Value-Based Care & Radiology

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Objectives

1. Gain an Understanding of Value-Based Care

2. Learn How Value-Based Payments are Increasing

3. Learn How Value-Based Care Impacts Care

4. Learn How Radiologists Can Participate in Value-Based Care
What is Value-Based Care?

• Providers reimbursed on the quality of care instead of the volume of services… *Volume to Value*

• Providers incentivized for helping patients improve their health, reduce effects and incidence of chronic disease, and live healthier lives.

• In Value-Based arrangements, providers contract with payers such Medicare, Medicaid, and commercial insurance to care for a set of defined patients (attributed).

• Population Health Management enables success in Value-Based Care
Value Based Care Models of Contracting

• **Shared savings:**
  Payers reimburse providers the same as in fee-for-service models, and a set amount is available based on quality performance and meeting medical costs targets.

• **Shared risk:**
  Also known as downside risk models, provider is financially accountable. The potential for financial rewards is increased, but so are the risks.

• **Bundles:**
  In a bundled payment system, healthcare provider receives a fixed amount for services per episode of care. The amount doesn’t change even if multiple providers treat the patient. Goal is to encourage collaboration, reduce redundant testing.

• **Global capitation:**
  Provider takes on 100% of the risk. Providers paid a designated amount per patient and can keep savings from cost reduction. Providers also cover any losses.
### Moving From Volume to Value

#### Health Care Payment Learning Action Network; [https://hcp-lan.org/apm-framework](https://hcp-lan.org/apm-framework)
In 2020, 40.9% of U.S. health care payments, representing approximately 238.8 million Americans and 80.2% of the covered population, flowed through Categories 3&4 models. In each market, Categories 3&4 payments accounted for:

- Commercial: 35.5%
- Medicare Advantage: 58%
- Traditional Medicare: 42.8%
- Medicaid: 35.4%

*Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Representativeness of covered lives: Commercial - 62%; Medicare Advantage - 67%; Traditional Medicare - 100%; Medicaid - 64%

Health Care Payment Learning Action Network; https://hcp-lan.org/apm-measurement-effort/
Heath Equity--Value-Based Care Must Address Health Disparities

"Reaching" Beyond GPDC: ACO REACH Model Goals

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<th>GPDC</th>
<th>ACO REACH</th>
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<td>Empower beneficiaries to personally engage in their own care delivery.</td>
<td>Promote health equity and address healthcare disparities for underserved communities.</td>
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<td>Transform risk-sharing arrangements in Medicare fee-for-service (FFS).</td>
<td>Continue the momentum of provider-led organizations participating in risk-based models.</td>
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<td>Reduce provider burden to meet health care needs effectively.</td>
<td>Protect beneficiaries and the model with more participant vetting and monitoring and greater transparency</td>
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https://innovation.cms.gov/innovation-models/aco-reach

Payers’ perspectives

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<th>HEALTH EQUITY</th>
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<td>Is your Plan leveraging value-based provider arrangements to incentivize the reduction of health disparities?</td>
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<tr>
<td>58% Coded standardized sociodemographic data</td>
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<tr>
<td>47% Improves the quality and completeness of sociodemographic data</td>
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<td>41% Measure health disparities by stratifying along sociodemographic factors</td>
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<tr>
<td>30% Improve patient satisfaction for targeted populations</td>
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<tr>
<td>19% Improve performance on measures stratified by sociodemographic data</td>
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<tr>
<td>23% No, my organization is not currently leveraging value-based provider arrangements to incentivize the reduction of health disparities</td>
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If incentives are included in your value-based provider arrangements to improve health disparities, what specific Social Determinants of Health (SDOH) or delivery strategies are targeted for improvement or enhancement?

- 55% Referrals to community-based organizations to address socioeconomic barriers
- 54% Care coordination for services that address socioeconomic barriers
- 53% Screening for socioeconomic barriers to health
- 51% Food insecurity (e.g., offering resources for access to nutritious food)
- 45% Data that tracks whether services were received (e.g., patient alerts, referrals)
- 43% Social transportation (e.g., incentives or partnerships in ridesharing programs)
- 42% Housing insecurity (e.g., provider sponsored housing after hospital discharge)
- 41% Economic insecurity (e.g., transportation to job placement or retraining services)
- 39% Social isolation and loneliness (e.g., peer counseling programs, group meetings, etc.)
- 37% Other basic needs (e.g., providing clothing, diapers, or gift cards, helping with utilities or child care providing digital devices such as laptops to access telehealth and teleeducation, etc.)
- 36% Multidisciplinary team models (e.g., social workers, community health workers, medical staff, doctors, etc.)
- 28% Other
Value-Based Care Impact

• Eliminating or reducing adverse events (healthcare errors resulting in patient harm)

• Adopting evidence-based care standards and protocols that promote the best outcomes for the most patients

• Focused resource allocation for highest risk patients

• Team Based Care Model

• Care Coordination and more holistic care for patients

• Improved access and increase in preventive care
Volume to Value, Why is It Taking So Long?

- Regulations and reporting complexities
- Competing and overlapping models
- Requires investment in resources to succeed
- Low to No Reimbursement for non-direct care
- Measurements complicated & sustained continuous improvement difficult in some models
- Provider willingness and readiness
- Largely historically limited to Primary Care Specialty Participation
ABSTRACT: Population health management (PHM) is the holistic process of improving health outcomes of groups of individuals through the support of appropriate financial and care models. Radiologists’ presence at the intersection of many aspects of health care, including screening, diagnostic imaging, and image-guided therapies, provides the opportunity for increased radiologist engagement in PHM. Furthermore, innovations in artificial intelligence and imaging informatics will serve as critical tools to improve value in health care through evidence-based and equitable approaches. Given radiologists’ limited engagement in PHM to date, it is imperative to define the PHM priorities of the specialty so that radiologists’ full value in improving population health is realized. The purpose of this expert review is to explore programs and future directions for radiologists in PHM.
Radiology: Value Based Care Programs

• CMS MIPS program*: FFS payment adjustments (up or down) based on performance in outcomes, quality, safety based metrics
  - Radiology
  - Interventional Radiology
  - Radiation Oncology

• Bundles---Accountable for care and cost in episodes of care with set cost and quality targets
  - CMS Radiation Oncology*
  - Episodic and Surgical Based
  - Chronic and Longitudinal**

• Radiologist can participate in ACOs and other programs as part of the care team
• Independent groups may have opportunities to collaborate with provider groups in value based care agreements
Radiology Areas of Impact in VBC

• **Preventive Care Screenings**

• **Coordination of Care**
  o Patients-direct access to their results – verbally or by an electronic portal.
  o Communication with Referring Physicians and Providers -available to consult with referring physicians

• **Improving Access**: Right Care at the Right time at the right place
  o Avoidable Acute Care

• **Guiding and Managing Imaging Utilization**
  o Clinical Decision Support System (CDS) that is linked to order entry to provide guidance
  o Improving Appropriateness of Imaging and Reducing Duplicate Imaging
  o Evidence-Based Management of Incidental Findings
  o Opportunistic Imaging
Radiology Areas of Impact in VBC

• Multi-disciplinary team activity
  • Areas of ‘opportunity’ for care that involves Imaging, and other radiology services

• Leveraging Artificial intelligence (AI)
  ○ Appropriateness of studies powered by smart CDS
  ○ Radiologist decision support system (evidence based standardized recommendations)
  ○ Faster, efficient high value image creation
  ○ Automated image quality control
  ○ Imaging triage based on urgent, critical findings moved to the top of list
  ○ Screening for lung nodules, fractures, breast cancer etc.
Jefferson Radiology - Reducing Medicare MRI Utilization Rate

Data from CRUISE, TJU: Levin, Parker, Rao

RLI Power Hour Webinar Series
Computerized Clinical Decision Support System
Inclusion criteria:

- Female patients with NJ ZIP code
- Zip code criteria driven by capacity
- Active MyChart status
- Allow text messaging
- Last screening mammography T – 395 days
- No future screening mammography scheduled
- The radiology recommendation status = OPEN
- Breast tissue density meets clinical criteria

Jefferson Health: Our records indicate that you are overdue for your screening mammogram. We are reaching out to make it easier for you schedule an appointment. Please schedule online through MyJeffersonHealth or reply to one of the following options:

- **1** - Send me a link now to schedule via MyJeffersonHealth
- **2** – Remind me next month
- **3** – I had my screening done elsewhere
- **4** Decline mammogram scheduling
Thank you!

"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."