



Robert Wood Johnson Foundation

**LEAVITT**  
PARTNERS

# Overview: Defining High-Value Partnerships for Accountable Care

A leader's guide to potential partner assessment

## INTRODUCTION

As the health care industry moves toward population-based models of care, providers are seeking partnerships to help manage the continuum of services. Many will rely on existing partnerships while others will need to develop new relationships. This series of seven briefs is designed to give provider leadership guidance on how to begin that evaluation process in a time when performance data is scarce and not always the best indicator of long-term compatibility. The research for this project included: 1) A literature review to assess what experts consider to be attributes of a high-value health care organization, 2) A synthesis of existing high-value criteria to determine areas of industry consensus, 3) Expert panel review of the high-value criteria synthesis and a list of provider categories to which they could be applied, and, 4) Development of a decision-making framework for ACOs in search of provider partners. Expert panelists also reviewed and refined the decision-making framework. After the list of provider categories was developed, interviews were conducted with various ACOs and relevant provider associations reflective of those categories to solicit feedback and direction on provider-specific evaluation criteria.

## DECISION-MAKING FRAMEWORK

Once an organization has committed to the idea of contracting with a purchaser for the total cost and quality of a specified population, consideration must then be made as to how the care spectrum will be covered.

### Step One: Evaluate Population Needs

Population management strategies have proven less effective when they fail to take into account the varying needs of the patient population. Notwithstanding individual variation, general categories of patients emerge which give general direction on specific care coordination protocols, patient engagement strategies, and other elements of better care management. Often times these categories emerge based on which payers are willing to engage in value-based contracting. Demographic and geographic considerations will also provide opportunities for an ACO to evaluate their population's specific health needs.

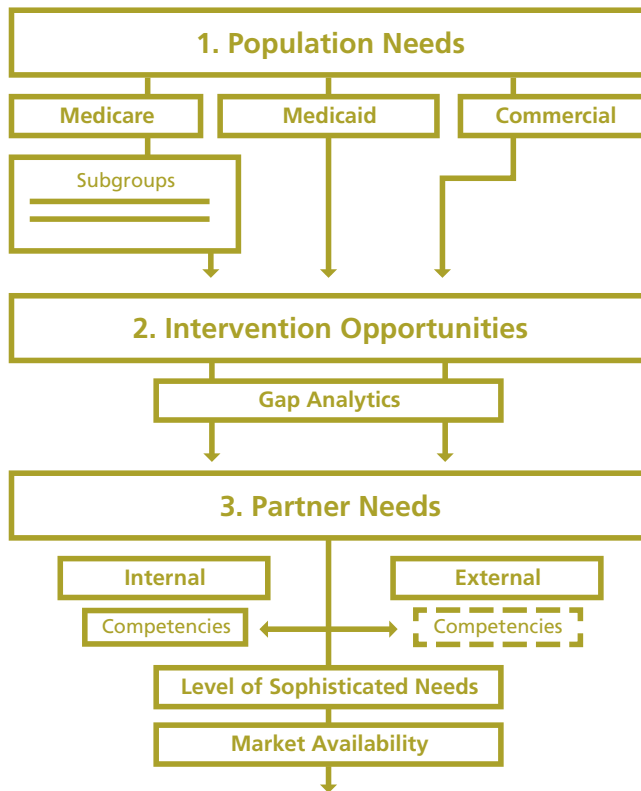
### Step Two: Evaluate Intervention Opportunities

The next step is to identify and assess opportunities to intervene and eliminate or address any risks the population faces. An ACO must also look at the entire continuum of care and evaluate non-clinical intervention opportunities that will affect health outcomes such social support services. This process will allow ACOs to determine what skillsets, capabilities, and resources would be necessary to effectively ameliorate the identified concerns.

### Step Three: Evaluate Partner Needs

Once a determination has been made as to what gaps need to be filled, attention can simultaneously be turned to specifically evaluating what level of sophistication is needed in the partner and assessing what is available in the market. An ACO's long-term competency development strategy will determine what level of sophistication is needed in a partner, but ultimately each market will have a unique pool of providers with varying abilities that will have a major effect on the decision-making process.

## ACO Partnership Framework



## HIGH-VALUE PROVIDER EVALUATION

The value of health care is typically measured by how much an organization spends in order to achieve good patient health. However, few markets currently have the data necessary to effectively make such determinations. Additionally, quantitative factors can change over time, while many qualitative, even cultural, factors are more difficult to transform. One alternative is to look at which organizations are operating in ways that are conducive to high-value care. Fortunately, there is some degree of consensus as to what types of activities and competencies must be carried out and developed in order to ensure "high value" care. Based on our research, we identified the following high-value domains:

 <b>PATIENT CENTEREDNESS</b>	<p>The organization’s clinical and business processes reflect a deep commitment to creating a health care system designed around the patient.</p>
 <b>HIGH-VALUE CULTURE</b>	<p>All levels of the organization demonstrate an internally motivated commitment to excellent patient outcomes (quality) that are achieved at the lowest possible cost.<sup>1</sup></p>
 <b>SYSTEM &amp; PUBLIC ACCOUNTABILITY</b>	<p>The organization can account to internal and external stakeholders the cost and quality of care, and is transparent in its approach for quality improvement.</p>
 <b>TEAM-BASED CARE</b>	<p>All employees can work collaboratively within multi-disciplinary care teams and with those outside the system to provide comprehensive, integrated, and coordinated care.</p>
 <b>HEALTH INFORMATION TECHNOLOGY SYSTEMS</b>	<p>The organization has “[information] systems that capture the care experience on digital platforms for real-time generation and that deploy defined processes of care along the care continuum for quality improvement.”<sup>2</sup></p>
 <b>PERFORMANCE IMPROVEMENT SYSTEM</b>	<p>The organization is capable of refining “complex care operations and processes through ongoing team training and skill building; systems analysis and information development; and creation of the feedback loops for continuous learning and system improvement.”<sup>3</sup></p>
 <b>FINANCIAL READINESS</b>	<p>The organization has demonstrated experience in, is currently under, or is ready to engage in value-based contracting.</p>

## PROVIDER PARTNER CATEGORIES

Financial incentives are causing providers to move beyond traditional methods of care delivery and also beyond the typical pool of provider partners and the customary classifications which revolved around areas of specialty and practice settings. A more effective health care system will assuredly move away from provider-centric categorization schemes toward more patient-centric descriptions based on common care pathways. The six provider types (see Table 1) used for this series of briefs were selected to represent the current health care system but also the “expanded” health care system; it is not, however, meant to be an exhaustive list of the providers needed in an ACO but rather the most commonly needed partners.

The remaining six briefs in this series offer evaluation considerations for ACOs interested in pursuing partnerships with various types of providers. Additionally, each provider-focused brief contains a summary table of high-value characteristics and associated metrics to aid ACO leaders in their assessment of these qualitative attributes.

## HIGH-VALUE PROVIDER CATEGORIES

1. Primary Care
2. Hospital
3. Specialist
4. Pharmacist
5. Behavioral Health
6. Post-Acute Care

1. Introduction to Quality Assurance in Health Care, Avedis Donabedian. 2. Organizing The U.S. Health Care Delivery System for High Performance, Commonwealth Fund. 3. *Ibid.*