

## Establishing trust and transparency to accelerate your value-based model.

When we first engage with a new client, one of the primary issues we hear is that they are struggling to move their value-based strategies along because employers, payers, providers seldom agree. This is certainly understandable since historical alternative payment models have many times concentrated too heavily on cost discounts versus a balance of quality, care and value. It's no wonder why so many then shy away from jumping in to a shared-risk model.

In our experience, by following these four steps, employers, payers and providers can establish the transparency and trust needed to build a successful alternative payment model:

### 1. Identify the Opportunities

It's all in the data. By analyzing patient population trends and demographics in comparison to care access, care utilization and provider participation, you create a foundation for developing a balanced alternative payment model that can be a fit for all.

### 2. Build the Programs

Lay a solid foundation. All too often, value-based programs are established and the supporting infrastructure is not defined to effectively govern and administer the programs, even with the smallest volumes. Having a solid infrastructure in place is crucial to the success of an alternative payment model.

### 3. Operate the Programs Efficiently

Traditional fee-for-service processes and technology will not be effective for a sustainable value-based program. Managing the patient, provider and payer experiences in a value-based program requires a deep understanding of how value-based programs operate, not to mention technology to aggregate multiple episodes of care and allocate and manage risk distributions.

### 4. Optimize the Performance

After a value-based model had been implemented, the ongoing monitoring and measurement of its performance, based upon key performance indicators, maintains alignment and engagement toward the success of the program.

I think we can all agree, value-based models are here to stay. With the right strategy at the onset, healthcare organizations can avoid the pains that erode trust along the way. Our experience tells us, that the result is a financially sustainable and clinically successful value-based care program that benefits payers, providers and most importantly, patients.



#### About the Author:

Jamie Dye is the Chief Development Officer at Global Healthcare Alliance (GHA). Prior to joining GHA, Mr. Dye was Chief Development Officer of MedSynergies (now Optum360 Ambulatory Services), a for-profit ambulatory services company focused on improving physician enterprise performance. Under Mr. Dye's leadership MedSynergies grew its business from a local to national ambulatory services provider, resulting in the company's strategic acquisition by Optum in 2014. Mr. Dye's prior experience also includes a 20-year tenure with Perot Systems helping to build the organization into a multi-billion-dollar market leader in healthcare services. Mr. Dye received his bachelor's degree from the University of South Florida and his master's degree in Health Law from Nova Southeastern University.