Value-Based Payment Readiness

A Self-Assessment Tool for Primary Care and Behavioral Health Providers

March 3, 2016
Webinar Topics

• What you need to get ready for value-based payment
• Value-based payment readiness assessment tool
  – Key readiness domains
  – Pricing and what you get
• Questions
What Will We Need to Be Ready for Value-Based Payment?

• New skills, capacity, and systems for managing clinical, financial, and operation performance and risk, including:
  – Monitoring/improving care and costs along many dimensions
  – Population health management, care coordination, and clinical care management inside and outside your walls
  – Integrating services and care
  – Managing patient utilization of services
  – Managing operational efficiency
  – Reducing the total cost of care per patient
Managing Populations, Managing Performance

High-Value Elements of a System to Manage Attributed Populations

- Health Homes and Other High-Cost Patients: 5%
- Frequent Users of ED and IP: 5-15%
- Chronic Conditions: 15-50%
- Well Populations: ≤50%
- Attributed Members/Not Yet Patients
- Engagement and Outreach
- Intensive Care Management
- Clinical Care Management
- Care Coordination and/or Disease Management
- Wellness, Prevention, and Monitoring
VBP Readiness Assessment Tool

- Purpose is to provide primary care and behavioral health providers with actionable information on their readiness to succeed under value-based payment and to identify critical gaps to address
  - Includes questions on systems, tools, and capacity across multiple dimensions
- Designed by HMA and CohnReznick in partnership with the DC Primary Care Association
Two versions of the tool:
- One for primary care providers
- One for behavioral health providers

Tool allows providers to assess core capabilities and systems that are critical to succeed under value-based payment contracts
Tool Overview

• Four sections:
  – **Section I:** Organization
  – **Section II:** Partnerships
  – **Section III:** Care Delivery and Health Information Technology/Health Information Exchange
  – **Section IV:** Financial and Operations
  – **Section V:** Concerns

• Total of 88 questions, excluding sub-questions

• Takes a team about 4 hours to complete
I. Organizational Readiness

- Becoming ready for VBP will likely result in a significant organizational change
- Board, leadership, clinical and non-clinical staff, and other staff need to understand what is happening in the environment and the scope and reason for the changes that will get the organization ready for VBP
- They need to be willing and able to participate in the planning and execution of strategies
- Multiple dimensions addressed:
  - Board and executive leadership understanding and engagement
  - Leadership tools and processes to monitor and manage performance
  - Staff understanding and readiness
II. Partnership Readiness

• Partnerships with other health care providers along the entire continuum of care are becoming increasingly critical to managing the care, outcomes, and costs of patients and populations for whom an organization will be responsible.

• Multiple dimensions addressed:
  – Formal agreements with a wide range of health care and social services providers
    • Where else the patients go to for care
    • Who can support outcomes and/or cost reductions
  – Collaboration and data sharing among partners
III. Care Delivery, HIT, and HIE Readiness

- Being able to *reliably* achieve performance targets requires advanced systems of care that support the management of all populations and patients assigned/attributed to a provider.

- Multiple dimensions addressed:
  - Quality improvement/data monitoring
  - Provider alerts, decision support tools, and registries
  - Care management and population health management
  - HIT/HIE
  - Providing patient-centered care
  - Primary care and behavioral health integration
  - Enhanced Access
  - Linguistic and cultural competency
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Partial</th>
<th>No</th>
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<tbody>
<tr>
<td>33. Do primary care and behavioral health staff document in a shared medical record?</td>
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<td>If partial/no, do they have at minimum viewing access in each other's records?</td>
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<td>34. Does your clinical team have time set aside to discuss complicated or difficult cases? (not including a brief huddle)</td>
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If yes/partial, how often does this occur? (check all that apply)

- Weekly
- Monthly
- Quarterly
- Other (please describe)
Success in VBP Arrangements

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<tr>
<th>Fee-For-Service</th>
<th>Partial Capitation</th>
<th>Global Budgets</th>
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<tbody>
<tr>
<td>Managing the Visit</td>
<td>Managing the Patient In-House</td>
<td>Managing the Patient Total Cost</td>
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<td>Patient Utilization</td>
<td>Overall Patient Utilization</td>
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<td>Panel Sizes</td>
<td>High-Value Providers</td>
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<td>Effective Coding</td>
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<td>Cost Efficiencies</td>
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Health Management Associates
Cost efficiency of current operations

- In preparation for VBP, providers need to ensure that services currently provided in-house are provided efficiently as well as with high quality.
- Efficiency is attained through:
  - Monitoring/managing provider productivity levels
  - Monitoring/managing productivity/capacity levels of non-provider staff
  - Improving cost efficiencies and reducing the current cost of care per unit
  - Moving away for cost “per visit” to “per procedure”
IV. Financial and Operational Readiness

Financial analysis of patient-centered care

• Success under VBP requires a financial system that provides financial and operational data to understand the underlying cost of a patient and linked to their clinical conditions

• For services provided in-house and outside the four walls
  – Further enhance coding accuracy of providers
  – Move to managing the total cost per patient for in-house services
  – Manage quality metrics that drive incentive payments
  – Actively engage with the management of the total cost of care of assigned patients/members
IV. Financial and Operational Readiness

Financial health

• VBP brings with it many unknowns to the financial well-being of primary care and behavioral health providers
  – Upfront costs required for infrastructure and new skills/expertise of workforce
  – Revenue cycle projections/forecasts and timing of payment

• Prior to participation in VBP, providers need to ensure that their financial house is in order
  – Financial condition and reserves
  – Operational financial performance under today’s financing mechanisms
V: Concerns

• Asks providers to rate their challenges and concerns

• Purpose is:
  – To facilitate a discussion among the team taking the survey
  – To give leadership a sense of what their leaders and staff consider the most significant challenges and what concerns them the most concerned
Behavioral Health Version

• Specialized tool for behavioral health providers
  – Designed not just for clinical providers but also for rehabilitation and home and community-based services providers
    • Designed for both mental health and substance use disorders providers
    • Not designed for housing providers
  – Tracks the same domains as the primary care tool
    • Accounts for the different clients, needs, relationships, and service package of behavioral health agencies
    • Output will be provided in the same format
Readiness Report

• Online system will generate a report that provides:
  – Answers to all survey questions—all in one place
  – Highlights gaps that are essential/core for VBP
  – Highlights gaps that should be a priority in terms of timing

• If provider takes the survey as part of a cohort, the report also compares each question with the average of all providers in the cohort
How Best to Use the Assessment

• Encourage that you have a team take the assessment
  – Opportunity to explore topics together and agree on status of each readiness element
  – Reduces likelihood of answers being based on single person’s perceptions
Online Format

• A unique link for an organization is generated and emailed after terms and conditions accepted and payment made
  – This link will automatically save your progress allowing your organization to pause and continue as needed

• All questions require a response to ensure the tool captures the most complete picture of your organization

• An email address is provided on every page for any technical or content questions that arise
Format

• Answer format is generally “no/partial/yes”
• Not asking for any documentation
• In a few instances, we ask you to provide staffing FTEs
• Every page has space to put comments (optional)
  – Please include question number to which you are referring
• Definitions for select items are contained in footnotes for reference
Online Output

• Shortly after completion, a Readiness Report will be generated and emailed.

• If participating in a cohort, you will also get a Cohort Readiness Report once the other providers complete the assessment.
  – This report will follow the same template as the individual report, but in addition to individual results, it will compare your responses for each questions with the aggregate responses of the cohort.
Price and What You Get

• Price includes:
  – Access to the tool
  – A readiness report based on your survey responses
  – A one-hour consultation call with 2 experts—one from HMA and one from CohnReznick—to discuss your results and potential strategies

• Single organization: $2,500
• Discount if an entity buys access for a group of organizations: $2,125 per organization
• Other arrangements will also be considered
  – Examples: sponsor organizations subsidizing providers to use the tool, expanding the consultation call to a training
Contract and Payment

1. For single site assessment:
   • Go to: https://www.healthmanagement.com/vbp-survey/
   • Fill in requested information
   • Review and accept terms and conditions
   • Arrange payment
     – Credit card payments are accepted online
     – If other payment method desired (ACH Debit, check, invoice, etc.) submit form and you will be contacted by HMA to arrange payment

2. For a multi-site or group using the assessment, including:
   • A group of distinct organizations that want to take it as a cohort
   • A sponsor that wants to pay for access to the tool for multiple organizations (e.g., an association, hospital system, payer)
   • An organization who wants each of their sites to complete the assessment

   Email vbpsurvey@healthmanagement.com with your contact information and request and HMA staff will get in touch with you.
VBPSurvey@healthmanagement.com

www.healthmanagement.com/vbp-survey/
QUESTIONS

VBPSurvey@healthmanagement.com