cordata HEALTHCARE INNOVATIONS

POINT OF VIEW

Win now, win later: 3 core capabilities for value-based care

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Many healthcare stakeholders are understandably concerned about the long-talked-about-but-finally-happening shift to value-based care. Value-based care in all its forms — from the baby steps represented by bundled payments for specific procedures to MACRA's Merit-based Incentive Payment System (MIPS) formulas to fully capitated, population health — represents fundamental change. And because specialties — with their costs and risks — represent the first wave of reform, the initial change will be that much more complex.

Since payment models for providers will change, care delivery will naturally change, too. Thus, hospitals and health systems must plan for change in multiple dimensions if they are to successfully transition to this new world. There are several good places to start:

1. Embracing care coordination as a strategic and enterprise-level capability
2. Learning to engage patients in highly efficient and effective ways
3. Deploying "platform" solutions that can support multiple different specialties without sacrificing specialty-specific features and protocols

These may sound like highly ambitious steps, but the challenges and complexities of healthcare necessitate such a bold and comprehensive approach. In fact, we believe the combination of care coordination, patient engagement and cross-specialty is shaping up to be the "killer app" for value-based care success.

1. CARE COORDINATION

Care coordination seems to be having its moment, with seemingly all technology vendors saying their tools can do it. Some of these offerings are very general (such as health coaching apps that focus on tips and encouragement). Others are too specific or limited for widespread use (like those designed exclusively for a single disease or condition).

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The biggest EHR players have been touting their care coordination capabilities. While they have a wealth of relevant and valuable information, it's organized for viewing by specific types of physicians and designed to streamline their workflows. This is beneficial for M.D.'s, but not for care coordinators who need comprehensive views of patients across multiple types of physicians and even other providers (e.g., physical therapists).

Given that complex patients (the ones with most need of care coordination) typically have multiple comorbidities, clinical risks and other forms of distress (including financial and social concerns), care coordination systems must be designed specifically for patient interaction.

Ideally, care coordination processes and technology will also provide easy access to data around appointments, events, comorbidities and other risk factors so the care team (including physicians, nurses, coordinators and navigators) can gain a longitudinal view of specific patients' journeys and keep them on track with treatment plans.

In a value-based world, a strong care coordination system can reduce the risk associated with bundled payments and direct-to-employer contracts through better use of conservative care. It can also provide more detailed insight into risk levels for individual patients, and provide it sooner and with recommendations for direct action. Additionally, proactive patient interaction can significantly reduce emergency department utilization and post-treatment readmissions by recognizing symptom changes and guiding patients back to more cost-effective modalities of care.

Care coordination also offers immediate value within current payment models by helping hospitals and health systems to drive clinical efficiencies and reduce patient outmigration. Further, it increases focus on acute and lucrative procedures by enabling w key physicians to operate at the top of their licenses.

> *"Care coordination offers immediate value within current payment models and is vital to success with the value-based models of the future."*

2. PATIENT ENGAGEMENT

Patient engagement is also attracting a lot of industry attention. The default view is that patient engagement is a practice separate from care coordination involving general principles (like guidance from doctors and encouragement to patients). However, in complex specialties, patient engagement activities and content are specific to certain conditions and treatment types — and essential to promoting better outcomes.

More broadly, patient engagement should be viewed in terms of bringing patients into the care team — proactively directing and motivating them to take the actions (whether it's attending therapy sessions or taking medications) that lead to better outcomes. Further, patient engagement tools can provide timely updates to providers on changes in patients' conditions, such as an increase in pain. Advance insights of this type can reduce readmissions, ED visits and overall risk. In the value-based world where payments are at risk, proactive and predictive insights, combined with the ability to influence patient behavior, may be the difference maker between making and losing money.

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Since no hospital or health system has the budget to hire all the coordinators or navigators necessary to stay on top of every patient, automation is critical. Basic reminders and follow-ups and other straightforward tasks should be automated. This allows human resources to stay focused on the highest-risk patients — the key patient interactions and those cases where they can make a difference. Automation allows coordinators and other staff members to use exception management to prioritize work. It also enhances the care team's overall productivity. For instance, administrative coordinators and social workers focus on the patient tasks most appropriate for their skill sets, while nurses and clinical coordinators deal with the patient interactions where their clinical knowledge is most valuable.

Messages to patients should also be personalized, with messages delivered in the channel (e.g., text message or phone call), tone and frequency patients prefer. Why? If they don't use the engagement technology, it isn't valuable. Many providers were hoping patient portals would help boost patient engagement, but patient adoption is very low — largely because portals require patients to initiate communication and they offer generic experiences.

True engagement requires proactive and personalized outreach, as demonstrated by leaders in online marketing, ecommerce and other fields. In this sense, hospitals can learn from effective practices that were defined in other industries (like financial services and retail) with reminders and prompts to pay a bill, save money or take other recommended actions.

3. SPECIALTY SPECIFICITY

They are called "specialties" for a reason. Oncology, spine and musculoskeletal care, bariatrics, behavioral health — all of these have different key risks, protocols and metrics for measuring acuity and improvement. Care coordination and patient engagement needs and techniquies vary across these specialties.

> *Every specialty has different risks, protocols and metrics for measuring acuity and improvement.*

In terms of technology, you don't need five different tools or applications for five different specialties, but rather a platform that can be extended to support multiple specialties with the tailored information streams and protocols embedded in the interfaces for each type of user. That's a necessity to avoid bringing more complexity to the IT function, which generally prefers to support fewer new technologies.

There are also clinical considerations. For instance, complex patients in one specialty may have needs in another — think cancer patients that also face depression or other behavioral issues. Thus, one system that can accommodate both parts of their care path offers obvious advantages.

Lastly, it is also worth noting that MACRA's MIPS model is clearly pushing providers to manage the whole patient, including primary diseases, but also smoking, depression, financial issues and other factors that increase the likelihood of poor outcomes. This is a situation that cuts across multiple specialties and calls for a platform approach.

Bottom line: The future is already here

For an industry that aspires to improve people's lives and find cures to diseases that have existed for centuries, the so-called "triple aim of healthcare" is an appropriately ambitious agenda. Improving clinical quality, lowering costs and delivering a better patient experience require a different and bold approach — especially as the industry enters a new era of risk-based payment systems.

The efficiency and effectiveness gained though the combination of care coordination and patient engagement in specialty-specific contexts is such an approach. In fact, we believe the combination of specialty-focused care coordination and automated and efficient patient engagement, when enabled by the right platforms and tools, is the best (and perhaps only) way to achieve the full vision of value-based care.

About the Author

Gary M. Winzenread co-founded Cordata Healthcare Innovations in 2014 and serves as its president and chief executive officer.