

Value-Based Revolution

Enablement Strategies

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Providers must adopt a new model, orchestrating **high-value, longitudinal, whole-person primary health care** that succeeds in **multiple-payor structures**.

What will laboratory science do to help?



The Value Equation

$$\text{High-Value Care} = \frac{\text{Outcomes} \uparrow}{\text{Cost} \downarrow} = \frac{\text{Quality, Safety, Access, Experience}}{\text{Unit Price} \times \text{Utilization}}$$

Fee-For-Service

“We take great care of patients who seek care with our team, and we have great outcomes. We are known experts, and we are viable as a company through our ability to continue to deliver and innovate our care model”



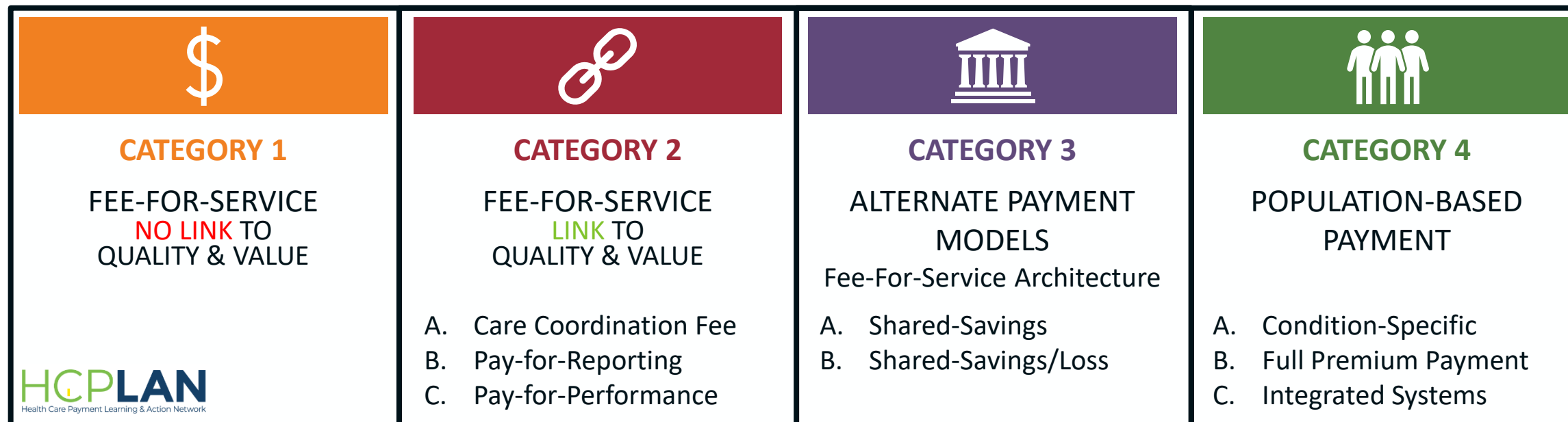
Value-Based Contracting *Population Health*












“We are assigned a population. Their outcomes and cost of care are our responsibility entirely, regardless of the circumstance. We are successful when our patient’s outcomes reflect our commitment to their entire care journey, at a cost that is viable.”



Providers must adopt a new model, orchestrating **high-value, longitudinal, whole-person primary health care** that succeeds in **multiple payor structures**.

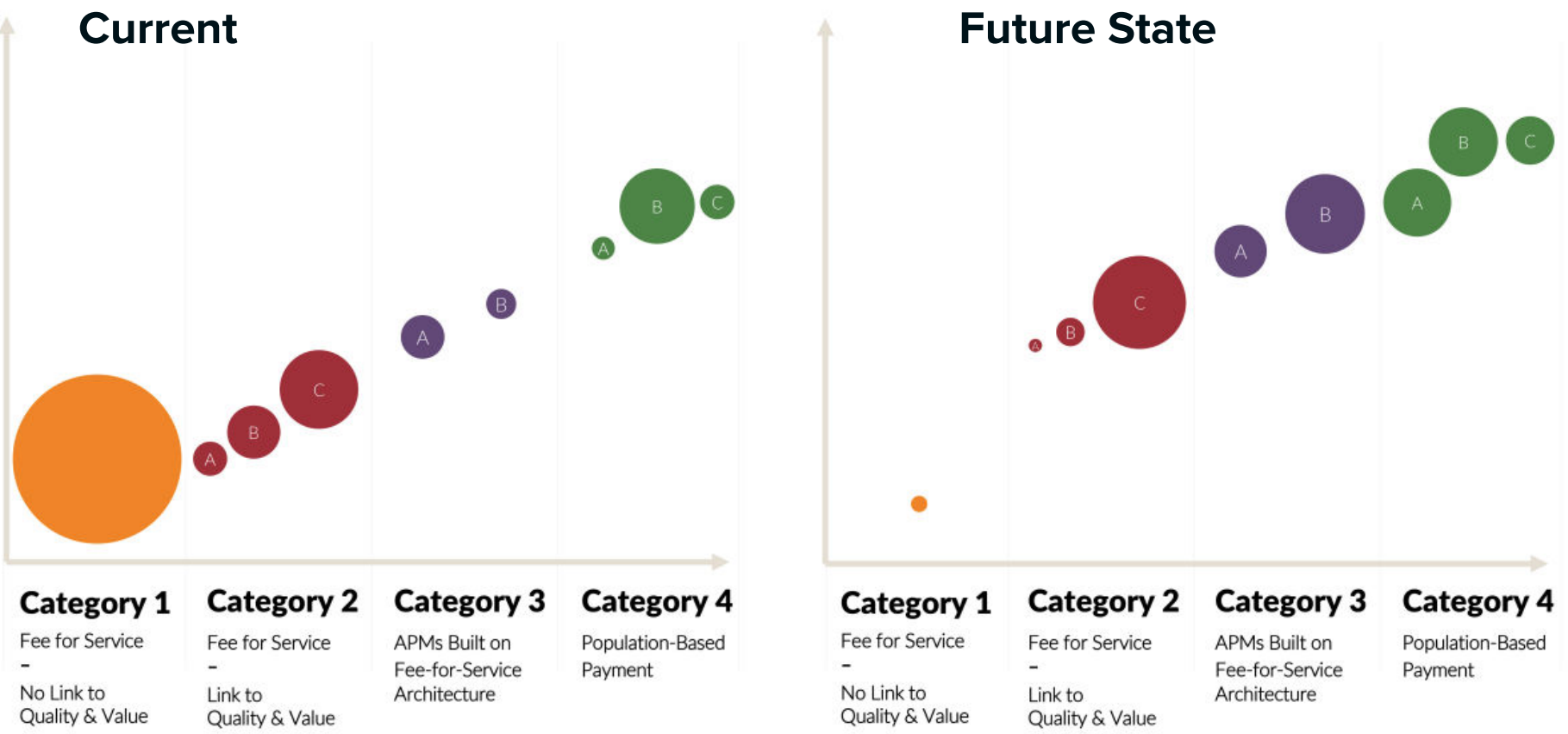
Fee-For-Service ← Population Health



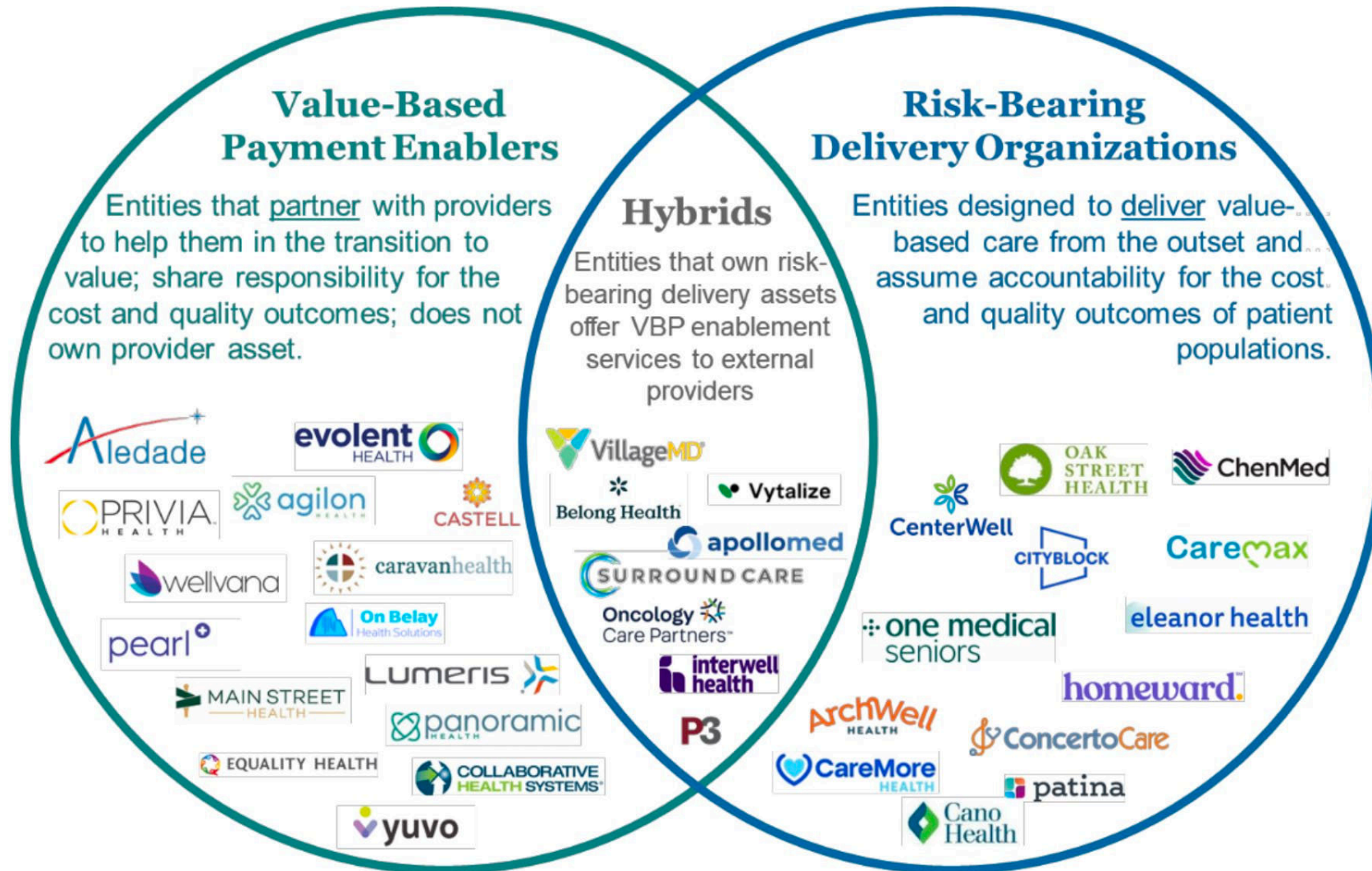
	Commercial					Exchange		Medicare				Total	
Market VBC Maturity	Low					Low to Medium		High					
Population	 CATEGORY 2 DTE 1	 CATEGORY 3 BUCA	 CATEGORY 3 DTE 2	 CATEGORY 3 DTE 2	 CATEGORY 4 DTE 3	 CATEGORY 2 IFP	 CATEGORY 4 IFP	 CATEGORY 3 MA MSSP PCF	 CATEGORY 2 FL MA	 CATEGORY 4 MA/ACO REACH 1	 CATEGORY 4 MA/ACO REACH 2		
Risk Level	P4P & Network Access	Upside Only	Partial Risk	Partial Risk	Full Risk	P4P & Network Access	Full Risk	Upside Only & Partial Risk	P4P ⁽²⁾	Full Risk	Full Risk		
Network Type	Narrow	Open	Open	Narrow	Tiered	Narrow	Narrow	Open	Open ⁽²⁾	Open	Open		
Key Drivers													
Primary	Cost (Price & Util)					Network		Utilization	Clinical Documentation				
Other	Network	Quality & Documentation			Quality	Documentation & Quality	Documentation & Cost	Documentation & Quality	Quality	Utilization & Quality			
2024 Projection													
Live Count	5,000	158,326	154,987	23,851	123,427	155,910	15,401	52,551	69,023	18,000	10,647	787,123	
VBC Revenue	\$0.4M	\$3.7M	\$5.6M	(\$17.7)M	\$0M	\$14.1M	\$94.2M	\$3.9M	\$11.4M	\$253.2M	\$128.3M	\$497.1M	

Payment Reform

Provider accountability and innovation
Impact of payments on cost and quality performance
Delivery system integration and coordination
Person-centered care



Aligning to CMS Innovation Center



Aligning to CMS Innovation Center



Risk-Bearing Care Delivery

Hybrid Delivery + Enablement

VBP Enablement

Primary Care Focused



Hybrid Primary + Specialty



Specialty Care Focused





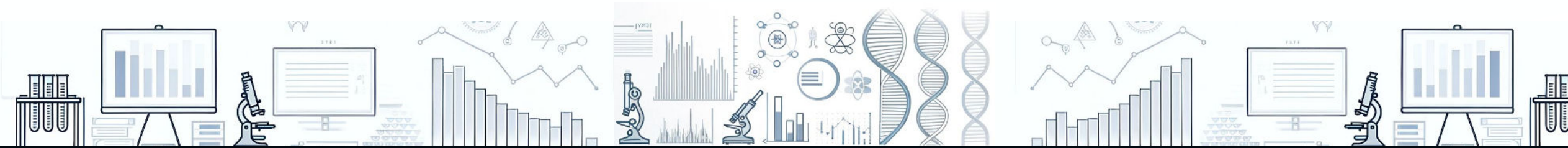
Enablers: Implications and Opportunities

- 1 Payer Agnostic or “Flexible” Payer Approach
- 2 Shared Success
- 3 Enabling Care Delivery Transformation
- 4 Financially Viable Business Model
- 5 Provider Autonomy
- 6 Inclusion

Know your sphere of value-based influence



- Do you know what networks your providers are in?
- What enablement entities are in play?
- What are the contracted quality measures?
- What evolution of care from CMS relates to laboratory?



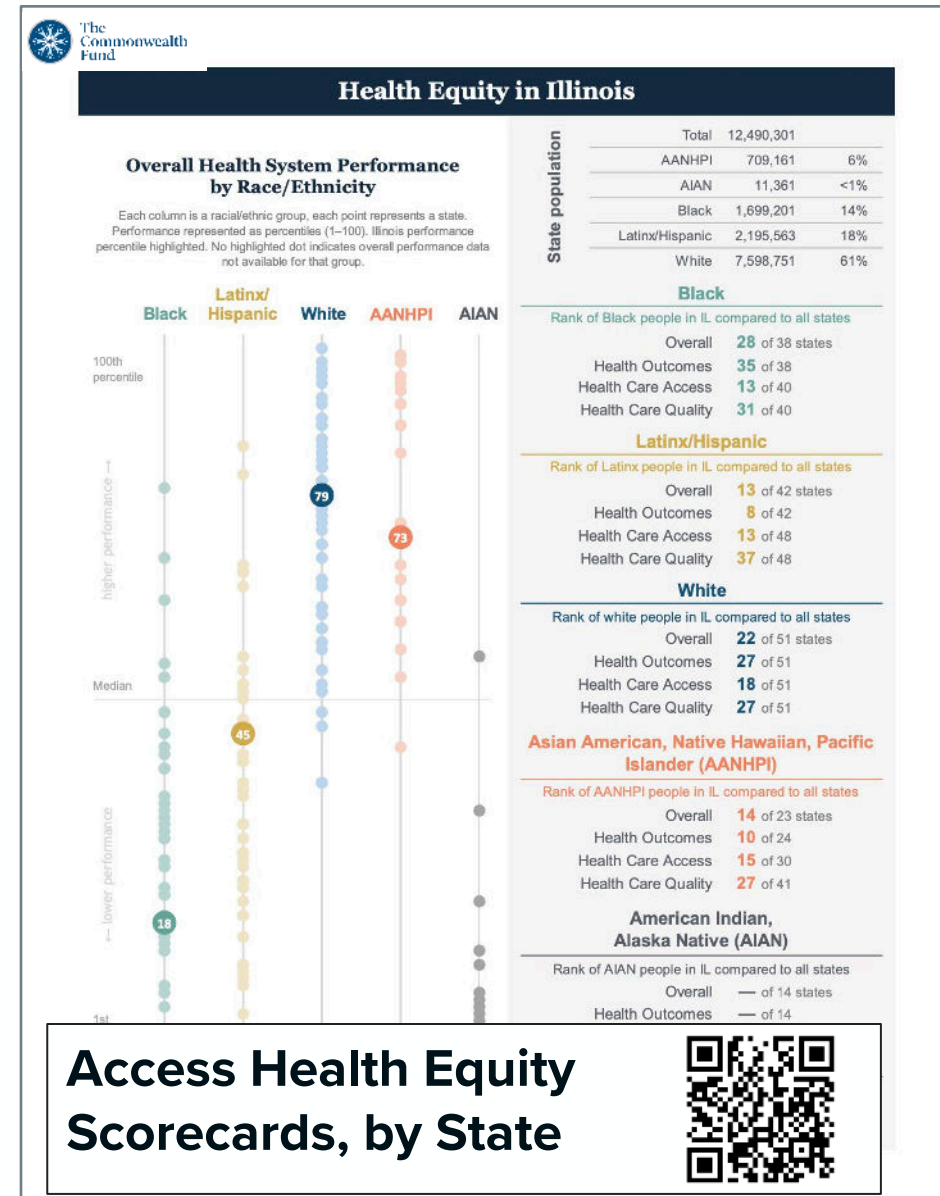
Know your sphere of value-based influence

○ How are you promoting equity?

Segment and Sub-segment the data

- Community **screening** is imperative, with follow-through on positive screenings.
- The lab is the **first to see results**. How might we fully leverage that opportunity with providers?
- **Pareto Principle**: *20% of the sample accounts 80% of the outcome*

New Health Equity Scorecard: State-by-State Scorecard of Racial and Ethnic Disparities Finds All States' Health Systems Are Failing People of Color. (2021, November 18). <https://www.commonwealthfund.org/press-release/2021/new-health-equity-scorecard-state-state-scorecard-racial-and-ethnic-disparities>



What can laboratory science do to help?

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