## Key Takeaways

## Panel: Specialty Practice in a Value-Based Payment World



There is already a lot of work being done to move towards value-based payment; individual specialists should be sure to leverage what they are already doing.

Take the work you are currently doing and expand it in MACRA; consider existing priorities and efforts when selecting quality measures and improvement activities, and be sure to document your work. There is already a lot of work being done around value-based payments – many report more collaboration and alignment than there was even two years ago. This work will benefit not only Medicare, but all payers.



Innovative solutions will improve connections between specialists and other key players, like primary care.

Specialists are capable of directing their teams to provide the best care for their patients, much like the medical home model in primary care. Innovative work and partnership with primary care could mean more referrals and better outcomes. Specialty practices must use available technology, like telemedicine, and develop care teams to be successful under new models.



There are significant challenges to overcome, including silos, lack of data transparency and managing cost.

Specialists are still in silos; everyone needs to get to know each other better, and discuss issues and best practices. Data transparency is also a challenge, and having data available helps you make better decisions about care. Oregon needs better health information exchange – specialty providers can see only about a third of the information they need to see their patients. Finally, there is a lot of alignment around quality, but not around cost. Physicians want to do the right thing with cost, and they need help to get there. It can feel like a burden, but you can start by looking for the "lowhanging fruit" – those easy changes – that will help make meaningful cost changes long-term.

For more key takeaways and materials from the conference, visit: www.q-corp.org/MACRAPlaybook