



Charting the Roadmap to Value-based Reimbursement for Integrated Care

March 3, 2021

Presenter: Patrick Gauthier

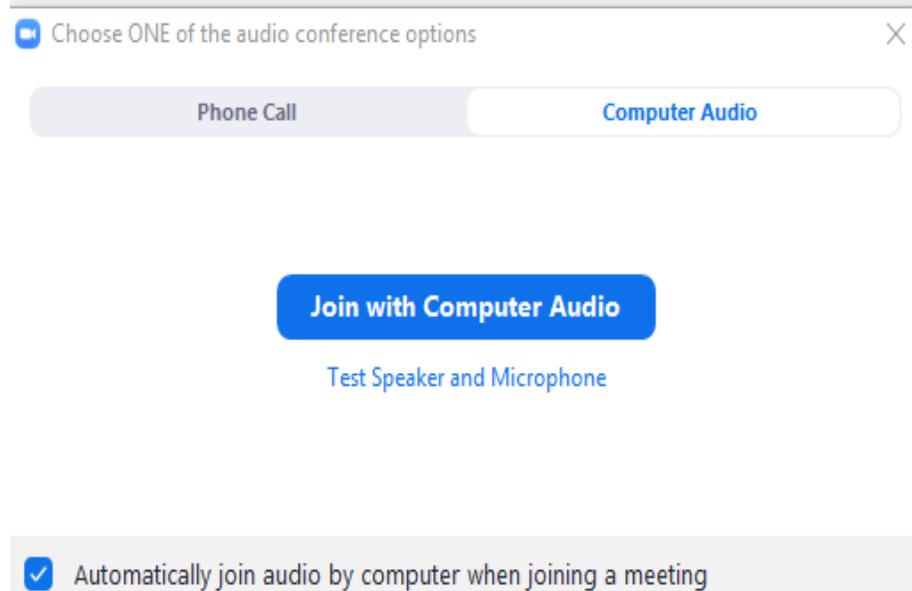
Vision: Healthy Communities, Healthy People



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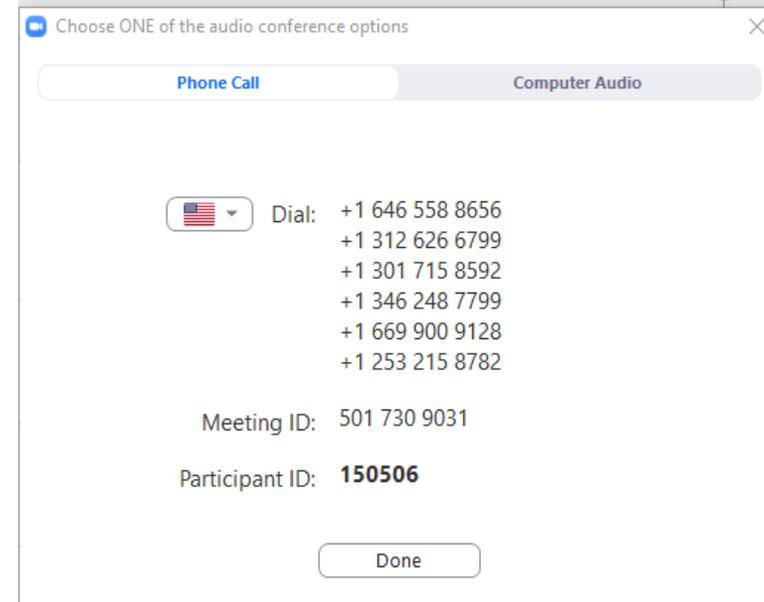
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- Click **Join With Computer Audio**.



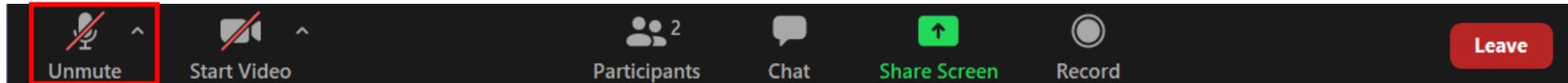
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- Click the **Phone Call** tab, dial a listed phone number, **Enter Meeting ID & Participant ID**.

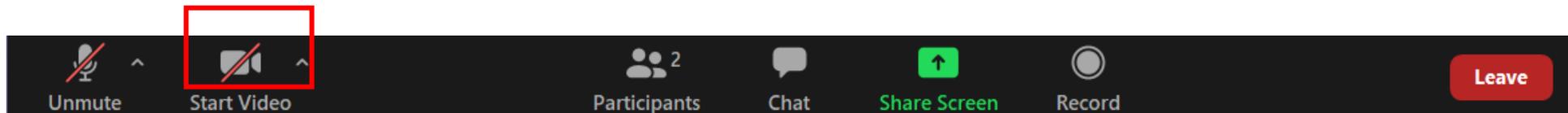


Zoom Participation

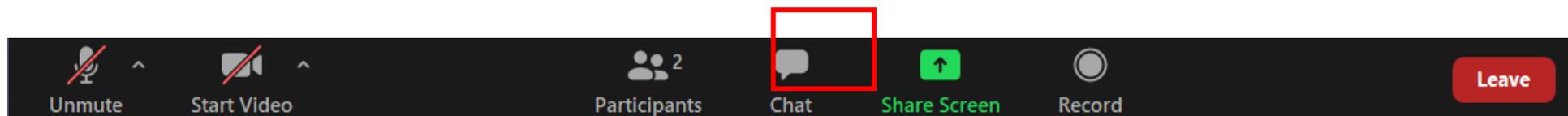
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- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.

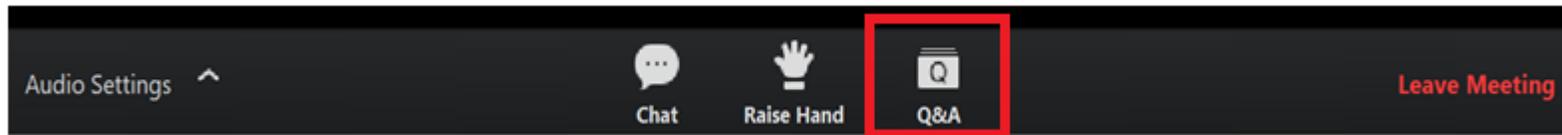


- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.

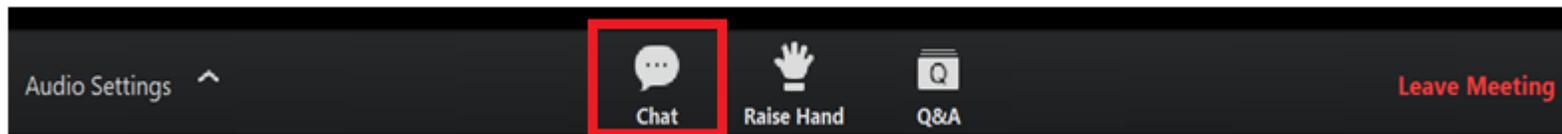


Submitting Questions and Comments

- **Submit questions by using the Q&A feature.** To open your Q&A window, click the Q&A icon on the bottom center of your Zoom window.



- If you experience any technical issues during the webinar, please message us through the chat feature or email healthcenter_BHTA@jbsinternational.com.



Presenters



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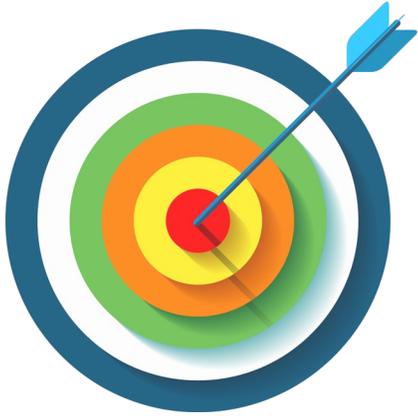
Agenda

- Objectives
- How did we get here? Context for value-based reimbursement
- What is value?
- The role of data in VBR
- Lessons learned
- Planning for VBR: Ask and answer the right questions
- Question and discussion



Source: IStock

Today's Learning Objectives:



By the end of this webinar, participants will be able to

- Identify 3 key areas health centers should assess prior to implementing value-based reimbursement,
- Identify 2 action items health centers can take to enhance system capabilities for VBR, and
- Identify 2 potential opportunities for improving health center processes needed for VBR.

Source: iStock

Road Map to Value Based Reimbursement (VBR)

VBR Policy and Programs



Source: iStock



Poll Question #1

What is your level of implementation/success in implementing value-based reimbursement (VBR)?

- a. We have not implemented VBR at all
- b. We are implementing VBR in primary care, but not behavioral health
- c. We have begun implementation of VBR throughout our health center, but it is not fully implemented
- d. VBR is fully implemented, but it is not as successful as we would like
- e. We have successfully fully implemented VBR



Source: iStock

A Little Context: America's Health Care System

What goals are we trying to accomplish and why?

Transform and Save	Transform the health care system and correct our health care economy so that we might arrive at sustainability. Our nation spends twice as much on healthcare but delivers less. Health care amounts to one-fifth of our GDP.
Meet and Exceed	Better meet the needs of complex and vulnerable populations who account for two-thirds of our spending, accounting for their behavioral health and social determinants of health (SDOH), which are key to controlling costs.
Reduce	Reduce avoidable hospital use and improve other health and public health measures to control costs.
Innovate and improve	Innovate and improve quality and coordination of whole person care to produce greater health outcomes and quality of life.
Include	Include providers in the financial risk equation by rewarding value over volume.



What is Required to Accomplish the Goals of the American Health Care System?

Data and data management capabilities are absolutely essential

Be it integration of services, whole person care, care coordination, quality improvement, outcomes measures, pay-for-performance, or other forms of value-based payment, data is the common critical success factor. We must:

1. Identify the data that is most relevant to our goals
2. Develop a plan to build our staff and competencies accordingly
3. Plan to implement the most appropriate systems and infrastructure to support our goals
4. Plan to collect, store, “scrub”, integrate, correlate, analyze, test the quality of and report our data
5. Analyze and report our data regularly to support our stated goals



What is Value?

- Quality
- Patient Outcomes
- Population Health Outcomes
- Integration of Behavioral Health
- Evidence-Based Practices
- Social Determinants of Health
- Access and Availability
- Cultural Competency
- Patient Satisfaction
- Successful Coordination, Transitions and Linkages
- Reduced Readmission and ED Diversion
- Prevention and Wellness
- Patient Engagement
- Reinvestment

Source: IStock



Total Cost of Care (TCOC)

What is Value? Critical Questions

Across federal block grant, Medicaid, other public funds, and private pay revenue streams:

1. What are the State's expectations for value? What measures and metrics are required?
2. What are the various payor's expectations and measures?
3. What do your contracts stipulate?
4. What do your partners expect?
5. Which of those expectations can you currently satisfy?
6. What would it take for your staff, systems and infrastructure to meet all the requirements of your payors and partners?
7. Is that reflected in your strategic plan and budget?



Source: IStock

What is Value-based Reimbursement (VBR)?



FEE FOR SERVICE



INCENTIVES FOR
PERFORMANCE



TRANSFER OF RISK
FOR OUTCOMES



Source: IStock

Competencies and Capabilities

- Translating definitions of value and related goals into bits of data and information
- HIT infrastructure and cloud-based services savvy
- Certified database and data management
- Acquiring, storing, scrubbing, integrating, correlating, analyzing, and reporting data
- Establishing standard operating procedures, business processes and workflows
- Enabling health information exchange (HIE) where required and permitted
- Compliance with federal and state laws pertaining to health information security and privacy
- Predictive analytics
- Business intelligence dashboard development
- Clinical and business innovations team that can respond to the data/information they've been given



Poll Question #2:

Which area is the biggest challenge for your health center when it comes to planning for, or implementing, VBR in behavioral health?

- a. **People:** leadership, workforce capacity, culture, patients, and partners
- b. **Services:** scope, delivery model, workflow, and performance metrics
- c. **Infrastructure:** equipment, information systems, funding mechanisms, and policies
- d. **Other**



Based on a concept from Snow, J., & JSI, I. (2018). The National Association of Community Health Centers (NACHC). Payment Reform Readiness Assessment Tool. Page 4.



Data, Information, Knowledge

Where are you now?



Your Data
EHR



Information and Analytics
Data aggregated with that of health care partners and payors, enabling a TCOC picture to emerge

Where are you going?

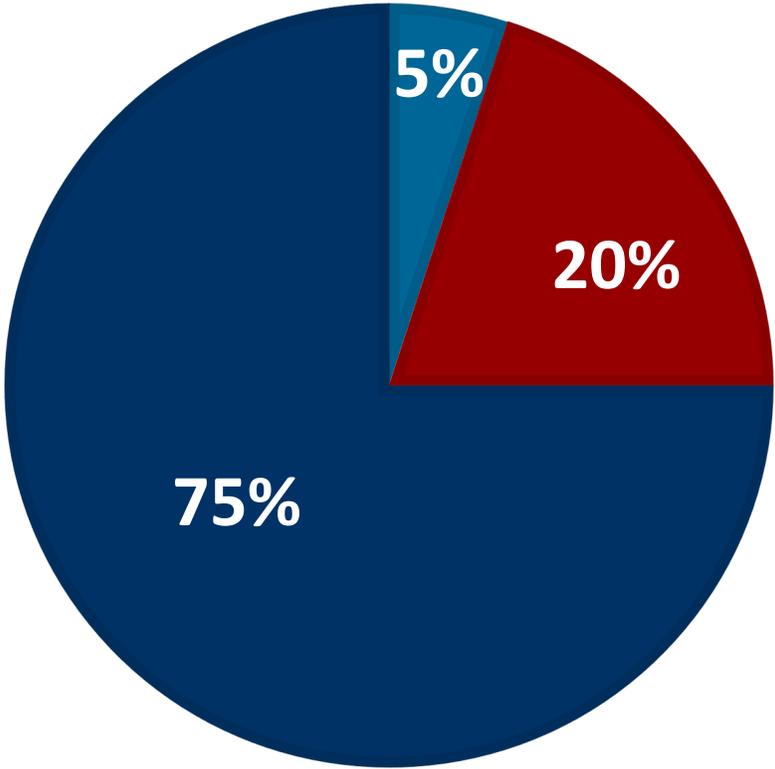


Knowledge and Modeling

Stratifying or Tiering Financial Risk

SHARE OF RISK

■ High Cost ■ Rising Cost ■ Lower Cost



Example: New York



Source: IStock

- Partnerships of providers that collaborate to meet the needs of the community
- Includes both major public hospitals and safety net providers, and has designated “lead provider”
- Responsibilities:
 - Conduct community needs assessment
 - Develop strategies and plan to address identified needs
 - Monitor milestones and metrics to ensure the implementation is successful
 - Significant community collaboration among providers is necessary to meet performance aims

Lesson Learned: *The timeline is always too short*

NY Medicaid providers were given five years to plan and implement fully (2015-2019)

REDESIGN GOALS



Planning, Assessment & Project Development

PPS participating providers will collaborate to develop governance structure, finalize projects and flow of funds, and develop systems, processes and resources

Project Implementation, Performance Evaluations, Measurement and Metric & Milestone Achievement

Goal: By December 2019 the health care delivery system for Medicaid members and other residents will have greater focus on high quality ambulatory care, less emphasis on inpatient and ED care, resulting in a 25% reduction of avoidable hospital use.

LESSON LEARNED?

Five years only sounds like a long time!



Data, Data, Data

Focus on improving population health

- This requires complete, longitudinal information regarding what happens to patients over time and across organizational boundaries
- Such information is rarely systematically available for any provider



Source: IStock

LESSON LEARNED?

The state's Medicaid claims and encounter data, complete with other data sources, form the basis to start with and MUST be made available

Data, Data, Data (continued)

What does all this data enable?

- Identify gaps in care and other quality concerns
- measure and monitor outcomes over time and attribute success/failure to system and partners
- Benchmark utilization, quality, outcomes, and costs
- Measure operational performance and control your costs
- Identify potential reductions in total cost of care (TCOC)



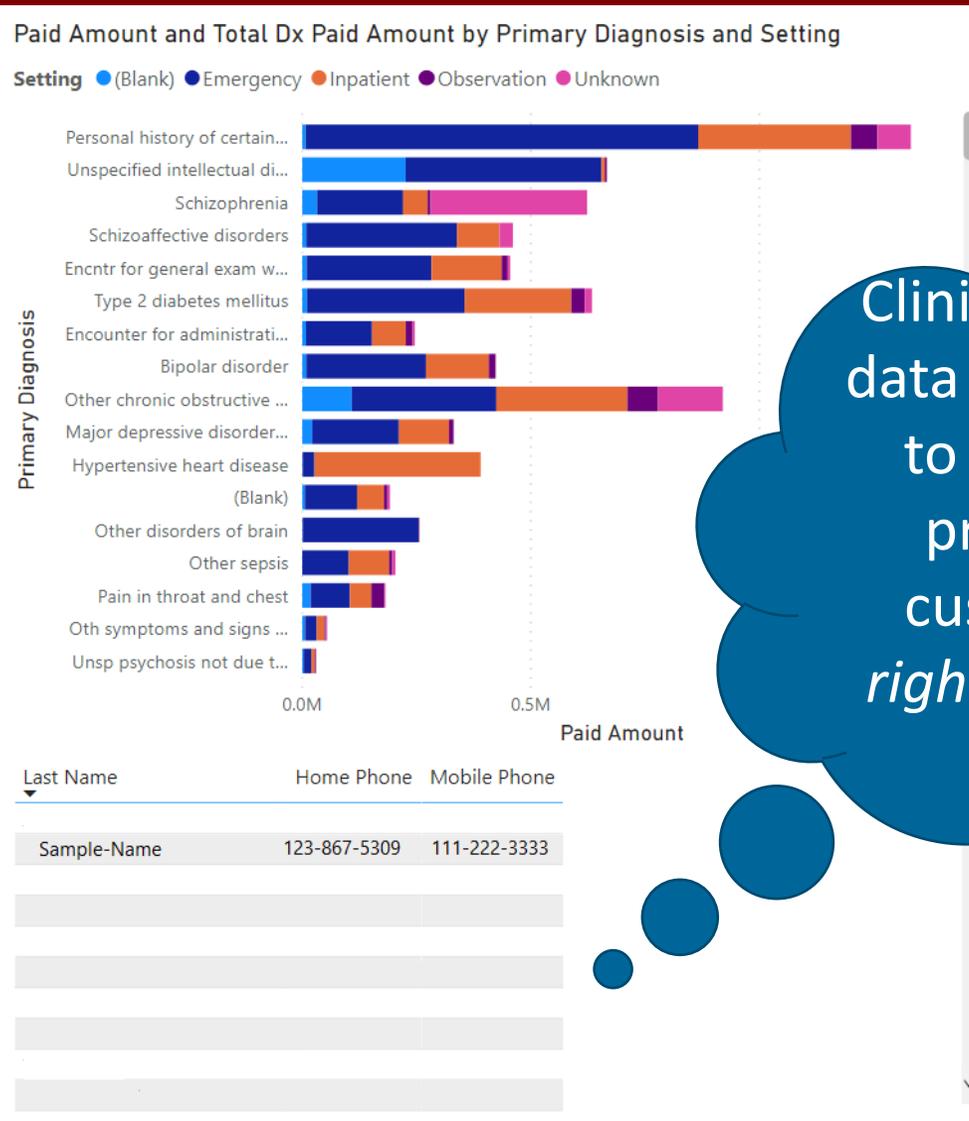
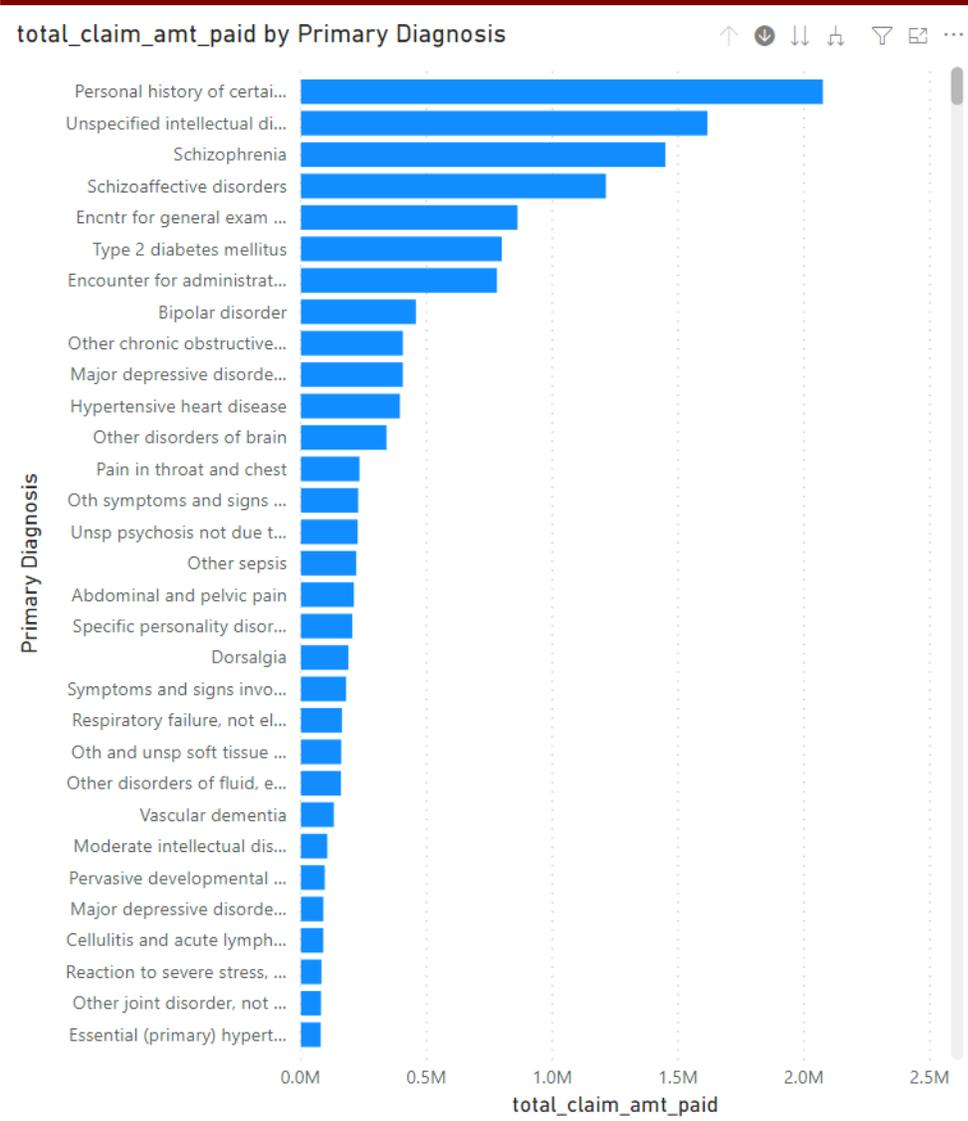
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LESSON LEARNED?

Teams benefit from revenue cycle management (billing), contracts, and clinical operations expertise



Data Visualization - Dashboard

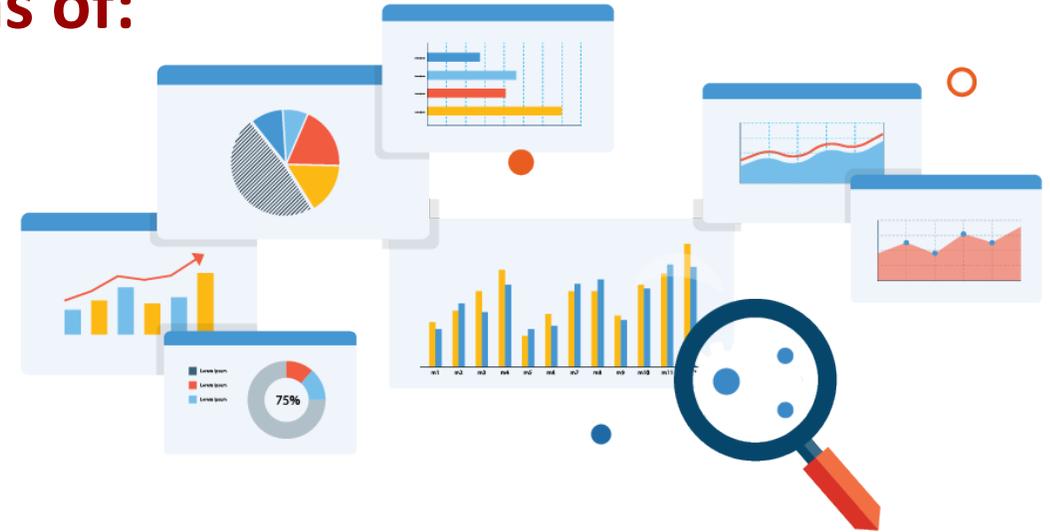


Clinical and payment data can be coalesced to tell a story and prompt internal customers on the right question at the right time

Lessons Learned about Data?

Majority of providers are unprepared in terms of:

- Access to TCOC data
- Understanding challenges, costs, and time
- Software/system limitations
- Health information exchange (HIE)
- Agreement on measures (quality, outcomes, overall performance)
- Standardized processes
- IT, data management, analytical staff and expertise



Source: IStock



Source: iStock

Planning Guide

Questions you and your team can ask and answer now (don't wait)

Ask and Answer the Right Strategic Questions



As a partner in a new business relationship, how do we decide what relationship model will serve us best?

- Joint venture such a partnership agreement, sub-contract, or other revenue-sharing model?
- Merger?
- Acquisition?

How do we prepare our board of directors?

How do we adjust our mission?

How do we come to the table prepared?

How do we behave at that table?

Source: IStock

Ask and Answer the Right System of Care Questions



How do we determine the needs of our population?

- Epidemiological data/reports
- Social determinants of health data
- Demographic and census data
- Historic utilization patterns and costs

How do we identify the right configuration in our system of care to meet the needs of our population?

How do we implement it across boundaries?

Ask and Answer the Right IT Questions



1. What are the HIT goals and objectives of the whole integrated delivery system?
2. What are the requirements of participation and integration?
3. What are the measures or metrics of outcome, quality, utilization, cost, and performance-to-process?
4. How will data be accessed across boundaries?
5. How will data be analyzed and reported?
6. How will we prepare, manage our investments and monitor our progress?

Ask and Answer the Right Value Questions



1. How do we approach potential partners?
2. How do we frame our value proposition in terms that would resonate with the whole?
3. How do we measure our value?
4. How do we project our population risks, costs and pricing in order to arrive at a viable financial model?
5. How do we arrive at a mutually-reinforcing contract?
6. How do we ensure we are an accountable partner?

Ask and Answer the Right Business Questions



1. How do we establish who our attributed population members are? How do we verify eligibility at intake?
2. How do we conduct outreach and engagement with this population?
3. How do we manage our scheduling, case load and productivity in the new system?
4. How do we manage benefits across boundaries?
5. How do we bill for our services in the new system?
6. How do we manage our contracts and partner/payer relations?
7. How do we manage our productivity in the new system?

Ask and Answer the Right Finance Questions



1. How do we manage to our new payment methods?
2. How do we budget in this new model?
3. How do we share in savings with the whole?

The New Normal



Source: IStock

1. The data dimension is so important and vast that no amount of Federal or state-funded technical assistance will get you there
2. As a health center, you must invest in your own transformation
3. It will require expertise in several different technology and information management domains
4. It will require development measured in months and years
5. It will change the way you do everything
6. Resistance to these changes appears to be futile

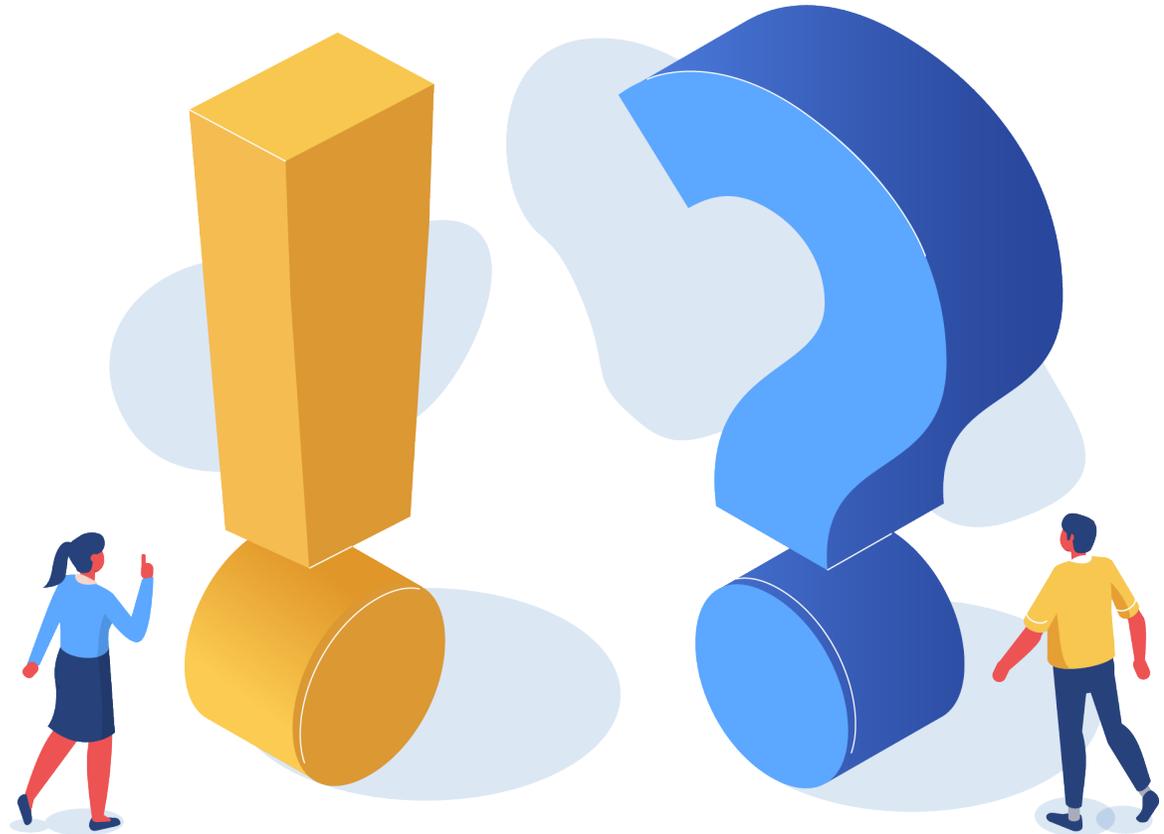
The New Normal (continued)



1. You will need to invest in business process reengineering and that will take many months
2. You will become a metric-based shop
3. You will never stop making improvements
4. You will adjust processes based on what your data is telling you
5. You will align your business process with the whole of the integrated delivery system
6. You will measure your processes and manage your people accordingly

Source: IStock

QUESTIONS and DISCUSSION



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Continuing Education

- We will be offering **1 CE credit for this webinar.**
- You **must** complete the Health Center Satisfaction Assessment after **this** session.
- **CE credits will be distributed after you complete the assessment.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



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Health Center Satisfaction Assessment

The link to the Satisfaction Assessment will automatically open in your browser at the conclusion of this session.

Please take a few minutes and complete the Satisfaction Assessment directly following this session. Thank you!



Upcoming TA Opportunities!

Communities of Practice (CoP)

- **Social Determinants of Health and Integrated Care**
Tuesdays, April 25, 2021 – July 13, 2021 – 2:30 – 4:00 p.m.
- **Integrated Behavioral Health and Value-Based Reimbursement: Two Sides of the Sustainability Coin**
Thursdays, April 27, 2021 – July 15, 2021 – 2:30 – 4:00 p.m.

Webinars

- **Social Determinants of Health and Addressing Health Disparities in Integrated Care Settings**
Wednesday April 7 - 3:00 – 4:00 PM ET
- **Implementing Depression Screening in a Primary Care Setting**
Wednesday May 5 - 3:00 – 4:00 PM ET

Registration: <https://bphc-ta.jbsinternational.com/>



BPHC-BHTA TA Portal

<https://bphc-ta.jbsinternational.com/>

- Request Technical Assistance
- Access Learning Management System (LMS) Modules
- Learn more about BH TA Options
 - One-on-one Coaching
 - E-learning Webinars
 - Strategies for Community Outreach
 - Virtual Site Visits to Improve Outcomes
 - Join a Community of Practice (CoP)



The screenshot shows the homepage of the BPHC-BH TA Resource Portal. At the top left is the logo for BPHC-BH TA, which consists of a colorful geometric pattern of squares. To the right of the logo, the text reads "BPHC-BH TA" in large blue letters, with "Bureau of Primary Health Care Behavioral Health Technical Assistance" in smaller text below it. A dark navigation bar contains the following links: "Home", "Request Technical Assistance", "Learning Management System", "About Us", and "Contact Us". The main content area features a large heading: "Welcome to the BPHC-BH TA Resource Portal!". Below this heading is a row of buttons: "View", "Edit", "Delete", and "Revisions". A paragraph of text follows: "The Bureau of Primary Health Care (BPHC) Behavioral Health (BH) Technical Assistance (TA) portal is designed to meet the specific needs of HRSA health centers and shall focus on both mental health and substance use disorders (referred to jointly as 'behavioral health'), with an emphasis on the opioid epidemic." To the right of this text is a box titled "Learn About BH TA Options" containing a bulleted list: "One-on-One Coaching", "E-learning Webinars", "Strategies for Community Outreach", "Virtual Site Visits to Improve Outcomes", and "Join a Community of Practice (CoP)". Below this box is another box titled "Complete the Readiness Assessment".





Thank You!

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Vision: Healthy Communities, Healthy People



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