

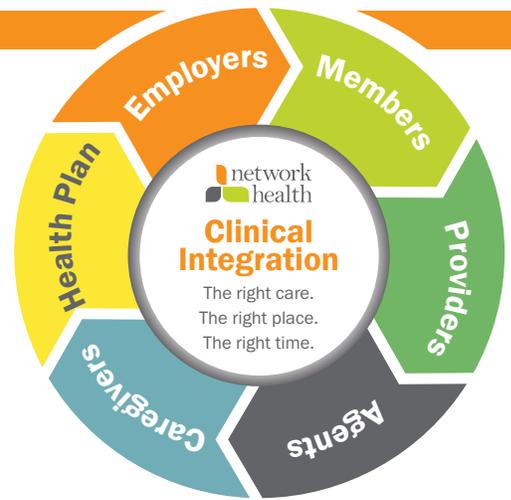
Clinical Integration 101

What is clinical integration? Clinical integration is a coordinated effort between payers and providers to improve the effectiveness of member care across conditions, providers, settings and time. The expected outcome is high-quality care that is safe, efficient, timely, unbiased and patient-focused.

In other words, our members get the *right care, at the right place and the right time.*

Who does clinical integration impact? Members, agents, providers (including office and clinic managers), caregivers, Network Health and employers.

How does clinical integration impact each party?



Members receive more thorough care by working with a designated personal doctor who knows them, follows their care, and coordinates with specialists, other caregivers and Network Health.

- Members are educated and informed about how to receive necessary care in the most appropriate and cost-effective setting.
- Members receive guidance for taking medications.
- Members' health information is accessed securely and easily by the members themselves, caregivers, providers and Network Health to improve care coordination and avoid duplication of services.
- Members' satisfaction increases and their health improves.

Agents serve as the frontline in ensuring members are educated in regard to their health plan and primary care practitioner (PCP) choices. A foundation of quality care starts with their relationship with members.

Providers work with Network Health to coordinate care across specialties, ensuring that members receive the highest quality care.

- Merging claims data with supplemental data from medical records helps providers identify and close care gaps for members, improving strategies for care management.
- Providers form stronger relationships with members, which improves both member and provider satisfaction, prompting more referrals among participating provider systems.
- Greater member satisfaction helps providers achieve, and be recognized for, high-quality care ratings.
- Coordinated approach reduces the duplication of services between providers and Network Health.

Caregivers are better equipped to advocate on behalf of members. Increased communication allows caregivers to be an active part of care management solutions.

Network Health is locally owned, and unlike national organizations, can nimbly respond to the feedback of members and providers.

- Our efficient provider network enables swift collaboration with our owners and key provider partners to develop business processes that bring value to everyone.
- Network Health works closely with members' personal doctors to improve care coordination, ensuring that members receive the best quality care while reducing duplication of services and controlling health care costs.
- Network Health continues to achieve high-quality ratings, attracting new members to join the health plan and seek services from participating providers.

Employers benefit from the consistency of high-quality care provided to their employees.

- The right care provided at the right place and right time controls health care costs and creates healthier, happier employees.
- Customized health plans and wellness programs lead to higher usage among employees.
- Employers profit from a more engaged and productive workforce that takes fewer sick days.
- Through continuity of care, employer groups insured for more than two years experience a higher return on investment.

What Does Clinical Integration Do?

Assumptions, Reality and Clinical Integration

A: Members have a personal doctor relationship. Providers know who their members are and are responsible for delivering care to these members.

R: Members are assigned a personal doctor by the health plan, but some members don't form a relationship with their doctor. Due to lack of data, providers may not know what care members have already received or where the gaps are.

How does clinical integration address this? Strong provider participation helps ensure accurate attribution of personal doctors. When providers proactively reach out to members, it creates a new reality where members seek relationships with their personal doctors.

A: Members receive comprehensive care.

R: Members who see their personal doctor don't necessarily receive all available services (wellness, prevention, effective chronic condition care).

What does clinical integration do? Clinical integration outlines clear standards for the full spectrum of primary care service, including prevention services and chronic condition care. Coupled with robust and timely data sharing, both care delivery and care coordination are improved.

A: Moderate and high-risk members are identified and receive condition management services.

R: Moderate and high-risk individuals may receive duplicate care management services (from their health plan and their provider) or, in some cases, none at all.

What does clinical integration do? Clinical integration represents a commitment among providers and Network Health to create clear accountability about the care that members receive. This includes sharing information about services being provided, identifying and addressing missing services and avoiding duplicate services.

A: Members have access to appropriate, cost-effective sites of care, after hours.

R: Members seek care in emergency departments, rather than more appropriate, less-costly settings.

What does clinical integration do? Clinical integration provides education to members, so when a health concern arises after hours, members seek the appropriate level of care. In tandem, providers and the health plan work together to align benefits and services that promote use of the lowest appropriate level of care.

