

# How Privia's relentless patient focus drives value-based care wins

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Value-based care contracts from different payers can include a maddening array of variables in terms of quality measures and targets, but the keys to success in the value-based arena are consistency and provision of the same level of high-quality care to all patients regardless of plan enrollment.

Patient access and care quality are foundational for being successful in value-based care, according to Rick Foerster, senior vice president of value-based operations for Arlington, Virginia-based Privia Health—a member of the AMA Health System Program.

“Access and quality are embedded into the workflow for every patient,” Foerster says in a podcast and accompanying blog post “Creating Consistent Success in Value-Based Care,” adding that patients covered under the Medicare Shared Savings Program (MSSP) should not be treated differently than those who are covered by a commercial plan.

The Centers for Medicare & Medicaid Services reported that MSSP accountable care organizations (ACOs) earned performance payments totaling almost \$2.3 billion while saving the Medicare program \$1.9 billion in 2020. This includes Privia's MSSP ACOs, whose physicians and health professionals delivered care to 121,000 Medicare patients that year and generated shared savings of \$86.5 million.

Since 2014, Privia's government and commercial ACOs have generated total shared savings of more than \$576 million, with more than \$281 million of that amount delivered by its MSSP ACOs.

Learn from AMA's comprehensive resources on how to evaluate Medicare Advantage (PDF) and Medicaid (PDF) value-based contracts and models.

## Delivering consistent performance

Despite Privia's excellent results, in the podcast Foerster acknowledges finding the many variables in each of the value-based contracts "kind of maddening."

Nevertheless, he adds that, despite differences in benchmarking, risk-adjustment methodologies, and quality scores and targets, the same IT and data-collection infrastructure can be used regardless of which payer is keeping score.

Physician groups may thrive in a government value-based program, but then have trouble duplicating this success under a commercial contract, Foerster notes. Or they have initial success "but then it's really lumpy," he says.

"Your goal should be to create a systematic process for delivering consistent performance in value-based care, whether across programs or across years," Foerster wrote in the blog post. "Your transition to value-based care depends on it; otherwise, value-based care will remain a 'side hustle,' without the primary focus of the organization."

Learn why physician leaders and patient access drive Privia Health's ACO success.

## Common challenges, common solutions

Physician groups entering value-based care contracts face similar challenges: lack of educational resources for physicians and staff, insufficient technology and disorganized workflows, but Foerster says there are common strategies to address them.

**Optimize your EHR to find valuable data.** While acknowledging in his blog post that EHRs are "a common source of complexity and frustration," they also have the potential for facilitating population health management and care coordination—which he called "two cornerstones of value-based care."

For example, EHRs can be used to:

- Highlight quality gaps at the point of care so they can be addressed during—not after—a patient's visit.
- Limit compliance risk by allowing physicians to code a patient's condition accurately and have a coder review prior to submitting claims.
- Create an informed-referral database that tiers specialists and facilities according to quality. Add other data such as in-network status, patient cost-share and payer-quality ranking.
- Identify at-risk patients and refer them to relevant programs and services such as chronic care management or behavioral health.
- Include utilization data on when a patient has accessed services outside your group, such as emergency department visits or hospital discharges.

**Implement tools to optimize operations and care delivery.** Tools such as telehealth, virtual scribes and patient portals can be used to expand physician bandwidth for value-based initiatives.

**Offload, delegate and partner to prioritize care.** Care teams should meet regularly, creating a “ritual” or cadence to review performance and adapt continuously.

Find out how teamwork and technology helped this Privia physician rediscover joy in practice.