5 Incentives for Enlisting Physicians into a Clinical Integration Program

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Clinical Integration programs unite physicians for the purpose of delivering higher quality health outcomes. Payers in certain markets reward systems with Clinical Integration programs due to the savings created by better population health management. Physicians are sometimes reluctant to join Clinical Integration programs and appropriately ask "What's in it for me?" This article discusses various rationales and motivators that may be useful in the recruitment of physician participants.

The Monetary Incentive

Architects of Clinical Integration programs must ensure that a significant percentage of the financial reward for better quality health outcomes is passed on to the providers who produce those outcomes. It is not uncommon for individual physicians in mature Clinical Integration programs to receive tens of thousands of dollars per year in bonus payments for their performance. This is a significant amount for primary care physicians who drive much of the success of Clinical Integration programs. The monetary pool increases in size as systems add payer contracts that reward performance and savings. The leverage of the system to negotiate such contracts increases with the progressive ability of the Clinical Integration program to manage population health. *Remind physicians that a Clinical Integration Program will financially reward them for their efforts.*

The Quality Incentive

Physicians and health care providers feel good about improving the health of their patients. Studies show that financial rewards are not at the top of the list of reasons people choose and stick with their jobs. It is often difficult, however, for a provider to really know how much their patients are being helped by their efforts. Clinical Integration programs objectively measure health outcomes and provide feedback to providers about specific patients and their entire population of certain kinds of patients. This specific information lets the physicians know which patients need most need help and which ones are actually responding to therapy. Knowing a patient is improving by objective measurement is much more satisfying to providers than subjective estimates of improvement. *Remind physicians that a Clinical Integration Program will improve the lives of their patients.*

The Competitive Incentive

Physicians are competitive by nature. Competition got them into and through medical school and the vast majority of physicians are committed to ongoing personal improvement. They also like to be right, and know that they are up to date in their professional knowledge of best clinical practices. Clinical Integration programs are charged with selecting the best, nationally vetted, evidence-based measures upon which to measure performance. Clinical Integration pro-

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grams provide performance feedback that allows physicians to see how they compare with their colleagues, and in advanced Clinical Integration programs, physicians often elect to become completely transparent with their results, spurring competition and performance further. *Remind physicians that a Clinical Integration program supports self-improvement.*

The Work-life Balance Incentive

High on the list of factors that lead to professional satisfaction and retention is work-home life balance. Physicians often work 60-hour weeks and come home exhausted. They run so far behind that they cannot imagine taking on additional patients and getting home later at night. Because Clinical Integration programs are rewarded for quality outcomes and value creation (not just more activity), they can supplement the income of participating physicians by providing more efficient care. Examples would be providing more care via the phone and Internet, allowing each member of the office team to work to the top of their license and using Care Managers to support patients in ways physicians often did before. Because Access is critical to program success, Clinical Integration programs invest in office process improvement activities, such as learning collaboratives. *Remind physicians that a Clinical Integration Program supports office efficiency so they can spend more of their time doing what physicians find rewarding.*

The Survival Incentive

Depending on the progressiveness of the payer environment and local responses to ACA reform initiatives, physicians may believe that payment for value, in its various forms, will soon be at their doorstep. Even if payers are not currently rewarding Clinical Integration, systems are wise to start now to create the infrastructure to provide greater value. Clinical Integration programs require policy and procedural changes, IT integration, measures selection, incentive design and culture changes that do not occur over night. It takes several years to mature a Clinical Integration program to provide significant value to the payers. Systems that have not developed Clinical Integration capabilities will find themselves competitively disadvantaged on the day payment methodologies change. The survival of physician practices is increasingly dependent on the strength of the systems to which they belong. *Remind physicians that a Clinical Integration program will position their system for success in emerging payment methods.*

Summary

Payers in many markets already reward population health quality improvement, and health care reform and employer pressures will surely increase this trend. Clinical Integration programs effectively support these outcomes, but they must not integrate physicians in name only. These programs cannot function without robust physician engagement. Physician perception that the financial rewards of population health improvement are shared fairly with them is crucial, but physician engagement can be further enhanced by reminding them of the other benefits of membership.

About the Author

Dr. William K. Faber, Chief Medical Officer for Health Directions, is a physician executive with progressive senior leadership experience. He most recently served as Senior Vice President of the Rochester General Health System in New York, where he guided the development of the system's Clinical Integration program and assisted more than 150 providers at 44 sites through the conversion process from paper records to an Electronic Health Records system (Epic). Dr. Faber formerly participated in the governance of the Advocate Physician Partners (APP) Clinical Integration program and directed APP's Quality Improvement Collaborative. He may be reached at 312-396-5400.