The Evolving Role of the Health Plan Chief Medical Officer

Overview of services
The role of the health plan chief medical officer is evolving...

Health plan medical leaders have an increasingly complex set of responsibilities that are changing the fundamental nature of their roles. CMOs are no longer simply the “voice of the provider.” They are increasingly sought out to shape overall plan strategy as their purview becomes more intertwined with how plans differentiate themselves.

Growing list of responsibilities

- Value-based care
- High-risk care management
- Social determinants of health
- Provider relations
- Utilization management
- Behavioral health
- And many more

...which requires new strategies and tactics that can only be found from a trusted network of peers

“This...was really good for me mentally. I needed to hear everyone else’s challenges. My company is very insular and typically I can’t get people to go in the direction I want. Maybe with some of the resources here I can.”

– CMO, commercial plan

“My main takeaway...were all of the tactics the CMOs are deploying. I want to do many of these at my own organization, and now I know who to ask for help.”

– CMO, Medicaid plan

“Before speaking with you all, I hadn’t paid enough attention to the overall strategy of garnering provider feedback. Now I will.”

– CMO, small PSHP

“I want to implement all of these tactics. I’m going to get my team working on this when I get back.”

– CMO, small PSHP

1) Provider Sponsored Health Plan
Introducing the **Chief Medical Officer Roundtable**

The Chief Medical Officer Roundtable is a subscription-based research service for clinical leaders at health plans. Through Advisory Board’s health plan chief medical officer network, our rigorous, objective research process, and expansive cross-industry relationships, we generate insights that help you drive value at your health plan.

Our membership model supports long-term partnerships that help chief medical officers:

- **Access** a trusted community of peers who are working on the same challenges
- **Drive** value at your plan through CMO-focused insights and research
- **Implement** new strategies and tactics with a dedicated support team

**What you get in membership**

1. **Executive peer networking**
   Interact and create relationships with peers who are tackling the same challenges you are.

2. **“Quick hit” insights**
   Gain the knowledge you’re seeking through quick and easily-consumed content.

3. **Best practice compendium**
   Access vetted and proven strategies and tactics to accelerate change in your organization.

4. **Dedicated executive research advisor**
   Work with an executive research partner to gain full value from your membership, quickly find resources, and access our experts 1-on-1 when needed.

**Our network and process differentiate our research**

**Our CMO community** is made up of a diverse group of clinical leaders from multiple lines of business, backgrounds, and plan sizes. As such, it provides a diversity of thought that can’t be found anywhere else.

**Our process** is designed to identify the specific needs of the CMO, determine how different leaders address their needs at their own organizations, dissect what works and what doesn’t, and disseminate those learnings across our community for discussion.
Health plan chief medical officers must maintain high-quality care in a **challenging** and **changing environment**

**Research agenda | Answers to your most pressing questions**

**How to be a leader in the value transition**
- How do you assess provider appetite and ability to enter an enhanced partnership?
- How can you reduce prior authorization requirements to limit the operational burden on clinicians?
- How does provider readiness for risk differ in your regional markets compared to the national average?

**How to turn your plan into a true analytics-driven enterprise**
- How can you leverage predictive analytics to identify clinical and social risk factors?
- What kind of digital innovations will ease provider reporting burdens?
- How can you promote data transparency to influence smart PCP referrals?

**What you need to know to optimize your pharmacy savings**
- What are the new ways to evaluate value in pharmacy?
- What is the true opportunity in outcomes based contracting with pharma?
- How are others aligning plan-provider models for specialty pharmacy management?

**How to consistently engage in high-ROI member interactions**
- How can integrated behavioral health improve member access?
- What is best practice for communication strategies that influence members prior to high-cost events?
- How have others used the customer journey as a basis for operational design?
Chief medical officers and senior medical leaders from notable health plans will convene to collaborate with providers to build effective care management programs, measure respective program savings, and create programs that target members’ psychosocial needs.

To learn more about membership and how to join our Virtual CMO Roundtable, please contact cmo@advisory.com or visit us at advisory.com/cmo

Agenda includes:

+ How to identify and assess whether providers are willing and capable of owning care management
+ Which services plans should first delegate to providers and the internal changes required to do so
+ How plans can support providers through the delegation process with streamlined data insights and appropriate care management incentives to focus providers on the optimal clinical outcomes
+ Highlights of best-in-class SDOH programs that are aimed at improving psychosocial needs of members

Join us for the Virtual CMO Roundtable

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