Rural
HEALTH VALUE

# Rural Clinically Integrated Network Readiness Assessment Tool

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# Assessment Instructions

This tool helps rural healthcare organizations assess readiness for participation in a clinically integrated network (CIN)[1] of independent healthcare organizations. It is intended to identify key strategic considerations as well as organizational strengths and opportunities across a range of domains important to successful CIN participation.

Readers seeking introductory information regarding rural CINs should refer to the Rural Health Value Introduction to Rural Clinically Integrated Networks.

For a comprehensive guide to rural CINs, readers should refer to the Rural Health Value Collaboration to Contracting: A Guide to Rural Clinically Integrated Networks

The assessment should be completed by a team of senior leaders or individuals familiar with the health care organization's (HCOs) strategic objectives and its clinical, operational, financial, and data capabilities.

**The primary goal of this assessment tool is to spark discussion, encourage debate, and help identify strategic alignment and opportunities as organizations are considering CIN engagement.** It is intended to guide conversation and help leaders prioritize actions as your organization considers and/or prepares for CIN participation.

### Assessment Response Options

| Response | Alignment with CIN Participation |
|---|---|
| Strongly Agree | Strategies or initiatives clearly align with CIN engagement and participation. |
| Agree | Strategies or initiatives align with CIN engagement and participation but may require strengthening or improvement. |
| Disagree | Strategies or initiatives may not currently align with CIN engagement and participation. Further development is needed. |
| Unsure | More conversation is needed to understand organizational intent and capacity. |

[1] Clinically Integrated Networks (CIN) are formal collaborative arrangements between independent health care organizations designed to improve patient care quality and lower total cost of care through value-based care and other operational changes.

The assessment is organized into categories that correspond to the pillars of successful rural CIN development and operation, as outlined in *Collaboration to Contracting: A Guide to Rural Clinically Integrated Networks*. For each category, the corresponding page numbers in the guide are listed below.

- Strategic Intent – Considerations for ensuring the HCO's strategy aligns with CIN principles.
- Legal & Structural (pages 9 – 14)
- Governance & Leadership (pages 15 – 19)
- Clinical Integration and Care Delivery (pages 20 – 23)
- Data and Technical Infrastructure (pages 24 – 29)
- Financial Sustainability and Scale (pages 30 – 37)

**Note**: This assessment is intended to help organizations consider strategic alignment, capabilities and infrastructure for CIN engagement. It is meant for informational purposes and does not constitute legal, financial, or clinical advice.

| STRATEGIC INTENT | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| We seek to maintain independence while achieving greater scale. | | | | |
| We are willing to share clinical and financial data with our partners. | | | | |
| Value-based care is a central component of our strategy for organizational stability and growth. | | | | |
| We are willing to accept upside and downside financial risk. | | | | |
| We are willing to commit time and resources for participation in shared governance structures. | | | | |
| We are willing to commit to shared strategic actions. | | | | |

| LEGAL & STRUCTURAL | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| We understand CIN regulatory requirements. | | | | |
| We are prepared to execute required participation agreements. | | | | |
| We actively monitor organizational operations to ensure compliance with applicable regulations. | | | | |
| We are prepared to participate in joint contracting activities. | | | | |

| GOVERNANCE & LEADERSHIP | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| Our physicians and clinicians (employed and/or affiliated) actively participate in governance and decision-making. | | | | |
| Leadership has the capacity to engage in CIN-led initiatives and operations. | | | | |
| We foster a culture of accountability and continuous improvement. | | | | |
| We can effectively align our organizational goals with external partners. | | | | |

| CLINICAL INTEGRATION & CARE DELIVERY | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| We consistently use effective care coordination processes to support patients with transitions in care. | | | | |
| We proactively identify and manage patients at high-risk of potentially avoidable utilization. | | | | |
| We routinely identify and address patient care gaps such as preventive services or chronic care management. | | | | |
| We actively manage defined patient populations using population health strategies. | | | | |

| DATA & TECHNICAL INFRASTRUCTURE | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| We routinely aggregate and use clinical data from multiple sources for analysis and reporting. | | | | |
| We have timely access to cost, quality, claims, and utilization data and processes in place to analyze that information. | | | | |
| Data analysis regularly informs organizational decision-making. | | | | |
| We maintain effective data governance and security practices. | | | | |
| We can support bi-directional data exchange. | | | | |
| We have timely access to claims and utilization data and use it to inform clinical decisions. | | | | |

| FINANCIAL SUSTAINABILITY & SCALE | Strongly Agree | Agree | Disagree | Unsure |
|---|---|---|---|---|
| We have experience participating in value-based payment models. | | | | |
| We analyze cost of care and financial performance for the population we serve, stratified by payer type. | | | | |
| We have access to capital to support costs related to CIN participation. | | | | |
| We understand and apply patient attribution and risk adjustment methodologies. | | | | |