



Finding a Faster Path to Value-Based Care

June 2016

Executive Summary

The U.S. healthcare system is progressing along a continuum from volume- to value-based care models where physicians and health systems aren't simply compensated for doing more, but instead for delivering higher-quality care at a better value. The transition hasn't been easy, however, and much has been written about new burdens placed upon health plans, hospitals, ACOs and physicians.

How far have we come along the continuum? And what obstacles still stand in the way of widespread and meaningful adoption? What's the best path forward? This study, jointly commissioned by Quest Diagnostics and Inovalon, set out to answer these questions by asking physicians and health plan executives how they perceive progress toward value-based care and what challenges may be preventing rapid adoption.

Among the many things revealed by the study is that physicians and health plan executives hold starkly different perceptions about the importance of,

and impediments to, value-based care adoption. This is important because it suggests that there is an opportunity to reconcile what stakeholders think with what's really happening at the point of care.

The study also confirmed that the complexity of managing myriad quality scoring systems, risk adjustment models, reimbursement rules, incentives and penalties attendant to value-based care is a far more significant challenge than we realize. And it's clear that new tools are still needed and wanted to overcome these challenges.

What's more, lack of access to complete patient data at the point of care continues to hinder physicians, eroding confidence that all the information necessary to make informed decisions is actually available when and how it's needed. This so-called interoperability problem, where patient records exist in silos, must still be addressed.

While the study findings revealed obstacles and differences in perceptions, there is

actually tremendous potential for this data to be a catalyst for accelerating progress. Differences in perceptions can provide focus points for realignment and collaboration among health plans, health systems and physicians that will lead to positive changes in the near future.

Methodology

Regina Corso Consulting conducted an online survey on behalf of Quest Diagnostics and Inovalon from May 6-20, 2016. Four hundred and fifty respondents participated in the national study. Of these, 300 were primary care physicians employed in private practice but who have an affiliation with a hospital and 150 were health plan executives (director-level and above). The margin of error for the full sample was +/- 5 percent.

Key Findings

1

Complexity is impeding adoption.

2

Access to complete patient data is critical and still lacking.

3

New tools are needed – and wanted – at the point of care.

1. Complexity is impeding adoption.

74 percent of physicians and health plan executives said that quality measures are too complex, making it difficult for physicians to achieve them.

While three quarters of all study respondents agreed that quality measures are useful in improving care quality, only half agreed that quality measures set under value-based care models are top of mind when physicians meet with patients (Figure 1). In this finding, health plan executives measured slightly higher at 59 percent, versus 46 percent for physicians, which suggests that health plan executives may be unaware of the true complexity at the point of care.

Moreover, less than half (47 percent) of all study respondents agreed that it's clear to physicians which quality measures apply to their individual patients under relevant value-based care models. Health plan executives measured 17 percent higher than physicians at 58 percent versus

41 percent, again suggesting that health plan executives may not fully understand the true complexity for physicians at the point of care (Figure 2). Overall, there is consensus among all respondents that quality measures are too complex, which makes it difficult for physicians to achieve them. 74 percent of all respondents agreed this is true (Figure 3).

Similarly, 88 percent of all respondents agreed that physicians need to better understand care management resources patients are eligible for, and 79 percent of all respondents agreed that physicians do not know the quality metrics that apply to individual patients, which would allow them and their practice to qualify for financial incentives under value-based care models (Figure 3).

Figure 1:

While three quarters of all study respondents agreed that quality measures are useful in improving care quality, only half agreed that quality measures set under value-based care models are top of mind when physicians meet with patients.

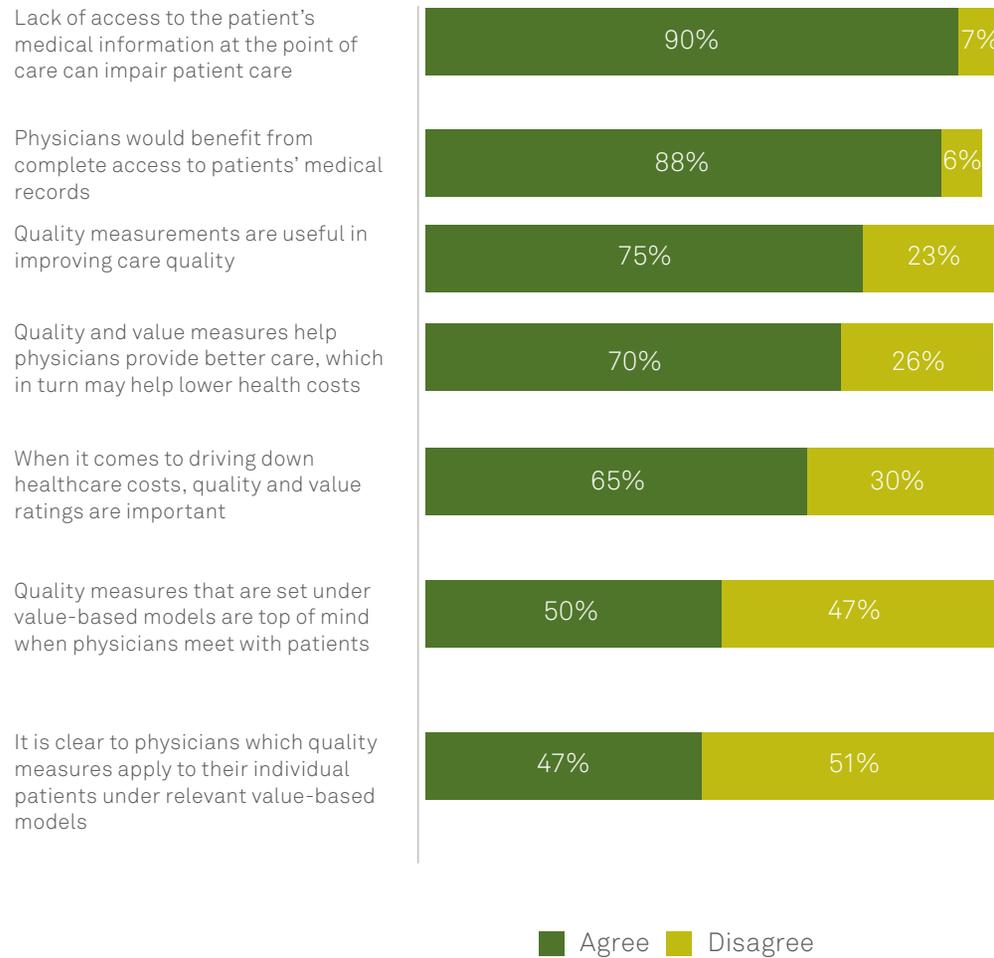


Figure 2:

58 percent of health plan executives said it is clear to physicians which quality measures apply to their individual patients under relevant value-based models. This is compared to only 41 percent of physicians.

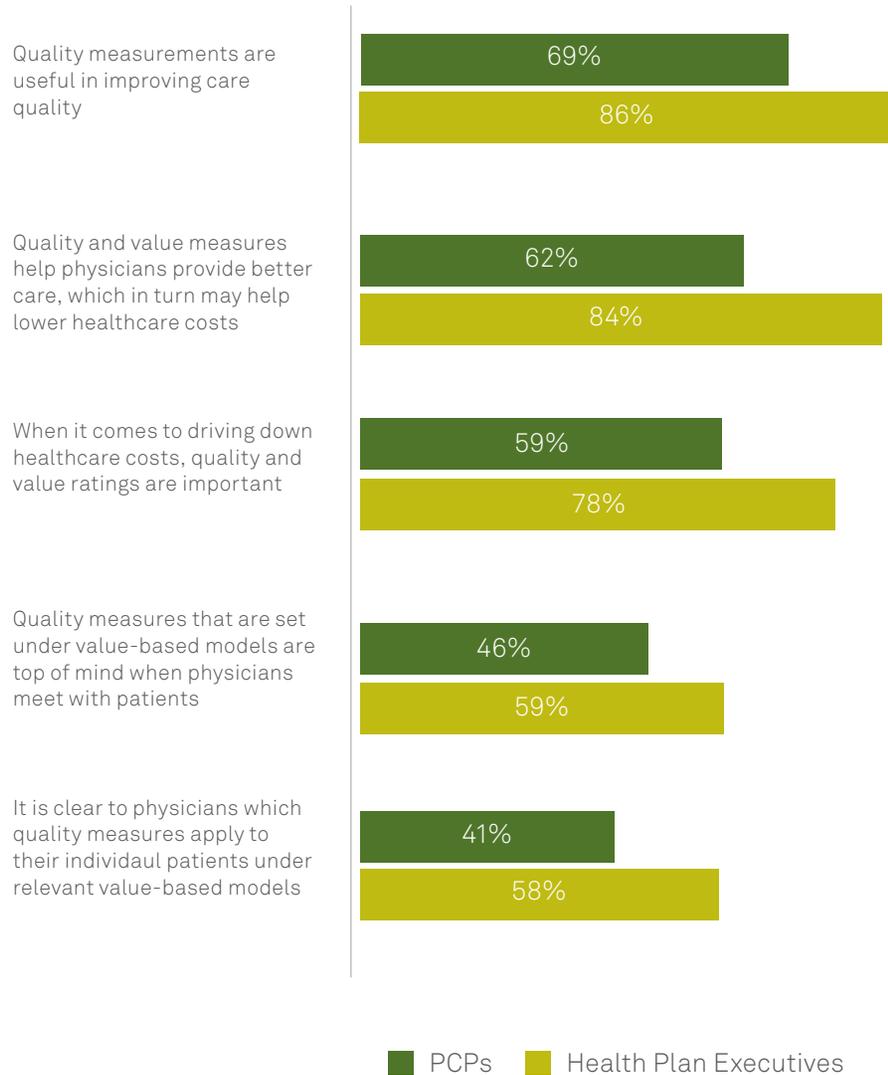
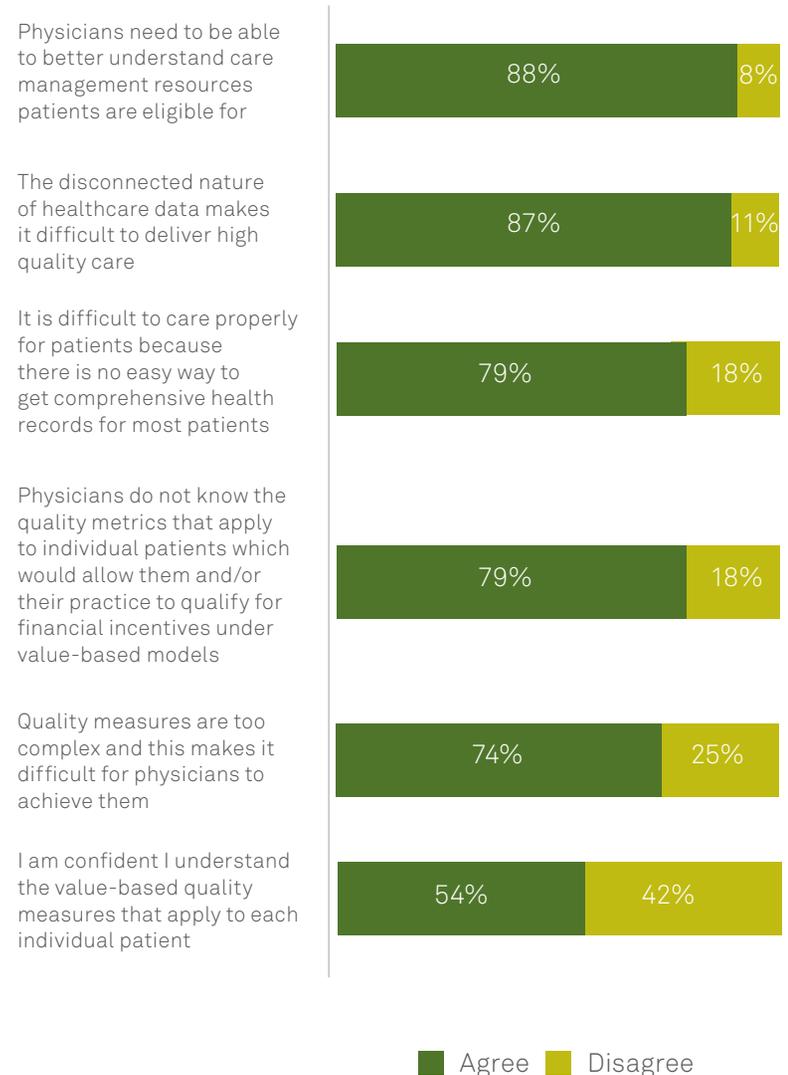


Figure 3:

88 percent of overall respondents agreed that physicians need to better understand care management resources patients are eligible for and 79 percent of overall respondents agreed that physicians do not know the quality metrics that apply to individual patients which would allow them and their practice to qualify for financial incentives under value-based care models.



2.

Access to patient data is critical **and still lacking.**

65 percent of physicians said they do not have all the healthcare information they need about their patients.

Access to all of a patient's medical records is clearly an important issue collectively. 87 percent of health plan executives and physicians said that it's very important (26 percent) or extremely important (61 percent) to have access to all of a patient's medical records (Figure 4). But only 34 percent of physicians said they have all the healthcare information they need about their patients (Figure 5).

As to whether physicians are satisfied with access to data within their existing workflow, only 36 percent of physicians said they're satisfied (33 percent) or very satisfied (3 percent) (Figure 6).

Physicians and health plan executives agreed to which limitations are causing incomplete access to patient records. 78 percent believed that a leading cause is the fact that patients can have many physicians that may not

share information across EHRs or other channels. Other leading causes were lack of interoperability (74 percent) and the fact that there's no way to integrate into current workflow (37 percent) (Figure 7).

In either case, more than two thirds of study respondents said that they believe physicians are dissatisfied to some degree with access to patient data within the workflow. This is concerning, as 90 percent of all respondents agreed with the statement that lack of access to patients' medical information at the point of care can impair patient care (Figure 1).

Figure 4:

87 percent of health plan executives and physicians said that it's very important (26 percent) or extremely important (61 percent) to have access to all of a patient's medical records.

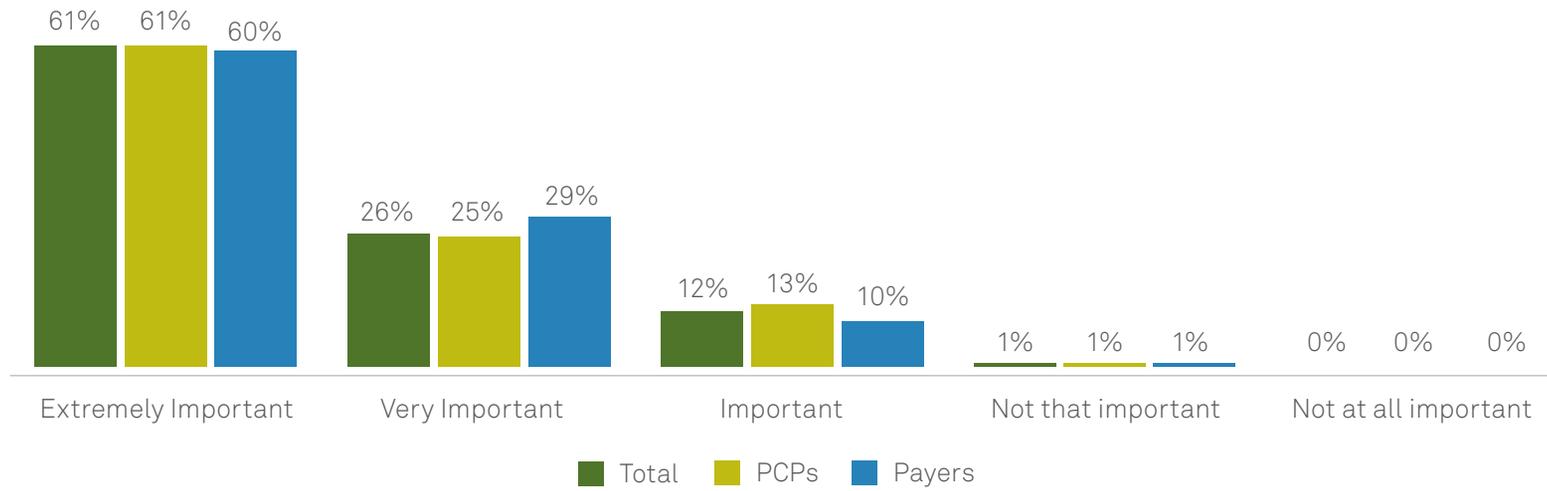


Figure 5:

Only 34 percent of physicians said they have all the healthcare information they need about their patients.

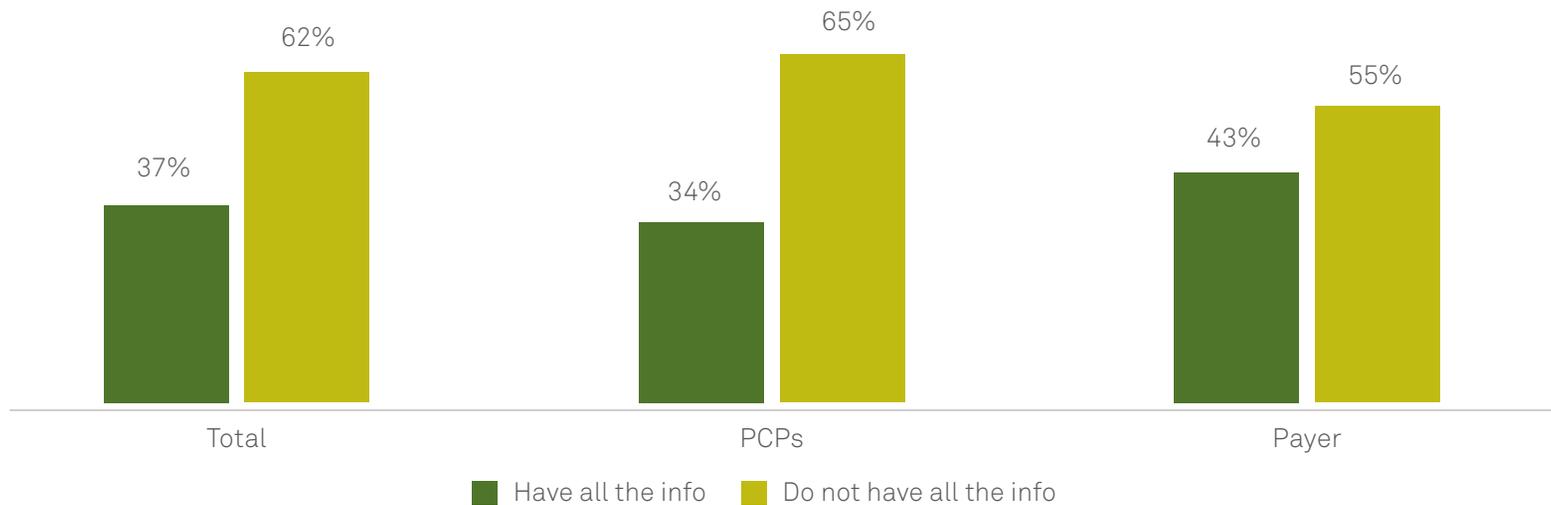


Figure 6:

Only 36 percent of physicians said they're satisfied (33 percent) or very satisfied (3 percent) with access to patient data within their existing workflow.

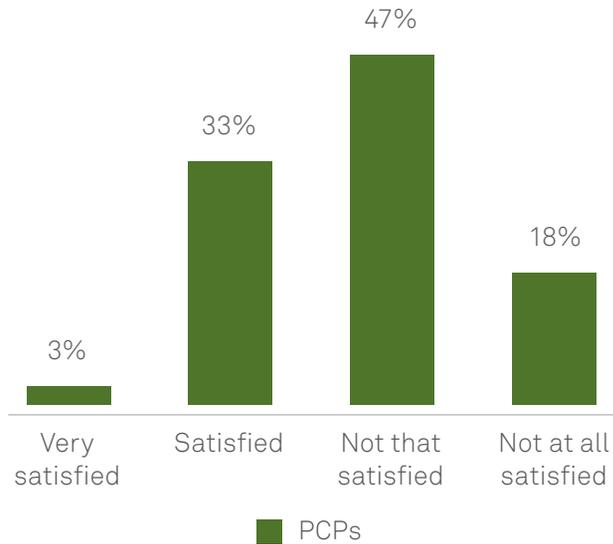
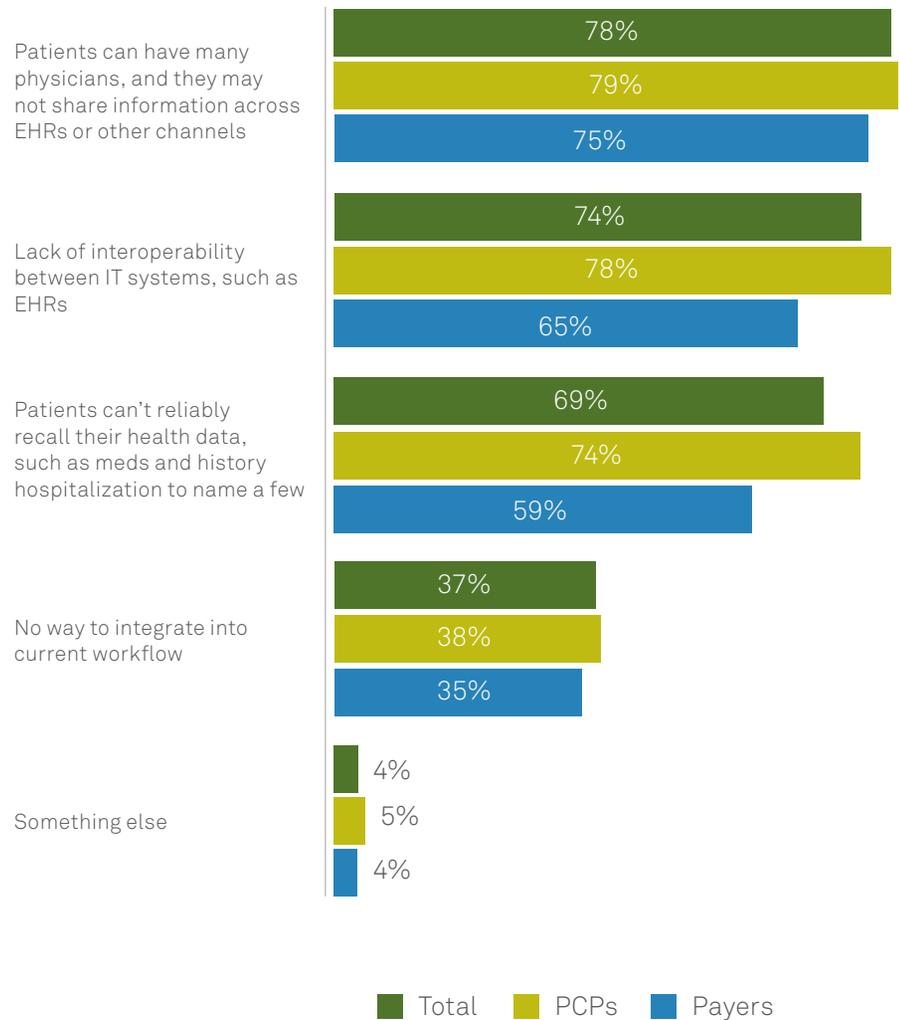


Figure 7:

Physicians and health plan executives agreed to which limitations are causing incomplete access to patient records. 78 percent of respondents believed that a leading cause is the fact that patients can have many physicians that may not share information across EHRs or other channels. Other leading causes were lack of interoperability (74 percent) and the fact that there's no way to integrate into current workflow (37 percent).



3.

New tools are needed and wanted **at the point of care.**

64 percent of physicians and health plan executives said that physicians do not have the tools needed to succeed in a value-based care system.

85 percent of physicians were likely or very likely to use a tool that provides on-demand patient-specific data to identify gaps in quality, risk and utilization as well as medical history insight within the clinical workflow in real time.

The survey asked respondents if they believe a tool exists within the physician’s workflow that is aligned with providing quality and value-based care today. Nearly half (48 percent) of all respondents said no or they weren’t sure (Figure 8). Among those who said yes, there definitely is, only one third (32 percent) named “electronic health records system” or “electronic medical records system” as being that tool. As to whether physicians have the tools needed to succeed in a value-based care system, 64 percent of all

respondents said they do not have the tools. The disparity between health plan executives and physicians is telling: 44 percent of health plan executives said yes compared to only 29 percent of physicians (Figure 9). This shows that health plan executives may not understand the extent to which physicians are hindered at the point of care. Collectively, among all respondents, nearly two-thirds said the healthcare system does not have the tools to succeed under a value-based care model.

Overall, however, more than four in five (88 percent) of all respondents agreed that such a tool would probably be useful (Figure 10). Additionally, 85 percent of physicians said they are likely or very likely to use a tool that provides on-demand patient-specific data to identify gaps in quality, risk and utilization as well as medical history insight within the clinical workflow in real time, assuming it was available.

Figure 8:

Nearly half (48 percent) of all respondents said no or they weren’t sure whether a tool exists within the physician’s workflow that is aligned with providing quality and value-based care today.

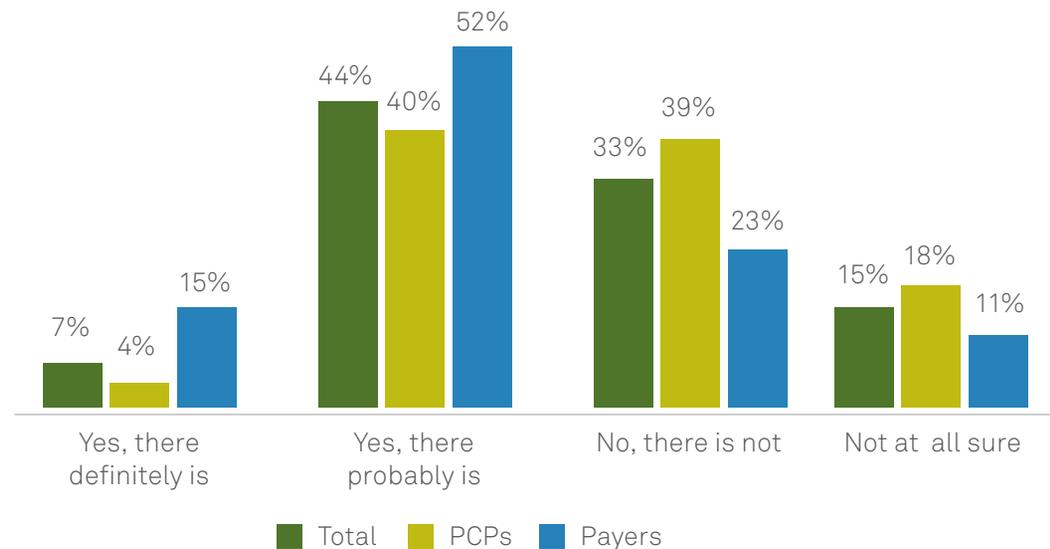


Figure 9:

64 percent of all respondents said they do not have the tools needed to succeed in a value-based care system. The disparity between health plan executives and physicians is telling: 44 percent of health plan executives said yes compared to only 29 percent of physicians.

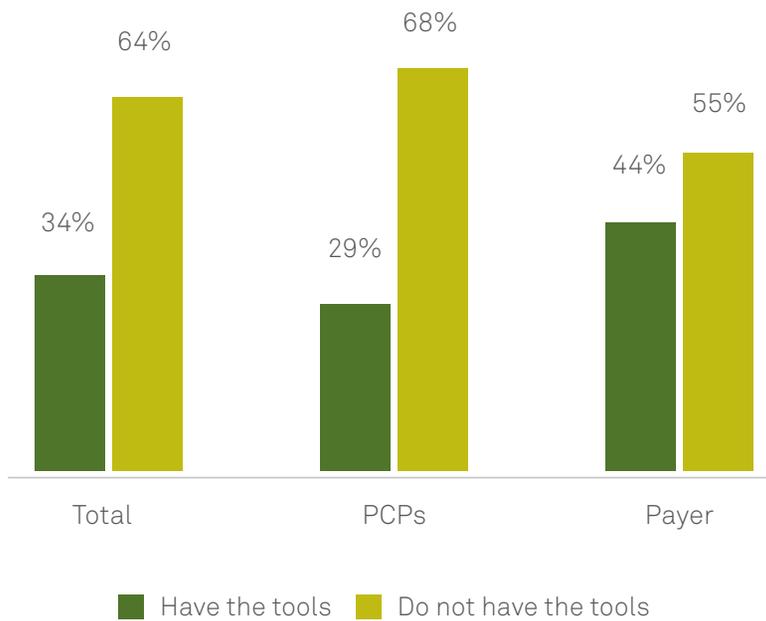
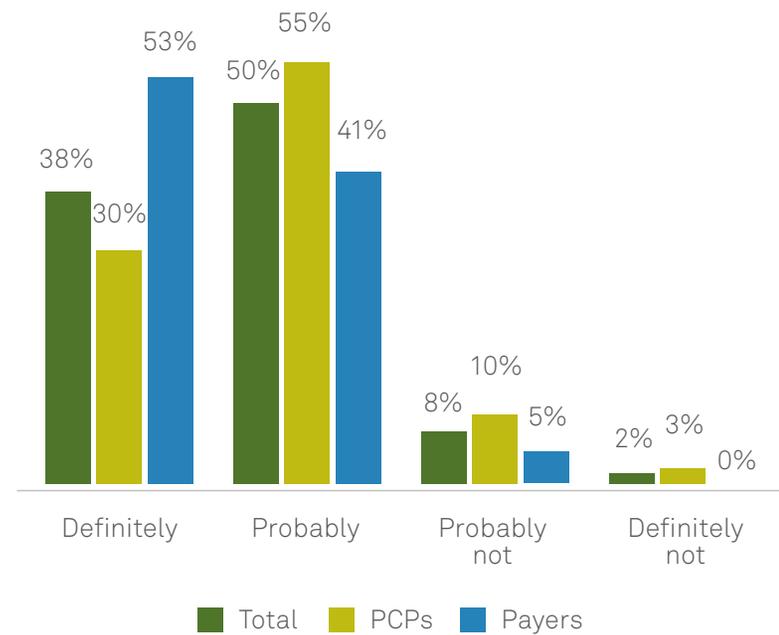


Figure 10:

More than four in five (88 percent) of all respondents agreed that such a tool that advises on gaps in care and quality and value-based metrics for patients would be useful.



4. Other notable findings.

Health plan executives and physicians differed sharply in their perceptions of value-based care. According to the study, 57 percent of health plan executives believed the U.S. healthcare system should be value-based (versus fee-for-service or some other approach) compared to only 33 percent of physicians (Figure 11).

We're not as far along toward value-based care as many think. 63 percent of physicians and health plan executives believed that our system is still predominately fee-for-service (Figure 12).

There is an interesting age-related difference among physicians as to whether we should or should not have value-based care. Of those physicians practicing for less than 20 years, 42 percent said we should have value-based care, compared to only 23 percent of those physicians practicing for more than 20 years.

Health insurers saw room for improvement with documentation at point of care. As to whether physicians are routinely providing care that is well-documented for health plan reimbursement, 44 percent of health plan executives said that only some physicians

provide this. Only slightly more than one third (38 percent) of health plan executives believed that most or all provide this (Figure 13). Meanwhile, 92 percent of health plan executives, an overwhelming majority, said that it is at least important for physicians to provide quality and value-based healthcare that is well-documented for health plan reimbursement.

Figure 11:

57 percent of health plan executives believed that we “should have” a value-based care system, compared to only 33 percent of physicians.

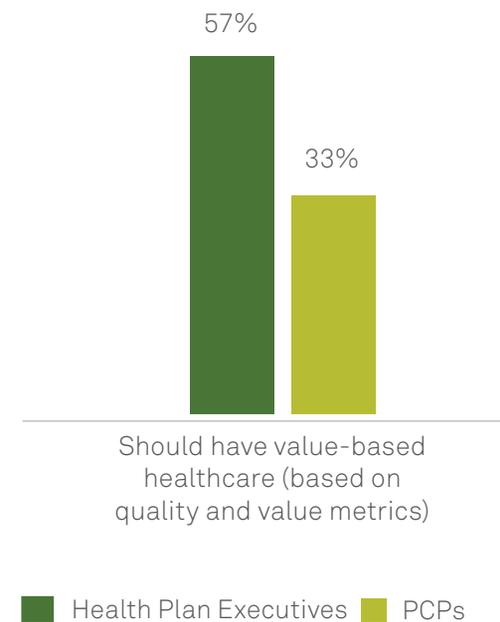


Figure 12:

63 percent of physicians and health plan executives believed that our system is still predominately fee-for-service.

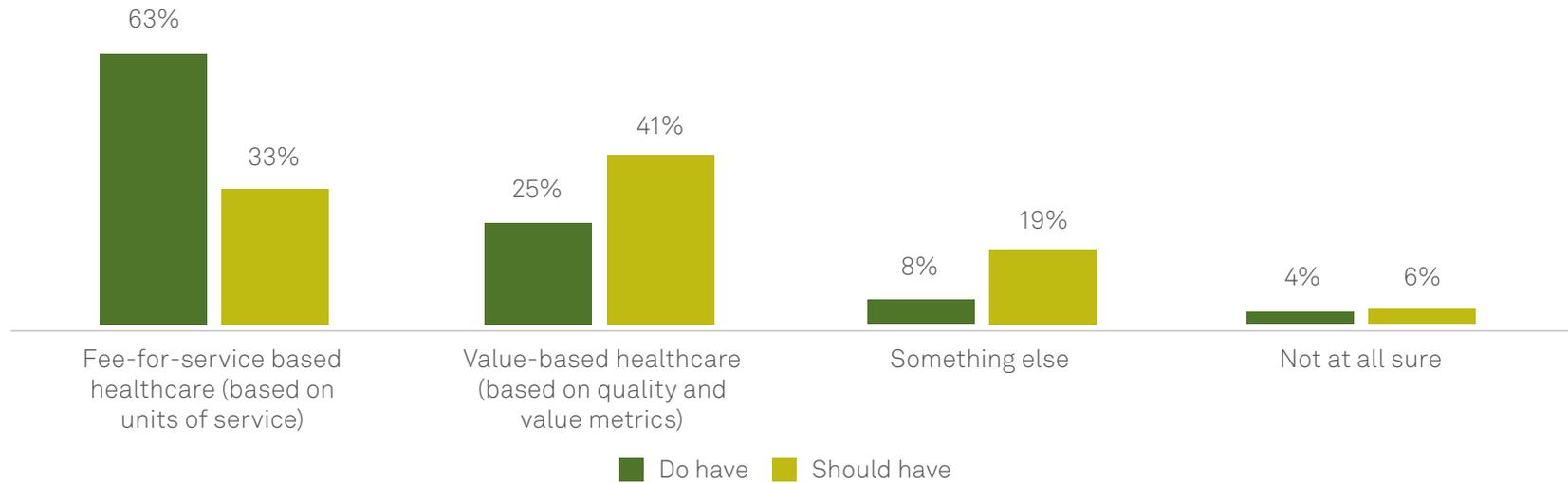
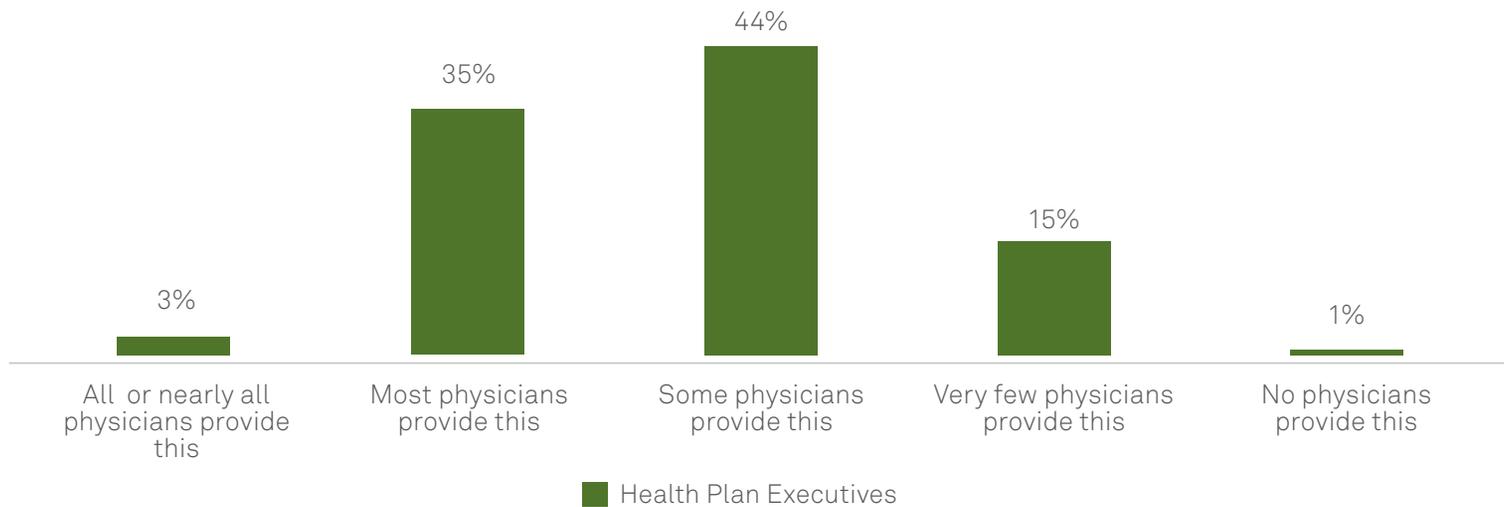


Figure 13:

44 percent of health plan executives said that “some” physicians provide care that is well-documented for health plan reimbursement. 35 percent said most physicians provide this.



Conclusion

This study of health plan executives and physicians explored the similarities and differences in perceptions of value-based care, including obstacles to adoption. While complexity and incomplete access to patient data are not new themes, it is useful to note the degree to which these challenges are still hindering those at the point of care.

By noting the differences in how these challenges are perceived, the findings highlight a possible path forward accelerating value-based care adoption so that all stakeholders, from health plans and health systems to physicians, can clearly see the benefits of value-based care and have the right tools in place to meet the needs of their patient populations.

About

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