Private practices are important actors in the health care delivery landscape, but they have been under intense financial pressure for years. The COVID-19 pandemic has exacerbated the concerns of physicians in private practice, but it has also presented opportunities to implement new contracting models and improve health care delivery to patients.

A recently recorded AMA webinar focuses on innovative value-based contracting models in the context of strategic, financial, risk, legal and regulatory considerations. The webinar, “Developing Clinically Integrated Networks and Other Innovative Contracting Models,” provides key insights for physicians starting or joining clinically integrated networks (CINs), as well as those entering alternative value-based contracting models.

Big changes need lots of resources

“There are the strategic and operational considerations such as how will this model be implemented, who will participate, what will be the impact to the overall organization?” said Jeanna Gunville, a shareholder with Polsinelli, a national law firm focused on health care finance. “And does the organization have the correct resources and personnel—or the ability—to grow those resources?”

That having been said, today’s practices have numerous contracting options. If a CIN isn’t the right fit, there might very well be another contracting option that is.
Know where you are

“Whether a CIN is right for you” depends on numerous variables, said Lori Oliver, also a lawyer at Polsinelli. “But I always like to start first with strategy: What is your organization's strategy in the marketplace?”

The answer depends on the size of your practice, as well as its specialty, to name just a few.

“So if you're a leading provider and a first choice of patients in your community of a certain size, you might want to be the one that's the convener and bringing people together to create a CIN,” she added. “If your group is more specialty-specific, you might want to be joining another.”

For example, do you know what your costs are relative to the benchmarks of efficiency in the community? And are you tracking key quality metrics?

Keep it simple

Whether you choose to join a CIN or to participate in another model, such as an accountable care organization (ACO) “you’ll need to think strategically about whether you buy, build or partner—or some combination of those—for the services you need to support the enterprise,” Oliver said. “Some examples of that are when you are in a clinically integrated network, working with other providers, the ability to collect data and share that data across the other providers is critical.”

But you also must have either clinical or financial integration to take advantage of strategic opportunities in the marketplace. It helps, then, to be able to imagine what a CIN looks like. The AMA has developed a checklist to support practices considering pursuing participation in a clinically integrated network (PDF).

At first glance, the CIN “can honestly seem almost irredeemably complex, but as the name indicates, it's fundamentally a vehicle to accomplish clinical integration. And the vehicle for that integration is the CIN entity,” said Garrett Jackson, another Polsinelli lawyer. “So if you think about that CIN layer as adding or supplementing the fee-for-service existing relationships between the payers, that can start to simplify what the purposes of the CIN really are.”

More on navigating private practice
The AMA webinar also explores other value-based contracting options, as well as which enterprise-level investments best set up an organization for a move to value-based care.

It takes astute clinical judgment, effective collaboration with colleagues and innovative problem-solving to succeed in an independent setting that is often fluid, and the AMA offers the resources and support physicians need to both start and sustain success in private practice.

Find out more about the AMA Private Practice Physicians Section, which seeks to preserve the freedom, independence and integrity of private practice.