Tools and Resources for Communicating the Benefits of Value-Based Care to Consumers and Patients

This resource provides tools and resources for communicating the benefits of value-based care to consumers and patients. It focuses on effective messaging strategies, identifies effective messaging resources, presents specific strategies for addressing patient out-of-pocket costs, and provides messaging tools to offer a more practical picture of value-based care impacts. To easily print the resources presented here, check out our "Print-Ready Resources" document for both English and Spanish versions.

1. Effective Messaging Strategies

The resources presented and analyzed below include Humana's 2023 Value-Based Care report[i] and the United States of Care's effective messaging steps and Terms to Watch[ii] along with original Task Force graphics. Stakeholders should aim to incorporate these strategies and suggestions into their own organizational communication approaches and branding.

It is critical that stakeholders seek to align value-based care messaging with consumer priorities, including how value can impact their lived experiences, while recognizing that the full promise has not yet been realized. Value-based care has huge potential for advancing key consumer priorities like affordability, effective care coordination and communication, data sharing, and providing whole-person care. These models continue to evolve to better align with consumer priorities over time.

To develop messaging specifically targeted toward patients, Task Force members suggest the following:

1. **Avoid using health care jargon that requires unnecessary background knowledge.** Many patients don't understand the term "fee-for-service". However, according to the United States of Care research, 65% of people recognize that the current approach to health care does not work well. Instead of using the term "fee-for-service" stakeholders can simply refer to the current health care system. Because the goal is to create greater education around value-based care, the Task Force encourages the use of this terminology as an alternative to fee-for-service (see pages 5 and 6 for more info).

2. **Refrain from referring to payment structure or financial methodologies in messaging to patients on the benefits of value-based care.** When messaging to patients, avoid references to financial methodologies, panel sizes, clinician compensation, and financial incentives. Patients do not need to understand the underlying financial mechanisms to understand that value-based care can better align with their priorities. This language makes messaging more confusing for patients.

3. **Focus on describing value from the patient perspective.** Much of the existing language in educational resources on value focuses on how it changes the way providers (this term includes the wide range of providers, clinicians, and other members of the care team) deliver care. Using language that emphasizes how value-based care impacts patient outcomes and experiences is far more impactful.

   Existing resources designed for payers and providers should be refined with these principles in mind.

2. Messaging Resources

The Task Force has identified the following resources that are highly informative about consumer messaging on value-based care. This list includes resources developed specifically for consumers, as well as other stakeholders that could be modified to address consumers directly.

1. **HCTTF Consumer Infographic**
2. **Humana Provider-Oriented Messaging**
3. **United States of Care Messaging**

HCTTF Consumer Infographic

The Task Force developed the resource presented in Figure 1 to account for the effective messaging strategies listed in the previous section. The graphic educates patients on eight ways that value-based care can lead to improved care and experiences. This resource was developed for stakeholders to share directly with patients.
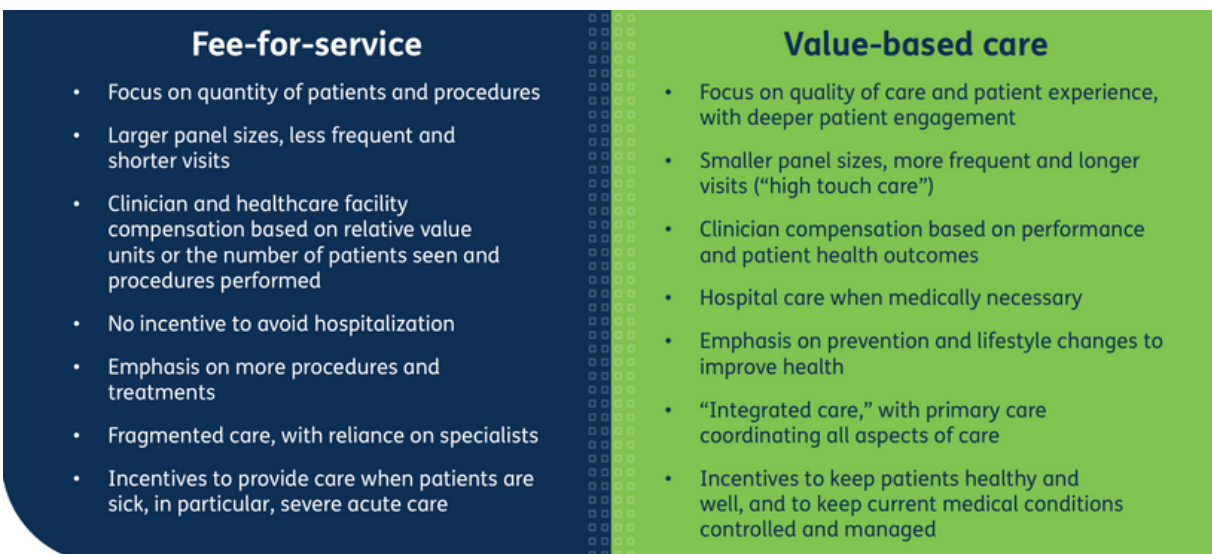
Humana Provider-Oriented Messaging

The Humana 2023 Value-Based Care report opens with an explanation of how value-based care can lead to improved experiences for both patients and providers. Humana developed a comparison of care delivery under fee-for-service relative to value-based care (Figure 2). While Figure 2 isn't explicitly identified as a patient education tool, it highlights many key concepts that are relevant to patient education. Due to the limited number of patient-specific materials, the Task Force adapted this resource to be more patient-centered in Figure 3.

Figure 1

GETTING BETTER CARE WITH VALUE-BASED CARE
Value-based care (VBC) aims to give you good care without costing too much. While it's not perfect yet, VBC is a hopeful choice compared to how health care works now.

BETTER HEALTH CARE, NOT MORE
VBC focuses on keeping you healthy and stopping disease before it starts.

PERSONALIZED CARE
VBC lets you make choices about your care and focuses on your needs.

CARE MANAGEMENT
VBC makes sure you get the right care at the right time and place.

TEAM-BASED CARE
VBC helps your care team work together to care for your needs and avoid extra tests and treatments you don't need.

OUTCOMES AND EXPERIENCES
VBC aims for good results, and makes sure you have good experiences too.

LOWER COSTS
VBC makes health care more affordable for you so you can get help when you need it.

SOCIAL NEEDS
VBC helps you live healthier, no matter where you live or what's going on in your life.

HEALTHY COMMUNITIES
VBC teams up with groups and resources in your community to make it healthier for everyone.

Figure 2

Fee-for-service
- Focus on quantity of patients and procedures
- Larger panel sizes, less frequent and shorter visits
- Clinician and healthcare facility compensation based on relative value units or the number of patients seen and procedures performed
- No incentive to avoid hospitalization
- Emphasis on more procedures and treatments
- Fragmented care, with reliance on specialists
- Incentives to provide care when patients are sick, in particular, severe acute care

Value-based care
- Focus on quality of care and patient experience, with deeper patient engagement
- Smaller panel sizes, more frequent and longer visits ("high touch care")
- Clinician compensation based on performance and patient health outcomes
- Hospital care when medically necessary
- Emphasis on prevention and lifestyle changes to improve health
- "Integrated care," with primary care coordinating all aspects of care
- Incentives to keep patients healthy and well, and to keep current medical conditions controlled and managed

Source: Humana 2023 Value-Based Care Report, (2023)

The Task Force adapted the key ideas from the Humana resource into the table below (Figure 3), which is designed specifically for patients, using the principles outlined above.

Figure 3

Current State	Value-Based Care
Your doctor's visits might be short because they see a lot of patients every day.	Because your care team is focused on keeping you healthy, they will want to hear more about your health. This means your visits could be longer. They may pay more attention to your experience and make sure you get good care.
Your care team might be more likely to offer you a procedure or surgery, before first trying more affordable options like physical therapy.	Sometimes your care team might suggest a procedure or surgery first, but they will also talk to you about other options that might be better, like physical therapy.
You might not get preventive care, which means you might end up in the hospital later on.	You will be able to see your care team more often so you can check for health problems, get shots, and talk about how to stay healthy.
You might see more doctors, which can cost more.	Your care team will make sure you get the right care at the right time. They might send you to a specialist if you need it.
You might have to call a lot of doctors' offices to get the care you need. This is frustrating and time consuming.	Your care team will help coordinate your care so that you don't have to get extra services you don't need.

United States of Care Messaging

Resulting from their public opinion research, the United States of Care developed several resources, including one designed to communicate the need to transform the health care system (Figure 4) and recommended terminology (Figure 5). The Task Force believes Figure 4 represents a useful step-by-step approach for communicating with patients that can be modified to address your specific value messaging needs. Small changes can be made to better align the language with the Task Force's messaging strategies like removing reference to "fee-for-service" and using patient focused language.

United States of Care's Terms to Watch resource on the following page (Figure 5) presents potential patient concerns about value-based care and offers quick bites of messaging in response. Of note, their findings show that the term "value-based care" does not resonate with the public, and their Terms to Watch resource suggests the use of alternatives including "patient-first care," "quality-focused care," and "patient-first quality care."

While the concern about lack of patient understanding of the term "value-based care" is warranted, the Task Force believes that these alternative terms do not fully encompass everything that value offers. For example, "Patient-first care" may imply that patients will get every service they request and have unlimited patient choice, which is misleading. In

Figure 4

Effective Messaging for Introducing a Different Approach

#1 State the Need

All people deserve to have access to quality health care regardless of their race, income, or where they live.

No two people's health needs are the same, and our current fee-for-service model isn't meeting those needs.

Shifting to an approach that puts patients first will increase quality, the amount of personalized care they receive, and improve their overall health.

#2 Describe How It Works

Rather than paying for care based on the number of visits, tests, and procedures, this approach allows people to spend more time with their providers so they can get to know their patients and develop more personalized approaches to addressing their full set of unique concerns in fewer visits.

#3 Describe the Benefits

The approach also encourages providers to coordinate with one another while taking a broader view of all the factors that may be impacting a person's health, rather than jumping too quickly to the next patient, or to prescribe drugs and order potentially unnecessary procedures that drive up costs.

#4 Inoculate Against Potential Concerns

This approach is a targeted and straightforward fix that puts quality over quantity — eliminating the greed in our health care system that results in patients being treated as a series of symptoms rather than as a whole person, while helping identify and manage health concerns that could become very expensive if ignored.

Source: United States of Care Public Opinion Research, (2023)

addition, rebranding may lead to confusion and stunt efforts to gain support among policymakers. Instead, system stakeholders must do better in communicating the vision and goals of value-based care in alignment with patient priorities and execute those objectives. This resource is designed to assist stakeholders in achieving this improved messaging and communication.

3. Patients Out-of-Pocket Costs

Because there is currently limited research on how value-based care reduces patients' out-of-pocket costs, messaging on this topic can be challenging. While no definitive claims can be made, stakeholders can communicate the following messages around how value-based care seeks to reduce costs to patients:

Figure 5

Terms to Watch ★

If You Hear This	Respond With This	Rationale
"Value-based care"	"Patient-first care" "Quality-focused care" "Patient-first quality care"	"Value-based care" is subjective and encourages misinterpretations and misunderstandings of what is trying to be achieved. It is thought to be cheap, inferior, and low-quality. Rather than using the term "value-based care" shift the conversation to how the approach improves quality and puts patients first.
"This approach will increase cost."	"This approach aims to reduce costs by helping identify and manage health concerns that could become very expensive if ignored."	People are skeptical that an approach that will increase quality will also decrease their cost. As real-world cost impacts are known, we recommend testing and adding those specific examples to messages.
"This approach seems like a big fix or an overhaul of the health care system."	"This approach is a targeted and straightforward fix."	We know from past research that the majority of people prefer targeted fixes that won't disrupt their existing care and providers. Solutions that feel like an overhaul (including comparisons to other countries' health systems) often have less overall support.
"Providers will spend much more time with each patient, making it harder for me to get an appointment."	"This more personalized approach helps address patients' full set of unique concerns in fewer visits."	There is a fear that the approach could make it harder for people to see their providers and get care because they are spending more time with each patient. It is helpful to emphasize that through this approach providers spend more time initially, avoiding repeat visits.

Source: United States of Care Public Opinion Research, (2023)

- The cost of getting health care is likely one of the biggest stressors when interacting with the health care system. This includes the amount you pay for health insurance premiums, deductibles, and visit co-payments, as well as your spending on medications, diagnostic tests, and procedures. It also may include costs like time away from work, transportation and childcare.
- One of the goals of value-based care is to reduce the amount of unnecessary care through greater care coordination. When your care is better coordinated across your providers and community-based services, you can save money and time by reducing the number of appointments, tests, and procedures.
- Value-based care also prioritizes preventative care. When your doctors screen you for conditions and encourage you to get vaccinations, they are looking to keep you healthy and prevent hospitalizations down the line.

It is critical to remember that for patients, "costs" refer specifically to the expenses they bear, rather than payer or provider payment arrangements.

4. Patient Journeys Under Value-Based Care

HCTTF Resource

The Task Force developed the resource below in Figure 6, which follows Juan, a 55-year-old man who is diagnosed with diabetes, heart disease, and rheumatoid arthritis. The first column presents what Juan can expect under the current health care system compared to the second column that presents Juan's journey in value-based care. This table provides a concrete example that patients may relate to, and clearly lays out the benefits of value.

Figure 6

Juan's Current Journey	Juan's Value-Based Care Journey
• Juan has a primary care doctor, but they do not know Juan very well. Juan avoids making appointments. • Juan sees a lot of other specialists, but they do not talk to each other about Juan's care. • Juan struggles to get healthy foods and regular meals. Sometimes he has to choose between paying for food or his medications. • None of his providers have a computer system that lets them share information with each other. • Juan does not have anyone to help manage his conditions. • Juan has had similar tests multiple times because his providers do not communicate. This is expensive and time consuming for Juan. • Juan must track his medications and ask questions to make sure he is getting the best care. • The stress of having to manage his own care makes his conditions worse.	• Juan is part of an Accountable Care Organization (ACO), which is a group of health care providers who work together to give patients great care. • Juan gets a care team who coordinates his care and manages his health needs. • Juan gets a social worker who connects him to a healthy food program. The social worker also helps him with other needs that might impact his health. • Juan makes appointments with his care team online. They all use the same computer system that lets them track his care. • Juan's care team talks to each other often to meet his health preferences, goals, and outcomes. • The care Juan gets keeps him from ending up in the hospital.

CMS Resources

Over the past year, CMS has accelerated efforts to communicate CMMI value models to patients. With the release of newer CMMI models, CMS has included graphics educating patients on how the models may impact their care. The materials on the new Transforming Maternal Health model, for example, include a graphic[iii] depicting fictional patient Jaya's journey under the model from the prenatal period through to postpartum. CMS also recently developed a page[iv] on their website dedicated to spotlighting the benefits of value-based care within CMMI models targeted to educating patients. The page currently presents videos and stories from patients on how value-based care supports their care goals and will expand to include a patient story for every CMMI model. Below you can find these and other relevant links from CMS.

- CMS Value-Based Care Spotlight and Patient Stories Webpage
- Centers for Medicare and Medicaid Services: Key Concepts
- **Model Specific Patient Journey Graphics**
  - Transforming Maternal Health Model
  - Guiding an Improved Dementia Experience Model
  - Innovation in Behavioral Health Model
- **CMS Innovation Center Consumer-Education Videos**
  - What is an Innovation Model?
  - What is an Accountable Care Organization?

Established in 2014, the Health Care Transformation Task Force brings together patients, payers, providers, and purchaser representatives to act as a private sector driver, coordinator, and facilitator of delivery system transformation. In addition to serving as a resource and shared learnings convener for members, the Task Force is also a leading public voice on value-based payment and care delivery transformation.

Acknowledgements

References

[i] Humana. (2023). Value-Based Care Report. Retrieved from https://docushare-web.apps.external.pioneer.humana.com/Marketing/docushare-app?file=5413213

[ii] United States of Care. (2023). Our Messaging Findings on Patient-First Care (aka Value-Based Care). Retrieved from https://unitedstatesofcare.org/the-latest/value-based-care-patient-first-care/

[iii] The Centers for Medicare and Medicaid. (2023). Transforming Maternal Health Model Jaya's Pregnancy Journey. Retrieved from https://www.cms.gov/files/document/tmah-journey-map.pdf

[iv] The Centers for Medicare and Medicaid. (n.d.). Value-Based Care Spotlight. Retrieved from https://www.cms.gov/priorities/innovation-center/value-based-care-spotlight