

# Value-based Care and Care Teams Discussion Guide

**Audience:** All staff members within each practice (min. 75% staff participation).

**Focus:** Pediatric Wellness Visits (aka well-child checks)

**Objective:** Following this session, I will understand:

1. Where “value-based care” fits in today’s health care landscape.
2. What is Trinsic?
3. The role I play in helping my practice fulfill its commitment to this transformation?

## SECTION I: Value-based Care

Value-based care is a new way of paying for, and delivering, health care. Simply speaking, it is a different payment structure—instead of paying health care providers “a fee for a service” it pays providers a “fee for a patient” and then holds providers accountable for providing high-quality, cost-effective care. As more and more payers use this model, this change in payment structure will ultimately change how patients are cared for by our teams. The purpose of this section is to gain a better understanding of value-based models and explore how they impact patient care.

### Key Takeaways:

- What is value-based care and how does it differ from traditional “fee for service” models?
- What are the impacts to our clinic and/or me as a result of our participation in value-based care?

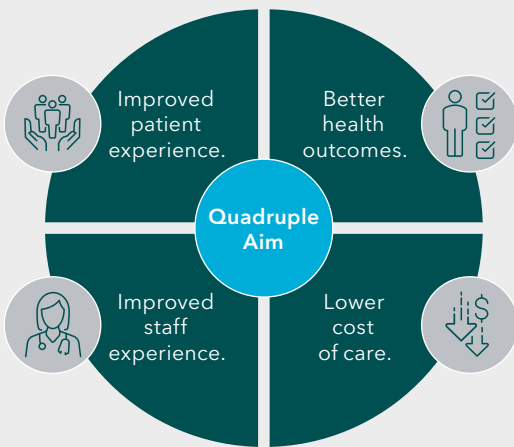
### Talking Points

#### Value-based care:

The goal of value-based care models is to reward providers for reducing unnecessary health care costs by improving patient health and experience, and reducing the effects of chronic disease.

#### About value-based care:

1. What is it?
  - Valued-based care is considered an alternative care model that emphasizes improving patient health and reducing effects and incidence of chronic disease, so that patients can live healthier lives.
  - Value-based care stresses a team approach to patient care and sharing of data with other medical providers to provide coordinated, patient-centered care.
  - Some insurance companies offer incentives for providing high-quality care and a reduction in health care costs.
2. How do we do it?
  - We will transform how health care is delivered, which could mean expanding teams to include roles that did not exist before or approaching care differently.
  - We will develop interdisciplinary care teams that work together to meet the needs of the patient.
  - We will offer personalized care, which involves patients in making clinical decisions that match their wishes and values.
  - We will share medical information across providers and care settings, resulting in coordinated patient care.
  - We will focus on proactive care and prevent problems before they start.



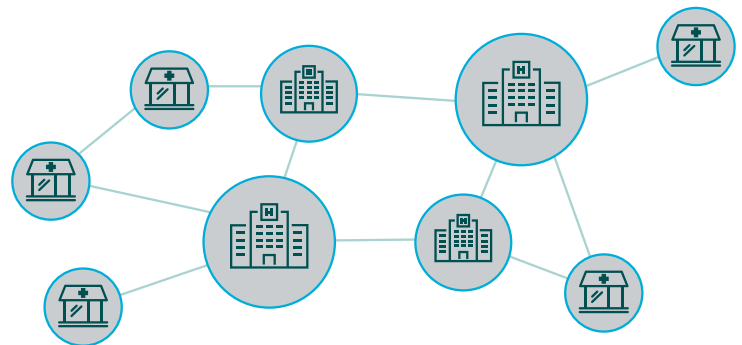
Value-based care is a payment structure and care delivery model that supports the four elements of the Quadruple Aim.

### 3. Why are we doing this? (Quadruple Aim)

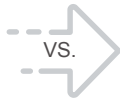
- Improved patient experience:
  - A patient-centered care approach involves the patient in their treatment plan.
  - Preventing diseases or decreasing complications improves quality of life.
  - Screenings and interventions focus on caring for the “whole” individual (e.g., depression screening).
- Better health outcomes:
  - Screening for chronic illness.
  - Educating about healthy lifestyle choices and how to manage disease.
  - Making sure patients get the care they need when they need it.
- Improved staff experience:
  - Utilizing the expertise of the care team (team-based care) expands care roles.
- Lower cost of care:
  - Early detection of disease, monitoring for disease progression and promoting a healthy lifestyle reduces emergency visits and hospitalizations.
  - Optimizing medication regimes and selecting generic medications, when there is an equal choice, reduces unnecessary costs.
  - Avoidance of duplicative medical services through better communication and collaboration of providers.

### Why should I care?

Your practice has voluntarily joined an Accountable Care Organization (ACO) called Trinsic.



1. All practices that are part of Trinsic are engaged in alternative care models through insurance companies called value-based care.
2. Your practice is accountable for reporting metrics that show patients are receiving quality care.
3. Your practice has made a commitment to transform their care model.
4. Quality preventative health care saves lives, reduces disease burden, and keeps people doing the things they like to do.
5. You might be asked to do something new or different.



### How value-based care differs from “traditional” care models:

1. Traditional models rely on quantity of visits for reimbursement:
  - Relies on patients to make appointments.
  - Reactive care that focuses on seeing patients when they are sick or have advanced diseases.
  - Payment is based on volume of visits.
  - Payment is incurred for each visit and test ordered.
2. Value-based care relies on quality of care and reduction of unnecessary costs for reimbursement:
  - Identify and outreach patients not being seen for preventative care or having a disease not being closely monitored.
  - Proactive care where screenings are completed at age-determinant intervals to detect risk or onset of disease.
  - Payer incentives for appropriately documenting the burden of care.
  - Sharing best practices.
  - Teaching patients about healthy lifestyle choices.
  - Focus on reducing the total cost of care by placing more emphasis on preventive care.

### How do we win?

All primary care practices in the network contribute to the success or failure of value-based contract performance. Trinsic is paid based on all the practices aggregated together and money earned is distributed to the practices.

1. Practice transformation is how we build effective teams and processes:
  - Team members working at the top of their scope (e.g., nurse-led Medicare Annual Wellness visits).
  - Teamwork to provide patient care instead of the provider responsible for all care.
  - Evaluating and changing processes to improve patient care.

2. Reducing unnecessary costs reduces costs for patients:
  - Preventative care and age-appropriate screenings help catch disease early.
  - Managing chronic conditions minimizes complications and procedures.
  - Reducing unnecessary medication and medication costs saves money and reduces patient harm.
  - Preventing avoidable emergency visits.
  - Preventing patients from returning to the emergency department.
  - Reducing avoidable hospitalizations.
  - Preventing avoidable hospital readmissions.
3. Documentation (aka coding) is our best tool for describing the patient story:
  - An accurate problem list serves as a communication tool between care teams.
  - Accurate documentation of diagnosis results in appropriate allocation of care dollars, which affects value-based earnings.

### Pause for discussion. Questions 1-3.

#### Discussion Guide Questions:

1. In what ways do you think our clinic is tethered to “traditional” practices? In what ways are we already executing “value-based care” principles?
2. Think of an example of a patient who is challenged or stymied by traditional routines or practices. How can transforming our routines to “value-based” concepts improve their care?
3. What barriers might prevent us from full practice transformation?

Care Coordinator  
 Shared Savings Right Care  
 Collaboration Quality of Care  
 Improving Health **ACO** Right Time  
 Population Health Improving Care  
 Reducing Cost



Goal: To get patients the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.

## SECTION II: Trinsic

As a participating practice in an Accountable Care Organization (ACO), the purpose of this section is to provide clarity around the definition of an ACO and, more specifically, the one in which you participate.

### Key Takeaways:

- What is an ACO and, more specifically, what is Trinsic?
- What are the impacts to our clinic and/or me as a result of our participation in this ACO?

### Talking Points

#### Trinsic—Our Accountable Care Organization (ACO):

The goal of an Accountable Care Organization, or ACO, is to get patients the right care at the right time, improve quality of care and avoid unnecessary duplication of services. ACOs:

- Deliver better patient care and outcomes:
  - Includes: comprehensive preventative screenings, transitions of care, care management (especially for those patients with chronic health conditions), pharmaceutical review and medication management.
- Reduce the cost of health care:
  - Primary care is the “medical home” for patients. We help eliminate redundant testing, errors that may result from disconnected care visits or medications and unnecessary ED visits.
- Improve patient experience.
- Increase provider satisfaction.
- Provide additional revenue opportunities via care management fees, quality incentives and shared savings.

Keys to success—factors that drive higher-quality care and cost savings include:

- **Data:** Shows us where we are providing high-quality care and helps identify opportunities for improvement.
- **Technology:** Innovative tools and technologies to help us provide care and communicate with patients outside office visits.
- **Payer expertise:** An operations team with experience in value-based care, quality improvement and strategies for reducing cost.
- **Care team innovation:** Patient care that is delivered by a team results in better patient outcomes.



## Advantages to participation in Trinsic

Simple dashboards that provide quality of care feedback.

Clinical quality improvement support.

Practice process improvement support.

Care management support.

Integrated sources of information for our patients.

Administrative support.

Access to reimbursement through value-based contracts.

Participation in financial incentives and shared savings.

### Trinsic—Our practice is a participating provider in the ACO:

- Trinsic is a clinically integrated, physician-led organization comprised of more than 600 primary care providers.
- The network’s footprint extends from Fort Collins and Greeley to Pueblo, and includes practices in the Yampa Valley (Steamboat Springs) and eastern plains (Sterling).
- Through this ACO, we participate in some value-based insurance agreements that give incentives for improving patient care and reducing cost.
- Quality of care (aka quality metrics) is measured through age-appropriate preventative screenings completed (e.g., cancer screenings), monitoring for disease progression (e.g., A1C), and improved health (e.g., controlled A1C).
- Insurance companies that Trinsic works with:
  - Commercial: Aetna, Anthem, Cigna, UnitedHealthcare.
  - Medicare Advantage: Aetna, Anthem, Cigna, Humana, UnitedHealthcare.
  - Original Medicare: MSSP.

### ACO impacts on our clinic:

Our commitment to transforming this clinic to a value-based care model requires that we fulfill new contractual obligations. “Success” requires that we set goals around improvement in quality outcomes and overall cost reduction. The impact of these commitments to our clinic include:

1. Greater access to value-based contracts:
  - Presently, we do not have value-based agreements with all insurances that our practice accepts and not all patients will be in a value-based agreement for a given insurance type. For example, we might have a value-based arrangement with UnitedHealthcare but not all our patients with UnitedHealthcare will be included.
  - Trinsic continues to work with insurance companies to bring more of your clinic’s patients into value-based arrangements. Value-based insurance agreements hold us accountable for providing high-quality care and lowering costs.
  - We can apply the goals of value-based care to all patients in our practice.
2. Financial rewards:
  - Trinsic practices are measured and incentivized to provide high-quality patient care.
3. Data helps us focus our efforts:
  - Trinsic receives data from payers so we are able to consider the whole health of our patients, including any services not provided by our physicians.
4. Assistance navigating the path to success:
  - To succeed in value-based care, you need to work closely with payers. Trinsic meets several times each month with the different payers for performance feedback, which is used to help build strategy.



## SECTION III: Practice Transformation

Practice transformation refers to improving current health care practices. The purpose of this section is to help practices think about opportunities for improvement.

### Key Takeaways:

- What are some of the patient benefits of transforming our current practice?
- How does practice transformation impact our clinic and/or me?

### Talking Points

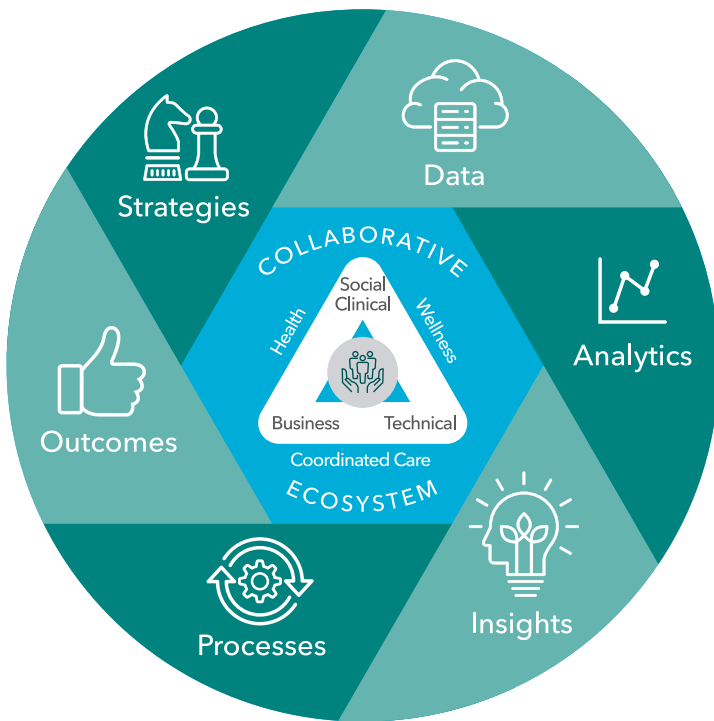
#### Practice transformation:

The goal of practice transformation is to change the way health care is delivered by improving quality of care, applying a patient-centered approach and creating high-functioning care teams.

#### Why practice transformation?

Practice transformation is ongoing commitment to improving processes and care delivery to succeed in value-based care. Our goal is to always improve care for our patients.

1. Plan-Do-Study-Act (PDSA):
  - Framework for quality improvement.
2. Optimizes resources:
  - Allows for finding better ways of doing things.
  - Elevates the care team to work at the top of their scope.
3. Improves processes:
  - Reviewing operational processes can streamline care delivery.
  - Improving clinical processes improves quality of care.
4. Reduces frustration:
  - Helps practices better define roles and processes.



#### ACO impacts on me:

Value-based care requires transformation:

1. It requires a different approach to care for our patients, thinking more about the patients we should be seeing and making sure that patients stay engaged in their own health, even when they are not in our offices.
2. We are collectively responsible for the care of patients. Success demands a team approach to patient care; one person cannot do it all:
  - As our partner in this space, we need to think of Trinsic as an extension of our care team.
3. Your work as a care team member may be impacted, and we will discuss that in our next section on practice transformation.

#### Pause for discussion. Questions 4-5.

#### Discussion Guide Questions:

4. What are the advantages of participating in an ACO?
5. How can Trinsic support us as we continue to change our model of health care delivery?



### Patient benefits:

1. Patient satisfaction increases when patients are healthier:
  - Proactive care maximizes health.
  - Less chronic or advanced chronic illness.
  - Improved quality of life.
2. Prevention-focused:
  - Lifestyle education (e.g., diet, smoking).
  - Engaging patients in maintaining health (e.g., exercise).
3. Early detection:
  - Screenings and labs help detect early onset of illness.
  - Speeds treatment time and efforts.
  - Reduces complications down the road.
4. Reminders and outreach:
  - Who should I be seeing today, not who am I seeing today?
  - Calling to schedule those patients that need to be seen.
  - Increased monitoring and care opportunities.
5. Care coordination:
  - Track and support the patient when they seek care outside the clinic (e.g., specialists, behavioral health).
  - Referrals to community resources like community centers or food banks.
  - Follow up with patient after an ED visit or hospitalization to make sure they understand their plan of care and receive proper follow-up.



### Value-based care teams.

When the health care team works together, they improve patient outcomes:

1. Care planning:
  - What care will the patient need in the future (e.g., immunizations)?
2. Huddles:
  - Which care gaps can I close today?
  - What do we know about this patient?
  - What does the patient need today?
  - How can team members support each other?
3. Working together:
  - What purpose does each role play?
  - Patient story—how does each team member contribute to care?
  - Bringing things to each other's attention (Mrs. X mentioned to me...).
  - Helping to build skills for care team members to work at the top of licenses.
  - Each role is an expert in what they do and vital to the care of the patient.
  - Identifying and closing care gaps.
  - Outlined protocols or standing orders.
4. Care coordination:
  - Follow-up appointments with primary care.
  - Referrals to care outside primary care (e.g., behavioral health).
  - Referrals to community programs or supportive services.
5. Process improvement:
  - Optimizes resources:
    - Can we better utilize the different skills and roles of our team?
  - Improves processes:
    - Are there changes that we can make to our practice that will improve care?
    - Are there better ways of doing things that are more reliant or less time-consuming?
    - Reduces frustration because we are looking at better ways of doing things.

## Tools:

Value-based care requires us to think creatively about caring for populations by optimizing the care for the patients that are in front of us as well as patients who are not being seen.

### Which tools could we use to help better organize care?

1. Pre-charting
2. Huddles
3. Pre-AWV paperwork
4. Transition of care:
  - ED follow-up calls.
  - Hospitalization follow-up calls.
5. Registries:
  - How do we know who our patients with chronic conditions are?
  - How do we know who is due for care?
  - How do we know how often a patient should be seen?
  - Do we use registries to outreach patients that are due for care?
6. Data:
  - Are our patients getting the right care?
  - How do we know if we are providing “good” care?
  - Where do we need to improve (e.g., are our patients getting their diabetic eye exams)?
7. Technology:
  - Do we leverage technology to help us reach more patients or monitor conditions?
  - Can patients schedule their own appointments?
  - Do we have the ability to see patients via telehealth?
  - Do we get notified when our patients are in the hospital or discharged from the hospital?
  - Do we get notified when our patients are seen in the ED?

**Pause for discussion. Question 6.**

### Discussion Guide Questions:

6. Identify areas of change or improvement that will help us work more efficiently.?

## So, what is ahead of us?

UCHealth has just committed to joining with another health system, Intermountain Healthcare, to create a statewide ACO.

This will expand the populations the network will be serving, allow us to spread the financial risk of taking care of those patients, and further the goal of higher-quality care for less cost to patients.

For now, nothing will change in your individual clinic. The focus remains on continuing to build care teams that ensure consistent, high-quality care that is efficient and patient-centered.

### Discussion Guide Questions:

1. In what ways do you think our clinic is tethered to “traditional” practices? In what ways are we already executing “value-based care” principles?
2. Think of an example of a patient who is challenged or stymied by traditional routines or practices. How can transforming our routines to “value-based” concepts improve their care?
3. What barriers might prevent us from full practice transformation?
4. What are the advantages of participating in an ACO?
5. How can Trinsic support us as we continue to change our model of health care delivery?
6. Identify areas of change or improvement that will help us work more efficiently.

**Challenge:** How can we strengthen our team and what changes can we make within our clinic’s daily operations to improve quality and reduce cost?.