

Definitions

Clinically Integrated Network (CIN)

A Clinically Integrated Network is a partnership between physicians, hospitals and health systems that are collectively committed to improve the quality and efficiency of care delivered to the patient population it serves. Typically, a CIN is the legal entity that provides the structure for an Accountable Care Organization (ACO).

Accountable Care Organization (ACO)

An Accountable Care Organization is a physician-led organization with the goals of:

- providing high quality care;
- increased efficiency; and
- optimal patient health.

In working together to form an ACO, health care organizations promote greater clinical integration, collaboration and shared accountability among a network of independent physicians, employed physicians, hospitals and community partners. The ACO is structured as a limited liability company (LLC).

Medicare Shared Savings Program (MSSP)

The Medicare Shared Savings Program was established by the Centers for Medicare & Medicaid Services (CMS). Eligible providers, hospitals and suppliers may participate in MSSP by creating or participating in an Accountable Care Organization (ACO). The goals of MSSP are to:

- facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service (FFS) beneficiaries; and
- reduce unnecessary costs.

The MSSP rewards ACOs that reduce their growth in health care costs while meeting quality and patient satisfaction standards. Participating in MSSP is voluntary.

Population Health

Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Groups can be defined by geography or include other segmentation such as employees, ethnic groups, disabled persons, etc.

Value-Based Purchasing

In health care, value-based purchasing is a payment methodology that rewards high quality of care in the form of payment incentives.

Triple Aim

The “Triple Aim” was developed by the Institute for Healthcare Improvement and is a belief that health systems should simultaneously pursue three dimensions:

- improving the patient experience of care (including quality and satisfaction);
- improving the health of populations; and
- reducing the per capita cost of health care.

Fee-for-Service

Fee-for-Service is a payment methodology in which doctors and health care providers are paid for each service performed.