How Does a Gastroenterologist Show Value?

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Dear Editor:

We read with pleasure the article “Strategic Update on Health Value” by Kosinski in the October issue of Clinical Gastroenterology and Hepatology. In today’s world of health care reform and the trend of accountable care organizations and shared saving contracts, we are in the midst of a seismic shift from the volume-based fee-for-service model to a value-based payment model of care. We were grateful to see Dr Kosinski address this critical transition in the context of gastroenterology. We agree with his observation that the global definition of “value = quality/cost” excludes direct measurement of health outcomes and therefore will not benefit this transition directly. Although we appreciate the insights underpinning his proposed “value equation” of “population health/cost,” many providers will have difficulty using this aggregate equation in daily clinical practice as they prepare for bundled payments in their individual practices and hospital systems.

To answer the question, “How does a gastroenterologist demonstrate value?” we have taken a somewhat different approach. Since 2012 we have introduced a comprehensive, integrated, and holistic approach to value care in the chronic disease management of inflammatory bowel diseases (IBDs). In close collaboration with system stakeholders—foremost, our patients—we developed and introduced the “value-quotient” (vQ) for value-based and cost-effective IBD management.

The vQ is defined as patient value/provider costs. Our composite definition and aligned metrics for patient value have emerged directly from the outcomes most sought or valued by IBD patients, as follows: (1) disease control, as assessed using a well-established model for clinical remission; (2) quality of life, as assessed by our validated short-form IBD Questionnaire; and (3) daily life productivity (work, school, and so forth), as assessed by our validated Work Productivity and Activity Impairment questionnaire. For provider costs, we use a cost model that focuses on provider-dependent metrics, including patient services utilization (eg, clinic visits, laboratory tests, and endoscopic procedures) and pharmacy use. In summary, the vQ model of chronic disease management entails tightly controlled, coordinated, and integrated transdisciplinary team care, with a robust health information technology support infrastructure serving continuously updated patient health status profiling through a host of web-based/eHealth tools and utilities. The latter functionalities include eLearning modules for patients and a care-complementary Wellness Program in direct response to their expressed needs. The applications are being integrated with the institutional electronic medical record system (examples available in the App Store and Google Play under University of California Los Angeles [UCLA] electronic Inflammatory Bowel Diseases). They enable and foster patient engagement and provider point-of-care decision support for direct intervention when needed—in short, the right care, in the right dose, at the right time. The vQ can be assessed annually both on an individual level and on a population level, and providers will have data on distinct vQ components that need improvement either to decrease provider costs or to increase individual patient value. The preliminary data on more than 1000 IBD patients at UCLA Health show that patient value can be tracked easily and provider costs can be well managed through highly coordinated care pathways.

Why does a gastroenterologist need to quickly move beyond quality indicators and focus on models of value-based care and bundled payments? The business-case scenario answer is transparent from the vQ formulation: value-oriented care drives value-based payments/insurance design in the form of shared savings contracts between networks of specialty care providers and payers. At UCLA Health, this part of the value care implementation currently is underway for IBD, followed by multiple other chronic disease areas. We hope to launch the first IBD shared savings contract in the spring of 2015 and contribute to the ongoing discussions about how gastroenterologists can show value.
References