

THE COLLABORATIVE PAYER MODEL: FIVE LESSONS FOR ACCOUNTABLE CARE



Accountable care offers the nation's ailing health care system new hope — but it isn't a new idea. For the past decade, health systems, payers and providers across the country have been practicing accountable care principles through initiatives such as the Collaborative Payer® Model, a care delivery innovation jointly developed by a payer and provider that approximates an accountable care organization.

The Collaborative Payer Model achieves proven results against the Triple Aim *Plus One*: better health outcomes, lower costs and improved patient *plus* physician satisfaction. Its success offers five valuable lessons for today's government-sponsored and private-sector accountable care organizations:

- ✦ **Lesson one: Invest in an operational assessment** — Shape your comprehensive plan for transforming your enterprise based on an assessment of provider culture, strengths, weaknesses, opportunities, and threats. Listen first. Transform second.
- ✦ **Lesson two: Engage physician champions** — Position your plan as an ally of the providers. Add physician satisfaction to the accountable care Triple Aim of improving quality, reducing cost, and enhancing patient satisfaction.
- ✦ **Lesson three: Choose appropriate incentives and initiatives** — Establish reimbursement models that reinforce positive behaviors while eliminating costly behaviors that yield no significant clinical benefit. Select initiatives that allow for quick wins while addressing stakeholder pain.
- ✦ **Lesson four: Use technology wisely** — Examine what technology, tools and training an accountable delivery system must have to ensure that physicians can provide high-quality, coordinated patient care in a cost-efficient manner. Make sure that technology delivers necessary data at the point of care and eliminates burdens in addressing clinical quality metrics and gaps in care.
- ✦ **Lesson five: Keep patients satisfied** — Transform your organizational culture to prioritize the human element of care. Pursue operational excellence to automate tasks where possible, giving providers more time to focus on patients. Happy patients are accountable patients.

This paper explores these five lessons and provides real-world examples of their success.

“Accountable care is a retooling of the reimbursement model with a very tight association between the payments and clinical outcomes. Providers considering an accountable care business model are going to have to become their own payer or align with a Collaborative Payer. We enable either decision to happen while allowing them to achieve the needed economic and clinical outcomes for them to be effective at accountable care. The old labels of payers and providers are not helpful; the distinction goes away in a true accountable care organization, whether it be vertically integrated or virtual.”

—W. Michael Long, Chairman and Chief Executive Officer, Lumeris



LESSON ONE: INVEST IN AN OPERATIONAL ASSESSMENT

- ✦ In accountable care, one size does not fit all. Shape your comprehensive plan for transforming your enterprise based on an assessment of your culture, strengths, weaknesses, opportunities, and threats. Listen first. Transform second.
- ✦ A complete assessment considers accountable care readiness and capabilities and helps you understand current performance and organizational initiatives.

ANALYZE PROVIDER GROUP'S READINESS AND CAPABILITIES

Leadership and governance

Organizational structure

Provider engagement

Infrastructure and technology in use

Primary population served

UNDERSTAND HISTORIC AND CURRENT PERFORMANCE AND ORGANIZATIONAL INITIATIVES

Financial performance

Payer and risk experience

Quality and care management programs

Compensation structure



LESSON TWO: ENGAGE PHYSICIAN CHAMPIONS

- ✦ With up to 40 percent of physicians considering leaving the profession before full implementation of The Patient Protection and Affordable Care Act in 2014, it's vital now more than ever to ensure doctors are engaged and satisfied. To this end, position your plan as an ally of the providers. Add physician and staff satisfaction to the accountable care Triple Aim of improving quality, reducing cost and enhancing patient satisfaction.
- ✦ Empower physicians as champions for the accountable care initiative. In the short term, this requires them to live in two worlds: championing the value-based model while still largely working under a volume-based model. In the long-term, however, supporting the value-based model will enable providers to care for patients as they intend, without the "hamster wheel" demands of volume-based care.
- ✦ To successfully engage providers, involve them in key decisions from the outset: operational assessments, benefit plan design, incentive contract development, day-to-day communication and regular executive meetings, and other key communications and decisions.

We pair network providers with health plan representatives who work closely to help engage physicians, manage day-to-day activities and identify and address longer-range issues. For example, the health plan representatives help physicians understand the fundamentals of the accountable care program, monitor success against contract metrics, and manage the flow of paperwork for prospective health assessments.



LESSON THREE: CHOOSE APPROPRIATE INCENTIVES AND INITIATIVES

✦ Establish reimbursement models that reinforce positive behaviors while eliminating costly behaviors that yield no significant clinical benefit. Select initiatives that allow for quick wins while addressing stakeholder pain.

✦ Incentives should:

- Reinforce enterprise goals
- Be meaningful
- Drive adoption of technology
- Reward behavior that supports the evolution of risk

✦ There are six types of behaviors to incentivize:

- Care access and delivery (e.g., same-day appointments available, established patients seen at least once per year)
- Quality management (e.g., breast cancer screenings, fall-risk assessments)
- Cost and utilization management (e.g., generic fill rate, follow-up with high-risk patients to reduce hospital readmission rate)
- Patient satisfaction (e.g., disenrollment rates, results on patient surveys like HEDIS and CAHPS)
- Administration (e.g., use of EMR or provider portal, data exchange)
- Compliant documentation (e.g., training on assessment, documentation, and coding; complete prospective assessments)





LESSON FOUR: USE TECHNOLOGY WISELY

- ✦ Examine what technology, tools and training an accountable delivery system must have to ensure that physicians can provide high-quality, coordinated patient care in a cost-efficient manner. Make sure that technology delivers necessary data at the point of care and eliminates burdens in addressing clinical quality metrics and gaps in care.
- ✦ Accountable care organizations require health information technology to aggregate data across the continuum of care, identify opportunities to improve clinical and financial performance, provide clinical decision support at the point of care, and offer coding and billing support for providers and their office staffs.
- ✦ When choosing technology, make sure you understand what data it integrates. It should incorporate claims data, EMR encounter data and third-party data from pharmacy, labs and other vendors.

In a plan with performance measurement and assessment challenges, we implemented the transformational Accountable Delivery System Platform (ADSP)[®] technology to enable clinical and financial transparency, and then trained providers to analyze ADSP information for understanding and improvement in practice performance. The ADSP incorporates data from across the continuum of care to provide a complete view of patients and patient populations, without significant disruption to the office workflow.



LESSON FIVE: KEEP PATIENTS SATISFIED

- ✦ Transform your organizational culture to prioritize the human element of care. Pursue operational excellence to automate tasks where possible, giving providers more time to focus on patients. Happy patients are accountable patients.
- ✦ Use CAHPS scores and other satisfaction metrics to drive improvement efforts. Choose initiatives based on the major drivers of patient satisfaction, and provide training to physicians on the behaviors and communication that are patient satisfiers. Strong patient-provider relationships help improve care quality and bring down costs, as patients are more likely to respond positively to provider recommendations (e.g., choosing an in-network specialist vs. choosing one outside the accountable care network, taking a watchful waiting approach vs. immediately getting expensive tests, trying a generic drug).
- ✦ Methods to improve patient satisfaction include:
 - Strong patient-provider relationships (e.g., patients feel like part of care process, build trust/credibility)
 - Patient-centered office administration (e.g., same-day sick or urgent visits available, ability to reach office/provider via phone and e-mail)
 - White-glove customer service (e.g., representatives listen to patient concerns and successfully resolve issues to their satisfaction)
 - Reinvestment in care delivery (e.g., take cut of the savings to enrich member benefit plans)

We developed a model where customer service representatives are cross-trained to answer questions from patients and providers and regarding claims adjudication. This means when a patient or provider calls with a claims question, the representative can investigate and correct the action on the spot — no need to transfer departments, make multiple phone calls, and so on. The representatives are empowered to solve problems within the company's policies regardless of the dollar value of the issue or how long it takes.

