



Precision Value Based Management

The Opportunities & Pitfalls of This New Risk Sharing World

You can't save your way to prosperity – what you need to know NOW!

The challenge in healthcare with regard to value-based management mandates is to maximize the compliance and Fee for Service (FFS) revenue, while providing a platform that produces far greater metrics in the cost restrained or capitated world of Medicare Advantage programs, ACOs, DCEs and other risk sharing programs. Let's look at these facts;

1. Medicare Advantage programs have fallen out of favor and failed in performance. Why?
2. Patients don't like the higher costs and restricted access to services, and providers received little or no financial benefit of the supposed share. Many ACOs were dissolved because they couldn't even pay their own administrative expenses. Now what?
3. These same organizers who struggled with financial management of MAs and ACOs, now see fresh new dollars available in the Medicare Fee for Service sector. The end financial result will be the same without very specialized help.
4. True, the risk sharing programs don't have to answer to MACRA and MIPS, but they DO have to be responsible for Quality Care Measures (QCMs). QCMs for 2022 have not yet been released and failure to excel in this area will mean penalties and not revenue shares. How does PVBM help?

5. PVBM, the company that owns the technology that grades and ranks providers for institutions such as payors, hospital systems, etc., has 18 Quality Care Measures built into our platform. We simply toggle on or off the desired features.
6. Our proprietary technology identifies medical necessities of each individual patient and engages them remotely in the comfort of their own home on their own devices, and pre-stages or completes mandated value based services away from the practice work flow.
7. Unlike under FFS, the risk share program does not require a visit with the patient to be counted as complete. The patient simply completes the required assessments, they immediately receive their results, health score and care plan, and the provider is alerted if there are medium or high risks.
8. This process allows the practice to far exceed past performance on value based metrics with 60% of the work being done remotely without engaging staff. The alert to medium or high risks determine triage of patient needs so the care is more targeted and efficient.
9. PVBM is currently working with several DCEs and other risk sharing programs to assure that they exceed their metrics, reach their QCM goals and create a technology workflow that doesn't burden the practice.
10. **Result - better scores, more services and true shared savings. In this case we are truly accomplishing much more with less.**

For more information, please contact our CEO and Founder, Doug Sparks at doug@precisionvbm.com. Thank you!

