

The Power of Connection: How Clinical Data Registries, ACOs, and Payers Can Collaborate for Value-Based Care

Value-based care (VBC) is not new. The concept began in the 1980s with the introduction of managed care and capitation models, where providers were paid a set amount per patient rather than per service. However, it gained significant traction in the early 2000s and continues to evolve with ongoing efforts to refine payment models, improve care coordination, enhance patient outcomes, and manage cost efficiency.

Key stakeholders in the healthcare industry, including health plans, clinical data registries, and accountable care organizations (ACOs), must collaborate to improve health outcomes, enhance patient experiences, manage chronic diseases, and provide better access to care while keeping costs low. Achieving these goals requires a coordinated effort. By working together, these entities could leverage their unique strengths and data to collectively enhance care coordination, quality, and efficiency.

The Role of Clinical Data Registries

According to the latest information from the Centers for Medicare and Medicaid Services (CMS), 90% of payments are now linked to value, with 40% flowing through alternative payment models (APMs), showing the shift towards more cost-effective care driven by data from registries. Clinical data registries collect detailed information on patient outcomes, treatments, and procedures which are essential components of VBC. This data collection and analysis are critical for supporting quality improvement by:

- **Identifying Best Practices:** By analyzing large datasets across health systems, registries can identify which treatments and interventions are most effective for specific conditions and outliers in care .
- **Benchmarking Performance:** Registries provide benchmarks that healthcare providers can use to compare their performance against national standards, registry average, and peers.
- **Providing Feedback:** Regular reports on performance metrics help providers identify areas for improvement and understand performance over time.
- **Facilitating Research:** Registries enable clinical research that can lead to new insights and innovations in patient care.

The Role of ACOs

ACOs participating in the Medicare Shared Savings Program (MSSP) saved Medicare more than [\\$1.8 billion](#) in 2022, while continuing to deliver high-quality care. This was one of the

strongest years of performance to date, indicating the success of coordinated, value-based care models in reducing costs and improving outcomes. ACOs drive VBC through:

- **Reduced Redundancy:** By coordinating care, ACOs aim to reduce duplicate tests and procedures, thus lowering costs.
- **Improved Patient Outcomes:** Coordinated care ensures that patients receive the right care at the right time, which can improve outcomes and patient satisfaction.
- **Preventative Care:** Patients may get extra help managing chronic diseases and more preventative care to keep them healthy.
- **Managed Costs:** ACOs aim to keep costs under control while maintaining high-quality care.
- **Shared Savings:** Successful ACOs share the savings they achieve from reducing unnecessary spending with their provider members and payers.

The Role of Payers

Payers, including insurance companies and government programs, design and implement payment models that incentivize high-quality, cost-effective care. In addition to cost-savings, payers are increasingly adopting population-specific health plans to better address health equity. These tailored plans, like SCAN's specialized Medicare Advantage plans for LGBTQ+ seniors and specific ethnic groups, have helped payers improve care delivery and patient satisfaction. Payers help move the needle in VBC by:

- **Developing Value-Based Contracts:** Payers create contracts that reward providers for meeting specific quality and cost targets.
- **Providing Data and Analytics:** Payers offer data and analytical support to help providers understand their performance and identify opportunities for improvement.
- **Providing Resources:** Payers can offer resources such as care coordinators, patient education materials, and chronic disease management programs.

Collaborative Strategies for VBC

Collaborative strategies ensure that all participating entities—health plans, ACOs, and clinical data registries—understand each other's goals and operational considerations. This alignment and shared understanding are crucial for VBC to be sustainable and successful for all parties involved.

Data Integration and Sharing:

- **Interoperable Systems:** Developing and using interoperable health IT systems that allow seamless data exchange.
- **Standardized Data Formats:** Agreeing on standardized data formats and definitions to ensure consistency and comparability.

Joint Quality Improvement Initiatives:

- **Shared Quality Metrics:** Developing and using a common set of quality metrics that all parties agree on and strive to achieve.
- **Collaborative Learning Networks:** Establishing learning networks where providers, ACOs, and payers share best practices and learn from each other's successes and challenges.

Aligned Incentives:

- **Value-Based Contracts:** Implementing contracts that link payment to performance on quality and cost metrics.
- **Shared Savings Programs:** Creating shared savings programs where savings from improved care coordination and efficiency are distributed among all parties.

Patient Engagement:

- **Patient Education:** Providing patients with information and resources to help them understand their care plans and the importance of following through with recommended treatments.
- **Care Coordination:** Ensuring that patients have access to care coordinators who can help them navigate the healthcare system and manage their care effectively.
- **Patient Report Outcomes:** Patient surveys about their quality of life or recovery help communicate outcomes over time.

Enhance Collaborative Efforts with Support from MRO

At MRO, we work across the entire healthcare ecosystem and understand the critical importance of seamless collaboration between clinical data registries, [ACOs](#), and [payers](#) in achieving the goals of value-based care. Our solutions facilitate data integration, improve data accuracy, and support comprehensive care management strategies. Our industry experts can help you streamline data exchange, enhance data accuracy, and support comprehensive care management. By integrating data from over 250 health IT systems and connecting with more than 204,000 NPIS, we ensure stakeholders can access and utilize patient information effectively to drive improvements in care.

Collaboration between clinical data registries, ACOs, and payers is essential for the success of value-based care. By integrating data, aligning incentives, and working together on quality improvement initiatives, all stakeholders can improve patient outcomes, enhance care coordination, and reduce healthcare costs.

Contact MRO today to learn how we can support your journey towards effective value-based care.