

# VALUE-BASED CARE: BENEFITS FOR HEALTH PAYERS AND PROVIDERS



**RICHARD STEWART & GERALD MEKLAUS**

## VIDEO TRANSCRIPT

**Gerald Meklaus:** When it comes to value-based care, we obviously have a different set of clientele, but there's a lot of overlap. And our goal, as a team, would be to inform each other, inform our clients of what's the best practices that we see in our respective environments, and how to avoid redundancy. Would you agree with this?

**Richard Stewart:** Absolutely. The payers are buying up provider practices and becoming providers. Providers are often-times

becoming payers in their own right. So, there is a lot of cross-pollination.

I think one of the things we bring to the table is the ability to see it from both sides. And be able to share those learnings that we have together. So, for example, how many provider clients have we seen who are trying to create something from scratch that's already been decades-old knowledge from the payer world. Same thing on the payer side, where they're thinking about, how can we deliver information to

providers, without actually understanding what's of value to the provider and when and how. So being able to come to the table with the perspective from each lens, I think is very valuable, and something we really bring to our clients.

**Gerald Meklaus:** Yeah, I think so. And I think in this convergence, we can even perhaps give a couple of examples on the payer side. We've developed a patient navigation program which has been very successfully deployed.

And that same program is effectively, community health workers that providers need to develop to manage their high-risk populations as well. So right there, there's one example. Another example is the use of clinical data. Providers have clinical data and have the capability to use that to really refine their risk models, make predictive models and ultimately, the interventions on care management, and ultimately, point of service interventions. The payers need and have perhaps a slightly different value proposition. But also need clinical data.

**Richard Stewart:** It is doubly powerful when that clinical data that's coming from the EMRs can be combined with the demographic and claims data that the payers bring to the table, to make a really powerful master, longitudinal health record that can benefit everyone. Your example of the patient navigators is a great one, because again, getting back to what's my business intent? We've been able to successfully deploy that to improve compliance with preventive care for

diabetes, we've seen hemoglobin A1C rates reduce. Which benefits quality scores on both payers and providers, and we've seen it used effectively to reduce no shows in the provider world.

For things like cardiac cath labs. So clear value propositions on both sides. And if we're able to work together to share that information across our client base, it just becomes very powerful.

**Gerald Meklaus:** And I'll add another example, which is really a topic du jour, but very, very important, is social determinants of health. And both payers and providers are seeking to impact social determinants of health. Once again, what we don't want to see is redundancy in the same population.

We don't want to see what we've seen before, with care managers of multiple, from the payer, and care managers from the provider contacting the patient post-discharge in an uncoordinated way. We'd like to see really impactful social determinants of health activity where everyone knows what's happening respectively.

**Richard Stewart:** In the ultimate world, we're all working off of one care plan. That care plan, the physician and the care manager, whether that's a payer-based or provider-based care manager, are working from, it's the same one that's informed by the same master set of information. To the extent where it includes behavioral factors and social factors in addition to clinical factors, it just becomes much richer and much more impactful.