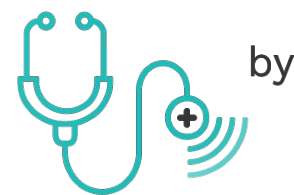


# V1C Coalition Guide to Effective Virtual-First Care (V1C) Care Transitions

[A resource from the V1C Care Transitions Toolkit](#)

**Virtual First  
Care Coalition**



by



# Navigating the Guide to Effective Virtual-First Care (V1C) Care Transitions

Virtual-first care (V1C) providers, as well as their brick-and-mortar and payor partners, can use this guide to integrate effective V1C care transitions into established and new venues of care. By doing so, we can ensure that V1C is not just another silo of healthcare and, instead, enhances care coordination and user experience across the board.

## [Resources Compendium](#)

### [V1C Introduction](#)

### [Important V1C Care Transitions](#)

- ● ● [Initiation & Onboarding](#)
- ● ● [Co-Management](#)
- ● ● [Downstream Referrals](#)

### [Necessary Conditions, Success Indicators, & Actions](#)

### [Case Studies](#)

#### QuickLinks to V1C Care Transitions

 [Initiation & Onboarding](#)

 [Co-Management](#)

 [Downstream Referrals](#)

# Your Compendium of Resources across Care Transitions & Focus Areas

	Existing V1C Resources		NEW V1C Care Transitions Toolkit			
	<a href="#">V1C Definition &amp; Examples</a>	<a href="#">Payor V1C Contracting Toolkit</a>	Guides to V1C Partnerships ( <a href="#">Overview</a> , <a href="#">ACOs</a> , <a href="#">Employers</a> , <a href="#">Payors</a> )	<a href="#">Engaging Informal Care Partners for Optimal V1C Care Transitions</a>	<a href="#">A Tech Stack for Effective V1C Care Transitions</a>	<a href="#">V1C Care Transitions Case Studies</a>
<b>Care Transitions</b>						
<b>Initiation &amp; Onboarding</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Co-Management</b>			<b>x</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Downstream Referrals</b>					<b>x</b>	<b>x</b>
<b>Focus Areas</b>						
Trust & Awareness	x	x	x	x		x
Bi-Directional Communication				x	x	x
Clinical Integration			x			x
Aligned Incentives		x	x			x

# Why Coordinated Care Transitions Matter for V1C

As patients' conditions and care needs change throughout the course of their illness their care may transition between different **settings, sites of care, and practitioners.**

Care transitions between virtual-first care (V1C) practices and other components and sites of care (both virtual and bricks-and-mortar) present an opportunity to improve **timely and equitable access, patient and provider experience, and health economic outcomes.**

Characteristics of seamless care transitions:

- ✓ Occur in clinically relevant timeframes
- ✓ Enable exchange of appropriate information between the right parties
- ✓ Make efficient use of health resources, including services and clinical workforce
- ✓ Minimize inconvenience and disruption to patients
- ✓ Produce optimal patient outcomes

# Priority Issues to Address for Effective V1C Care Transitions

In order to realize the full potential of V1C it is essential that this new model of care delivery be integrated into the healthcare system adding value to patients, providers, and payors by improving the experience and health outcomes and economic sustainability of healthcare overall.

## Purpose of this Guide

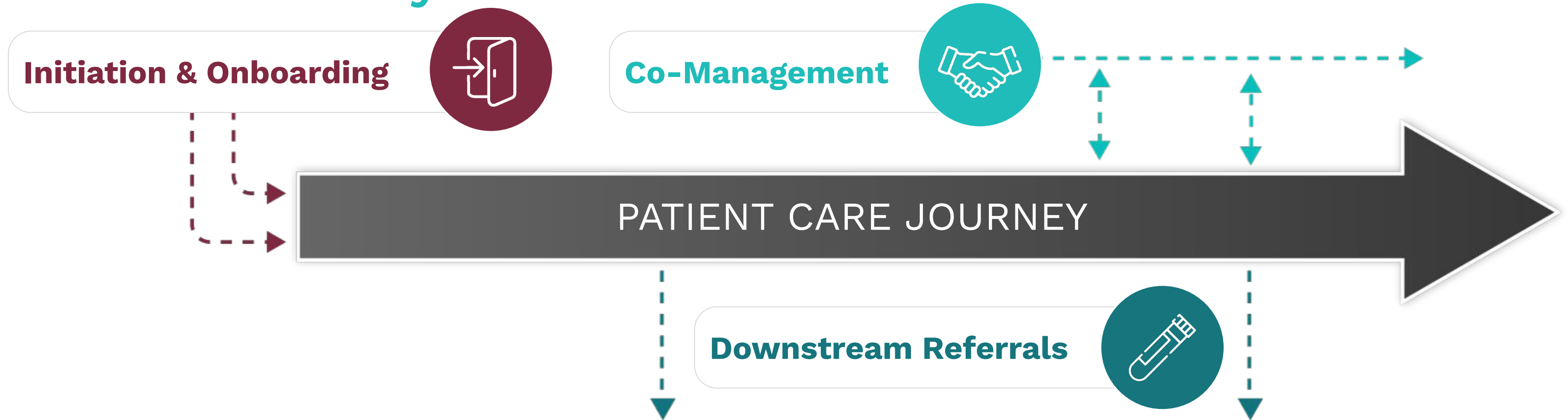
Provides strategies, decision-making best practices, and case examples of optimal care transitions for key industry stakeholders responsible for integrating V1C into healthcare:

- V1C provider entities
- Traditional healthcare organizations
- Healthcare insurance providers and payors
- Employers

## Guiding Principles

- Ensure that V1C is **not just another silo** of healthcare and enhances care coordination and user experience across the board
- **Embed V1C** across established and new venues of care
- Support **patient preference** for V1C approaches wherever safe and effective, including supporting transitions between V1C providers
- Address payors' and large employers' concerns about **closing the “last mile of care”**

# Important V1C Care Transitions Along the Patient Journey



## Initiation & Onboarding

Care transitions that support a initiation and onboarding of new patients into virtual first care

## Co-Management

Care transitions that support patient co-management of care delivered by V1C and brick-and-mortar providers

## Downstream Referrals

Care transitions that support downstream referrals between V1C and brick-and-mortar providers





# V1C Initiation & Onboarding

## Setting the Stage for Seamless Transitions into V1C

- ➔ Care transitions that support a **initiation and onboarding** of new patients into V1C
- ➔ These are **full hand-off** care transitions and mark a **complete transition of care** for the patient

### Example Initiation & Onboarding Scenarios

- Inbound referrals to a V1C practice
- May coincide with a decline or incline of care or new diagnosis
- Enrollment into V1C pulmonary rehabilitation post-discharge from acute care
- Establishing care with a V1C cardiologist for a newly diagnosed heart disease patient
- Targeted outreach to at-risk individuals for augmented or intensive chronic care management programs

### Characteristics of Seamless Initiation & Onboarding V1C Transitions

- ✓ Providers and patients are aware of V1C options
- ✓ Patients are offered V1C options when available and referred into V1C programs when appropriate and preferred
- ✓ Bricks and mortar providers view V1C as complementary rather than threatening or competitive
- ✓ Patients and care partners have the education and technology support they need to access and use virtual care platforms
- ✓ V1C providers can obtain timely access to complete and actionable retrospective and prospective health information needed to treat new patients



# V1C Initiation & Onboarding

## The Key Partners to V1C & How to Engage them for Success

The optimal partnership model varies by partner type and motivations.

### Accountable Care Organizations (ACOs)

#### Partnering Motivation:

Close gaps and stratify patients and manage risks

- Risk-bearing entities are naturally aligned with “complete solution” V1C

#### V1C Value Proposition:

Augmented primary care

- High touch team-based care for chronic patients
- Rapid access to specialty consults
- Accurate risk assessment & scoring

### Health Insurance Providers (Payors)

#### Partnering Motivation:

Curate high-value care networks

- National footprint V1C footprint enables “Center of Excellence” and preferred provider models

#### V1C Value Proposition:

Consistent, quantifiable, and high-value care

- Scalable model of team-based care
- Excellent member experience
- Adept at preventing unplanned high cost care services & exacerbations

### Employers

#### Partnering Motivation:

Attract and retain a healthy, productive workforce

- Seeks quantifiable returns on beyond costs, e.g., return to work

#### V1C Value Proposition:

Enhanced employee experience and engagement

- Eliminates service duplication
- Expanded access options for underserved, rural, and previously unengaged employees

### Informal Care Partners

#### Partnering Motivation:

Education and engagement

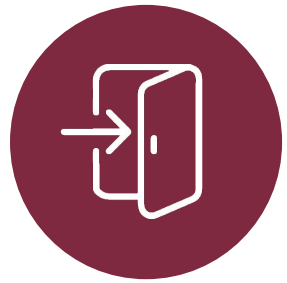
- Overlooked essential ally in coordinating care transitions

#### V1C Value Proposition:

Keeping care partners “in the loop”

- Provide multiple options for communication
- Educate and ensure access to technology and care plans





# V1C Initiation & Onboarding

## Success Factor: Partnerships that Prioritize V1C Integration

Thoughtfully structured partnerships between V1C providers and bricks-and-mortar providers, as well as payors and purchasers of care, are foundational to forming the connections patients need to access and receive care in V1C settings.

### Successful partnerships build the relationships necessary for:

- Ensuring that patients have access to V1C options if relevant and preferred
- Advancing clinical integration collaborations between specialty and primary care providers both virtual and bricks-and-mortar
- Establishing communication priorities and pathways
- Aligning financial incentives for shared patient care goals

### Pursuing V1C Partnerships?

5 Priorities for Successfully Integrating V1C to Ensure Seamless Care Transitions

1. **Navigate existing relationships:** Seek opportunities for V1C providers to augment rather than abrade networks; demonstrate that V1C fills a gap
2. **Drive integration:** Actively forge pathways for care transitions between V1C and other providers in a care network
3. **Leverage tech for scale and efficiency:** Invest in a modern tech stack to facilitate health information acquisition and ingestion. Use V1C analytics and digitally-enabled automation capabilities to risk stratify and improve population management for at-risk provider and payor partners
4. **Align payment with value:** Favor performance-based payment schemes with flexibility for V1C providers to implement complete care solutions
5. **Substantiate value:** Publish quality studies to demonstrate health outcomes and economic value claims with real world data in relevant populations



# V1C Initiation & Onboarding

## V1C Partnerships that Defragment Healthcare

### Select the right dance partners

- Assess payor readiness to integrate V1C: ability to formalize data-driven, value-based payment, and risk-sharing
- Integrate with both virtual and bricks-and-mortar providers to create complete hybrid care solutions

### Build trusted, clinically integrated relationships

- Invest in partner outreach locally; “pound the pavement”
- Be intentional about patient segmentation where V1C can add the most value to partners — e.g., assisting primary care physicians (PCPs) in management of patients with complex needs who will benefit from frequent interactions and high-touch care

### Demonstrate to partners how you will create unique value

- Offer value-add services such as proactive risk assessment for payor and provider partners
- Collect longitudinal real-world outcomes and cost data; craft a convincing and robust quantitative health economic value narrative

### Bridge fee-for-service (FFS) payment toward value-based purchasing (VBP), but avoid network abrasion and triggering leakage concerns

- Build hybrid pseudo-networks based on value-based payment ready clinical partnerships around specific clinical classes
- Work the narrow network for downstream referrals to ensure excellent patient experience, quality, and cost effectiveness

### Be a defragmenter

- Co-facilitate care plans with partners, clearly articulating roles, clinical pathways, and protocols for care escalation and other transitions
- Establish bi-directional communication norms with partners, e.g., data sharing triggers, cadence, formats
- Supplement “people power” with emerging data integration, automation, and navigation platforms to ingest, enrich, and target actionable health information to the needs and preferences of end-users, including patients, and caregivers



# V1C Patient Co-Management

## V1C Patient Co-Management Securing Care Services Critical for Complete V1C

Co-management care transitions are needed when the V1C services are **complementary to**, and do not fully replace, care provided by other members of a patient's the care team. These may represent **long-term chronic** or **episode-based programmatic** relationships.

### Example Co-Management Scenarios

- V1C co-managing **some aspects** of a patient's care in collaboration with an established virtual or bricks-and-mortar provider, including primary, specialty, and facility-based care (e.g., acute care and or skilled nursing facilities)
- **Navigation, triage, and monitoring** clinical services performed by a V1C provider as an extension of virtual or bricks and mortar primary care
- **Tracking and follow-up services** performed by V1C care programs to facilitate long-term adherence and sustained outcomes

### Characteristics of Seamless Co-Management between V1C Practices and Other Providers

- ✓ **Consistency:** Simple and efficient coordination between V1C and other care and service providers with consistent approaches across different types of care professionals.
- ✓ **Actionable information:** Timely access to useful health information – in the right format, by care teams, patients, and care partners – enables efficient deployment of the clinical workforce and delivery of high-quality, evidence-based care.
- ✓ **Efficient resource use:** Avoidance of duplicative, conflicting care services saves time for the care team. This results in safer care transitions for patients, leading to better health and economic outcomes.



# V1C Patient Co-Management

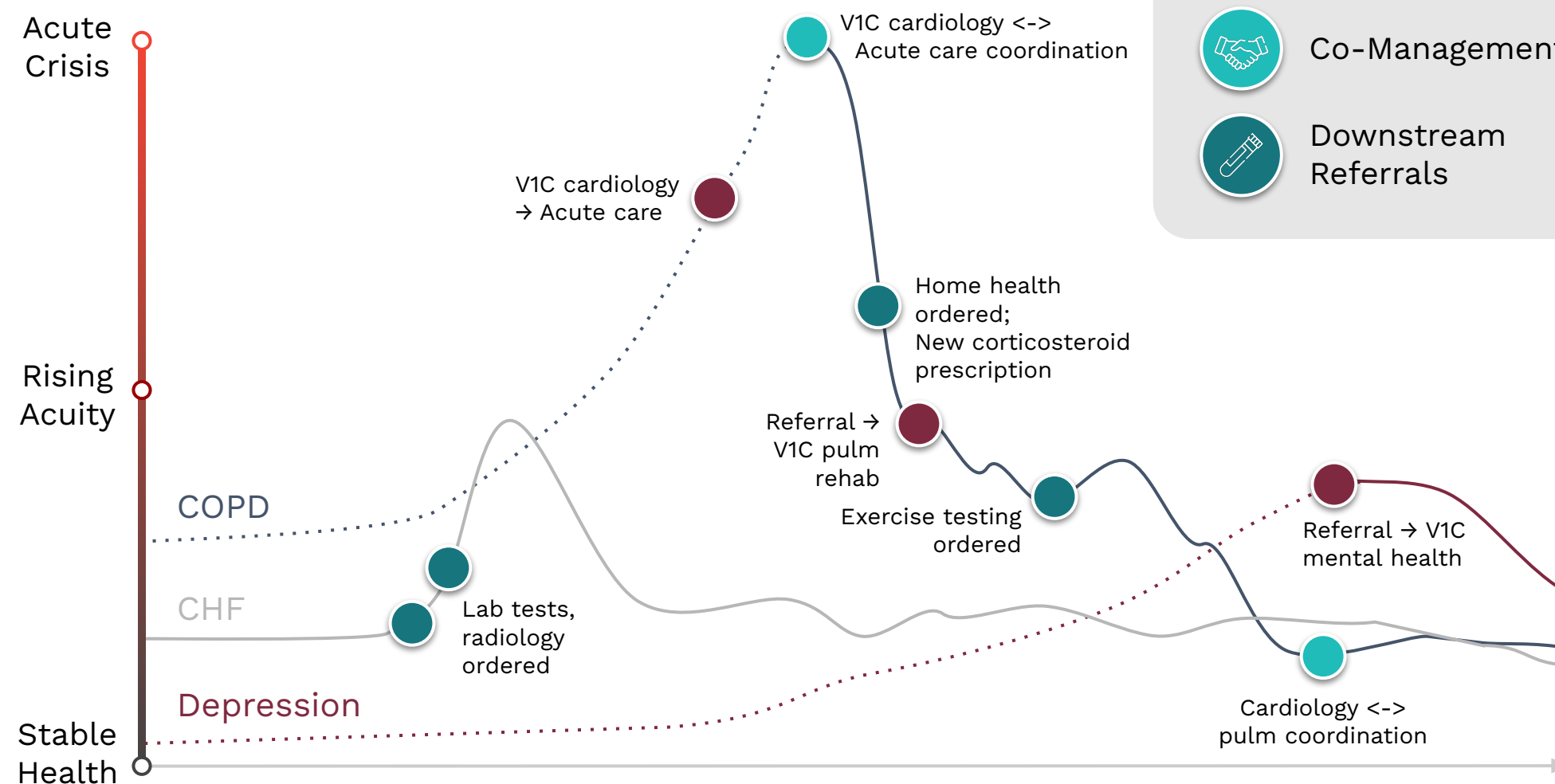
## Care in Action

Consider a polychronic patient: Over the course of their care journey, they experience multiple fluctuations in their conditions that require changes of care plans and medication. The patient will receive clinical care from primary and specialty care providers, virtually through asynchronous and synchronous interactions, and by visiting medical clinics. They might transition from home-based care to inpatient acute care and eventually be discharged for a time to a skilled nursing rehabilitation facility.

Each change presents a risk of miscommunication resulting in conflicting or delayed care. Adding V1C to this mix provides an opportunity to connect patients to care between visits, adding wrap-around care and navigation that ensures patients don't "fall through the cracks" between providers.



### Linda's Care Journey







# V1C Patient Co-Management

## 3 Priorities for Improved Coordinated V1C Patient Co-Management

### 1 **Connect the dots** between medical specialties and sites

- Make V1C programs available to primary care physicians to **extend access options** and co-manage patients with complex or high-touch needs. Co-define quality plans and patient and population-level outcomes targets.
- Harmonize care plans and medications using **common templates**; consider formal communication workflows for changes and escalations if co-managing defined patient populations. Informal mechanisms such as incentivized “curbside” physician e-consults and telephone calls further reward coordination of care transitions.

2 Establish **standard practices** for educating and communicating care plans and self-management actions with patients and care partners. Many [resources](#) and tools exist to facilitate engagement.

3 Invest in a [modern technology stack](#) and processes to **manage risk** of chronic disease patients:

- **Predict and prevent** exacerbations and flares in chronic conditions using frequent touches and artificial intelligence (AI)-powered monitoring and analysis of data streams and to send alerts
- Drive **early interventions** and prevent disease progression and exacerbations through timely triage, acquisition of critical diagnostic information, and guideline-informed medication titration
- Deploy **on-demand in home providers** to “pave the last mile” to expedite services such as in-home phlebotomy, diagnostics, and imaging – where access to accelerated decision-making and interventions can improve outcomes, offsetting costs by reducing overall service utilization for a care episode



# V1C Patient Co-Management

## Virtual Chronic Care Co-Management

Good chronic care management helps patients maintain stable or improving health by through a suite of tools that include physiologic monitoring, medication therapy, behavioral and diet support, and provider-provider communication.

- V1C providers can bring skilled **multidisciplinary care teams** together under one care model, monitoring and engaging at cadence suitable for detecting important changes and adjusting care plans
- Evidence from existing V1C providers demonstrates excellent ability of this model to keep patients from falling through the cracks and suffering disease progression that necessitates transfer to higher levels of care
- This model of **responsive care** is operationally and financially challenging for bricks-and-mortar providers, especially under fee-for-service (FFS) reimbursement models

### What is the next level?

This whole model of care becomes more **accurate and scalable** when V1C providers augment their clinical workforce with artificial intelligence (AI) and machine learning (ML) powered algorithms to process data streams and provide clinical decision support.





# V1C Patient Co-Management

## Leveling Up Virtual Chronic Care Co-Management

### E-Consults

Asynchronous communication between providers via shared electronic health record (EHR) or secure web-based platform

#### Care Transition Benefits

- Specialty support for providers to manage a patient's care
- May be helpful to determine patient referral or care plan specialty input

### Telehealth Visits

Synchronous voice or video visits between patients and providers

#### Care Transition Benefits

- Ensures regular access to visits
  - Difficult to reach, homebound or mobility-impaired patients
  - Geographic locations and specialties with limited clinician availability

### AI and ML-Powered V1C Care Management

“Smart” tools that synthesize patient data streams and use predictive algorithms to detect risks

#### Care Transition Benefits

- Provides clinical decision support and alerts
  - Improves patient stratification and triage to optimize deployment of clinician-directed intervention
  - Accelerates on-guideline treatment and timely medication adjustments



# V1C Patient Co-Management

## Securing Care Services Critical for Complete V1C

Care transitions that support downstream referrals between V1C and brick-and-mortar providers. Downstream referral care transitions involve services that are needed for a V1C to deliver care and can represent **transactional**, short-term services but are **essential to completion** of care plans.

### Example Downstream Referral Scenarios

- Ordering and getting labs, imaging, and other procedures or therapeutic interventions
- Delivery and set up of durable medical equipment and remote patient monitoring (RPM) devices
- Getting prescription medications to patients, including injection or infusion medications
- Facilitating in-person exercise or physiologic testing

### Characteristics of Seamless Initiation & Onboarding V1C Transitions

- ✓ High **patient participation** and completed orders (e.g., scheduled diagnostic tests and fulfilled prescriptions)
- ✓ Excellent patient and care partner experience
- ✓ Rapid and convenient scheduling, receipt of test results, and interpretations
- ✓ **Opportunity for** patient counseling (e.g., medication therapy management (MTM) services)
- ✓ **Avoiding unplanned escalation** of care or and loss of continuity of care for patients lost to follow-up
- ✓ Avoidance of excessive patient out-of-pocket costs or absorbed cost for practice



# V1C Patient Co-Management

## 5 Priorities for Low-Friction Downstream Referrals

V1C is not “virtual only” care. Many diagnostic or therapeutic services cannot be delivered virtually and need to be referred. The right choice of where to refer the patient is essential to completion of the care plan and can impact patient experience, cost and outcomes.

### Pursuing V1C Partnerships? 5 Priorities for Successfully Integrating V1C to Ensure Seamless Care Transitions

Relationships, technologies, and decision algorithms should be in place to ensure that clinicians and care teams can navigate available options and guide patients to services with considerations for:

- 1. Availability:** Use modern technology platforms and payor relationships to identify clinically relevant services, available locally in a clinically relevant timeframe. Specifically consider how to get services to patients with limited mobility and those in rural communities
- 2. Payment and business model impact:** Model end-to-end pathways and patient scenarios to understand the factors affecting patient and practice costs of various choices
- 3. Value:** Invest in tools and partnerships to identify highest quality and best prices
- 4. Patient preference:** Ensure fulfillment of care plans by considering individual patient preferences and access, including ability to afford copays
- 5. Provider workflow:** Select interoperability technology and vendor relationships that ease ordering and scheduling burden



# V1C Patient Co-Management

## Landscape: Options for Referred Clinical Services

Intentional selection of downstream clinical services from an array of options drives timely, appropriate, and high-value care.

Service Option	Hospital	Free-Standing or Independent Centers	Retail	Delivery / Self-Administered	Last-Mile Care Providers
General	<p>Traditional go-to provider for ancillary services, with the exception of general pharmacy. Hospitals tend to have a full complement of diagnostic testing assets, compounding pharmacies, and infusion services.</p> <p>Present in most communities, but access can be difficult (e.g., parking); prices tend to be among the highest and scheduling delays are common for some services.</p>	<p>Independent/freestanding “access centers” are becoming ubiquitous in many urban markets. These centers may be found in medical office buildings or in retail corridors and malls.</p> <p>Scheduling and access is optimized but the available services onsite may be limited.</p>	<p>Medical services provided by clinics embedded in retail stores, including pharmacies, grocery stores. May be owned by the retail store or in partnership with local health systems or other independent providers.</p> <p>Services menu and presence of clinical staff varies.</p> <p>Near ubiquitous footprints in urban areas; expanded operating hours.</p>	<p>Home delivery is a rapidly expanding option for medication and laboratory test kits.</p> <p>Leverages the logistics solutions present in many markets (Uber, Prime, etc) and mail or courier services.</p> <p>Turnaround time from order to door 3-7 days.</p> <p>Becoming widely accepted by payors</p>	<p>Last-mile care providers are an emerging option for home-bound patients.</p> <p>Services send staff, e.g., nurses, to patient homes with a toolkit of diagnostic tools. Licensure level of staff determines services available and billing.</p> <p>Order to door ~3h in some markets</p>
Laboratory	Best for: complex and rare tests; broad test menu	Best for: sample collection and rapid testing	Best for: over the counter (OTC) and sample collection kits	Best for: self-collection kits, multiple specimen types (dried blood, urine, stool, saliva); expanding array of options	Best for: phlebotomy, rapid tests, glucose, INR, Flu (state dependent)
Imaging	Best for: sophisticated exams	Best for: quality, price, and service	N/A/uncommon	N/A	Best for: portable ultrasound
Pharmacy	Best for: infusion therapy, compounded medicine, clinical trials	Best for: some infusion and compounded medicine	Best for: most prescription needs, controlled substances	Best for: expanding formulary, limited controlled substances	Best for: rapid delivery only



# Necessary Conditions for Effective Care V1C Transitions

## Necessary Conditions Conducive to Effective V1C Care Transitions



### Trust & Awareness

All parties have a clear understanding of the V1C model as evidenced-based, clinician-led medical care that delivers exceptional health economics and patient and provider experience



### Bi-directional Communication

Health data is easily accessible and actionable for patients, care partners, and providers, when needed, in relevant formats regardless of site of care



### Clinical Integration

Providers collaborate to advance shared quality and efficiency goals at the patient and population level



### Aligned Incentives

Care provision and care seeking behaviours on the part of providers and patients that yield greatest health outcomes for least cost are encouraged by financial reward structures





Necessary Conditions for Effective V1C Care Transitions:

# Trust & Awareness of V1C by Patients, Providers, and Payors

## Success Indicators

All parties have a clear understanding of the V1C model as evidenced-based, clinician-led medical care that delivers exceptional health economics and patient and provider experience

- ✓ Providers, payor/purchasers, and patients fully understand how V1C works and appreciate the benefits it offers
- ✓ **V1C Providers** have formal or informal agreements in place with preferred partners for referral of appropriate patient segments
- ✓ **Payors** seek contracts with V1C entities as providers, not vendors
- ✓ **Referring providers** are aware of V1C provider options available to a patient through their insurance, and are responsive to patient preference for V1C; Trust that patients will receive high-quality, evidence-based care, experience high satisfaction rates, and achieve excellent outcomes
- ✓ **Patients** understand their benefits, feel supported in accessing virtual care, and trust that they are receiving equally high-quality medical care regardless of delivery model as they transition across sites of care and providers

## Actions & Essential Competencies for V1C Entities

- Demonstrate compelling **health economic outcomes**
  - Peer reviewed studies in relevant populations using **real-world evidence**
- Invest in outreach
  - Build relationships between V1C practices and key referring provider groups in local, high-value care networks; payor/purchasers are key stakeholders and valuable partners in building these relationships
- Prioritize partnerships and programs that **augment and complement services** in existing provider networks
  - Assuage fears of competition and loss of downstream revenue through patient leakage and network abrasion
- Promote **transparency** in price, benefit coverage, and quality to encourage referrals to V1C providers
- Showcase **exceptional patient experience**
  - Ensure adequate education and digital access support to address concerns of widening the digital divide





Necessary Conditions for Effective V1C Care Transitions:

# Bi-Directional Communication & Information Flow

## Success Indicators

Health data is easily accessible and actionable for patients, care partners, and providers, when needed, in relevant formats regardless of site of care.

- ✓ No evidence of redundant testing, imaging, and data collection
- ✓ Minimal delays in decision-making and treatment due to insufficient/inaccessible data and information
- ✓ Passive two-way data flows that minimize burden on clinicians, administrators, and patients

## Actions & Essential Competencies for V1C Entities

V1C providers and their payor and bricks and mortar partners should build strong relationships on a foundation of modern, standardized, and interoperable health information platforms

V1C providers should:

- Prioritize tech investments that contribute to differentiating attributes of V1C such as clinical analytics and patient engagement
  - Build proprietary solutions or partner with the expanding array of companies offering technology solutions purpose built for digital medicine
  - Be aware that many incumbent healthcare providers will be slower to realize the value of FHIR standards and implement minimum standards required for compliance; expect manual adaptations until the Cures Act is fully implemented
- Adopt smart interfaces and data “translation” services to reduce provider administrative burden
  - Next-generation real-time encounter recording and documentation facilitates up to date, accurate records that can be formatted into actionable and standardized reports that address provider, patient, and payor needs
  - Invest in Fast Healthcare Interoperability Resources (FHIR) compatibility to unlock searchable records powering real-time data-driven approaches to care
- Open communications’ channels to informal care partners - engaging these caregivers is essential to effective care transitions across the patient journey



Necessary Conditions for Effective V1C Care Transitions:

# Clinical Integration between Virtual & Brick-and-Mortar Providers

## Success Indicators

V1C and bricks-and-mortar providers collaborate to advance shared quality and efficiency goals at the patient and population level

- ✓ Clear roles and accountabilities
  - Patients, care partners, and co-managing clinicians can easily access current care plans
  - Standard workflows to reconcile potential care and medication conflicts
  - Provider accountability and roles are clear regardless of virtual or bricks and mortar site of care or employment affiliation
- ✓ Care consistently aligns with guidelines
  - V1C providers collaboratively define clinical care pathways for specific therapeutic areas with partners
  - Payors track and report on on-pathway adherence
- ✓ Care transitions including escalations and site of care handoffs are managed with minimal friction according to proactive workflows

## Actions & Essential Competencies for V1C Entities

- Prioritize formal and informal partnerships between V1C with other provider groups around specific clinical classes:
- Agree on pathways to co-manage patients with primary care providers, positioning primary care as the entry point to a care journey, enabling a fully connected continuum of care
  - For complex patients who require accelerated access to specialty care consultation
  - For chronic patients who require frequent, high-touch care and monitoring
- Proactively map care transition workflows and triggers for escalation
  - Eliminate duplicative services across providers and use of non-value-add interventions
  - Embed virtual practices to embed in bricks and mortar person clinics to facilitate in-person clinic care for V1C patients
- Collaborate to jointly define and meet quality and accreditation goals
- Implement risk sharing, performance-based agreements based on meaningful patient outcomes
  - Explore new patient-centric programmatic outcomes metrics, e.g., patient-reported symptom improvements, time to clinical target (TTCT) that reflect unique value of the V1C complete solution.



Necessary Conditions for Effective V1C Care Transitions:

# Aligned Incentives between Virtual & Brick-and-Mortar Providers

## Success Indicators

- ✓ V1C is purpose built for patient-centric, goal-driven, and outcomes-focused care.
- ✓ Aligned incentives will ease the frictions of care transitions between sites of care and providers
  - All providers involved in a V1C patient's journey are compensated for activities and behaviors that achieve the greatest health outcomes for least cost such as:
    - Investing in proactive care management services that keep patients out of high cost settings of care and avoid costly exacerbations and interventions
    - Clinical integration work such as curbside consultations, reviewing clinical notes and summaries from referring providers, collaborative development of care pathways
  - Health insurance plan designs encourage and reward patients
    - For seeking out high value care choices including V1C care providers
    - For engaging in their personal health and choices

## Actions & Essential Competencies for V1C Entities

- Seek partnerships with value-oriented healthcare providers and payors
  - Accountable care organizations (ACOs) are a natural fit for V1C providers that fill a care gap and improve risk assessment and management of attributed patients
  - Managed Medicare and Medicaid Care plan administrators are incentivized to manage total health of their populations in 'pre-paid' models and aggressively direct patients to providers who can best manage health risks
- Drive toward performance-based payment contracts
  - V1C providers that demonstrate meaningful patient outcomes and engagement results will flourish in relationships where they have the flexibility to target care services and leverage the high touch, multidisciplinary care model to its fullest –for instance, intensive care transitions management or dispatched home-based services as needed to optimize outcomes

# Resources in Action

## V1C Care Transitions Case Studies



[Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)



[Byteflies Case Study: Digital Medicine as an Enabler of Effective V1C Care Transitions](#)



[CareHive Case Study: Navigating Patients across the Continuum of Care Transitions](#)



[Freemira Case Study: Virtual Care Partnership Provides Mental Health Care for Managed Medicaid Members](#)



[Heartbeat Health Case Study: Leveraging In-Home Care Providers to Address the “Last Mile of Care”](#)



[Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions](#)



[Oshi Health Case Study: Achieving Whole-Person Care](#)



[Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)



[Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#)