

The left side of the slide features a decorative design consisting of several vertical stripes of varying shades of light blue and grey, and a cluster of five teal-colored circles of different sizes arranged in a roughly triangular pattern.

CUMBERLAND PEDIATRIC IPA

Clinical Integration

Phase I and II

WHAT IS CLINICAL INTEGRATION

Clinical integration is the implementation, by a group of independent physicians and hospitals, of a system to evaluate and analyze their collected patient data, allowing participants to create a high degree of interdependence and cooperation in order to improve quality and cost efficiency.



WHY CLINICAL INTEGRATION

1. Support Quality of Care and Consistency for Patients
2. Support for Improved Efficiency for Independent Practices
3. Increase Managed Care Reimbursements and Pay for Performance Initiatives



SUPPORT QUALITY OF CARE AND CONSISTENCY FOR PATIENTS

- Collaboration is particularly important in increasing the quality of care for children.
- Sharing data can allow providers to improve quality and patient safety
- Sharing data can allow for consistency of care among physicians
- Provide feedback that furnish useful performance data



SUPPORT FOR IMPROVED EFFICIENCY FOR INDEPENDENT PRACTICES

- Independent practices can access reporting infrastructure, with economies of scale
- Ability to create disease registries
- Ability to provide statistical data to physicians regarding patient's care
- Provide “meaningful use” criteria

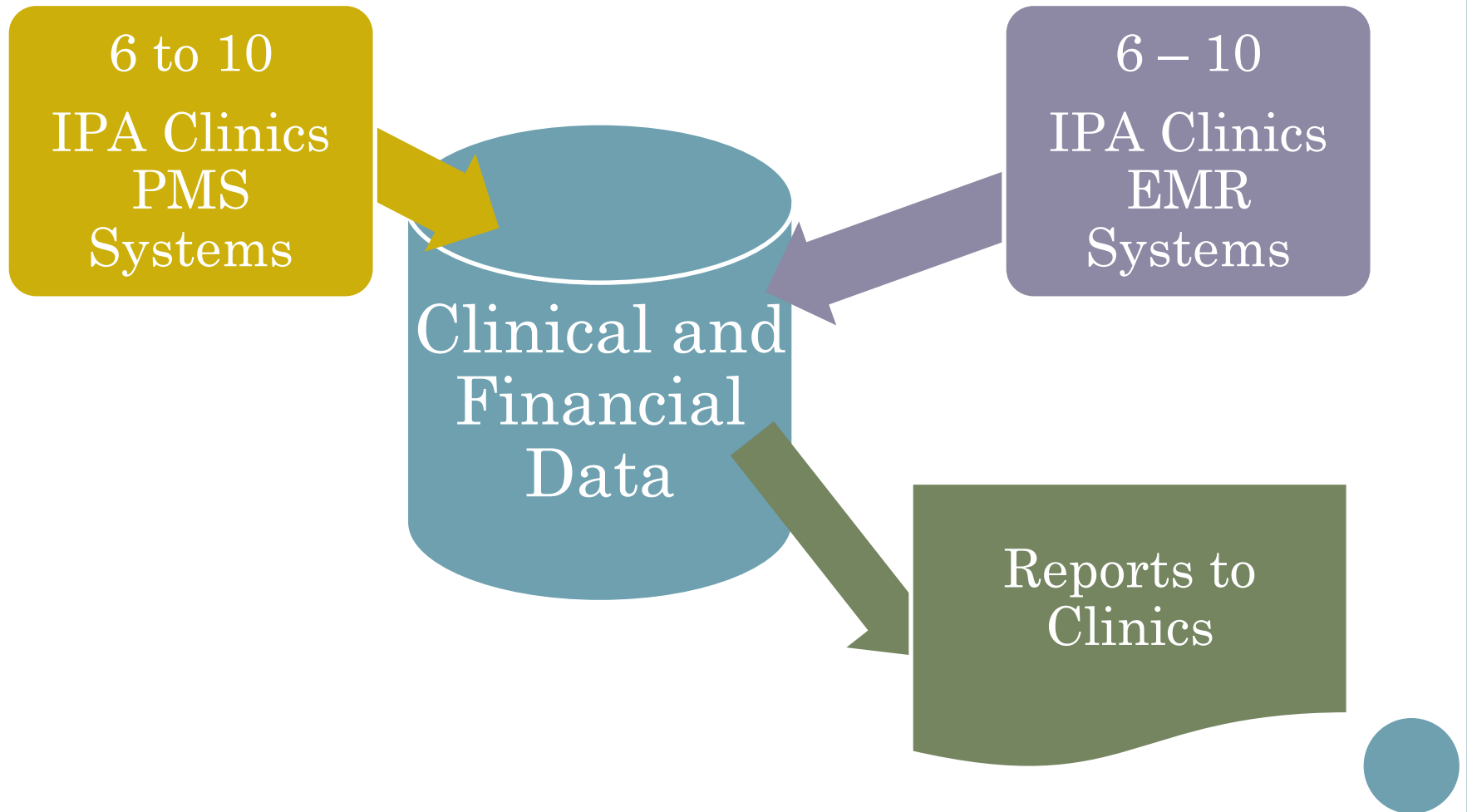


INCREASED MANAGED CARE REIMBURSEMENT AND PAY FOR PERFORMANCE INITIATIVES

- Monitoring data to determine potential cost savings to Managed Care Organizations
- Ability to link payment to performance on various quality and efficiency measures
- Supply negotiating tools to the managed care contracting committee for quality contracts.



PHASE I



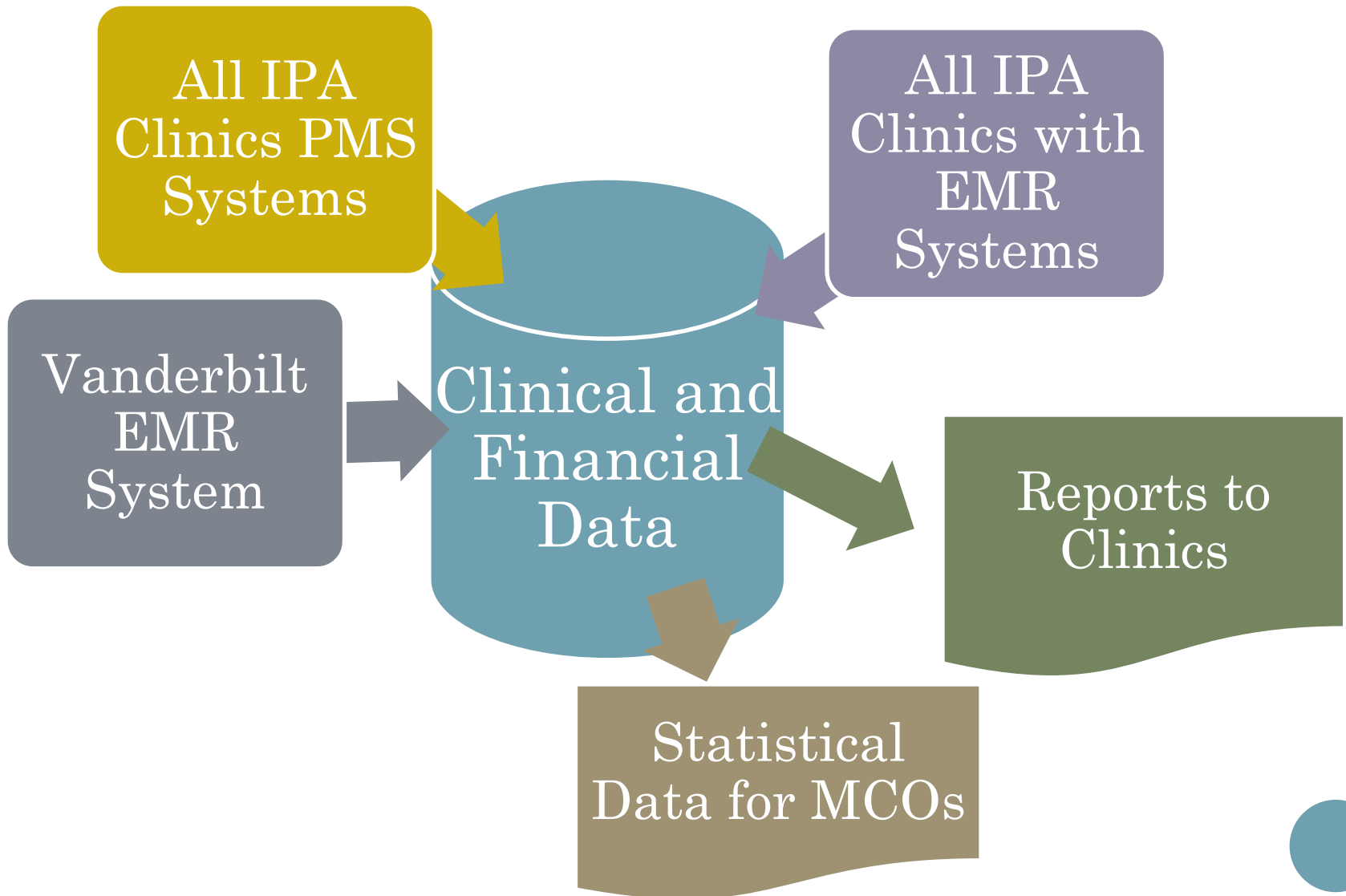
Phase I will allow the IPA to collect data from 6 to 10 different clinics.

- Practice Management Systems
- Electronic Medical Record Systems

The IPA will generate reports back to the 6 – 10 clinics as well as a combined report to all IPA members



PHASE II



- Phase II will allow additional data to be collected from all participating clinics.
- Reports will be generated back to individual clinics as well as a combined report to all IPA members.
- Statistical data will be used to coordinate P4P contracts with Insurance Companies.
- **Individual practice or patient data will not be shared outside of the IPA**



FUTURE PLANS

