



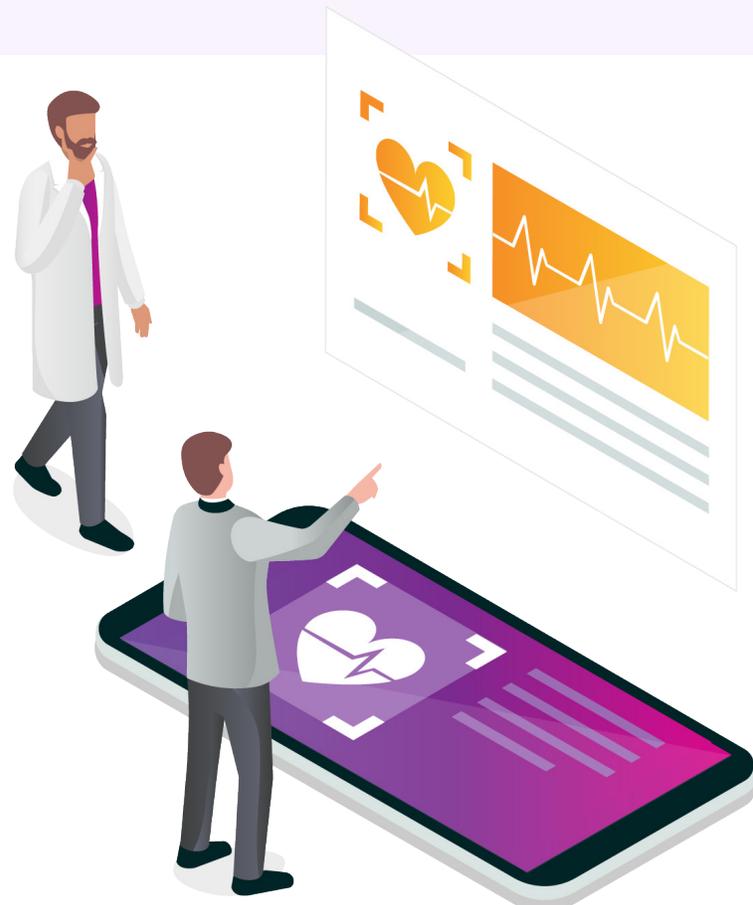
## Transforming to Value-Based Care: The Cost of Waiting

### *Are you ready for value-based care?*

There is a cost to closing your eyes to value-based care just as much as there is a cost to waiting to get involved. Commercial payers and the government are rapidly moving towards offering incentives to achieve greater quality outcomes for health populations. UnitedHealth Group, for example, says it's paying almost half of its annual reimbursements – or \$69 billion – to doctors and hospitals via value-based care models quickly replacing fee-for-service medicine throughout the U.S (Forbes Oct. 2018). UHG is telling Wall Street the health plan is well ahead of the pace needed to reach a goal of \$75 billion in value-based medical spend by 2020. This means that participating physicians will see financial incentives by better managing the quality and cost of healthcare provided to their populations.

The most common question around how to earn those incentives is: What does my organization need to do differently? How do you prove that your providers are hitting their benchmarks? How do you keep track of all the quality patient data from your seemingly endless disparate EHR systems? How do you know if your organization is ready for value-based care?

By utilizing Measures Manager™, our cloud-based healthcare software platform from Healthcare Innovation Solutions, Inc., you can jump right into your data and scope your readiness to maximize on your returns. Measures Manager™ takes your data from disparate systems and puts it into one easy-to-read dashboard that reveals exactly how each of your providers are performing against either national benchmarks or those set by federal or commercial contracts. This includes MIPS (Merit-Based Incentive Payment System), or one of United's value-based models respectively.

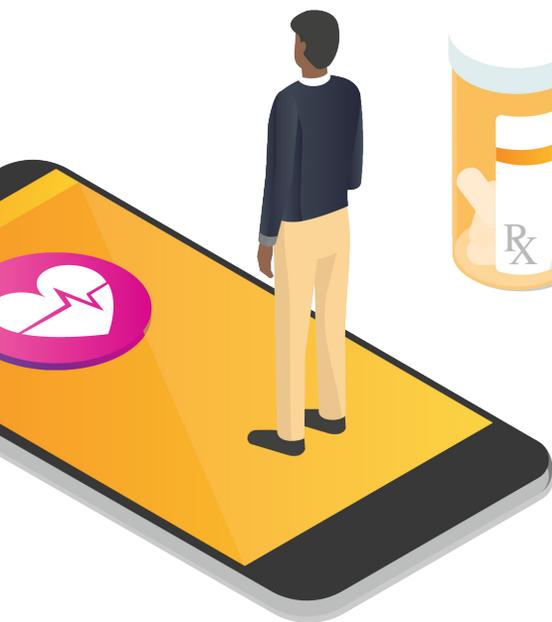




We understand the intricate details of value-based contracts and how specific quality measures can impact reimbursement rewards. We also understand that using spreadsheets to keep up with all this information is next to impossible without errors. Measures Manager™ takes the burden of crunching all your data allowing you to skip directly to identifying what specific action you need to take to achieve success on all quality measures and provider performance rewards.



**Waiting to proactively transition into a value-based care organization can be costly. Utilizing Measures Manager™ to make the transformation can help you evaluate:**



- **Risk** – can your organization afford a financial gamble based on current quality performance?
- **Care Gaps**– which ones can you close today? Are there any provider trends?
- **Transformation from Fee-for-Service** - How ready are you?
- **Outliers** - which providers or measures are out of range and why?
- **Contract Performance** - will you receive financial rewards based on quality?
- **Measures Performance** - analyze measures in real time and identify best practices
- **Improvement** - Gain insights and better manage your performance improvement strategy

## Don't stumble blindly through your data.

**Contact us today to know exactly how ready you are by navigating through your value-based care contracts in real-time.**

For more information about Measures Manager™, or to request a demo, please visit our website at [www.measuresmanager.com](http://www.measuresmanager.com) or call **1 (844) 424-HCIS** today.