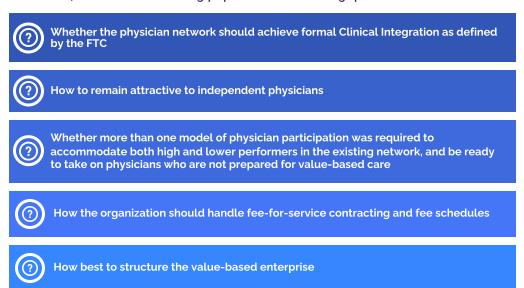
## Developing a Growth Strategy for a Physician Hospital Network

This physician health network had a track record of success, but was still leaving money on the table. Did they need to achieve formal CIN designation? Would one model of physician participation accommodate all types of interested physicians?

**Client Profile:** A growing mid-Atlantic health system that includes more than 1000 physicians, including many in independent practices, and expects to add hundreds more physicians in the near future.

**Challenge/Situation:** The client wanted to take on greater risk/reward in their value-based contracting, while adding more physicians. Physician participants were at different levels of sophistication and experience with value-based care, with some still using paper records. Among questions to address were:



**Solutions**: A tiered membership system was chosen, and three tiers of physician participation were defined. It was decided that the network did not need to pursue formal CIN designation, and that focus on value-based reimbursement was most important. The client will:

Target an increase in valuebased reimbursement and expand it to all payers Update their incentive distribution model to drive physician performance more effectively in valuebased contracts

Continue handling fee-forservice contracting as was currently done

**Results:** The network is implementing the three-tier membership system. It is positioning itself to increase the number and breadth of value-based contracts it handles, such that all contracts are VBR based in two years, and to increase the value of those contracts.

