



Partnership Evaluation Tool

User Guide

About the tool

The Health Care Transformation Task Force developed the Partnership Evaluation Tool ("Tool") to support leaders as they assess potential organizations, or themselves, for readiness to engage in successful value-based partnerships. The tool is designed around a set of core competencies determined to be necessary for successful partnerships.

This Tool is meant to support a quantitatively-derived recommendation on whether a partnership is viable based on qualitative criteria. Because organizations may change over time in their infrastructure and leadership support for value partnerships, it is advised that the tool be redeployed at various stages (e.g., at least annually) throughout a partnership lifecycle to track progress or to monitor internal capacity, in the case of self-evaluation. Users may also customize the priority levels for available evaluation criteria depending on the goals of organizational leadership and objectives of a particular value partnership.

Guide components:

- A. Setting evaluation parameters
 - B. Evaluating and scoring potential partners
 - C. Presenting the partnership recommendation
- Appendix: Value Partner Competencies

About us

The Health Care Transformation Task Force is an industry consortium that brings together patients, payers, providers, and purchasers to align private and public sector efforts to clear the way for a sweeping transformation of the U.S. health care system. The Task Force is committed to rapid, measurable change, both for itself and the country. It aspires to have 75 percent of its members' business operating under value-based payment arrangements by 2020.

Contact info@hcttf.org with any questions or feedback about this resource.

The Tool is pre-populated with two sets of core competencies: a) general competencies, which are applicable to all organizations, and b) organization-specific competencies depending on the type of organization being evaluated. The competencies are further broken down into evaluation criteria.

Tip: See the Appendix: Value Partner Competencies for a list of all core competencies and evaluation criteria.

A. Setting evaluation parameters

1. Select organization type

The Tool includes three different options depending on the type of organization being evaluated:

- Provider Evaluation
- Payer Evaluation
- Purchaser Evaluation

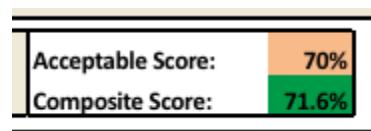
At the bottom of the Excel workbook, select the worksheet tab for the organization type being evaluated: Provider, Payer, or Purchaser.



2. Set minimum acceptable score

The minimum acceptable score reflects the performance threshold the evaluating organization is willing to accept to consider partnering with the evaluated organization. This value will likely require management input and depend on various factors such as market position, number of competitors, organizational risk tolerance, etc. *Tip: See Part C: Presenting partnership recommendation for more information about presenting underlying assumptions along with the evaluation output.*

Input a minimum acceptable score up to 100% in cell O:4.



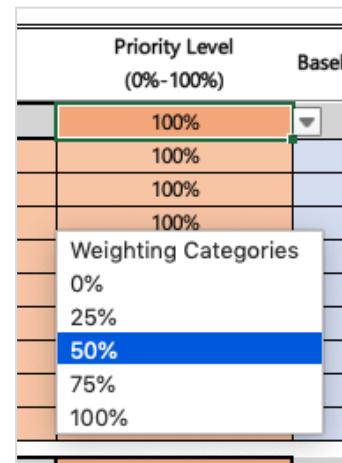
The **composite score** will automatically populate once the evaluation is completed; composite scores above the minimum acceptable score will turn green (shown above) while scores that fall short will turn red.

3. Select priority level for core competency areas and criteria

Evaluators will select a priority level for each competency area **and** each individual evaluation criterion based on how important the evaluating organization considers the component when considering value partners. The drop-down options for priority level are associated with the following values:

Priority Level	Associated Value
0%	Not a priority
25%	Low priority
50%	Moderate priority
75%	High priority
100%	Highest priority

Select the priority level for core competency areas (indicated by darker orange) from the drop-down menu Column R. The default priority level is set to 100%, meaning each core competency area will be weighted equally in the evaluation.



Tip: Do not delete lines, but rather weight at zero to remove from the evaluation. Any criterion weighted at zero will not be incorporated into the total score.

B. Evaluating and scoring potential partners

1. Score evaluation criteria

The Tool allows evaluators to manually input a score for each criterion. The criteria are presented as declarative statements rather than questions about traits that a desirable partner should have. Therefore, the scores range from a low of 1 indicating “strongly disagree” to a high of 5 indicating “strongly agree.” *Tip: See the Accompanying Resources for a completed example version of the Partnership Evaluation Tool, pre-populated with suggested scores based on industry averages.*

Score (1-5)	F
67%	
3	
3	
4	
4	
4	
Scoring Values	
1	
2	
3	
4	
5	

Evaluate the organizations against each criteria statement and select a score from 1-5 from the drop-down menu in Column R for each (1 = strongly disagree; 5 = strongly agree).

2. Provide supporting information

Evaluators should strive to collect documented evidence to support their evaluations whenever possible. Organizational leaders are encouraged to set early expectations with staff on the requested level of detail and solicit feedback to ensure added value to the decision-making process.

Use Column U: Baseline Scoring Notes to document supporting evidence for the selected score.

3. Conduct ongoing assessments

It is recommended that organizations revisit this tool to track progress of value partnerships and reevaluate organizational goals/priorities on a regular basis.

Use Column V: Supporting Evidence for Revised Scoring to document supporting evidence for updating the score from the baseline assessment.

C. Presenting the partnership recommendation

Included in the **Accompanying Resources** is an executive survey template (in PowerPoint format) that allows organizations to condense the partnership evaluation results into a concise one-page summary that can be shared with senior leadership and other relevant stakeholders. The first section of the template prompts the evaluator to present the **composite score** from the evaluation and the **go/no go** recommendation. The second section can be populated with the general competencies score and the category-specific score, along with key strengths and weaknesses in each assessment category.

Appendix

Value Partner Competencies

General Competencies

An ideal partner should be transparent, have a robust governance structure and organizational culture, be willing to partner and invest across key areas, and perhaps most importantly, demonstrate trustworthiness and commitment to the goals of consumer-centered, value-based care.

1 The potential partner demonstrates the characteristics of a trustworthy partner.

- a. The organization demonstrates cross-functional collaboration and understanding.
- b. The organization's brand and leadership elicit broad respect across the market.
- c. Key stakeholders are willing to engage in honest, constant communication with potential partners.
- d. Leadership demonstrates a willingness to compromise to build trust.
- e. The organization holds a clear, long-term commitment to two-sided collaboration and partnership.
- f. There is a shared commitment to engaging in open and challenging conversations.
- g. Leaders hold a holistic, shared vision for changing their business models, beyond just the financial returns.
- h. The organization demonstrates a strong commitment to the community and putting consumers/patients first.
- i. There is a shared commitment to finding a common definition and measures of "quality."

2 The potential partner prioritizes transparency in collaboration.

- a. The potential partner values openness, honesty, and transparency in all interactions.
- b. There is a commitment to reasonable data sharing to support advanced value models.

3 The potential partner has a shared commitment to value that is demonstrated through a robust organizational commitment to governance.

- a. Executive leadership experienced with value-based care are embedded in governance structures (e.g., across functional teams such as finance and strategy).
- b. The organization can scale governance up or down based on the level required for a particular model (e.g., MSSP ACO requirements).
- c. Mechanisms are in place to ensure that innovation and change diffuse down to the front lines of care delivery.
- d. Governance understands that a move to value is a multi-year commitment and process and that success will not be achieved immediately.

4 The potential partner has a strong, supportive organizational culture.

- a. Internal values and mission align well with those of potential partners.

- b. Organizational culture supports a commitment and broader institutional desire to move forward on value.
- c. The culture fosters the ability to think critically/creatively about care delivery and payment models and to innovate with confidence and recognition of the iterative process.

5 The potential partner shows willingness to partner and invest across key areas.

- a. The organization demonstrates a commitment to bring forward resources on data, reporting and care redesign.
- b. There is a willingness to invest in the systems necessary to manage patients in risk-based arrangements.
- c. The organization has flexibility to accommodate new regulatory and market changes that may impact the implementation and operation of value models.
- d. There is synchronicity among both organizations in how common partnership elements are prioritized (e.g., capital, resourcing)

Provider-specific Competencies

An ideal provider partner excels in providing high-value, person-centered care; has adequate resources to commit to a partnership and the ability to take on investment risk (and, in the most advanced partnerships, insurance risk as well); has adequate data-sharing capabilities and other infrastructure requirements to support value models; and has buy-in from physician leadership to support value.

1 The potential partner has the necessary infrastructure to support value.

- a. The organization has a well-functioning network. In the 'Supporting Evidence' column, please define: i) The components of the network (e.g., home health, post-acute); and ii) The percentage of spend that is managed under this network.
- b. The organization has the infrastructure in place to ensure that the priorities of front-line clinicians and patients are balanced with corporate interests.
- c. The organization has adequately trained and capable personnel.

2 The potential partner has buy-in from physician leadership.

- a. The provider has a track record of data analytics and extraction capabilities.
- b. The provider has the means to present data to front-line providers and integrate into systemic workflows (e.g. EHR and claims data).
- c. The organization is committed to sharing data and creating meaningful information from that data.
- d. The provider demonstrates interoperability within its systems.
- e. There is a willingness to invest resources to onboard an external partner and/or platform.

3 The potential partner demonstrates the ability and/or willingness to change economic models, including the pursuit of risk.

- a. The organization demonstrates a commitment and ability to implement a glidepath to increasing levels of risk while enjoying greater rewards for doing so.
- b. The provider has the capacity and/or openness to transform its economic model.

4 The potential partner has adequate financial resources to commit to a partnership endeavor.

- a. The organization is willing to make an investment commitment to a partnership that allows for a reasonable timeframe for success.
- b. Leadership shows a willingness to invest in the systems necessary to manage patients in risk-based arrangements.

5 The potential partner takes accountability for and demonstrates excellence in quality, patient experience, and cost.

- a. The organization already excels in delivering high-quality care, patient experiences, at reasonable cost, and/or has a long-term strategic plan to achieve these elements.

6 The potential partner has data sharing and data synthesis capabilities.

- a. Executive leadership have expressed support/buy-in for the value collaboration.
- b. Physician leadership views primary care as central to care coordination (medical home vs. service provider model).
- c. The provider demonstrates a commitment to finding a common definition of "quality."

Payer-specific Competencies

An ideal partner should be transparent, have a robust governance structure and organizational culture, be willing to partner and invest across key areas, and perhaps most importantly, demonstrate trustworthiness and commitment to the goals of consumer-centered, value-based care.

1 The potential partner engages in transparent and collaborative behavior, and demonstrates responsiveness to purchaser, consumer, and provider needs.

- a. The payer is willing to work w/ partners to provide necessary information.
- b. The organization collaboratively develops course corrections with partners as needed.
- c. The organization demonstrates a willingness to align with other payers.

2 The potential partner shows a willingness to change economic models (e.g., creativity in benefit design) and invest in appropriate supporting infrastructure.

- a. The organization's infrastructure is sufficient to support new value models, and there is an ability to make necessary infrastructure changes (i.e., prior authorization, co-pay, and primary care visit payment waiver updates) to support new benefit designs.
Include examples in 'Supporting Evidence' column.
- b. The payer demonstrates innovative approaches to accommodate the rapid pace of change, such as contractual amendments for new regulatory developments.

- c. The payer has demonstrated experience in model offerings to different provider levels of risk (i.e., glidepath to risk).
- d. The payer demonstrates an internal willingness to pursue collaborative models that fit together.
- e. The payer has a firm understanding of the models that are complementary to those the organization is already pursuing.

3 The potential partner has the ability and commitment to share data.

- a. The organization is transparent and willing to share population-level data at regular intervals.
- b. The payer is willing and able to engage in open, honest, frequent communication about data.
- c. The payer is willing/able to share data that is actionable (e.g., claims data with cost), and is frequent enough to have a measurable impact on partners' model implementation.

4 The potential partner demonstrates adequate reporting and measurement capabilities.

- a. The organization has measurement and reporting processes/capabilities that are not overly burdensome or duplicative for provider partners, but adequately capture necessary metrics for value-based payment.

5 The potential partner shows commitment to sharing savings from value initiatives with other partners.

- a. The payer is willing to negotiate pass-through savings in contract negotiations with provider and employer partners to promote reinvestment in value infrastructure and programs.

Purchaser-Specific Competencies

Purchasers should have an organizational culture that is creative and nurturing of innovation and high performance; have the desire to collaborate on innovative programs; have adequate resources to invest in value partnerships; and be willing/able to share data.

1 The potential partner has an organizational culture that fosters creativity, innovation, and high performance.

- a. Leadership is willing to be creative and expresses a desire to manage change (as opposed to doing the same things in a less costly way).
- b. The organization embraces value-based purchasing and care delivery through employee outcomes and intentional commitment to plan/provider partnerships, instead of a strict focus on costs.
- c. Leaders embrace industry and national standards on quality, rather than trying to reinvent the wheel.

- d. The organization demonstrates an ability and commitment to effectively engage consumers as purchasers of their own coverage. Please note in the comments: i) in what ways the organization is achieving these goals and ii) how the organization is engaging in outreach/promotion to employees.

2 The potential partner shows willingness to collaborate/partner with other organizations on innovative programs.

- a. Demonstrates a commitment to joint clinical/financial goals, and a desire to be a true transformation partner.
- b. Collaborates with other organizations, including other purchaser organizations, and shows a willingness to share learnings – even down to granular contract terms – and a desire to identify a common value definition.
- c. Organization demonstrates a desire and/or ability to participate in multi-payer alignment models.

3 The potential partner has adequate resources to invest in a value partnership.

- a. Purchaser shows a willingness to invest/co-invest in value structures, with a recognition that there must be additional transparency in the flow of investment dollars.
- b. The organization has adequate size, financial resources, and scalability potential to support long-term success in value-based initiatives.

4 The potential partner has the willingness and ability to share data.

- a. If self-insured, has the willingness to provide data to the payer.
- b. Willingness, where appropriate, to participate in an all-payer claims database (state-specific).