



## GUIDE:

# How to Speed Provider Transformation to Value-Based Care and Scale Your Operations

In the dynamic healthcare landscape, providers are facing unprecedented pressure to adapt and excel. Driven by increased technology use and an emphasis on performance and risk adjustment, providers must make process adjustments at the clinical level. The duty to enhance the quality of care for their patients while maintaining workflows is propelling providers to seek partners and support in their transition to value-based care operations.

How can you help speed this transformation to value-based operations, lower the complexity for providers to engage with quality, risk-adjustment, and patient insight data and scale your own operations? As a risk-bearing entity, you know that technology plays a primary role in bridging this gap, but not all technology is created equally.

**Read on to learn more about how to optimize provider engagement in your solution set with scalable point-of-care enablement technology that providers not only will use, but are asking for. →**



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# 1 Portals and spreadsheets do not equal connectivity - or engagement

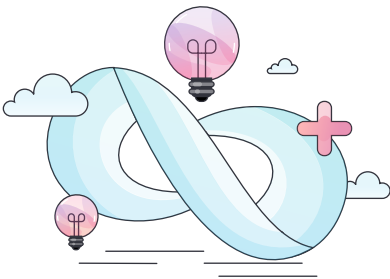


Data partners understand the importance of sharing clinical and claims data with providers. However, the status quo of provider-facing spreadsheets and portals has not solved for true provider enablement.

Provider-facing spreadsheets or patient-specific lists, often delivered through secure email, are manual, time-intensive, and error-prone. Although data source-specific portals were designed with the best intentions, they add administrative burden and take time from patient care by requiring providers to log in and query outside of their workflow. Single-data portals struggle to engage providers, and even multi-payer or multi-data portals add clicks and time to clinicians' and care teams' workdays.

Instead of relying on portals and static lists, stakeholders should seek solutions that drop patient insights into the point of care. This way, providers and care teams can gain valuable data and close gaps without having to shift their focus or leave their existing in-EHR workflows. Our experience shows that data transfer efforts that exist outside of existing workflows often leave quality and diagnosis gaps unmet or information missed.

# 2 Surface insights within the clinical workflow for scalable outcomes



If patient information is not readily available where and when providers need it, it might as well not exist. The key is to meet providers in their EHR workflows, where they are most engaged. Instead of relying on portals, spreadsheets, and faxes, providers require contextually relevant data at the point of care. Integrating data directly into EHR environments during patient-specific workflows improves provider engagement and enhances the patient experience. This integration allows provider teams to spend more time supporting patients rather than searching for data from multiple sources.

With insights available at the point of care, providers can easily refer patients to high-value specialists and address quality and diagnosis gaps on a larger scale. Automating workflows within EHRs enables two-way data communication between payers, data partners, and providers. For example, when diagnosis gaps are presented at the point of care, they can be addressed and written into the EHR automatically, or dismissed, providing data partners with awareness and tracking of vital information.

## 3 Shared incentives and clear goals bring all parties to the table



As healthcare organizations transition from fee-for-service to value-based reimbursement models, it becomes crucial for all parties involved to align their incentives and share accountability. This shift requires a higher level of collaboration compared to traditional fee-for-service models.

Data partners, such as provider enablers, managed service organizations (MSOs), and aggregators, play a vital role in supporting networks of providers as they navigate the transition to risk and value-based care. These data partners must provide clear targets and infrastructure support to help providers succeed under the more advanced contracts they negotiate on their behalf. In the past, support for primary care networks often involved manual data transfer or custom single-source portals, along with on-site clinical performance consulting and services. However, forward-thinking organizations are now achieving success by offering their networks performance enablement technology on top of existing EHRs. This technology provides enhanced quality and diagnosis gap data, workflow support, and improved visibility into performance. By embracing these technologies and strategies, healthcare organizations can thrive in value-based care arrangements and achieve better financial outcomes.

## 4 Respect implementation fatigue by moving on from time-intensive IT projects



Traditional integrations between payers, data sources, and providers have relied on outdated data transfer connections that consume a lot of time from already busy IT teams. Implementations often take months to complete and get delayed, causing frustration for providers. Due to past negative experiences, providers are hesitant to adopt new technologies.

However, a new generation of integration technology is changing the game. This technology utilizes agent-based connections, robotic process automation, and dynamic API interactions to significantly reduce implementation timelines and the effort required from IT teams. When implemented effectively, this technology enables direct connections between clinical workflows for payers, data partners, and providers. Providers experience less administrative burden, and improved performance and engagement across these quality and risk-bearing partnerships.

Providers are looking to move quickly and get back to helping their patients. As a champion for change there is a better way to enable the adoption of point-of-care technology.



## Next Steps

Supercharge your data strategies with Vim's point-of-care engagement and connectivity platform **suitable for any practice size or EHR**. You can streamline your data processes through a single point of integration with Vim. Vim empowers providers by surfacing relevant member data directly within their EHR workflows. This means no more switching between systems or searching for information from different sources. With Vim, providers can access critical data at the point of care, leading to improved quality of care, better risk-adjustment performance and accuracy, and increased engagement with your solutions.

Don't let data limitations hold you back. Unlock the full potential of your practice or organization with Vim's powerful platform.

## How Vim is Powering the Future of Healthcare



### Vim Diagnosis Gaps



### Vim Enhanced Eligibility



### Vim Order Assist



### Vim Patient Health History



### Vim Prior Authorization



### Vim Quality Gaps

**Ron Brown**  
Feb 14, 1957 / 65 yr

Diagnosis Gaps (5)

- Morbid Obesity (HCC 22)**
  - ICD-10 E66.01: Morbid (severe) obesity due to excess calories
  - Last Recorded on: March 5, 2019 | Recorded by: John Smith, MD (1234567890)
  - Notes: Prior year internal diagnosis and documentation indicate that HCC 22 should be considered for evaluation.
  - Source: Assessments
- ICD-10 Z68.43: Body mass index [BMI] 50.0-59.9, adult
  - Last Recorded on: May 12, 2020 | Recorded by: Joan Miller, MD (0987654321)

Add to chart

Search for ICD Code

- E66.01: Morbid (severe) obesity due to excess calories
- Z68.43: Body mass index [BMI] 50.0-59.9, adult

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