

Value-Based Care

A shift from volume-based care to value-based care incentivizes healthcare providers to offer the best care at the lower cost

	VOLUME-BASED CARE	VALUE-BASED CARE
Basis for Payment	Fee for service	Value for health outcomes
Also called	Disease-based care	Population health management
Focus	Quantity of procedures	Quality, health outcomes, total cost of care
Payments	One payment for all services a patient needs, regardless of the outcome	One payment divided among providers based on achieving quality and cost metrics
Incentives	The volume and cost of care provided	Keep patients healthy, manage chronic conditions
Keys to Success	Efficiency, throughput	Interconnectivity between providers to coordinate patient care, access to patient's complete dataset, predictive analytics

POPULATION HEALTH MANAGEMENT TAKES MANY FORMS

Accountable Care Organizations (ACOs)

Groups of doctors, hospitals, and other healthcare providers, who come together and assume financial risk for managing the health of a population.

Direct-to-Employer Contracting

Companies bypass insurance companies and negotiate directly with hospitals, healthcare providers to reduce costs and improve health outcomes for employees.

Bundled Payments Models

Healthcare providers are paid a single payment for all services performed to treat a patient for a certain condition (i.e. knee replacement) or care for a period of time.

Quality measures are essential to ensure the value-based system works properly.



Significant investment by hospitals to put the systems into place to identify at-risk patients and manage care



Establishing an organizational structure in which effective processes, training and incentives are aligned



Physician adoption of best practice guidelines



Providers and payers agree to quality metrics up front