REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

Assessing Providers Experience With VBP Arrangements
RCPA Provider Member Survey Brief
Feb. 21, 2023

Executive Summary

In January 2023, RCPA developed a survey to assess whether RCPA provider members have in place the foundational components necessary for value-based payment (VBP) arrangements and to gauge members' level of experience with VBP. Executive leaders were asked to complete one survey for their entire organization. When the survey closed, RCPA VBP Work Group Co-Chairs Claire Ryder, Director of Business Development, Resources for Human Development, and Pattie Hillis-Clark, PsyD, Executive Director, Devereux Advanced Behavioral Health, Pennsylvania Children's Services, along with RCPA Mental Health Policy Director Jim Sharp and RCPA SUD Treatment Services Policy Director Jason Snyder met to review the findings. Then, on Feb. 14, the RCPA VBP Work Group met as a whole to discuss the results, deepen the work groups' collective understanding of providers' experience in these areas, and set a course for helping to address and meet the most pressing needs providers are facing relative to VBP.

The intention of this brief is to highlight key survey responses as well as key takeaways from the survey using supporting quantitative and qualitative data.

- Thirty-two organizations completed the survey during the two-week period the survey was open. The majority of individual respondents (44 percent) were considered to be CEO, president or executive director level, followed by clinical services leadership (25 percent). Given the significant financial implications of VBP, the absence of finance executives among those completing the survey was noted.
- The majority of respondents (77 percent) indicated they provided community-based mental health services. Sixty-nine percent indicated they provided mental health outpatient, and 69 percent also indicated they provide substance use disorder (SUD) outpatient treatment, followed by an array of other behavioral health services.
- All respondents indicated they have some form of VBP program in place, with 69 percent indicating they have some type of performance-based contract/quality incentive payment. Despite this, a majority of respondents lacked several critical components of VBP arrangements for many reasons, some of which are outside the direct control of the providers. Discussion among the VBP Work Group identified a need for further investigation into several areas to clarify respondents' answers and to more accurately assess VBP readiness.

Review of and discussion about the results also revealed four key takeaways.

1. The variability in Pennsylvania's five behavioral health managed care organizations' (BHMCOs) priorities and processes makes the development of comprehensive, organization-wide VBP strategies challenging.
2. Despite some VBP arrangements being reported, BHMCOs have not engaged with providers to create individualized VBPs.
3. Providers lack the necessary formalized data, processes and technology platforms that can equip them with real-time information to better manage high-risk populations and improve health outcomes.
4. Further investigation is required in several areas where respondent interpretation or the lack of specificity of the question made an accurate analysis of the response difficult.

The tenor of the discussion of the results as they pertained to both providers and BHMCOs was not one of negativity about the system but rather how the system can be improved through provider, primary contractor and BHMCO collaboration.

Findings

For this brief, examples of survey responses and subsequent discussion are described below to support each of the four key takeaways. However, not all supporting questions and corresponding responses are included in the description below.

Key Takeaway No. 1

The variability in Pennsylvania's five behavioral health managed care organizations' (BHMCOs) priorities and processes makes the development of comprehensive, organization-wide VBP strategies challenging.

With a lack of consensus among Pennsylvania's five BHMCOs as to what is prioritized in a VBP arrangement, a majority of respondents (55 percent) have not made VBP a part of their overall strategic plan (Q5). The mix of VBP arrangements in which providers are currently engaged also points to the variability among BHMCO priorities, with 69 percent of provider respondents indicating they have some type of performance-based contract/quality incentive payment, 22 percent of respondents engaged in episodic/bundled payments with quality metrics, 38 percent in shared savings and 34 percent in other alternative payment arrangements (Q17). Because of these variables, some provider organizations have indicated an intentional focus on basic process outcomes or Healthcare Effectiveness Data and Information Set (HEDIS) measures – seven-day follow-up and avoidance of readmissions, as examples – over health outcomes at this point. Seventy-two percent of respondents indicated they track process or health outcomes as part of their VBP arrangements (Q20). More investigation is required here to determine exactly what outcomes are being tracked.

Key Takeaway No. 2

Despite some VBP arrangements being reported, BHMCOs have not engaged with providers to create individualized VBPs.

Based on survey results, providers have not been an asked to be an active partner in the development of VBP arrangements despite the fact that 30 percent of a BHMCO's medical expenses must be expended through VBP payment strategies per the Pennsylvania Department of Human Services (DHS) HealthChoices Behavioral Health Program Standards and Requirements, Appendix U, of January 1, 2022. Fifty-six percent of respondents said they have not been able to negotiate with a county or BHMCO to establish a VBP arrangement individualized to their organization (Q16), and 75 percent did not have input on the selection of quality metrics/outcomes (Q19).

In discussion, providers suggested that BHMCOs were unwilling to individualize VBPs unless the provider had the ability to scale its VBP arrangement across a large swath of BHMCO members, which would increase the likelihood of meaningful cost savings and operational efficiencies for the BHMCO. The operational challenges for BHMCOs associated with managing multiple different VBPs for individual providers makes individualized plans less likely. Providers also suggested that DHS's Office of Mental Health and Substance Abuse Services, as the behavioral health HealthChoices contract holder, can and should direct BHMCOs to convene along with providers to establish cross-BHMCO VBPs, perhaps initially starting with one level of care as a pilot.

Key Takeaway No. 3

Providers lack the necessary formalized data, processes and technology platforms that can equip them with real-time information to better manage high-risk populations and improve health outcomes.

For a variety of reasons, including barriers to data access and sharing (e.g., lack of formalized sharing processes, privacy laws), limitations on electronic health records, manual or internal processes, and cost, providers often lack critical data to go beyond process measurement to health and cost outcomes. Eighty-four percent of respondents indicated they are not using a health information exchange (Q26), 66 percent said their leadership team does not have access to a performance management dashboard that enables it to monitor and respond to critical organizational indicators in real time (Q22), and 56 percent said they have not established referral and data-sharing relationships with primary care and other physical health specialty providers in the community (Q27).

Although there are systems available that address many of these needs, they are cost prohibitive, even with group purchasing models. This is another area for discussion with the primary contractors and BHMCOs.

Key Takeaway No. 4

Further investigation is required in several areas where respondent interpretation or the lack of specificity of the question made fair accurate analysis of the response difficult.

In some instances, provider responses were counter to providers' discussed experiences, warranting deeper investigation and discussion with individual survey respondents. Several questions may have

been interpreted differently by different respondents. In addition, after further analysis and discussion, some questions were found to be too general or warranted a follow-up question, which was not asked in the survey, to produce more details. For example, when asked what types of outcomes providers measure as part of their VBP arrangements, "Client Outcomes" was provided as an option, but inclusive in that choice was "Health or Process" outcomes (Q20). Understanding whether providers are tracking basic HEDIS process outcomes versus health outcomes is critical to setting the future agenda of this work group. Similarly, when asked whether agencies have good relationships and processes in place for routine communications and handoffs with hospitals (Q10), 84 percent of respondents said yes, but qualitative experience as shared by work group meeting participants contradicts the reported response. Better defining "good relationships and processes" is necessary to better understand the discrepancy and any gaps in these processes.

Next Steps

In many instances, the answers to survey questions yielded more questions. In those instances, RCPA will continue to work with the providers in the VBP Work Group to clarify and deepen our understanding of the answers. As we continue to set an agenda for this work group, many of those areas will become focus areas for upcoming meetings from which we may produce additional papers and insight. In addition, our ongoing work will include other partners and members, including DHS, OMHSAS, primary contractors, and BHMCOs.

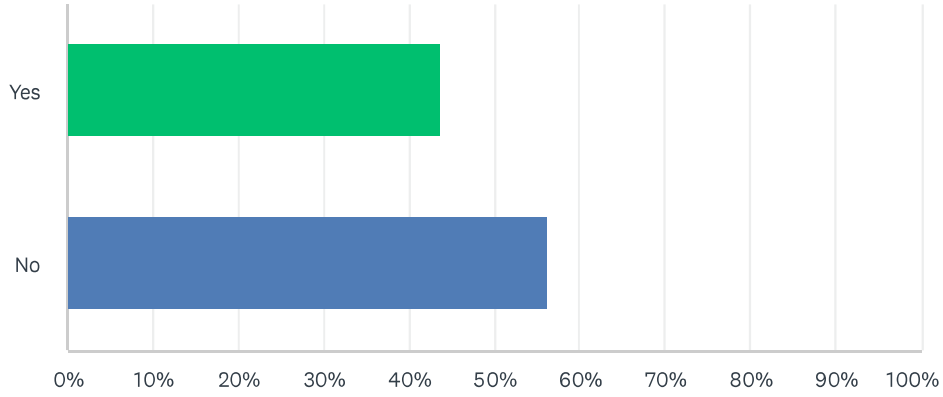
Specifically, based on work group participant feedback, upcoming meetings will include presentations by providers with specific expertise in various components of VBP arrangements, focusing on:

- Financial architecture;
- Technology, including dashboards and other VBP-supporting software;
- Staff compensation;
- Workflows and processes to enhance provider ability to react to and intervene with high-risk patients; and
- Data-sharing agreements with BHMCOs.

Ultimately, one of our main goals for this group is to identify VBP-related policy areas where RCPA can use its resources to impact and enhance the environment in which our providers serve their clients in a way that providers are incentivized and reimbursed in meaningful ways that improve patient health outcomes.

Q5 Has your agency engaged in a comprehensive strategic planning process with your board and other key stakeholders that includes preparation for a transition to VBP while maintaining fidelity to your organization's mission, vision and values?

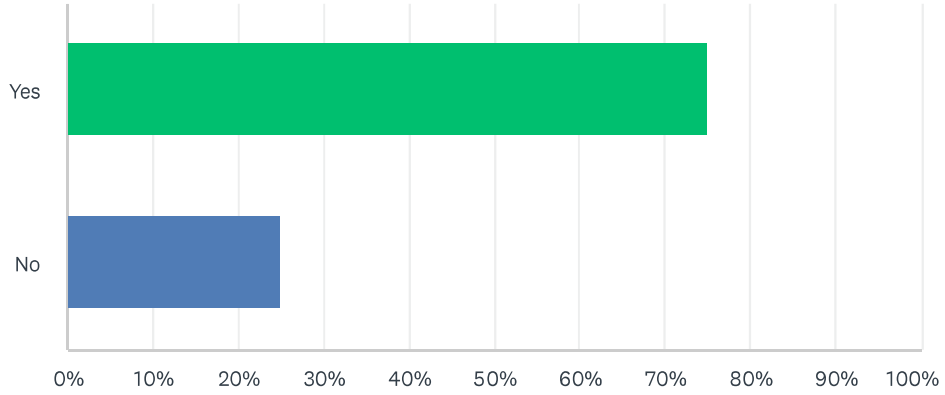
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.75%	14
No	56.25%	18
TOTAL		32

Q6 Has your board been introduced to VBPs?

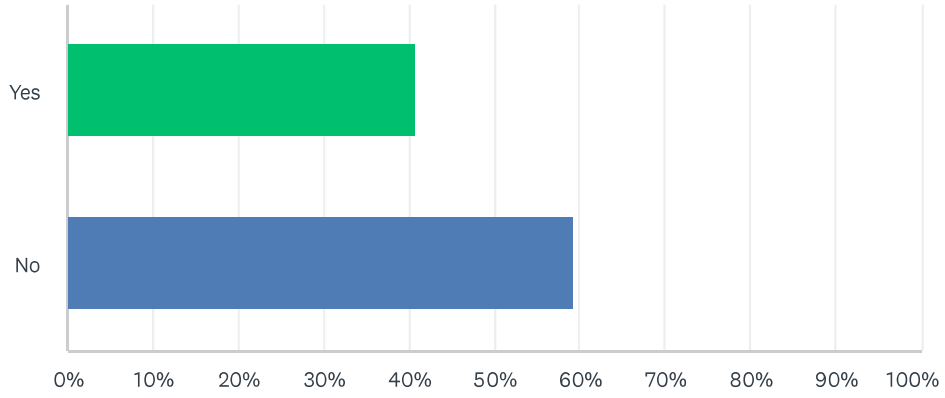
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	75.00%	24
No	25.00%	8
TOTAL		32

Q7 Has your agency conducted an analysis to identify the other service providers in your community from whom your clients receive care?

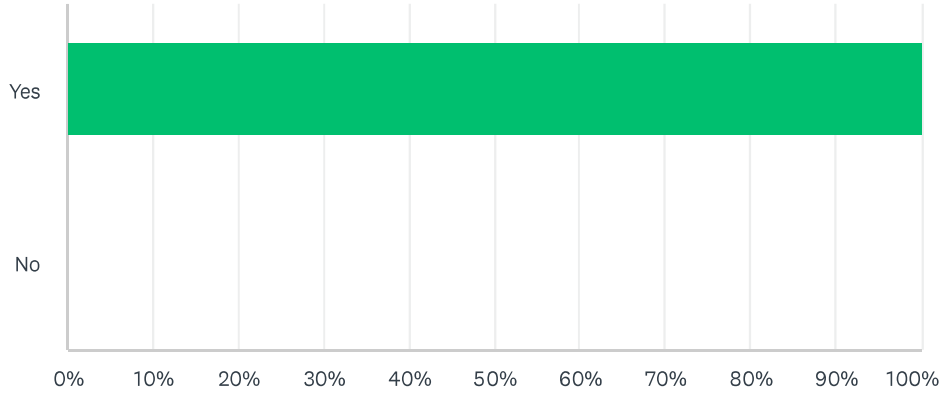
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	40.63%	13
No	59.38%	19
TOTAL		32

Q8 Does your organization use an electronic health record (EHR)?

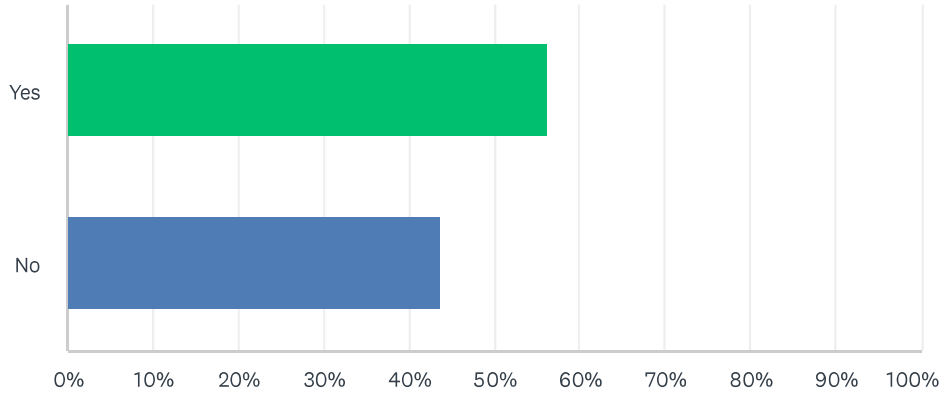
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	32
No	0.00%	0
TOTAL		32

Q9 Does your agency have a VBP leadership team in place that includes representation from quality and finance?

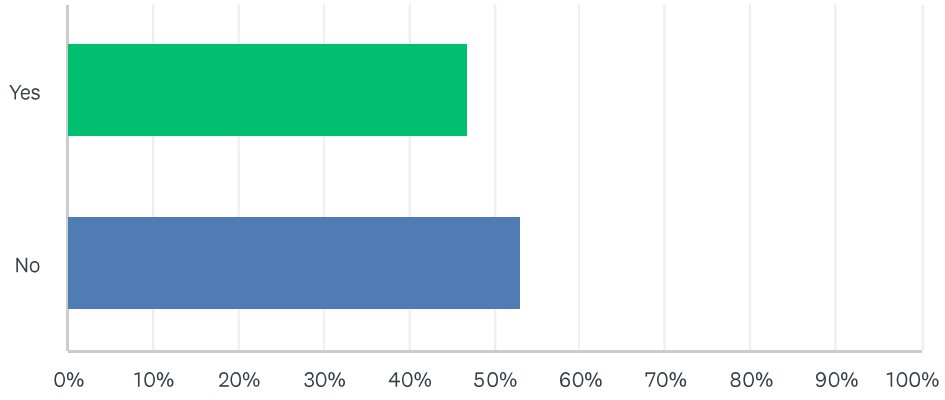
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	56.25%	18
No	43.75%	14
TOTAL		32

Q10 Is compensation aligned with performance outcomes and strategic priorities?

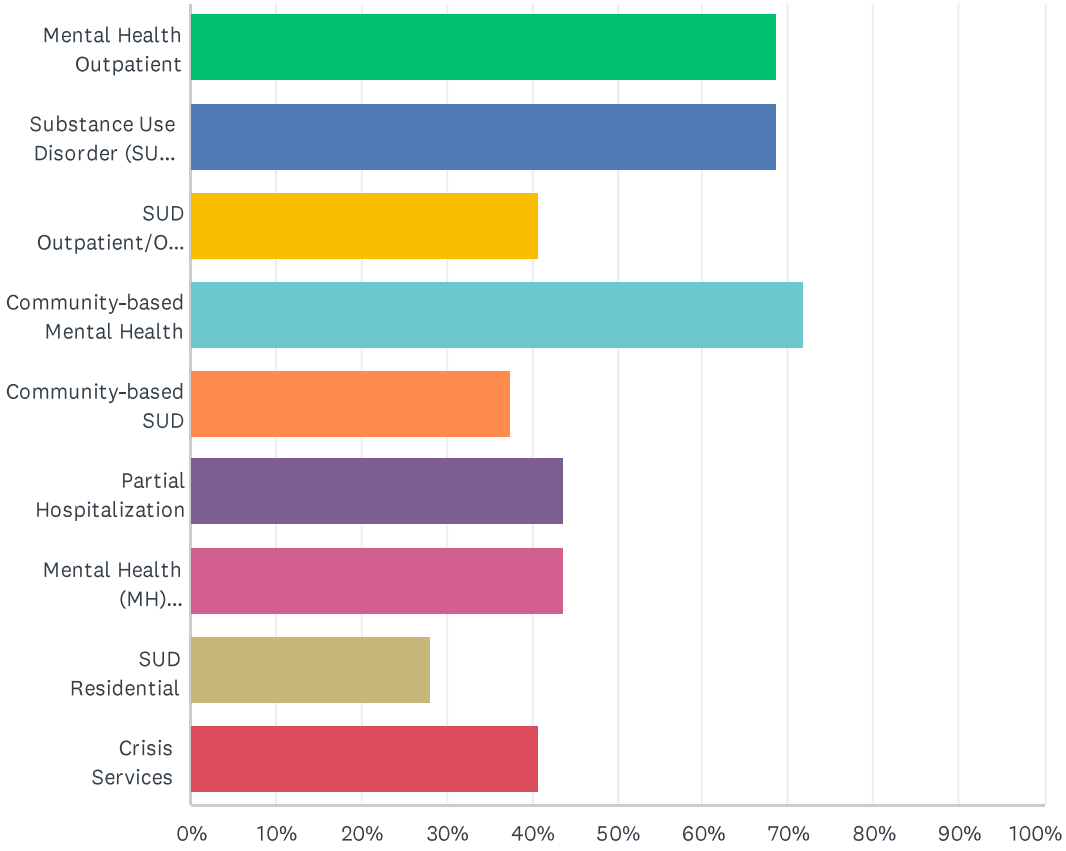
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	46.88%	15
No	53.13%	17
TOTAL		32

Q11 What services do you offer? (Check all that apply)

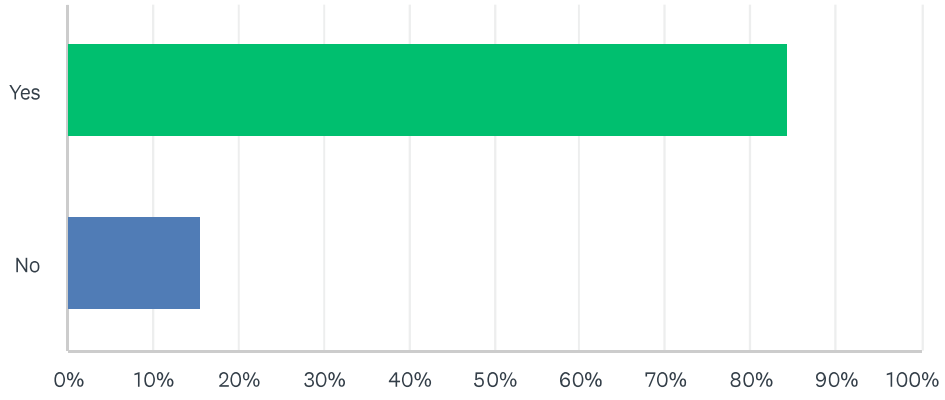
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Mental Health Outpatient	68.75%	22
Substance Use Disorder (SUD) Outpatient	68.75%	22
SUD Outpatient/Opioid Treatment Program (OTP)	40.63%	13
Community-based Mental Health	71.88%	23
Community-based SUD	37.50%	12
Partial Hospitalization	43.75%	14
Mental Health (MH) Residential	43.75%	14
SUD Residential	28.13%	9
Crisis Services	40.63%	13
Total Respondents: 32		

Q12 Does your agency have good relationships and processes in place for routine communications and handoffs with hospitals your clients may use?

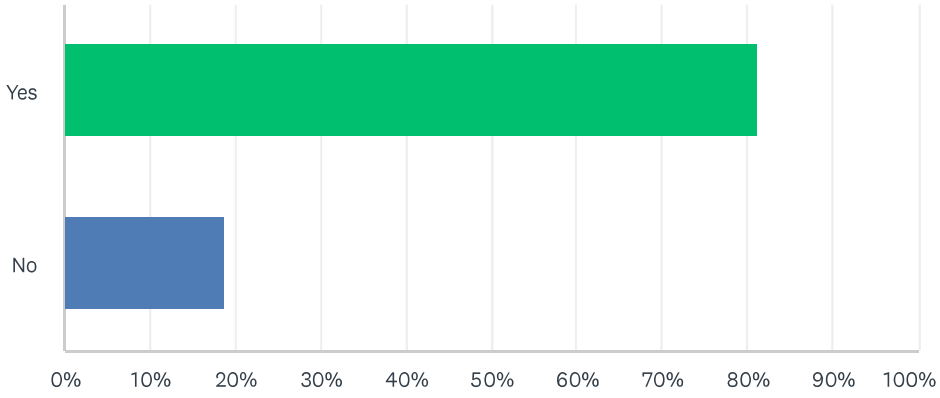
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	84.38%	27
No	15.63%	5
TOTAL		32

Q13 Does your clinical team include a medically trained staff member who works onsite and is available to consult with the team throughout the day?

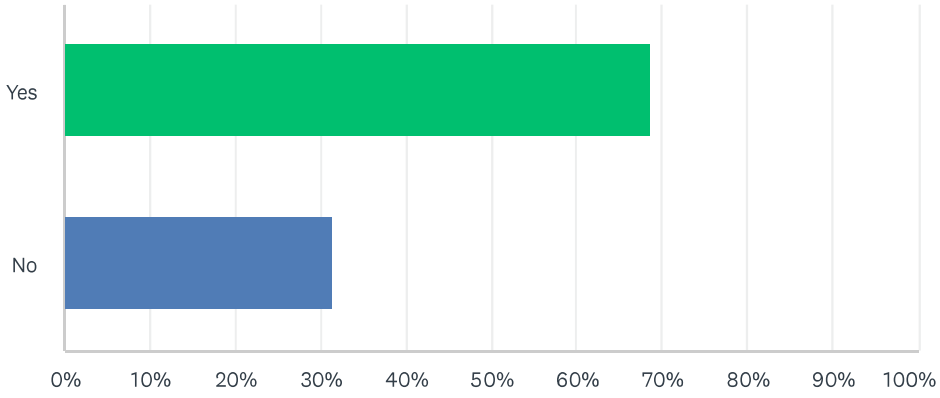
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	81.25%	26
No	18.75%	6
TOTAL		32

Q14 Does your agency have a system to provide early intervention and risk-adjusted care planning to ensure the most appropriate level of care?

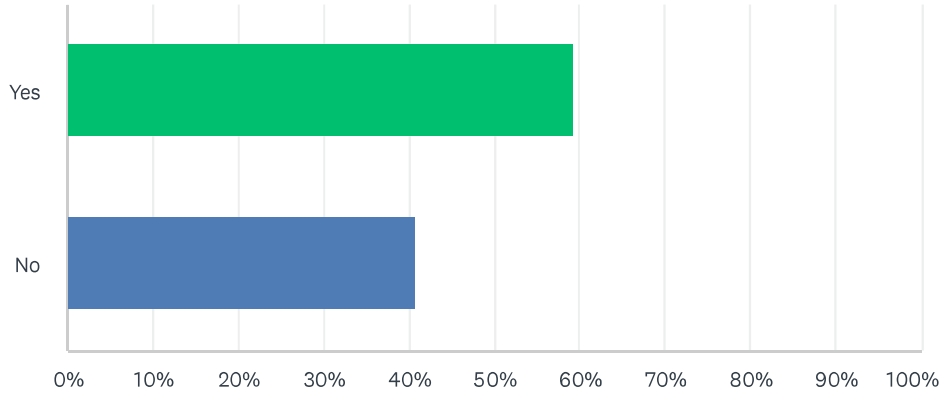
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	68.75%	22
No	31.25%	10
TOTAL		32

Q15 Do you have strong, established payer relationships and a supporting plan to facilitate negotiation of new care models, payment innovations and data-sharing agreements?

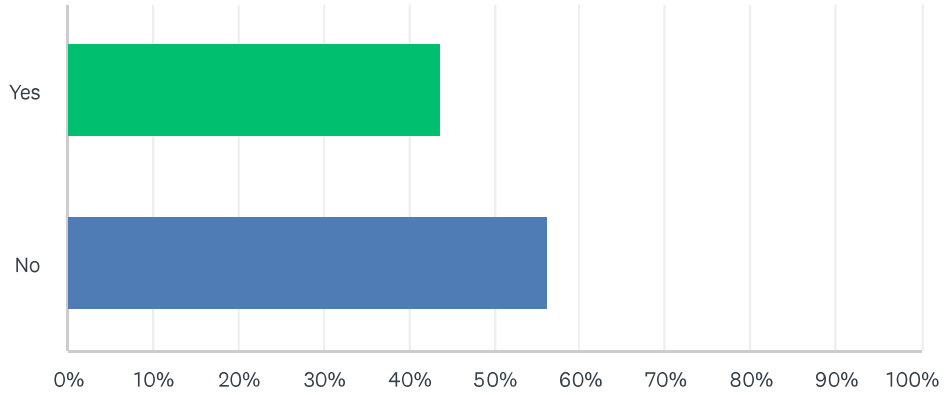
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	59.38%	19
No	40.63%	13
TOTAL		32

Q16 Have you been able to negotiate with a county or managed care organization to establish a VBP arrangement individualized to your agency?

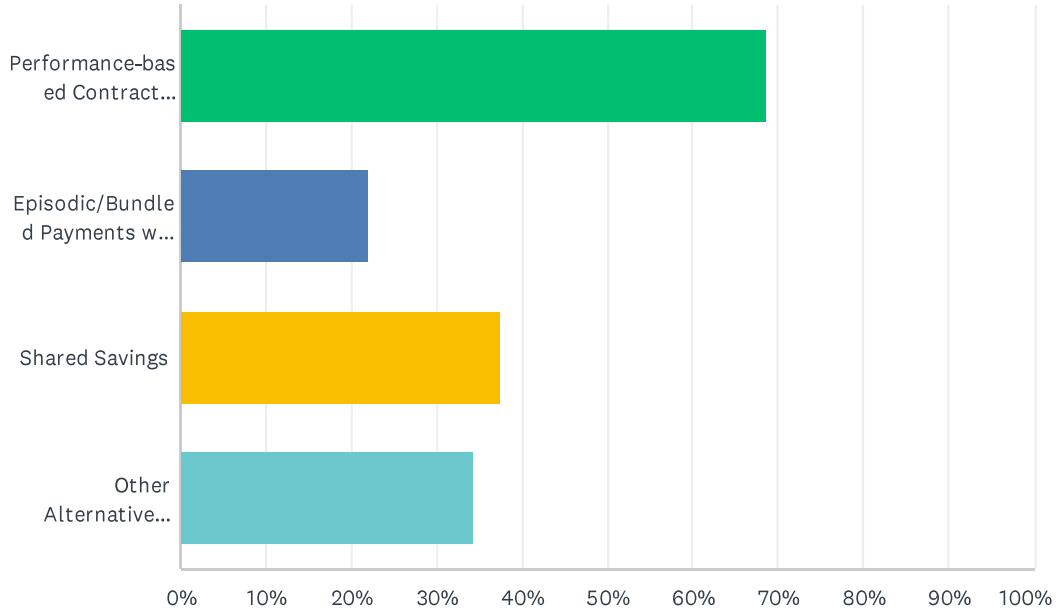
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.75%	14
No	56.25%	18
TOTAL		32

Q17 If you have a VBP arrangement, how would you categorize it? (Check all that apply.)

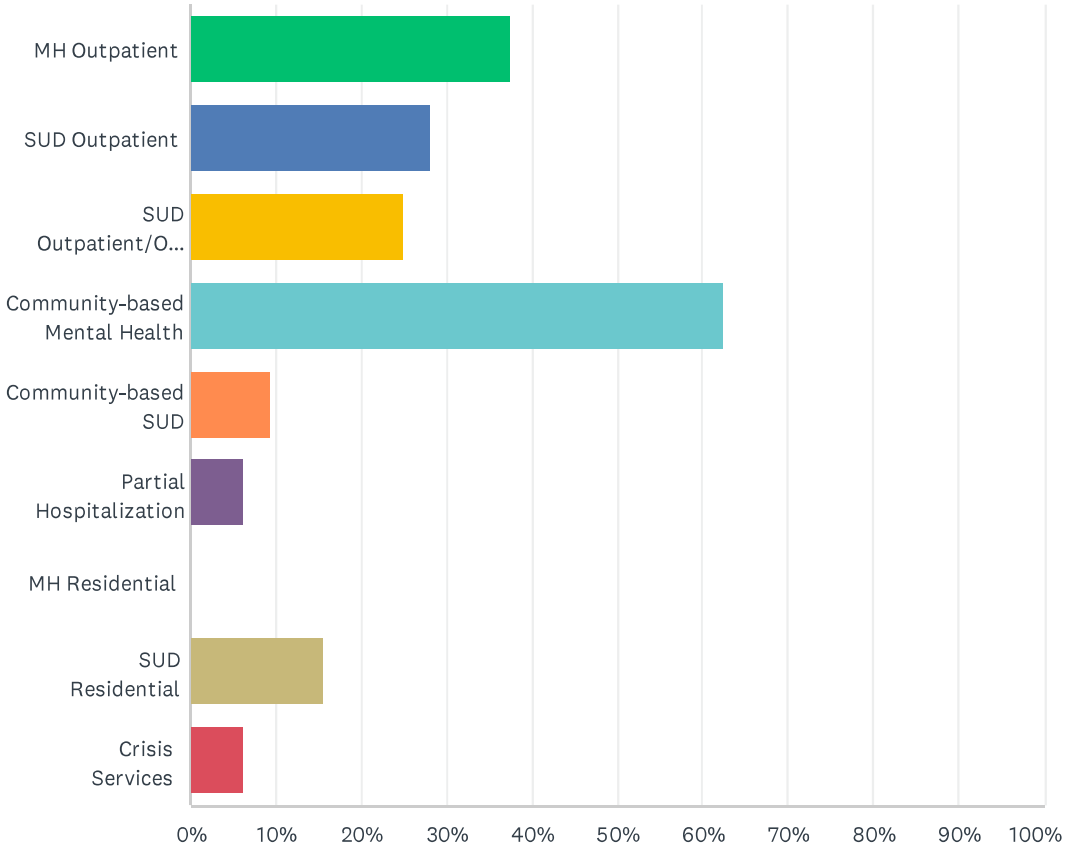
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Performance-based Contract (Quality Incentive Payment)	68.75%	22
Episodic/Bundled Payments with Quality Metrics	21.88%	7
Shared Savings	37.50%	12
Other Alternative Payment Arrangement	34.38%	11
Total Respondents: 32		

Q18 If you have a VBP arrangement, what services does it cover? (Check all that apply.)

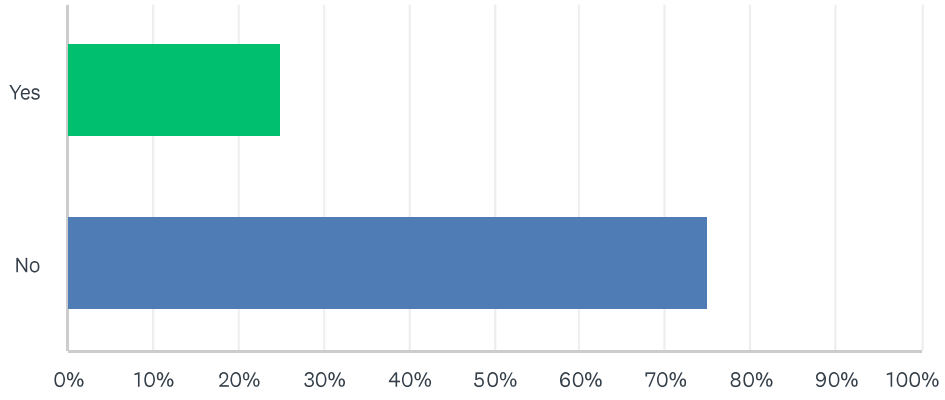
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
MH Outpatient	37.50%	12
SUD Outpatient	28.13%	9
SUD Outpatient/Opioid Treatment Program (OTP)	25.00%	8
Community-based Mental Health	62.50%	20
Community-based SUD	9.38%	3
Partial Hospitalization	6.25%	2
MH Residential	0.00%	0
SUD Residential	15.63%	5
Crisis Services	6.25%	2
Total Respondents: 32		

Q19 If you have a VBP arrangement, did you have input on the selection of quality metrics/outcomes?

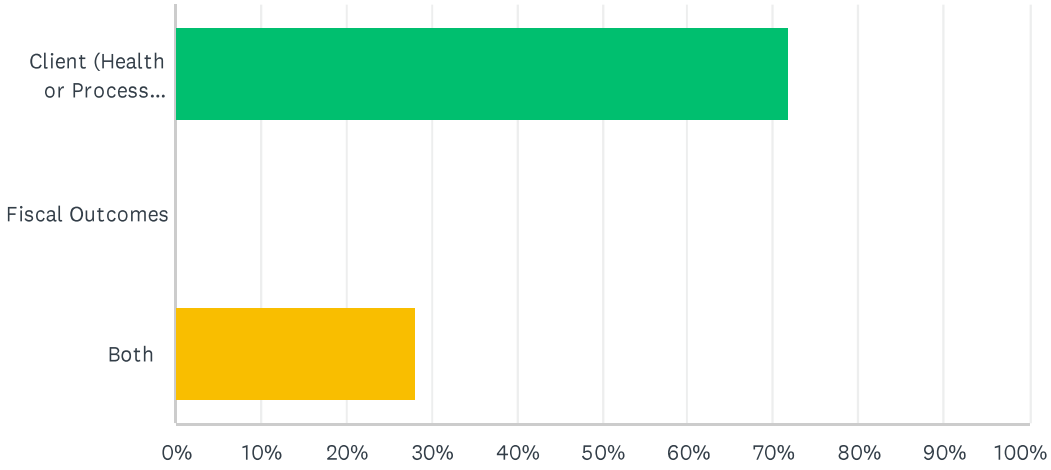
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	25.00%	8
No	75.00%	24
TOTAL		32

Q20 As part of your VBP arrangement, what types of outcomes do you measure?

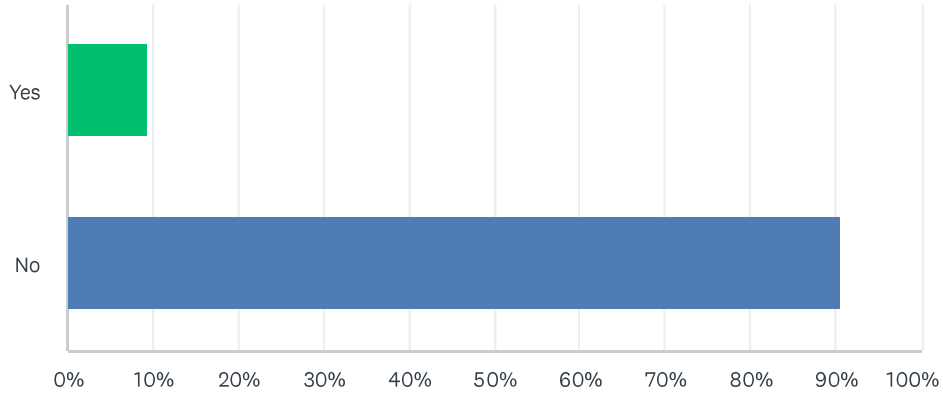
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Client (Health or Process Outcomes)	71.88%	23
Fiscal Outcomes	0.00%	0
Both	28.13%	9
TOTAL		32

Q21 Have you done any shadow-billing (i.e., submitting no-pay or information-only claims) as part of a process to prepare for a VBP arrangement?

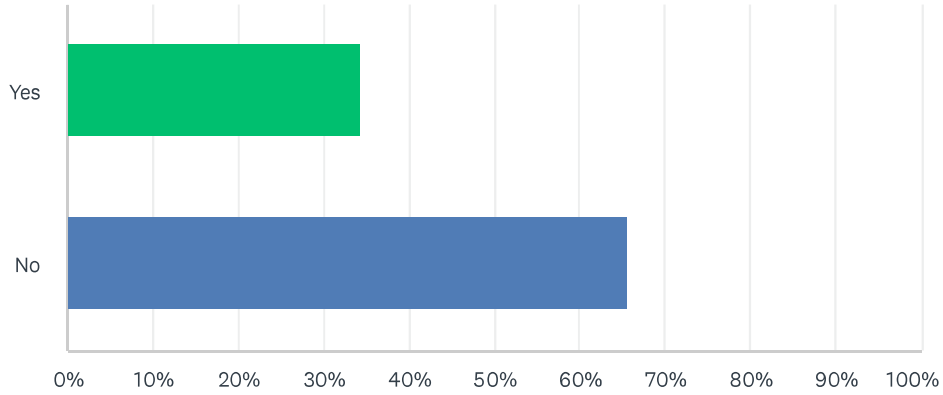
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	9.38%	3
No	90.63%	29
TOTAL		32

Q22 Does your agency's leadership team have access to a performance management dashboard that enables it to monitor and respond to critical organizational indicators in real time?

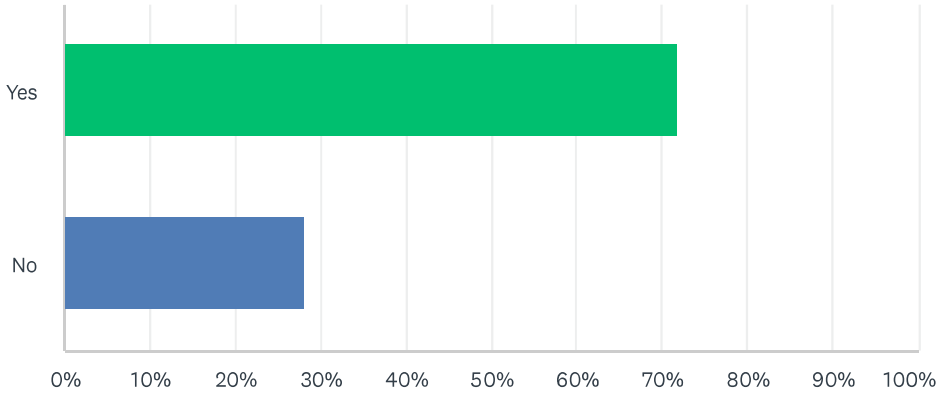
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	34.38%	11
No	65.63%	21
TOTAL		32

Q23 Do you have the ability to collect data on the social determinants of health outcomes of the people you are serving?

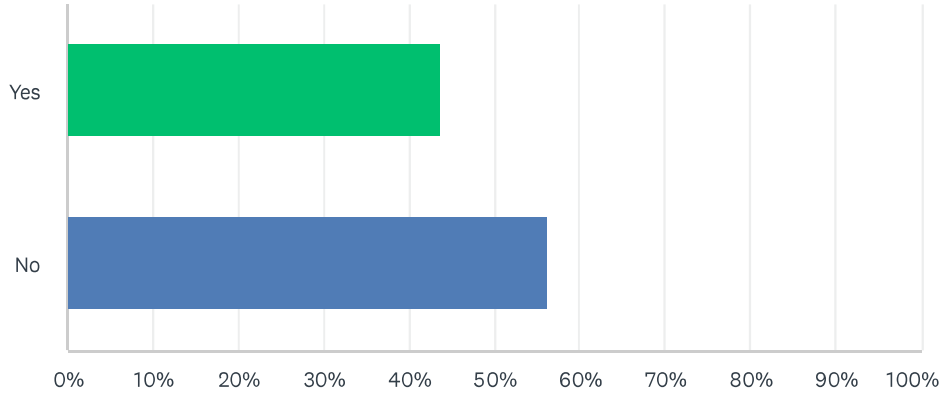
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	71.88%	23
No	28.13%	9
TOTAL		32

Q24 Does your agency have a workflow in place to quickly act on data received regarding real-time admission, discharge and transfer alerts when your clients are registered or discharged from hospitals or emergency rooms?

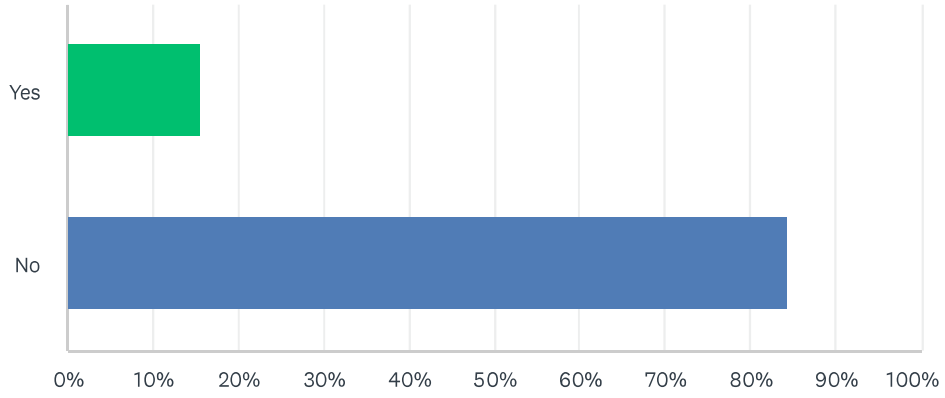
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.75%	14
No	56.25%	18
TOTAL		32

Q25 Does your agency create or receive a list of super utilizers and clients at-risk for hospital admission?

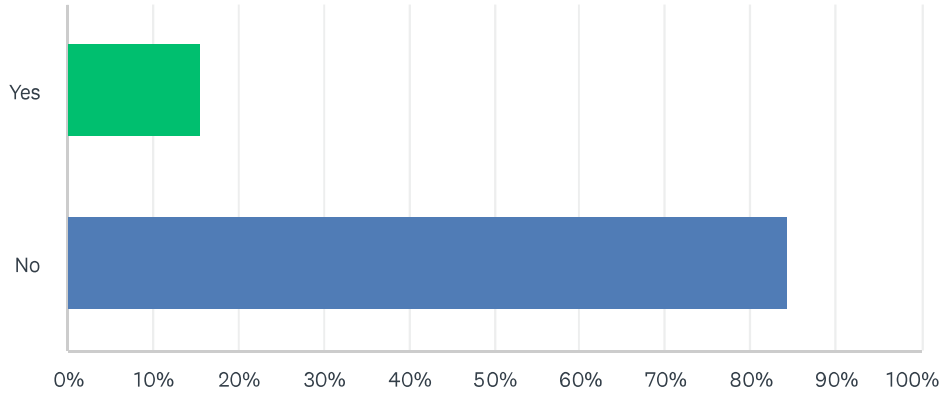
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	15.63%	5
No	84.38%	27
TOTAL		32

Q26 Is your agency using any health information exchange (HIE) service offered by another HIE service provider (such as a query-based HIE) to communicate with external providers?

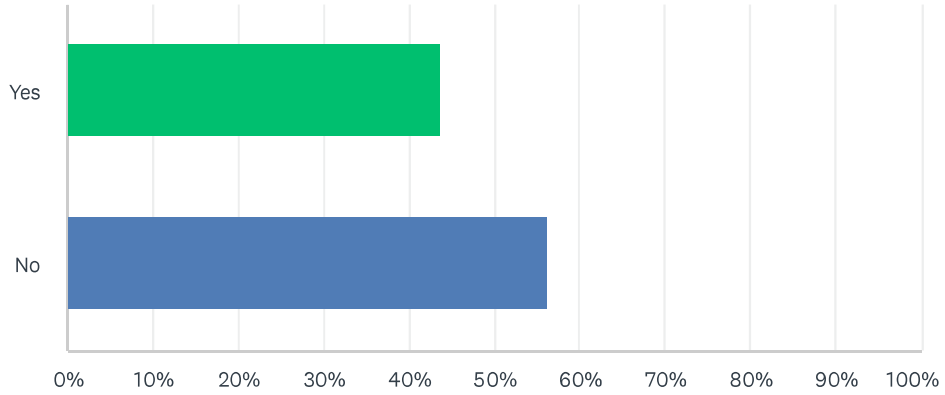
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	15.63%	5
No	84.38%	27
TOTAL		32

Q27 Have you established referral and data-sharing relationships with primary care and other physical health specialty providers in the community?

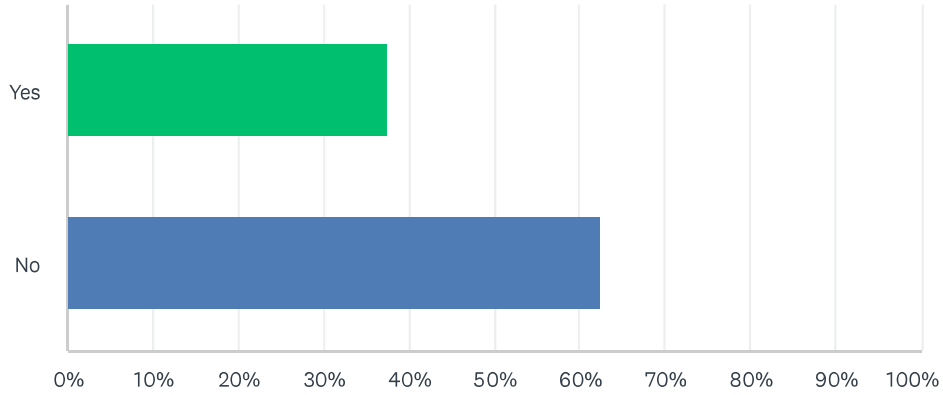
Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.75%	14
No	56.25%	18
TOTAL		32

Q28 Does your EHR enable population health data analysis, business intelligence, and care management functions in addition to service documentation and revenue cycle management?

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	37.50%	12
No	62.50%	20
TOTAL		32

Q29 Please provide us with any additional experiences with or thoughts or questions about VBP arrangements.

Answered: 18 Skipped: 14

#	RESPONSES	DATE
1	Due to the confidentiality requirements around 42 CFR Part 2, sharing of client data is problematic with hospitals and other providers. Knowing when our patients land in the ED is near impossible for us as an SUD provider so getting our arms around decreasing ED visits is a struggle.	2/6/2023 3:09 PM
2	For Q10 (Is compensation aligned with performance outcomes and strategic priorities?) - we were unsure about whether this question referred to employee compensation or payments to the agency as a whole. We entered "Yes," but if the question is specific to employee compensation, then the answer would be "No."	2/3/2023 4:58 PM
3	N/A	2/3/2023 2:10 PM
4	Including Providers in decision making through the use of Measurement based care and outcomes that are in value to the individual.	2/1/2023 12:35 PM
5	Much of our experience includes participating in a cohort with other agencies.	1/23/2023 3:52 PM
6	We have negotiated APA's in the past, that are still active, but they are not proximate to the most recent VBP activity, so seem less salient in this survey. I would also suggest using an interval/rating scale for some of these. For instance, we do have things in place for early intervention and rapid reassessment/reassignment of programming, but it is not second nature to folks to use it, so selecting 'yes' seemed disingenuous, but being able to select 'partially implemented' could give a sense of where providers are with various tasks. thanks for this question to be able to share additional thoughts.	1/21/2023 8:39 AM
7	This is our first year and we are in 2 VBP contracts. 1 - incentive-based, 1- Shared Risk	1/20/2023 2:52 PM
8	We are in the process of integrating onto a new EMR to be better positioned with regard to real time consumer data, outcomes etc.	1/20/2023 12:14 PM
9	We are currently part of one VBP facilitated by our BHMCO. We also are part of the ICWC model which carries some of the components of a value based arrangement. We are paid per member per month with expected outcomes. But not paid specifically on those outcomes.	1/20/2023 10:14 AM
10	Years ago we negotiated an APA with our primary contractors regarding TCM services. This has worked very well. The most recent VBP contracts forwarded to us by the BH MCO for FB and Outpatient had no input from us, afforded no flexibility, and focused only on inpatient savings rather than a comprehensive, recovery oriented approach to outcomes.	1/20/2023 7:49 AM
11	Some of the answers above may be in the positive but that doesn't necessarily mean the systems are functioning at a high level.	1/20/2023 6:38 AM
12	Void questions 17-20 b/c a NA choice does not exist.	1/19/2023 8:47 PM
13	Thank you for the opportunity to provide this information.	1/19/2023 5:02 PM
14	Q17 Other APA are focused on COVID, so I did not include them. Q7 I think we assume since we are rural, that we know all the players, but you know you spell assume... Q23 our data collection processs is inadequate, but present.	1/19/2023 4:09 PM
15	All VBP thus far were for specific programs, fairly low volume with spreadsheets created to manage data	1/19/2023 4:02 PM
16	We are in the process of transitioning to a new EMR that will provide data analysis etc.	1/19/2023 3:41 PM
17	One of the newest concerns we are discovering is that payments are not inappropriate time manner they are coming after the fiscal year ends and they're based on performance so all the risk is on the provider	1/19/2023 3:37 PM

18	The only service we provide with any connection to VBP is psych rehab (clubhouse). It doesn't seem to lend itself well to this process, at least in the arrangement that we have in place with CCBHO.	1/19/2023 3:35 PM