

## Relationship Issues

**Creating a mutually satisfying and beneficial contract is hard, but a good payer-provider relationship makes it a lot easier.** Partners need to be willing to communicate openly and frequently about all aspects of program planning and implementation. Partners need to build trust, understand why they each want to engage in this work, and show an appreciation for the pressures and priorities that impact the other organization.

### 1 Listening, transparency, empathy, and collaborative problem solving are highly valued.

- ▶ Many California Health Care Foundation payer-provider partnership participants noted the importance of having a partner who approaches contracting with a spirit of collaborative problem solving. Successful partnerships developed a shared expectation that “things won’t run perfectly” and that the parties needed to collaborate to find solutions. Participants viewed flexibility and accessibility as essential, especially once services launched. Providers emphasized the need to have rapid access to their payer counterparts to iron out clinical and operational issues impacting care delivery, such as difficulties accessing medications, supplies, or services for their patients.
- ▶ “Flexibility,” “creativity,” and a “can-do attitude” were identified as characteristics

and abilities essential to a successful relationship. Participants valued partners who showed openness to being innovative and possessed an accompanying commitment to navigating the problems that surface when something new is piloted. The extent to which the payer-provider relationship was grounded in trust and flexibility was noted as a predictor of success.

- ▶ Problem solving in the setting of a new service requires all parties to be alert to unexpected events and challenges, and to be on top of the details and critical processes that need to be completed to move a project forward. Consistent follow-up on action items was a valued quality for individuals and organizations.
- ▶ Participants noted the importance of maintaining open communication and a willingness to work together to address differences in expectations. As one participant noted, “Don’t beat around the bush when there’s a concern; it is essential to communicate (ideally in person) about a problem. This stuff is too important to not be direct.”
- ▶ Creating a contract and launching a new service are tough tasks, so a positive outlook was valued. Participants noted the importance of having a spirit of “we’re going to make this work” and determination to “not let difficulties squash the team’s spirit.”

- ▶ While recognizing that both sides of the partnership are aligned with a mission to care for seriously ill patients, both parties need to convey empathy for, or at least knowledge of, the priorities and pressures that impact the other party. This can require avoiding or letting go of an “us versus them” mentality — which can be difficult if parties disagree on core contract components, especially payment amounts.

### 2 Organizational culture influences relationships.

- ▶ Differences in the size and corporate culture of payer and provider organizations are likely to impact relationships. Many aspects of how individuals function within the payer-provider partnership will be dictated by organizational culture, and partners should be aware of how these cultural differences impact the way they work together.
- ▶ Smaller provider organizations are usually able to implement changes or reach decisions relatively quickly. Larger organizations, whether payers or providers, tend to have complex processes where approvals must be sought through standardized (and potentially multistep and rigid) processes. Larger organizations are also more likely to be somewhat diffuse; it can be harder to figure out who needs to be involved in any given decision, and it can take time for a decision to be made

or for a change to be implemented. When assessing the quality of the relationship, it can be useful to distinguish circumstances or situations that are the result of individual behaviors from circumstances or results that are the product of the larger organizational culture.

### 3 It takes time to build relationships.

- ▶ Partners need time to build trust in one another, to understand why they each want to engage in this work, and to be open about the impact of different approaches to care delivery, data collection, payment amounts, and other key processes. As one participant put it, “It is a process, not an event. . . . We’re still working things out after two and a half years.”
- ▶ Both payers and providers that found new partners during the project period noted that they had to repeat the relationship-building process — the early process steps could not be skipped, even if both parties had some experience contracting to deliver palliative care. As a participant noted, “Just because you are more knowledgeable . . . doesn’t necessarily mean you can go (a lot) quicker when contracting with new partners. . . . There is a relationship, contract-building process that . . . has to happen — you can’t skip that part.”

---

#### What are the most important characteristics you look for in a potential community-based palliative care partner?

##### PROVIDERS

*“Willingness to invest time in relationship building, getting to know each other as people.”*

*“That they are collaborative and flexible, able to appreciate the perspective of a small partner.”*

##### PAYERS

*“Ideal partner characteristics would be an ability to take in information from many perspectives (vision and mission plus practical information about service delivery nuts and bolts, and the environment), including an ability to appreciate the perspective of a payer partner.”*

*“Relationships that care teams have in service areas are key; if they have them in place they can hit the ground running; otherwise, they are likely to struggle.”*

---

#### What are characteristics that might be predictors of a poor fit?

##### PROVIDERS

*“As we brought issues to the forefront (big and small) the plan was always willing to engage in a conversation — to hear from our perspective how a contract requirement would impact care. Even if the plan didn’t agree, it was important to us that they were willing to have that collaborative conversation. Not seeing this kind of openness would be a huge red flag; a payer that just says, ‘This is the way we do it’ would be a difficult partner.”*

*“Rigid, no appreciation of provider side, poor understanding of palliative care principles and target patients.”*

##### PAYERS

*“I try to get a sense during early meetings whether they are comfortable taking risks, if they have demonstrated an ability to think differently, and if they have a record of implementing innovations. An absence of such characteristics, history, or a rigid attachment to their own model of care delivery would indicate a poor fit.”*

---

#### TOOLS AND RESOURCES

This paper is part of a series on payer-provider partnerships in palliative care. To read the rest of the lessons, visit [www.chcf.org/payer-provider-lessons](http://www.chcf.org/payer-provider-lessons).