

In this exclusive 3-part series, we're gathering insights from industry experts on the current evolution of payer-provider partnerships in today's health care marketplace.

Our first piece featured a conversation with Greg Baumer, Chief Growth Officer for naviHealth, and Dr. Jennifer Terrell, Chief Medical Officer for naviHealth. In the second piece, Marilyn Denegre-Rumbin of Cardinal Health shared her perspective. Now, Janet Tomcavage, RN, MSN, and Chief Population Health Officer of Geisinger Health Plan—based in Danville, PA— wraps up the series to lend her point of view on payer-provider partnerships: past, present, and future.

The Return, and Revision, of Payer-Provider Partnerships

As the other experts in this series affirmed, despite their recent increase in prevalence, payer-provider partnerships are nothing new. However, they do have a new look, and Janet Tomcavage believes today's partnerships reflect a "level of urgency" among the players.



Janet Tomcavage

"In the relationships to date and strategies underway (in ACOs, be it commercial, private, or Medicare levels), I'm not sure we've seen the outcomes we all feel we need to see for accomplishing the Triple Aim—that is, cost of care management, best outcomes, and the right experiences for patients on the medical journey," says Tomcavage.

One reason for the transition? Tomcavage suggests a cultural shift from the perspective of health care in the 1980s. The approach to cost of care was from a traditional perspective of Utilization Management (UM) levers—that is, putting something on a denial or pre-cert list, she says. "That type of managed care didn't work well."

Then, the industry moved into different care models but still didn't fully achieve the desired outcomes. Tomcavage credits the segmented, "in pieces" approach to implementation as the primary barrier. Across the industry, all flavors of medical homes have been implemented in the last decade, Tomcavage explains. Although some organizations can probably point to quality of care outcomes, the data on medical homes' impact is mixed.

While Geisinger saw cost impact and improved patient and clinician satisfaction in their medical home models, the nation as a whole didn't see reliable results. Why the discrepancy? Tomcavage states her position: "I'm not sure we went after the right things."

Better Quality, Lower Cost: Focusing on the "Now"

So how can organizations go after the right things to get the outcomes they want (specifically, financial ones, like reducing costs and increasing affordability of health care)? Tomcavage recommends looking at payer-provider relationships in a transformationally different way. “You have to go after what’s driving costs now—people want to see the real-time impact—but you also have to look at what will impact cost in the long-term,” she says.

In 2007, Geisinger successfully focused on the “now” impact, with strategies focused on primary care redesign and the leverage of care management for high risk management. By shining the light on transitions of care and nursing home care delivery to reduce 30-day readmissions, this work demonstrated an immediate impact on quality and cost savings.

Shifting gears to chronic disease management, Geisinger leveraged bundles and the care team to improve management of individuals with diabetes. Over a three-year period, they were able to demonstrate significant reduction in myocardial infarctions, strokes and diabetic retinopathy.

Moving Forward with People, Process, and Technology

As the population continues to grow, and the percentage of programs in the government space (the Medicare or Medicaid markets, for example) nears 60 to 70 percent, there’s even more urgency for reducing medical costs and delivering services in a more efficient manner, says Tomcavage.

When you think about this work of accomplishing both improved quality and lower costs, Tomcavage recommends all organizations start with this question: *How will you move the needle on the health of a population?*

Your approach to managing a population means you have accountability for the whole population, not just the people who show up in the office, says Tomcavage. For example, every day the clinical team at Geisinger Health Plan are accountable for almost 600,000 lives. In addition, provider organizations must now also think in terms of the community in which the patient lives—community and social factors affect health and outcomes. “Clearly defining your population is critical,” says Tomcavage. From there, you can develop a set of strategies and solutions—aligning the right people, right processes, and right technology—to best serve that population. Risk segmentation is also incredibly important, she adds.

Tomcavage offers several ways Geisinger is putting this principle into practice, starting with their patient-centered primary care model. “If we’re doing it right, primary care provides

the foundation for care to a majority of the population,” she says. And by having the right people, processes, and technology in a primary care practice, they’ve actually been able to respond to the aging population as well as the shift to more government business. One particularly effective intervention? Adding more social workers and Community Health Assistants (CHA) to their care team. The CHAs, non-licensed workers, get out into the community to do home visits, and find and align resources for patients—moving the model outside the four walls of a hospital clinic and into the places where patients live.

In concert with their community health workers, they’ve also integrated the use of technology effectively, particularly in their heart failure program for high-risk patients (using Bluetooth scales and vests measuring fluid content by radar, for example). The approach has served them well: Tomcavage reports a significant reduction—as much as 70+ percent in some areas—in ER visits and hospital admissions for high utilization users.

Fresh Food Farmacy: A Geisinger Innovation

For Tomcavage, these successes boil down to thinking differently about population health, and that means thinking beyond just managing the medical needs of a population. “We have to also think about things like transportation gaps, food insecurity, housing, the opioid epidemic,” she says. That’s how payers and providers—and who Tomcavage believes is the third partner, the community—can start realizing the desired quality outcomes and cost impacts of managing population health.

Geisinger’s Fresh Food Farmacy is a creative solution for managing population health by essentially “managing the patient’s life.” In this new program, Geisinger went to a low-income region of the community with a high incidence of Type 2 diabetes and began writing prescriptions for nutritious food. “You can give patients all the insulin in the world, or do a great job of getting them into the clinic, or have them take more medications, but fundamentally, what they eat impacts their health in a larger way than any medicine we give them,” she says.

How does it work? They leverage a health manager, dietitian and a pharmacist in a team setting, engaging patients and providing free food (10 meals a week comprised of fresh fruits and vegetables and lean proteins) for the individual and up to four members of their family. To receive the meals, patients must attend the program’s community education classes, which teaches them fundamentals of healthy cooking and diabetes management. Among the extremely positive outcomes the program has seen: Blood pressure rates have improved. Patients have lost weight, and A1Cs and LDLs have dropped.

Because of the program—and its success beyond just addressing food insecurity and better diabetes management in the community—Geisinger is adding a two-question food insecurity screening in their EHR for all patients who come through their doors. Many other creative community solutions (a backpack program addressing childhood obesity, for example) are also being launched as a result of the Farmacy's transformational work: further proof of the vitally important role that community interventions focused on people, process, and technology can play in forging payer-provider partnerships that make a real difference.