

# Unlock New Opportunities: Thriving in Value-Based Care

Hear from Virginia CHC experts on their triumphs, challenges and lessons learned in their journeys with value-based care.

# Today's Speakers



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# Current Situation: Burnout, Staffing Shortages, and Barriers to Care

1. Our CHCs' care teams are experiencing burnout
  - Nearly 63% of physicians are experiencing the long-term stress reaction of burnout and burnout is on the rise ([AMA](#)).
1. Our CHCs are struggling to hire and retain staff
  - In the past 6 months, 68% of CHCs reported loss of workforce up to 25% in the past 6 months ([NACHC](#)).
1. Our CHCs' patients have transportation barriers to accessing preventive medical care
  - Rural residents travel nearly double the distance compared to urban residents to receive medical care ([Rural Health Information Hub](#)).



The Virginia team recently completed a market survey on SDoH, and results indicated that transportation is a perceived obstacle for patients of multiple practices and health centers.

# Virginia Background and Context: CHC AWW Performance and Health Disparities

	Tri Area Community Health Center	Martinsville Henry County Coalition for Health & Wellness	Southwest VA Community Health System
2023 AWW Goal	60%	60%	65%
2023 Patients in Value Based Care	3,978	967	681
Clinicians	26	8	30
Locations	5	2	4
Years with Aledade	2	2	6
Considerations	<ul style="list-style-type: none"> <li>• Significant disparities in HTN control between Black and non-Hispanic White patients</li> <li>• High rates of obesity, hypertension, diabetes, and COPD</li> <li>• Patient socioeconomic factors including high poverty rates, limited education, and lack of transportation access.</li> <li>• Medically underserved geographic regions</li> </ul>		

“Wellness disparities in the area include an 18% increase in diabetes and high blood pressure among African Americans according to Population Health Community Coordinator Pamela Chitwood.”



## Martinsville and Henry County one of 15 communities nationwide recognized for race equity in healthcare

*The Martinsville Henry County Equity Collaborative used Virginia Tech students for a survey on healthcare disparities.*





**So, how can value-based care transform  
your health center?**

After this session, learners will be able to successfully:



**Explain** the key components of value-based care and what it means for community health centers



**Identify** the benefits that choosing value over volume can bring to CHCs

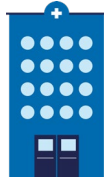


**Begin** their value-based care journey through shared lessons from Virginia health center peers

# What challenges does your health center face right now?

## Community Health Services

Providing critical services to at-risk patients that may not be profitable



## Administrative Burdens

Checking boxes for payers, programs and multiple quality reporting requirements

## Technology & Data

Battling with costly technology that complicates workflows and doesn't deliver helpful data or analytics



## Patient Engagement

Reaching at-risk patients with limited resources and inadequate staff training

## Financial Sustainability

Juggling declining reimbursement and minimal influence on payment



## Workforce Shortages

Struggling to fill open positions and retain qualified staff



**What is value-based care?**



## U.S. health care spending is expected to reach \$6.2 trillion by 2028.

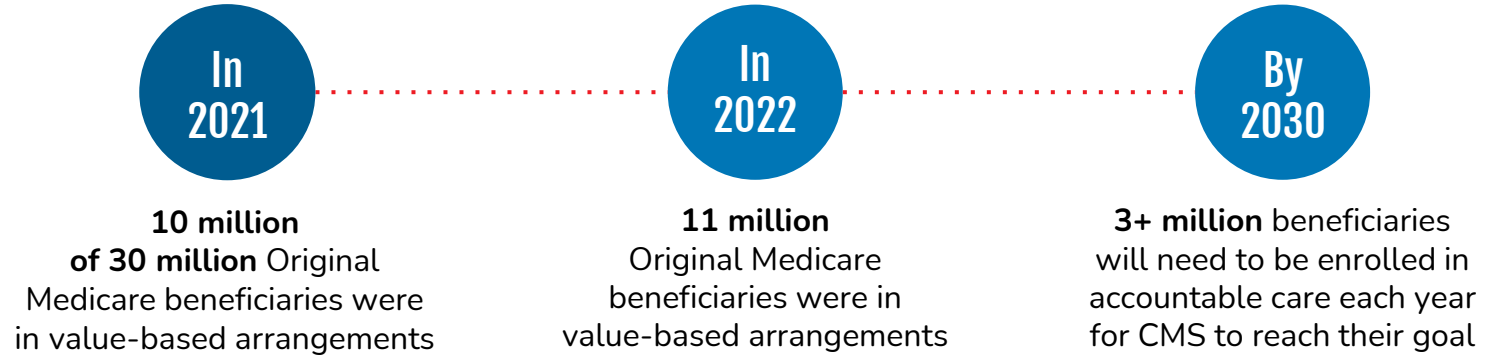
Value-based payment is a systemic intervention with the potential to affect all drivers of excess health spending and growth, including administrative and clinical waste.



**\$4.3T**  
**Annual**  
**Health Care**  
**Spend**

*Centers for Medicare and Medicaid Services (CMS), National Health Expenditures 2021 Highlights; Abigail Zuger, MD, reviewing Speer M et al. Am J Public Health 2020 Dec; Milstein B and Fielding J. Am J Public Health 2020 Dec, "Tallying the waste in American healthcare"*

# The move to value is only accelerating at the federal and state level.



## Innovation Center Strategic Objective 1: Drive Accountable Care

**Aim:**  
Increase the number of people in a care relationship with accountability for quality and total cost of care.

**Measuring Progress:**

- All Medicare beneficiaries with Parts A and B will be in a care relationship with accountability for quality and total cost of care by 2030.
- The vast majority of Medicaid beneficiaries will be in a care relationship with accountability for quality and total cost of care by 2030.



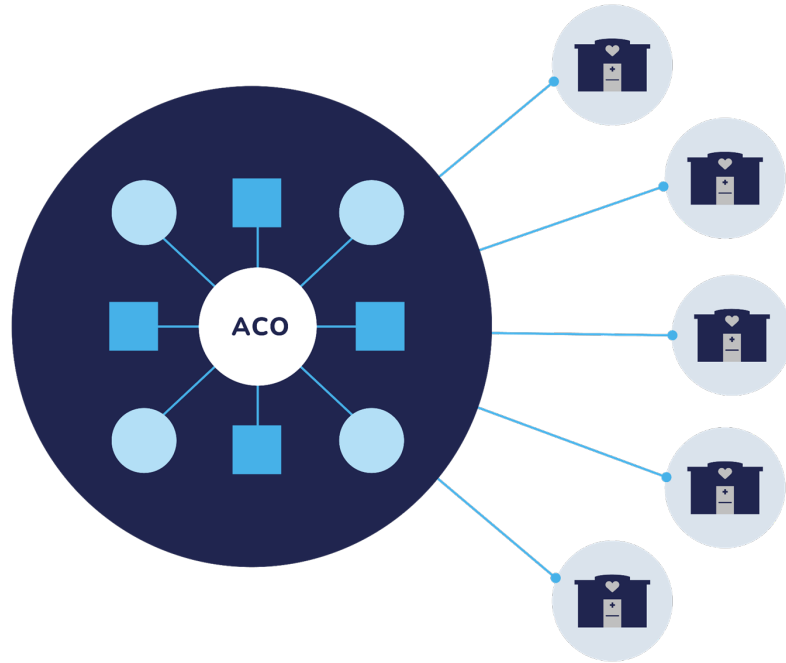
Deep Dive Opinion Library Events

Hospitals Payer Health IT Government Finances Medical Groups

## CMMI wants every Medicare beneficiary in an accountable care plan by 2030

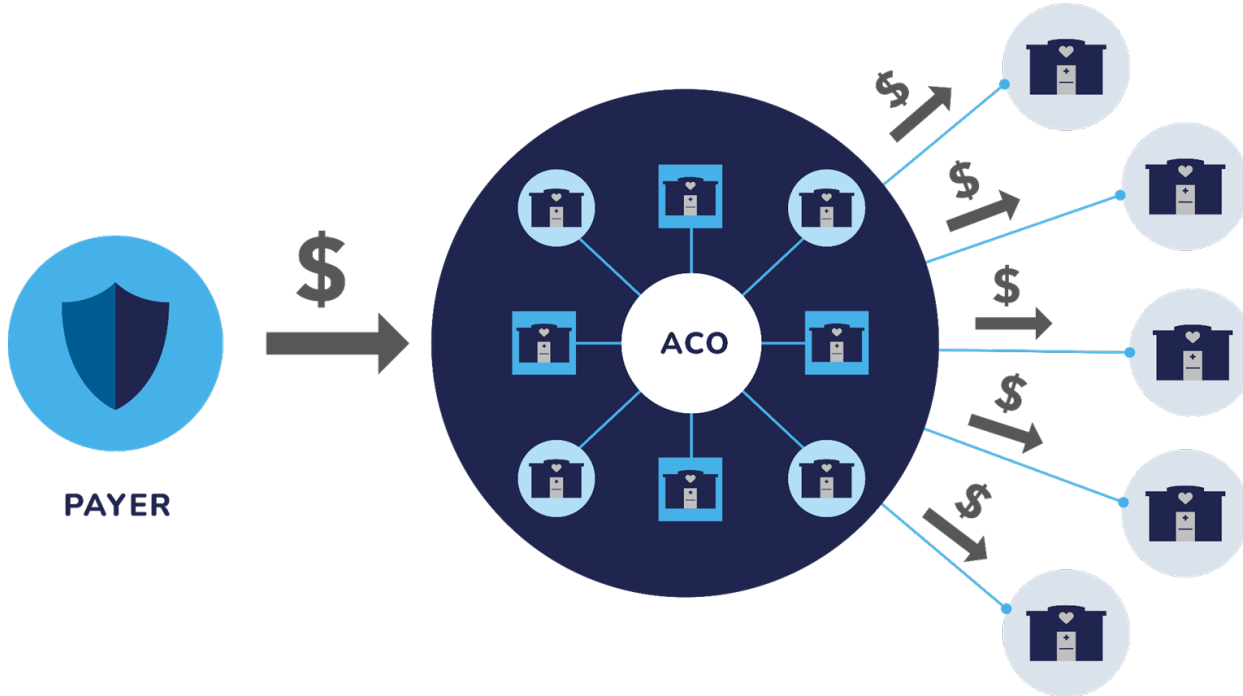
# Accountable Care Organizations are the cornerstone of the value-based care model.

A CHC ACO is a group of CHCs who work to deliver coordinated care and are collectively accountable for the cost and quality of care.



# ACOs better align payer terms, rewarding health centers for the value they provide.

Savings from higher quality, lower cost care are shared between payer and ACO, then shared with members.

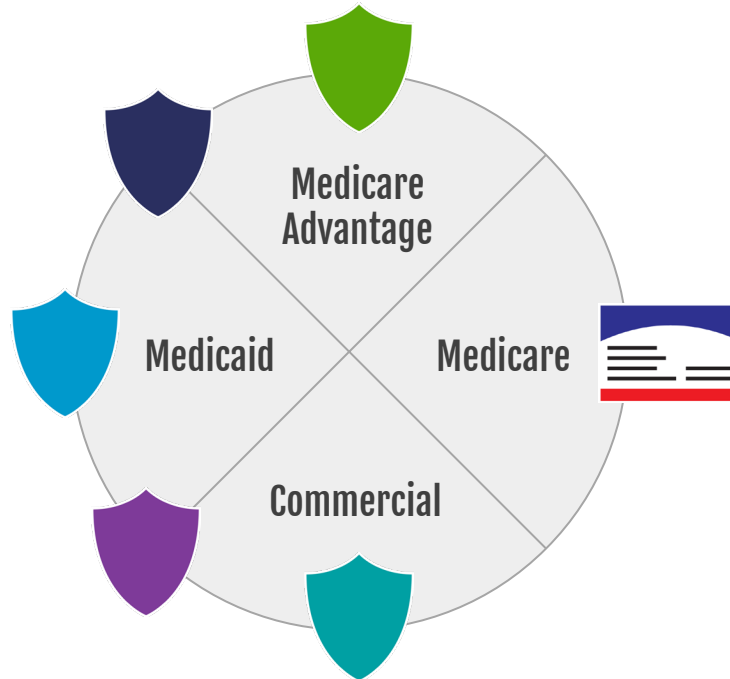


## And ACOs help health centers do this for more than just Medicare.

ACOs span ALL payers including traditional red white and blue Medicare, Medicare Advantage, Commercial (Exchange, employer sponsored), and Medicaid

### PRIVATE HEALTH PLANS

- Value-based programs specific to each payer



### FEDERAL GOVERNMENT

- Medicare Shared Savings Program (MSSP); or
- ACO REACH (non-permanent pilot program)

# For Medicare, there are two primary options.

The majority of CHCs and practices participate in MSSP, but some participate in ACO REACH.



## Medicare ACO Options

### MSSP

- Proven: In operation for 10+ years
- Generally more achievable savings
- No capitated monthly payments
- Larger total revenue opportunity

### ACO REACH

- Pilot: Running through CY2026
- Harder to achieve savings
- Capitated monthly payments
- Lower total revenue opportunity

# Value-based care is a critical component in efforts to improve access, equity and quality.

Vulnerable populations are at **greater risk for poor outcomes** than the general population.

- More likely to receive **low-value care** (also known as unnecessary, overused, or inappropriate services)
- Racial and ethnic minorities insured by Medicare are more likely than whites to receive a **disproportionate number of inappropriate services**

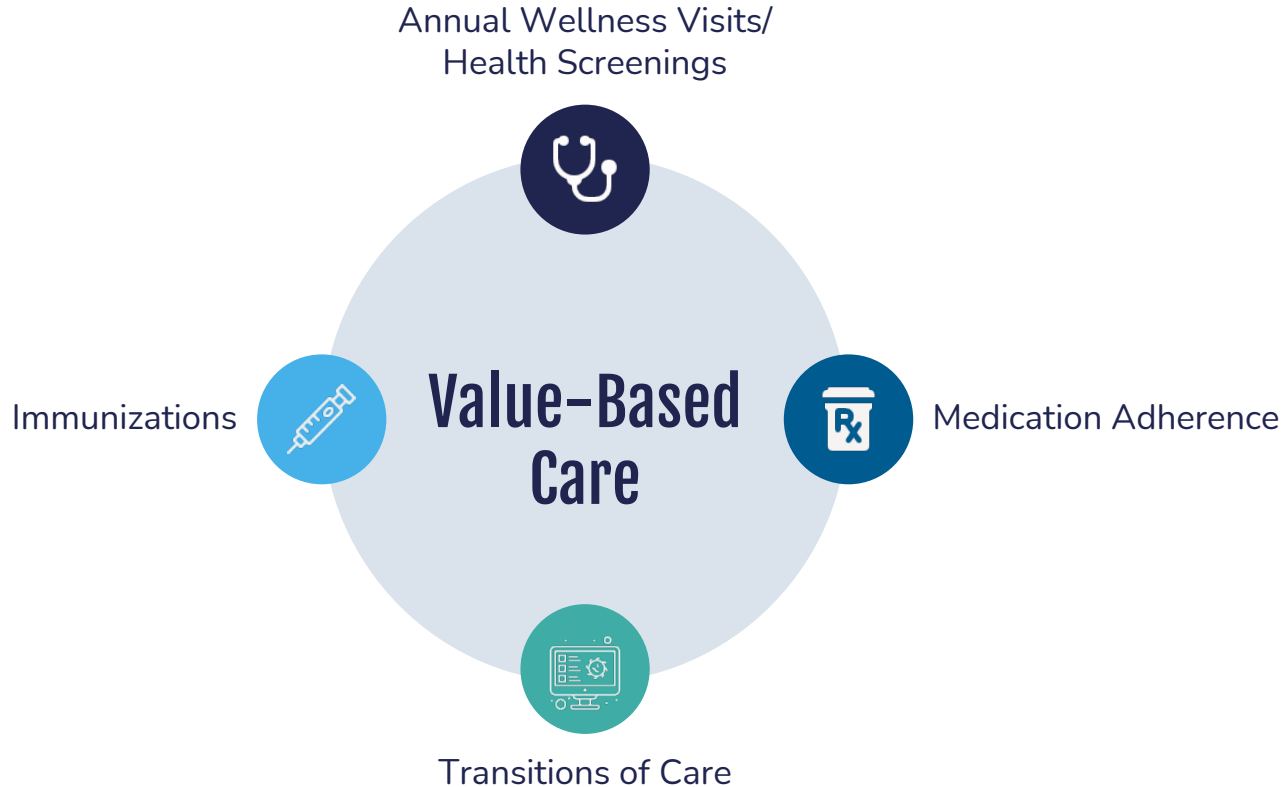
Value-based care improves the health of vulnerable populations by **replacing low-value and low quality services** with high-value, high quality care.

## Components of Value-Based Care

- 1 Care centered on medical conditions
- 2 Measure outcomes & cost for every patient
- 3 Aligning reimbursement with value
- 4 Integration of systems for care effectiveness
- 5 Ensuring access to quality care
- 6 Health IT that supports value-based care delivery

*William L. Schpero, Nancy E. Morden, Thomas D. Sequist, Meredith B. Rosenthal, Daniel J. Gottlieb and Carrie H. Colla. For Selected Services, Blacks and Hispanics More Likely To Receive Low-Value-Care Than Whites. Health Affairs, Vol. 36, No. 6: Pursuing Health Equity. June 2017.*

**Value-based care rewards health centers for focusing even more on quality and cost of care, with multiple, new revenue opportunities.**





# Success in value-based care means making fundamental changes to how your health center operates on a daily basis.

## Inaccessible clinical data

Trouble collecting, reporting or viewing timely data about patients



## Challenges



## Lack of system integration

Interoperability issues; isolated platforms; lack of predictive data analytics

## Fragmented care delivery

Poorly managed care transitions; miscommunication with other care providers



## Limited internal resources

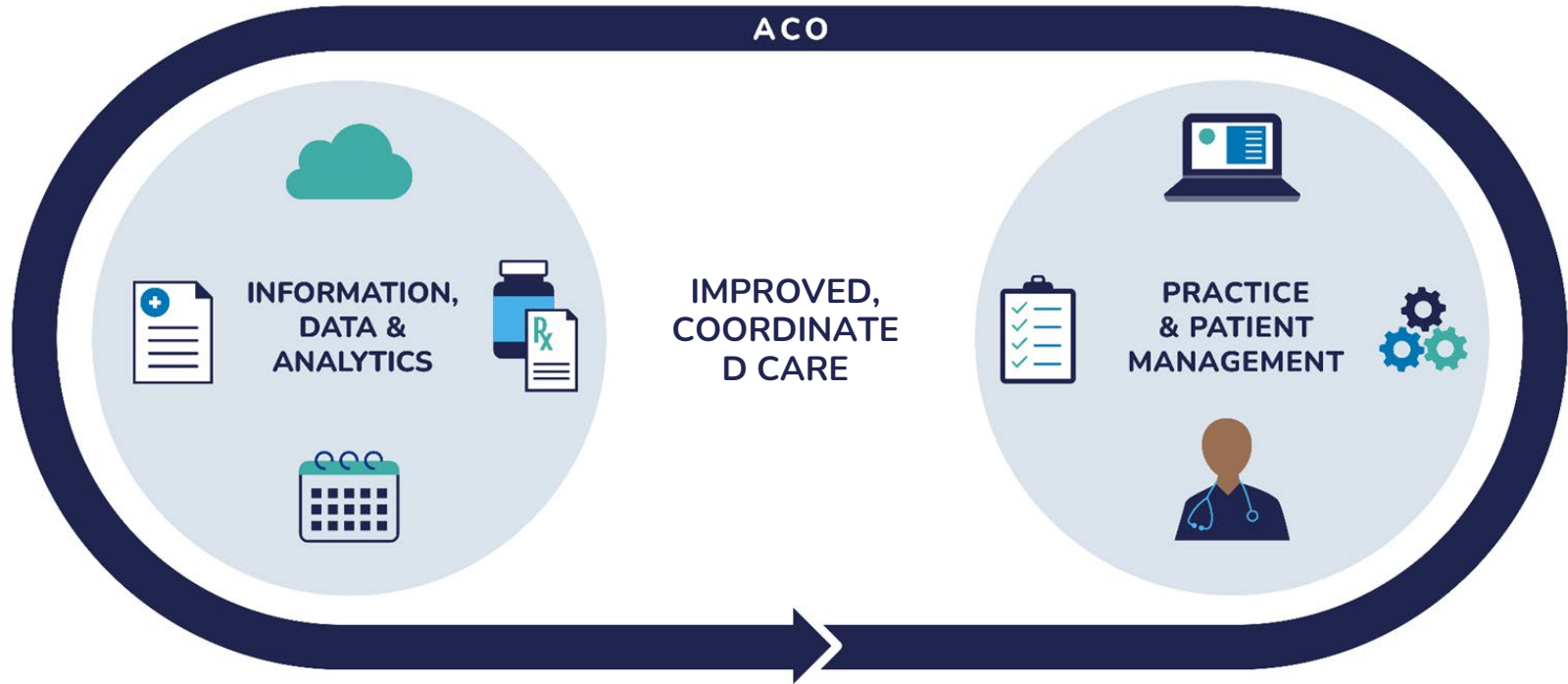
Overburdened staff; understaffing challenges; untrained staff



## Outdated practice workflows

Inefficient processes; lack of automation; ineffective use of technology and resources

ACOs help empower their CHC members to create value by providing the information, technology and tools needed to deliver even better care, more efficiently.



# The right information helps health centers prioritize what matters most.

## INCREASING ACCESS

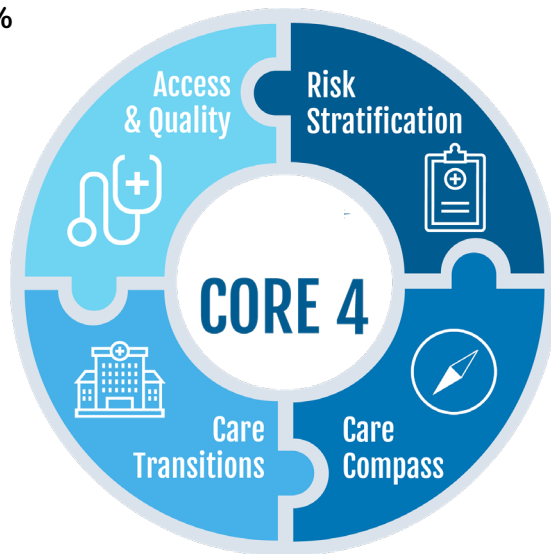
Grew utilization of primary care services **32%**

**65%+** of practices located in Primary Care Health Professional Shortage Areas and **nearly half** were in Medically Underserved Areas.

## REDUCING HOSPITALIZATIONS

Reduced hospitalizations **22%\***, avoiding **450K+** patient days

Reduced ED visits **23%\***, avoiding **120K+** ED visits



## HIGH RISK REDUCTION

Three CHC ACOs in the top **10%** for blood pressure control and statin therapy; One **top performer** nationally in diabetes control

## COMPLEMENTARY CARE

Connecting patients to programs that enhance and support your care management

- Advance Care Planning
- Chronic Kidney Care
- High Value Specialist Referrals
- Medication Adherence
- And more...

*\*Compared to 2019 to account for the impact of the COVID-19 pandemic.*

# What does a health center need to thrive?

- Financial Stability
- Resources eg PPE
- Staff
- Morale
- Physical health
- Emotional health

- Safe physical environment
- Patients
- Innovation/Technology - resources, HIT, integration, data, TH
- Other
- YOU!

# Panel Discussion.

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**Questions?**