

Value-Based Care Quick Guide:

How To Improve Your Primary Care Organization's Level of Profitability in Value-Based Care



To earn financial rewards or avoid negative payment adjustments in value-based care, you must meet specific performance and quality measures tied to better long-term outcomes for your patients. Your primary care organization should prioritize four key clinical and administrative changes to maximize success and achieve your financial and quality-of-care goals.



Increase Annual Wellness Visit (AWV) Delivery

The goal of the AWV is to create personalized plans focused on early intervention rather than reactive care. This proactive approach has been shown to significantly improve clinical quality measures, such as better management of chronic conditions like hypertension and diabetes. AWVs also help identify high-risk patients for targeted interventions.

\$900

Decrease in health care spending for a high priority patient in the 11 months following an AWV*



Pro Tip: Remind your patients that Medicare covers 100% of the cost for AWVs. Beneficiaries must have been enrolled in Medicare Part B for at least 12 months and can only receive one AWV per year. The first AWV builds on the initial “Welcome to Medicare Visit,” which is available within the first 12 months of Medicare enrollment.



Establish Transitional Care Management (TCM) Workflows

Post-discharge workflows enable teams to provide follow-up to patients after an escalation in care, engaging primary care resources to prevent readmissions and improve care. This approach utilizes integrated, timely data for patients recently in the emergency department (ED), hospital or skilled nursing facility.

\$14,000

Average savings generated for an ACO by each prevented readmission*



Pro Tip: Calling your patients after they've presented in the ED is also an opportunity to identify their barriers to getting care at the clinic and provide education on same-day and after-hours services.



Provide Comprehensive Advance Care Planning (CACP) Support

Comprehensive Advance Care Planning is a valuable service that offers an additional layer of support to patients facing serious illness. This full-service approach offers facilitated conversations, documentation generation, signing and witnessing support and distribution so patients can receive the care they want and avoid unnecessary or non-beneficial care during serious illness and end of life.

\$1,300

Average incremental organization share of revenue per Medicare Shared Savings (MSSP) patient enrolled in CACP*



Pro Tip: CACP is a sensitive topic, but studies have shown that patients are willing to have conversations about CACP when their physician initiates the discussion, and families of patients who have completed CACP often report decreased stress, anxiety and depression during the bereavement period.



Address Social Drivers of Health (SDOH) Needs

With the growing understanding in the last decade of the impact of SDOH on patient outcomes, primary care organizations recognize what they do within their clinic's four walls may not be enough for many patients to improve their health. To have an effect on health-related social needs, clinicians need to participate in community initiatives that connect patients with social services.

80%

Of an individual's health is driven by socioeconomic factors such as housing, food access and transportation*



Pro Tip: Shared savings revenues generated through participation in value-based care arrangements can be reinvested in SDOH-focused programs, such as food banks and transportation services, to help your patients overcome issues that are negatively impacting their health.

Ready to take the next step?

Get started on a path toward sustainable, long-term shared savings revenues with Aledade. Book a personal consultation today at www.aledade.com.

1. Average results achieved across Aledade ACO attributed patients. 2. Average savings based on performance of Aledade physician-led ACOs. Shared savings revenues not guaranteed. 3. Results based on a pilot program conducted by Aledade. Past performance not indicative of future revenues. 4. Understanding the Financial Return to Investments in the Social Drivers of Health, Dennis P. Scanlon, PhD, Mark Sciegaj, PhD, AJMC, December 2024.