

It Takes a Crew

Shining light on the need to adapt operations under VBC

■ **By Jeremy Gilman**

As we strive to move the needle on value-based care (VBC), practice managers must find ways to streamline operations and cut costs while also improving outcomes. This can feel daunting, to say the least. During COVID-19, VBC might even be an afterthought as managers and staff strive to keep patients safe, secure personal protective equipment, implement telehealth, stay abreast of coding and billing changes, and so much more. Every day brings new challenges as priorities shift constantly.

However, VBC isn't going away any time soon. If anything, the current pandemic has put a spotlight on the need for adopting VBC. Many individuals continue to face financial hardship during COVID-19, and VBC seeks to drive down costs and make health care affordable. In addition, healthcare costs continue to increase. VBC incentivizes providers to cut costs by using low-cost—but equally effective—drugs and devices. The current pandemic has also accelerated

innovative technology that drives operational and clinical efficiencies such as telehealth.

With that said, VBC requires a rather large operational shift. Although it is tempting to place responsibility on existing staff for making that shift, doing so can drive burnout and increase turnover. We see it time and time again—particularly during COVID-19, when staff are already stretched to the max.

Do nurses have time to call every high-risk patient to make sure they understood and are following treatment recommendations? No.

Do physicians have time to answer patient questions about a particular medication? Not always.

Do front-office staff have time to research medication coupons so patients can afford to take their medications as prescribed? Probably not.

That's why it's important to expand the care team to include three critical players:

- ▶ Virtual medical scribe
- ▶ Patient care navigator
- ▶ Life science expert

Each of these partners brings unique value critical to the success of VBC. By leveraging these relationships and incorporating these partners into your care team, your practice can deliver excellent care while achieving a positive financial return on investment (ROI).

Virtual Medical Scribe

The virtual medical scribe documents important aspects of an encounter so that physicians can work efficiently. In some cases, a virtual scribe may remotely control the electronic health record (EHR) so that physicians rarely need to touch a keyboard. A scribe may also perform a pre-visit review of the patient's chart to queue up important information for the physician and identify any preventive tests for which the patient may be due. The "virtual" nature of the scribe means there is no additional physical presence in the exam room. During COVID-19, the remote nature of this work is critical. The fewer staff with whom patients must be in contact during their visit, the better. The virtual scribe simply listens in real-time through a secure connection.

One option is to record the encounter and provide it to an offline scribe who transcribes the information post-encounter.

Why is a virtual scribe important in the context of VBC? Physicians working with virtual scribes can focus their full attention on the patient without worrying about note taking. They may also perform more thorough exams and obtain more detailed histories, both of which lead to effective care. It's about enabling physicians to do what they do best—focus directly on patients. This inherently supports VBC.

What's the potential ROI of working with a virtual scribe? One recent study found that using scribes increases relative work value units per hour by 10.5%.¹ That same study found that scribes increase patients seen per hour by 8.8% and patient face time by 57%. The payoff could be significant, given that the median salary of a medical scribe is approximately \$34,000.²



Figure 1

Productivity and Charts Closed by End of Day Before and After Implementing Scribes in Primary Care

	Pre-scribe n 980 hours Mean (SD)	Post-scribe n 718 hours Mean (SD)	P value, t test
RVUs/h	2.59 (1.17)	2.86 (1.22)	<.001
Patients/h	1.82 (0.76)	1.98 (0.78)	<.001
RVUs/patient	1.42 (0.29)	1.44 (0.29)	.37
Proportion of charts closed by end of day (11:59 pm)	0.67 (0.42)	0.71 (0.40)	.37

RVU, relative value unit; SD, standard deviation; pre=August–September 2016; post=March–April 2017. Source: Journal of the American Board of Family Medicine

Physicians may only need to see an extra patient or two per day to pay for that salary before they start profiting directly. In addition, using a scribe may help physicians achieve work-life balance and combat burnout because they don't need to spend hours documenting in the EHR after seeing patients all day.

Patient Care Navigator

A patient care navigator helps patients navigate our incredibly complex and fragmented health-care system. This includes helping patients find and access treatment, understand their illness or disease, understand their care plan, and more.

Why is a patient care navigator important in the context of VBC? Navigators engage patients between appointments through frequent telephone communications. For example, they might check in with patients to make sure they refill their prescriptions and that they are taking their medications correctly. They might also make sure patients follow through with seeing a specialist or complying with dietary and lifestyle changes. They connect patients with appropriate resources both in the clinical setting and within the community at large to promote high-quality care and positive outcomes.

Patient navigators are not necessarily nurses or social workers but instead supplement those roles. Patient navigators often undergo extensive training and may hold credentials. For example, the Patient Navigator Training Collaborative offers a variety of courses on health insurance terminology, health literacy, motivational interviewing, behavior change, and more that

can help individuals move into these roles.³ RN Patient Advocates trains nurses who want to become patient navigators.⁴

Some colleges and universities offer online patient advocacy certificate programs. The type of training required to become a patient navigator depends largely on an individual's clinical credentials, experience, and goals. Individuals seeking to become a navigator can also obtain a certified credential from the Patient Advocate Certification Board.⁵

To find success in this difficult role, patient navigators must have a strong desire to help others and a unique ability to build rapport and trust. They are also well-connected to community resources and have a firm grasp of social determinants of health (SDOH) that affect each individual. By taking SDOH into account, navigators look beyond clinical data and understand a patient's big picture situation. Gathering, analyzing, and reporting this data helps providers render VBC that truly addresses patient needs.

What is the potential ROI of patient care navigators? A recent study examined the influence of patient navigators on healthcare spending and resource use. The study examined geriatric patients with cancer within the University of Alabama at Birmingham Health System Cancer Community Network.⁶ The study found that navigators with an annual salary and fringe benefits totaling \$48,448 had a 1:10 ROI. Furthermore, the study found that with a patient navigator as part of the care team, expenses are lowered and care quality improves. Average costs declined by \$781.29 per patient per quarter, creating an annual system-wide cost savings of \$19 million.

Life Science Expert

Life science experts play a key role in VBC, keeping providers up to date on therapies, indications, research, and products benefiting patient care. They are highly trained individuals with in-depth knowledge about the latest breakthroughs and cutting-edge medical technologies. Importantly, most life science companies have large portfolios. This means practices need to work with a team of experts to stay up-to-date. Between medical science liaisons, clinical health educators, product reps, nurse educators, reimbursement specialists, and biotech experts, each specialist expert offers unique insights. For example, a medical science liaison educates physicians about new and emerging clinical trials, while a

product rep provides information about coupons, vouchers, and how to properly bill for a new drug. Your practice's specific needs or questions will dictate which of these individuals should have access to physicians and staff.

Why are life science experts important in the context of VBC? Because they are a “go-to resource” for information and answers providers need. Life science experts focus on what's new—new products, new indications, new research, new FDA-approved data, and more. When physicians partner with life science, they receive timely education that can be implemented immediately. In fact, studies indicate that physicians who restrict access to industry reps may be slow to adopt first-in-class new drugs that improve patient outcomes.⁷ In addition, a clinical health educator—a type of life science expert who works with physicians and patients to improve health outcomes—can be a great resource for patients struggling with a variety of health issues (see “Endless Potential”).

Finding Time Under VBC

VBC requires a completely new outlook in terms of meeting patients' needs. In particular, patients need meaningful one-on-one time with physicians and assistance in navigating a healthcare system that is highly complex and overwhelming. They also need timely access to financial assistance, as well as new medications and technologies that improve their quality of life. It is simply not possible to meet these new and emerging demands using existing staff. Physicians can't possibly devote nearly 100% of their attention to patients while also satisfying EHR documentation requirements. Clinical providers cannot possibly follow up with every patient after every appointment to make sure they are on track. Providers also can't keep up



Endless Potential

What is the potential return on investment (ROI) for a life science expert? Endless. Your practice incurs absolutely no costs when tapping into the valuable knowledge that life science experts provide. Although some practices may have prohibited in-person meetings with experts during COVID-19, many have reopened these sessions with the help of virtual meetings. You can easily connect with experts, so staff don't miss out on cutting-edge therapies that promote value-based care (VBC). Furthermore, these virtual experiences help rural practices connect with more experts than ever before, thereby boosting access to critical information.

with all the new medications entering the market daily. They also cannot, on their own, possibly monitor every new clinical trial or protocol change. There simply are not enough hours in the day.

Think outside the box and you will thrive in the VBC environment. Make a virtual medical scribe, patient care navigator, and life science expert part of your practice's care team. The financial ROI is already there, and it will only continue to grow as payers increasingly adopt VBC models. [GRJ](#)

Jeremy Gilman is a co-founder and CMO of RxVantage, a free, cloud-based service that connects healthcare providers with life science experts and resources to improve patient care.

References

1. L. Zallman, K. Finnegan, D. Roll, et al. 2018. Impact of Medical Scribes in Primary Care on Productivity, Face-to-Face Time, and Patient Comfort. *Journal of the American Board of Family Medicine*, 31(4): 612–619. Accessed September 28, 2020 at pubmed.ncbi.nlm.nih.gov/29986987.
2. Salary.com. 2020. Medical Scribe: Salary, Benefits, Job Info, Compare Jobs, Similar Jobs, Job Openings, Resume Critique. Accessed September 28, 2020 at salary.com/tools/salary-calculator/medical-scribe.
3. Patient Navigator Training Collaborative. 2020. Courses and Training Models. Accessed September 28, 2020 at patientnavigatortraining.org/courses/training-model.
4. RN Patient Advocates PLLC. 2020. Learning Intensive. Accessed September 28, 2020 at rnpatientadvocates.com.
5. Patient Advocate Certification Board. 2020. Become a Board Certified Patient Advocate Today: Are You Ready? Accessed September 28, 2020 at pacboard.org.
6. G.B. Rocque, M. Pisu, B.E. Jackson, et al. 2017. Resource Use and Medicare Costs During Lay Navigation for Geriatric Patients With Cancer. *JAMA Oncology*, 3(6): 719–860. Accessed September 28, 2020 at jamanetwork.com/journals/jamaoncology/fullarticle/2598743.
7. D. Robinson. 2020. Virtual Meetings Help Parkview Health Stay Connected During Growth. RxVantage, Inc. Accessed September 28, 2020 at onlinelibrary.wiley.com/doi/full/10.1111/j.1751-7176.2012.00651.x.