

Value-Based Payment NEWS

ACOs and CINs: Go-to-Market Success Requires Robust, Digital Provider Information

“Provider information management is a huge challenge. We hear a lot about the value of having accurate patient information, but no one seems to talk about issues with tracking information on physicians. What’s needed is technology that automatically updates provider information and makes accurate, real-time data accessible everywhere. It’s kind of a simple concept, yet powerful: Healthcare leaders need a modern online system that can ensure accurate provider information and proper billing.”

by Thomas White, CEO, Phynd Technologies Inc., Kearney NE

It’s go-to-market time for health systems and their clinical networks. If you’re an Accountable Care Organization or a clinically integrated network, your quest to win regional market share depends on a solid GTM plan that effectively promotes your network’s full clinical capabilities.

Think you don’t need a GTM plan? Think again.

- Regional healthcare markets are a zero-sum game, so health systems that don’t maximize marketing performance will lose to competitors. A patient’s total lifetime value is \$600,000 and climbing, and referral leakage costs American hospital systems an estimated \$150 billion a year.
- Health systems must go to market in an era of both increasing consumerism and adoption of value-based care arrangements. In 2016, nearly 30% of all Medicare and Medicaid spend was for care under a value-based or risk-sharing agreement.
- The cost impact of patients’ going out of network puts a premium on referrals to appropriate providers. Not sure that consumer-based patient behavior is here to stay? Nearly 85% of patients who research a health system use both online and offline resources.¹

For these reasons, investments in provider data that feed your digital marketing platform should be a key element of your GTM plan. In this new digital marketing era, health systems must have all relevant data about your product -- your providers -- available online, so you should keep all provider information updated, accurate and searchable by patients and referring providers alike.

What’s Critical for an Effective Network’s ‘Go-to-Market’ Strategy?

Even though GTM plans are essential if health systems wish to capture regional market share, most don’t even have experience forming one. By definition, a go-to-market strategy is “an action plan that specifies how a company will reach target customers and achieve competitive advantage.”²

(continued on page 2)

LAN Update Sees ‘Progress’ Toward Goal of 50% of Payment in APMs

“The Healthcare Payment Learning & Action Network was launched in March 2015 to accelerate the adoption of Alternative Payment Models and drive alignment in payment reform approaches across the public and private sectors. The models have the potential to realign treatment and payment incentives to improve healthcare quality while containing cost.”

The LAN has a goal: Tie 50% of US healthcare payments to APMs by the end of 2018. “Through its collaborative structure,” a statement says, “more than 7,100 participants are taking action towards APM adoption and implementation.” In 2016, the LAN started its first national APM Measurement Effort to assess progress toward its goal; the new report -- *Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicaid, Medicare Advantage and Fee-for-Service Medicare Programs* -- marks the initiative’s third year.

The 2018 HCP-LAN APM Measurement Effort includes data from the HCP-LAN survey and surveys fielded by America’s Health Insurance Plans, the Blue Cross Blue Shield Association and fee-for-service Medicare; all told, data came from 65 participants that account for 77% of the covered US population. “Health plans, states and Medicare reported the total dollars paid to providers according to the HCP-LAN’s Refreshed APM Framework,” the statement adds, “which offers a common approach to classifying payment by category and subcategory.”

(continued on page 4)