

Aspect	CIN	PHO	IPA	ACO
<b>Structure</b>	Provider network sharing information to improve care and reduce costs.	Collaboration between hospitals and physicians for care delivery and contracting.	Group of independent physicians for collective payer negotiations.	Providers accountable for quality and cost of care for a patient population.
<b>Risks</b>	High startup costs, ongoing operational expenses, financial losses if cost-saving measures fail.	Risk of hospital dominance, high integration costs.	Decreased individual bargaining power, potential legal challenges due to antitrust laws.	Financial risk from shared savings/losses models, potential penalties for not meeting benchmarks.
<b>Benefits</b>	Improved patient care coordination, potential for better reimbursement rates.	Increased negotiating power with payers, integration of services.	Enhanced contracting power, preservation of practice autonomy.	Shared savings, potential for higher reimbursements, improved patient outcomes.
<b>Financial Upside</b>	Shared savings, performance bonuses, higher reimbursement for quality care.	Enhanced reimbursement through integrated services, improved hospital service utilization.	Improved contract rates from collective bargaining, access to value-based contracts.	Retention of savings, bonuses for meeting quality metrics.
<b>Downside Financial Risk</b>	Financial losses if cost reductions not achieved, investment in infrastructure may not yield expected ROI.	Financial losses from inefficient integration, misalignment of hospital-physician financial goals.	Reduced income due to administrative costs, potential for reduced fee-for-service payments.	Financial penalties for not meeting cost and care benchmarks, investment in infrastructure without guaranteed returns.
<b>Barriers to Success</b>	Integration complexity, EHR compatibility, provider buy-in.	Aligning hospital and physician goals, managing joint venture complexities.	Compliance with antitrust regulations, maintaining physician autonomy.	Meeting cost and quality targets, coordinating care across providers, patient engagement.
<b>Physician Behaviors for Success</b>	Active participation in shared protocols, adoption of EHRs, engagement in quality improvement.	Collaboration with hospital leadership, alignment on goals, commitment to joint decision-making.	Participation in collective negotiations, adaptability to contract changes, engagement in IPA initiatives.	Engagement in coordinated care, commitment to quality benchmarks, adaptation to risk-sharing models.
<b>Physician Behaviors Leading to Failure</b>	Resistance to data sharing, lack of commitment to clinical integration, reluctance to change practice patterns.	Dominance of hospital interests, lack of collaboration, resistance to integrated care models.	Reluctance to adhere to collective decisions, prioritizing individual goals over group objectives, non-compliance with contracts.	Resistance to new care models, reluctance to performance measurement, non-participation in risk-sharing initiatives.