

Clinical integration provides a catalyst for better care and a healthier Mesa County

ISSUE BRIEF



“IN AMERICA WE DO A GREAT JOB of sick care. We do a poor job of keeping people healthy and giving them tools to manage their health.” With that, Michael J. Pramenko, MD, chairman of the board of Monument Health and the executive director of Primary Care Partners, captures the essence of our broken health care system.

The problem comes down to fragmentation. Too often, the pieces don’t connect. “People can feel bewildered. A lot of patients around the country go from point A to B, from C to D, feeling like no one is talking to each other—or to them,” Pramenko explains.

And they are right.

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CEO, MONUMENT HEALTH



In a fragmented health care system, physicians—in fact, the entire care team—lack access to the *complete* information necessary to deliver the best care. Sometimes they aren’t informed when their patients are admitted, discharged or transferred. When tests and lab work are conducted offsite, they often don’t get the results right away—or even at all. Care is uncoordinated, with no well-defined processes, no accountability. And the way we pay for health care incentivizes that piecemeal approach, paying for volume over value.

Understanding and addressing these issues will improve the health of individual patients *and* the community.

“Improving the health of the community and reducing costs over the long term are essential to stabilizing the local economy. There’s a pressing need for more affordable health care. It’s a crisis that affects the entire community, draining money from public and private entities. Health care is everyone’s business,” Monument Health CEO Stephanie Motter, MSN, RN, says.

It’s an especially important consideration for area employers, Motter says. “Employees are a company’s most valuable assets. But they are more than assets: They are individuals, members of our community. We need to invest in creating a culture of health, offering access to programs that encourage them to be healthy, active, thriving and happy. An employer watching its bottom line and concerned about employee well-being makes sure of that.”

Mesa County, as an energy-dependent region, faces boom-and-bust cycles. “We need to help our local economy weather those cycles, and we need to attract other companies. If we don’t control health care costs, there’s no way we can do that,” Pramenko explains.

One solution is a clinically integrated network (CIN)—a group of independent physicians and other health care professionals committing to collaboration and working together as a team. Rising health care costs, consumer demand for improved quality and the need for care coordination accelerated development of CINs around the country. So, too, has the move to paying for the value of care, rather than the volume.

Value-based health care is the model of the future for everyone; for primary care, it’s a godsend. It allows primary care providers to do what they were trained to

do: take care of all their patients. Payment models are being structured to allow them to focus on the health of populations.

Time for a change: Monument Health

None of these concepts is new. The problem is that they receive lip service but precious little action. “Everyone is talking about how to provide better care at a lower cost that will improve health of the community. Monument Health is doing it,” Pramenko says. Monument Health is a clinician-led, patient-centered network of innovators who are redesigning care delivery and offering more appropriate, accessible and affordable health care in Mesa County.

Three partners—Primary Care Partners, Rocky Mountain Health Plans and St. Mary’s Medical Center—created Monument Health as a CIN. This model allows the providers to care for patients collaboratively while remaining independent. Rocky Mountain Health Plans operationalizes the value-focused payment model.

“People want better, more affordable health care: That’s what an integrated model provides: less costly, higher quality care,” Motter explains.

As a nurse practitioner, Motter knows what it’s like to sit across from a patient who doesn’t understand what happened during his last visit or what she was told during hospital discharge. The problem comes down to lack of communication and data sharing among providers; the result is patient and provider frustration, with missed diagnoses and higher costs for repeated tests. With improved communication, all practices are integrated through data and information sharing.

And patients are informed. Clinical integration ensures everyone—including the patient—is on the same page. That leads to better outcomes, more affordable care and a better patient experience, including the peace of mind that all of a patient’s providers are working from the same information—that the left hand does indeed know what the right hand is doing.

Coordinated care is more affordable care

This integrated, coordinated approach allows Monument Health to provide more affordable care. “Here’s an entity really trying to bend that cost curve, and control escalating costs in Western Colorado,” says Pramenko. “To provide higher quality care at a more affordable price, it’s

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a prerequisite that—more than ever before—you coordinate better and talk to team members.”

Innovations in clinical practice and new payment models are leveraged through benefit plan design to achieve long-term, sustainable cost savings for employers and individuals. Physicians are paid based on how *well* they do (value-based) not how *much* they do (volume-based).

This approach saves money, because providers work together on a patient’s care, share information and best practices, and help those with chronic conditions manage their health so they can stay out of the hospital. The savings come from providing cost-effective care, rather than restrictive access to care some network models use to lower costs. “That means we work to keep the healthy in good health, identify those at risk, mitigate risk for those in poor health and improve the health of those with chronic conditions,” Motter explains.

Physician-led, person-centered

Monument Health offers a unique clinician-patient partnership. It doesn’t stop at the clinic door. It’s a whole-person approach that goes far beyond “sick care.”

This happens because Monument Health is physician-led and person-centered. “When you have clinicians at the table, who have that experience of having taken care of another human being, that gives us a significant advantage to set up the processes, tools, the team,” Motter says. That’s different from banding together solely for marketing or contracting reasons. “If it’s not clinically driven, it’s not true clinical integration.”

A true clinically integrated network is like a basketball team: It consistently practices very specific strategies that, come game time, are executed collectively. That’s very

different from a pickup game, with no clear structure or strategy, she says, noting that's how some market-driven alliances play out.

Monument Health allows doctors to be doctors: As a CIN, it offers a rare opportunity for providers to design how value-based payments are set up, and how they'll be measured. "They aren't going to have that control anywhere else," says Motter.

Monument Health providers must meet objective standards of process and care—standards developed by physicians from the community, who understand the needs of Mesa County. Similarly, Monument Health physicians, nurses and care coordinators—the people who have the pulse of the community and understand hand offs—develop standards for the care coordination processes.

Understanding CINs

A **CLINICALLY INTEGRATED NETWORK** is a formal collaboration of independent providers who collectively commit to providing high-quality care more efficiently. It's a way for health systems and independent providers to work together while still maintaining their independence.

Providers share responsibility for, and information about, patients as they move from one setting to another. That means the providers must share data: A key component of successful clinical integration is an integrated technology infrastructure. Hospitals often play a role—as in Monument Health's case—but the networks are led and operated by physicians. Physicians collectively invest in health IT infrastructure and financially support performance improvement.

In exchange, the providers can negotiate collectively with insurers because properly designed CINs create a "safe harbor" from antitrust rules.^{1,2,3}

Common elements may include the following:

- A set of clinical and administrative metrics defining performance improvement goals
- A well-defined physician-led governance
- An IT infrastructure to identify improvement opportunities and facilitate exchange of patient information
- Performance-based payment incentives
- A population-health focus

- Joint contracting with commercial payers/employers for physician services
- Adherence to evidence-based guidelines and protocols^{4,5}

In 1996, the Federal Trade Commission and Department of Justice offered a working definition of clinical integration as:

a network implementing an active and ongoing program to evaluate and modify practice patterns by the network's physician participants, and create a high degree of interdependence and cooperation among the physicians to control costs and ensure quality.

Generally, the FTC considers a program to be clinically integrated if it performs the following.^{6,7}

1. Establishes mechanisms to monitor and control utilization of health care services that are designed to control costs and ensure quality of care.
2. Selectively chooses network physicians who are likely to further these efficiency objectives.
3. Invests significant capital, both monetary and human, in the necessary infrastructure and has the capability to realize the claimed efficiencies.

1 "The care transformation alphabet: What's the difference between CI, ACO, and PCMH?" Advisory Board Care Transformation Center Blog, Sept. 24, 2014

2 "Clinically Integrated Networks: Who, What, When, Where, Why, and How?" PYA leadership briefing, April 2013

3 "Clinical integration, demystified," Advisory Board Care Transformation Center Blog, April 15, 2013

4 Clinically Integrated Networks: Who, What, When, Where, Why, and How? op cit.

5 The care transformation alphabet. op cit

6 Statements of Antitrust Enforcement Policy in Health Care. U.S. Department of Justice and the Federal Trade Commission, August 1996, www.ftc.gov/sites/default/files/attachments/competition-policy-guidance/statements_of_antitrust_enforcement_policy_in_health_care_august_1996.pdf

7 "The 7 Components of a Clinical Integration Network," *Becker's Hospital Review* Oct. 19, 2012

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“Clinically integrated networks deliver clinical programs, processes and tools that lead to better care. It’s a really simple concept: We’re all using the same tools, same processes, operating under the same agreements,” says Motter. Patient care is individualized, but it all meets the same high standard. This ultimately lowers costs for local employers by more effectively managing the health of their employee populations, leading to a healthier Mesa county.

Now is the time: Taking good to great

Monument Health emerged in direct response to the needs of Mesa County, says Pramenko. “We’re responding to what we’ve been asked to do. Monument Health is the direct result of conversations with patients and employers in our community.”

Monument Health follows a long and successful tradition in Mesa County of collaborative health care initiatives

formed to improve the community’s health.^{8,9} Over the last few years, comprehensive primary care providers and a “neighborhood” of supporting organizations have embraced transformation, including value-based payment models and health information technology that enable the health care delivery system to better predict outcomes, prioritize interventions and prevent disease.

Building on this tradition gives Monument Health a head start, Motter explains. “This is a group of innovative, diverse people who are already aligned and have solid experience.” Monument Health doesn’t represent a change in philosophy; instead, it represents an alignment of innovators with a shared vision. “I see Monument Health as the framework that corrals all of those groups that are already doing excellent work. It aligns their diverse skills and their shared vision, moving from good to great.”

But there is indeed room for improvement. “For all the success we’ve seen in the Western Slope, we can agree that, in general, health care is broken,” she says. There are many ways to make health care work better; the CIN is one proven way. “What matters is stepping up and shaping the solutions. Transformation is underway. The choices are to shape it, or simply react. Monument Health wants to be proactive. We want to shape that change. We are the change.” 

- 8 Bodenheimer and West. 2010. “Low-Cost Lessons from Grand Junction, Colorado.” *N Engl J Med* 2010; 363:1391-1393
- 9 Gawande A. “The Cost Conundrum.” *The New Yorker*. June 1, 2009



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Stephanie Motter is the chief executive officer of Monument Health, the most comprehensive clinically integrated network in Colorado. Monument Health works with health care providers to positively and fundamentally change clinical practice, payment and patient experience. Before joining Monument Health, Motter served as vice president, quality & clinical strategy at DaVita. Previously, she worked as a nurse practitioner in the Denver and Boston areas. She received her bachelor of arts in economics from Smith College and her masters of science degree in nursing from Yale University.



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Dr. Michael Pramenko is a 1995 graduate of Dartmouth Medical School. He works as a family physician and executive director for Primary Care Partners in Grand Junction, Colorado. He has served two terms as president of the Mesa County Medical Society. In 2007, he was named Family Physician of the Year for Colorado by the Colorado Academy of Family Physicians. As an outspoken proponent of Grand Junction’s unique health care system, he has appeared on PBS’s *Newshour*, NPR’s *Science Friday*, and was interviewed by Tom Brokaw for NBC News.