Delta Center: Where We Are Headed

Delta Center State Learning & Action Collaborative Kickoff Convening

June 19, 2018

the DELTA CENTER
for a thriving safety net

Delta Center Overarching Goals

Build internal capacity of state associations

- *VBP/C Vision & Strategy Development*
- *Board & Staff Engagement*
- *Learning Organization Practices*
- *Sustainability Planning*

Build policy and advocacy capacity to advance value-based payment & care at state level

Foster collaboration between primary care and behavioral health at state level

Build capacity to provide TA and training to advance value-based payment & care at provider level

Goal #1: 1-2 Year Outcomes

Build Internal Capacity of State Associations

- Agreement on payment reform goals among members and other related stakeholders
- Board and staff engaged with and supportive of VBP/C vision and strategy
- Increased capability to self-evaluate and analyze association activities
- Local funders engaged

What you said on organizational capacity building

- "We will organize our work using a framework for effective collaboration* which describes five essential components for collaboration:
  1) Clarifying purpose
  2) Convening the right people
  3) Cultivating trust
  4) Coordinating existing activities
  5) Collaborating for impact"

** Cutting through Complexity: A Roadmap for Effective Collaboration,* Stanford Social Innovation Review, March, 2018.

Example BHSA Goal

Build Internal Capacity of State Associations

- To make the case with payer partners not only to support changes to payment models, but also to make investments in limited duration, but essential, transformation costs, such as trainings, expert consultation on payment model design, and health information technology and data systems.

Example: Principles of Payment Reform

Payment reform should:

1. Provide incentive to achieve better health, better care and improved cost effectiveness
2. Be based on transparent, high-quality data
3. Reward and take into consideration CHCs serving the most complex patients with comprehensive clinical and social services
4. Allow transformation to a more patient-centered and integrated delivery system through increased flexibility
5. Honor the requirements of an Alternative Payment Methodology (Social Security Act definition)
6. Reward, not penalize, primary care for achieving system-wide savings (acknowledging that further reinvestment in primary care has the best chance of achieving lower total system costs)

Goal #2: 1-2 Year Outcomes

Build policy & advocacy capacity to advance VBP/C at state level

- Development of major policy proposals
- Inclusion of rural policy considerations in VBP/C efforts
- Implementation of strategic goals set by partners to advance VBP/C policy
- Increased collaboration and convening of safety net MCOs and safety net organizations

What you said on policy

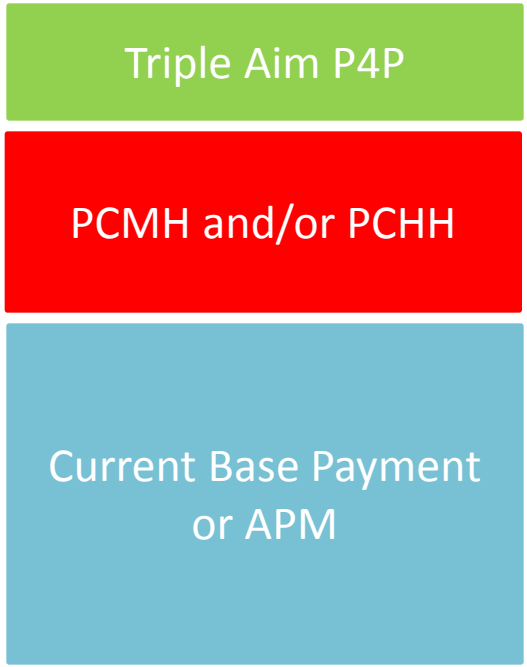
- “While providers in many states are working to adapt to the changes brought about by the roll out of DSRIP, a State Improvement Model, Health Homes, and Medicare ACOs, the advent of Certified Community Behavioral Health Centers (CCBHCs), FQHC Alternative Payment Methodology planning, Medicaid ACOs, and MCO-sponsored programs that involve HCP LAN categories 3 and 4 payment reforms, [our state] is unique in that our provider community is working to adapt to all of them at once.”

What you said on policy

- “The BHH [Behavioral Health Home] model (BHH providers were given a capitated monthly payment to provide care management services along with health information technology support, practice transformation assistance, and Medicaid claims data to monitor performance)…opens new possibilities for expansion of BHH and further integration with primary care within this value-based framework, as well as possible care delivery mechanisms that could address the growing opioid crisis in our state.”

Policy Takes Many Shapes

Multi-layered payment reform is a common model proposed for ambulatory care

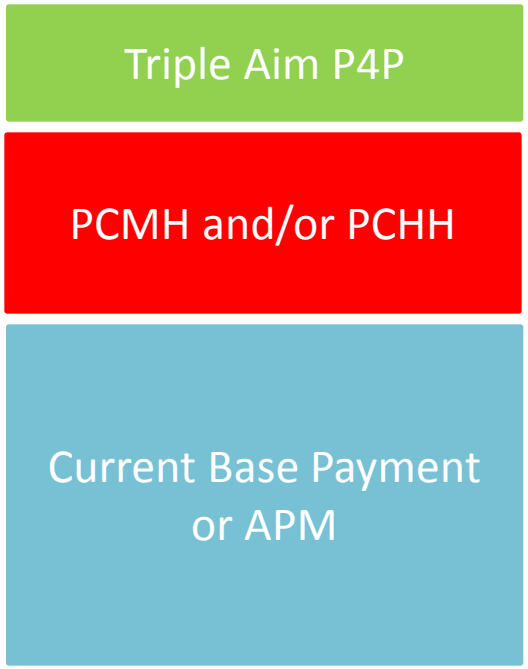


- Incentivize quality and cost outcomes
- Invest in new services/capability

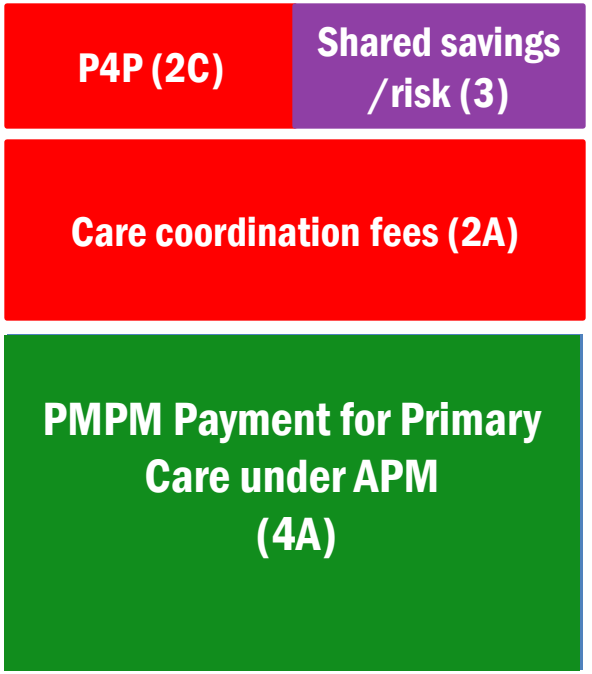
- Provide funding for most services
- Provide flexibility under an APM

Payment Reform: Multi-layered

NACHC Model (2014).....

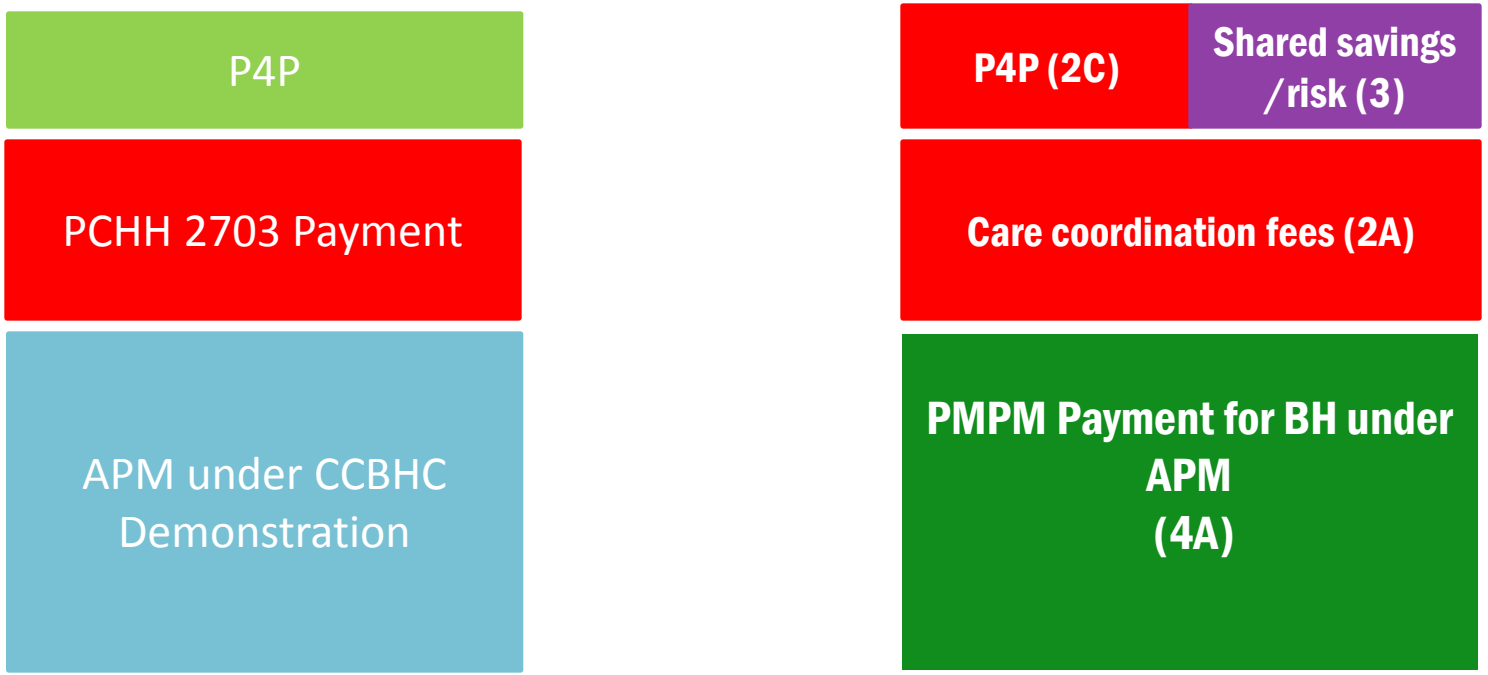


Viewed through HCP LAN Lens



Payment Reform: Multi-layered

A potential BH model……. Viewed through HCP LAN Lens



Example PCA Goal

- “Pilot a tiered cohort contracting and performance management approach that allows payers to pilot more advanced payment models with high-performing providers while conducting readiness support with remaining FQHCs.”

Build policy & advocacy capacity to advance VBP/C at state level

Goal #3: 1-2 Year Outcomes

Foster collaboration between PC & BH at state and national level

- Association boards and key provider members engaged with and supportive of collaboration strategy
- NACHC and NCBH work together in innovative ways to increase PC-BH collaboration
- State associations work together in innovative ways to increase PC-BH collaboration

What you said on collaboration

“One of the priority topics identified is gaining a deeper understanding of each other’s cultures and care structure. To address this, we propose two face-to-face meetings per year conducted at either a CHC or a CMHC to include a tour, introduction to the specific location’s care model, and a deep dive into the local partnerships and relationships between the CHC and the CMHC.”

Example Grantee Goal

Foster collaboration between PC & BH at state and national level

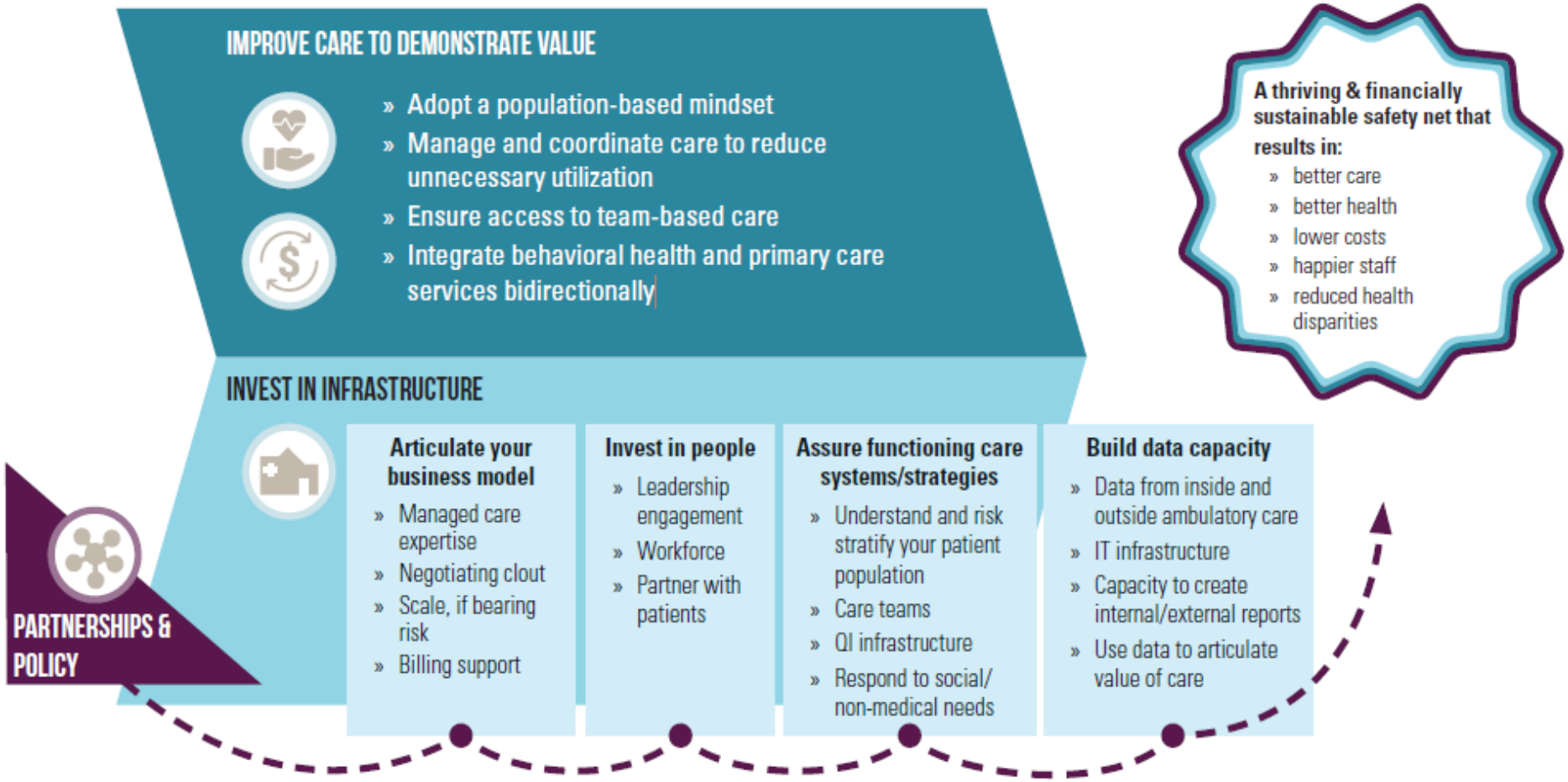
- "[The two associations will] identify two to three shared policy goals related to value-based care (quality) and value-based payment approaches for the safety net population and present these jointly to state health policy leaders."

Goal #4: 1-2 Year Outcomes

Build capacity of state associations to provide T&TA to advance MAHP/National Council model change concepts

- Increased knowledge of TA/Training options related to VBP/C (consultants, speakers, resources)
- New T/TA made available to members on MAHP/National Council model change concepts
- Additional T/TA offered to provider members based on topics identified in capacity assessments
- New T/TA made available on rural issues and other specialized populations

Model For Advancing High Performance (Revised with NCBH)



What you said on TA & Training

- Serve as a Practice Transformation Organization for State Innovation Model (SIM) project, focused on PC/BH integration
- Developed a statewide data warehouse platform to manage clinical quality
- Developed a managed care contracting guide
- Implemented a Value-Based Payment Practice Transformation Academy

Example Grantee Goal (Joint)

Build capacity of state associations to provide T&TA to advance MAHP/National Council model change concepts

- "[The two associations] will sponsor and deliver two convenings in frontier areas each year of the 2-year grant period…to meet the needs of rural and frontier providers both in delivery and content. The agenda will include practical training with the equipment and software required to provide clinical care across remote locations, documentation requirements to meet quality measures and how to integrate behavioral health and medical services to reduce overall costs while improving the patient experience."

QUESTIONS?

Thank you

For more information,
please visit our website:

deltacenter.jsi.com

For questions, please email:

deltacenter@jsi.com

“There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things.” —Niccolo Machiavelli

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