Volume to Value: Looking Beyond the Walls of Your Hospital

Part 3 of a Series on Population Health

Hospitals are forming strategic partnerships with a broad spectrum of local organizations, including churches, local government and schools. For hospitals, engaging the community involves a lot more than health fairs and blood pressure screenings at the local mall.

“With the shift from Volume to Value and the strengthened incentives for advancing value-based reimbursement, health systems and providers need to renew their focus on adopting care models to support management of high-risk, high-cost patients, complex and chronic care patients in addition to disease-specific management programs. This will require new approaches to expanding patient access to lower cost sites of care, and providing patients a more effective and simpler approach to navigating their care.” says Marnell Bradfield, Director of Operations for the Community Care Alliance.

Hospitals now have to focus on integrated care that includes care coordination beyond discharge, wellness and the treatment of entire populations. For example, the diabetic population or the obese. “A hospital cannot do this alone. They must look outside of their facilities to partner with their primary care providers—whether employed or not. Marnell added that hospital leaders need to broaden their thinking when forming partnerships to engage their communities. “Collaborations have to go beyond the doctor, nurse or therapist and stretch towards the community; resources such as the local recreation center, churches, public health, and law enforcement.”

Impacting health goes beyond treating the physical symptoms associated with chronic illness. Social determinants of health such as socio economics, food security and transportation have a much bigger impact on a patient’s health than the care we provide in the clinic or hospital. “It’s much more than medical care. As hospital leaders, we need to consider who is already taking care of these issues and partnering with them to truly begin addressing population health,” noted Marnell, “Right now, the primary influences on health are social and environmental, and yet the expense is driven by medical care. We’ve got some work to do.”

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