

Type: Assignments

Subject: Value-Based Payment Models

Subject area: Nursing

Education Level: Masters Program

Length: 2 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Single

Title: Value-Based Models

Instructions: answer the following question: “how has value-based payment models, to include hospital vbp, changed our world as nursing leaders in relation to managing finances and outcomes for our department/organization? what impact will value-based purchasing models have in the future?” in your answer refer to at least one of the models presented by pennic. -350-word limit using apa 7 edition.

Focus: value-based payment models this module is focused on recording financial operations data including a discussion about payment/revenue generation. this discussion scenario addresses payment models that are in existence in today's health care market and how these models impact the revenue stream for hospitals and other healthcare organizations. the most common health care payment model in the united states, fee for service, requires payment for services after they are received. fee for service models is vulnerable to rising costs. because of this, reimbursement in healthcare is moving toward a value-based payment model structure. value-based payment models involve payment arrangements where physicians, hospitals, medical groups, and other healthcare providers are reimbursed based on measures including quality, efficiency, cost, and positive patient experience. pennic (2014) presents the six most common value-based payment models that are currently being used in healthcare. the below includes a 'direct quote' summary of the programs as presented by pennic. “medicare quality incentive programs--medicare quality incentive program is a pay-for-reporting program that gives eligible professionals incentives and payment adjustments if they report quality measures satisfactorily. pay for performance--in a pay-for-performance system, providers are compensated by payers for meeting certain pre-established measures for quality and efficiency. pay-for performance-programs have been implemented by both medicare and private insurers. accountable care organization--accountable care organizations (acos) are groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high-quality care to their medicare patients. the goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time while avoiding unnecessary duplication of services and preventing medical errors. bundled payments--episode or bundled payments are single payments for a group of services related to a treatment or condition that may involve multiple providers in multiple settings. patient-centered medical home--the pcmh is a team-based model based on the premise that the best healthcare begins with a strong primary care foundation, accompanied by quality and resource efficiency incentives. patients in a pcmh have a personal provider, who along with his/her team, provides continuous, accessible, family-centered, comprehensive, compassionate, and culturally-sensitive health care in order to achieve the best

outcomes. payment for coordination--this model involves payment for specified care coordination services, usually to certain types of providers.” value-based purchasing (vbp) program. the goal of hospital vbp is to incentivize inpatient providers to deliver quality health care. vbp domains, measures, and weights continue to change yearly. below is a chart that outlines the domain changes for 2014 through 2016.

Structure: pennic, f. (2014). 6 most common value-based payment models.

<http://hitconsultant.net/2014/05/29/6-most-common-value-based-payment-models/> value-based purchasing fiscal year 2015.

[https://az\[removed\].vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/our-impact/hcahps/vbp/2015-vbp-one-sheeter.pdf](https://az[removed].vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/our-impact/hcahps/vbp/2015-vbp-one-sheeter.pdf) (links to an external site.); value-based purchasing fiscal year 2016.

[https://az\[removed\].vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/what-we-do/learning-lab/aligned-goals/measurement-hcahps-vbp/2016-value-based-purchasing-one-sheeter.pdf](https://az[removed].vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/what-we-do/learning-lab/aligned-goals/measurement-hcahps-vbp/2016-value-based-purchasing-one-sheeter.pdf) (links to an external site.)

Important notes: this is for a graduate level msn nursing statistic course. thank you for your support. i have seen all used by do not truly support vbp. please choose wisely and be able to write to your choice. i will need you to thoroughly (using supporting references both the ones i provide and the ones you believe will support your writeup) answering the following: answer the following questions: your answer to these questions will be the actual paper need for this order! “how has value-based payment models, to include hospital vbp, changed our world as nursing leaders in relation to managing finances and outcomes for our department/organization? what impact will value-based purchasing models have in the future?” in your answer refer to at least one of the models presented by pennic. apa 7th edition reference page formatting needed -350 words limit using apa 7 edition

Value-Based Payment Models this Module is focused on recording financial operations data including a discussion about payment/revenue generation. This discussion scenario addresses payment models that are in existence in today's health care market and how these models impact the revenue stream for hospitals and other healthcare organizations. The most common health care payment model in the United States, **fee for service**, requires payment for services after they are received. Fee for service models is vulnerable to rising costs. Because of this, reimbursement in healthcare is moving toward a **value-based payment model** structure. **Value-based payment models** involve payment arrangements where physicians, hospitals, medical groups, and other healthcare providers are reimbursed based on measures including quality, efficiency, cost, and positive patient experience. Pennic (2014) presents the six most common **value-based payment models** that are currently being used in healthcare. The below includes a 'direct quote' summary of the programs as presented by Pennic.

“Medicare Quality Incentive Programs--Medicare Quality Incentive Program is a pay-for-reporting program that gives eligible professionals incentives and payment adjustments if they report quality measures satisfactorily.

Pay for Performance--In a pay-for-performance system, providers are compensated by payers for meeting certain pre-established measures for quality and efficiency. Pay-for performance-programs have been implemented by both Medicare and private insurers.

Accountable Care Organization--Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other healthcare providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time while avoiding unnecessary duplication of services and preventing medical errors.

Bundled Payments--Episode or bundled payments are single payments for a group of services related to a treatment or condition that may involve multiple providers in multiple settings.

Patient-Centered Medical Home--The PCMH is a team-based model based on the premise that the best healthcare begins with a strong primary care foundation, accompanied by quality and resource efficiency incentives. Patients in a PCMH have a personal provider, who along with his/her team, provides continuous, accessible, family-centered, comprehensive, compassionate, and culturally-sensitive health care in order to achieve the best outcomes.

Payment for Coordination--This model involves payment for specified care coordination services, usually to certain types of providers."

Value-Based Purchasing (VBP) program. The goal of hospital VBP is to incentivize inpatient providers to deliver quality health care. VBP domains, measures, and weights continue to change yearly. Below is a chart that outlines the domain changes for 2014 through 2016.

Domains	Weights 2014	Weights 2015	Weights 2016
Patient Experience of Care Measures (HCSHPS)	30%	30%	25%
Process of Care Measures	45%	20%	10%
Outcome Measures	25%	30%	40%
Efficiency Measures	Did Not Exist	20%	25%

References:

Pennic, F. (2014). 6 Most Common Value-Based Payment Models. <http://hitconsultant.net/2014/05/29/6-most-common-value-based-payment-models/>

Value-Based Purchasing Fiscal Year 2015. <https://az414866.vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/our-impact/hcahps/vbp/2015-vbp-one-sheeter.pdf> (Links to an external site.);

Value-Based Purchasing Fiscal Year 2016. <https://az414866.vo.msecnd.net/cmsroot/studergroup/media/studergroup/pages/what-we-do/learning-lab/aligned-goals/measurement-hcahps-vbp/2016-value-based-purchasing-one-sheeter.pdf> (Links to an external site.)

Answer the following question:

“How has **value-based payment models**, to include hospital VBP, changed our world as nursing leaders in relation to managing finances and outcomes for our department/organization? What impact will value-based purchasing models have in the future?” In your answer refer to **at least one** of the models presented by Pennic.

-350 word limit using APA 7 edition.