




Driving Care Innovation

# Elements of Value-Based Practice


Dakota Conference  
Rural and Public Health  
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CMO Arkos Health-ND  
4. June. 2024.

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## Introduction: Arkos Health



- We serve two populations:
  - North Dakota Medicaid Expansion
  - NextBlue Medicare Advantage
- Care management services:
  - RN care management
  - Social services
  - Quality outreach
  - Home Wellness-Nurse Practitioner team
  - Network Integration and Engagement, Community Outreach



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# Why Utilize Arkos Health?



- Multiple ED Visits, high frequency service utilization members
- Complex disease management requiring extended care resources
- Transition of Care management-ED, hospital, SNF, rehabilitation
- Addressing Social Determinants of Health
- Care coordination with patient, provider, community, and health plan
- No charge to patient nor provider organization



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**Dr. Weiser** **Dr. Van Scoy** **Nicole Christensen** **Asia Merkel** **Kristen Schultz** **Emalee Muhonen** **Amanda Richter** **Sara Lingwall**  
*President Chief Medical Officer VP Clinical Services Dir. Social Services Dir. Clinical Services - MA Dir. Clinical Services - ME Dir. Network Integration and Engagement Dir. of Quality*

## Arkos Health ND - Leadership Team



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## Goals for Today:

- Review benefits of Value Based Practice
- Discuss elements of Value Based Practice
- Participate in Value Based performance discussions



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## How Are We Doing? Quality and Cost

Rank	Country	Health Care Index
1	Mexico	72.5
2	Canada	69.1
3	Uruguay	68.4
4	Colombia	68.3
5	Argentina	68.1
6	Guatemala	68.0
7	United States	67.6 <small>23<sup>rd</sup>, 32<sup>nd</sup> 68<sup>th</sup> internationalrank</small>
8	Ecuador	67.6
9	Costa Rica	64.6
10	Chile	63.4
11	Panama	60.1
12	Brazil	58.9
13	Puerto Rico	58.3
14	Dominican Republic	57.6
15	Peru	56.4
16	Trinidad And Tobago	53.5
17	Venezuela	38.7

[America: Health Care Index by Country 2024 \(numbeo.com\)](https://numbeo.com/america-health-care-index-by-country-2024)  
[Best Healthcare in the World 2024 \(worldpopulationreview.com\)](https://worldpopulationreview.com/best-healthcare-in-the-world-2024)  
[Health Care Costs by Country 2024 \(worldpopulationreview.com\)](https://worldpopulationreview.com/health-care-costs-by-country-2024)

Country	Per Capita Costs 2022
United States	\$12,555
Switzerland	\$8,049
Germany	\$8,011
Norway	\$7,898
Netherlands	\$7,358
Austria	\$7,275
Belgium	\$6,600
Australia	\$6,597
France	\$6,517
Sweden	\$6,438

North Dakota: Quality Rank 33  
[The Worst \(And Best\) States For Healthcare, Ranked – Forbes Advisor](#)  
 North Dakota: Quality Rank 28  
(21<sup>st</sup> in avoidable deaths)  
 David C. Radley et al., *The Commonwealth Fund 2023 Scorecard on State Health System Performance* (Commonwealth Fund 2023). <https://doi.org/10.26099/fcas-cd24>



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# Benefits of Value Based Practice

- Improved Health of the Population
  - IOM Quality Chasm 2001
- Increased affordability
  - IHI Triple Aim 2008
- Diversified revenue sources
- Emphasis on patient-centered goals
- Care team engagement



[The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity | Health Disparities | JAMA | JAMA Network](#)  
[VBC basics: Understand the 5 key players in value-based care \(advisory.com\)](#)



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# Affordability Saves Lives

**Annals of Internal Medicine** Enter words / phrases

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LATEST ISSUES IN THE CLINIC JOURNAL CLUB MULTIMEDIA CME / MOC AUTHORS / SUBMIT

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Original Research | January 2021

## A Health Opportunity Cost Threshold for Cost-Effectiveness Analysis in the United States

David J. Vanness, PhD, James Lomas, PhD, Hannah Ahr, MS

Author, Article and Disclosure Information

<https://doi.org/10.7326/M20-1392>

Full Text PDF Tools Share

**Background:**

Cost-effectiveness analysis is an important tool for informing treatment coverage and pricing decisions, yet no consensus exists about what threshold for the incremental cost-effectiveness ratio (ICER) in dollars per quality-adjusted life-year (QALY) gained indicates whether treatments are likely to be cost-effective in the United States.

**Objective:**

To estimate a U.S. cost-effectiveness threshold based on health opportunity costs.

- For \$10,000,000 excess in medical expenses for a population, there are 2,000 people who lose insurance, 5 deaths, and 100 quality life years lost each year



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## 27 Hour Day: Can We Expect Value?



- Primary Care Clinician Workday
- 14.1 hours: Prevention
- 7.2 hours: Chronic disease
- 2.2 hours: Acute care
- 3.2 hours: Documentation/inbox
- Panel of 2,500 patients

Porter, J., Boyd, C., Skandari, M.R. et al. Revisiting the Time Needed to Provide Adult Primary Care. *J GEN INTERN MED* 38, 147–155 (2023). <https://doi.org/10.1007/s11606-022-07707-x>  
 Transitional Care Management: Practical Processes for Your Practice | AAFP



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## Elements of Value Based Practice

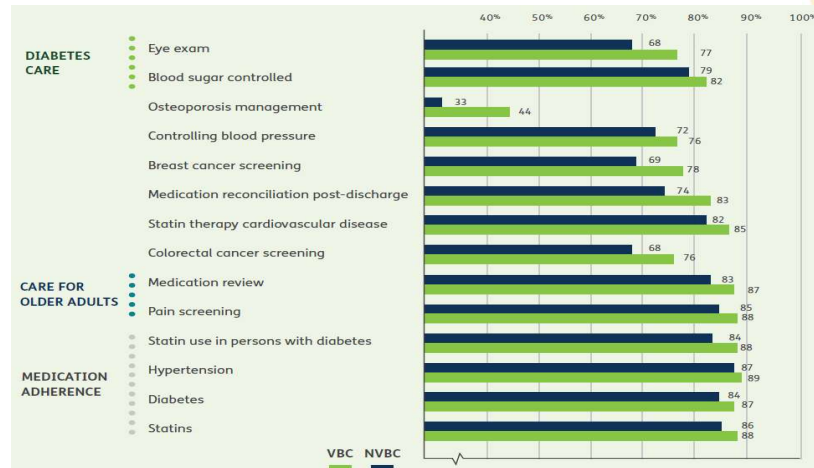


- Quality program
- High value network
- Documentation/Coding
- Pharmacy care management
- Best practice in care transitions
- Patient-centered care management
- Care model innovations



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## Improved Quality Outcomes with VBC



Humana Value-Based Care Report 2023



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## Documenting, Coding Improves Outcomes

- A Medicare Advantage study showed that a Documentation and Coding Program:
  - Increased revenue to cover health care costs
  - Decreased the cost of care
  - Decreased mortality rate by 6%
  - Decreased Emergency Department Utilization by 11%
  - Decreased Hospitalization by 11%

• [Value-based contracting innovated Medicare advantage healthcare delivery and improved survival. Mandal AK<sup>1</sup>, Tagomori GK, Felix RV, Howell SC.](#)

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## Transitions: Lessening the Risk with Best Practice



- 50% medication error rate at discharge
- 20% adverse events post discharge
  - [Promoting effective transitions of care at hospital discharge: A review of key issues for hospitalists - Kripalani - 2007 - Journal of Hospital Medicine - Wiley Online Library](#)
- Lower readmission rate 3.6% through Standard Transitions of Care Practice
  - [The Care Transitions Intervention: Results of a Randomized Controlled Trial | Geriatrics | JAMA Internal Medicine | JAMA Network](#)



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## Best Practices in Care Transitions



- Comprehensive discharge planning
  - Holistic assessment of patient's needs, (equipment, financial, caregiver)
  - Medication reconciliation
  - “Teach back” method for care plan, recognizing red flags
  - Open communication between providers
    - Complete and timely records
    - Prompt follow up, access to personal health record
- Recommend high quality post acute care
  - Low readmission rate, timely access to care and communication

[Best Practices in Care Management for Senior Populations – CHRT](#)  
[Care transitions: Best practices and evidence-based programs - CHRT](#)



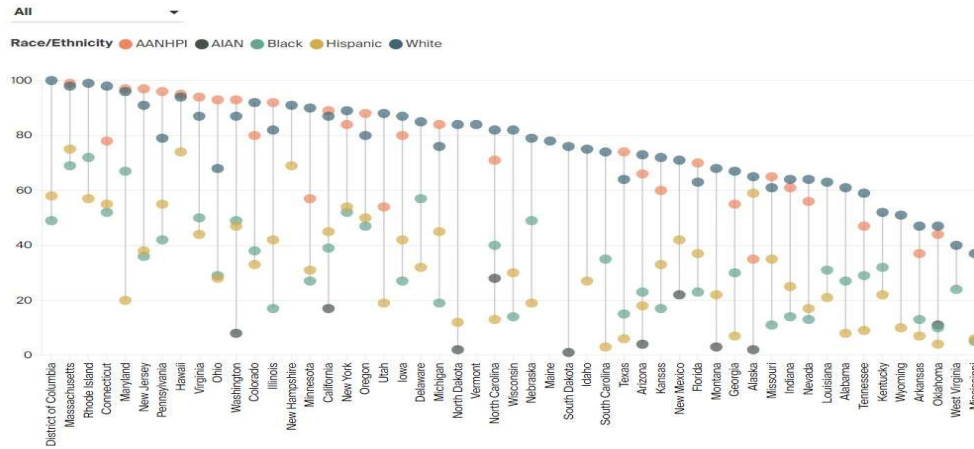
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# Patient-Centered Care: Equity

Profound racial and ethnic inequities in health and health care exist across and within states.

Health system performance scores, by state and race/ethnicity



[Advancing Racial Equity in U.S. Health Care: State Disparities | Commonwealth Fund](#)

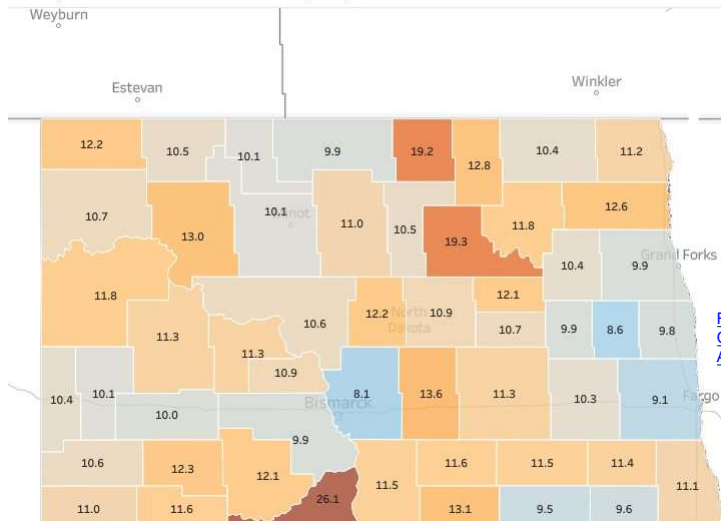


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# Variation in Dental Health

**STATE BENCHMARK: 10.2** Prevalence of all teeth lost among adults aged >=65 years

The analysis shows whether measures in each county are higher or lower than the state benchmark.



[Rural Health Insights for Each State & Congressional District - Stroudwater Associates](#)

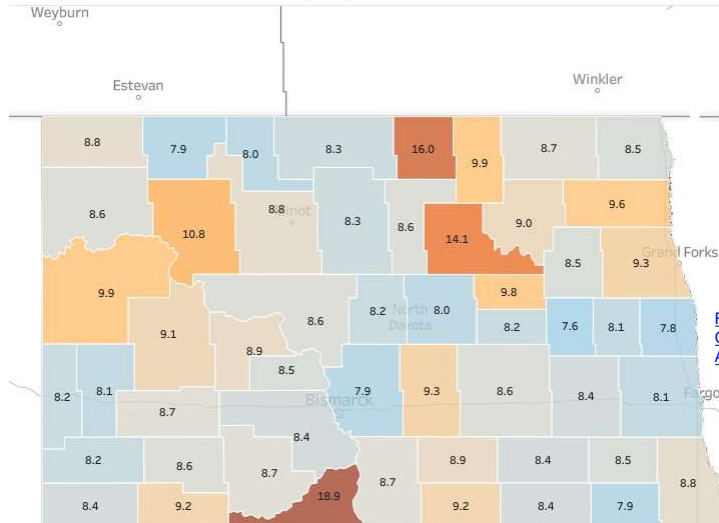


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# Increased Prevalence of Diabetes

**STATE BENCHMARK: 8.7** Prevalence of diagnosed diabetes among adults aged >=18 years  
The analysis shows whether measures in each county are higher or lower than the state benchmark.



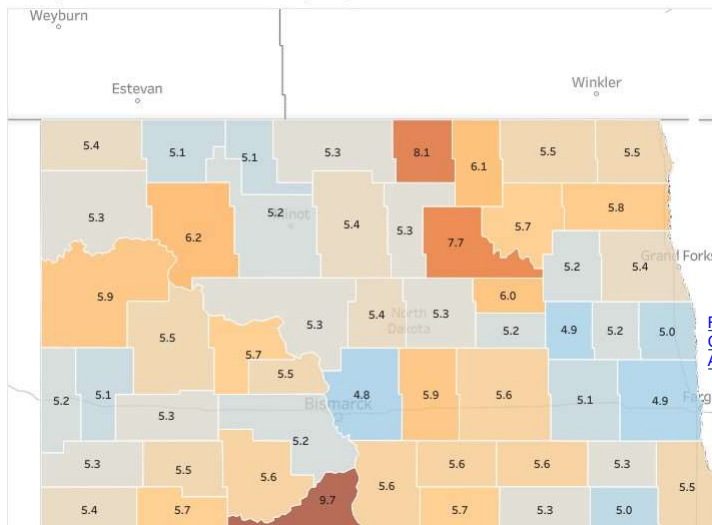
[Rural Health Insights for Each State & Congressional District - Stroudwater Associates](#)



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# Increased Prevalence of Coronary Disease

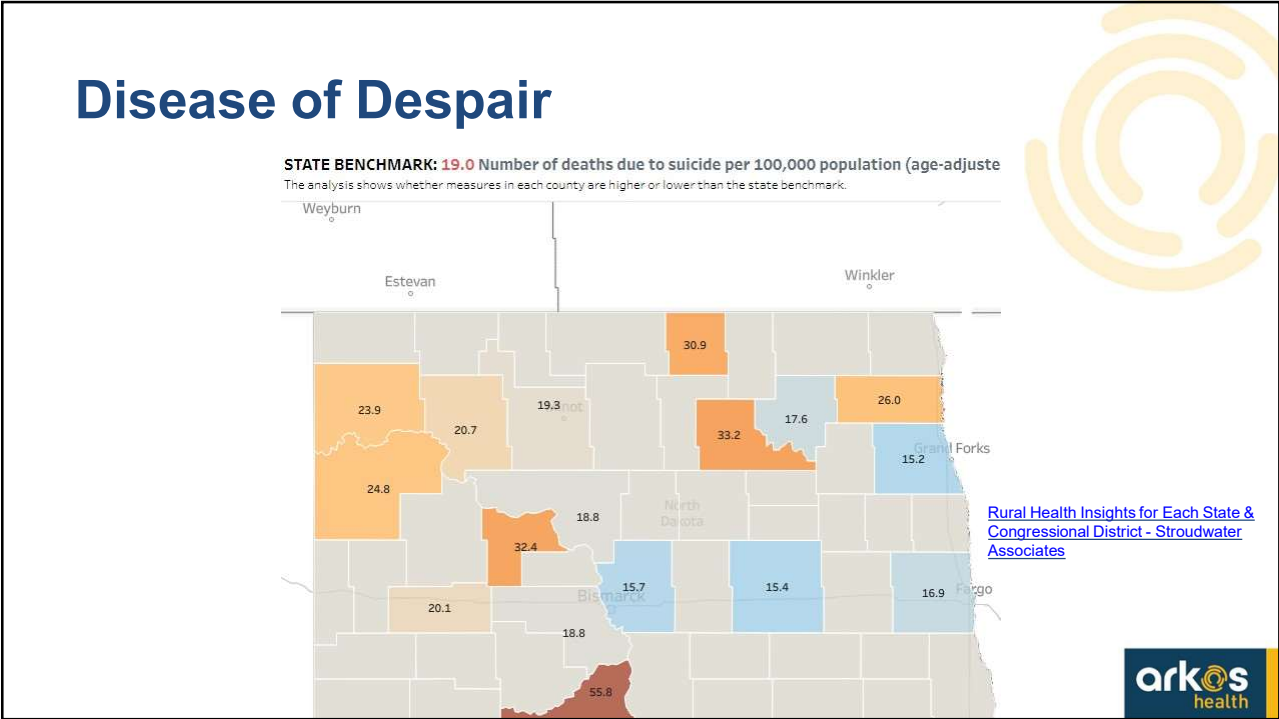
**STATE BENCHMARK: 5.3** Prevalence of coronary heart disease among adults aged >=18 years  
The analysis shows whether measures in each county are higher or lower than the state benchmark.



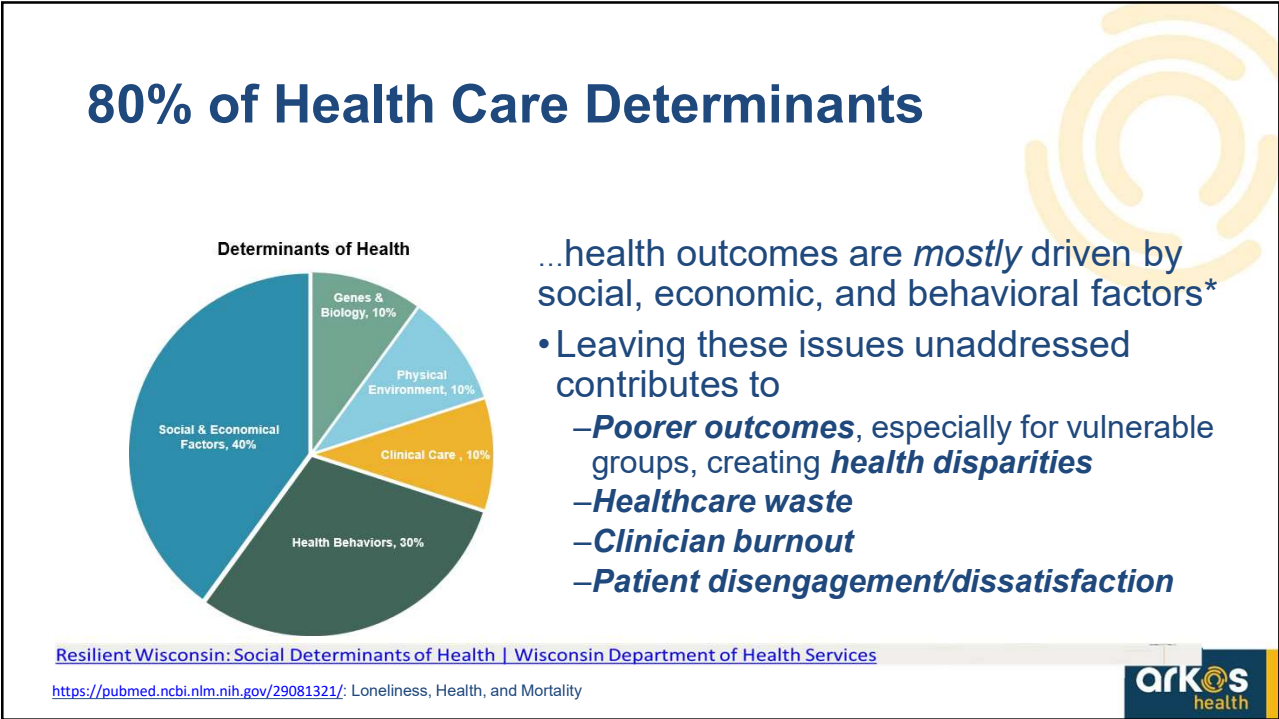
[Rural Health Insights for Each State & Congressional District - Stroudwater Associates](#)



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# Patient-Centered Care: Community Presence



- Community Health Workers essential to improved outcomes
  - Cleveland Clinic to double community health workers (beckershospitalreview.com)
  - Role of Community Health Workers, NHLBI, NIH
- Microaggressive experiences undermine the ideals of patient-centered care and correlated with worse mental and physical reports for American Indians living with chronic disease.
  - Unconscious Biases: Racial Microaggressions in American Indian Health Care. Walls, Gonzalez, Gladney, Onello, J Am Board Fam Med 2015;28:2310239



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# Practice Innovation: Mobile Units



Int.J.Equity.Health. 2017; 16: 178. PMCID: PMC5629787  
 Published online 2017 Oct 5. doi: 10.1186/s12939-017-0671-2 PMID: 28992362

The scope and impact of mobile health clinics in the United States: a literature review

Stephanie W.Y. Yu,<sup>1\*</sup> Caterina Hill,<sup>2</sup> Mariesa L. Ricks,<sup>3,4</sup> Jennifer Bennet,<sup>5</sup> and Nancy E. Orloff<sup>6,7</sup>

\* Author information • Article notes • Copyright and License information • PMC Disclaimer

Associated Data

• Data Availability Statement

Abstract

Go to: ▶

As the U.S. healthcare system transforms its care delivery model to increase healthcare accessibility and improve health outcomes, it is undergoing changes in the context of ever-increasing chronic disease burdens and healthcare costs. Many illnesses disproportionately affect certain populations, due to disparities in healthcare access and social determinants of health. These disparities represent a key area to target in order to better our nation's overall health and decrease healthcare expenditures. It is thus imperative for policymakers and health professionals to develop innovative interventions that sustainably manage chronic diseases, promote preventative health, and improve outcomes among communities disenfranchised from traditional healthcare as well as among the general population.



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## Clinical applications of mobile units

Table 1

Number of articles identified for each of the themes and subthemes of the review

Increasing healthcare access	Facilitating healthcare for minorities	12
	Geographical and logistical convenience	9
	Trusting provider-client relationships	6
	Emergency coverage	2
Improving health outcomes	Screenings	11
	Initiating preventative care	6
	Managing chronic diseases	3
	Enabling self-efficacy	7
Addressing social determinants of health		6
Advancing population health		3
Reducing healthcare costs	Avoidable emergency department visits	3
	Hospitalization and hospital readmission rates	1
	Symptom-free days	1
	Quality-adjusted life years	3
Mobile clinics and the healthcare reform	Private insurers	1
	Accountable care organizations	1
	Non-profit hospitals	1
Limitations of mobile health clinics	Fragmentation of care	7
	Financial issues	3
	Spatial and structural constraints	4
	Logistical challenges	1
Total		51

[The scope and impact of mobile health clinics in the United States: a literature review - PMC \(nih.gov\)](#)

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## Questions for Today

- What benefits can Value Based Practice bring to your community?
- What are elements of Value Based Practice?
- What Value Based opportunities are available to you?



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## Questions for Today

- What benefits can Value Based Practice bring to your community?
  - Quintuple Aim
  - Diversified Revenue Stream
- What are elements of Value Based Practice?
- What Value Based opportunities are available to you?



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## Questions for Today

- What benefits can Value Based Practice bring to your community?
- What are elements of Value Based Practice?
  - Quality program
  - High value network
  - Documentation/Coding
  - Pharmacy care management
  - Best practice in care transitions
  - Patient-centered care management
  - Care model innovations




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## Questions for Today

- What benefits can Value Based Practice bring to your community?
- What are elements of Value Based Practice?
- What Value Based accountabilities apply to you?
  - Hospital, (HAC, RRA, CDI, referrals, case mix)
  - Post-acute, (Patient Driven Payment Model, VBP)
  - Integrated Delivery, (Quality incentives, care mgmt incentives, shared savings/risk, efficiencies through best practice)



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Thank You

## Refer a patient:

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