

Connecting Your Organization to Solutions. We Provide Guided Strategies for Readiness and Launch.

1. Is your organization effectively responding to the changing healthcare delivery system?

Organizations are responding differently to the changing healthcare delivery system. Some are the “wait and see” types. Others are plain out putting their heads in the sand. Then, there are the trailblazers advancing their organizations in the midst of disruption. As a barometer of change, we monitor complex key trends, emerging policy, and disruption changing the healthcare landscape. As your organization continues to figure out the right direction, it is important to understand new opportunities, alignment, the internal and external impact, and your readiness.

2. How can your organization start moving from a fee-for-service world into value-based care?

20/20 vision helps us to understand new market signals and the acceleration of those market signals. In 2020, the adoption to value-based care will be accelerating. This is due to policy and payment change. “Risk” will enter into everyone’s vocabulary. How can you ready your organization to be positioned for more risk-sharing, mandatory bundled payments, or payer contracting? What’s the best path for your organization? Here’s the reality ... you have to keep moving to be able to stay competitive. It’s knowledge that will help de-risk your future and help your organization understand the right steps to take at the right time.

3. How can you position your organizations as a high-performance organization, preferred provider network, or highly-reliable organization?

ACOs and health systems are gearing-up to take on more risk and are seeking organizations to help them reduce total cost of care, reduce or eliminate readmission rates, as well as ED usage. Key criteria determines which providers are chosen and remain in the network. What criteria is being evaluated? What is the expectation of your organization to remain in the network? What types of value-based initiatives matter most? Are you ready?

4. How should your organization use scorecards, key performance indicators and metrics to manage relationships and manage operational, quality and financial strategic goals?

Key performance indicators drive success across post-acute care for home health, hospice, palliative care, private duty, adult day care, SNFs and insurers. It is important to identify what key performance indicators position PAC providers as high-performance organizations. Metrics can support value-base initiatives both internally and externally. Cross-over metrics drive growth and prove your organization’s value. Scorecards and performance metrics are changing. Most importantly, they must align performance to accountability.

5. How can your organization be the cost-reduction/cost savings partner?

ACOs, hospitals, physicians and payers are focused on reducing the cost of care. A quality measure common to all providers is called Medicare Spending Per Beneficiary (MSPB). MSPB is tracked three days before an admission, during the hospital stay and when the patient is using post-acute services. Post-acute accounts for 40% of this spend. Well-coordinated home and community based services dramatically impact the overall total cost of care; affordable daily in-home care costs, reduced readmissions to the hospital, shorter hospital stays, and lower utilization of high-cost services. A criteria hospitals and ACOs are tapping into for preferred providers is asking for the data on MSPB. They want to know how you are helping them reduce the overall cost of care.

6. Shift Happens! Advice From the Trailblazers

Get positioned as a highly-reliable partner. Keep scanning your organization’s readiness. Don’t let disruption confuse your competitive positioning. Keep your organization’s culture flexible to change. Prepare for risk. Know your partnership’s goals. Create the future!