EasyHealth

You, as a doctor, want to make sure that your patients get the highest level of care. This will improve their quality of life and help them avoid expensive therapies in the future. This article will show you how to accomplish this.

What Is Value-Based Care and How Does It Differ from Fee-for-Service Models?

Value-based care is a collaborative approach to providing healthcare. Providers and patients work together to make sure the patient receives the best possible treatment for their condition, especially in cases where they may need preventative measures and treatments. There are no co-pays or deductibles in value-based care models because patients receive all of their services under one monthly fee with an accountable provider organization (or APO). Providers work hard to keep costs low by avoiding emergency room visits and hospital admissions whenever possible.

Why Should Providers Be Excited About the Changes Coming to Healthcare?

As providers, you should be excited about these changes. Policymakers created these models to help patients stay healthy by offering preventative care, monitoring their health at home, and providing treatment right in their homes when needed. Value-based care will save both patient time and money that would have otherwise been spent on unnecessary treatments or services for worsening conditions.

How Medical Providers Can Succeed in Value-Based Care

First, you want preventative measures for your patients, which means checking the patient's overall health before they develop a costly illness or injury. You also want to monitor them on an ongoing basis so that if there are any warning signs, you catch them early and avoid more expensive treatment options later on down the road.

One way to do this is to make sure patients get regular wellness checks, which means checking their health at least once a year. During these visits, you should make sure to ask about the patient's overall physical and mental well-being and any symptoms or changes they may be experiencing to get an early diagnosis of anything that could increase costs down the line.

Another preventative measure is monitoring patients who have chronic conditions such as asthma or diabetes with telemedicine. This will allow them to access medical care from home when needed so that your office doesn't have to deal with unnecessary emergency room visits for issues that can wait until later on.

A great way to make sure patients get their regular wellness checks is to promote in-home assessments. Your staff can perform these assessments or you can hire a third-party group to do it for you.

To provide value-based care as a medical provider, you must be able to:

- Integrate data from multiple sources, not just patient records and billing information.
- Identify gaps in care delivery across populations with different diseases or conditions within your practice area. You can do this by conducting in-home assessments during wellness visits with patients with chronic illnesses such as diabetes, asthma, COPD, etc.
- Use laboratory results to seamlessly monitor drug refills and adherence at home which will help avoid emergency room visits due to medication noncompliance among other things.

How Quality STAR Measurements Help You Provide Better Value-Based Care

Another way providers can succeed in value-based care is through quality STAR measures, which are scores given out after certain kinds of tests and procedures have been completed. These test results show how well the provider did when compared with others who provide similar services across the country.

The Centers for Medicare & Medicaid Services (CMS) has published a list of five essential quality measures. These include performance against four domains, one domain's measure, an overall composite score, and finally the implementation date. The implementation date is not always the same as the value-based care start date; it provides insight into how quickly healthcare providers adjusted to new payment models after they were implemented in 2011.

Quality measures do not affect any financial arrangements between APOs and providers, including medical groups or individual doctors within an organization.

Quality STAR measurements help assess what kind of care your patients receive when interacting with other healthcare professionals who might be part of their more extensive network or group practice. Getting involved with these associations is essential because it helps improve collaborative efforts between practitioners at all levels within your particular field.

To get these ratings, medical providers must carry out specific steps at each appointment or treatment, such as recording vital signs and following network protocols when dispensing medicines. If patients receive treatment outside of their network without approval from an APO, this will also impact their score.

As a medical provider offering quality star measures, you will be able to:

- Lower your risk of being excluded from participating in Medicare payment programs.
- Improve the quality of your care.
- Lower costs that patients pay out-of-pocket for their healthcare.

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