



Study shows where practices invest for success in value-based care

Staffing and technology remain the top areas of investment in value-based care models, according to new research on how practices position themselves for care-delivery success.

[“Shifting to Value Amid Pandemic and Staff Challenges”](#) piggy-backed on a 2019 study by Humana and the Medical Group Management Association (MGMA) that identified the necessary strategic changes to personnel (for care collaboration) and technological infrastructure (for quality data) for successfully shifting to a value-based care model in the primary care environment. Quantitative data from primary care groups was combined with direct insights from practice leaders on their journey toward value, the return on investment (ROI) thus far and the changes required to sustain value-based initiatives in the face of unprecedented difficulties.

While value-based care payment arrangements can look very different, researchers learned that common principles guide them.



The 2022 Humana-MGMA research, polling more than 100 primary care practice leaders, found that more than two-thirds (67%) of medical group leaders believe the level of quality care provided to patients is better than the fee-for-service (FFS) environment. Additionally, a higher share of practice leaders felt value-based care was better for financial performance (43%) than FFS (31%).¹

The gradual shift to value-based care was slowed by the dual challenges of the COVID-19 pandemic and staffing shortages in healthcare, allowing traditional reimbursement models in primary care to remain as medical group leaders worked to overcome these new challenges. As recovery continues, value-based models — which base compensation on health outcomes and quality of care delivered — are poised to grow, the study says.

Like most aspects of everyday life, the reality of medical groups’ approach to value-based care does not look the way it did prior to the pandemic. Beyond shifts in practice ownership and updates to practice facilities and safety measures to protect against COVID-19, approaches to updating care delivery models has reflected the changes in staffing and further investments in digital health tools.

The share of total revenue that medical groups received from value-based arrangements was largely unchanged in 2022 compared to 2019 reported levels, but the clinical and administrative practice leaders in primary care, internal medicine and family medicine who responded to the latest survey showed shifts toward either end of the spectrum of value adoption. These shifts come as more of these medical practices gain experience operating in value-based arrangements.

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Healthcare provider organizations have turned to several third-party vendors and outsourcing options since the beginning of the COVID-19 pandemic to manage elements of operations that were difficult to manage during

lockdowns or prolonged periods of staffing shortages. Still, despite a historic labor shortage in the past two years stemming from early retirements, burnout and worker decisions to pursue nonhealthcare jobs, successful participation in value-based care arrangements continues to hinge on people.

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Dawn Plested, consultant at MGMA

The 2022 Humana-MGMA research found that a lack of staff resources, difficulties with patient adherence and issues in managing care across patients’ encounters with other providers as major challenges for shifting to value-based care. Thus, it’s not surprising that staff, technology and patient engagement have been the primary focus of medical practices’ paid resources committed to making the shift to value-based care, researchers said.

Care coordination and management workers remained the top types of staff added by medical practices to accommodate their shifts to value-based care models. Those roles are indispensable, said Karl Gyden, director of payer contracts for Harbin Clinic in Rome, Georgia.

“You have to have the care coordinator in place who’s able to track the care that’s happening with the patient,” he said. “And make sure not only is the patient getting what they need,” but that someone facilitates the collection and reporting of data to be reported for that patient.

Within Harbin Clinic, this includes a care coordinator manager who’s responsible for “the nuts and bolts of the operations.” That person ensures data gets to the business intelligence team for reporting, as well as having health data accessible for patients.

As the healthcare industry struggles with staffing shortages and new employees join practices amid an era of high turnover, other practice leaders said it’s vitally important for provider organizations to have clear documentation of quality care goals and value-based care duties as new staff are onboarded and trained.



“One of the single-most important tools for success is having clear documentation of quality care goals and care coordination duties as new staff [join],” said Dawn Plested, an MGMA consultant. “This is always true ... but if you want your program to succeed, you need to ensure continuity in the care programming.”

The healthcare industry has spent years talking about moving toward interoperability and improved data sharing among practices, patients and payers. **While there remains a long way to go to achieve true interoperability, the adoption of value-based care arrangements is bringing more medical groups up to speed with the types of IT tools needed to collect, measure and report quality metrics.**

The latest Humana-MGMA research still points to data analytics/reporting platforms, population health management tools and EHR tools as the top technological additions to boost value-based plan participation, and that broad adoption seems to be working: Fewer medical groups report a lack of data and reporting as a major challenge compared to the 2019 research.