Benchmarks in Value-Based Healthcare

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Value-Based Healthcare

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Introduction

- Healthcare reform is moving toward value-based reimbursement, which has created a mashup of care delivery and reimbursement models and a need to recruit new talent.

- But, with time and resources at a premium, healthcare organizations are increasingly selective about allocation of human and financial capital.

- One key to approaching value-based reimbursement is to reduce rehospitalizations and avoid CMS penalties for unsatisfactory readmission rates of Medicare patients.
New Players on the Value-Based Healthcare Team

- **75%** of organizations offer some form of health coaching. (HIN's 2013 Health Coaching Survey)
- Job postings for care transitions coordinators increased 40% from 2011 to 2012. (HIN's 2013 Care Transitions Survey)

Who is on the team?

1. Patient navigator
2. Health coach
3. Hospitalist
4. Director of patient experience
5. Care transitions coordinator
6. Physician champion
Patient-Centered Strategies To Generate Value-Based Reimbursement

- **Patient experience** is increasingly becoming a top priority for organizations.

- The areas best suited to generating value-based reimbursement are:

1. Population health management (56%)
2. Care coordination (50%)
3. Integrated care delivery (42%)
4. E-health and telehealth (39%)
5. Access to care (33%)
6. Health and wellness (26%)
7. Dual eligibles (25%)

(HIN's 2014 Healthcare Trends and Forecasts survey)
Patient-Centered Strategies To Generate Value-Based Reimbursement

- **Access to care:** 87% say home visits increased patient-satisfaction, and 69% say home visits decreased ER visits and hospital readmissions. *(HIN’s 10 Questions on Home Visits in 2013 Survey)*

- **Weight/physical activity** is a patient health coaching priority for 81%. *(HIN’s Health Coaching in 2013 survey)*

- **81%** say dual care management programs feature patient education. *(HIN’s 10 Questions on Dually Eligible in 2013 Survey)*
Reducing Readmissions for Value-Based Care

Why is it vital to reduce readmissions?

- Up to 90% of readmissions by Medicare beneficiaries are unplanned and unnecessary. (NEJM, 2009)

- 11% of readmissions are due to medication non-adherence, at a cost of nearly $100 billion annually. (CMS, 2012)

- In 2015, the number of conditions subject to CMS penalties will reach eight. (CMS 2012)
Reducing Readmissions for Value-Based Care

What are the Top 5 Ways to Reduce Readmissions?

1. Discharge Plans
2. Disease Management
3. Medication Reconciliation
4. Care Transitions Management
5. Education

Who are the Targeted Populations?

1. Cardiovascular Disease
2. Pneumonia
3. Stroke
4. Frail Elderly

(HIN’s 2012 Readmissions Survey)
Sources

- Reducing Readmissions for Value-Based Healthcare Infographic

- New Players on the Value-Based Healthcare Team Infographic
  http://www.hin.com/infographics/Valuebasedhealthcareteam.html

- 7 Patient-Centered Strategies to Generate Value-Based Reimbursement Infographic
  http://hin.com/infographics/7_ValueBased_Healthcare_Priorities.html
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