

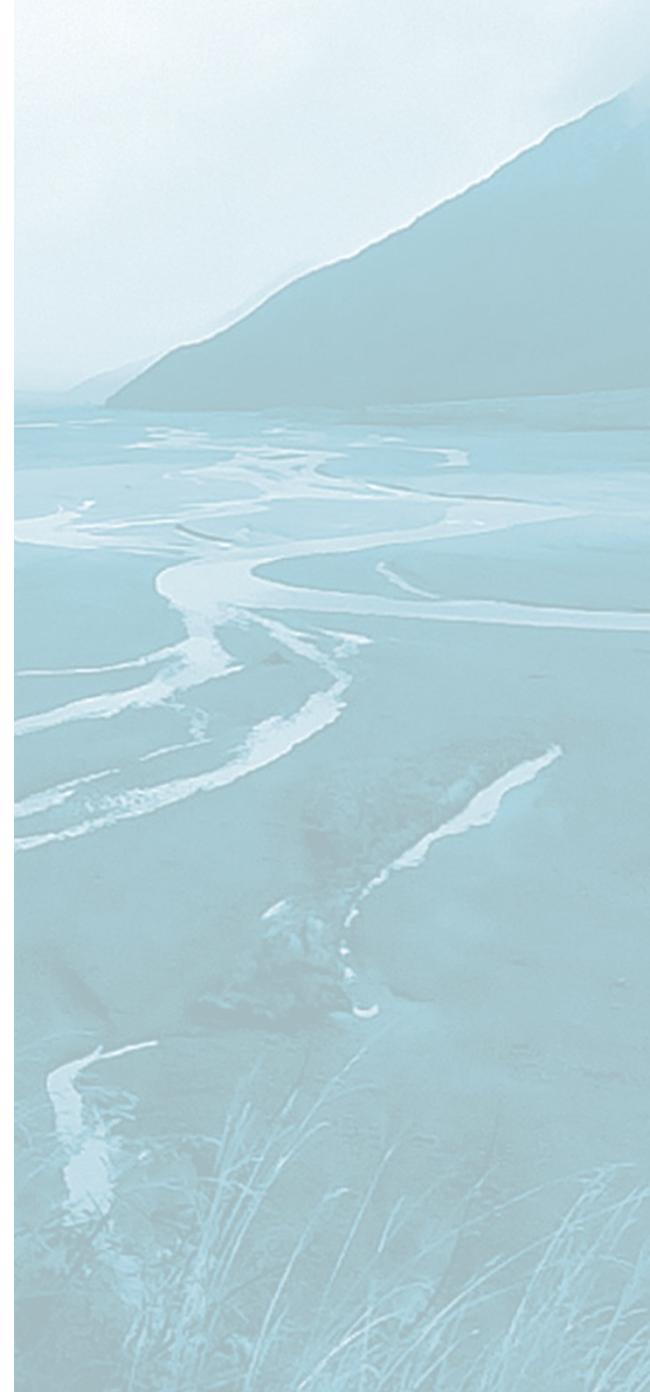
# Delta Center Assessment Results

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Baseline

**February 12, 2019**

**Delta Center Convening**



# Purpose & Method

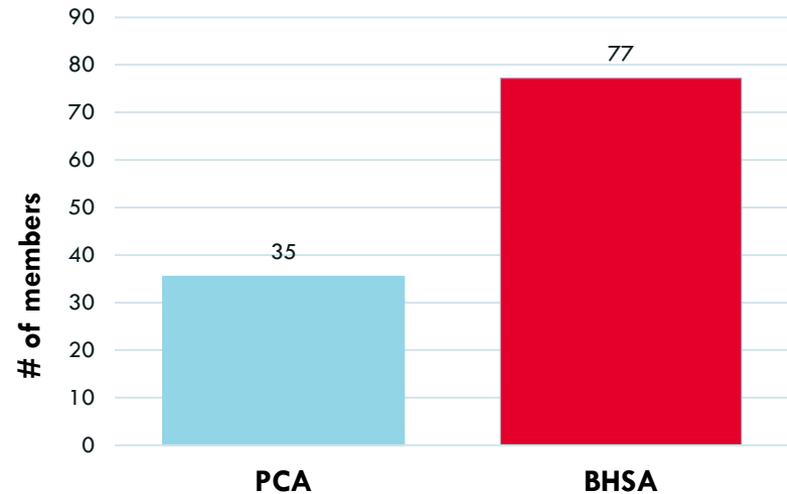
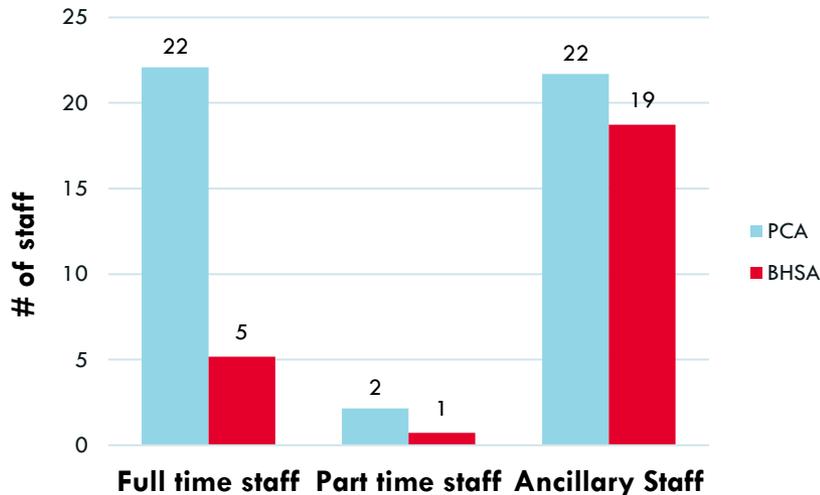
To understand Delta Center members' progress towards building a strengthened ambulatory care safety net, JSI and Mathematica are assessing grantees' organizational capacity and experiences at the beginning, middle, and end of this project.

This assessment is conducted through an online survey, follow-up phone calls to discuss survey responses, and in-depth interviews. Twenty-four state associations (N=13 PCAs, N=11 BHSAs) participated in the baseline assessment.

***Thank you for your participation!***

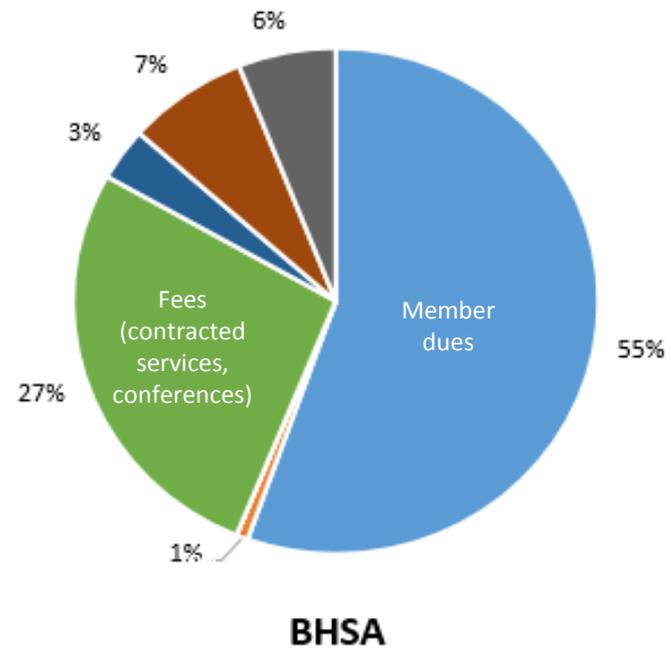
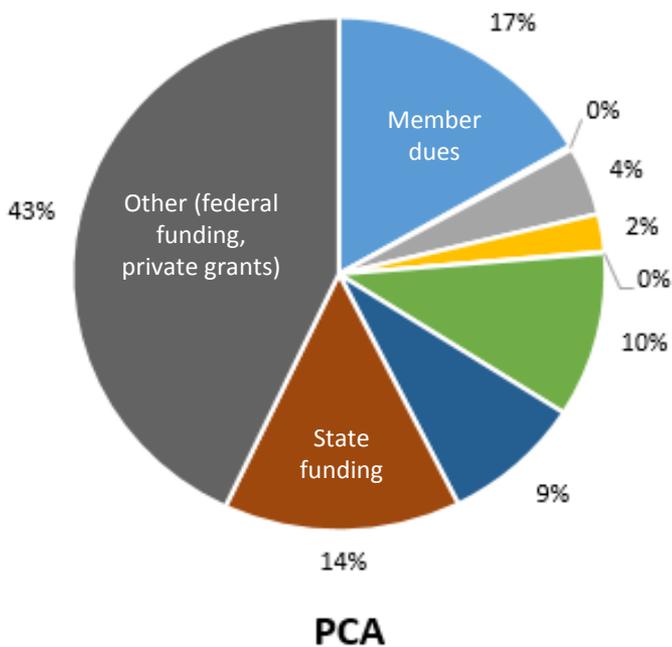
# Key Observation #1

PCAs and BHSAs have important organizational differences. On average, PCAs have more full-time staff than BHSAs, but BHSAs serve more members.



# Key Observation #1

In addition, PCAs and BHSAs differ in their main sources of annual revenue.



# Qualitative Insights (#1)

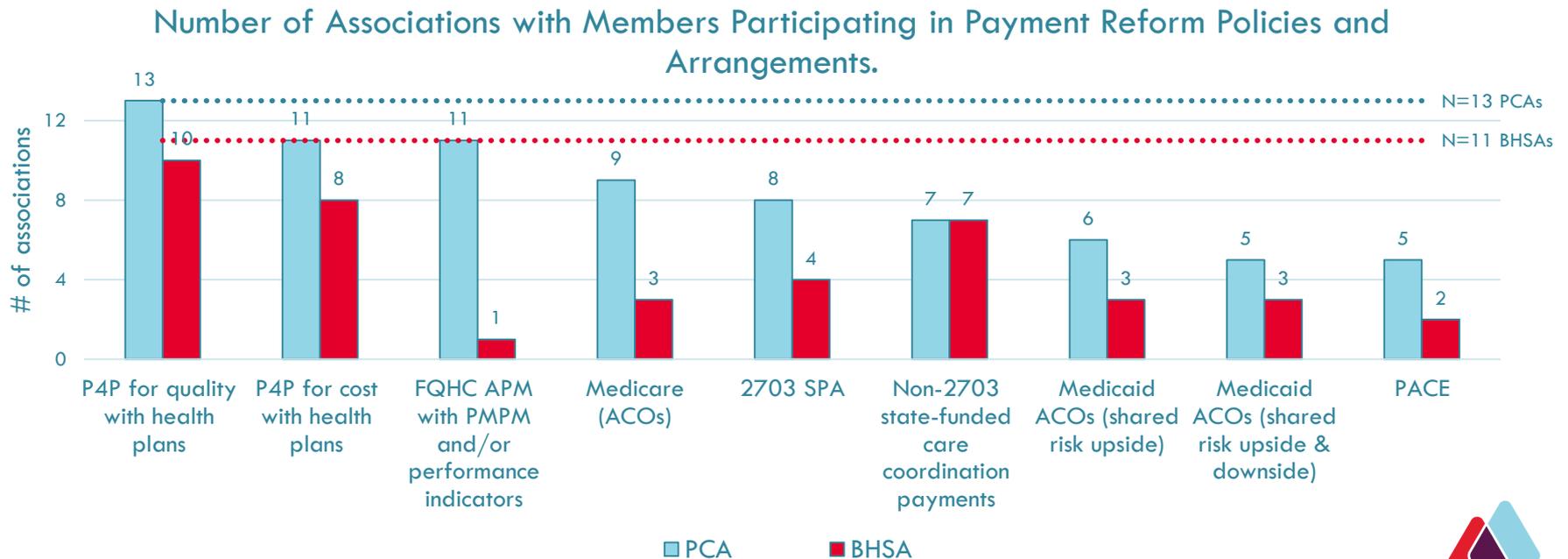
- Association capacity constraints present challenges to VBP/C
- Gaining appreciation for counterparts' contributions and differences

*“ This work has given me a more nuanced understanding or deeper sense of the [VBP/C] landscape, not just for us but also for our behavioral health partners. ”*

- Revenue sources have implications for sustainability

# Key Observation #2

PCAs are more experienced than BHSAs in payment reform, but there are opportunities for all to advance member participation.



# Qualitative Insights (#2)

- State policy environment sets stage
- Previous efforts, such as PCMH, laid foundation
- Early adopters and formal structures (IPA, CIN) helpful
- Differences in PCA and BHSA payments challenging
- Need data sharing and meaningful outcome measures
- Level of confidence tied to experience and staff expertise

# Key Observation #3

Some PCAs and BHSAs reported having already furthered work on **payment reform policies and arrangements** through their participation in the Delta Center.

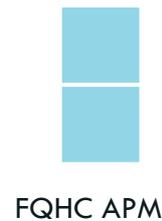
3 PCAs and 2 BHSAs



2 PCAs and 1 BHSA



2 PCAs



1 PCA



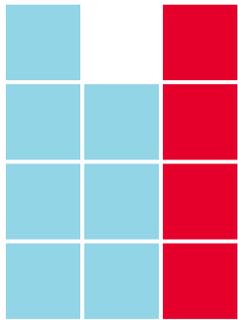
1 PCA



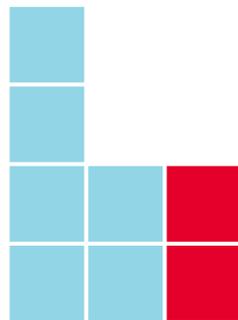
# Key Observation #3

Some PCAs and BHSAs reported having already furthered work on **payment and care flexibility** through their participation in the Delta Center.

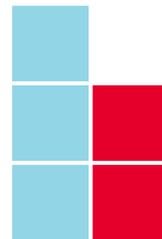
7 PCAs and 4 BHSAs    6 PCAs and 2 BHSAs    3 PCAs and 2 BHSAs    2 PCAs and 1 BHSA    2 PCAs



payment models promoting primary care / behavioral health integration



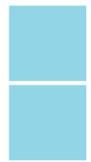
policies related to regulatory barriers



telehealth payment policy



other alternative payments associated with 1115 waivers



policies related to workforce

# Qualitative Insights (#3)

- Delta Center resources foster learning from national experts and other states, working with counterpart association, and providing T/TA
- Delta Center aligns with and complements other initiatives
- Still early; expect participation in Delta Center to become increasingly helpful

# Key Observation #4

PCAs and BHSAs expressed high confidence in collaborating with their state counterpart on many issues.

**78%**

**Have high confidence in collaborating on workforce issues**

**58%**

**Have regular, productive joint staff meetings**

*“ We are at the beginnings of this process and are looking forward to the growing collaboration. We are feeling very confident in our next steps. ”*

# Qualitative Insights (#4)

- Highly value Delta Center facilitating collaboration with counterpart association
- Extent of existing relationship and alignment vary
- Cultural shift for associations and members
- Partnerships vital for successful VBP/C
- Expect and need to sustain relationships

# Importance of PCA / BHSA Collaboration

“ *It’s exciting that we’re really thinking whole-person care and really trying to find the best ways to integrate behavioral health into primary care.* ”

“ *We’ve been able to join forces, and show the strength of the safety net around the state to the new payer organizations and also our state agencies.* ”

“ *We’re trying to bridge our cultures and build trust...if the associations are working together, it sets a good precedent for the members.* ”

# Lessons on Involving Provider Members in VBP/C

- Include members in decisions and activities:
  - “ *We need to bring the centers along early in the process. They need to be at the table immediately to design the priorities, and design the action steps for getting ourselves there.* ”
- Obtain member input on needs for specific content
- Acknowledge members’ differences and meet them where they are

# Thank you

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