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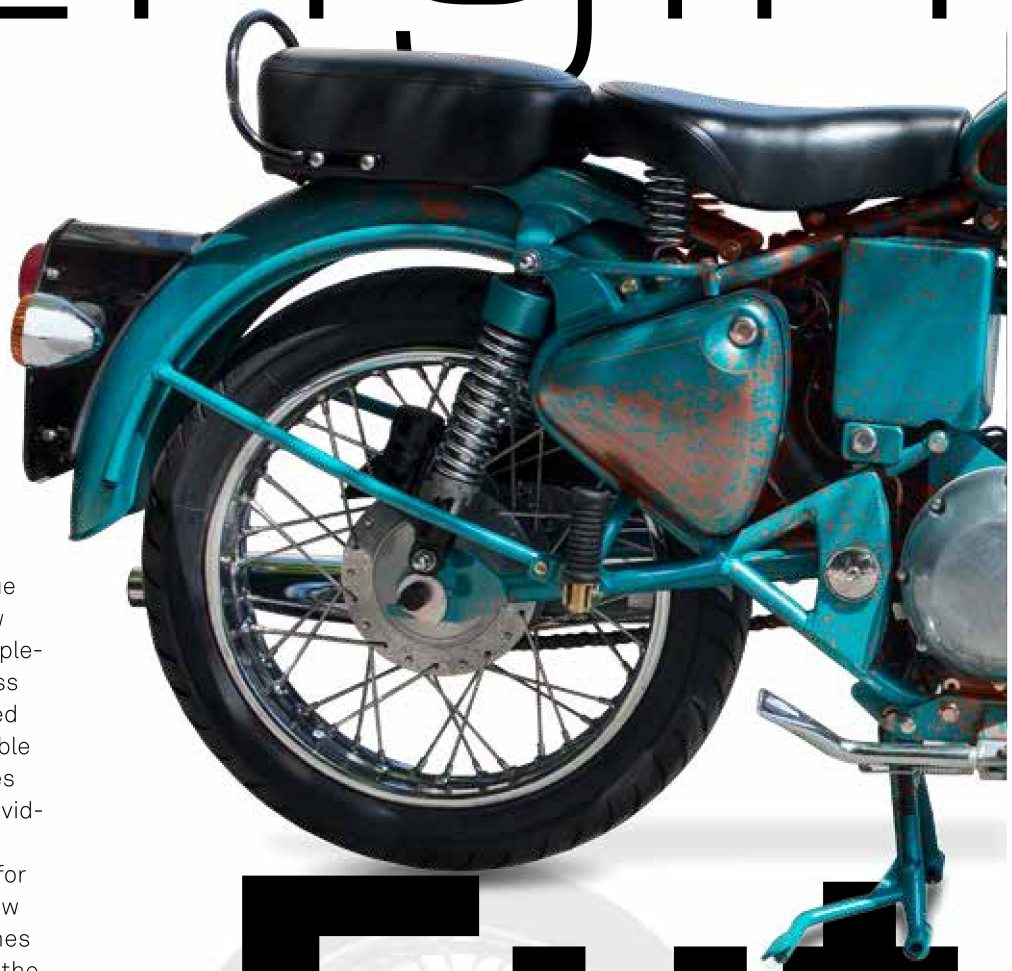

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Real-world strategies for value-based care success

Over the past few years, it has become clear that traditional reimbursement models are not always a stable source of income, especially in a crisis. They can hamstring a physician practice's response to changing dynamics.

Although we cannot fully predict the future, it is safe to say that healthcare organizations will have chances to navigate the unexpected in coming years. Payment models such as fee-for-service will continue to limit providers' ability to deliver care how they want, preventing them from rapidly implementing non-traditional solutions to address complex problems. Conversely, value-based care arrangements offer flexibility and enable personalized, whole-person care—features that will be necessary when healthcare providers face the next big crisis.

Payers are ramping up their enthusiasm for value-based models as well. Within its new initiative to drive equitable health outcomes for Medicare and Medicaid beneficiaries, the Center for Medicare & Medicaid Innovation aims to move all original Medicare beneficiaries (those in Parts A and B) into some type of accountable care arrangement by 2030.[1] While this may seem like a long way off, it will be here before we know it—especially because it can take multiple years to optimize performance with alternative payment models. By getting started now, you can fine-tune your approach before being forced to implement this kind of arrangement.

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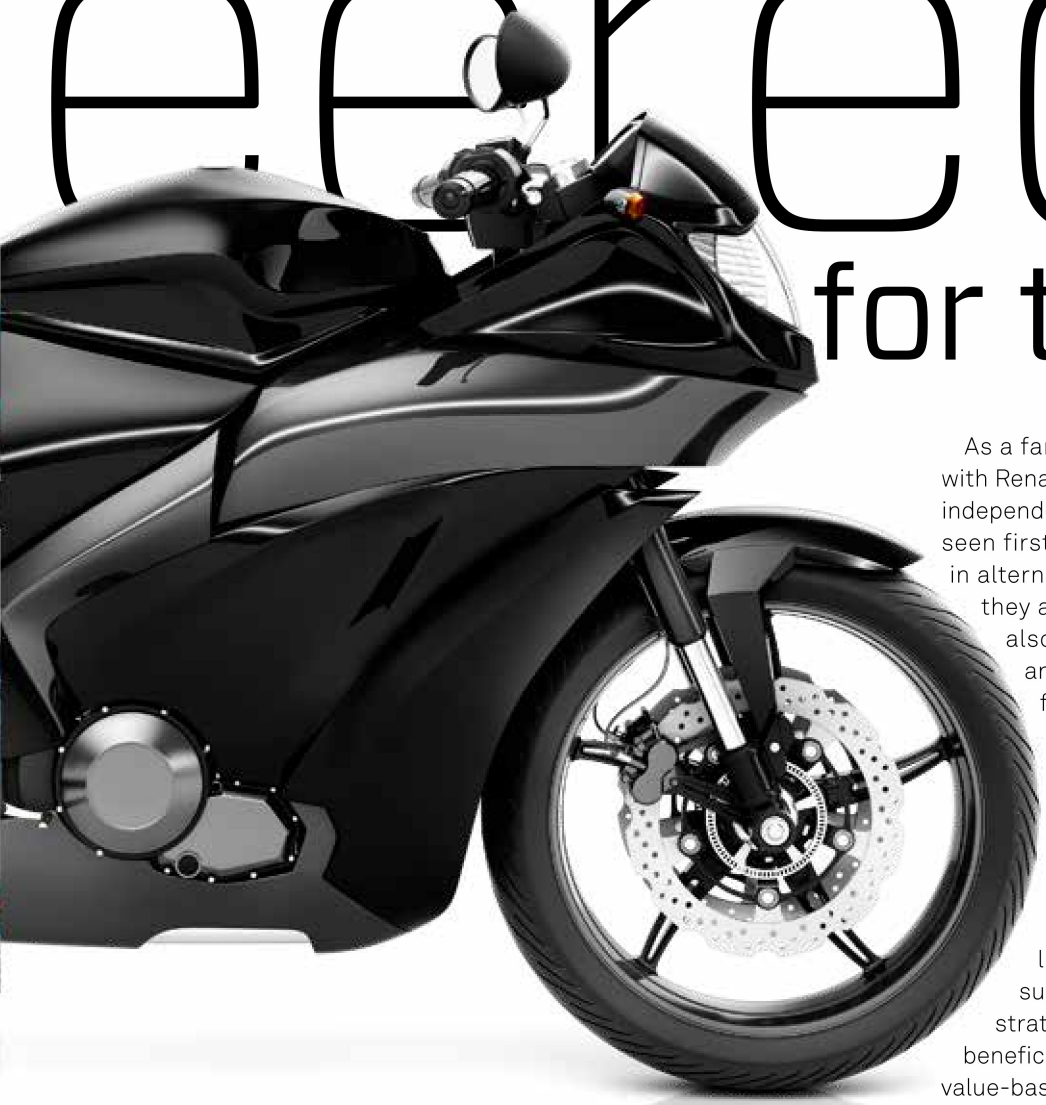

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By Timothy Irvine, M.D.

As a family medicine physician affiliated with Renaissance Physicians Organization, an independent physician association (IPA), I have seen firsthand the benefits of participating in alternative payment models. Not only do they afford us enhanced flexibility, they also help us improve our care quality and patient satisfaction while enabling financial growth.

Planning Optimizes the Benefits

Before making or expanding a commitment to value-based care, you will need to think through a variety of issues and plan for how to establish and maintain infrastructure that supports value-based care. Below are strategies we at IKP Family Medicine found beneficial in getting started and advancing our value-based care arrangements.

Research your market. Although diving into value-based care may seem daunting, you do not have to recreate the wheel. Most communities have alternative payment models already in place, and you can tap into these by researching them. For example, Houston—where my practice is located—has 30 Medicare Advantage plans, and most have a value-based care component. Uncover these opportunities:

- Reach out to colleagues
- Join professional associations
- Work with value-based care management consultants
- Connect with payers

By networking, you will access practical implementation tips and strategies as well as lessons learned to smooth the journey to value-based care.

Determine how to manage disparate data. Identifying and closing care gaps are critical to succeed in value-based care. Like most practices, our IPA collects clinical, demographic, and other key data about our patient population to help with these efforts. There are other data sources you can use, as well, including claims data, data from providers outside your network, and community information.

However, access to this data is not enough. We also use third-party data aggregation technology not only to bring disparate data together but also to make it comparable, shareable, and usable. We receive comprehensive data analytics and care gap reports that leverage our practice data as well as that of the physician association and other sources. This gives us a full picture of our patients' health and the care they are receiving.

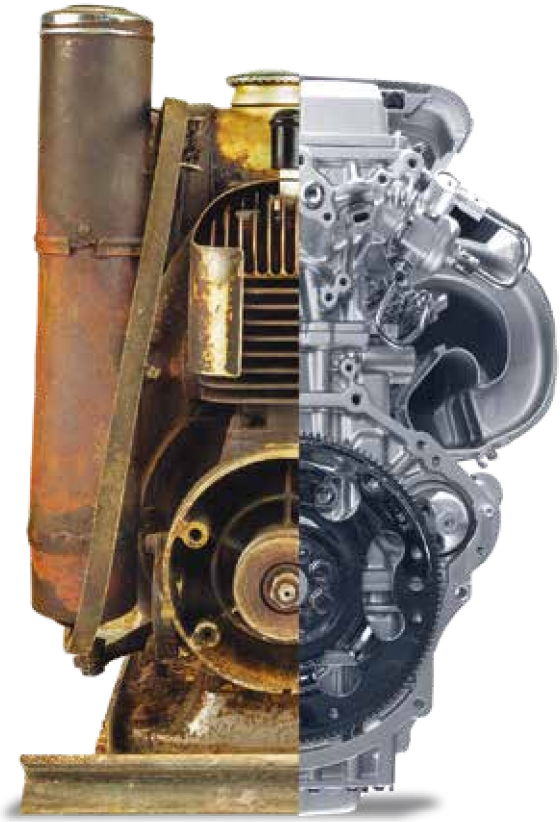
For example, we can see which of our patients were recently discharged from the hospital, who is falling behind on evidence-based screenings, and who needs help managing their chronic conditions. We then use this information to connect with patients to schedule a follow-up visit, getting them the care they need while reducing the risk of an unnecessary readmission.

Prioritize the annual physical. See patients early in the calendar year. This allows time to identify care gaps, complete further testing, provide referrals, and engage in other activities to close gaps. We strive to see all our patients during the first quarter, relying on six experienced and well-trained physician extenders to complete the physicals early. Our nurse practitioners spend an hour with each patient, attending to the conditions we know about and uncovering ones that may have emerged in the previous year. Patients appreciate the extended time with a healthcare professional, and this approach frees our physicians to focus on complex cases or acute situations that require their level of expertise. Front-loading physicals also helps us with our quality metrics.

Don't wait to address gaps. As much as possible, we structure our physicals to complete all the patient's required care during the visit. This way, we do not rely on individual scheduling and attending a follow-up appointment to close care gaps. We find it easier to complete tests and screenings during the physical than to get a patient back in the office for a service such as a mammogram or A1C test. If we complete these activities promptly and provide the patient with their prescription refills for the year, the patient only needs to see us again if there is a problem. If we cannot complete all the required activities, we schedule a follow-up visit while the patient is onsite, making sure the time and location are convenient for them.

To ensure we complete all required care, a robust template guides the physical. We designed the template to gather information that our various value-based care arrangements require.

Communicate with patients in media they prefer. Patient engagement is another key element in value-based care. We have found that one of the best ways to engage patients is to communicate with them as they wish. For example, some people prefer a personalized phone call while others prefer a secure text or email. We collect this information during patient intake and record their communication authorizations and preferences to know how to contact them.



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Embed care coordinators to improve metrics. Although data is important in closing care gaps, so is the human touch. We rely on embedded, trained care coordinators to connect with patients outside of the office visit. They use data to prioritize outreach, reviewing reports to decide where to focus one-on-one communications. They reach out to patients to provide information, answer questions, set up appointments, discover potential barriers to care, and so on. They also serve as valuable intermediaries when patients need complex care. Because they have established relationships with patients, care coordinators understand an individual's unique needs and expedite necessary care services through the health plan or by arranging for case management.

Respond to social determinants of health (SDOH). Our care coordinators also use data to identify and address socioeconomic and environmental factors that negatively impact a patient's health, such as transportation issues, food insecurity, and homelessness.

Key indicators in patient data can reveal possible SDOH concerns. For example, if patients are not filling or refilling their prescriptions regularly, there may be medication adherence issues fueled by a lack of transportation or a need to follow a strict budget due to low income. Our care coordinators review data and speak with patients to uncover potential SDOH concerns. Where appropriate, they connect individuals with community resources, case management, and in-home vendors to improve access and engagement (see "A Response to SDOH Risk").

Seek help. Accessing and standardizing data, prioritizing the annual physical, having care coordinators onsite, and addressing SDOH are all critical to our value-based care efforts. We didn't formulate these ideas on our own, nor are my colleagues and I left to implement them ourselves. We tackled complex challenges involving alternative payment models working with CareAllies, our management company partner, that helped us succeed in our transition to value-based care. CareAllies helped to simplify value-based care and enabled a patient-centered approach that takes advantage of all that value-based arrangements offer.

Results Speak for Themselves

Although practices' experiences with value-based care will differ, we have seen significant benefits from our transition strategies. We asked Cigna Medicare Advantage to compare our IKP Family Practice's 2020 performance to other practices across Texas. According to their report, our practice delivered more preventive care, including screenings, than the average of all other practices in our state. We completed 11% more colorectal cancer screenings, 10% more breast cancer screenings, and 10% more diabetic eye screenings compared to our peers. We also saw 30% better blood pressure control and 24% more medication reconciliations post-discharge.

Overall, we met 100% of our quality measures and achieved a CMS 5-Star quality rating for 2021—one of the best in our community. In the process, we laid the foundation for a strong future. Over the course of five years, we have grown our patient panel by 6%, and that shows no signs of stopping.

As commercial and government payers prioritize alternative value-based care payment models, we are well on our way to experiencing the benefits they offer for quality, financial stability, and good patient care. Think through your participation in these arrangements now or risk missing opportunities to deliver care how you want and to best meet patient needs. GPJ

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A Response to SDOH Risk

Responding to social determinants of health, we identified a patient who was released from the hospital after having open-heart surgery. Data and analytics indicated this patient was at risk for a readmission. Our care coordinator reached out and spoke with the family regarding the patient's care plan. Without actionable information, we may not have identified what services this individual needed during recovery. After connecting with the family, the care coordinator arranged for necessary medical equipment, healthy meals, and financial assistance.

Reference

1. J. Hellmann. 2021. CMMI Official Pushes for More Participation in Value-Based Care Models. *Modern Healthcare,* October 20, 2021. Accessed February 14, 2022 at modernhealthcare.com/payment/cmmi-official-pushes-more-participation-value-based-care-models?utm_source=modern-healthcare-daily-finance.