Health Care Financing

Leveraging the Possibilities of Value-Based Care

As the clinical and financial advantages of value-based care become clearer, administrators of care delivery systems are challenged to redesign how care is delivered in order to maximize financial benefits. This may require modifying existing care delivery models or designing entirely new integrated care solutions.

To connect these components, we assess and address financial and operational issues associated with emerging payment models, changes in reimbursement structures, quality measurement, new reporting requirements, and incentives to maximize provider participation. We have helped the Centers for Medicare & Medicaid Services (CMS)—the largest payer in the country—and others in developing and evaluating value-based care models. By partnering with us, you can find sustainable and unique solutions so that you benefit from value-based payment models.

Further, with a deep understanding of health policy and the way value-based care initiatives affect payers, providers, and patients, we are well-equipped to inform payer strategies. We can design innovative value-based payment systems for various populations and care settings, support provider collaborations, and advise employer programs while prioritizing patient engagement.

Areas of Expertise

- FINANCIAL METRIC DEVELOPMENT AND BENCHMARKING
- PROGRAM DESIGN, IMPLEMENTATION, AND EVALUATION
- PATIENT ATTRIBUTION
- RISK STRATIFICATION AND ADJUSTMENT
- PROVIDER EDUCATION AND ENGAGEMENT
Designing and implementing a model to improve health care and control costs through Accountable Care Organizations

Successful Accountable Care Organizations (ACOs) put patients at the center of the health care system by making sure they get the care they need while avoiding unnecessary and wasteful services. Patients benefit from receiving higher-quality and coordinated care while maintaining the freedom to choose their medical care providers, and providers benefit by sharing in the cost savings that are generated by the ACO.

For more than 20 years, RTI has worked with the Medicare program to develop and refine the present-day ACO model. Our work began with Physician Group Practice (PGP) demonstrations—a precursor to ACOs—which our economists and health policy experts helped develop and evaluate. Our 2014 assessment found that these early PGP demonstrations resulted in Medicare cost savings and improved the quality of care for beneficiaries. These demonstrations also served as a test bed for RTI to help CMS refine the current ACO concept.

It is a complex endeavor to make ACOs simultaneously work for the Medicare program, health care providers, and patients. RTI’s project team incorporates a diverse array of disciplines and perspectives into our approach, including experts in health policy, economics, medical care, quality measurement, and risk adjustment.

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