

IDC PERSPECTIVE

Value-Based Care Infrastructure: The SSM Health Journey

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EXECUTIVE SNAPSHOT

FIGURE 1

Executive Snapshot: Value-Based Care Infrastructure – The SSM Health Journey

Sustainable, scalable value-based care requires an infrastructure including governance, management, operations, and technology. SSM Health established such an infrastructure that balances the need for enterprise standards and regional variation. Key operations include centralized integrated care management teams assigned to individual physician practices, practice optimization, and payer contracting. Early education of core value-based care values and culture were key to physician adoption.

Key Takeaways

- Scaling value-based care requires a strategy where KPIs are aligned with value-based care.
- Most healthcare organizations will seek outside assistance when it comes to the development of care management programs, practice optimization, and contracting strategies.
- Sequencing and timing of changes are key to adoption. Being realistic about how much and how often an organization can absorb change keeps programs moving smoothly.
- Care across all settings including home care must be part of care plans.

Recommended Actions

- Embrace value-based care as a strategic imperative, and build the appropriate infrastructure to execute on that strategy.
- Do not underestimate the impact of change — plan for it, manage it, and be flexible.
- Evaluate your organization's skills, identify gaps, and develop a plan for filling those gaps. Do not be afraid to look outside your organization. Value-based care requires new skills and experience for most healthcare providers.
- Build a strong data and analytics infrastructure to drive decision making at all levels of the organization, including at the point of care.

Source: IDC, 2021

SITUATION OVERVIEW

This IDC Perspective describes SSM Health's journey to an enterprise strategy for sustainable value-based care. The strategy creates the governance and management infrastructure and establishes a technology stack, staffing, training, and practice optimization and processes for patient management and provider network management. To maximize physician engagement, patient engagement, and program success, the strategy begins with the inclusion of physicians and their teams. Many healthcare organizations are recognizing that embracing value-based care takes more than technology.

Since the emergence of at-risk contracting, healthcare organizations have addressed participation primarily tactically. Initiatives have been treated like a project, not an enterprise strategy, and consequently decisions to support the initiatives have been tactical. The early 2000s brought the introduction of population health management technology and service providers eager to guide clients through the journey from fee-for-service reimbursement to at-risk contracting. Today, the population health management technology market has slowed. Many healthcare organizations are successfully closing gaps in care and optimizing HCC coding to generate enough incremental revenue to cover costs but are not making the fundamental shift to value-based care. The Centers for Medicare and Medicaid Services (CMS) has reportedly introduced 54 new payment models in the past 10 years, only 5 show significant savings. The march toward a payment system based on improved patient outcomes has stalled – COVID-19 aside.

Some organizations like SSM Health recognized the need to build a value-based care infrastructure to drive long-term sustainability and effectively manage and scale at-risk contracts. The infrastructure includes governance, management, and an operational model where all voices are represented. The scope spans technology; a centralized multidisciplinary care team; a care model for patient management; provider network management including primary care, specialists, and post-acute care (PAC); and physician support through practice optimization.

SSM Health Journey

SSM Health (www.ssmhealth.com) is a Catholic, not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated healthcare delivery system. The organization's nearly 40,000 employees and 11,000 providers are committed to providing exceptional healthcare services and revealing God's healing presence to everyone they serve.

With care delivery sites in Illinois, Missouri, Oklahoma, and Wisconsin, SSM Health includes 23 hospitals, more than 290 physician offices and other outpatient and virtual care services, 10 post-acute facilities, comprehensive home care and hospice services, a pharmacy benefit company, a health insurance company, and an accountable care organization. It is one of the largest employers in every community it serves.

Senior management at SSM Health recognized that the transformation to a value-based care organization is difficult and complex, but it could be accelerated through partnership with an organization that had population health experience and expertise not found within its own health system. Early in their journey, the fall of 2019, SSM Health developed a partnership with Navvis (www.navvishealthcare.com) to assist them in their value-based care journey. SSM Health and Navvis have a collaborative governance structure that oversees every aspect of the transformation and ongoing operation. As an operating partner, Navvis provides practice optimization, care models, care

team management, cross-continuum network development and management, technology, expertise around payer relationships, and alignment of the physician enterprise. Today, SSM Health manages nearly 500,000 lives under at-risk contracts across four states.

Governance

The governance structure between SSM Health and Navvis includes a Joint Steering Committee, which is made up of corporate as well as the regional executives with IT, clinical, financial, and operational expertise, and Regional Steering Committees. This structure helps the organization balance the need for enterprise standards with the unique environments and needs in the regions. As the names imply, the Joint Steering Committee makes enterprisewide decisions while the Regional Steering Committees make regionally appropriate decisions and modifications to enterprise standards. An organization the size and complexity of SSM Health must follow the principle: that, while there is a need for centralized policy and procedure, the organization must accommodate regional variations as well.

The execution and management of operations is governed by the Vibrance Operations Council and its domain-specific subcommittees. They are collectively responsible for the development and outcomes of the care programs and practice optimization. These are the teams that ensure smooth operations and, as challenges arise, are tasked with resolving issues. The issues range from data quality and IT issues to the need to adjust or create new processes or best practices at the physician practice level.

Operations

Vibrance is the brand used for the operational aspects of value-based care at SSM Health and is used to identify the care management teams and practice optimization teams including the operating committee. The care management programs are managed by the Vibrance Operations Council. Part of operations is the technology infrastructure and applications to support the organization. The technology portfolio, Coreo, is available through Navvis and includes data ingestion and normalization, analytics, care management workflow, EMR integration, and patient outreach.

Care Team Model

To align and empower the care teams, SSM Health created a standardized care model that aligns with its value-based goals. The Vibrance Care teams are centralized but assigned to individual primary care physicians and or physician practices. The teams are multidisciplinary and include care managers, care navigators, behavioral health specialists, dietitians, pharmacists, and other related professionals, and they are responsible for managing patient care across the continuum.

Patient care extends beyond office-based care to include home care, remote care, and social care as needed. Access to data within existing workflows for physicians and care team members ensures continuous care and drives near-real-time decision making. In recognition of the importance of effective care management, SSM Health launched Vibrance in St. Louis, Missouri, and southern Illinois in May 2020, in spite of the COVID-19 pandemic. In late March 2021, Vibrance was expanded to include Wisconsin.

Practice Optimization

The administrative burden on physician offices is significant and driven primarily by payer requirements; however, health system demands contribute as well. Practice optimization teams work with physician practices to review and make changes to administrative processes and practice

workflows. The lessons learned through external experience as well as internal best practices are key to optimizing physician practices.

One of the operating principles for practice optimization is having clinical staff practicing at the top of their license. This is effective in both reducing clinician burnout and aligns the "right" level of care for patients and allows primary care physicians to focus on more complex care that they are best suited to manage. The practices have brought in nurse practitioners and physician assistants to support this transition. The Vibrance Care team is attributed to the physician and provides clinical support through their multidisciplinary teams.

Physician Alignment

Physician involvement and adoption of value-based care delivery models has been lacking across many organizations. Value-based care is counter to the way most physicians were taught to practice medicine. It requires a change from episodic care to holistic care. Physicians often see value-based care as just another administrative burden and do not understand the value to patients and to themselves. In the SSM Health model, physician burnout, partially caused by the pressure to see more patients, is reduced with the support of allied health professionals (Vibrance Care teams) and having data available at the point of care to drive clinical decisions. Physicians are rewarded for behaviors that support value-based care.

SSM Health initially focused on building a culture of shared purpose, vision, and values and then began to redesign primary care compensation to align with their transformation to a value-based care health system. The shared purpose, vision, and values were accomplished through significant dialogue and education at the group practice level and was critical to physicians buy-in. Physician involvement in building the compensation model was critical to avoid changes being viewed as imposed by corporate dictate. Today, the contracting structure and physician compensation terms are being piloted with the intent of a complete rollout in January 2022. The base compensation model is based on a mix of panel size, risk adjusted for illness burden, and productivity. The incentive payment is based on adoption of value-based behaviors and metrics such as quality, access, experience, and annual wellness visits metrics. SSM Health believes that this approach will help address physician burnout as well as align incentives.

High-Performing and Aligned Post-Acute Networks

Post-acute care is a critical component of the SSM Health journey, particularly within value-based contracts and cost reduction strategies. As an owner of post-acute facilities and a referral source, SSM Health wants to ensure that patient care in the facilities is of the highest quality and utilization is coordinated with care objectives. This network-built process includes the development of scripting and acquisition of data such as ADT feeds from post-acute care providers, protocols for treatment, and follow-up care. Through this process, SSM Health defined a network of aligned PAC facilities and physicians that agree to participate with the requirements of the PAC program. SSM Health now utilizes the relationships they have built with the PAC facilities to maximize the opportunity to deliver the most effective and efficient care.

ADVICE FOR THE TECHNOLOGY BUYER

Transforming a healthcare organization to value-based care is not a project, it is the enterprise strategy that becomes part of the organization's DNA. Key performance indicators for the organization are aligned to that strategy.

Value and volume are not mutually exclusive. As both reimbursement methods are in play, it is critical to have an infrastructure in place to manage the transition and establish a framework for building a value-based care organization.

Technology alone will not solve the performance and change management issues resulting in the move to a value-based care model. And even when thinking about technology, capabilities must be able to integrate with and adapt to existing structure both to meet needed requirements as well as capitalizing on existing investments.

Infrastructures need to support all payers, all payment models, all populations, and all provider types. This is the essence of value-based care and true population health and will require a different approach for most organizations.

Sustainable value-based care requires organizations to identify opportunities for improvement/savings (e.g., unnecessary emergency room use), deploy programs, and evaluate effectiveness of programs, making course corrections as needed.

LEARN MORE

Related Research

- *Toward Health Equity - Social Determinants of Health Analytic Approaches* (IDC #US47608121, April 2021)
- *IDC Market Glance: Healthcare Analytics, 1Q21* (IDC #US46585621, January 2021)
- *IDC MarketScape: U.S. Population Health Analytics 2020 Vendor Assessment* (IDC #US46989820, November 2020)
- *IDC FutureScape: Worldwide Health Industry 2021 Predictions* (IDC #US45834920, October 2020)

Synopsis

This IDC Perspective describes SSM Health's journey to an enterprise strategy for sustainable value-based care. Successful and sustainable value-based care relies on an infrastructure that includes governance, management, and operations with strong technology underpinnings. SSM Health has built that infrastructure that allows them to successfully scale their value-based programs while balancing the enterprise needs for standards with the unique requirements of local and regional programs. Recognizing the critical role physicians play in success led to early involvement and adoption of necessary changes.

"This case study clearly demonstrates a framework for sustainable value-based care that aligns the organizations' strategy with operations that scales across the enterprise," says Cynthia Burghard, research director, IDC Health Insights.

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