Value-based care practice transformation

A guide to preparing your practice for success in value-based arrangements

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INTRODUCTION

Value-based care is here to stay.

The increasing cost and complexity of cancer care are leading to growth in value-based care (VBC) models. Extreme and unsustainable growth in cost is due in part to a growing number of high-cost drugs like immunotherapies.

> *Cancer care represents 12 percent of all costs for Medicare populations, and this rate is increasing annually at 8–10 percent. This is contributing to the prediction that cancer care costs will reach $240 billion by 2023.*[1]

In response, stakeholders paying for care (CMS, employers and commercial payers) are developing new strategies to control costs through VBC models and associated financial incentives for practices.

As reimbursement transitions from fee-for-service to VBC models, providers are presented with the opportunity to participate in more risk-based contracts that require controlling costs and meeting quality metrics to succeed.

As the shift from volume- to value-based care continues to transform the oncology landscape, community oncology practices — facing cost pressures of their own — are being asked to navigate complex program requirements to remain financially viable and achieve success in this new world.

The reality is that value-based care is here to stay, and most agree that this is a good thing.[2] We understand that as you aim to drive higher-quality outcomes at lower costs to perform well in VBC arrangements, there are a number of fundamental shifts that you're being asked to embrace simultaneously.

As a trusted technology and services partner, Flatiron is here to help you reach the level of sophistication and transformation necessary to succeed in value-based care models.

> *80 percent of Flatiron medical oncologists are currently participating in or expect to participate in value-based care models.*

[1] Global Oncology Trends 2019 (IQVIA Institute)

[2] Entering the Next Phase of Value-Based Care, Payment Reform (RevCycle Intelligence)

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GETTING STARTED

What is practice transformation?

Practice transformation refers to a set of activities related to practice redesign that are commonly required for participation in value-based care models. Practice transformation is a core component of the VBC models that will be defining for oncology in the coming years, from the forthcoming OCF model to the commercial VBC models that continue to arise and evolve.

Where to begin

Whether through commercial payers or CMS, the VBC models that your practice may interact with require major changes throughout your practice, especially if your practice is deeply rooted in a fee-for-service structure. The types of changes your practice needs to make are numerous, but as with anything, tackling these changes one step at a time is key for success.

In particular, we at Flatiron believe that investing in redesign activities and creating a team-based care environment is paramount — not only to ensure your success in VBC models, but also to advance the quality of care for your patients and understand baseline data. We know that practice transformation is a major undertaking, and we're here to offer some context and guidance to help your practice navigate this change.

Practice redesign activities

While each VBC model has its own set of unique requirements, there are a number of key practice redesign activities that tend to be common across models. These may be a helpful place to start as you think about the structures and workflows you'll need to put in place to prepare for VBC.

Typical practice redesign activities include:

- implementing an urgent care model for active treatment patients
- providing care management and care coordination
- documenting a 13-point IOM care plan
- tracking quality measures that drive real value as part of alternative payment models
- utilizing data for continuous quality improvement
- measuring adherence to nationally recognized evidence-based clinical treatment guidelines



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TIPS FOR SUCCESS

Set a baseline

Every process change and improvement project starts with first understanding the current state. Practice redesign is no easy feat. It takes staff re-training; frontline workflow modifications; the ability to track, analyze, and continually share transparent data; and direct insight to return on investment, all led by a physician champion who can achieve practice-wide team buy-in to change.

When trying to decide where to start and how to generate buy-in from the rest of your practice, it can be helpful to identify the activities that will help you prepare for the particular VBC models that your practice is looking to participate in.

Simultaneously, these redesign efforts in and of themselves will provide benefit to your practice and patients.



Questions to consider:

- Who are the key VBC stakeholders at your practice who will make decisions and drive change?
- What experience does your practice have with other VBC programs that you can build upon?
- What processes are already in place at your practice that support the common requirements of VBC models?

  e.g., patient care plans, guideline adherence, financial counseling, quality measurement
- What IT systems are used at your practice today?

  e.g., data analytics, guidelines tools, population analytics

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TIPS FOR SUCCESS

Document existing processes

While success in value-based care models is predicated on providing higher-value care, you won't receive credit for implementing new workflows, performing well on quality measures, or carrying out other redesign activities if they are not adequately documented. As you look to participate in these models, you'll be asked to provide data and information on how your practice performs redesign activities.

Once you've established a baseline through discovery questions, it's imperative that you begin documenting workflows and policies. You should start to inventory the policies you already have in place, working your way through the practice transformation activities, quality measures and data requirements.

Begin to fill in the gaps by addressing quick wins. For example, say you have a triage nurse answering patient calls during office hours Monday through Friday and physicians are on-call 24/7. By adding a half day of clinic and/or infusion center hours on Saturday mornings, you can bring patients in for hydration, labs and/or a visit to address symptoms to avoid a trip to the emergency department. If you can track data to show the number of patients re-directed from the ED to your practice, you can prove the value of this extra half day of clinic to physicians, payers and patients.

We estimate that this initial process can take anywhere from four to six months to complete.



Questions to consider:

- Who is pulling data for each measure?
- Why is that person responsible?
- What software will you use to extract the data?
- How will you utilize that data to improve?

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TIPS FOR SUCCESS

Implement new workflows

Now is the time to start building out workflows and processes in areas where you don't have anything in place. If you're having trouble deciding where to begin developing new processes, start by thinking through whether any of the redesign activities can benefit your current VBC contracts or even MIPS participation. Don't be afraid to reach out to vendors or other practices for help.

You can also ask your electronic health record (EHR) partner for assistance in documenting these measures in patients' charts. OncoEMR® has a designated OCM solution that tracks depression screening per the OCM specifications, but we can help non-OCM practices configure their visit note to track the measure at no extra cost, as well as provide a custom report. Similarly, OncoEMR® has a designated Care Plan page that combines data in other areas of the patient's health record and supplemental information into a printable 13-Point IOM Care Plan.

Keep in mind that the goal is not to implement changes to start achieving cost savings right away, but to focus on how to best position your practice as a good candidate for these programs. You want to ensure that the baseline measurement period for a VBC model, such as the OCF, is indicative of your practice's current level of sophistication with VBC transformation so that your improvements and efforts are fairly rewarded.

Consider following the MIPS Improvement Activity guidelines[3] for:

- providing 24/7 access to a clinician
- documenting depression screening
- implementing a patient navigator program
- developing a plan of care



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[3] MIPS Improvement Activities (QPP CMS)

SELF-ASSESSMENT

Is your practice ready for value-based care?

Answer the following questions to assess your practice's preparedness to participate and succeed in value-based care models.



Patient engagement	**YES**	**NO**
Does your practice offer a new patient orientation program?	☐	☐
Are patients at your practice provided with a care plan prior to treatment?	☐	☐
Are patients at your practice screened for pain and depression?	☐	☐
Does your practice have financial counselors who help patients understand their out-of-pocket costs and patient assistance options?	☐	☐

Care coordination and delivery	**YES**	**NO**
Does your practice have phone and/or walk-in triage workflows?	☐	☐
Does your practice bill for care management services using codes for CCM, TCM or PCM?	☐	☐
Do you communicate patient visit summaries to primary care or other specialists?	☐	☐

Care efficiency	**YES**	**NO**
Does your practice proactively identify patients at risk of going to the Emergency Department or other preventable costly events and call them to intervene?	☐	☐
Does your practice use a clinical decision support tool that helps physicians make efficient treatment choices?	☐	☐
Does your practice track adherence to evidence-based guidelines?	☐	☐
Are your physicians bought into a culture of high-value care involving ongoing measurement and incentives for delivering value?	☐	☐

Program administration and analytics	**YES**	**NO**
Does your practice have a physician champion who's helping to drive a value-based care culture in the practice?	☐	☐
Does your practice have the ability to access the data and analytics you want?	☐	☐
Are you able to track and report on the quality and efficiency metrics needed to secure value-based care contracts with commercial payers?	☐	☐
Does your practice review quality and utilization metrics and their associated processes to drive continuous improvement?	☐	☐

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ASSESSMENT RESULTS

Is your practice ready for value-based care?

Tally your answers from the previous page.

If you answered at least ten out of the 16 questions "Yes," then your practice is on the right track and should focus on how to make incremental improvements in the areas where you answered "no".

If you answered fewer than ten questions "Yes," then the steps laid out in this eBook are a great place to start to ensure your practice is more prepared.

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Find out how our value-based care experts can help you prepare your practice.

Contact us at flatironhealth@flatiron.com.

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