

Value-based Care: Physician FAQs

Value-based Care is a health care payment model that seeks to reduce wasteful spending while improving the quality of care and the health of the population we serve. It emphasizes keeping people well and providing coordinated, clinically appropriate care to improve health outcomes. The model is supported by contracts that reward achieving cost and quality targets. The “value” in value-based care is derived from measuring health outcomes against the cost of achieving those outcomes.

Frequently Asked Questions

Why value-based care?

U.S. health care is unsustainably expensive and lags behind other countries in many measures of quality. Value-based care is a payment model designed to directly address these challenges. It does so in three distinct ways. First, it aims to **reduce increases in cost** by discouraging low-value care (like unnecessary tests and procedures) and over-utilization (like avoidable emergency room visits). Second, it **encourages high-quality care** by setting quality performance goals and rewarding improvement. Third, it **promotes a population health approach** to care by supporting care management and other techniques for addressing social determinants of health.

Does value-based care improve patient outcomes?

Yes. Multiple peer-reviewed studies indicate that certain implementations of the value-based care model have improved patient outcomes. The ACO’s own analysis predicts that 32 fewer patients will die this year from a hypertension-related cardiovascular event, 16 fewer will die from colon cancer and two fewer from breast cancer thanks to quality improvements made by ACO providers over the past three years.¹

¹ Calculations based on MHACO denominators, improvement rates, and the below articles

- Effects of blood pressure reduction in mild hypertension: a systematic review and meta-analysis. Sundström, Johan, Arima, Hisatomi, et al, Annals of Internal Medicine (volume 162, issue 3, pages 184-191, 2/3/2015)

- Comparing Risks and Benefits of Colorectal Cancer Screening in Elderly Patients; Cynthia W. Kolow, GASTROENTEROLOGY 2005;129:1163-1170

- US Preventive Services Task Force. Screening for breast cancer. US Preventive Services Task Force recommendation statement. Ann Intern Med. 2009;151:716-726

FAQs , con't

How many of my patients are covered by value-based care contracts? What contracts am I part of?

All providers participating in the ACO are party to all the value-based contracts the ACO makes with payers. The contracts cover care for a large percentage of patients served by MaineHealth private practices participating in the ACO. The ACO maintains approximately 20 value-based contracts each year, both with private and government payers. Payers typically include Aetna, Anthem, AMH Health, CIGNA, Community Health Options, Harvard Pilgrim, Humana, Martin's Point, MaineCare, Medicare and UnitedHealthcare.

Value-based care seems very primary care-focused. What does it mean for specialists?

The impact of value-based care on specialists varies depending on their level of participation in value-based contracts and the type of agreement. More than 1,200 specialists are participants in the MaineHealth Accountable Care Organization and are party to the ACO's value-based contracts as a result.

Specialists can have a profound impact on an ACO's cost performance. If an ACO's patients see a specialist, the associated costs become a factor in its value-based contracts regardless of the specialist's participation in the ACO. When a specialist does join an ACO, it can be a win-win. The specialist can receive shared savings payments, data analytics and other supports from the ACO while the ACO can engage those specialists more directly in cost-saving initiatives.

Beyond accountable care, new value-based payment models, such as episode-based payment, are being introduced by payers. These models are more focused on the work of specialists.

What are the implications of value-based care for providers in private practice? How about providers that work for health systems?

For private practices, participating in value-based care can provide monetary incentives for improving clinical outcomes and have an overall positive impact on both the practice and patients. It's important to note that achieving success in a value-based payment model requires investments to support electronic health records, care coordination and quality improvement efforts.

Providers who are employed by a health system that participates in value-based care may find that population health and controlling low-value health care utilization become more of a

system-wide priority. For example, greater emphasis may be put on collecting, tracking and analyzing patient data and more resources may be dedicated to care management.

How does the ACO support providers' success in this model?

The MaineHealth ACO supports participating providers by negotiating and maintaining advantageous value-based care contracts and reimbursement on their behalf, providing population health management data and analytics, providing care coordination services that include complex care management, assisting with performance improvement, offering educational opportunities like webinars and trainings, and keeping providers informed through mailings, e-newsletters and podcasts.

Do providers review and approve the ACO's value-based contracts?

Yes. All contracts are reviewed by providers who sit on the ACO's Contracts Committee and approved by providers who sit on the ACO's Board of Directors.