

Value Based Healthcare Implementation

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BACKGROUND

- Value-based health care (VBHC) may be expressed as a patient's episode of care (EOC) or the sum of a series of clinical services bundled together to treat a surgical condition
- To represent value, defined as the relationship between quality and price, the EOC includes measurable quality and a risk-adjusted, single and predictable price
- These complex episodes require a leader, an organized team, aligned incentives, and an implementation strategy
- This project outlines considerations for implementing an episode of care for use in VBHC business models

IMPLEMENTATION FRAMEWORK

- Establish a clinical domain of interest and a surgeon champion
- The episode selected within the clinical domain requires patient care model mapping and identified key clinical role players (the surgeon, anesthesia, radiologist, pathologist, etc.)
- Performance goals fit for patient accountability are essential
- Data are needed to track conformance with objectives and understand resource use (elements of cost and price)
- Institutions can tailor their value-based proposition using a quality program
- Once outcome measures and benchmarks have been developed, an institution can define targets for improvement

RESULTS/OUTCOMES

- First, the ACS Quality Model focuses on the proper structural elements and processes of care and links these to outcomes and safety measures (event rates)
- Price models use grouper logic to create a sum of the probable clinical services needed to deliver care.
- Delivery systems require a more in-depth knowledge of business models tied to care models to begin consideration for VBHC
- Potential barriers to implementation: the need for culture change, the need for customization based on a given practice setting, and the impact on care and business models.
- We anticipate that the drive for change will be motivated by physician incentivizes (monetary and otherwise), seeking physician buy-in, and business incentives

ACS Quality Programs aim to be comprehensive and Contain the Following 9 Domains

1. Institutional Administrative Commitment

2. Program Scope and Governance

3. Facilities & Equipment Resources

4. Personnel and Services resources

5. Patient Care Expectations and Protocols

6. Data Collection & Surveillance

7. Data-driven Quality Improvement

8. Professional & Community Outreach & Education Programs

9. Basic and Clinical Discovery/Sharing (Optional)

CONCLUSIONS

- Surgical care is becoming increasingly complex
- Evolving business models offer bundles or EOC with payments distilled into risk-bearing contracts for a single price
- The value for the care provided is expressed as the quality of care over the overall price
- This expression requires accountability for the quality of care based on patients' clinical outcomes and value-directed goals
- These quality outcomes are captured in verified quality programs

$$\text{Value} = \frac{\text{Quality of Care}}{\text{Price}}$$

REFERENCES

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