# Quick Tips for Successful Partnerships

**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 |

**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 |

**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 |

**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 |

**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 |

**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 |

**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 |

**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 |