Five steps physician leaders can take to succeed with value-based care (and where to turn for help)

Value-based care, a core tenet for federal, state, and private sector payment and delivery plans, is a strategy to reduce healthcare costs in the U.S. while improving patient outcomes. Value-based care is also one of the most disruptive forces of change to sweep over the healthcare delivery system in decades. To prepare for this new era, here are five steps physician leaders can take to ensure success with value-based care.

1. Cooperate and collaborate with all stakeholders

Value-based care is at the heart of the effort to take patient care and payment from a fee-for-service paradigm to a model based on improved outcomes. The Triple Aim of value-based care is to alter (for the better) the patient experience; deliver improved outcomes across patient populations; and significantly reduce costs. Value-based care seeks to incentivize behavior by moving away from fee-for-service, which rewards providers on the volume—not value of patient care, and can lead to unnecessary patient visits and procedures.

The “outcomes” sought—namely better quality of care at a lower cost—are difficult and complex to measure. Making it work will require new levels of collaboration and coordination among providers, hospitals, and payers. It will also require improvements in the various IT, data, and reporting systems that tie them all together. That’s the essence of the challenge of value-based care.

2. Accelerate automation, interoperability, and digitization of data

According to a recent study, by mid-2016, 58 percent of payers surveyed said they had already shifted to value-based payment models, up 10 percent from two years earlier. Bundled payments, wherein providers are paid for the care of a patient’s illness or condition across the entire cycle of care (say, a knee replacement), are the fastest growing value-based payment method. However, the study also found that overall complexity of value-based contracts and payment models is fast rising, too, and most providers are struggling to meet care and quality goals.

Automation and digitization are absolutely key to success when it comes to reducing the complexity of administering new care and payment models. Technology has been effective in moving practices to near-total paperless environments. Other successes of greater automation have included progress in mitigating the problems of harmful drug interactions. Now what’s needed is far better interchange of data between payers, providers, labs, and caregivers. There is also a pressing need for better decision-support systems that integrate data from these and other sources to deliver actionable insights at the point of patient contact.

3. Prepare to engage with patients in-and-outside of the exam room

While patient satisfaction with individual doctors in “the exam room” is generally high, value-based care demands new strategies for how providers and the entire practice and staff engage and communicate with their patients. Providing excellent care in the exam room is no longer enough. Today’s patients are empowered and connected consumers. To meet quality metrics, the Triple Aim, and patient expectations, practices need to think about how they can use

Automation, interoperability and data digitization can help providers meet bundled payment goals. CMS released the second annual evaluation report for Models 2-4 of the Bundled Payments for Care Improvement initiative. Key highlights include:

- Orthopedic surgery under Model 2 hospitals showed statistically significant savings of $864 per episode while demonstrating improved quality as indicated by beneficiary surveys. Beneficiaries who received their care at participating hospitals indicated that they had greater improvement after 90 days post-discharge in two mobility measures than beneficiaries treated at comparison hospitals.

- 11 out of the 15 clinical episode groups analyzed showed potential savings to Medicare. Future evaluation reports will have more data to analyze individual clinical episodes within these and additional groups.
technology to engage their patients outside of the traditional exam room setting. For example, do providers have the technology to remotely collect health data directly from a patient’s monitoring or wearable device? Do providers have the technology that permits their patients to access and participate in care plans from their mobile phones?

When assessing whether existing systems are adequate, one of the first considerations should be determining if current IT systems enable providers to focus on the overall patient experience and facilitate care plans that can be delivered both in-and-outside of the exam room.

**4. Integrate existing systems with new IT solutions to promote long-term success**

Although the incoming Administration and the majority in the U.S. Congress have vowed to repeal and replace “the ACA,” cost and quality of care issues remain the same. We may see some “trimming around the edges” of value-based care initiatives, but the primary tenets are unlikely to change. Providers will continue to need solutions and services from technology partners that help them address both the cost and complexity of integrating existing systems with new IT solutions so they are positioned to meet the challenges of value-based care today, and tomorrow.

According to Xerox’s Healthcare Attitudes 2016 survey, provider respondents said they are looking for a “great deal of extra help” with building big data analytics and population health management infrastructure. Thirty-five percent said they require “a lot of additional support” to get value-based analytics systems in place.² By applying IT solutions to the challenges of value-based care, providers will be joining a broader movement of organizations that recognize new IT solutions as fundamental to their growth.³

**5. Invest in a trusted IT partner**

Succeeding with value-based care isn’t easy and for many providers, outside support from IT partners is a prerequisite. Fifty-three percent of Xerox survey respondents said they anticipate needing some external support to deliver data-driven care services.⁴ A lot of the help needed centers on new investments in IT systems that can optimize collaboration among providers, hospitals, and payers and integrate data into clinical workflows that improve patient health and the quality of care being delivered. Partners like GE Healthcare, a trusted vendor with proven experience with value-based care, can help providers achieve these goals by offering next-generation IT solutions for securely receiving and exchanging patient care plans and health data with payers, managing mixed payment models and risk-based contracts, and converting actionable analytics into insights and workflows that optimize clinical outcomes, practice efficiencies, and financial performance.

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**REFERENCES:**


