



**Five challenges
to VBC success —**
and how to overcome them

Introduction



Like it or not, we are living in a value-based care (VBC) world.

While there are some hurdles to overcome to be successful, the benefits of improved revenue and better patient outcomes far outweigh the effort. As you'll see, there are ways to achieve your VBC goals while minimizing the required time and resources for PCPs and staff.

The five biggest challenges to VBC success

1 Data, data, data

Everything starts with data. You need it to get a complete picture of the patient's health, identify gaps in patient care and improve medication adherence.



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Whether you work with an in-house data team or with a vendor, having rich, well-documented data on your patients is key to increasing reimbursements in VBC arrangements and ensuring patients are getting the best care possible.

2 Risk and quality

Success in VBC depends on accurately assessing the clinical needs of your population and reporting these needs so that your payments will be sufficient to deliver appropriate care. The challenge is that risk adjustment and quality reporting is labor intensive and is predicated on a complex set of rules, which frequently becomes a stumbling block for practices.



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Because of the complex payment methodology associated with risk adjustment, appropriate coding specificity is needed to accurately report chronic conditions. Without this specificity, plans and PCPs may end up with artificially low patient risk scores, resulting in insufficient funds to deliver adequate levels of care.

Similarly, PCPs must adhere to the reporting standards for quality gap closures. Deviation can result in sub-standard outcomes. For practices that lack specialized coding and quality technology, as well as properly trained staff, keeping up with these activities is a significant challenge.

3 Staff participation

Building a culture and a strong team approach starts with the leadership of your organization. Leadership should educate all staff about VBC, provide regular updates on the team's progress, and incentivize staff to drive desired results.



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For example, front-desk staff can be incentivized to schedule Medicare Advantage patients for their Annual Wellness Visits. Designate someone to create a summary of the key VBC performance metrics, goals and payment terms contained in your health plan contracts. This will help you design a program to risk stratify your patients and design a plan focused on pulling the right levers.

4 Continuous staff education

To effectively create a culture around successful VBC, education is key. Many health plans may offer ongoing education programs to help clinicians and staff code accurately and understand the importance of capturing all relevant patient data.



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From webinars to on-site (or remote) application training, taking advantage of such programs can lead to a more successful VBC program. Also, recognize that physicians didn't go to medical school to learn to be expert coders. Supporting them with appropriate tools and resources is essential.



5 Access to the right resources

While physicians often lack the tools, time and resources required to thrive in VBC, there is good news. Health plans frequently sponsor programs that help providers optimize performance in VBC.



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Be wary of “tech-only” solutions that surface in-EMR alerts. These solutions are often not supported by on-site clinicians or quality assurance teams to ensure that all coding is accurate and supported by appropriate documentation.

Learn more about how Vatica Health’s free clinical resources can help you overcome all these challenges so your organization can be successful in value-based care.

Resources to help you succeed in value-based care

The Vatica difference: hands-on support

Vatica Health helps PCPs thrive in value-based care by embedding dedicated clinical and admin teams in your practice. Vatica Clinical Consultants (VCCs) serve as extensions of your team at **no cost to your practice**. Your dedicated VCC takes on critical work and creates flexible workflows to meet your practice's needs.



What does Vatica's clinical and administrative team do for PCPs?

- » Synthesize, review and curate all relevant health plan and EMR data
- » Create pre-visit notifications to enable PCPs to efficiently perform HCC coding and care gap closure
- » Submit CPT-II and G codes to health plans
- » Review 100% of codes and documentation to ensure high compliance
- » Export data back into EMR
- » Train your staff and provide continuing education

What is the benefit to PCPs?

- » Efficiently improve overall practice performance and value-based care results
- » More accurate coding and documentation ensures appropriate compensation and care management resources
- » Spend more time with patients and less time on administrative tasks
- » Increase use of preventive services and higher patient satisfaction
- » Improve care gap closure and continuity of care



“Vatica dedicates licensed nurses and support staff to our risk adjustment program — they are a real game changer! They have become an extension of my team, making the process easy, efficient and financially rewarding.”

— **Monica Ranaletta,**
DO, New York