Value-Based Care

At CCMC’s January 2018 New World Symposium in Nashville, Tennessee, Kimberly Hodge, MSN, RN, ACNS-BC, CCRN-K, of naviHealth led an enlightening discussion of value-based care (VBC) to a packed group attending the breakfast symposium. In the presentation, titled “Skills, Technologies, & Attributes Case Managers Need to Succeed in Value-based Care,” Hodge focused on the Porter/Teisberg definition of VBC, defined as “health outcomes achieved per dollar spent.” Payments to providers and practitioners are aligned to value. Across the continuum of care, this means that providers and practitioners must assume greater financial risk, as shown in Figure 1. On the left is fee-for-service, in which payers assume all the financial risk, and on the right is global capitation, in which providers assume greater and greater amounts of financial risk. The increased risk being shouldered by providers and practitioners requires effective and efficient transition management and care coordination—just the sweet spot for case managers.

Hodge noted that VBC of patients requires “hindsight, current sight, and foresight.” For example, the advent of hospitalists was intended to improve patient care in the hospital, but their use has led to more fragmented care because the hospitalist has no context of before and after care. For these three types of insight to occur, case managers must be comfortable using data.

Post-acute care is the big cost- outlier in the care continuum, ranging from $35,000–$40,000 for a long-term care stay to $5000 for home health services. Relatively few patients who are in the acute hospital need to be transitioned to long-term acute care.

Knowing the settings that drive cost and quality and can drive readmissions is important for case managers.

Bundled payments are designed to promote collaboration among settings and providers by bundling the cost of an episode of care into one lump sum that covers all services provided for that episode. Thus, each provider must assume responsibility for value and quality.

For case managers, understanding their role in VBC is paramount. This type of care requires new capabilities (Figure 2). And one tool that case managers must learn to embrace is data. At the end of the day, health care is a business, and data drives businesses.

Reference