

Value-Based Care Buyer's Guide

*Key Considerations for
Health Systems*

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An Opportunity in Value

Value-based care (VBC) offers health systems an opportunity to drive quality initiatives and improve health equity while increasing revenue. However, realizing its potential requires careful planning and strategic investments to improve proactive patient care.

As health systems seek to align their strategy with the industry's shift to value, many are turning to partners to bring the new capabilities, technology, and workflows needed for success.

To help those contemplating whether a partner is right for them, CareJourney and Pearl Health developed a checklist that outlines key questions and requirements to keep in mind before, during, and after assessing potential partners. Each of the requirements below plays a critical role in driving your success, so if you uncover any gaps, we recommend pausing to address them before proceeding.

The Value-Based Care Buyer's Guide for Health Systems

1. Is My Organization Ready to Evaluate Partners for Value-Based Care?

- Sponsorship.** Clear value-based care buy-in from executive leadership
- Vision.** Clarity on how value-based care supports your key objectives
- Ownership.** Centralized decision-making for VBC
- Infrastructure.** Foundational building blocks in place to enable successful pursuit of risk (e.g., knowledge of contracting, care management support, etc.)
- Collaboration.** Regular cross-functional communication across relevant entities and teams

2. Can the Partner Help Me Win in Value?

Strategy

- Program Breadth.** Support for value-based care programs across priority lines of business (e.g., Traditional Medicare, MA, Commercial, etc.)
- Portfolio Curation.** Ability to forecast TIN & NPI-level performance across value-based care programs to maximize revenue with minimum volatility
- Risk Mitigation.** Understanding of major payer policy goals and how to develop a value-based care strategy that aligns with those goals

Performance

- Data Sources.** Rich, timely data from a variety of third-party sources
- Actionable Insights.** Algorithms that power recommendations to improve clinical outcomes and lower costs by:
 - Predicting and flagging acute care needs (e.g., preventable ED visits)
 - Identifying and flagging acute care needs (e.g., inpatient or ED visits)
 - Identifying and flagging preventive care needs (e.g., AWVs, care gaps)
- Enablement Technology Platform.** Intuitive tooling to surface actionable insights and recommendations to providers and their teams in a timely manner
- Data Integration.** Interoperability with systems of record and timely data sharing, including:
 - Discharge information, including medications list and recommended next steps, delivered as standardized information to the PCP/ACO within one day of discharge
 - Longitudinal patient insights (Rx, diagnoses, medical activity, etc.) across providers and facilities made available to clinicians and care teams
 - Patient roster uploaded and available to clinical and administrative users
 - Attributed PCP pre-populated in medical records
- Point of Care Integration.** Ability to surface insights and recommendations within the EHR, such as:

- Code recapture opportunities
- Care gaps
- Medications history (available via CMS Part D files)
- Care Team & Care Site Workflows.** Support designing and training providers and staff on preventive, proactive, and acute care workflows such as:
 - Reaching out to patients with transition of care needs, including scheduling follow-up PCP visits within Transitional Care Management eligibility rules when applicable
 - Completing Rx reconciliation within 48 hours of discharge
 - Identifying and informing patients of needed preventive services
 - Scheduling or performing needed preventive services with ACO providers
- Patient Engagement.** Ability to drive patient engagement outside of the hospital or health system, including:
 - Preferred providers and/or retail clinics within the ACO
 - ACO patient data segmented for personalized outreach communications
- Care Coordination.** Complementary services to coordinate integrated patient care during transitions of care and other pivotal moments
- Health Equity.** Collection and use of Social Determinants of Health (SDOH) data alongside value-based care program mechanics to reduce healthcare disparities

Financial Support

- Immediate Revenue.** Guaranteed investment from risk-bearing partner to support implementation
- Regular Cash Flow That Incentivizes Success in Value.** Recurring incentives from risk-bearing partner for taking the actions required for success in value-based care
- Downside Protection.** Asymmetric risk sharing to maximize upside and limit downside exposure

3. What KPIs Can the Partner Monitor to Provide Visibility & Enable Course-Correction When Needed?

Leading Metrics

- Estimated Total Cost of Care.** Monthly updates on how you are trending vs. your benchmark, as well as how you are trending vs. similar organizations
- Clinical Quality Measures.** Visibility into program-specific QMs
- Provider-Level Activity:** Real-time monitoring of provider activity to support value-based care (e.g., engagement with proactive care recommendations)

Lagging Metrics

- Value-Based Care Cash Flow.** Monthly or quarterly reports on value-based care payments.
- Annual Performance Reports.** Full reporting on value-based care performance across all revenue sources — including shared savings — as well as quality measures.

Taking the Next Step

Have questions about value-based care or addressing any gaps you identified?

Visit pearlhealth.com/enterprise or email info@pearlhealth.com to learn more about how Pearl can help you succeed in value with the right capital, technology, and expert support.

Visit carejourney.com/solutions/for-value-based-care-organizations or email info@carejourney.com to learn more about how CareJourney can help you succeed in value with the right data and analytics.