Healthcare in the US is moving towards Value-Based Care. The Center for Medicare and Medicaid Innovation (CMMI) continues to develop a growing portfolio and testing various payment and service delivery models that aim to achieve better care for patients, better health for communities, and lower costs through improvement of the health care system.

By 2030, all Baby Boomers will reach the age of 65 raising the number of older adults to 77M by 2034. Medicare spent more than $7B as of 2017 and is projected to reach unsustainable expenditures of $6T in 2027. Seventeen percent of Medicare beneficiaries account for 53% of spending and 81% of hospital readmission according to a 2017 Medicare data. The Lewin Group (2010) reports cost of care for individuals with both chronic condition and functional limitations are double those with chronic conditions alone.

Medicare Value-Based Programs include End-Stage Renal Disease Quality Incentive Program (ESRD QIP), Hospital Value-Based Purchasing Program (VBP), Hospital Readmission Reduction Program (HRRP), Value Modifier (VM), and Hospital Acquired Conditions (HAC) Reduction Program (HAC), Skilled Nursing Facility Value-Based Program (SNF VBP), Home Health Value Based Program (HHV BP), among others.

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