



Learning Plan ISP- Building Your Value

Goal /Outcome #1

Practice develops value proposition and uses it to engage payers in value-based payment discussions.

Phase 1. Practice completes an annual budget that includes revenue and planned expenses for value-based revenue. (see budget learning plan)

Practice identifies all services and products delivered to patients

Practice identifies available cost of care and quality outcomes reports that they can use to identify and manage high cost areas and quality metrics.

Phase 2. Practice defines so what and who cares in evaluation of products and services

Practice incorporates management of cost of care into their quality improvement process, including selecting strategies to reduce costs.

Practice monitors and adjusts budget for value-based revenue, as necessary.

Phase 3. Practice shares financial data transparently with staff and providers and develops their capabilities in understanding the organization's finances and in using business practices and tools.

Practice demonstrates improvement in at least one cost or utilization metric.

Practice identifies areas of waste in the practice that decrease value to payers and patients. Practice uses Lean techniques to problem solve and reduce waste.

Goal/Outcome #2

Practice succeeds in their value-based contracts by reducing total cost of care while improving quality for their patients.

Phase 1. Practice considers systems and methods to maximize benefit of participation in alternative and performance payment arrangements.

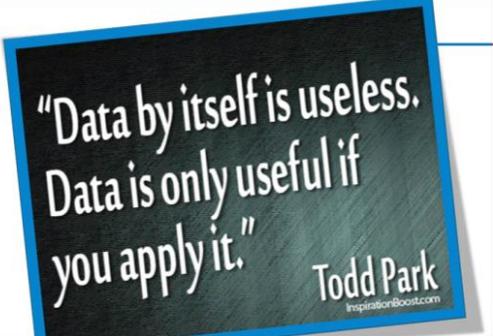
Phase 2. Practice evaluates impact of value-based payment arrangements on financial stability of practice, quality of care provided, and/or clinician and staff satisfaction. Practice evaluates ACO and other group arrangements for VB payments

Phase 3. Practice meets with payers to negotiate and participates in value-based contracts. Practices integrate with systems for VB payments

Goals /outcomes	Steps /Process to reach goals	Support Required Responsibility	Resources
<p>Goal /Outcome #1 Practice develops value proposition and uses it to engage payers in value-based payment discussions.</p>	<p>Practice completes an annual budget that includes revenue and planned expenses for value-based revenue. (see budget learning plan)</p>	<p>See Budget learning plan Obtain current fee schedules from payers</p>	<p>See Budget learning plan https://www.medicaladvantagegroup.com/blog/optimize-practice-fee-schedule-review/ https://www.verywellhealth.com/fee-schedule-analysis-2317449</p>
	<p>Practice identifies all services and products delivered to patients</p>	<p>PF might sit with staff in meeting and brainstorm with all staff the services and products they offer, ones that utilize provider staff time and resources. i.e. hospital visits, home visits, well woman, WIC sign up etc. drug assistance program etc. Ask the office providers and staff what is it you do that stands out from your peers?</p>	
	<p>Practice identifies available cost of care and quality outcomes reports that they can use to identify and manage high cost</p>	<p>Review with staff & providers MIPS quality and cost report. Payer cost and efficiency reports. Payer quality scores. Other</p>	<p>QPP site https://qpp.cms.gov/ Payer websites Working for quality AHRQ https://www.ahrq.gov/workingforquality/index.html</p>

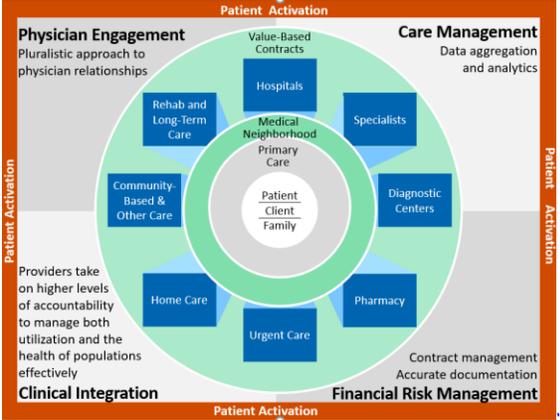
	<p>areas and quality metrics.</p>	<p>sources? Seek to understand the reports structure and how data is calculated and reported.</p> <p>Discuss areas for improvement why is score the way it is?</p> <p>Look for alignment of measures across payers. i.e. One measure for multiple payers.</p>	<p>NATIONAL QUALITY STRATEGY STAKEHOLDER TOOLKIT https://www.ahrq.gov/sites/default/files/wysiwyg/nqstoolkit2016.pdf</p> <p style="text-align: right;"><u>Improve Performance</u></p> <p>Share your results Using input from stakeholders, identify the implications of your results</p> <ul style="list-style-type: none"> —What does the data tell you? —Describe the various ways that your practice can be improved <p>Prioritize these implications</p> <ul style="list-style-type: none"> —most important —easiest to implement 
<p>Phase 2</p> <p>Your value proposition is your unique identifier. Without it, people do not have a reason to come to your practice over somebody/something else.</p>	<p>Practice defines so what and who cares in evaluation of products and services.</p> <p>Describe what is the value to your patient/consumer and payer</p>	<p>PF asks the question and assists staff & providers arrive at value.</p> <p>While your value prop should help differentiate you from the rest of the practices or health solutions, keep in mind it is not a slogan, tagline, or even a way to position yourself in the market. Those types of copy are important accessories to your brand, but your potential customers and patients do not choose one practice/health system over the other based on a high-level mission statement.</p>	<div data-bbox="1023 1008 1559 1407"> <p>WHAT MAKES A GOOD VALUE PROPOSITION?</p> <ul style="list-style-type: none">  Clarity – It's easy to understand  Communicates specific results the customer will get  Explains how it's different and better  Can be read and understood in 5 seconds  </div> <div data-bbox="1023 1470 1559 1858"> <p>THE PROCESS OF CREATING a VALUE PROPOSITION</p> <ol style="list-style-type: none"> STEP 1 IDENTIFY CUSTOMER BENEFITS <ul style="list-style-type: none"> ★ Make a list of all benefits your product offer to customers STEP 2 LINK BENEFITS TO VALUE OFFERING <ul style="list-style-type: none"> ★ Identify what value your products bring to the customer STEP 3 DIFFERENTIATE AND POSITION YOURSELF <ul style="list-style-type: none"> ★ Make it clear who your target customer is, what you offer to them and how are you different </div>

		<i>Your value proposition goes deep into the problems you want to solve for people and payers.</i>	
	Practice incorporates management of cost of care into their quality improvement process, including selecting strategies to reduce costs.		<p><i>Buying Value</i> is a Robert Wood Johnson Foundation-funded initiative of private health care purchasers—employers, leading business health organizations, and union health funds – that was launched in 2012.</p> <p>https://www.rwjf.org/en/library/articles-and-news/2012/07/private-purchasers-of-health-coverage-join-forces-to-align-with-.html</p> <p>http://www.buyingvalue.org/</p> <p>See article <i>HEALTH CARE EXECUTIVE TOOLKIT: Unlock the Relationship Between Quality and Cost</i></p>
	<p>Practice monitors and adjusts budget for value-based revenue, as necessary. Optimize based on value, not just volume.</p> <p>New E&M coding to focus on value not just volume.</p> <p>COVID-19 showed us what happens when we lose volume.</p>	A recurring theme of value-based care is the need for practices to undergo transformation. But how should they transform financially? Practice financial performance often depended primarily on the “top line” of patient encounters, both the number of them and the type of services delivered.	<p><i>Article: Four ways RCM must transform for the shift to Value-Based Revenue Cycle Management.</i></p> <p>https://www.hcinnovationgroup.com/policy-value-based-are/article/13031032/four-ways-rcm-must-transform-for-the-shift-to-valuebased-rcm</p>
Phase 3	Practice shares financial data transparently with staff and providers and develops their capabilities in		https://www.modernhealthcare.com/reports/achieving-transparency-in-healthcare/#/

	<p>understanding the organization’s finances and in using business practices and tools.</p> <p>Practices provide pricing for consumers/patients.</p>		<p>“For the most part, consumers remain in the dark about what they will be asked to pay after visiting a primary-care doctor or undergoing an inpatient procedure. In that way, healthcare is <i>unlike</i> every other aspect of the consumer experience in America”.</p> <p>Is There a Future for Price Transparency in Health Care? https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/health-care-price-transparency-outlook.aspx</p>
	<p>Practice demonstrates improvement in at least one cost, quality and/or utilization metric.</p>	<p>PF assists practice with PDSA process to improve at least one cost, quality, and utilization measure.</p>	
	<p>Practice identifies areas of waste in the practice that decrease value to payers and patients. Practice uses Lean techniques to problem solve and reduce waste.</p> <p><i>Lean focuses on eliminating waste,</i></p>	<p>PF Introduce lean concepts to practice. Lean is a set of operating philosophies and methods that help create a maximum value for patients by reducing waste and waits. It emphasizes the consideration of the customer’s needs, employee involvement and continuous improvement.</p>	<p>Lean in Health Care: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4171573/pdf/2046-4053-3-103.pdf</p> <p>Lean and Six Sigma - Six Sigma is a metrics-driven system used to reduce medical errors and remove defects from processes involved in delivering care. Both methodologies Lean and Six Sigma strive to optimize operations and increase value for patients. Lean strives to cut out eight waste in health care.</p> <p><i>What is Lean Health Care</i> https://catalyst.nejm.org/doi/full/10.1056/CA.T.18.0193</p>



	<p>Engage payers in value-based payment discussions.</p>	<p>PF can role play with staff or provider.</p> <p>PF can visit payer with staff to review VP.</p> <p>To deliver high-quality, low-cost care to patients, providers and payers must collaborate to ensure their attempts at value-based care will succeed”.</p>	<p>Article <i>Value-Based Care Assessment Calls for Payer-Provider Collaboration.</i> https://healthpayerintelligence.com/news/val-ue-based-care-assessment-calls-for-payer-provider-collaboration</p>
<p>Goal/Outcome #2 Practice succeeds in their value-based contracts by reducing total cost of care while improving quality for their patients.</p>	<p>Phase 1. Practice considers systems and methods to maximize benefit of participation in alternative and performance payment arrangements.</p>		<p>See ACO Learning Plan</p> <p>See Article <i>Positioning for Value-Based Reimbursement Leveraging Care Management for Clinical and Financial Outcomes</i></p> <p>Healthcare Intelligence Network http://www.hin.com</p>
	<p>Phase 2. Practice evaluates impact of value-based payment arrangements on financial stability of practice, quality of care provided, and/or clinician and staff satisfaction.</p> <p>Practice evaluates APM/ACO and other group arrangements for VB payments</p>	<p>Discuss with providers and OM the strategies for APM for example: Long-Term Contract 5-year agreement Sustained partnership Supports ongoing investment and commitment to improvement. Quality Incentives Ambulatory and hospital. Significant earning potential. Nationally accepted measures.</p>	<p>See Article <i>COVID-19- May Boost Value based Payment Models</i> impact of value-based payment arrangements on financial stability. https://www.modernhealthcare.com/insurance/covid-19-may-end-up-boosting-value-based-payment</p> <p>Preparing for ACO/APM See following articles</p> <ul style="list-style-type: none"> • <i>ACO fact sheet</i> • <i>Ten Things a Practice Needs to Know to be Successful in ACO</i>

		<p>Continuum of performance targets for each measure (good to great). Global Budget Population-based budget covers full care continuum. Health status adjusted Based on historical claims. Shared risk (2-sided). Trend targets set at baseline for multi-year.</p>	
<p>Bonus Goal #3 do not forget employee and provider value propositions</p>	<p>Although patients/customers are your bottom line, you also need to attract staff that can help you deliver on your value proposition. This is where employee value propositions come into play.</p> <p>Employee value propositions are written for the candidates you want to work for you. They touch on the internal company values that specifically benefit the people who work for you.</p>	<p>CVPs describe a solution to a customer's problem. EVPs describe a reward for an employee's talents.</p> <p>CVPs explain why someone should buy from you. EVPs explain why someone should work with you.</p> <p>CVPs are about you serving the customer. EVPs are about you and the employee serving each other.</p>	<p>See Articles</p> <ul style="list-style-type: none"> • <i>Physician Compensation plans: MGMA research and Analysis Introduction</i>



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