



What is Value-Based Care?

The health care system in the U.S. is facing significant quality and cost challenges. Currently, the United States spends more on health care as a share of the economy than any other country, despite spending nearly double than most nations, with similar outcomes. Compared to peer nations, the U.S. has among the highest chronic disease burden and the lowest life expectancy. Reform is needed. The most promising path forward is value-based care, which holds providers accountable for cost control and quality gains - making health care more proactive. But what exactly is value-based care, and what does it mean for patients?

Value-based Care vs. Fee-for-Service

Value-based care is a health care delivery model in which providers are reimbursed based on patient outcomes. Value-based care is not a single health care payment model. It is an overarching model that can be implemented in many ways, such as through Accountable Care Organizations (ACOs) and bundled payments. Fundamentally, providers are compensated for achieving the *Triple Aim*: improving patient experience of care, improving health of populations, and reducing per capita cost of health care. Fee-for-value encourages health care providers to be intentional about the quality of care provided and the overall outcome of that care in relation to the cost. This is different than the traditional fee-for-service model, which compensates providers based on the number of services provided. Rather than incentivizing more procedures done and patients seen, value-based care incentivizes preventing high utilization of services and managing chronic disease.

Keeping Populations Healthy

Living with a chronic disease, like diabetes or COPD, can be costly for patients and payers alike. One of the main pillars of value-based care is preventative measures to avoid chronic disease before its onset. The goal is to support patients and keep them healthy, rather than waiting to provide care when patients get sick, which is often more expensive and complex. Cancer screenings, chronic disease management, and regular wellness visits have been proven to catch rising risk early enough to avoid hospitalizations and other high-cost interventions and are crucial in managing a population's health. When coupled with annual wellness visits and prescribed medication management, this proactive concept helps keep health care costs down, produces better health outcomes, and improves an entire population's health.

Benefits for the Provider

Many claim that the *Triple Aim* needs an additional aim – increasing provider satisfaction. Many providers are battling fatigue and burnout in part to electronic health record stress, short visits, and high patient volumes. Value-based care allows providers more time to practice medicine. By providing physicians with a more collaborative, team-based approach, physicians have more support and can focus more on building patient relationships and providing more holistic, coordinated treatment.

Transforming Care Delivery

Value-based care is a win-win for all parties involved. By prioritizing quality and outcomes over the quantity of services provided, patients spend less money to achieve better health, providers achieve efficiencies and greater patient satisfaction, payers control costs, and society becomes healthier while reducing overall health care spend. In this new era of health care, where costs are continually rising and quality is suffering, value is key. If you are looking to make the move to value, contact us today for more information on our innovative solutions.