## Transforming Care: The Strategic Shift to Value-Based Care and Population Health

Innovating healthcare delivery for improved patient outcomes

# Strategic Alignment with Mission and Community Needs

## Mission and Vision Alignment

Baptist Health Care's mission and vision emphasize holistic, preventive care aligned with value-based care principles.

## **Primary Care Strategy**

Primary care focuses on defining quality, setting goals, and achieving operational excellence.

## **Community Health Priorities**

Key focus areas include access, mental health, food insecurity, obesity, substance abuse, and child abuse.

## Notable Accomplishments

Recent achievements include new hospital campus, transit partnerships, expanded urgent care and ED facilities, and population health team.



## Economic Shifts in Healthcare

## Transition from Fee-for-Service to Value-Based Models

Fee-for-service prioritizes quantity, causing fragmented care and rising costs. Value-Based Care focuses on quality and efficiency.

### **Proactive Patient Care**

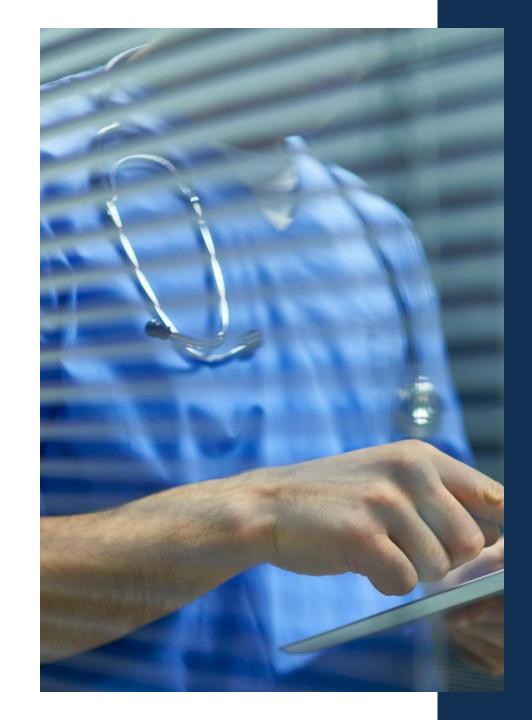
Value-Based Care encourages anticipating patient needs for holistic, collaborative health management.

## **Accountability and Metrics**

Ongoing monitoring of quality, cost, and outcomes ensures continuous improvement in healthcare delivery.

### Sustainable Healthcare Model

Value-Based Care supports financial sustainability and operational efficiency with a focus on prevention and wellness.



## Managing Chronic Disease Burden

## Strategies for Chronic Disease Management

Chronic diseases like diabetes and hypertension are increasingly common in the patient population.

## **Multidisciplinary Care Teams**

Physician-led teams collaborate to provide comprehensive, coordinated care addressing medical and social needs.

## **Population Health Coordination**

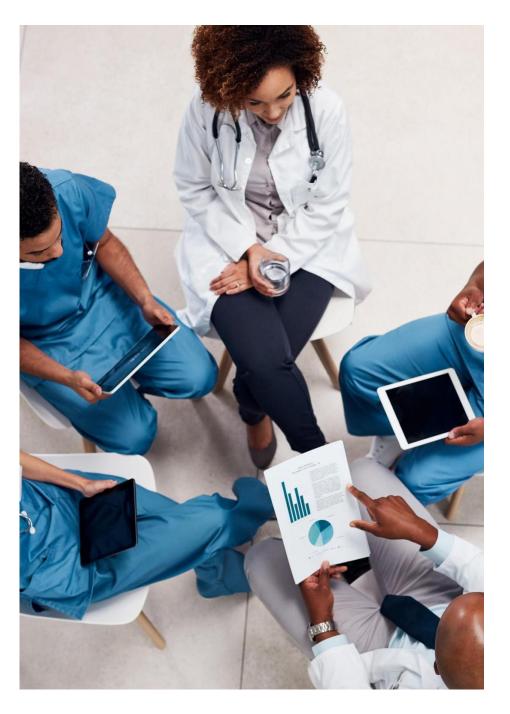
Population Health team facilitates care coordination post-discharge to reduce readmissions and improve outcomes.

### **Data-Driven Interventions**

Data and analytics identify high-risk patients to tailor interventions and improve chronic disease management.



## Identifying Systemic Gaps



## Challenges Leading to VBC Adoption

## **Care Coordination Gaps**

Fragmented services caused poor outcomes and higher costs, requiring teams to bridge care across providers.

## **Data and Analytics Limitations**

Lack of analytics hindered tracking outcomes and identifying high-risk populations for effective interventions.

### Financial Risk Infrastructure

Insufficient systems challenged managing value-based contracts; new support improves clinical and financial performance.

## **Addressing Health Inequities**

Tools and strategies are essential to ensure equitable access and outcomes for diverse patient groups.

## Strategic Needs and Quality Improvement

## Operational Excellence and Continuous Improvement

## Strategic Needs for VBC

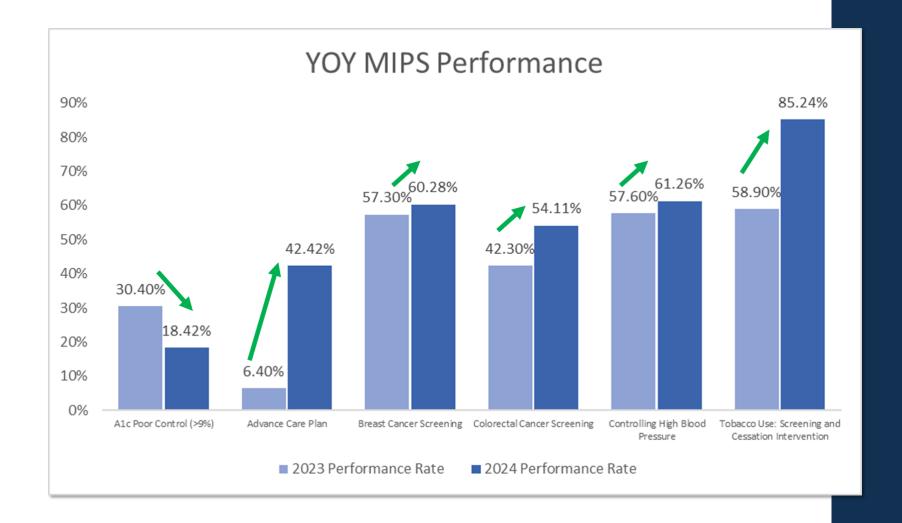
Improve patient outcomes while controlling costs and manage risk and quality metrics.

## **Operational Excellence Principles**

Focus on process efficiency, data-driven decisions, and standardization to reduce variability.

## **Continuous Improvement Focus**

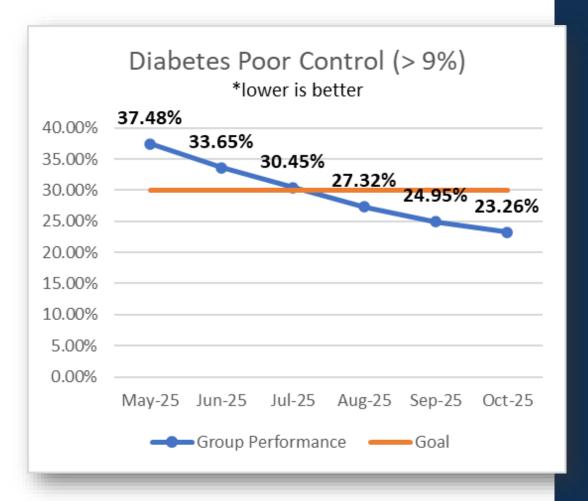
Engage teams to foster small changes that create significant impact and innovation.



Operational Excellence and Continuous Improvement

## **MIPS Quality**

Primary Care 2025 Trending Performance



## Next Steps



## Diabetes Improvement Team

Define high quality management of diabetes

Determine how to better leverage our strengths and create solutions to barriers currently preventing our patients from receiving the best care possible

Establish a mechanism to hold our organization accountable for delivering high quality diabetes management

Diabetes Improvement Team

## Recommendation

 Point-Of-Care Testing machines in each Primary Care office

Thank you