

Transition to **Value-based Healthcare** Perspective of physicians

The inefficiencies present within our healthcare delivery system often affect patient care.



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NOT ONLY DO these inefficiencies increase costs, they also negatively impact patient outcomes. The future of healthcare can be improved if our healthcare system focused more on optimising workflows, using clinical decision support software and streamline operations by creating the right infrastructure to ensure effective delivery of care. In our attempt to transform care delivery, we can help improve patient access to healthcare services and make these services more affordable for patients. Most efficient way to improve value in healthcare is through Value-based Healthcare. This will enable healthcare professionals to better identify the high-risk patients, identify the patients' needs with more precision. Evidence-based healthcare that can increase focus on medicine that is more precise and affordable. This will need more efficient integration of patient data leading to precise diagnostics.

To implement precision medicine, there needs to be more data integration with computational tools and IT interfaces to provide precise medical care.

There is the need to tailor care based on disease and specific patient characteristics. Health providers can give the right treatment to the right patient at the right time. For delivery of High-Quality Care to patients, especially those with multiple chronic diseases, is to focus on three things:

1. Mastering the flow of data across all stakeholders to let people know what is happening to patients
2. The need for different care models to help patients navigate the complex healthcare system wherever they go
3. The need to engage patient and families as active members of the care team.

Precision medicine can only become a real-world option if health data is properly integrated. Diagnostics and treatment decisions are based on this integrated data care, what will ultimately ensure Value-based Healthcare and a patient-centred healthcare delivery. The new healthcare model is focused on measuring the patient experiences – as patients demand value from healthcare service providers.

They have expectations, they want the right to choose and the right to make their own decisions. The future of healthcare will thus be a more informed patient, a patient who will demand better outcomes.

Healthcare providers can provide this value and improve patient outcomes by ensuring accurate and well-informed diagnostics, optimal treatment planning, a more supportive clinical work environment, greater transparency, continuity of care, improved patient support and connected care. With healthcare of the future, digitisation will be the true new force and AI will become an integral part of the future healthcare solutions. Digital revolution will

change the very nature of care delivery and treatment of diseases. It will be the fundamental framework for value-based healthcare. With this inevitable healthcare model shift, providers must understand the challenges they may face during this transition. Programmes will offer additional incentives designed around quality care measurements, including health outcomes of their patients. Healthcare spending has reached astronomical levels and offers little value to patients. Value-based Healthcare incorporates the Institute of Healthcare Improvement concept of the Triple Aim.

The value-based ecosystem will need to focus on three targets: Value to the patient, population health improvement and management of costs. Physicians recognise their role in reducing spending and embracing the value-based healthcare model which enhances improved outcomes.

However, the Industry has been slow to adopt this programme. Compared to fee-for-service, these models place greater accountability for clinical and cost outcomes on the organisations and/or individual practitioners delivery of care. There is the need for:

- A supportive environment
- Tools for decision-making
- Care coordination models (Clinical Care Pathways).

Value-based Healthcare aligns to the quadruple aim:

- Improving health outcomes for patients
- Enhancing patient experience
- Limiting healthcare professional exposure
- Reducing costs.

Physicians increasingly recognise their role in improving the affordability of care. They recognise that today's care models are not geared towards value. Physicians also support that with Value-based Healthcare there is a need to bring an evidence-base to the practice and the need to reduce variation of care. For this to be successful there will be the need for clinical care pathways and co-creation by physician participation.

CHALLENGES SHIFTING TO VALUE-BASED CARE MODELS:

- Unpredictable revenue streams to providers
- One of the biggest gap closures is provider buy-in.

In a literature survey in the USA, 17% of providers have fears about revenue streams and sustainability and have difficulty understanding the financial risks when adapting to risk models and affiliated programmes.

- Seeing patients in a more proactive way, may entail extra efforts and this is seen as more work
- Key component to a successful Value-Based Care strategy is having data

integrity and easy intuitive accessibility to data

- Data interoperability continues to be one of the biggest challenges in shifting to a value-based care model according to 19.7% of providers surveyed.

Data means nothing if it is not presented and displayed in a digestible manner for the target audience [data from disparate sources]. This can lead to data paralysis and challenges the ability to gain meaningful insights at the right time. This is a key element in addressing the gap in care within value-based care model. The major concern many health professionals have is that the IT systems are outdated – outdated IT applications and claims management software. Linking back to systemic issues regarding data integrity and reporting capabilities can create a negative impact on patient experience.

TRANSPARENCY AND GOVERNANCE

Lack of transparency and effective governance is pivotal to a value-based care model. Value-based healthcare is about sharing risk, costs and incentives between payers and providers. It is important to build joint governance models and with a credible feedback mechanism. This is important as it creates long-term trust, better member engagement, better delivery of care, which effectively results in a successful value-based healthcare delivery.

A major issue is that an effective transition to value-based care cannot happen without getting the physician's engagement. In transitioning to a value-based care; organisations should implement three parallel initiatives:

1. **Reorienting physician compensation from volume to value:** The need to refocus from productivity to value. Redesign begins with agreeing on a set of guiding principles and a need to align to the mission and strategy.
2. **Give physicians the tools for success:** This will require a strong data analytic engine with interoperable data, advanced enterprise data warehouse or cloud capabilities, with dynamic real-time reporting and analytics.
3. **Tools for decision-making:** To support care for individual patients, relevant patient specific data on outcome and social determinants should be available to clinicians at the point of decision-making. The tools should make it easy for physicians to choose the best option and to build care management capabilities to enable population health. From the analytic side, this requires software to compute risk stratifications and patient segmentation (to understand their preferences and propensity to engage). There is the need for data integration from multiple sources and analysis of care variation. How well does value-based

healthcare acknowledge patient perspective and alignment of the patient's perspective?

Value-based healthcare does not explicitly describe their method and little evidence indicated that the patient was informed. Co-creation of value with the patient provides an alternate perspective on outcomes. Aligning with the patient perspective is important to the framework that claims to focus on:

- What really matters to the patient
- Value-based Healthcare was not created to primarily increase the patients influence or participation, instead the aim was created to solve the cost crisis and lack of quality improvement in healthcare.

Michael Porter was a competition researcher and addressed healthcare as an Industry from a provider and payer perspective. This could be counter intuitive because public organisations focus on cooperation rather than competition, and not all market principles apply to healthcare.

Most programmes lack the evidence that outcomes are measured from a patient's perspective, rather it focuses on system / medical teams. Assessing the experience of the patient will complement the quality of care assessed from claims data. No value estimation can be complete without the metrics from patient evaluated experiences and outcomes. Success hinges on the alignment with the physicians on the business and patient care goals. Many health professionals do not understand the organisations value-based strategy. Therefore it is crucial to engage physicians and address their concerns about the need to consolidate data from multiple sources, conversion of data into insights and addressing the gaps in caring for patients. These are vital issues that need to be addressed when transition from fee-for-service to value-based care.

CONCLUSION

Data is a huge component of value-based contracting, with health outcomes and cost metrics being used to determine success. One way to cut through the noise of data is to identify key metrics that matter and monitor and update frequently. Various value-based payment arrangements have varying levels of risk [from zero to full risk].

Having a full view of the organisation (or individual) risk capabilities will provide more confidence when seeking out contracts.

Physician engagement is important to co-creating clinical care pathways and development of risk metrics. It is essential to align with the patient's perspective and factoring evidence that outcomes are viewed from a patient's perspective [PREMs and PROMs]. Physicians need to build care management capabilities, such as multi-disciplinary coordinated care teams, risk stratification, care navigation and site care optimisation. **MC**