

Benesch Healthcare+ Nephrology & Dialysis Conference Panel Key Take Aways – Value Based Care: Operationalizing Your VBC Organization to Ensure Success

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The shift in health care from a retrospective fee for service (“FFS”) model to a value based care (“VBC”) model is growing across our nation’s health system and different specialties, including nephrology. VBC models in kidney care shifts the focus toward chronic kidney disease, enhancing population health management capabilities, improving quality measurement, and leveraging programs to advance health equity. Despite great success, its growth has been met with numerous operational challenges.

At the Benesch’s Healthcare + Third Annual Nephrology and Dialysis Conference, held in Chicago on June 15, 2023, we spoke to a panel of experts ranging from clinicians to healthcare financial experts about the obstacles VBC models present and the best practices to ensure its success.

Experts included Syed Akhtar, M.D., Chief Clinical Officer for Strive Health, Kelly Conroy, Principal at Pinnacle Healthcare Consulting, Stanley Crittenden, MD, Chief Medical Officer for Evergreen Nephrology Mary Dittrich, M.D., Chief Medical Officer for U.S. Renal Care, and Terry Ketchersid, Senior Vice President at Interwell Health.

Key takeaway points from the panel discussion:

- 1. Participants in VBC models are experiencing significant change management issues in their shift from FFS to VBC model participation.** This new reimbursement model calls on physicians to expand their scope of practice, assessing not only their field of medicine but other comorbidities as well. This transition from an episodic to continuous care treatment plan poses a serious time and resource challenge and asks physicians to utilize their interdisciplinary team. The main changes that successful physician practices are experiencing are a change in the provider mindset and an adjustment of the communication within the care team, as well as with the patients. Practices that are able to form better communication pathways generally are able to find organic ways to work with all providers in their patients’ care continuum.
- 2. Successful models should incorporate prospective clinical incentive payments to bridge the financial burden on the providers.** VBC models offer promising opportunities to improve kidney disease care but also increase the human and financial burden on the providers. Under the VBC models, providers are financially incentivized to implement care delivery interventions such as care management with the goal of reducing total costs of care. Successful models, both

governmental and commercial integrate clinical incentive payments for providers, which are necessary as the shift to VBC is the compensation framework of healthcare delivery. Where providers were once receiving payment for a service within a month in the FFS model, they are now generally asked to wait until financial reconciliation of each model's performance year, which can add months to the expected payment date. With members of the audience explaining their frustration, the panelists explained that the transition is not going to be met without its challenges, but noted numerous models that incorporate prospective payments advance to physicians to bridge this gap. Dr. Akhtar explained that this transition is not going to be an easy one, "It is a journey but be assured we are not going back."

3. **Technology poses one of the greatest challenges in the transition to value-based care.** Value-based care trends are having a significant impact on the technology decisions made by provider organizations and creating an environment that supports high quality coordinated care. Technology affects how data is conceptualized, collected, and analyzed by physician practices participating in VBC models. The panel stressed the importance of utilizing technology tools that help physicians effectively use EHRs and improve quality measures and claims reporting for their payors. Successful practices are embracing technology which normalizes data, supplies analytics to providers, and helps providers in the VBC models understand their data and find actionable information. Nephrologists and nephrology practices across the country are also asking for better communication tools that would assist in making communication with providers of different specialties more seamless, including cardiologists or primary care physicians which whom they are curating treatment plans with. Without easier access to other providers' notes, it is difficult for each physician to track the progress of individual patients' care plan and treatment. Panelists explained that most of their physician partners expect their future resource investments to include investment in predictive analytics, population health management solutions, and analytics that integrate with other forms of technology and promote interoperability.
4. **Value based care is the future and it is the health care providers responsibility to ensure its success.** The panelists finalized the discussion by calling on the audience to be advocates for their patients and their practices. Kelly Conroy emphasized that nephrologists and other specialty physicians need to "own the fact that value-based care is here to stay, and we need to prepare for it". There is no greater source of the challenges value-based care is posing than the providers interacting with it every day. Therefore, physicians should reach out to the Center for Medicare and Medicaid Services and their commercial payors to help define what value-based care means and the best modes of practice. By doing so, the challenges accompanying the transition to this new mode of reimbursement can be mitigated, so that VBC models can be utilized to their full potential.

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