

# Quick Tips for Successful Partnerships

LESSONS LEARNED FROM CHCF PAYER-PROVIDER PARTNERSHIPS FOR COMMUNITY-BASED PALLIATIVE CARE

Each lesson learned is available at [www.chcf.org/payer-provider-lessons](http://www.chcf.org/payer-provider-lessons)

## LESSON ONE

### Initial Engagement

Payers and providers should take the time upfront to communicate openly, sharing information about organizational characteristics, goals, and priorities.

Invest in the beginning	Be open about goals, priorities, and pressures	Discuss resources, expectations, and past experiences	Expect complexity and to revisit plans over time
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## LESSON TWO

### Defining the Eligible Population

The clinical, operational, and social criteria used to define the target population will influence the number of potentially eligible patients, the number that are referred, and the types of supports that need to be delivered.

Be intentional in defining the target population	Understand the needs of the target population	Appreciate how eligibility will be assessed and by whom	Anticipate how eligibility criteria will impact volume, costs, and outcomes
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## LESSON THREE

### Promoting Appropriate Referrals

Both payer and provider share responsibility for getting the right patients to the service.

Use all your assets: data resources and human resources	Plans and palliative care providers should engage with referring providers	Expect significant time investment	Initial referral volume may be low and may increase slowly
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## LESSON FOUR

### Service Design and Operational Issues

The clinical model and operational processes adopted by the partnership will impact care quality, patient and family satisfaction, care team satisfaction, and costs, so thoughtful attention to detail is essential.

Align care model, patient needs, and desired outcomes	Specify expectations and boundaries	Consider approaches to increase efficiency	Look for and address operational challenges
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## LESSON FIVE

### Payment Issues

Determining the right payment mechanisms and amounts requires that both payer and provider have a solid understanding of care delivery costs.

Understand costs and cost drivers	Anticipate negotiation and renegotiation	Consider layering payment mechanisms	Financial negotiations can be difficult
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## LESSON SIX

### Metrics and Assessing Impact

The right metrics are the ones that are feasible to implement and that meet the information needs of both the plan and the provider organization.

There is no standard set of metrics for community-based palliative care	The right metrics are the ones that work for both parties	Consider data access and collection burden	Plans and providers can share the burden
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## LESSON SEVEN

### Monitoring and Modifications

Achieving and sustaining balance across three critical areas — provider effort/cost of care delivery, payment amount, and desired outcomes — requires ongoing attention to program functioning and a willingness to revisit multiple aspects of program design and operations.

Successful contracts have balance across effort, payment, and outcomes	Set yourself up to recognize and address imbalances	Expect changes when transitioning from pilot to sustained program	Not every pilot will be sustained
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## LESSON EIGHT

### Relationship Issues

Creating a mutually beneficial contract can be really hard. A good payer-provider relationship makes it a lot easier.

Empathy, transparency, and collaborative problem-solving are valued highly	Recognize that things won't necessarily go as expected	Organizational culture influences relationships	It takes time to build relationships
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