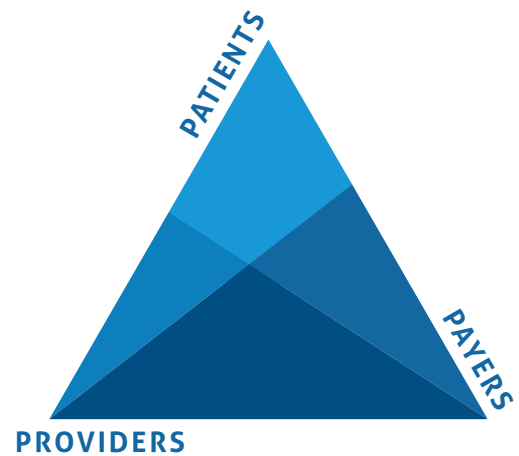


## The Emerging Patient-Payer-Provider Collaboration

The Affordable Care Act and other shifts in the healthcare system have brought about an array of changes in recent years, mostly related to payment and access.

Also changing are the relationships between the major constituents: Patients, Payers and Providers. Each relies on the others to achieve successful outcomes, and the synergies of the relationships are bringing them closer together in what could become an efficient collaboration – providing extra value to all.

We call this the Collaboration Triangle.



Let's consider what drives each of these stakeholders. Here's a high-level look at what they each want:



### PATIENTS

- Solutions and outcomes
- Productive interactions
- Insurance coverage
- "value"
- No hassles



### PAYERS

- Mitigate risks
- Lower costs
- Minimize inappropriate system access
- Member trust and loyalty



### PROVIDERS

- Efficient workflow
- Diagnose and treat
- Patient satisfaction
- Timely reimbursement

### Key trends bringing patients, payers and providers closer together

- 1 ACOs.** A growing number of provider-payer partnerships are gaining traction across the country. Some 24 million Americans are part of about 750 Accountable Care Organizations that have cropped up since 2011. Defined as “healthcare organizations characterized by payment and care delivery models that seeks to tie provider reimbursements to quality metrics and reductions in the total cost of care for an assigned population of patients”, ACOs are a driving force for better partnerships between payers and providers.
- 2 Digital.** The ease of access to relevant insurance benefits and health condition information have made it easier for consumers to navigate the health system and take on more individual responsibility. Health plans offer sophisticated member portals and providers are delivering patient-facing digital access to their electronic medical records. These two data sources will eventually morph into a single look for members.
- 3 Data.** The breadth and depth of available data is enabling many new technology innovations, such as price transparency, quality metrics, evidence-based care, telehealth, and many other exciting developments. It will ultimately bring together the three stakeholder groups with personalized information that will initiate positive actions and produce meaningful outcomes.
- 4 Experience.** A fast growing movement in healthcare relates to consumer experience. Healthcare entities recognize that they need to do more than just the fundamental blocking and tackling in delivering services to their members and patients. They now know that they must meet the needs of their constituents in ways that surprise and delight them – they must deliver a positive experience.
- 5 Engagement.** This catch-all buzzword has forced both payers and providers to rethink their approach to their end users. They want to go beyond the experience aspect and create relationships that can build loyalty, foster recommendations, elicit constructive feedback and produce healthier, happier customers.

We see these five areas as powerful accelerators toward achieving success and creating value with the Collaborative Triangle. It will require positive and mutually supportive integration, but will lead to a win-win-win.

For health plans that see this vision, defining Collaborative Triangle strategies now can create a leadership approach and be better equipped to chart their path through anticipated near-term and long range challenges and effectively compete in an ever-changing landscape.

Healthx is the healthcare industry's leading digital engagement platform for connecting health plans to their provider, consumer, employer and broker constituents. Founded in 1998, Healthx is one of the first healthcare technology companies to offer a cloud-based platform for member engagement and provider collaboration resulting in 20 million logins annually. More than 170 healthcare payers across the U.S. rely on Healthx solutions.

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