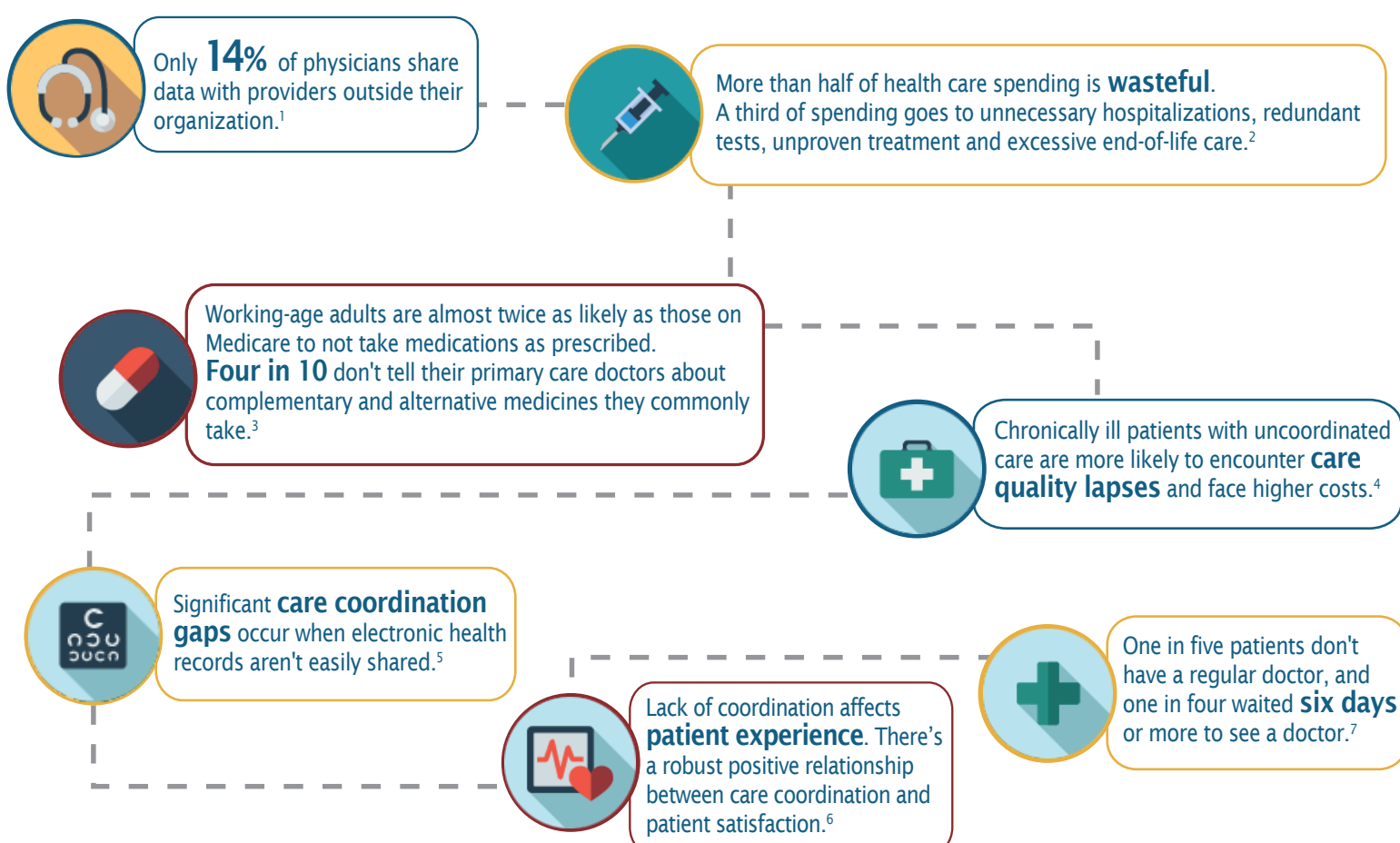


# Value of an Accountable Health Network

Clinically integrated networks are formal collaborations of independent providers who commit to providing high-quality care more efficiently. They save money. Providers work together on a patient's care, share information and best practices, and get paid for how well they take care of patients, not how many patients they see.



## Challenges of Non-Integrated Care



"People want better, more affordable health care: That's what an integrated model provides: **less costly, higher quality care.**"<sup>8</sup>

## Time for a Change

**Monument Health** is a clinician-led, patient-centered network of independent providers who are redesigning care delivery and offering more appropriate, accessible and affordable health care.

"Patient care is individualized, but it all meets the same high standard. It's a really simple concept: We're all using the same tools, same processes, operating under the same agreements."<sup>9</sup> This ultimately lowers costs for employers by more effectively managing the health of their employee populations, leading to a healthier Mesa County.

## Common Elements of Clinically Integrated Networks

- ✓ Adherence to evidence-based guidelines and protocols<sup>10,11</sup>
- ✓ Clinical and administrative metrics and goals
- ✓ Well-defined, physician-led decision making
- ✓ IT infrastructure and robust analytics
- ✓ Performance-based physician compensation
- ✓ Population-health focus
- ✓ Contracting with commercial payers and employers

## Clinical Integration Benefits Delivered by Monument Health

- 1** Unique clinician-patient partnership. It doesn't stop at the clinic door. It's a whole-person approach that goes far beyond "sick care."
- 2** Doctors can be doctors: It's a rare opportunity for providers to design how value-based payments are set up, and how they'll be measured.
- 3** Guaranteed access to primary care, specialty care and hospital care that's close to home.
- 4** Coordinated care with less duplication and better management of chronic illness translates to lower costs over time and a healthier workforce.

1.) Source: Furukawa MF, King J, Patel V, Hsiao CJ, Adler-Milstein J, Jha AK. "Despite substantial progress in EHR adoption, health information exchange and patient engagement remain low in office settings." Health Affairs 2014 Sep; 33(9):1672-9.  
 2.) Source: PricewaterhouseCoopers' Health Research Institute, "The price of excess: Identifying waste in health care spending." 2010. <http://www.pwc.com/us/en/healthcare/publications/the-price-of-excess.jhtml>  
 3.) Sources: Jou J, Johnson P. Nondisclosure of Complementary and Alternative Medicine Use to Primary Care Physicians: Findings From the 2012 National Health Interview Survey. JAMA Intern Med. 2016; 176(4):545-546. doi:10.1001/jamainternmed.2015.8593.  
 Cohen RA, Villarreal MA. Strategies used by adults to reduce their prescription drug costs: United States, 2013. NCHS data brief, no 184. Hyattsville, MD: National Center for Health Statistics. 2015.  
 4.) Source: "Care Fragmentation, Quality, and Costs Among Chronically Ill Patients," The American Journal of Managed Care, May 14, 2015  
 5.) Source: Samal L, et al. "Care coordination gaps due to lack of interoperability in the United States: a qualitative study and literature review." BMC Health Services Research 2016 Apr 22; 16(1):143. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4841960/>  
 6.) Source: Wang MC, Mosen D, Shuster E, Bellows J. Association of patient-reported care coordination with patient satisfaction. J Ambul Care Manage. 2015 Jan-Mar; 38(1):69-76  
 7.) Sources: Jetty A, Green L, Bazemore AW, Petterson SM. Fewer Americans Report a Personal Physician as Their Usual Source of Health Care. Am Fam Physician. 2015 Dec 15; 92(12):1053; "Fewer Americans Report a Personal Physician as Their Usual Source of Health Care," <http://www.graham-center.org/rgc/publications-reports/publications/one-pagers/personal-physician-2015.html>  
 Commonwealth Fund INTERNATIONAL PROFILES of Health Care Systems, 2013 [http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2013/Nov/1717\\_Thomson\\_intl\\_profiles\\_hlt\\_care\\_sys\\_2013\\_v2.pdf](http://www.commonwealthfund.org/~media/Files/Publications/Fund%20Report/2013/Nov/1717_Thomson_intl_profiles_hlt_care_sys_2013_v2.pdf)  
 8.) Source: "Clinical integration provides a catalyst for better care and a healthier Mesa County." Monument Health issue brief, August 2016. <http://bit.ly/2bjgLja>.  
 9.) Source: "Clinical integration provides a catalyst for better care and a healthier Mesa County." Monument Health issue brief, August 2016. <http://bit.ly/2bjgLja>.  
 10.) Source: "Clinically Integrated Networks: Who, What, When, Where, Why, and How?" op cit.  
 11.) Source: The care transformation alphabet. op cit.