

Successfully providing value-based care in gastroenterology: Patient-centered specialty care, care navigation and coordination

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As the US healthcare delivery system continues its paradigm shift to a value-based payment system, gastroenterologists, along with other physicians, will be faced with the opportunity to strategically transform their internal clinical, financial, and operational models. The utilization of care coordination, patient navigation and satisfaction metrics, coupled with standardization should help yield greater value in healthcare hinged on effectively improving the quality of patient care while reducing overall costs. Based on recent literature and market research, there is a consensus that the escalation of patient care costs are not necessarily linked to improved patient satisfaction or outcomes. Current emphasis is being placed on innovative patient management models based on the patient-centered model and value-based payments as opposed to the traditional fee-for-service approach. The management and bundling of certain GI diseases such as inflammatory bowel disease, in the form of a PCSP may mitigate some of the financial burden while providing a higher quality of care and improved patient satisfaction. The authors have honed specific research and insights around proven utilization metrics leading to optimal care coordination, efficient patient throughput, and navigation methodologies. While leveraging technology and software, GI groups should be able to achieve high levels of success in providing value-based care. After reading/researching this article.

Biography

Alec Koo has been practicing medicine for over 25 years. He received his B.S. and M.D. from UCLA. He completed his residency in Surgery/Urology at UCLA in 1992. Koo is a Diplomat of the American Board of Urology, Fellow of American College of Surgeons, a Regents Scholar of UCLA School of Medicine, and a member of UCLA's Honors Colleges.

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