

The journey to value-based care is well underway, and while many providers still operate under fee-for-service reimbursement arrangements, the switch is inevitable for scores of hospitals and physician practices. Reimbursement will soon be tied to quality rather than volume, and providers need to be ready for the transition.

As with so many other areas of healthcare, the appropriate use of technology will play an important role in the switch from volume to value. Using modern tools and processes will help to solve two primary challenges: How to quantify and demonstrate value, and how to incorporate that into the practice to ensure patients are indeed receiving quality care.

Amy Leibensberger, Senior Director of Outcomes Integrity at naviHealth, said a good place to start plotting the journey is the Centers for Medicare and Medicaid Services, which has provided a kind of rough roadmap for organizations looking to quantify quality in particular.

“They have truly helped identify what the quality components are of the value-based care equation,” Leibensberger said. “Then you can add some components to that — change over time, function change per day or week, something like that. I encourage (providers) to investigate what’s best for them.”

Read the full article in [Healthcare Finance News](#).