COPE HEALTH SOLUTIONS

2023 Health Care Forecast, Trends and Key Issues

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1. Continued transition to more value-based payment and risk for all lines of business.

- Payers working to create more collaborative platforms and relationships with providers to improve outcomes and support strategies to mutually gain market share leveraging value-based payment arrangements.
- Providers realizing the need to develop a clear strategy and goals for their value-based payment relationships with payers and to share their own proposed deal points and structures rather than relying solely on payers to create models and shared terms.
- Major site of care shifts rapidly, changing the care model from pressures on hospitals and health systems to reducing or removing facility fees to surgery shifts from inpatient to ambulatory to a surge in care and monitoring at home. Both providers and payers realize the need for complete and timely data including claims, EMR, ADT, pharmacy and social determinant data, in order to understand attributed members and getting actionable data into the right workflow for action by a member of the care team or the patient.
- Provider engagement continues to be a priority and payers are seeing provider-driven CINs, IPAs and ACOs as necessary partners to align and support physicians and other providers in risk arrangements.
  Successful providers have a clear strategy for growing primary care access and panel capacity in concert with home and community-based care models while better aligning physicians through CIN, IPA and ACO models with unified care plans and strong data infrastructure.
- The most successful networks will integrate behavioral health into primary care, care management, home based care and community-based organizations with integrated depression and anxiety screening.

2. Staffing crisis driving access challenges and financial pressures on hospitals and health systems in particular.

- Hospitals, health systems and others in health care are developing or partnering to develop high quality and consistent large-scale pipeline, recruitment, training and retention programs – for acute, ambulatory and community sites of care.
- The physician shortage continues as does the need for optimized care teams, leveraging advanced practice providers (NPs, PAs) and other key players to create efficient multidisciplinary care teams across home, community, practice, network, system and plan-based assets.
- Health systems, IPAs and medical groups are realizing care models can and must be adapted to reduce burnout and improve clinician and overall care team as well as increase member/patient satisfaction.
- There is understanding that the changing care model is not reflected in existing recruitment, training and retention programs is creating an impetus for more on-the-job training programs such as advanced practice provider fellowships and fully integrated medical assistant and care coordinator training programs.

3. Population health management/value-based payment EDW for health systems, IPAs, CINs is on the rise.

- Health systems are realizing they can't wait for comprehensive EDW to solve immediate population health management and VBP data warehouse, analytics and workflow needs.

- Cloud technology and EMR integration are becoming more common and "table-stakes" for any health system, IPA, CIN, medical group, FQHC, home care organization and other providers committed to success in value-based care and increased access to premium dollars.
- The best population health/VBP EDWs serve as the "central nervous system" for all pop health/VBP data inputs, including claims, eligibility, pharmacy, lab, EMR, ADT feeds, financial, referral, RPM and related data while feeding call center, care management and UM workflow platforms, physician EMRs and member portals/ apps with high value prioritized data needed to improve performance and outcomes.

4. Social Determinants of Health (SDoH) and the drive towards more equitable access to care and outcomes continue to be a major focus for CMS, states and the NCQA - including racial bias in risk stratification and developing plans to address.

- ACO REACH, California's CalAIM and New York State's pending new Medicaid 1115 Waiver all have a focus on leveraging beneficiary specific and macro social determinant data to drive funds flow, network access and other key decisions.
- Large-scale Medicaid dis-enrollments due to Medicaid redetermination will create turmoil and financial pressures on both beneficiaries and providers.
- Payers bring to bear analytics to understand which members need to be targeted for enrollment in various coverage options.
- Providers work to integrate eligibility and enrollment into all points of access as well as care model and community outreach.

5. Hospitals will continue to experience immense financial pressures, including inflationary pressures and ongoing supply chain constraints.

- Economic downturn and consumer behaviors will spike hospital bankruptcies. Chapter 11 bankruptcy filings for large health care organizations in 2022 are tracking 28% higher than for those in 2021.
- Rural hospitals are especially at risk with more than 10% at immediate risk of closure due to financial losses and lack of financial reserves to sustain operations.
- To navigate this crisis and stay afloat, hospitals should start quantifying their finance distress levels on a monthly basis and track for 24 to 36 months.

Contact us at info@copehealthsolutions.com and our team of experts for information on how we can help your organization in population health management.