

Roundtable discussion "Tit-for-tat and reciprocity"

By Sherry Glied

The major themes that emerged from this roundtable was the idea that partnerships between providers to improve the patient experience and coordination of care relied on several "currencies," in which both parties, primarily between providers, would be able to benefit.

The first amongst them was the development of a network around risk, involving employers, insurers, and ACOs. For CityMD, this concept derives from the idea that patients visiting them will also have their data and information sent back to their medical "home" and that in return CityMD will continue to benefit from inclusion in insurer networks through their motivations of closing the gaps. An example from Fresenius in the chronic care world includes utilizing nephrologist medical directors to ensure that hospitals continue to include Fresenius within networks.

The second currency was with regards to generating referrals to drive volume and revenue. Referrals to Fresenius rely primarily on convenience as well as physician preference and loyalty. For CityMD, referrals to secondary physicians creates a foundation by which they can manage costs by avoiding the emergency room and creating a revenue stream of their receiving specialist physicians.

The third currency was the sharing of data for parties to manage risk and to improve quality and inform internal management. With CityMD, their data shared between partners such as Mt. Sinai can ensure transparency between both providers as well as reveal opportunities for improvement. For Fresenius, they can shared data with Medicare Shared Saving Program Accountable Care Organizations (ACOs) so that the ACOs can better manage the total costs of care and quality of care, while Fresenius can utilize important clinical data outside of their dialysis treatment centers to optimize the patient's entire care, including various comorbidities, thereby improving quality of care.

The next theme that emerged was around the importance that any reciprocity between firms relied on the ability to make horizontal contracts depending on the competence of another parties vertical management. Signing a contract and service agreement is one thing, but completely relies on another party's ability to deliver on the contract with its own various internal stakeholders with their unique pressures, missions, and visions.

The coordination of care also relied on operational components that leveraged technology. Nedal Shami, recounted how they enabled greater continuity and improved experiences by leveraging their horizontal contracts into a centralized data-based referral system, automating the process and enhancing its efficiency. CityMD would use this system and introduce algorithms that would allow them to rank providers receiving referrals based on ease of access within 1 hour of a referral and service quality as measured by Net Promoter Scores (NPS). However, he acknowledged that many times the last mile would still be carried out between receptionists (jokingly referred to as R2R), to ensure ease of handoff.

All finally expressed the challenges of reciprocity between providers, particularly on the lack of quality indicators to truly judge one another. While the current age of medicine has attempted to drive quality, these indicators are still largely lagging behind the industry's needs and will remain so until sufficient investment is made to enhance it.