

Study summary

The U.S. healthcare system is progressing along a continuum from volume- to value-based care models designed to improve healthcare quality and reduce costs. The transition has been challenging as new burdens have been placed upon the health plans, hospitals, accountable care organizations (ACOs) and physicians to strive to succeed in a new era of value-based care. Stakeholders are working to understand the extent of our progress in this transition and to anticipate the obstacles remaining in the way of meaningful adoption.

In May 2016, Regina Corso Consulting, an independent consulting firm, conducted an online survey. Supported by Quest Diagnostics and Inovalon, the researchers sought to explore perceptions related to value-based care. Four hundred and fifty respondents participated nationwide, including 300 primary care physicians in private practice affiliated with a hospital and 150 health plan executives (director-level and above). The margin of error for the full sample was +/- 5%.

Among the many perceptions revealed by the study is that physicians and health plan executives hold starkly different views about the importance of, and impediments to, value-based care adoption. This could suggest that there is an opportunity to reconcile stakeholder perceptions with what's actually happening at the point of care.

The study also confirmed that the complexity of managing the myriad of quality-scoring systems, risk-adjustment models, reimbursement rules, incentives and penalties, which are foundational to value-based care, is a very significant challenge—more so than may have been realized. Moreover, a lack of access to complete patient data at the point of care is a hindrance to physicians, eroding confidence that all information necessary to make informed decisions is available when and how it's needed. This so-called interoperability problem, arising where patient records exist in silos, is a persistent concern. Survey respondents believed that new tools are needed and wanted to overcome these challenges.

While the study findings revealed obstacles and differences in perceptions, there is tremendous potential for these data to be a catalyst for accelerating progress and providing focus points for the collaboration of health plans, health systems and physicians, which can lead to positive changes in the near future.

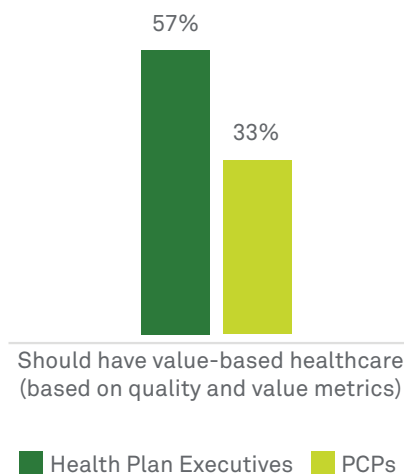
Key study findings

The survey made evident certain shared beliefs as well as several divergent perceptions among physicians and health plan executives. Among the most disparate responses, 57% 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 one-third of physicians [see Figure 1], although younger physicians were more accepting of the trend than longer-practicing physicians.

The deviations in perception center around three fundamental factors:

1. the **complexity of complying** with value-based care mandates,
2. the **availability of patient information** needed to meet such mandates, and
3. the **need for data tools** to help achieve quality measures at the point of care.

Figure 1. Physician support for the establishment of a value-based care system is low.



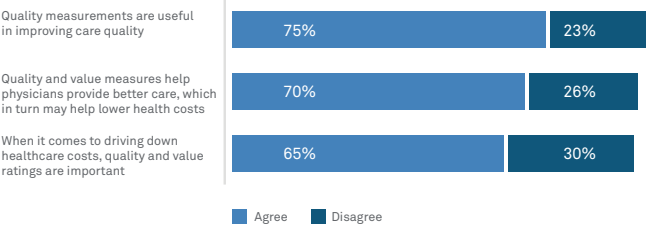
1. Complexity is impeding adoption

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

Value-based care relies on diligent patient care as defined by standardized quality measures, the identification of gaps in care, and thorough documentation of medical interventions and patient health status. Quality measures may be as simple as documenting smoking cessation counseling or as complex as maintaining in-range laboratory test results related to chronic disease.

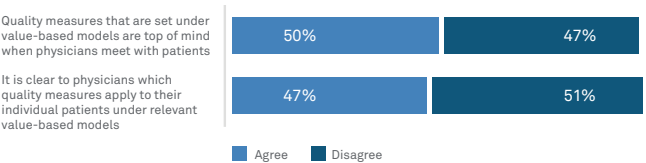
Interestingly, there was general agreement by three-quarters of all study respondents that quality measures are useful in improving patient care [see Figure 2].

Figure 2. Most study respondents agreed that quality measures are useful in improving care quality.



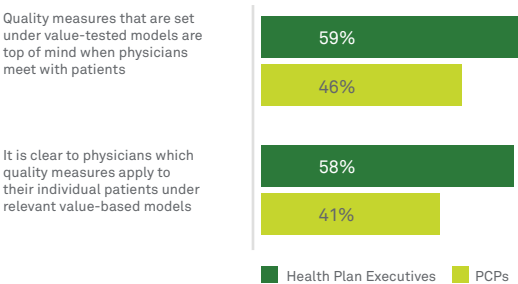
However, only half of all respondents agreed that quality measures set under value-based care models were top of mind when physicians meet with patients [see Figure 3]. And physicians differed from health plan executives in how they perceived the incorporation of these measures into standard practice. Health plan executives measured slightly higher (59% versus 46% of physicians) [see Figure 4], suggesting that health plan executives may underestimate the complexity of operations at the point of care.

Figure 3. Roughly half of all respondents believed that the incorporation of quality measures into practice at the point of care is lacking.



Likewise, when asked whether it was clear which quality measures applied to individual patients, health plan executives measured 17% higher than physicians, at 58% versus 41% of physicians who agreed it was clear [see Figure 4].

Figure 4. More health plan executives than physicians believed that quality measures are top of mind and clearly apply to individual patients at the point of care.

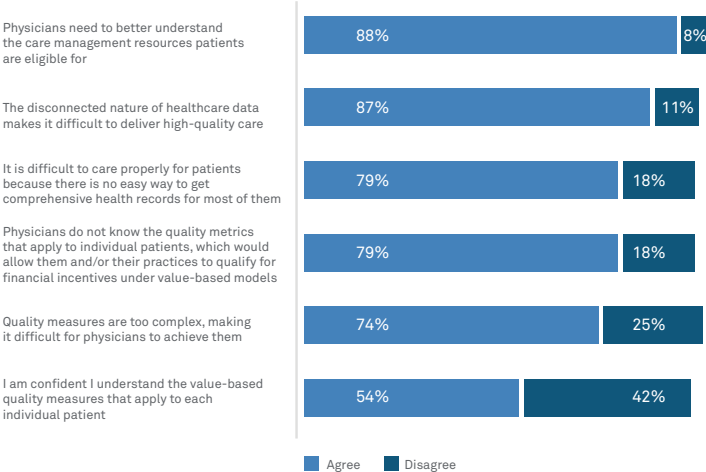


In light of these point-of-care information deficits, several contributing factors came to light [see Figure 5]:

- 88% of all respondents agreed that physicians need to better understand the care management resources for which patients are eligible
- 79% of overall respondents agreed that physicians do not know the quality metrics that apply to individual patients, which would allow them to qualify for financial incentives under value-based care models
- 74% of respondents agreed that quality measures are too complex, making it difficult for physicians to achieve them
- 87% agreed that the disconnected nature of healthcare data makes it hard to deliver high-quality care, and
- 79% agreed that it is difficult to care properly for patients because there is no easy way to get comprehensive health records for most of them.

Given these responses, the extent of the challenges facing healthcare stakeholders in overcoming the complexities of value-based care models becomes increasingly clear.

Figure 5. 88% of respondents agreed that physicians need to better understand care management resources and 79% agreed that physicians do not know the quality metrics that apply to individual patients at the point of care.

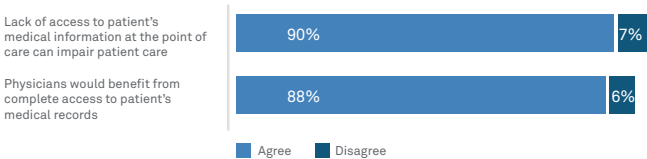


2. Access to critical patient data is lacking

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

The second portion of the survey sought to identify the factors that have limited the incorporation of quality measures into clinical practice. At the top of the list, nearly all (90%) respondents agreed that the lack of access to medical records at the point of care can impair patient care. Furthermore, 88% of those surveyed agreed that physicians would benefit from better access to medical records [see Figure 6].

Figure 6. Nearly all respondents recognize the value of point-of-care data access.



Yet, only 34% of physicians and 43% of health plan executives believe that they have all the information they need about their patients [see Figure 7]. Physicians in particular felt they were lacking the needed information within their standard workflow. 65% were unsatisfied with access to patient information during the course of daily practice [see Figure 8].

Figure 7. Roughly one-third of physicians said they have all the healthcare information they need about their patients.

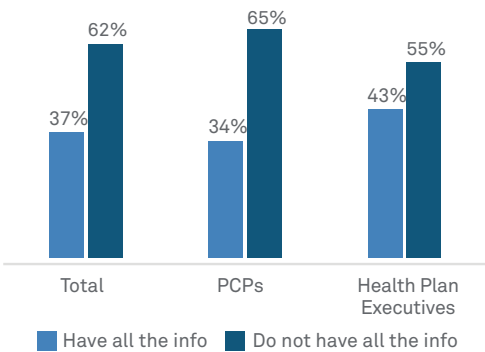
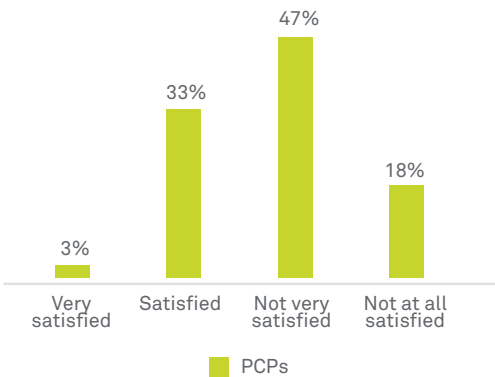
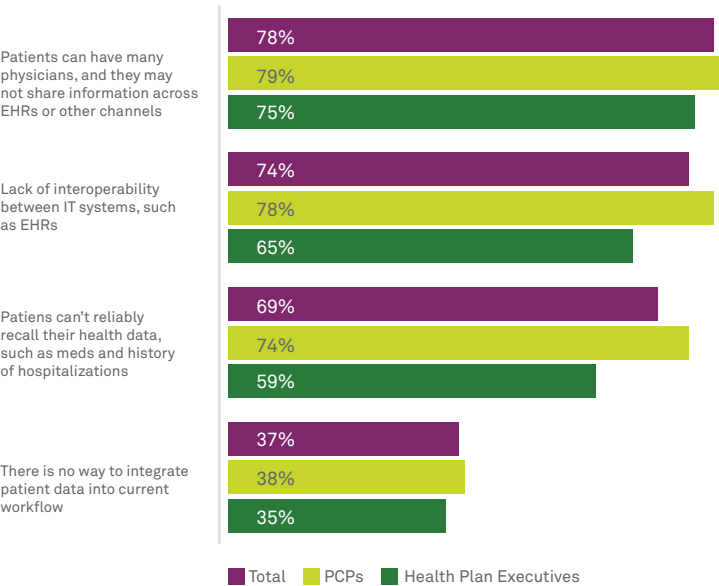


Figure 8. Physicians are not satisfied with the level of access to patient information within their existing workflow.



There was general agreement among physicians and health plan executives as to the leading factors contributing to incomplete patient data. The top three limitations identified were that patients have many physicians who may not share information across Electronic Health Records (EHR) (78%), the lack of interoperability between IT systems (74%), and the inability of patients to reliably recall their health data (69%). Fewer individuals (37%) cited workflow limitations as a contributing factor [see Figure 9].

Figure 9. Respondents broadly agreed on the factors contributing to a lack of patient information access.



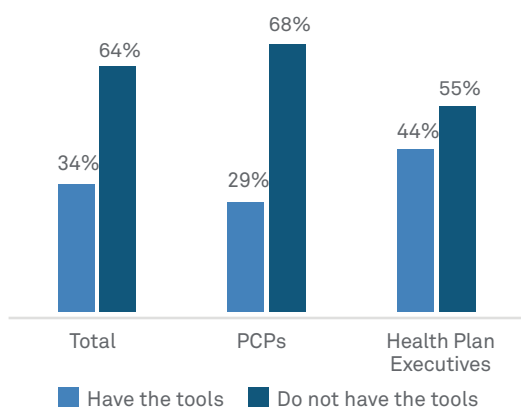
3. The need for data tools at the point of care

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

Value-based care models require physicians to perform a comprehensive patient health assessment to establish each patient's risk scoring, care objectives, and course of treatment. Successful health management relies on compliance with evidence-based treatment, the ability to identify programs for which the patient is eligible, and effectively guiding patient adherence to chronic and preventive care plans. In practice, survey respondents believed that the efforts described above are inhibited by a lack of practical decision support tools at the point of care.

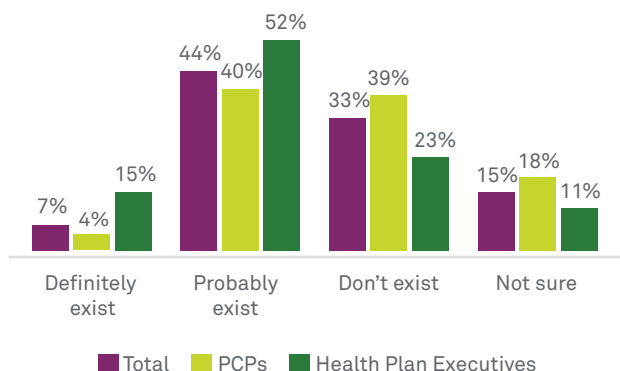
Sixty-four percent of all respondents believed that physicians do not have the tools needed to succeed, although more health plan executives (44%) than physicians (29%) believed physicians have those tools [see Figure 10].

Figure 10. More health plan executives than physicians believe that physicians have the tools to deliver value-based care.



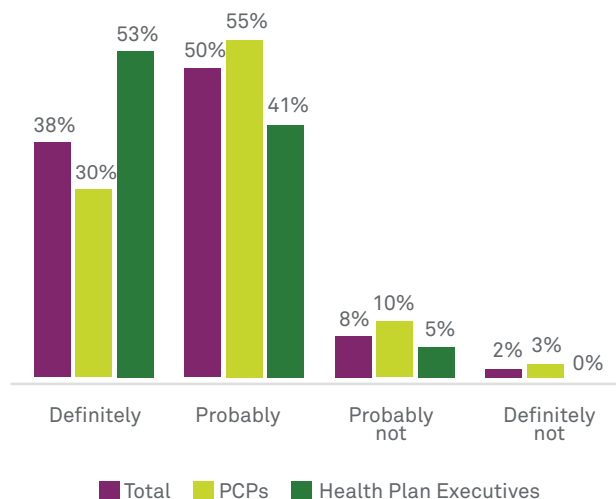
In fact, 57% of physicians did not believe or were not sure that such tools existed. Again, health plan executives scored slightly higher, with 67% saying these tools definitely or probably exist as compared to only 44% of physicians [see Figure 11].

Figure 11. More than half of physicians do not believe that tools exist to assist them, or are unsure they do.



The two parties did converge on the belief that such tools would be useful (88% of respondents). But more health plan executives than physicians felt that point-of-care guidance on gaps in care and quality metrics would be effective [see Figure 12].

Figure 12. There is agreement that a tool that can advise physicians in real time would be useful.



Eighty-five percent of physicians said they were likely or very likely to use a tool, if it were available, 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.

Conclusion

This study captured the perspectives of key stakeholders at a critical transition time in the history of the U.S. healthcare system. While the foundational elements of accountable care, specifically the adherence to quality metrics tied to best practice models, were well accepted by both physicians and health plan executives, the two groups did not consistently share perceptions regarding the advancement of value-based care. In nearly all cases, health plan executives perceived greater progress and fewer obstacles than did frontline clinicians.

The disparity in perceptions was especially stark as it related to the complexity of complying with quality metrics and access to patient data. It was evident that healthcare executives perceived the challenges of value-based care as somewhat less daunting than did physicians. As a result, physicians perceived a greater associated burden to enact the myriad of quality mandates underlying accountable care. Furthermore, fewer physicians than health plan executives believed that the tools exist to assist them in complying with value-based practices.

The study also found that stakeholders lack the tools needed to effectively leverage quality-scoring systems, risk-adjustment models, and reimbursement rules, as well as to mitigate the incentives and penalties attendant to value-based care. With improved access to patient data and the evolution of decision-support tools, a more objective view of life on the frontline of healthcare may be achieved, which could help reconcile stakeholder opinions and, ultimately, achieve the positive changes envisioned as a result of value-based care.