Annual Primary Care Conference

The Twenty-Five Building Blocks of Value-Based Care:

Lessons from MSSPs Across Medicare, Medicaid, Medicare Advantage, and Commercial Models

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Who we are

"Turning complexity into clarity.
Turning insight into outcomes"

Our Approach

We partner with ACOs, FQHCs, and healthcare innovators to unlock the full potential of value-based care through data-driven strategy, population health intelligence, and execution excellence. By aligning clinical, quality and financial priorities, we help our partners improve lives while strengthening the long-term sustainability of the organizations that serve them.

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Always know your audience – Three Key Questions

1. What is your role in your organization?

CEO or C-Suite

Physician or Clinical Staff

Front-line Staff

Other ?

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Always know your audience…

3. Is your boss in the audience?

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Learning Objectives

- Describe the Key economic and operational drivers underlying most Value-Based Care Agreements
- Compare MSSP design principles to Medicare Advantage, Medicaid, and Commercial Value Based Agreements
- Evaluate organizational readiness and performance opportunities within existing Value Based Agreements
- Generate a personalized action plan with near-term initiatives to strengthen Value Based outcomes and shared savings performance

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The Twenty-Five Building Blocks of Value Based Care

5 Pillars	5 Poly's	5 Programs	5 Percent	3 C's and the Paradox
Attribution Management	Poly Admission	Annual Wellness Visits	Reduction in Expenses	Care Teams
Risk Management	Poly ER	Advanced Care Planning	Increase in Risk Score	Care Plans
Resource Management	Poly Provider	Chronic Care Management	Reduction in Inpatient Admits/1000	Clinical Metrics
Quality Management	Poly Diagnosis	Transitional Care Management	Reduction in ER Visits/1000	Paradox 1: Simple
Network Integrity	Poly Pharmacy	Behavioral Health Integration	Reduction in Providers per Patient	Paradox 2: Really Difficult

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Always know your audience…

2. What Value Based Care related topic or issues…

keep you up at night?

Or

frustrates you by day?

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Appendix

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The Building Blocks Defined…

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The Five Pillars

5 Pillars
Attribution Management
Risk Management
Resource Management
Quality Management
Network Integrity

Represent the core areas where value-based care organizations need both contractual discipline and operational mastery. These are not just internal management functions. They are the domains where performance expectations, accountability, and financial outcomes are often defined. During the contracting phase, these pillars can determine whether even a strong provider organization is positioned to succeed.

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The Five Poly's

5 Poly's
Poly Admissions
Poly ER
Poly Provider
Poly Diagnosis
Poly Pharmacy

Represent major complexity signals that help define which patients are most likely to drive risk, utilization, and cost. When patients occupy several, if not all, of these cohorts, risk, utilization, and cost tend to grow exponentially. They are important because value-based care success depends not only on identifying these patterns, but also on understanding how to positively impact them and, just as importantly, how to distinguish what can realistically be influenced from what truly cannot.

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The Five Programs

5 Programs
Annual Wellness Visits
Advanced Care Planning
Chronic Care Management
Transitional Care Management
Behavioral Health Management

Represent the CMS models designed to support primary care organizations and accountable care organizations in advancing population health management. These programs provide the structure, incentives, and accountability mechanisms that help organizations move from traditional care delivery toward more proactive, coordinated, and outcomes-focused care.

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The Five Percent

5 Percent
Attribution Management
Risk Management
Resource Management
Quality Management
Network Integrity

The **5 Percent** is designed to enforce a realistic, objective, quantitative, and metric-driven goal-setting process. It creates enough cushion to account for uncontrollable fluctuations in CMS or other value-based contracting reconciliation processes, while still maintaining clear performance expectations and financial discipline.

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The Three C's

3 C's
Care Teams
Care Plans
Clinical Metrics

Care Team, Care Plan and Clinical Metrics — Represent the fundamental tactical components of execution at the patient level. They translate the broader strategy into day-to-day operating discipline by defining who is responsible, what actions are being taken, and how progress is measured.

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The Paradox

Paradox 1: Simple

Paradox 2: Really Difficult

The **Paradox** is that the model is conceptually simple but extremely difficult to execute. The fundamentals are clear, identify the right patients, deploy the right interventions, measure the right outcomes, and align the contract appropriately , but executing those fundamentals consistently, at scale, and across real-world clinical and financial complexity is the hard part. Ultimately, durable value-based care performance depends on durable physiological change, and that is exceptionally difficult to achieve.

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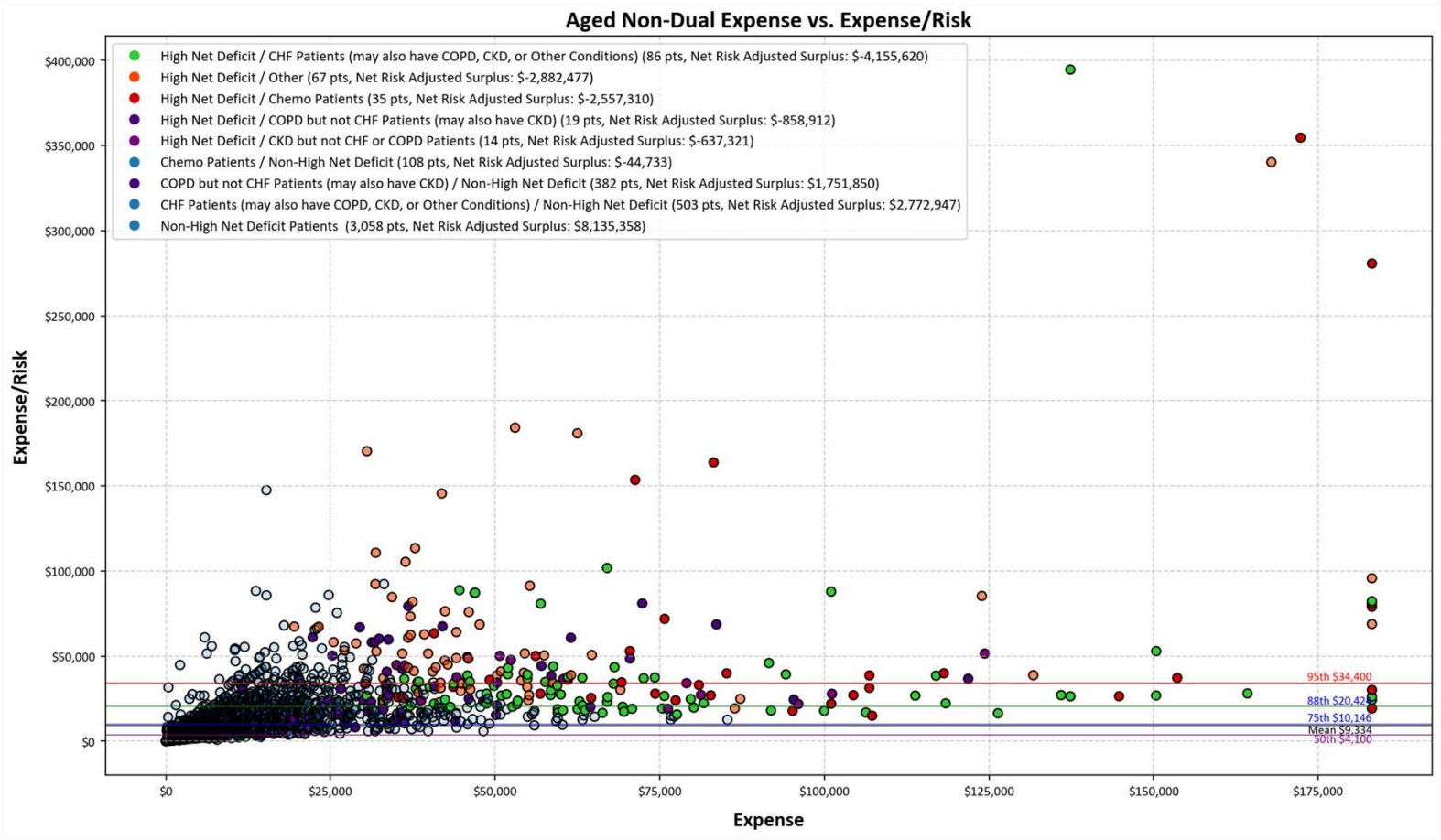

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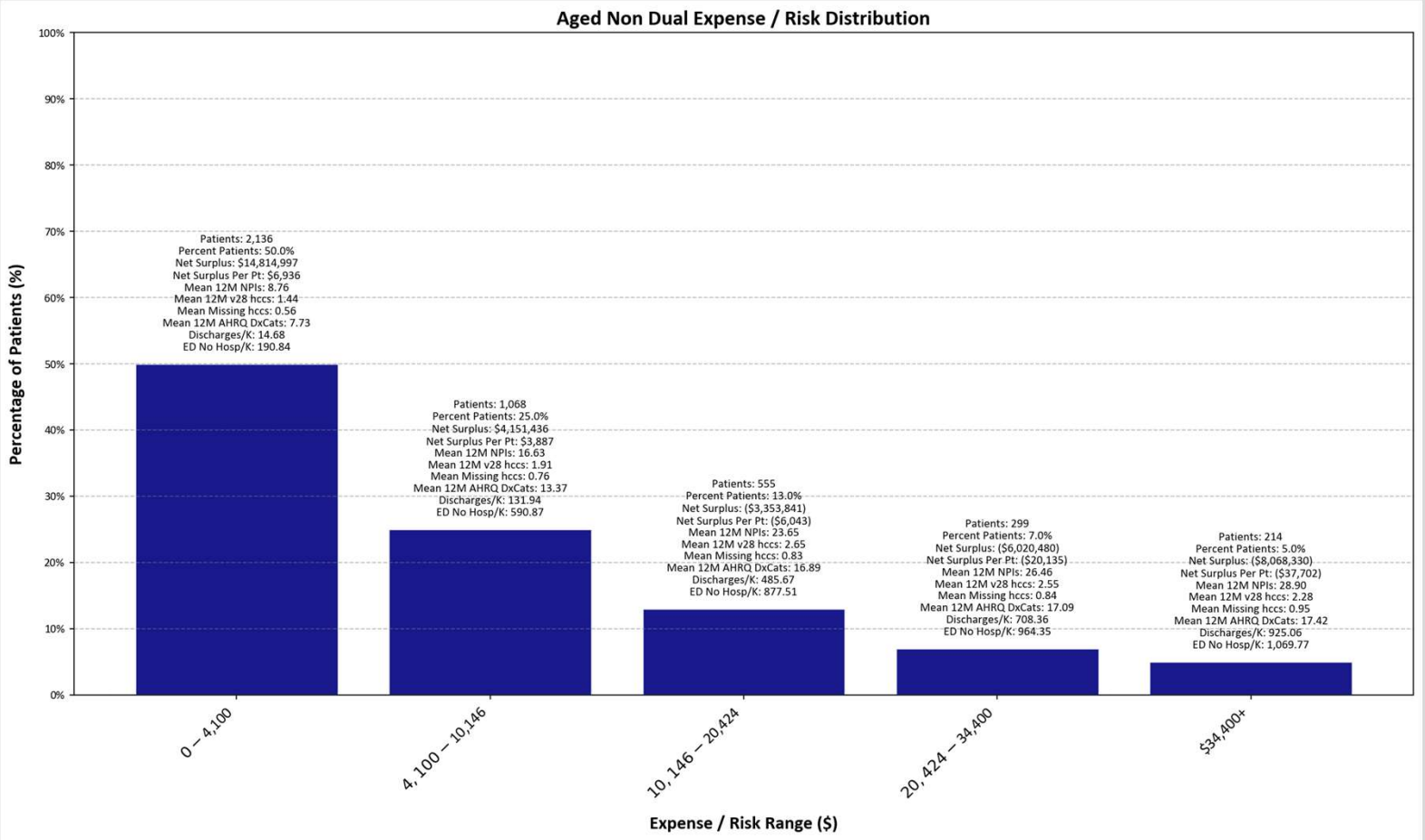

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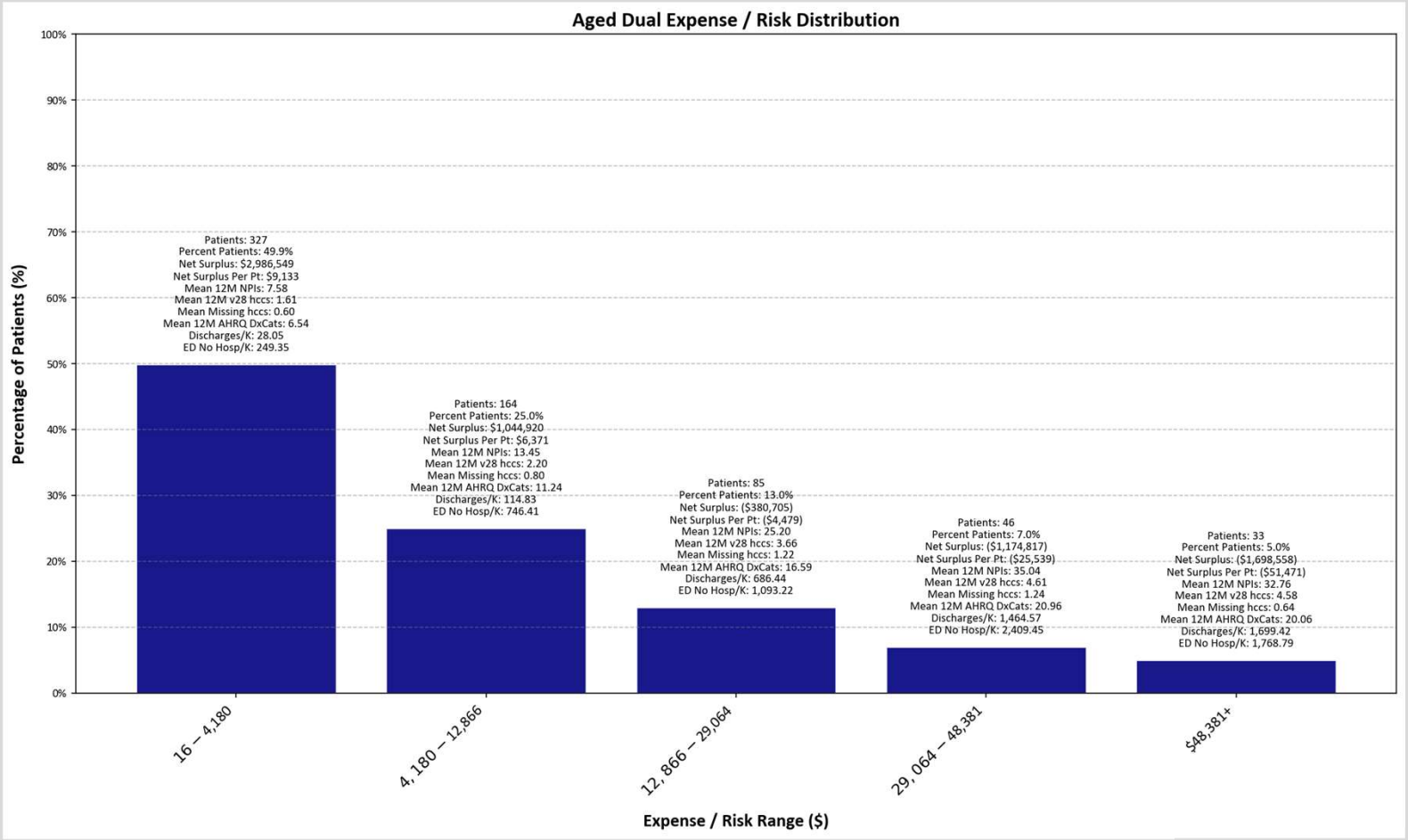

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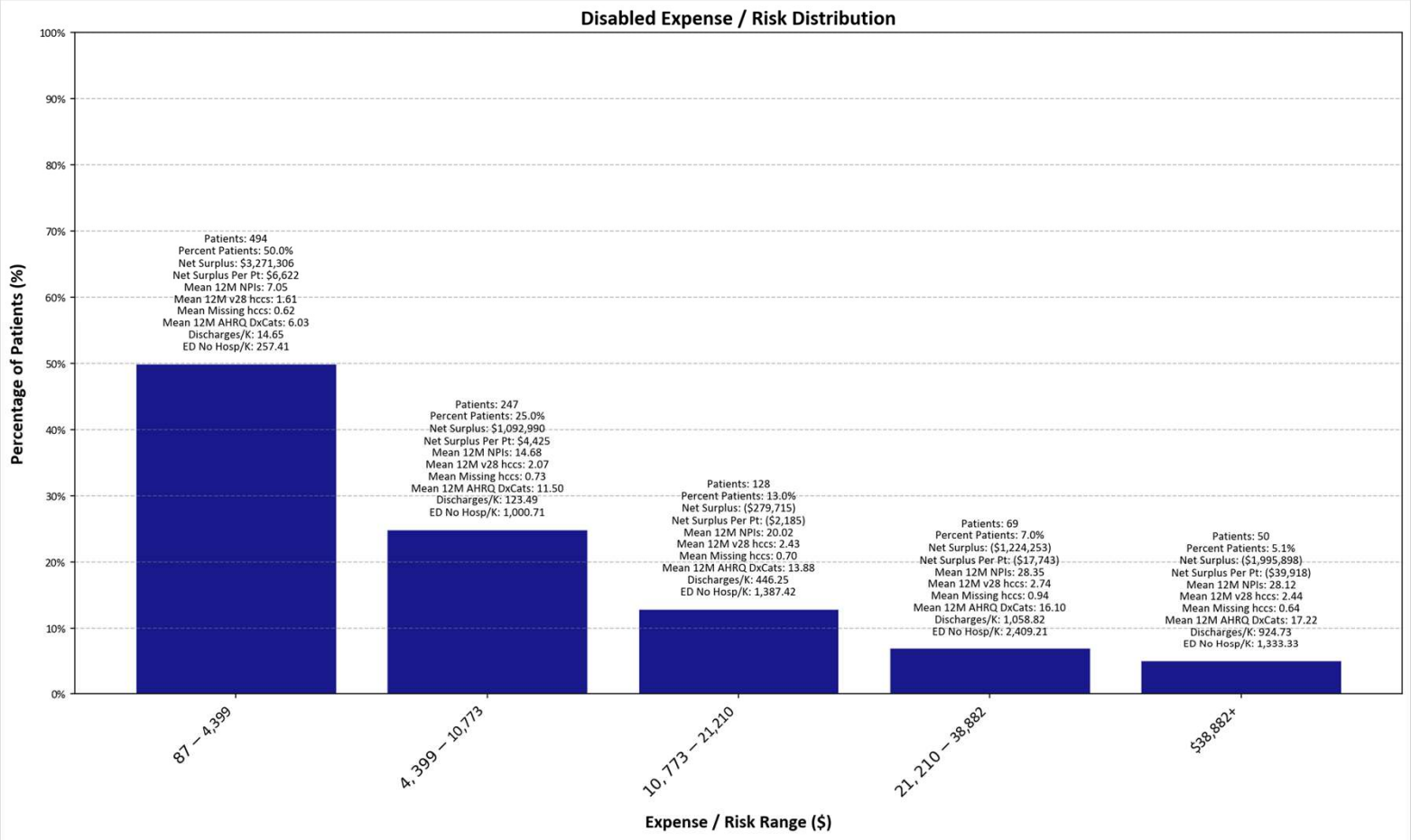

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5 Pillars

- Attribution Management
- Risk Management
- Resource Management
- Quality Management
- Network Integrity

5 Programs

- Annual Wellness Visits
- Advanced Care Planning
- Chronic Care Management
- Transitional Care Management
- Behavioral Health Integration

3 C's

- Care Teams (intra and inter center/practice/provider)
- Care Plans
- Clinical Metrics

5 Polys

- Poly Admit
- Poly ER
- Poly Provider
- Poly Diagnosis
- Poly Pharmacy

5 Percent

- Reduction in Expenses
- Increase in Risk Score
- Reduction in Inpatient Admissions Per 1,000
- Reduction in Emergency Room Visits Per 1,000
- Reduction in Providers Per Patient

The Paradox

- Simple
- Really Difficult

Key Questions for the Audience

1.What is your role in your organization?

- Chief Executive or C-Suite
- Clinician
- Front-Line Staff

2. What Value Based Care related topic or issue keeps you up at night or frustrates you by day?

3. Is your boss in the audience?

The workshop is intended to be an interactive session designed to help attendees generate several immediately actionable take-home ideas related to Value Based Care (VBC). Focusing on five fundamental underpinnings of virtually all VBC agreements, the session will focus on the Medicare Shared Savings Program as a model for all flavors of VBC including Medicare, Medicare Advantage, Medicaid, and Commercial agreements.