

Why Practices Should Transition to Value-Based Care Now

With exorbitant spending and more payers restructuring reimbursement, value-based care (VBC) is gaining momentum in healthcare

\$3.5T projected U.S. healthcare costs in 2021¹

50% of Aetna, Anthem & UnitedHealth Group's reimbursement has shifted to value-based models²

100% of Medicare reimbursement will be tied to value-based contracts by 2025³



While some practices are ready to switch, many are questioning if VBC is right for their business

Why pursue a model that may require substantial investment?

Why shift from higher yielding fee-for-service?

How can we implement VBC when our staff is already stretched thin?

How do we capture and report on quality metrics?



Incurring Additional Expenses



Creating Margin Erosion



Overburdening Staff



Meeting Contract Incentives

By breaking VBC into manageable steps, practices can thrive in a consumer-dominated market while providing better care



Analyze Current Contracts

Identify VBC commonalities and shared incentives amongst existing contracts to gain scale without uprooting current operations.



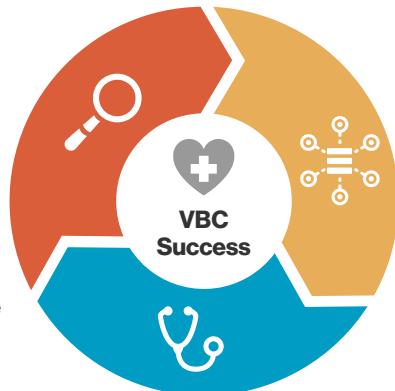
Incorporate Data Analysis

Utilize analytics to make more informed care decisions and ensure your internal workflows can support effective care facilitation and data capture (i.e., enhanced coding, reduced denials, etc.).



Develop Quality-Focused Processes and Programs

Decide what the best and most manageable initial clinical solutions (care management/wellness programs) are so your practice can start reducing clinical variation and realizing improved patient outcomes.



With a partner like R1, practices gain access to the technology and resources needed to turn VBC into a strong reimbursement opportunity

10-30%

increase in billable health screeners and diagnostic services*



20-40%

increase in hierarchical condition categories and quality measures capture*



Up to 4%

average revenue lift*



*Client results achieved using R1 solutions.

Make sure your practice is prepared to address VBC before it reaches critical mass

Download the whitepaper, [Leveraging a Framework for Value-Based Care Success](#), to learn how R1's three-step framework can help practices smoothly transition and ensure they have the right technology and operational improvements in place to thrive.



It's difficult for a small independent practice to keep up with the quality and reimbursement programs private payers offer, as well as the various compliance programs. With R1, you have people who know the ins and outs of all these programs and can help you succeed.

— Dr. Jeff Rutledge, Physician Owner, Raleigh Durham Medical Group⁴



R1 RCM is a leading provider of technology-driven solutions that transform the patient experience and financial performance of healthcare providers. R1's proven and scalable operating models seamlessly complement a healthcare organization's infrastructure, quickly driving sustainable improvements to net patient revenue and cash flows while reducing operating costs and enhancing the patient experience.

Learn more at r1rcm.com or contact us contact@r1rcm.com.

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