For TEAM Success, Collaboration Agreements Must Be a Win-Win for Specialists and Hospitals

written by Theresa Hush | January 8, 2026

The new Transforming Episode Accountability Model (TEAM) targets the highest cost or volume surgeries in the Medicare program. While hospitals bear the financial risk, CMS has created a vehicle to align interests with other providers through Collaboration Agreements that can include financial incentives. How those are structured will be key to the successful alignment—or fracture—of the hospital's implementation of TEAM.

In many Value-Based Care implementations, even in some ACOs, there has been a physician scoring mindset: an assumption that for physicians to change behavior, they need "feedback" on quality and costs using comparative scores with other physicians. But scoring physicians is not collaborative. It presumes fault, a mindset borrowed from payer reports that show ranking of "your cost" versus others. To succeed in TEAM, you should instead start fresh and make TEAM a win-win for both the hospital and specialists.

If physicians feel like they won't be treated well under the Collaboration Agreements allowed by TEAM, they simply won't accept them, leaving the hospital either to fully bear financial risk or potentially lose surgical patients. Scores can't—and shouldn't—shame specialists in TEAM in an attempt to lower complications, costs, and to improve patient recovery. The reality is that the root causes of costs are found everywhere, with hospitals, specialists, aftercare, and patients. In a fragmented environment with different systems and information, everyone adds to total surgical cost of care.

Here's a better, truly collaborative approach: Hospitals and physicians implement an inquiry and learning process based on trusted data and analytics, to identify the sources of cost variation and drivers. Once these factors are understood, the team should then set about constructing communication channels and processes to improve.

In our third free download of TIPS for TEAM, we present collaborative ideas that have worked in Roji's work with Clinical Integration, ACOs, and other client efforts to control costs by providing better and more coordinated care.

We welcome conversations with participants of TEAM who are eager to explore new ideas to resolve costs. We would love feedback on the TIPS you are trying, and your experience. Please share your thoughts: info@rojihealthintel.com.

Founded in 2002, Roji Health Intelligence guides health care systems, providers and patients on the path to better health through Solutions that help providers improve their value and succeed in Risk.

Image: Angelo Casto