ROJI HEALTH INTELLIGENCE TIPS®

6 TIPS for Win-Win TEAM Collaboration Agreements with Specialists

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.

By far, the hospital, surgical team, the patient, and the patient's primary care physician are the major actors in TEAM. Studies show that cost variation in all TEAM procedures is driven by complications that require extended hospital stays or readmissions, or higher levels of service. Some patients come into surgery with medical issues that set them up for complications. The primary care-clinical team communication is an essential part of TEAM success. Following are some best practices in hospital-specialty physician collaboration that should be part of your Agreements:

1. Ensure that your Collaboration Agreements include the full complement of the clinical team, including surgeons, anesthesiologists, and consulting medical specialists. You should be physician-group-focused and include practice administrators as part of the implementation to help physicians.

2. Plan for full aggregation and integration of EHR (both physician and hospital) data and CMS claims data for viewing complete surgical episodes of care. Your data-sharing capability is the most important tool you have for cost control, and data-sharing should be part of every Collaboration Agreement with specialists. Why is the EHR data essential? Can't you just use CMS claims data? No, and here's why: the claims data will lack patient risk and other clinical essentials for your inquiry into costs.

3. As allowed by CMS, consider financing the aggregation of specialty data. Most private practices will not be willing to do this on their own, and the inclusion and evaluation of the specialists' own data will be essential to their trust of the analytics of the surgical episode. There will be boundaries to negotiate.

4. Don't "score" physicians by cost or create analytics that seem to do this. Analytics that focus on specialists rather than the episode itself and its particular cost drivers will feel punitive. Instead, **use your cost variation curve to invite feedback** on improved processes and other solutions.

5. Facilitate prevention of patient complications prior to surgery through advance referrals to primary care physicians (and pre-treatment, when possible). This is your biggest chance to ensure that the patient is prepared for surgery medically. The potential delay in surgery will be well worth the effort.

6. Use the opportunity to overcome whatever obstacles have prevented adoption of ERAS principles, by incorporating them into Collaboration Agreements.

We're ready to help you make TEAM successful. Roji TEAM Episodes are mapped to specifications CMS has provided. Investigate the nexus of cost and quality with Episodes of Care. **Contact Roji Health Intelligence to ensure peak performance.**

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