

Karen Joynt-Maddox, MD, MPH;<sup>1</sup> William K. Bleser, PhD, MSPH;<sup>2</sup> Hannah L. Crook, BSPH;<sup>2</sup> Adam J. Nelson, MBBS, PhD;<sup>3</sup> Marianne Hamilton Lopez, PhD, MPA;<sup>2</sup> Robert S. Saunders, PhD;<sup>2</sup> Mark B. McClellan, MD, PhD;<sup>2</sup> Nancy Brown, BS;<sup>4</sup> and the American Heart Association Value-Based Models Learning Collaborative

<sup>1</sup>Washington University, St. Louis, MO; <sup>2</sup>Robert J. Margolis Center for Health Policy, Washington, DC and Durham, NC; <sup>3</sup>Duke Clinical Research Institute, Durham, NC; <sup>4</sup>American Heart Association, Dallas, TX

## Building a Value-Based Payment Model for Heart Failure

*The Problem:* Heart failure remains costly and deadly; fee-for-service payment does not encourage coordinated, high-quality heart failure care; and no longitudinal value-based models currently focus on chronic heart failure care

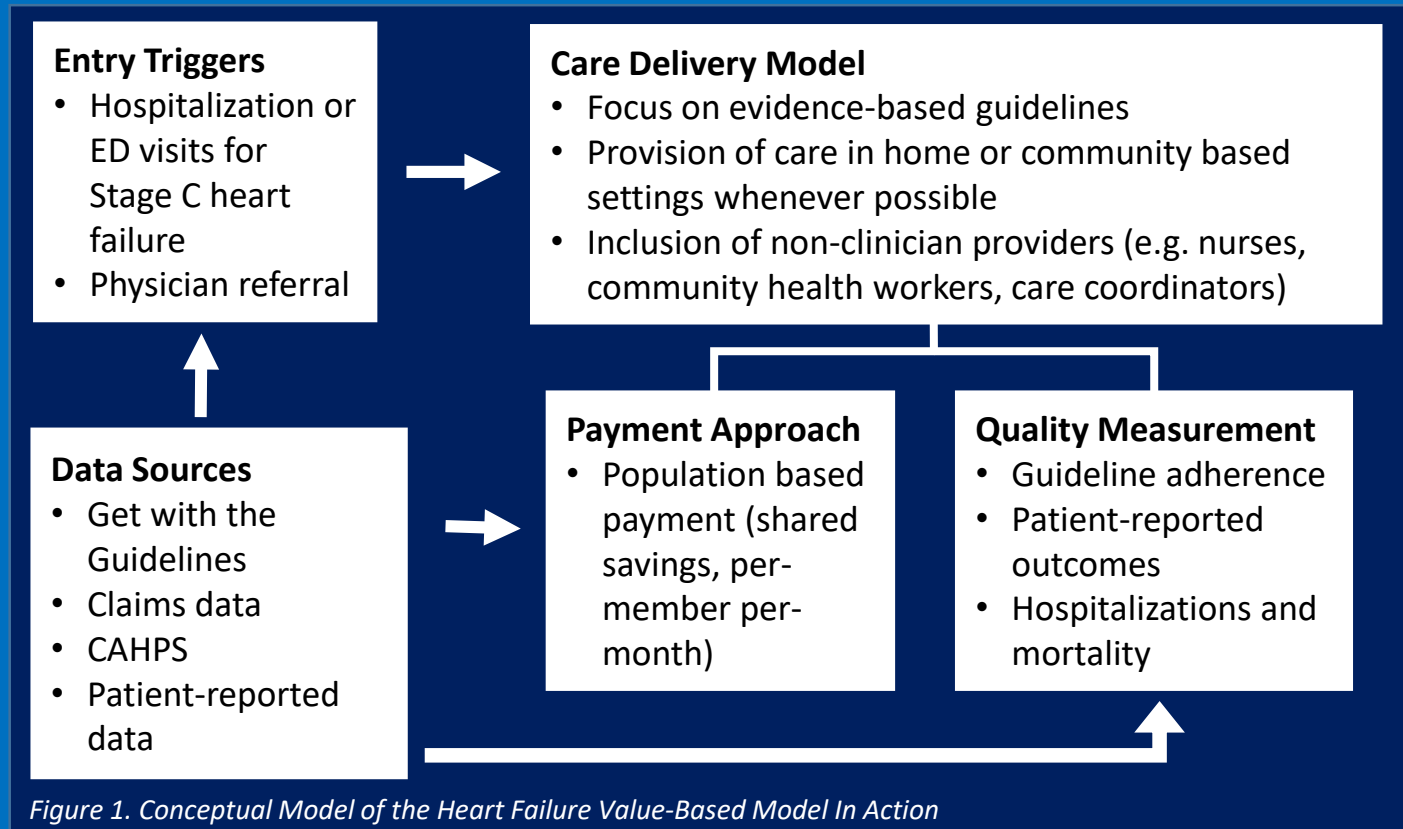


Figure 1. Conceptual Model of the Heart Failure Value-Based Model In Action

## Implementation Considerations

- Payment reform alone is not enough to drive care delivery changes and improve care quality

| Barriers                                     | Overcoming Barriers   |
|--|---|
| Building workforce and gaining buy-in        | <ul style="list-style-type: none"> <li>Flexibility on care team composition</li> <li>Multi-level, coordinated strategy to enact culture change</li> </ul>               |
| Implementation in low resource settings      | <ul style="list-style-type: none"> <li>Telehealth for remote consultations</li> <li>Upfront capital and technical assistance for smaller/rural organizations</li> </ul> |
| Using implementation science                 | <ul style="list-style-type: none"> <li>Look to previous examples of success</li> <li>Consider an implementation science approach to testing and rollout</li> </ul>      |
| Managing model overlap and model development | <ul style="list-style-type: none"> <li>Align with preexisting models and work to reduce provider burden</li> <li>Start small and expand over time</li> </ul>            |

Table 1. Implementation Considerations for a Heart Failure Value-Based Model

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