Value-Based Care Delivery Could Move in Four Directions




	Fee-for-service	Shared savings with quality	Population health	Full risk/capitation
Description	Payment for care shifts back to FFS only.	Payments rely on meeting quality metrics; physicians receive only upside bonuses.	Care and payment center on goals of improving health and outcomes for given populations.	All care and delivery are paid for prospectively; all stakeholders take financial risk for costs.
Drivers of model	▪ Lack of improvement in care quality ▪ Declining physician compensation ▪ Misaligned incentives for value ▪ Inability to manage network providers ▪ Lack of integration and actionable data ▪ Perception of restricted or rationed access to care	▪ Demonstrated improvement on select metrics ▪ CMS drive to pay for value ▪ Physician desire for prescribing autonomy but willingness to meet baseline goals ▪ Physician resistance to taking on risk	▪ Employer efforts to improve total health of employees ▪ Robust datasets, chronic disease registries that can provide parameters for patient needs ▪ Clear payer outcomes goals	▪ Unsustainable healthcare costs ▪ Political drive for single-payer system ▪ Consumer demand for affordability ▪ System capability improvement ▪ Excessive costs and provider consolidation (with associated management expertise)

Source: Health Strategies Group, Value, Quality, and Reimbursement, November 2018.

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