



8 Factors for Success in the Transition to Value-Based Care

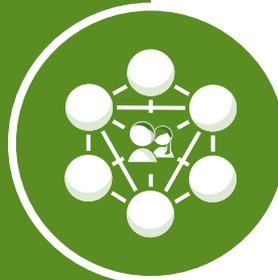


What does it take to successfully participate in value-based care programs?

More than ever before, community practices are being challenged to improve patient outcomes and reduce costs while reporting on numerous clinical and financial performance metrics. As the healthcare industry continues to shift towards value-based care through programs like the Merit-based Incentive Payment System (MIPS), your practice needs reliable and experienced support.

Our team of experts at McKesson Specialty Health emphasize eight factors for success in helping community practices transition to value-based care.



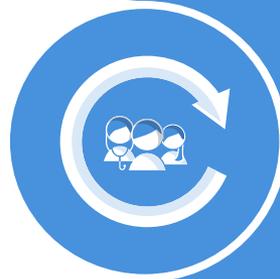


1. Collaborative, patient-centric culture and a team approach to care

Value-based care programs, such as MIPS, require a team approach to care. Everyone at the practice, from the front office staff to the physicians to the supportive care team, must work together to provide patients with the best care possible while ensuring all requirements are met. A collaborative, patient-centric mindset will ensure the interest of the patient remains at the heart of every decision.

2. Practice staff and physicians have received value-based care education

It's critical that everyone at the practice understands why value-based care is important and the role they play in its success. These programs are not solely about reducing costs. They also focus on improving care quality and patient outcomes and providing a better patient experience. Education is key to creating a culture in which value and quality are seamlessly woven into the care delivery process.



3.....

Experience with other quality programs

Practices that have successfully participated in other quality programs, such as the Physician Quality Reporting System (PQRS) or other payer-driven Alternative Payment Models (APMs), may already have many of the processes in place to meet the requirements of value-based care programs. Review program requirements against your practice's current workflow and reporting capabilities to understand which measures are already being completed and where gaps might exist.

.....4.

Strong patient navigation and follow-up processes

Patient navigation should be part of a practice's formal process and involve more than just clinical follow-up. Psycho-social and financial care, among others, are equally important elements of patient navigation. Ultimately, the goal of patient navigation is to keep patients informed and engaged in order to reduce emergency room visits and hospital admissions. A consistent follow-up process is also critical in ensuring all members of the patient's care team are aligned.

5.

Established financial counseling program

If your practice doesn't already have a financial counseling program in place, it's time to get started. Documenting financial conversations is a major component of many value-based care programs. In fact, some programs require practices to not only explain to patients their out of pocket costs, but also the cost of the entire treatment plan. These discussions can be challenging, and it is essential to have the right person in place so the information can be delivered clearly and compassionately. Technology can greatly assist by calculating treatment plan and patient out-of-pocket costs and help in documenting conversations for reporting purposes.



6.

Solid front office and billing procedures coupled with robust reporting capabilities

As measures assessing cost, quality, utilization and other outcomes continue to evolve, the right technology is critical to meeting value-based care requirements. Practices that are the most successful have strong front office and billing leadership and a staff that understands the practice management and EHR systems. The ability to report on these measures will greatly reduce the amount of manual intervention needed to meet tracking and reporting requirements.



7.

Standardized documentation procedures

As reporting requirements become increasingly complex, consistent documentation is essential to value-based care success. Standardizing documentation procedures is also critical to ensuring patient care is seamlessly transitioned from one team member or provider to another. For example, if the on-call provider is assisting a patient in the middle of the night via phone, the conversation should be documented and follow-up arranged for the next day.

8.

Strong relationships with referral partners

The team-based approach to care extends beyond the physicians and staff of a practice. To thrive in a value-based care environment, practices need strong relationships with their referral partners documenting each step in a patient's journey. Maintaining close connections with referral partners is an essential aspect of patient navigation and ensuring the patient is receiving the appropriate level of care.



At McKesson Specialty Health, we understand the challenges you face and are committed to helping your practice navigate the changing healthcare landscape. Our comprehensive solution includes services, expertise and technology for your practice to efficiently transition to value-based care.

Contact us to get started.

msh.ips@mckesson.com