Political/Social Challenges

• Non-sustainable US deficit growth with healthcare costs a major contributor and increasing faster than economy
• Politicians/public not connecting the healthcare dots to the economy and therefore not willing to make hard choices
• Magical thinking—the more for less fantasy (can work for awhile but not a sustainable solution)
• One-half to two-thirds of cost increases are due to new technologies and treatments
• Who decides about treatments and services that are a little better and a lot more expensive? Who determines “value?”
Physician Practice Challenges

- Autonomous physician culture/individual craftsman model (selected on this basis); minimal team based selection and training
- Fee for service, production-based (rather than outcome-based) reimbursement for procedures and face to face contact (in an increasingly virtual world)
- Inadequate IT infrastructure and inadequate training
- Lack of measurement systems/data at practice level
- Lack of training in improvement skills
- Lack of time for improvement work
The Opportunity

• Create an integrated practice model that provides the necessary support and infrastructure while weaving together and respecting diverse physician practice styles and organizational models (from solo private practice to large employed academic groups) with the common goal of improving healthcare value for patients and their families.
Emory’s Clinically Integrated Network

A Viable Solution

**Vision:** Emory’s Clinically Integrated Network will be the national model for collaboration and coordination among faculty physicians, employed physicians and private practice physicians by achieving the highest quality, most cost-effective, patient-centered, **continuous care and prevention** spanning the routine to the complex.

**Goal:** As a patient- and family-centered, physician-led network, **Emory’s Clinically Integrated Network** will provide extensive infrastructure and support to physicians in a collaborative and quality-based environment, to drive outstanding performance, improve care coordination, improve quality outcomes and control costs for our patients and our community.

**Core Attributes**

- Patient- and Family-Centered
- Physician-Led
- Shared-Decision Making
- Value-Driven
- Continuous Improvement
- Collaborative
- Providers held to highest quality standards
Emory CIN Objectives

- Improve the quality of care across the clinical continuum
- Reduce escalating cost trends
- Clinical foundation to evolve from fee-for-service to a 21st century healthcare delivery system
  - High quality population-based care
  - Efficient management of episodes of care
  - Care spanning a connected network of providers (employed & private)
- An electronically integrated network of providers (employed & private)
- A national leader in the new model of care