Leading to Value
An Interview with Prevea Health’s Dr. Ashok Rai

Ashok Rai, M.D., has been president and chief executive officer of Prevea Health since 2009. In this position, he carries out the strategic mission of the board of directors. He is instrumental in leading the growth of Prevea Health, while further developing the group’s affiliation with its hospital partners. Prevea Health is a multispecialty group offering more than 60 medical specialties. They employ more than 350-plus physicians and mid-level providers, combined with employees totaling more than 1,700. Dr. Rai also is chair elect of the AMGA Board of Directors. Group Practice Journal recently asked him about his group’s transition to value-based care and the challenges they face.

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GPJ: Can you tell us what Prevea’s strategy is for moving toward risk-based models?
Rai: Prevea Health partnered with Dean Health Plan—a division of SSM—to create a new insurance product where we take risk in our market and use our brand to help sell it. It’s called Prevea360. We also have been moving more aggressively into Medicare Advantage risk-based contracts. About half of our patients who are Medicare-eligible are in Medicare Advantage, and we’re trying to move all of those patients into some sort of risk-share model.

GPJ: How are changes to the ACA affecting your strategy?
Rai: At this time, we believe that our infrastructure for taking risk is really the right thing to do for patients. The ACA changes that may be on the horizon are not going to shift our strategy.

GPJ: How is the patient-physician relationship changing under these new care models?
Rai: Our intent at Prevea is to strengthen the relationship by providing physicians added resources to help them manage patients even when they are not in the clinic. It’s going beyond the old, traditional way of practicing medicine when resources were only added to the bedside.

GPJ: How are you engaging patients so that you can succeed in meeting value-based measures?
Rai: It starts with making sure that we have active communication and that patients understand the medical record we have is not our medical record—it is their medical record. We have a patient portal and a newly launched app that empower our patients to know their own data and records. It also helps us engage them outside of the traditional environment of the clinic—and oftentimes directly in their own homes—to expand our relationship with them.

GPJ: What do you see as major challenges to the movement toward value-based models and risk?
Rai: Right now the financial structures around...
reimbursement don’t match up with the operating and capital needs for medical groups to grow the infrastructure needed for risk. That mismatch is why we’re seeing the delay toward better health care in America. Unfortunately, the current payment system drives all of the capital and operating revenue to where we don’t want the patients to wind up: sick and in the hospital.

GPJ: For many groups, access is a challenge they have yet to solve. How are you dealing with meeting the access needs of your patients?

Rai: Prevea’s continued growth in providers, specialties, and clinic locations—particularly in smaller communities with limited access to high-quality health care—is helping to meet the access needs of our patients. However, we know that we have to continue to look at how we are interacting with our patients outside of the clinic, as it is not the only source for treating the patient.

GPJ: With the never-ending tide of mandates for physicians, how are you dealing with provider engagement and risk of burnout?

Rai: This is one of the biggest hurdles. It will not be overcome as long as Congress and regulatory bodies, such as the Department of Health and Human Services, continue to prioritize hospitals and buildings where care is provided over the well-being of those who are providing care. At Prevea, we try to eliminate needless work for our practitioners in any way possible to make sure they can operate to the top of their licenses and provide our patients the best care possible.

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