

## 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	
<b>Total</b>	

#### 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

# Action Plans

Section	Key Action Ideas
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	

## VBC Readiness Assessment Tool

**Group:**

**Date:**

### Section 1: Leadership Commitment

<input type="checkbox"/>	<input type="checkbox"/>
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**1 – Not Present    2 – Slightly Present    3 – Moderately Present    4 – Mostly Present    5 – Completely Present**

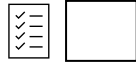
1.1. Is there a commitment from top leadership to transition to value-based care?

1.2. Are there clear strategic goals and vision for value-based care? Are these documented and understood by the leadership team necessary to execute these strategies?

1.3. Is there a willingness to invest in new ways or take on risk to accelerate the shift from FFS to VBC? Is there clear and aligned governance for making these decisions?

**Key Takeaways:**

## Section 2: Data and Analytics



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

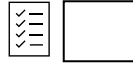
2.1. Are the current data sources available effective for leadership? What about care teams?

2.2. Is there an effective analytics system in place for data analysis across different data sources or programs?

2.3. How often does the team feel there are actionable insights? How frequently is data reviewed and strategies adapted based on new data?

**Key Takeaways:**

## 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?

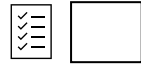
3.2. Do you know the impact of your Care Coordination as it relates to VBC performance? Are you able to regularly prioritize the focus of your care coordination program?

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?

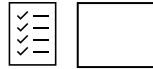
4.2. How do you measure and report on patient engagement outcomes and their impact on value-based care initiatives?

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:**

## Section 5: Quality and Performance Metrics



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

5.1. How many KPIs or quality metrics does your organization try to manage across all payors? Is this reasonably manageable for the organization?

5.2. How do you ensure consistency and standardization in reporting quality and performance metrics across diverse payer contracts? Are there tools or technologies in place to streamline the reporting and monitoring of quality and performance data for multiple payers?

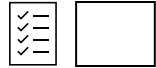
5.3. How adaptable is your organization to changes in quality and performance metrics as payer requirements evolve?

5.4. Do you have a strategy for prioritizing VBC efforts based on evolving quality measure performance year-round or year-over-year (including Q1 focuses)?

5.5. Have you established clear accountability and responsibility for managing quality and performance metrics within your organization?

**Key Takeaways:**

## Section 6: Provider Engagement



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

6.1. How engaged are your healthcare providers in understanding and supporting the transition to value-based care models? Are your providers well-informed about the goals and objectives of value-based care initiatives within your organization?

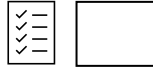
6.2. How receptive are your providers to adopting new care delivery methods and technologies that enhance patient outcomes and reduce costs?

6.3. Are there incentive structures in place that align provider compensation with value-based care goals and performance metrics? Do providers appear motivated to complete the work necessary to succeed in your organizations VBC goals?

**Key Takeaways:**



## Section 7: HCC Coding



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

7.1. How well-trained are your coding and clinical staff in HCC coding and documentation improvement practices? How effectively do you communicate HCC coding information to providers and clinical staff to support accurate documentation and coding practices?

7.2. Have you implemented strategies to address any gaps or deficiencies in HCC coding, such as physician education, clinical documentation improvement programs, or new technology support tools?

7.3. Have you demonstrated the ability to see meaningful (quantifiable) improvements when efforts have been made in current VBC programs or other HCC incentive programs? Is this a sustainable improvement example?

7.4. Are you effectively prioritizing access related to HCC coding efforts across populations when provider access is a challenge?

**Key Takeaways:**

## Section 8: Contracting



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

8.1. Do you have a broadly understood multi-year payer strategy to guide specific contracting work? Do you have a clear understanding of the specific value-based care contracts your organization is involved in or plans to pursue?

8.2. Have you assessed the financial, operational, and clinical impact of your current FFS and VBC contracts (you know what is working well and not working well for each contract and how to impact that performance)? Is there reasonable alignment across your contracts to perform well in each contract with similar operational strategies?

8.3. Is your organization comfortable and well positioned regarding the cashflow established within your current contract designs?

8.4. How do you manage risk-sharing arrangements and ensure they are equitable and sustainable?

8.5. Do your decision-making processes and organizational structure align with your current and/or future payer strategy?

**Key Takeaways:**