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EMERGENCY DEPARTMENT
COLLABORATIVE

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Value-Based Care and the Geriatric ED

A brief guide to connecting with Value-Based Care Organizations

The purpose of this guide is to provide you with a few brief actions that you may take to connect your Geriatric ED (GED) to Value-Based Care Organizations (VBCOs).

Identify potential VBCOs whose beneficiaries may be receiving care in your GED.

1. Contact representatives from your hospital or health system’s Population Health, Utilization Review, Executive Suite, and/or Contracting teams to inquire about at-risk beneficiaries receiving care in your GED.
2. Research potential VBCOs within your community in order to locate potential collaborators.
 - a. Physician Group collaborators could include:
 - i. A list of the Top 25 Physician Groups by size can be [found here](#).
 - b. Accountable Care Organization (ACO) collaborators could include:
 - i. A list of the Top 25 ACOs by patient population can be [found here](#).
 - ii. A list of MSSP ACO beneficiaries with a patient visit to a GED can be [found here](#).
 - c. Medicare Advantage (MA) Plan Providers could include:
 - i. A list of the Top Medicare Advantage Plan providers by state can be [found here](#).
 - ii. Some Top MA Provider Groups include:

MA Provider Group	Key Regions
AARP/UnitedHealthcare	National Presence
CenterWell by Humana	FL, GA, NV, TX
ChenMed	FL, KY, MI, OH, TX, VA, Philadelphia



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Conviva by Humana	FL, TX
Landmark Health	CA, NC, NY, PA, Dallas
Iora Health	Atlanta, Houston, Phoenix
Oak Street Health	IL, IN, OH, Dallas, Detroit,
Optum	National Presence
Wellmed	FL, TX

Collaborate with representatives from your hospital or healthcare system to contact local VBCOs in order to develop collaborative partnerships.

The first steps you will need to take to develop a successful partnership are:

1. **Identifying VBC beneficiaries in the ED.** It is important to inventory how your GED and Value-Based care partner currently share beneficiary information. A recognized pain point is that VBC organizations are not aware in real time when a beneficiary is in the ED. Similarly, ED teams do not know when they are treating a patient in a risk-based arrangement with access to extra resources.
2. **Enable and Incentivize Real-Time Communication.** Collaborative communication protocols, such as an alert mechanism, expedited phone/text messaging, or integrated features within a hospital's electronic health record, are key to creating patient safety and durable dispositions.

Launch ongoing quality improvement projects with your VBCO partner around shared metrics.

Some ideas for collaborative projects with your local VBCO could include:

1. Creating a Care Management connection for rapid access to outpatient medical and home-based services
2. Primary Care and Specialty Follow-Up
3. Medication Management
4. Physical Therapy Consultations