

The Transition to Value-based Reimbursement



At the very core of the health care revolution we have seen over the past five years is a fundamental shift in how care providers are paid for their services. Traditionally, the model was relatively simple. Each visit or procedure cost a certain, fairly standard amount, known as the fee-for-service model. Lately, however, payment is being administered based more on the *outcome* of the visit. This is known as value-based reimbursement.

It sounds good, right? If the doctor or hospital is able to provide above-average care that truly addresses the medical issue or administers preventative care to avoid an issue in the first place, they should be rewarded for their good work. On the flipside, if mistakes are made and repeat visits by the patient become necessary, it doesn't seem fair to pay the same price for substandard care.

The central tenant of this value-based reimbursement model is that above average care will save the patient, the provider and the entire health care system money in the long run by preventing repeat and emergency visits and procedures. If we incentivize the doctor to provide quality care by rewarding them with a percentage of the savings, we should be doing everyone good.

But experts are torn over whether the industry is ready for such a dramatic shift. Recently, [Health Management Data](#) brought together a panel of experts to deliver various insights regarding the transition. Panelists agreed that making the value-based reimbursement model profitable is an enormous task, the realization of which will have a lot to do with the industry's ability to

choose and adopt the technology required.

CNSI has already developed its own tools for the task, including eMIPP, which is now taking the Medicaid program into the new age of a connected health care infrastructure. eMIPP is a modular solution to manage the Electronic Health Records (EHR) Medicaid Incentive Payment Program, Medicaid Health Record and Health Information Exchange connectivity. It offers a comprehensive and configurable solution to measure and demonstrate the EHR superior outcomes as outlined by Centers for Medicare and Medicaid Services guidelines.

Technologies that facilitate value-based reimbursements will become vital as we continue the shift towards this new payment model – the success of value-based care could very well depend on it.

What do you think about the switch to value-based reimbursement? How can health information technology ease the transition? Tweet @CNSICorp to let us know!

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