PointClickCare®

The Value-Based Care Series

Defining the Future of Payment and Quality



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In this Value-Based Care Series interview, Steve Holt describes some of the critical opportunities skilled nursing providers have when it comes to value-based care, as well as some of the ongoing challenges the industry faces in terms of achieving it. Holt shares his views on why the SNF voice is often left out of VBC conversations, how advocacy can bolster SNFs in those conversations, and why technology is a leading opportunity in the shifting payment landscape.

Q: Skilled Nursing News: What is your definition of value-based care?

Steve Holt: I think about value-based care as more factor oriented. In a traditional sense, value-based care is defined by buzzwords like cost and quality outcomes. But technology utilization/adoption and maintaining patient-centric care are often left out of the conversation.

Technology is what pushes us forward into new and enhanced VBC possibilities. As we get more technologically advanced, we come up with new programs that are more efficient, but we always have to keep the patient front of mind because patient-centric care is why everyone's in this business.

Q: Skilled Nursing News:

As we shift toward this model of value-based care, what are some things that providers need in place in order to be successful?

Holt: The bar of success should always be shifting with value-based care to ensure we're achieving our goals. Ubiquitous technology adoption across the health care ecosystem is key to taking that big step.

When you think about value-based care, you think about a patient's journey through the health care continuum. There are a bunch of stops along the way, and everyone has to operate from the same playbook to avoid fragmenting that journey.

I talk with our partners on a regular basis, and every conversation starts and ends with, "What are your concerns?" They're consistently discussing how staffing shortages are impacting their communities, and that's true across every health care setting in the ecosystem. If you look at some of the data out there, the senior care space was hit a bit more acutely than others, and staffing in general is critical to maintaining a successful value-based care program.



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Historically, longterm post-acute care hasn't benefited from the same health IT investments as other sectors. Why do you think that is the case and what are the consequences? **Holt:** Unfortunately, legislation and regulation often becomes a numbers game with respect to the budget. As a result, the long-term post-acute care setting has been left behind.

As an example, the Health Information Technology for Economic and Clinical Health (HITECH) Act passed in 2009 was a large program developed to get HIT into the health care ecosystem. In the conversation around what that means, how that gets implemented and who would be impacted, the numbers started to add up, and along the way the decision was made to limit incentives to the acute setting.

At the time, brick and mortar hospitals were viewed as the most urgent area for health information technology deployment, so that's where a lot of the resources went. And frankly, the incentive programs for adoption were also created there.

I think most people would say that there was success in promoting interoperability in the acute setting. Throughout the process, however, there's always going to be implementation friction. No one wants to be forced to adopt new programs, new processes, or unfunded mandates without incentives along the way. Carrots are always more viable than sticks.



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The industry was able to go through that process, identify what worked, what didn't, and now we see where the acute setting is at today. Looking back, we know that the senior care space was left behind, which has led to a lack of technology adoption and fragmented care delivery.

Value-based care demands the same level of technology adoption in all of the care settings and the same patient information at clinicians' fingertips for it to be truly effective. In spite of where we're at and some of the unintended consequences that we've created, there is a clear path forward in my mind.

Q: Skilled Nursing News: What is PointClickCare doing to advance Health IT adoption

and interoperability?

Holt: PointClickCare serves a wide range of partners across the care continuum. Interoperability, which is the underpinning of the value-based care proposition, is at the core of what we do. Providing technology infrastructure for care delivery and delivering data insights that lead to better outcomes for patients and increased efficiency in the system is the reason everyone at this company wakes up and goes to work.

There's a tremendous opportunity to make a difference in this space and PointClickCare is a leading voice advocating for technology adoption in the senior care setting.

What does technology adoption mean? It's identifying the proper software and hardware, empowering clinical staff to access patient information and making sure the best training is in place. There needs to be an implementation and support structure in place to get the entire system up and running, and these were key lessons learned during the implementation of the HITECH Act.

We capitalize on every opportunity to advocate for technology adoption, and nothing gets done in a silo, especially as it relates to health care advocacy. We work very closely with our partners, clients and associations to make sure we're amplifying our collective voice.

Supporting and engaging the different associations throughout the senior care community is critical to the success of any advocacy effort. They play an extremely important role in this conversation by representing their members, and by working together to identify how to put incentive programs in place and making sure no one is left behind.

Q: Skilled Nursing News:

You mentioned how ubiquitous staffing challenges are not just across long-term care and post-acute care, but all of health care. How can investments in technology can help alleviate the staffing challenge?

Holt: The burden is widespread. You hear about burnout being rampant, both from studies and from clinical staff firsthand. The utilization of technology can help ease a lot of the administrative burden that is levied upon clinical and caregiving staff.

We focus our solutions on reducing that administrative burden to make sure caregivers and clinical decision-makers can do what they do best which is spending time with their residents and patients. We want to prevent them from being bogged down by nonclinical work by alleviating redundancies and refining processes, and that is core to every solution that we put out there.

What are some of the biggest hurdles to achieving value-based care in today's health care landscape?

Holt: Staffing is first and foremost. We can come up with the greatest policies and legislation in the world, but if there aren't enough people to deliver the care that patients need, it won't go anywhere. That is always going to be the first thing we think about when it comes to value-based care and our partners and clients' needs.

Second, it's about technology adoption outside of the acute setting. When we talk about care coordination, care collaboration, interoperability, all of these things, they do not exist without data following the patient along their care journey. It's safe to assume that those that participate in value-based care likely aren't doing much paper tracking, but we know it still exists in the health care ecosystem and to become truly interoperable you cannot leave out large swaths of providers.

Lastly, gaps in coordination and communication lead to negative outcomes for patients. I highlighted some of the big cost drivers out there like transitions of care and med management — all of this from a technology perspective helps resolve those issues.

Q: Skilled Nursing News:

What are the potential downsides, if any, to value-based care?

Holt: I would caution that we remember to keep the goal of patient-centered care front and center. We don't want to get into a position where ruthless efficiency starts to impede on the delivery of care, impacting patients and their families involved in the care decision-making process.

On the flip side, the pursuit of innovation and the pursuit of value-based care will lead to a lot of different answers. That ambiguity spurs innovation, which is a great thing, but at that same time, providers in that care continuum are getting left behind. If our providers are not in a position to deliver upon new goals, then those innovations won't work. We'd be shooting ourselves in the foot because what may have been a great idea didn't get the infrastructure to survive and potentially flourish.

Why do you think it has been difficult for SNF operators to get a seat at the table when it comes to valuebased care?

Holt: Oftentimes the voices of senior care and skilled nursing facilities get drowned out by a lot of the louder voices at that table. However, many associations and technology partners like ourselves are doing everything we can to make sure that voice is amplified.

AHCA/NCAL do a tremendous job. Their teams are wonderful to work with, and they are extremely effective at what they do when it comes to advocacy and legislative and regulatory engagement. Any opportunity for engagement through associations and technology partners will help secure a seat at the table.

Infrastructure gaps exist that also make it difficult for SNFs to get a seat at the table. If you have a lack of technology adoption, let alone a set of technology standards coming out of CMS, then it leads to a bifurcation of more sophisticated and less sophisticated, and that makes a difference in terms of the voices being heard. If SNFs bring uniform technology adoption into the senior care setting, they can then highlight all of the things they're doing to deliver better care, which will help amplify the voice and can be validated through data. I also think COVID brought a lot of attention to the industry, and with that attention came an excellent opportunity to showcase all the good occurring within the space. The level of care that's provided and the ways caregivers are working with patients and their families to deliver care are phenomenal, and SNFs shouldn't be shy in highlighting that.

Q: Skilled Nursing News:

What role should skilled nursing facilities play in a value-based care landscape?

Holt: SNFs play an absolutely critical role in value-based care when you think about cost drivers and the lack of efficiencies that exist between transitions of care and clinical care pathways. When a patient enters into a SNF, making sure they have all the patient information available to set that patient up for a successful outcome is directly tied into the value-based care proposition. Preventing readmissions, making sure that med management is delivered accurately, these are all items where SNF's play a key role and will continue to do so. By helping resolve some of these cost drivers, SNF's will be able to help bend the cost curve.



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What do you think SNF operators have to do to get fair compensation with a value-based framework?

Holt: It's a broad term, but "advocacy" is critically important to any policy discussion and should be utilized in our space by SNFs to highlight the high quality care that they're providing and making sure their voice is being heard. Consistently advocating on their behalf is key, whether that is through utilizing a technology partner like PointClickCare or working through their associations like AHCA/NCAL so that their voice is being heard within the larger ecosystem.

As SNFs work through Medicaid programs, they should get engaged at the state level, working with local legislators, lawmakers and regulators while highlighting the role SNFs play in their communities. I think there's something to be said about everyone that works in the senior care setting, and almost all of us have had our lives impacted by the senior care setting one way or another.

We know the value that it creates, so being able to capture that and deliver that message effectively to industry stakeholders, legislators and regulators will help SNFs gain a seat at the table referenced earlier.

Q: Skilled Nursing News:

Do you think the shift to value-based care is happening fast enough, and is the pace of policy change aligned with the pace of that transition? **Holt:** We are definitely moving forward in payment reform. In the transition to value-based care we've learned that fee for service isn't all that great. It led to the creation and adoption of managed care, which has shown that managing just to manage isn't effective. You have to be effective in your management, and that is leading us to the next level of value-based care.

Keeping that in mind I think progress is occurring. The concern I have is that we may get too far ahead of ourselves. While progress is critical in this space, I think it's important to make sure we're building the technological infrastructure for sustained success, for value-based care to flourish by enabling everyone to participate.