DELTA CENTER FOR A THRIVING SAFETY NET THEORY OF CHANGE

Goals

1) Build internal capacity of state associations

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

3) Foster collaboration between PC & BH at state level

4) Build capacity of state associations to provide T/TA to advance revised MAHP model

Delta Center Activities

- Convenings
- Financial support
- Webinars
- Coaching
- Local funder introductions
- Faculty consulting
- Issue briefs
- Peer learning
- T/TA Materials
- Curated resources and faculty lists
- Integration with existing NACHC & NCBH events

State Association Activities

- Develop vision & strategy for VBP/C
- Promote learning organization principles through adaptive leadership to manage change
- Develop skills related to partnership building

- Advance policy change in VBP/C
- Facilitate partnerships with other key state-level stakeholders
- Build capacity to influence managed care contracting

- Develop joint strategy for PC-BH collaboration at the state level
- Convene PCA-BHSA partners

- Understand member T/TA needs
- Understand different options for providing T/TA
- Address T/TA needs

Outcomes

0-1 Year

- VBP/C vision & strategy articulated
- Understanding of core principles of adaptive leadership and change management
- Use of effective techniques to communicate value proposition

- Increased knowledge of VBP options and policy vehicles
- Identification of policy mechanisms that support VBP/C
- Strengthened state-level partnerships
- Increased practical knowledge of managed care contracting through Medicaid

- Integration of PC-BH collaboration into VBP/C strategy at state level
- Strengthened PCA/BHSA relationships

- Increased capacity and consistency in assessing readiness/needs of members
- T/TA plan based on needs assessment
- Increased knowledge of co-design and continuous improvement re: T/TA provision
- Increased knowledge of T/TA options Enhanced capacity to provide T/TA on VBP/C to members
- Concepts from revised MAHP model incorporated into existing programming

1-2 Years

- Agreement on payment reform goals among stakeholders
- Identification of gaps in association capacity
- Increased planning for sustainability, including engagement of local funders and other strategic partners

- Major policy proposals developed
- Inclusion of rural considerations in VBP/C efforts
- Implementation of strategic goals to advance VBP/C policy
- Increased collaboration and convening of safety net MCOs and safety net organizations

- Boards and key provider members engaged in supporting strategy
- State associations work together in innovative ways to increase PC-BH collaboration

- Reassessment of members' needs
- Refined T/TA plan
- Increased use of co-design/ learner-centered design to improve offerings and reach goals
- Additional T/TA offered reflecting MAHP model concepts, readiness assessment results, and rural and other special populations

3+ Years

- Use of adaptive leadership and change management strategies to overcome gaps in capacity and VBP/C
- Increased engagement of other stakeholders as partners (e.g., local funders, MCOs)

- Major policy proposals advanced
- Advancement of shared initiatives and policy proposal with partners
- New entities that support safety-net sustainability
- Increased value-based requirements in Medicaid procurements

- Advancement of joint PC-BH initiatives and policy proposals at the state level
- Enduring relationships among grantees across states

- Improved understanding of readiness and needs of members
- Enduring materials developed and available to non-grantee state associations

Impact

A strengthened ambulatory care safety net that is achieving better care, better health, lower costs, happier staff, and reduced health disparities in a sustainable way

Condensed version, updated 10/12/2018

the DELTA CENTER for a thriving safety net