data is an insurmountable task. However, you can adopt an alternative, cost-effective IT approach, enabling the CIN to get off the ground with the opportunity to build in the future.

Such an approach can begin with claims data. This places the reporting burden on payers rather than your physicians. Payers are often willing to provide claims data in support of the CIN's overall goal to reduce healthcare costs. Although claims data is retrospective and lagged, it is comprehensive, giving you the full picture of patient care patterns. A good, but basic analytic tool will enable you to perform some of the analyses required to improve results:

- Identifying patients that would benefit from care navigation and more intense case management
- Assessing "leakage" and improving "keepage"
- Reviewing physician practice patterns to identify opportunities for improvement
- Evaluating care transitions to initiate protocols that reduce readmissions
- Tracking key quality measures

This data strategy allows you to start “moving the needle” while keeping costs down and physician requirements low, which makes your CIN attractive to independent physicians.

Building on this foundation, you could take the next step of supplementing claims data with data from existing hospital systems. This could include admission, discharge, and transfer (ADT) data that provides more concurrent information on patient utilization and enables the CIN to focus on controlling factors that drive cost, such as ED visits, preventable admissions, and readmissions. Sometimes this data is accessible through a health information exchange.

You may also consider integrating quality and performance metrics that physicians can track on their own, such as the percent of diabetes patients with blood sugar under control. This information could be input directly into a population health platform, or “data pipes” can be built to draw data out of physician practice management or EMR systems.

Some CINs pursue more costly strategies, including subsidizing EMR costs for independent physicians to get most physicians on the same EMR platform. Then, that EMR can be the foundation for population health analytics and care management.

Getting started with IT is the hardest part. But don’t let IT be a barrier to forming a CIN with independent physicians. As your CIN strategy develops, your IT journey can – and should – evolve as well.

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