



News & Views



The Impact of COVID-19 on Value-Based Care – How We Move Further, Faster

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Lili Brillstein is a healthcare pioneer with payer-provider expertise and a global reputation for advancing value-based models of care that meet all four pillars of the Quadruple Aim. She is the founder and CEO of B Collaborative Consulting where she works with payers, providers, pharmaceutical companies and startups to craft

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value-based care strategies. Lili sat down with the Wildflower team to talk about value-based initiatives and how the current pandemic is influencing the pay-for-quality movement.

How will the pandemic impact the adoption of value-based care?

This crisis is speeding things up. The pandemic has created urgency around some issues and opportunities that were already on the radar, but not fully implemented. There is more focus (on the part of patients as well as providers) to keep people out of hospitals and crowded offices, and to do more virtually. During the pandemic, patients have changed their behaviors dramatically, out of necessity. We've seen a surge in telemedicine adoption. I think we will likely see a carryover of these things after the pandemic.

There will be many scenarios where patients will prefer or require remote and virtual care. In specialty areas ranging from behavioral health to physical therapy, the current shift to virtual environments is likely going to stick. Personally, I've been participating in personal training sessions via Zoom. I might never go back to the gym. It is very convenient and effective for me. This is how many patients are feeling about how they access healthcare. And in reality, there's much that can be done remotely. So, I do see a major role for virtual care moving forward, specifically when designing the most effective, and efficient, delivery of care for individuals.

Virtual care also allows for more collaboration (i.e., beyond the walls of one's office), which is what value based care is all about – team-based care that creates accountability to the patient. Rather than focusing on all of the care rendered by one providers, as fee for service does, vb models shift the focus to all the care rendered to one patient, across the full continuum of care.

You work with many different stakeholder groups. Which one has the biggest opportunity to make a difference in value-based care post-pandemic?

Every stakeholder has an important role to play and expertise that can be leveraged to build an effective and efficient model. I do feel an obligation to help payers come into this space more quickly, since without them, there is no movement. So, it's very important that we get this audience to the table and fully engaged in driving value-based care forward. But there are opportunities for all sorts of stakeholders to engage. This is about how to get to the best outcomes and experience making most effective use of limited resources. So it's important to consider and invite people of various perspectives, expertise and experience. No one voice is more important than another.

What are the biggest barriers facing each of the stakeholders you work with when it comes to value-based care?

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For payers, it's that their systems are built on a fee-for-service model. They aren't designed to accommodate value-based models. Taking a managed care company out of a process mix and into an outcomes focus is hard. It requires investment at all levels, from technology to organizational culture. Payers have to find ways to test the waters first, while still working on legacy systems.

For providers, the challenge is they often have no idea what the models are, or are afraid they will lose their ability to make decisions about their patients' care.. They are wary of the payers, with whom they have historically had an adversarial relationship. They can't easily find the right decision makers within payer organizations to engage with either. Small practices are very limited in their ability to overcome these barriers.

For startups, they have brilliant ideas but aren't always able to put them into context and express the value proposition for payers and providers in a way that can be easily understood. They often are not able to translate what they do in terms of healthcare spend or clinical outcomes.

And lastly, pharmaceutical companies. They have an image problem. A lot of stakeholders are afraid to collaborate with pharma interests because they don't want to be perceived as promoting a specific drug. But pharma companies have a potentially very important role in value-based care. They have large data sets and information about the patient's journey and how to address adherence issues. When engaged, they can be called on to share that information and to take accountability for the efficacy of their drugs when they're indicated and used.

What have we learned from the pandemic?

I think we've discovered just how truly interdependent upon each other we are, both at the individual and system level. Wearing masks, social distancing, everyone's behavior affects others and they all have a role to play in our collective health. There is collaboration and coordination needed. There is teamwork required to keep our communities safe. These are the exact concepts that are required to create successful value-based healthcare. I'm seeing increased understanding of this fact, and increased collaboration as a result.

Where will value-based efforts be focused in the short term?

We will see an intensified focus on chronic conditions and how to wrap our arms around patients with complex health statuses. There will be more efforts to create comprehensive models that address chronic care. This is a shift. Traditionally, we've looked more closely at surgeries or other acute scenarios, but again we are going to see more focus on conditions with high variation in care and cost of care areas such as rheumatology, cardiology and even pregnancy, where there's so much opportunity at the present to reduce cost and improve outcomes.

What role do you see companies like Wildflower playing as we design the future of value-based care?

Organizations like Wildflower, that focus on the patient and provide remote ability for communication between patients, providers and other stakeholders, help to streamline the care process and keep patients connected, engaged and accountable. These solutions also help identify potential trouble before it becomes a crisis and as a result, keeps patients out of the ER and hospitals. Digital health can be critical in reducing duplicative and unnecessary services. The key will be to ensure that all of the critical stakeholders understand the model and its value.

It's Time to Make Intelligent Connections Between Consumers And Their Healthcare

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