

# *Value-Based Care and Clinical Integration*

A Brief Overview

# *Introductions*

- Dr. Steve Russell, MD, FAAP
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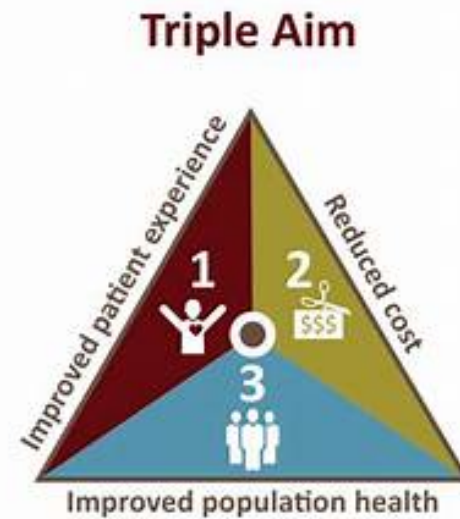
# *Socrates*

The secret of change is to focus all of your energy not on fighting the old but on building the new.

# What is Value-Based Care? ( $V = Q/C$ )

Value-based healthcare is a healthcare delivery model in which providers, including hospitals and physicians, are reimbursed based on patient health outcomes.

“comprehensive, coordinated care using payment models that hold organizations accountable for cost-control and quality gains.”



Source: Institute for Healthcare Improvement

# *The Quadruple Aim*

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1. Improve the patient experience

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2. Improve the health of a population

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3. Reduce the cost of care

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4. Improve the work life of all health care providers

# *The Fourth Aim*

*Improve the work life of all members of the health care team*

- **As we focus on the goal:**
  - Improve processes and create efficiencies in our daily delivery of care to affect the first 3 aims for our patients,
- **We have the potential to:**
  - Improve our daily work life by maximizing efficiencies that come through collaboration and teamwork
  - Lessen the risk of burn-out

# *The Fourth Aim*

*Why are we uniquely prepared to take on the change?*

- **Sense of Purpose**
  - We are here because we want to make a difference in the lives of those we serve
- **We Value Autonomy**
  - We want opportunities to affect the changes toward improvement
- **Mastery**
  - We are driven to get better

# Components of Value-Based Care

$(V = Q/C)$

## Patients

- Quality Components – easy access, convenience, friendliness, satisfaction, wait time, individual outcome, positive interactions
- Cost Components – co-pays, deductibles, Rx out-of-pocket, travel time, hassle factor

## Payers

- Quality Components – HEDIS measures, CAHPS (Consumer Assessment of Healthcare Providers and Systems), ACO measures, Evidence-Based Medicine and Best Practices
- Cost Components – \$\$\$ Rx, overutilization (lab, rad, post-acute), ED visits, Readmissions, out-of-network



# *Defining Clinical Integration (CI)*

## Legal Definition (Federal Trade Commission)

- “An active and ongoing program to evaluate and modify practice patterns by the CI network's physician participants and create a high degree of interdependence and cooperation among the physicians to control costs and ensure quality”

## Common Definition

- A health network working together (Clinically Integrated Network or CIN) using proven protocols and measures with goals to improve patient care, decrease cost and demonstrate value to the market

# *Why Should We Be Interested in Clinical Integration?*

It represents patient centered care delivered by a disparate group of providers working together to **improve the health of a population.**

CMS, Medicaid, and commercial insurers are moving toward Value Based Care contracting and want to work with Clinically Integrated Networks.

Clinical integration is a proven structure to organize physicians, hospitals, and other providers on the elements of Value Based Care: Quality, Efficiency, Care Coordination

Joint contracting through the CIN can give providers access to shared savings and quality payments in addition to existing Fee-For-Service payments.

# *Accountable Care Organizations (ACO) and CI*

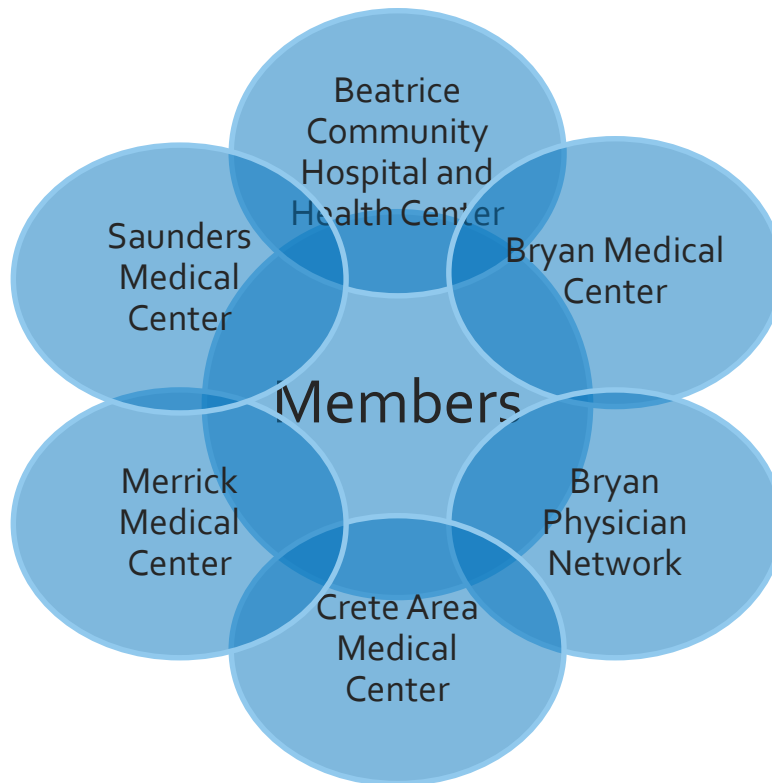
Accountable care is based on the principles of clear, patient-focused aims

- Better overall health through higher-quality care and lower costs for patients.
- Provider accountability through transparent performance measures that reflect those aims.
- Payment reforms that use the measures to align provider support with the aims.

Accordingly, ACOs are provider organizations that are directly and meaningfully focused on these aims.

ACOs are a viable pathway to improve the health of a population utilizing value-based care arrangements and clinical integration.

# *Bryan Health Connect ACO*



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Supporting the process toward clinical integration

# *Medicare Shared Savings Program (MSSP)*

CMS Program for Accountable Care of a Defined Beneficiary Population

Focus is to improve the health of our assigned patients in a value-based care arrangement

Opportunity for shared savings with gradual progression to down-side risk

A major component of being successful in shared savings arrangements is accurately assessing our patient's medical risk or disease burden.

# Questions?



# Contact Information

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