

Policy guidance offers strategies to shift to value-based health care and payment

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The American Heart Association, a global force for longer, healthier lives for all, is advocating for a shift away from the current health care payment system in the U.S., which is primarily based on fee-for-service,

to a value-based payment (VBP) system. A VBP system is person-centered, equitable, coordinated and seeks to improve outcomes and experiences for patients and clinicians, while controlling costs.

Health care payers, including the U.S. Centers for Medicare and Medicaid Services (CMS), major employers and [health insurance companies](#), are increasingly adopting new payment models based on quality of care and cost of care. In the new American Heart Association policy statement, "Value-Based Payment for Clinicians Treating Cardiovascular Disease," the Association summarizes the current landscape of VBP for [cardiovascular disease](#) clinicians and outlines recommendations for increasing its adoption. The new policy statement published today in *Circulation*.

In the traditional fee-for-service system, clinicians are paid based on the number of services provided, which does not include consideration for quality of care, patient outcomes or resource utilization. In a VBP system, improved quality and outcomes are the focus.

"Value-based care delivery and payment models hold the promise of producing better patient outcomes and lowering costs," said Karen E. Joynt Maddox, M.D., M.P.H., FAHA, vice chair of the policy statement, a member of the American Heart Association's Advocacy Coordinating Committee and an assistant professor of medicine at Washington University in St. Louis in St. Louis, Missouri.

"Value-based programs represent an important but under-recognized opportunity to improve the clinician's experience and the efficiency, quality and value of patient care."

The new policy statement emphasizes the critical need to set a framework for VBP programs as they expand, prioritize equity and leverage VBP models to improve [health outcomes](#) among populations

with the highest risk for chronic disease.

The policy statement's recommendations for value-based care delivery and payment models include:

- integrating person-centered process and outcomes quality metrics;
- improving how clinicians are evaluated relative to cost;
- embedding functional status and social risk factors into risk adjustment methodologies;
- promoting flexible funding for comprehensive, team-based care and innovation;
- ensuring clinicians have resources and capabilities to implement best practices; and
- aligning value-based care and payment programs across public and private payers.

The statement also outlines key themes for the future of successful VBP programs and payment reform for cardiovascular care:

- VBP programs must move away from the fee-for-service model toward more flexible, population-based models that allow for care delivery innovation.
- VBP models should find the right balance between improving quality and reducing the cost of care, with quality improvement being the dominant construct.
- Advancing health equity is central to improving quality of care. Every VBP program design must include equity measures to help avoid unintended consequences.
- VBP programs should collaborate with clinicians to ensure they are adequately supported to provide high-quality care.

The recommendations are consistent with the CMS Innovation Center

Strategy Refresh that was published in October 2021 to promote "a health system that achieves equitable outcomes through high quality, affordable, person-centered care." In collaboration with the Duke-Margolis Center for Health Policy, the Association expressed support for CMS's recommendations in a 2022 [white paper](#) addressing improving heart health through value-based payment.

More information: Value-Based Payment for Clinicians Treating Cardiovascular Disease: A Policy Statement From the American Heart Association, *Circulation* (2023). [DOI: 10.1161/CIR.0000000000001143](https://doi.org/10.1161/CIR.0000000000001143)

Provided by American Heart Association

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