Introduction to Value-Based Care

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Agenda

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II. Patient-Centered Medical Home
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VI. Care Coordination / Care Transitions
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Value-Based Care

All the initiatives and strategies that promote a medical environment that is compensated by health outcomes instead of conventional billing.

- Medical Providers emphasis long-term health improvement regardless of regimented treatments.
- Healthcare organizations are more intentional about disease management and reducing healthcare barriers.
- Budgets and other fiscal responsibilities are centered around program sustainability and cost savings.
- Outcomes are driven by robust and timely data.

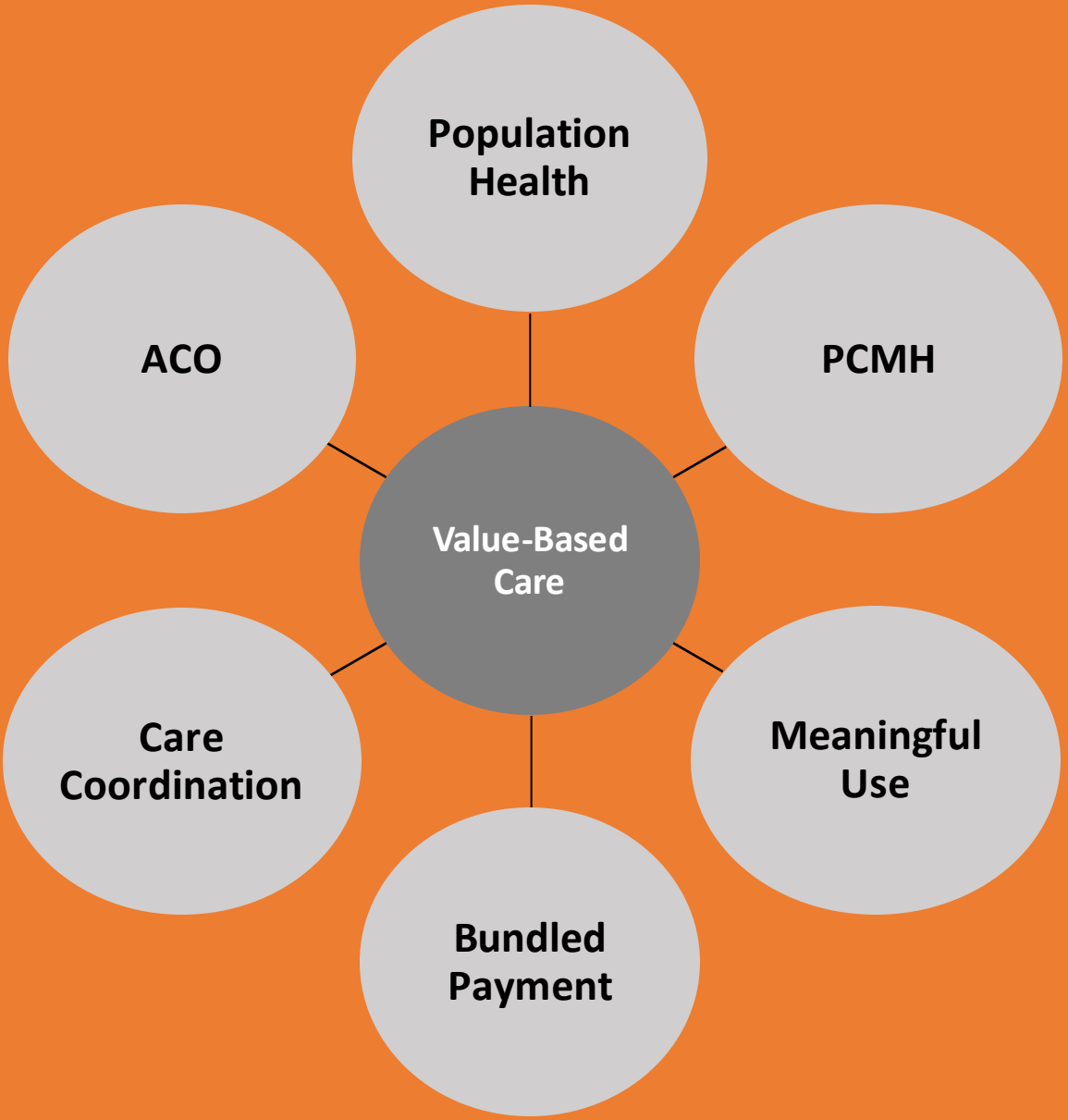
Health System Comparison

	Current Healthcare	Value-Based Care
Payment & Reimbursement	• Based on Fee-for-service • Claims processed as ordered by physician	• Reimbursement based on health outcomes • Provider service selection is monitored
Organizational Structure	• Each department a separate contribution to a patient	• The patient is at the center of all services rendered
Patient Services & Advocacy	• Provided by specific population groups based on availability of services	• Disease management and other services will be a regular part of treatment
Documentation & Accountability	• Traditional chart document and review based on HEDIS	• Specialized templates in electronic medical records
Sustainability Practices	• Provider Groups and licensed specific trainings and associations	• Community Partnerships, ACOs, and additional grant funding

Benefits of Value-Based Care

- ✓ Reduced Healthcare Cost
- ✓ Increased Access to Healthcare
- ✓ Improved Health Outcomes
- ✓ Revised Organizational Structure and Roles in Healthcare Setting
- ✓ Increased Accountability and Quality Assurance
- ✓ More Opportunities for Partnerships and Collaborations
- ✓ Support for Sustainability and Long-Term Growth

Components of Value-Based Care



Meaningful Use

The integration of Electronic Health Records (EHR) in order to improve documentation, proactively manage patients, and query health outcomes.

- Special incentives are offered to providers and managed car organizations
- The development of templates provide are used for population or diseased-specified tracking
- Clinical and Non-Clinical staff are held responsible for appropriate documentation
- Structured data fields is preferred over open text for effective data queries

Bundled Payments

The strategic consolidation of fees and services in order to provide the most comprehensive care to a patient.

- Common among provider organizations servicing Medicare, Medicaid, and state-based health plans.
- Bundled based on clinical care episodes, such as diabetes management
- Implemented in phases as support by the Centers for Medicare and Medicaid Services
- Patient are informed of all services and treatments options prior to their rendering

Patient Centered Medical Home

An approach to a health organization that eases the burden of patient navigation and promotes informed decisions.

- Patient Navigators and other support staffs are used to consumers
- Patient Portals and other web-based tools make health information more accessible
- All associated departments and staff must collaborate for the best interest of the patient

Patient Centered Medical Home

Each health organization develops their own adaption based on the core principles of Practice Management, Information Technology, and Health Integration.

Population Health Management

The utilization of medical records in order to improve utilization, prevention, and quality assurance.

- Organizations use this approach to identify and address performance measures
- Special interest groups, such as the homeless, monitored for progress
- Immunizations, screenings, and other preventive services measured within a one-year timeline
- Compliance and malpractice issues are also monitored using this mechanism.

Care Coordination

The providing disease management, patient navigation, and other support services in order to improve health outcomes and lower healthcare cost among at-risk patients.

- Teams are comprised of clinical and non-clinical professionals (including health educators and social workers)
- Success is gauged by improvement in utilization of emergency departments and health outcomes
- Special interest in patients with poorly managed chronic conditions
- Social, environmental, and economic barriers are identified and addressed to ensure success

Trends in Care Coordination

- ✓Diabetes Management
- ✓Cardiovascular Disease
- ✓Chronic Pain
- ✓Mental Illness
- ✓Fall Prevention
- ✓Housing Assistance
- ✓Skilled Nursing Facilities
- ✓30-Day Care Transitions
- ✓Veterans' Affairs
- ✓ER Diversion
- ✓Transportation Assistance
- ✓Referral Coordination
- ✓Application Assistance
- ✓Hospice

Accountable Care Organizations

A collaborative approach to managing a group of high utilizers in order to reduce healthcare cost.

- Facilitated through collaborations between FQHCs and managed care organizations
- Partnerships are often made with local hospitals to obtain ER and admission data
- Claims data is used to prioritize the most expensive and at-risk patients
- Most ACOs service Medicare and Medicaid patients over 18 years of age
- Shared Savings are available for many ACOs that show a reduction in cost within a fiscal year

Leading National Strategies & Programs

Programs & Strategies	Sponsoring Agencies
Primary and Behavioral Health Integration	Substance Abuse and Services Administration (SAMHSA) & Health Resources and Services Administration (HRSA)
Better Health and Lower Costs for Patients with Complex Needs	Institute for Healthcare Improvement
Homeless Management Information Systems	US Department of Housing and Urban Development
Patient Centered Medical Home Resource Center and Accreditation	Agency for Healthcare Research and Quality (AHRQ)
Delivery System Reform Incentive Payment (DSRIP) Program	Kaiser Family Foundation & Centers for Medicare and Medicaid Services (CMS)

Market-Specific Outlook

	Sample Clients	Market-Specific Challenges
Large Insurance Companies	• Aetna • Cigna	Implementation of value-based care strategies with a large membership require major financial investments.
State-Based Health Plans & Departments	• Neighborhood Health Plan of RI • Partnership Health Plan of CA	Project management and strategic planning is needed to ensure implementation continuity among various sites.
FQCHs & MCOs	• Tampa Family Health Centers (FL) • Gateway Community Health Centers (TX)	Organizational and staff development along with financial accountability is needed to implement and sustain value-based care initiatives.
ACO Groups	• Redwood Community Health Coalition (CA) • Accountable Care Coalition of MD Primary Care	Data management and process monitoring is essential to evaluate performance and ensure compliance.

Value-Based Care Services & Products

- Training and Technical Assistance
- Workforce Development
- Care Management Systems
- EHR Integration
- Health Analytics
- Change Management
- Bundled Payment Planning
- ACO Establishment
- Patient Prioritization Criteria
- Emergency Room Diversion
- Population Health Management
- Outcomes Evaluation

Thank you for attending today's presentation!!!

For Questions or Additional Information, please contact:

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