

6 Strategies to Thrive In Value-Based Care

Lightbeam Health Solutions E-Book





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As healthcare shifts away from fee-for-service (FFS), provider groups can succeed by focusing energy on the actions that support a value-based care model. One thing we all know, is where there are new challenges, there are opportunities to thrive. The era of accountable care is no exception. Over the last decade, providers have been collecting patient data, and technology is now providing a way to harness its value. If providers want to thrive in the new era of healthcare reimbursement, they must understand the concept of value-based care.

Thriving in new care models begins with the ability to manage an entire population of patients. While FFS was an encounter based model, value-based care incentivizes providers to proactively manage their patients. Ideally, this is done by prioritizing patients with gaps in care or by risk level. Providers or care managers can engage those identified patients to drive them into the exam room while knowing exactly what needs to be done at the point of care. This process, and the technology that supports it, is known as population health management. The goals of population health management are to keep patients healthier, reduce unnecessary spending and improve the total healthcare experience for all stakeholders.

Pillars of Value-Based Care



Quality of Care



Reducing Cost



Improve Experience

Total Population Health Management

Achieving population health management starts with aggregating data from a variety of sources. Many healthcare organizations are using an Enterprise Data Warehouse (EDW) to accomplish this task. Once inside the EDW, claims, clinical and social data goes through a cleansing process to generate a comprehensive view of each patient. This process is necessary for transforming disparate data into meaningful action, so providers can effectively use it to focus on the pillars of value-based care.

By focusing on the fundamental pillars of value-based care, provider groups will see improved participation in value-based contracts while giving them the ability to negotiate future payer arrangements as they take on more risk. Implementing population health strategies will ensure proactive care delivery with the right resources and data, enabling all stakeholders to enjoy clinical and financial success. The following initiative strategies include descriptions of Lightbeam Health Solutions Population Health Management Platform, built to help medical groups manage their value-based contracts and patient populations. Lightbeam's Platform offers an enterprise level view of healthcare organizations which can be broken down by user defined hierarchies to the patient level, providing the comprehensive advantage of identifying areas of improvement, bringing alignment to organizational objectives and value-based care reimbursement.



Quality of Care

1

Action

Close Gaps In Care

Result

Improved Quality Measures

2

Action

Risk Stratify Patients for Care Management

Result

Healthier Patient Population



Reducing Cost

3

Action

Analyze Cost and Utilization Data

Result

Increased Shared Savings

4

Action

Identify Patients for Past Due Visits

Result

Increased Top Line Revenue



Improve Experience

5

Action

Combine Data at the Point of Care

Result

Informed Decision Making

6

Action

Engage Patients

Result

Increased Patient Participation



Improving Quality of Care

Improving healthcare quality starts with putting the patient at the center of care. Improving quality can be done several ways, but they all involve one of two critical actions. The first action includes healthcare providers identifying and closing gaps in care. The second is using data to stratify patient populations by risk. Every method of improving quality will originate or evolve from either one of these actions. If value-based organizations want to take immediate steps to improve quality outcomes, the following strategies are a great place to start.

1

Close Gaps In Care

Problem

A gap in care occurs when a patient is not compliant with a care standard required for measure reporting in various quality programs.

Solution

Providers can use analytics to proactively drive the daily workflow that enables them to take immediate action on poorly performing quality measures. Lightbeam's Quality Measures chart helps close gaps in care by providing a complete view of all reporting programs and the performance of each individual measure. Quality measures and care gaps will vary depending on the contract and population size, however Lightbeam was built to manage multiple value-based contracts of various population sizes which makes identifying gaps in care from the enterprise to patient level simple.

Outcome

Increased Compliance and Quality Measure Scores



2

Risk Stratify Patients for Care Management

Problem

Research from the New England Journal of Medicine explains that 5% of patients account for 50% of spending, thus a small amount of patients make up a disproportionately large percent of costs. These costs can be managed and reduced dramatically when appropriately care managing the right patients.

Solution

Providers can use a Risk Stratification engine to identify the small percentage of high cost patients by segmenting the patient population into groups of risk. The two-method approach Lightbeam uses for stratifying patients based on risk are the John Hopkins ACG® predictive model and a proprietary “Ability to Impact” (ATI) algorithm. Through this engine, providers can identify patients who have historically had a high cost of healthcare and those who have a high likelihood of reducing future costs with appropriate care intervention. These resources helps providers and care managers focus on patient groups where they can make the biggest impact.

Outcome

Healthier Patient Population and Reduced Total Costs





Reducing Costs and Boosting Revenue

Reducing healthcare costs and boosting revenue begins with evaluating current financials. Monitoring spending can be done in several ways. This includes analyzing cost and utilization data as well as improving preventative and wellness visits. Increasing these two activities will help providers improve care quality while increasing top line revenue. Since Lightbeam can combine both claims and clinical data sources, providers can identify key cost indicators which are critical when evaluating financial data and identifying patients who need to be proactively treated.

3

Analyze Cost & Utilization Data

Problem

Without visibility, provider groups have a difficult time tracking performance against their value-based contracts resulting in a loss of potential shared savings or bonuses.

Solution

Providers can analyze clinical and claims reports to understand how they are performing across the board from a financial and utilization standpoint. Lightbeam Analytics provide these reports to help identify cost drivers, out of network “leakage” or other unnecessary spending areas. Metrics can be used to analyze indicators across the healthcare enterprise. Here are a few key metrics medical groups can use to evaluate total healthcare spend and performance to reduce spending:

- **Financial** - PPSM, Total Paid, Part A Paid, Inpatient Paid, SNF Paid, and more
- **Utilization** - Total Patients, ER Visits, Inpatient Admits, Inpatient Readmits, and more

Outcome

Reduced Unnecessary Spending and Increased Shared Savings



4

Identify Patients for Past Due Visits

Problem

Healthcare reimbursement used to be encounter based, but providers now have to change the way they operate to include a focus on prevention to align with value-based contracts.

Solution

CMS recently introduced the Annual Wellness Visit (AWV), a preventative visit that is no cost to the patient while the provider can reap \$172 in fee-for-service revenue for a first-time visit, and \$111 for subsequent visits. Lightbeam provides an AWV chart which identifies patients who have not had a wellness visit in the past 12 months. Providers can close up to eleven care gaps in one AWV visit to improve quality. In addition, they can use this visit to document pre-existing or new diagnosis codes (such as Hierarchical Condition Category codes (HCC)) that may have been overlooked.

Outcome

Increased Top Line Revenue and Quality Outcomes





Enhancing the Patient Provider Experience

Enhancing the patient and provider experience begins with making the complex simple. Improving the provider experience can be achieved with a simplified point of care decision support tool. Improving the patient experience can be done with personal care plan engagement and communication from the care team.

5

Combine Data at the Point of Care

Problem

Providers currently lack insight into their patient's historical care encounters that take place outside the health network thus hindering their ability to make the most informed decisions at the point of care.

Solution

Lightbeam's Care Management module provides an aggregation of data at the point of care in a document called the Patient Face Sheet. This provides a longitudinal medical profile displaying open gaps in care as well as a complete view of past diagnoses, medications, labs, ER visits, re-admissions and other utilization information. Providers are then able to use clinical judgement informed by the patients past to determine the next step of care. The Patient Face Sheet can be viewed from the Lightbeam Platform or printed on any given day for morning huddles.

Outcome

Informed Decision Making



6

Engage Patients

Problem

The average senior patient (65+) visits their Primary Care Physician 8 times a year, this leaves roughly 8,752 hours of little to no communication between the patient and provider. Chronically ill patients who remain out of touch often end up taking a trip to the ER for an avoidable reason.

Solution

Using an automated Patient Engagement solution, medical groups can scale communication campaigns to proactively engage a defined group of patients. Texts, voicemails or secure email messages can all be used by providers as channels to send reminders to their patients for care plan steps, upcoming appointments or medication refills. In addition, Lightbeam's Patient Engagement engine can deliver personalized communications based on psychographic segmenting to help improve response rates and patient compliance. Having this ability to engage patients using a tone that triggers a response will strengthen the relationship and improve the overall patient experience.

Outcome

Increased Patient Participation and Satisfaction



How to Apply these Strategies?

Lightbeam Advisory Services

Your Personal Guide to Value-Based Care

Population Health Management technology was forged out of the paradigm shift from fee-for-service to value-based care. As mentioned earlier, the shift in payment models require a shift in technology to satisfy new reimbursement methods. However, there are also many operational changes that should take place to effectively leverage the new technology for optimal clinical and financial success.

The Lightbeam Platform will introduce medical groups to a vast amount of patient information, but simply possessing new or more data will not lead to guaranteed outcomes. Lightbeam Advisors help healthcare organizations focus on the strategic clinical and financial initiatives that relate to their value-based contracts. Advisory Services support clients in using the Lightbeam Platform as they strive to align value-based business objectives with new operational workflows.



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