

Succeeding in Value-Based Care

A playbook designed to help primary care clinicians and organizations deliver high-value care

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Introduction

Healthcare is transforming at a rapid pace, making it hard to keep up. For both industry leaders and clinicians, many of these shifts are related to payment transformation: away from paying for volume of healthcare services or “fee-for-service” and toward incentivizing better health outcomes or “value-based care”

The goals of quality measures, as outlined by CMS, include effective, safe, efficient, patient-centered, equitable, and timely care.

This shift is led by the Centers for Medicare & Medicaid Services (CMS) which has been transitioning from fee-for-service reimbursement to value-based care on a national level. What does that mean and why are they making these changes? According to CMS, it is part of a broader strategy to “reform how health care is delivered and paid for.” That's why CMS has tied incentive payments to the quality of care clinicians provide their patients.

CMS says value-based care supports their three-part aim of:

-Better care for individuals

-Better health for populations

-Lower cost

There is lots of evidence that high-quality primary care is at the heart of a sustainable, affordable, high-functioning healthcare system. So what's standing in the way? The economics of healthcare, dominated by the fee-for-service model, have subordinated the aims of primary care and made it less accessible for patients.

Value-based care, by contrast, focuses on the quality, rather than the quantity of care. While measuring value-based care can be challenging without the right tools, patient outcomes can give the clinician and the patients more powerful insight into a patient's health. Instead of relying on the number of patient visits per day as a measure, the clinician can look to the value of the care provided and the patient health status overall as determinants of value-based care.

While these kinds of payment innovations are happening throughout the healthcare industry, primary care clinicians are ripe for payment innovation and already private investors, government programs, commercial insurers, and self-funded employers have begun experimenting with alternative payment models (APMs).

Annual healthcare spending in the US is now more than $3.5 trillion. The move toward value-based care is one way to help reduce these costs.



At the end of the day, these initiatives seek to better utilize healthcare spend by bringing down the spiraling overall cost of care. Even though this is good news in the long-term, in the short-term it is creating turbulence in terms of care delivery, as changes in the incentive structures means clinicians need workflows adapted to a new set of rules and capability needs – for everything from documentation, data, collaboration, patient engagement, analytics, and reporting.

A recent survey showed that 31% of those participating identified paperwork as the leading cause of their burnout feelings. Another study showed that 74% of independent medical practices say they struggle financially, and that value-based programs are making that problem worse.

Some of the "administrative burden" tied to reporting requirements is related to the clunkiness of legacy health technology and EHR systems, that should be designed to support the needs of primary care clinicians but in many was are burdensome rather than a source of ease. Thus it can be difficult to find technology intentionally designed around the documentation and billing needs of those participating in quality programs in order to earn full incentives in value-based programs without any increase in hours worked.

In this playbook, we'll go over everything you need to know about quality programs and tips for succeeding and getting the most out of value-based care for you and your patients. Elation Health is dedicated to helping primary care clinicians provide value-based care to their patients. As our founders Kyna and Conan Fong recently said: "We believe that success in quality programs does not mean compromise to time spent with your family."



Breaking Down Quality Programs

The Quality Payment Program (QPP) is a federally mandated Medicare program by Centers for Medicare and Medicaid Services (CMS) that seeks to improve patient care and outcomes while managing the costs of services patients receive.

Clinicians may participate in the Quality Payment Program through one of two tracks:

1. The Merit-based Incentive Payment System (MIPS) is the primary way to participate in the Quality Payment Program.

2. Advanced Alternative Payment Models (APMs) are optional programs that offer different incentive structures for high quality, cost efficient care.

MIPS is the standard fee-for-service (FFS) payment track that applies to around 95% of physicians (before the pandemic exception opportunities). Under MIPS, CMS evaluates performance across four categories: Quality, Cost, Improvement Activities, and Promoting Interoperability. Here is a brief description of each category from CMS:



The Future of MIPS and MIPS Value Pathways (MVPs)

Before the COVID-19 pandemic, CMS was working towards the next iteration of MIPS, through the MVPs Framework. MVPs are designed to align and connect measures and activities across the different MIPS categories: Quality, Cost, Improvement Activities, and Promoting Interoperability performance categories for different specialties and conditions. The evolution towards MVPs would have brought MIPS and APMs even closer together. Now, the MVPs rollout has been delayed, and will not be implemented as a reporting option for the 2022 performance period, but is still planned for the 2023 performance period.

All 12 finalized MVPs below will be available for reporting beginning with the 2023 performance year:

- Advancing Cancer Care
- Optimal Care for Kidney Health
- Optimal Care for Patients with Episodic Neurological Conditions
- Supportive Care for Neurodegenerative Conditions
- Promoting Wellness
- Patient Safety and Support of Positive Experiences with Anesthesia
- Optimizing Chronic Disease Management
- Adopting Best Practices and Promoting Patient Safety with Emergency Medicine
- Advancing Care for Heart Disease
- Improving Care for Lower Extremity Joint Repair
- Advancing Rheumatology Patient Care
- Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes

Learn more about the MVP candidate submission process.



Strategies for Success

Payment options are rapidly moving beyond traditional fee-for-service models. Below we offer some strategies for success for primary care clinicians and organizations:

Adopt the Right Clinical Tools and Support

The healthcare industry is littered with “value-based” solutions aimed at enabling success in quality programs, yet many of these solutions target a single problem set and are not integrated into the point-of-care workflow. As a result, providing care and monitoring success can feel like a fragmented experience, between various platforms that aren't interoperable, siloed patient data, and duplication of documentation.

Instead, clinicians need electronic workflows and technology that are designed to seamlessly support communication between clinicians and patients. Technology that is intuitive and designed around clinical care can empower independent physicians to both provide high-quality care and ensure success in value-based care programs without the burnout.

Make Sure You Have All the Data You Need

Often times, there is a communication gap between the primary care physician and other clinicians that are providing care for the same patient. In order for that care to be truly value-based, information must be shared between all clinicians involved in a patient's care . To make things easier and avoid dangerous errors due to a lack of quality patient information, clinicians should rely on EHR technology that makes it easy to maintain patient data and to share information with multiple clinicians.

Population Health and Health Equity

A recent article published by the Healthcare Information and Management Systems Society (HIMSS) noted that "Population health management has been widely discussed as the solution to help healthcare organizations reach value-based care goals." Additionally, the article states that "there are three keys to a successful program: data analytics, technology adoption and the inclusion of the patient as a partner."

The objective to advance health equity goes hand in hand with this as its aimed at embedding health equity in every aspect of CMS Innovation Center models and increasing the focus on underserved populations. As a result, all new models will require participants to collect and report the demographic data of their beneficiaries and, as appropriate, data on social needs and social determinants of health. In addition, providers should identify areas for reducing inequities at the population level, such as avoidable admissions, and set targets for reducing those inequities.

Interoperability and APIs

Another strategy that can also enable success for primary care clinicians and organizations invested in value-based care is having an open architecture which invites seamless integration of a "best-in-breed" collection of solutions, all driven through a core EHR platform where primary care teams spend their time. This strategy can allow the user to customize a digital ecosystem tailored to the particular needs of their care delivery program(s) without creating fragmentation or duplication of workflows.

Success Stories

Can EHR technology ease the transition to value-based care? Sara Pastoor, M.D., M.H.A., FAAFP, Elation's Director of Primary Care Advancement and Manisha Goud, M.P.H. Elation's Vice President of Practice Innovation recently shared their expertise with Medical Economics on how your EHR can and should make value-based success easy, by design. During the presentation, they shared a success story on a physician organization supporting over 800 independent physicians in the shift to value-based arrangements. In this case study, new quality program requirements increased physician administrative burden and added risk to the practice revenue and overall practice viability. The organization deployed a population health vendor in an effort to address these challenges, but this was not effective in engaging providers because it was segregated from their EHR and lack of data integrity was causing inaccurate reporting.

The Challenge:

-Customer is a physician organization supporting over 800 independent physicians in the shift to value-based arrangements.

-New quality program requirements increased admin burden and added risk to practice revenue and overall practice viability.

-Population health vendor was not effective in engaging providers, and lack of data integrity was causing inaccurate reporting.

Elation’s Approach:

-Seamlessly embed compliance requirements within natural clinical workflow, ultimately improving overall care quality and chronic condition assessments.

-Automate coding based on data already being captured in the visit note to reduce cognitive and admin burden.



To sum up, Elation helped to seamlessly embedded compliance requirements within the natural clinical workflow and automated the coding based on documentation already being captured in the encounter notes. This reduced cognitive and administrative burden for the physicians and drove remarkable success in their value-based programs:

- An increase in chronic condition assessment rate of 21%.
- An improvement in post-hospitalization transitional care management services of 300%.

As a result, 96% of PCPs performed better or earned more incentives than the previous year, and 100% of them were eligible for the maximum performance-based incentive that year.

Conclusion

While the shift to value-based care is enticing to the independent physician who wants to focus on patient care, it also comes with many regulations and requirements that the physician is not necessarily equipped to deal with efficiently.

Elation is dedicated to supporting the success of independent primary care physicians who are transitioning to value-based care, and we're doing that by building technology that helps these practices evolve to meet the needs of value-based care more easily.

Part of this task involves building a powerful and easy-to-use technology-driven ecosystem with a focus on primary care and the innovative approach of maintaining an open architecture that integrates seamlessly with all the tools you need. We hope that this can be a key enabler for primary care success in a value-based world and to enable phenomenal, value-based care for everyone.

eBook: Empowering Sustainable Primary Care

Read more about how primary care clinicians can take the driver's seat in making healthcare sustainable again

Download now



About Elation

Elation Health is the most trusted technology platform for high-value primary care. Since 2010, the company has delivered clinical-first solutions — built on a collaborative EHR platform — that help practices start, grow, communicate, and succeed in delivering the highest-quality personalized care to patients. Elation Health supports primary care clinicians in upholding the craft of medicine while thriving in an evolving healthcare landscape. Today, Elation Health serves 24,000 clinicians caring for millions of Americans. Learn more at elationhealth.com, LinkedIn, and Twitter.

Experience the difference of a clinical-first approach:

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