

How Employer/Purchasers Evaluate Delivery Systems & Provider Network Performance

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National Alliance
of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Today's presenters



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Methodology & Participants

CAPP commissioned a researcher to moderate 5 listening sessions co-hosted by regional employer/purchasers and multi-stakeholder coalitions. Participants included public and private employer/purchasers from 100 covered members to 100,000+.



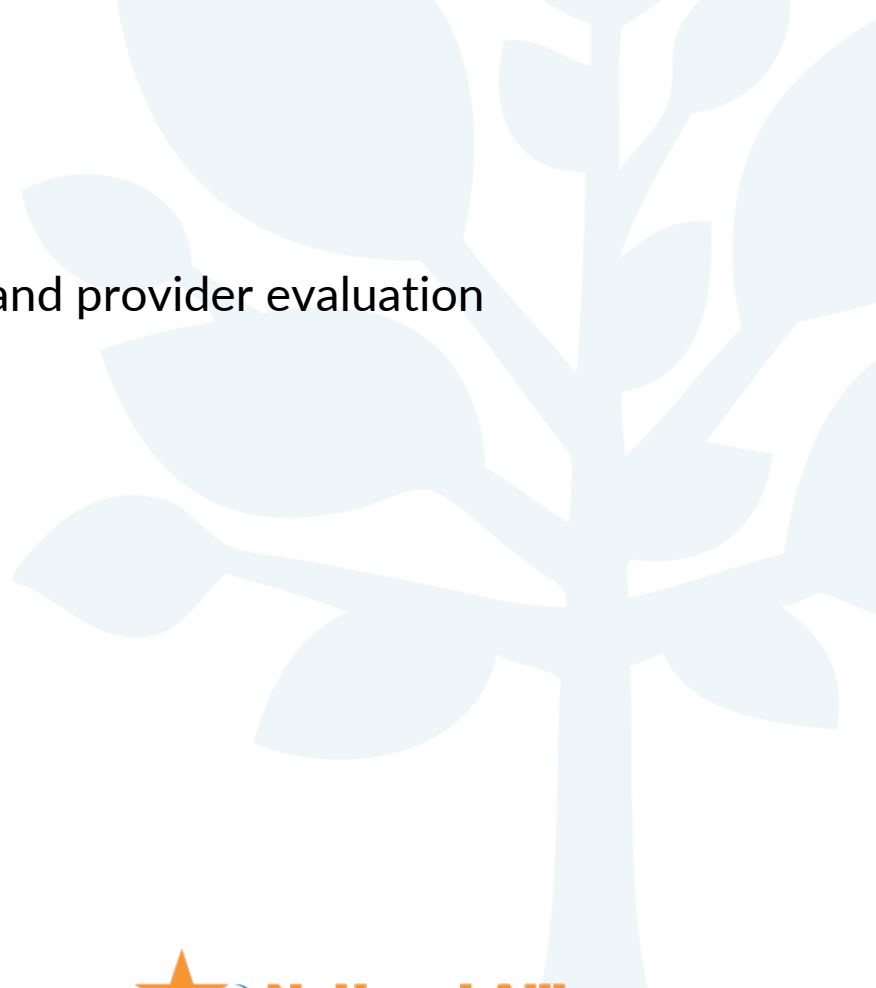
Key Research Goals

1. Learn how employer/purchasers evaluate performance of delivery systems and provider networks to make purchasing decisions
2. Understand how current trends in care delivery reform are perceived
3. Understand employer/purchasers' care delivery goals for their covered members
4. Identify the care delivery gaps between what the employer/purchaser wants and what they're getting
5. Understand the barriers and constraints in actively shaping provider networks to solve problems



Today's focus

- Factors that affect purchasing decisions and provider evaluation
- Gaps in care delivery and experience
- Challenges working with providers



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Employer/purchasers' health care goals

- All want coordination, seamless personalized patient experience
- Prevention instead of crisis
 - “system mostly works when you’re sick, but doesn’t keep you healthy”
- Access: want members to be able to get timely care, appt with PCP (especially in rural areas), behavioral health and specialists
- Total health: “holistic” includes behavioral health and how that impacts other health difficulties
- High quality, evidence-based care
- Affordability



Factors affecting purchasing decisions and provider evaluation



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How employer/purchasers evaluate plans and networks

- Network design
 - Feel limited ability to create a custom provider network and change benefit design, therefore need consultants or rely on networks controlled by carriers
 - More feasible to use tiered networks or centers of excellence
- Measurement/quality
 - Most don't have data, staffing or resources to evaluate provider quality
 - Employer/purchasers focus on utilization, total cost, member feedback/satisfaction and geographic coverage in lieu of quality metrics
 - More comfortable adding new care options than removing ineffective ones

How employer/purchasers evaluate plans and networks cont'd

- Consultant relationship
 - Large public and private employer/purchasers are more involved with provider selection than small and mid-sized purchasers
 - Large employer/purchasers hire multiple consultants and some conduct in-house analyses to balance consultant bias
 - When asked if they trust consultants, expressed skepticism overall
- Often assess quality of providers the way patients do: Yelp, word of mouth.
Do pay attention to local provider ads
- No way to assess what's working; only what's not
- Employer/purchasers want assurance that the payment aligns incentives properly
- Understand that FFS payment method is a problem



Gaps in care delivery and experience



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Lack of care coordination

- People have problems managing their own care and navigating the system; employer/purchaser acting as patient care navigators
- Care coordination resonates with employer/purchasers as a “must have” but rarely delivered service
- Highlighted the need for navigators and advocates to assist members with both care/case and financial management
- Want physicians to navigate and coordinate care with benefits
- Want to better understand the local patient care journey
- Want concerns taken care of all at once; not through multiple appointments

We've shifted a lot of decision making and flexibility to the patient, but they need the tools and the knowledge to make good choices.

Limited access

- Need better access to specialists, especially in rural areas
- While care needs vary based on workforce demographics, location, all identified a lack of access to behavioral health care that is growing worse
- Would like telehealth options when clinically appropriate, along with other convenient care options outside of regular business hours

We're a statewide plan, so access to care is huge. There's very few that can play in our market for statewide access, because rural health is a huge challenge.

Other gaps in care delivery

- Concerned about overtreatment: what drives overutilization?
- Employer/purchasers try to fill care gaps with third-party vendors, like patient advocacy services

Gaps in patient experience

- Want better ongoing relationships with care team
- Members cannot get the information they need when they need it
- Ease of appointments and wait times
- Employer/purchasers and covered members can't determine costs; why all the variability in cost?
- Want simplified billing, with upfront estimates of out-of-pocket costs for recommended care, no surprises and easy-to-understand

It's not easy for them to understand, who is a quality provider? Because unlike in other industries, you can't associate cost with quality.

Challenges working with providers: What employer/purchasers and coalitions can do



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Barriers and constraints

External

- Lack of trust with all players
- Lack of metrics and knowledge
- Gag clauses
- Market dominance by health systems and/or insurance carriers

Internal

- Pressure to provide the broadest choice and network(s) possible
- Barriers to telemedicine adoption
- Members often don't want their employer or labor union trust to have detailed health info about them
- Collective bargaining may constrain rapid decision making and innovation

Opportunities for employer/purchasers

Benefit design

- Is your benefit design aligned with your goals for access, convenience, clinical quality, managing overutilization, etc.?
- Try out high-performing networks through “tiering” and “steering”

Vendors

- Are your vendor “add ons” valuable? Can providers offer these services at point of care, as part of an integrated care experience?
- Physician partners might help you select high-value vendors but be wary of provider-owned that they may be “self-promoting”
- Request proposals from local physician groups when looking for new services or solutions



Opportunities for employer/purchasers cont'd

Get to know providers directly

- Build relationships with physician groups based on mutual transparency and then engage physician leaders directly to evaluate cost and quality data
- Ask physician groups if they can extend their models to serve smaller towns/population centers
- Joint management-labor action: involve employer/union leaders in data analysis and evaluation; consider joint visits to physician groups and health systems



Opportunities for coalitions

- Provide opportunities for members and physician groups to have transparent conversation
- Educate and guide to find high-value providers, local innovations and share information on quality, cost, national trends
- Help design alternative payment models with common quality measures, definitions
- Support finding vendors and negotiating price



Questions?

Please submit through the questions box



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