

KootenaiCareNetwork

Frequently Asked Questions

What is Kootenai Care Network?

Kootenai Care Network is a clinically integrated network, or CIN. Clinical integration is a process through which independent health care providers work together in a mutually-accountable way to develop and implement clinical protocols and monitor clinical performance. This helps achieve high quality care in a more efficient manner than can be achieved independently.

What are the benefits of Kootenai Care Network?

Becoming a member of Kootenai Care Network positions physicians, hospitals and payors to work together to improve population health. It focuses on clinical quality and cost-effectiveness rather than fee-for-service discounts. This allows Kootenai Care Network to engage in value-based contracting opportunities with both payors and employers.

Why should physicians participate in Kootenai Care Network?

- Supports community physicians' ability to comply with government and commercial payors' emerging value-based payment mandates
- Rewards patient health
- Rewards teamwork and efficiency
- Provides outcomes feedback to help improve care delivery
- Builds sustainability and financial strength in emerging payment systems
- Creates market differentiation which can preserve and build a patient base
- Increases collaboration across specialties
- Large employers and government payors will look to network providers to care for their employees and beneficiaries

Who can participate in Kootenai Care Network — is it only for Kootenai Clinic physicians?

No. Kootenai Care Network allows both Kootenai Clinic and independent physicians to participate in its contracts and governance. Independent physicians in good standing on the Kootenai Health medical staff are encouraged to apply for membership. They will be asked to sign a Participating Provider Agreement (PPA), clarifying the terms of membership. In addition, ancillary, post-acute and other allied providers will be participants in Kootenai Care Network to ensure the full continuum of care is available for patients.

Who is on the Kootenai Care Network board?

The board includes independent area physicians, Kootenai Clinic physicians, and Kootenai Health leadership. Current physician board members include Drs. Brad Brososky (board chairman), Dave Chambers, MD (assistant medical director), Shaun Brancheau, Randi Edwards, Brad Drury, Todd Hoopman, Brenna McCrummen and Tom Nickol. Kootenai Health leadership members are Jon Ness, CEO, Karen Cabell, DO, Chief Clinical and Quality Officer, and Kimberly Webb, CFO.

Can I participate in more than one CIN or ACO (in addition to Kootenai Care Network)?

Kootenai Care Network is non-exclusive, however payors may require some exclusivity for primary care providers in the future (i.e. it may not be practical to participate in two Medicare ACOs). Specialists typically can be members of more than one.

How is the Kootenai Care Network different than other managed care initiatives (HMOs)?

HMOs of the 1990s were more restrictive than modern insurance models and often created profits by denying care to patients. Innovative models such as Kootenai Care Network provide cost-effective, quality care by addressing system inefficiencies and supporting collaboration. As a result, the right care is provided in the right setting, by the right provider, at the right time.

Who runs Kootenai Care Network; will there be an opportunity for physician leadership?

Yes. Kootenai Care Network is governed jointly by physicians and Kootenai Health. Physicians will lead the formation of many components of the program including clinical protocols, quality performance metrics, contract negotiation with payors and other care components. The governing group will jointly determine financial distribution of shared savings.

How do physicians get paid?

Physicians continue to bill and collect from insurance companies under group contract rates and terms. CIN incentives are paid to Kootenai Care Network then distributed per program measures, weighting, and physician performance. The specifics of these payment mechanisms are determined by the governing board of Kootenai Care Network, which is led by physicians.

What's in it for physicians?

- Real influence with payors defining value-based purchasing metrics
- Income opportunity through quality and value-oriented contracts
- Assistance with EMR and IT solutions
- Clinical data feedback to help manage patients
- Care management support for complex disease management to improve care and reduce unnecessary admissions
- Better clinical outcomes
- Better connections with providers across the continuum (intra-network hospital and physician information transfer)
- The ability to define and objectively demonstrate quality
- A meaningful role for physicians in governance and determining one's own future
- The critical mass necessary for participation in certain government and private initiatives

How is Kootenai Care Network different from other CINs?

- There is no capital call or fee to participate
- There is no intent to create an equity stake in the enterprise
- The market forces that made CINs relevant in the past are even stronger today
 - Greater payer/contractual opportunity
 - Greater public demand for price and quality transparency
 - Greater threats from competing entities
- The health information technology platform is stronger than before, making Kootenai Care Network more feasible