

# Strategic Partnership Paves the Way for Growth, Improved Care

**Shared values and proprietary research identifying customer needs help two organizations create a Medicare Advantage offering uniquely designed for an aging population.**

Industry disruption from consumer-facing organizations, vertically integrated health systems, and provider-owned health plans are motivating payers and providers to enter alliances to remain competitive in the market. With trends showing an aging population, one partnering opportunity is Medicare Advantage, where payers and providers can focus on local populations they know and share the financial benefits of quality and efficiency improvements.

However, provider organizations and insurers have different operating models and skill sets. Past “I-win-you-lose” relationships cause hesitancy about collaborating. The consulting firm Guidehouse reports that forming successful strategic partnerships remains a top external challenge for health systems pursuing increased levels of risk/capitation/joint venture arrangements.

Based on a recent partnership with University of Vermont Health Network (UVMHN), MVP Health Care believes the keys to successful affiliation are sharing the same values, co-creating product offerings, and taking a crawl-walk-run approach—all of which require transparency, honesty, and accountability to deliver quality care, maintain customer-centricity, and control risk and cost.

“Driven by our shared non-profit values and commitment to innovation, MVP Health Care and the UVM Health Network are partnering to provide care in a way that has the greatest positive impact on the health of our older adults and their communities.”

John R. Brumsted, MD, UVM Health Network President and CEO

## Successful Partnerships Enable Growth Strategies

The University of Vermont Health Network (UVMHN) is an academic health system comprised of six affiliate hospitals, a multi-specialty medical group, and a home health agency. They are pursuing a transition to high-value care through a number of initiatives, including partnering with health plans.

MVP Health Care is a nationally recognized, not-for-profit regional health insurer committed to the complete well-being of more than 700,000 members and the communities it serves in New York and Vermont. Analysis of proprietary customer needs data identified areas that health plan design cannot meet on its own. These include minimizing the likelihood that a health insurance requirement will delay scheduling a provider appointment or minimizing the time to determine the cause of an unexpected health issue.

The two organizations recognized in each other shared values about making a difference for customers and a shared mission of creating innovative solutions and sustaining healthy communities. This created an opportunity to fuel their growth strategies by leveraging the strength of both organizations and partnering on a Medicare Advantage (MA) product—UVM Health Advantage.

## Achievements to Date

MVP and UVMHN established a formal agreement in June 2021. Achievements in the first six months of partnership include:

- Launch of a co-created product based on consumer needs and provider insight. UVMHN identified the initial focus areas of Diabetes and Congestive Heart Failure, and the two organizations collaborated on features such as care kits, prior authorization considerations, and individual care guides to help customers. The product also accounted for the member needs of minimizing plan disruption and minimizing the likelihood of not understanding benefits.
- A formal governing structure. An Executive Committee guides budget, personnel, and long-term decision making; an Operating Committee sets strategic direction and prioritizes operations to meet delivery expectations. Experts from both organizations share their perspectives on best practices, helping to create a whole greater than its parts. The partnership has required flexibility and the right people to solve issues, reach mutual agreement on needed changes, and shift as necessary between immediate operational demands and longer-term planning.

“By reinforcing vital provider relationships, focusing on improving the lives of people in our communities, and leaning on the patient-centered missions of our two organizations, we will make health insurance more convenient, more supportive and more personal.”

Christopher Del Vecchio, MVP Health Care President and CEO

- Coordinated workstreams to optimize the strengths of both organizations. Prior to the partnership, each organization had its own care management efforts. Outreach to members was based on different triggers and could leverage only the resources available within their respective organizations. Now an interdisciplinary team focuses on care planning, there is a single point of member outreach based on both payer and provider triggers, and the team shares administrative and clinical data to identify and resolve gaps in care and operations.
- A vision for the future. The partners collaborate on analytics and data sharing to identify new opportunities. Enhanced benefits for behavioral and substance use disorder will be added to the product. Additionally, uncovering current gaps will lead to new quality improvement initiatives and care management strategies.

## Lessons Learned

### Collaboration Starts with Leadership

Relationships between health plans and health networks have not always been based on mutual benefit. And while both organizations have focused on how to improve individually over time, the changes required to create a successful, accelerated partnership do not occur naturally.

To drive collaboration through all facets of both organizations, commitment had to begin at the top. Strategic leaders on both sides stayed involved and helped shape the thinking within their respective organizations, which was necessary with so many stakeholders and teams involved—clinical, marketing, legal, and more.

## **MVP Health Care**

New York State and Vermont  
700,000+ Members  
1,600 Employees

## **University of Vermont Health Network**

Six Affiliate Hospitals  
One Multispecialty Medical Group  
One Home Health Agency

## **Product Design is a Shared Commitment**

UVM Health Advantage was born of both organizations' expertise and willingness to learn from each other. MVP's evidence-based design approach collected and analyzed data from more than 1,000 health care consumers in the target market to better understand patient needs. UVMHN doctors provided input to define the initial focus on Congestive Heart Failure and Diabetes disease states.

The teams worked together to determine extended benefits such as care kits, personal health guides, and wellness programs, and to work through process changes such as requirements for prior authorizations.

## **Aligned Values and Principles Matter**

Every successful partnership must overcome challenges. Which organization's telehealth solution should be promoted to members? What type of educational materials do members need? UVMHN and MVP discovered the best way to overcome points of friction is to engage in open and honest conversations, and to carry the banner of shared values and principles, which is the foundation of the partnership's path forward.

MVP and UVMHN took the time needed to get the right people involved and to learn from each other. MVP educated its partner on the design, development, and execution of a Medicare Advantage product, including regulatory matters, marketing guidelines, and managing formulary tiers. UVMHN shared their expertise about how health systems leverage their population health capabilities to improve care delivery and achieve Quadruple Aim goals.

## **Cobranding Requires Compromise**

Each organization rightfully holds its brand in high regard. This new product presented an opportunity but also carried reputational risk and required the ability to compromise. Cobranding decisions were carefully considered. The MA product draws primarily from UVMHN's branding: UVM Health Advantage and the dual logo reflect both organizations, with UVMHN appearing first to emphasize provider input into a valuable new insurance product.

## MVP Health Care Values

**Be the difference for the customer.** Earn their trust every day.

**Be curious.** We've got your back.

**Be humble.** Great ideas come from people of all backgrounds and walks of life.

## Short-term Wins Enable a Long-term View

By agreeing to a long-term commitment, MVP and UVMHN are thoughtfully advancing through a crawl-walk-run model. This approach starts with identifying and pursuing short-term wins, like the customer-centric, provider-influenced UVM Health Advantage product and improved quality measurement. At the same time, the partners commenced long-term planning and worked on structural changes including optimized care management processes, incentive/payment alignment, a more comprehensive approach to quality measurement and improvement, and innovative product designs that will enable continuous transformation.

## Conclusion

Partnering rather than competing takes advantage of each organization's strengths on behalf of consumers and growth goals. Still in its early stages, this partnership has already gained significant positive traction by achieving its initial goals of bringing a unique Medicare Advantage product to market, meeting first-year enrollment expectations, and closing quality improvement gaps. The partnership will continue to evaluate its success by monitoring the member/patient experience, understanding the impacts of the product on care delivery and enrollment numbers, and ultimately being "the difference for the customer"—one of MVP's core values.

## Keys to Success

- Aligned values
- Executive involvement
- Prioritizing consumer needs
- Co-creating the product
- Learning from each other's strengths