Health Rosetta

MODULE 4

Value-based Primary Care

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OUTSTANDING PRIMARY CARE IS ESSENTIAL

*40 years of research has validated that people with **superior primary care** are **healthier**, **happier** and **cost less money***

Primary Care in This Country is Broken

Root cause of this dysfunction is the fee-for-service payment model

- *Systemically undervalues primary care*
- *Perverse volume incentives*
- *No compensation for critical elements of effective primary care*
- *Too many patients, too little time – immense patient frustration*

Primary Care in This Country is Broken

Results

- *Exit strategies & constraints of 8-10 minute appointments*
- *Delaying essential chronic care management*
- *Wasteful ER/specialist/urgent care use*
- *Redundant/dangerous tests, procedures & medications*

Forward thinking employers & their consultants are transforming primary care

- *Liberating primary care from perverse incentives of fee-for-service payments*
- *Rewarding primary care doctors for superior clinical care, stewardship of overall healthcare spend and patient experience*
- *The evolution of true value-based primary care*

PCMH/ACOs   *Onsite/near-site Clinics*   *Near-home Direct Primary Care*

VBPC in Action
a true patient story

Keys to effective value-based primary care

Economics

- *Breaking down financial barriers for patients*
    - *No co-pays/deductibles*
- *Breaking down access barriers*
    - *Fewer patients*
    - *Longer appointment times*
    - *Evening & weekend hours*
    - *Integrated, HIPAA compliant communication app*
- *Ensuring proper financial incentives for doctors*
    - *No fee for service*
    - *No downstream financial allegiances*

Keys to effective value-based primary care
Operations & Data

How value-based care saves money

PROACTIVE MANAGEMENT OF CHRONIC CONDITIONS

PROVIDING HIGH VALUE REFERRALS

REDUCING UNNECESSARY ER, URGENT CARE, AND HOSPITAL UTLIZATION

Choosing a VBPC partner

- *Robust data & technology platform*
  - *Integrating data feeds from multiple sources*
  - *EMR*
    - *Claims*
    - *Communication*
    - *Administrative/eligibility*
  - *Generate actionable clinical information*
  - *Reporting*
- *Population health workflows*
- *Clinical collaboration & oversight*
- *System independence*
- *Hybrids vs Dedicated*
- *Coordinate behavioral health resources*
- *Coordinate MSK resources*

Ways to integrate into plan

Work into Plan Design

Offer as Add-on Feature

Challenges

- *Scale*

- *Consistent clinical quality*

- *Data feeds from TPA*

- *HSAs*

Provider Landscape

- *Medicare Advantage*

- *Onsite/near-site*

- *Near-home Direct Primary Care*

Q&A