

CLINICAL INTEGRATION: TWENTY PRACTICAL CONSIDERATIONS

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2. Do clinical integration for the right reasons.

3. Clinical integration is typically expensive.

4. Clinical integration requires substantial provider time and effort with no guaranteed financial return.

5. Obtain input for your program from major area payers and other potential customers before completing program development.

6. Ensure you develop a product customers want to buy.

7. You can't cram your product down customers' throats.

8. Don't rely on the FTC or Antitrust Division to tell you what to do or how to do it.

9. Early on, consider the data you'll need, how you'll collect it, how you'll analyze it, how you'll report it, and what decisions you'll base on it.

10. Maximization of in-network referrals is important.

11. Try to include some penalty, bonus, or pay-for-performance feature in the program.

12. Ability and willingness to terminate outlier providers is important.

13. Not all physicians will want to participate in the clinical-integration program.

14. You'll probably lose significant providers.

15. Consider the possibility, advantages, and disadvantages of exclusivity.

16. Consider the advantages and disadvantages of seeking an advisory opinion.

17. Remember that the joint negotiations must be ancillary to the clinical-integration program, NOT vice versa.

18. Remember that ancillarity is only the first antitrust hurdle.

19. Assessing market power can be difficult, but payers will let you (or the FTC) know.

20. Don't jump the gun in jointly negotiating.