Utilizing Community Resources, New Payment Models, Technology to Deliver Accountable Care

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The United States healthcare system is undergoing a shift to value-based care that has been uneven across sectors and parts of the country, but there are plenty of organizations pushing forward, explained speakers at the forefront of the movement during *The American Journal of Managed Care*®'s Accountable Care Delivery Congress, held May 11, 2018, in San Diego, California.

During her keynote speech, Suzanne Delbanco, PhD, MPH, executive director of Catalyst for Payment Reform, explained that employers may sometimes be intimidated by the idea of purchasing healthcare, but they are in a position to transform the market.

Although employers are interested in new models tying payment to value, Delbanco's group believes that each of the myriad of payment types in healthcare has a place, including fee-for-service.

"We don't believe that we're necessarily moving from traditional fee-for-service all the way to global payment and [will] reach Nirvana and then we're done," she said.

Employers are also making efforts to control costs without impacting quality through new benefit designs, provider network arrangements, and providing services like onsite or near-site clinics or telehealth as alternative settings of less expensive care.

Attention to Social Needs

The first panel of the meeting focused on new ways of delivering care to address social determinants of health. Rachel Gold, PhD, MPH, of the Kaiser Permanente Center for Health Research and OCHIN, explained that the biggest challenge to addressing social determinants of health that she is trying to overcome is how community health centers can start to collect social determinant data and document them so providers can actually be aware of them.

Developing care plans for patients is a futile effort if providers don't know a patient's social needs. For instance, if a patient is homeless, a provider shouldn't prescribe a medication that needs to be refrigerated, she explained.

"Sounds obvious, but if the provider doesn't know the patient's homeless, because it's not in the record, and they didn't think to ask, then they're going to create a serious barrier to the patient acting on their care recommendations," Gold said.

She added that her research has also shown that sometimes there are reasons to not screen for social needs, as the providers don't always have a way to address the patient's needs. In the Portland area, there is a housing crisis, so if a provider finds out that a patient is homeless, the provider might not actually be able to do anything about it.

Karin VanZant, of CareSource, pushed back by emphasizing that identification of social needs has to happen. There are always resources available, even if certain geographic areas may have supply-and-demand issues. The trick is to knit together the social fabric and safety net within the geography.

Carter Wilson, MCOM, of the Camden Coalition of Healthcare Providers, added that providers need to tailor screening questions to the available resources within a community. Still, he finds that primary care physicians are hesitant to ask questions about social needs

Speakers and attendees at the Accountable Care Delivery Congress held May 11, 2018, in San Diego, CA.

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because they "don't want to open that can of worms." He's trying to train them to be comfortable bringing up these issues.

"It's only a can of worms for the provider—not for the patient," Wilson said. "The patient is living this life. They're not traumatized by their own life or talking about their own life. So, it's a provider anxiety about what they're going to do to their patients, and it's incorrect."

Payment Models as Levers

To make sustainable changes in care delivery, the payment mechanisms need to be there. During the second panel, David Muhlestein, PhD, JD, of Leavitt Partners; Michael Funk, FACHE, CMPE, of Humana; John McConnell, PhD, of Oregon Health & Science University; and Tim Gronniger, MPP, MHSA, of Caravan Health, noted that with so much of the health system still in fee-for-service models, there is no business case for organizations to move fully to value-based care.

The panelists agreed that the federal government has to be involved to drive the shift. Muhlestein noted that HHS Secretary Alex Azar has changed gears from his predecessor, Tom Price, MD, and is more in line with how former President Barack Obama's HHS secretary, Sylvia Mathews Burwell, viewed Medicare and Medicaid as policy levers.

McConnell and Funk have been encouraged by what they've seen so far. Although McConnell said the coordinated care organizations in Oregon, which are similar to accountable care organizations, are "here to stay," Funk believed that current models and payment structures probably won't be around at the end of the transformation.

Facilitating Use of Technology

The final panel of the day highlighted technology innovations in healthcare, with 3 panelists discussing how their organizations are leading the field. Taylor Justice, of Unite Us, explained that his company uses software to address social determinants of health by connecting patients to appropriate resources. The software creates a single record for each patient that follows him or her regardless of the care setting. Each new care organization is given access to the parts of the record that it needs.

Arien Malec of Change Healthcare, highlighted the fast-changing technology landscape in healthcare, with artificial intelligence and machine learning starting to be used to relieve administrative burdens.

"What we're doing is not the holy grail of replacing the physician and having the computer do everything for you," Malec explained. "We're trying to automate a lot of the routine activities of healthcare," she said, to have people work at the top of their licenses.

Aledade is working with 22 accountable care organizations across the country, helping providers who want to make the shift to value-based care but need help with things like regulatory issues, technology, and data analytics that must be addressed during the transformation. Edwin Miller, of Aledade, explained that providers are having trouble getting access to the information that health systems and hospitals have.

"The data blocking is real," he said. "We have trouble getting information. We struggle to get those connections."