Necessary Conditions for Effective V1C Care Transitions

A resource from the V1C Care Transitions Toolkit

Virtual First Care Coalition _by_ **DiME** DIGITAL MEDICINE SOCIETY

Necessary Conditions for Effective Care V1C Transitions

Necessary Conditions Conducive to Effective V1C Care Transitions	Initiation & Onboarding	Co-Management	Downstream Referrals
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		

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

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

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 (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.

Aligned Incentives between Virtual & Bricks-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	[Biofourmis Case Study: Coordinating Virtual Specialty Care for Polychronic Patients](#)
Byteflies	[Byteflies Case Study: Digital Medicine as an Enabler of Effective V1C Care Transitions](#)
CareHive	[CareHive Case Study: Navigating Patients across the Continuum of Care Transitions](#)
freespira	[Freespira Case Study: Virtual Care Partnership Provides Mental Health Care for Managed Medicaid Members](#)
Heartbeat	[Heartbeat Health Case Study: Leveraging In-Home Care Providers to Address the "Last Mile of Care"](#)
Heartbeat	[Heartbeat Health Case Study: V1C Partnering with ACOs for Effective Care Transitions](#)
OSHI HEALTH	[Oshi Health Case Study: Achieving Whole-Person Care](#)
THIRTY MADISON	[Thirty Madison Case Study: Seamless Downstream Referrals Advance Access to HIV Prevention](#)
wellinks	[Wellinks Case Study: Integrating High-Value V1C Solutions for Disease Management](#)