PRAXIS LEADERSHIP SUMMIT

2ND NOV
8:45A - 4:00P
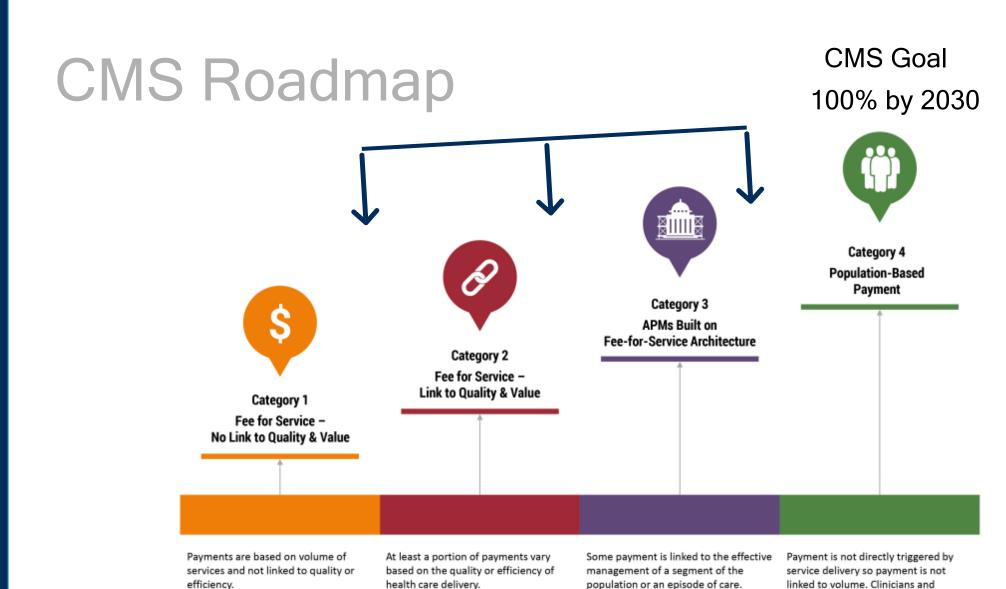
Serving over 45,000 Traditional Medicare Members

Foundations of VBC Success
The Building Blocks

CMS Roadmap

CMS Goal
100% by 2030

Category 1
Fee for Service –
No Link to Quality & Value

Payments are based on volume of services and not linked to quality or efficiency.

Category 2
Fee for Service –
Link to Quality & Value

At least a portion of payments vary based on the quality or efficiency of health care delivery.

Category 3
APMs Built on
Fee-for-Service Architecture

Some payment is linked to the effective management of a segment of the population or an episode of care. Payments still triggered by delivery of services, but opportunities for shared savings or 2-sided risk.

Category 4
Population-Based
Payment

Payment is not directly triggered by service delivery so payment is not linked to volume. Clinicians and organizations are paid and responsible for the care of a beneficiary for a long period (e.g. ≥1 year).

Are You Positioned for Success?

Value-Based Care Readiness Assessment Tool

In today's rapidly changing healthcare landscape, the shift from traditional fee-for-service models to value-based care has become paramount for both Health Systems and Independent Medical Groups. Healthcare organizations must embrace a proactive approach to succeeding in Value-Based Care (VBC) to remain positioned for success in the future. This Value-Based Care Readiness Assessment Tool is designed to help your organization evaluate its preparedness for successfully navigating the key areas of VBC performance and sustainability.

The VBC Tool

Our tool covers eight foundational domains that are critical to achieving success in a diverse Value-Based Care (VBC) landscape. The questions for each section are meant to serve as a guide for reviewing general preparedness within that domain and are not meant to be a comprehensive set of questions. The overall intent is to spark discussion and thought partnership from leadership on areas of strength, needed investment, and barriers that exist. The goal is to create a shared understanding of your organization's current state of readiness in these domains with honest assessments of resources, people, and workflows. Subsequently, the leadership team should create action plans related to each domain that either reinforce effective strategies that exist or chart a path for long term development of areas that need new investments or solutions. Any successful action plan requires the investment of time and organizational accountability.

Readiness Scoring

Section	Score
Section 1: Leadership Commitment	
Section 2: Data and Analytics	
Section 3: Care Coordination	
Section 4: Patient Engagement	
Section 5: Quality and Performance Metrics	
Section 6: Provider Engagement	
Section 7: HCC Coding	
Section 8: Contracting	
Total	

Score Interpretation:

8-16   Early Stage... Long ways to go!

17-24   Building blocks of a VBC Foundation

25-32   Mature strategies and setup for success

33-40   Master class VBC entity

Foundational Domains

Section
Section 1: Leadership Commitment
Section 2: Data and Analytics
Section 3: Care Coordination
Section 4: Patient Engagement
Section 5: Quality and Performance Metrics
Section 6: Provider Engagement
Section 7: HCC Coding
Section 8: Contracting

Section 3: Care Coordination

1 – Not Present   2 – Slightly Present   3 – Moderately Present   4 – Mostly Present   5 – Completely Present

3.1. Does your organization have a consistent care coordination program?

3.2. Do you know the impact of your Care Coordination as it relates to VBC performance? Are you able to regularly prioritize the focus of your care coordination program?

3.3. Are your Care Coordination resources or strategies scalable? What are the biggest limitations to sustaining or adapting care management from FFS to a VBC environment?

3.4. Is there an effective system for identifying high-risk patients?

Key Takeways:

Section 4: Patient Engagement

1 – Not Present   2 – Slightly Present   3 – Moderately Present   4 – Mostly Present   5 – Completely Present

4.1. Does your organization have a dedicated strategy for improving patient engagement in the context of value-based care?

4.2. How do you measure and report on patient engagement outcomes and their impact on value-based care initiatives?

4.3. Do you have mechanisms in place to identify and address disparities in patient engagement among different patient populations?

4.4. How prepared is your organization to adapt to evolving patient engagement strategies in the shift to value-based care models?

Key Takeaways:

Individual Activity to Group

Choose 2-3 Domains

10 Minutes

15 Minutes

Full Group Debrief

An area of emphasis or interest?

Would your responses have looked different pre-COVID?

A new thought?

Great progress made in recent years in a domain?

Missing stakeholder?

What does it mean if our "readiness" doesn't' necessarily match with our performance?