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Abstract

At this month's staff meeting of your integrated primary care practice, the medical director makes an announcement: Your health system just signed a contract that includes a value-based payment (VBP) arrangement with a local managed care organization (MCO). The medical director suggests that this will lead to big changes in your practice because you will now focus on producing patient outcomes rather than on volume of care delivered. You wonder: What is a VBP arrangement? What kinds of patient outcomes? What does this mean for integrated care? and How do I help our organization succeed? Value-based care is the future, and it will impact the way that all of us practice. In value-based arrangements, the delivery of care fundamentally changes because payment for care shifts from our current fee-for-service model, in which provider productivity is key to financial survival, to payment for positive clinical outcomes where quality of care rules. And this change is happening now. In 2015, the U.S. Department of Health and Human Services announced aggressive national VBP targets, with a goal of tying 50% of all Medicare payments to alternative payment models by the end of 2018 (New York State Department of Health, 2015). Since then, many states have adopted similar targets for their Medicaid programs in light of ongoing state budget challenges and unsustainable cost growth trends. As these changes take hold, health care providers are increasingly expected to make fundamental changes to service delivery, financial, and organizational operations. As health care providers, VBP will require us and our health centers to develop new skills, capacities, and systems for managing clinical, financial, and operational performance and risk. We must all make sure we understand and are ready to play our part in the transition to VBP. (PsycInfo Database Record (c) 2020 APA, all rights reserved)