Payer Provider Collaboration: Are we ready for Clinical and Financial Decision Making at the point of care?

Holly Toomey, RN, BS, HCA
Director, Product Management
McKesson Health Solutions
May 6, 2014
What is Collaboration?

**COLLABORATION:**
Two or more people working together towards shared goals
Objectives

By the end of this session you will understand how

• Trends in health care for payers and providers are driving a need for efficiency in payer provider collaboration.

• Technology can streamline clinical and financial decisions between payers and providers, ultimately putting those decisions at the point of care to enable an informed interaction with the patient.

• These technologies give providers the ability to answer questions about whether the care is appropriate, whether it is covered, how much it will cost and even where it should be provided.

• The traditional utilization management process between a payer and provider will serve as a tangible study for this transformation.
Payer-Provider Collaboration

Agenda

• Payer-Provider Trends

• Solutions to Date

• What are our challenges?
HEALTH CARE TRENDS
Payers and Providers

Payer Challenges

Provider Challenges

4 Macro Challenges: Driving pain for both Providers & Payers
Health Care Trends

Payer Challenges

1. “Leading People Confidently Through Major Change”

2. “Streamlining our operations so we can maximize every health care dollar”

3. “Impacting Care Decisions Before Care Is Delivered”

4. “Navigating & Nurturing Complex Provider Relationships”

5. “Confidently Scaling Multiple New Reimbursement Models & Networks”
Health Care Trends
Provider Challenges

1. “Staying Alive In This Time Of Unprecedented Financial Pressure”

2. “Utilizing Our People As Efficiently As Possible Amidst All Of This Change”

3. “Understanding The Financial Consequences Of Clinical Decisions In Real-Time”

1. “Managing The Cost Of Juggling The Old And The New”

2. “Dealing With The Changing Consumer Landscape & Evolving Consumer Roles”

3. “Shifting Our Paradigm To Collaboration”

4. “Enduring The Pressure Of Unrelenting Regulatory Changes”
Payer Provider

Macro Challenge 1

“Managing The Cost Of Juggling The Old And The New”

Having two feet in separate canoes makes it costly to move forward: FFS continuing to exist, VBR / multiple new reimbursement models coming into play & the roles in healthcare changing to support these.
Increased patient volume and higher-risk patients entering the system means more risk and unknowns for everyone. How should they alter their networks and reimbursement models? How should they engage patients who are more involved in their own health? What are the implications of HIX?
# Payer Provider Trends

## Patients versus Consumers

<table>
<thead>
<tr>
<th></th>
<th>Patients</th>
<th>Consumers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of engagement in decisions about their treatments</td>
<td>Low: depend on physicians to make decisions on their behalf</td>
<td>High: depend on physician recommendation and personal verification</td>
</tr>
<tr>
<td>Level of awareness of treatment options and associated costs</td>
<td>Low: depend on physician opinion</td>
<td>High: depend on online tools and social media</td>
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<tr>
<td>Source of trust in providers they use</td>
<td>High: based on personal experiences and word-of-mouth</td>
<td>High: based on personal experiences and comparison shopping</td>
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<tr>
<td>Primary unmet needs</td>
<td>Access within a reasonable timeframe + personal attention</td>
<td>Value: access + service delivery + outcomes + cost</td>
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<tr>
<td>Unmet need from insurance plan sponsor</td>
<td>Large networks of providers to enhance access and convenience + manageable out-of-pocket costs</td>
<td>Narrow networks of high-performing (high-value) providers + predictable costs</td>
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“Shifting Our Paradigm To Collaboration”

New models, new attitudes, new systems, new roles - payers and providers haven't had to interact with each other like this before, nor have they had to interact with patients this way.
“Enduring The Pressure Of Unrelenting Regulatory Changes”

Both markets are always behind the 8-ball with the ongoing regulatory changes and tight timelines. Right now the ACA, HIX & ICD-10 are really putting the pressure on both payers and providers.
PAYER PROVIDER COLLABORATION
SOLUTIONS IN THE MARKET TODAY
Payer Provider Collaboration

What makes for a successful collaboration tool?

Success requires Automation, Understanding

Understand current evidence; evaluate variances by patient, provider, product, and plan

Make changes to enhance, incentivize optimal care delivery quality and cost

Exception-based approach to focus care interventions, resources

...a shift to a collaborative exception-based UM model
Choosing the Right Intervention for Value

*Based on provider performance and strategic objectives*

Diagram showing the process of choosing the right intervention for value, based on provider performance and strategic objectives. The diagram compares different interventions by their administrative burden and time taken.

- **Approve All**
  - Identification: 0 time
  - Auto Auth/UM: 2 min.

- **Reject All**
  - Manual Review: 2 days/2 wks

- **Low Admin Burden**
  - Identification: 0 time
  - Auto Auth/UM: 2 min.

- **High Admin Burden**
  - Identification: 0 time
  - Auto Auth/UM: 2 min.
  - Manual Review: 2 days/2 wks
Payer Provider Collaboration

Solutions in the Market Today

• Payer Portals
• Cross Payer Portals
• Faxing
• Telephone
• Mail
PAYER PROVIDER COLLABORATION

Audience Discussion: What are our challenges and barriers to achieving Payer Provider Collaboration?
Payer Provider Collaboration

Audience Discussion

• What type of solutions are working today?
• What efforts aren’t working today?
• What is needed to truly drive payer provider collaboration?
Payer Provider Collaboration

Questions