Value-Based Purchasing (VBP) Provider Technical Assistance (TA) Webinar

July 19, 2024

Commonwealth of Pennsylvania
Office of Mental Health and Substance Abuse Services (OMHSAS)

Housekeeping

Pennsylvania
Department of Human Services

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Roll Call

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Suzie Smith,
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Best Providers of Western PA

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Agenda

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- **Welcome and Introductions**
- **From an Idea to Approval — The OMHSAS VBP Proposal Review Process**
- **It's All About Partnerships**
  - Building a Stronger Relationship Between Inpatient and Outpatient Providers
  - Examples of Provider Partnerships and Where They Have Been Successful
- **Ideas for Future TA Webinar Topics**
- **Open Discussion and Closing Remarks**

Welcome and Introductions

Jocelyn Maddox, Director,

Bureau of Quality Management and Data Review, OMHSAS

From an Idea to Approval —

The OMHSAS VBP Proposal Review Process

From an Idea to Approval

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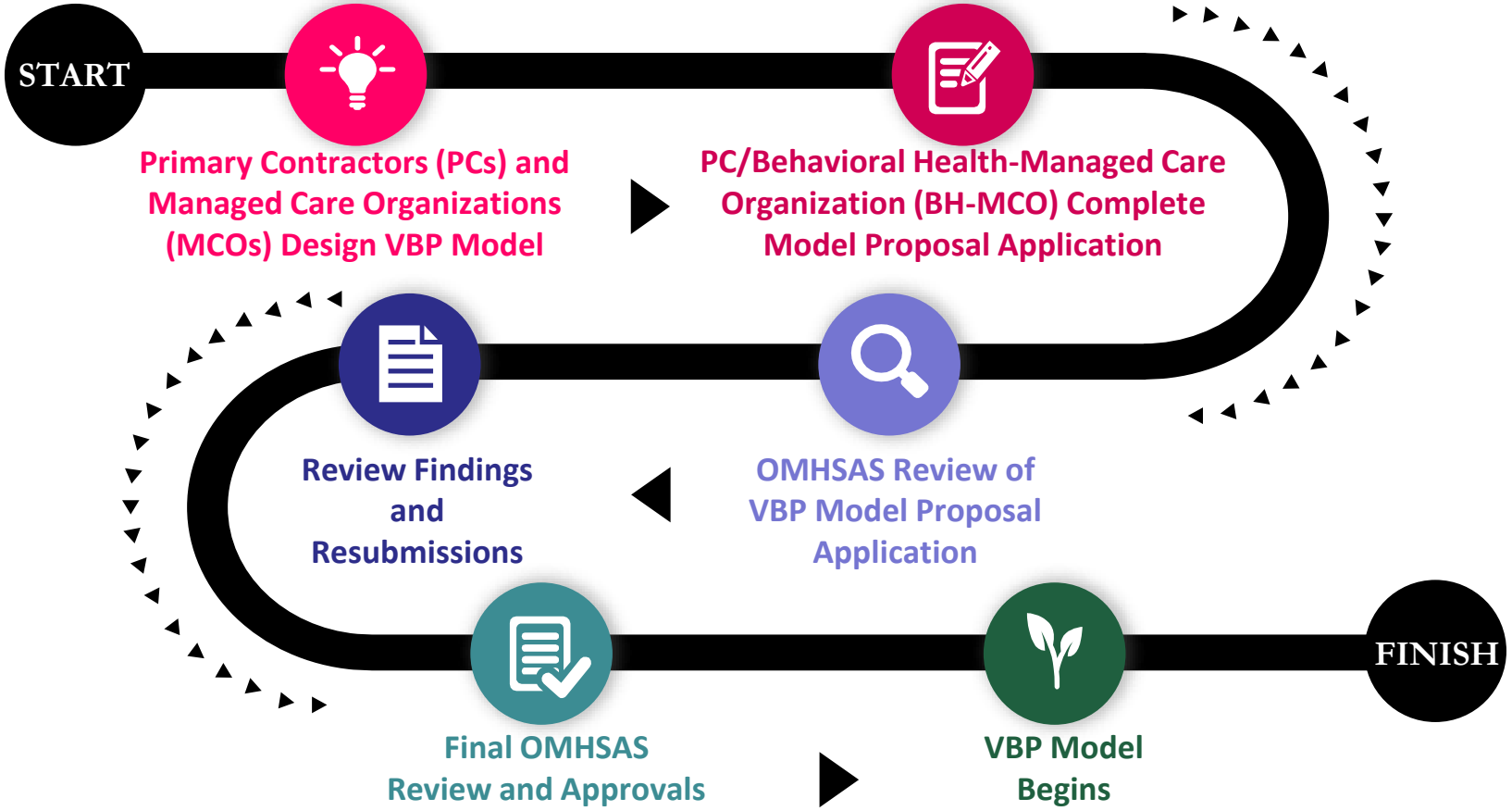
Lifecycle of a VBP Model Submission



Lifecycle of a VBP Model Submission

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PC and BH-MCO Design VBP Model

PCs and BH-MCOs work together and/or with providers to design VBP model.

PC/BH-MCO Complete Model Proposal Application

PCs and BH-MCOs work together to compete the OMHSAS VBP Model Proposal Application.

The OMHSAS VBP Model Proposal Application contains 27 fields of information capturing the details of the model. Information on the participating providers including provider types, specialties, and projected spends are also captured.

VBP Model Proposal Application Fields Include:

- VBP Model Name
- Category of Service (COS) Primary
- COS Secondary
- Service Description
- Program Type (If Applicable)
- VBP Arrangement Dollars Reported in Person-Level Encounter Data
- Target Area (Population[s]/Service[s])
- Evidence-Based Practices or Programs
- VBP Strategy-Level
- VBP Model Previously Approved by OMHSAS
- Year of Approval (If Previously Approved)
- If M2 or higher, is there a Community-Based Organization (CBO) involved in the arrangement?
- Date of Alternative Payment Arrangement Prior Approval (If Applicable)
- Data Source and Approach to Identify Population/Service
- Number of Enrollees Impacted
- Target Area Goals
- Planned Interventions
- Performance Measurement Methodology
- Funding Source
- Attribution
- Payment Methodology
- Data Needs and Availability
- Health Equity
- CBO Coordination
- Intersection with Community-Based Care Management Program

Lifecycle of a VBP Model Submission *Continued*

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OMHSAS Review of VBP Model Proposal Application

OMHSAS reviews each submitted model to ensure the model adheres to OMHSAS contractual requirements and has sound performance measurement and payment methodology.

A standardized evaluation criteria is used to help ensure all models are reviewed and evaluated similarly.

- **Evaluation criteria includes items such as:**
  - Planned Interventions — The interventions planned are clearly related to the goals of the VBP.
  - Target Area Goals — The PC's VBP model goals are clear, simple, and stated in a way that supports the ability to determine whether the program has a measurable impact for a clearly defined population/service.
- **Performance Measures — Each VBP model has one or more measures to track performance and improvement over a specific period of time. The following elements are to be addressed as needed:**
  - The measures are objective, clearly defined and can be expected to be reliable and valid indicators of the desired financial and/or clinical outcomes based on current clinical knowledge or health services research.
  - The benchmarks for each performance measure are provided, along with an explanation of how it was determined. Performance measure benchmarks provide a specific numerical target to identify when providers have met performance expectations on a given measure. Common benchmarking methods include: (1) improvement goals; (2) absolute goals; and/or (3) industry or "gold" standard.

Lifecycle of a VBP Model Submission *Continued*

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Review Findings and Resubmissions

OMHSAS provides review findings/feedback to the PCs and BH-MCOs for all models submitted for review. The PCs and BH-MCOs then may update the proposal applications to address feedback and resubmit the applications for final review.

Final OMHSAS Review and Approvals

OMHSAS reviews the resubmitted models and provides final feedback and approval status.

VBP Model Begins

Approved models may begin.

If a model is not approved, PCs and BH-MCOs may submit the model again during the next review cycle.

It’s All About Partnerships —

Building a Stronger Relationship Between Inpatient and Outpatient Providers

Considerations for Partnerships

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Benefits

- Improve individual and family outcomes
- Reduce the risk of post-discharge self-harm and violence
- Reduce the risk of readmission and disconnection from care
- Improved individual and family experience
- Reduction in cost
- Increase in value-based payment opportunities
- Increase staff satisfaction

Challenges

- Required robust outpatient and inpatient provider partnership and collaboration
- Time intensive to establish
- Success depends on trust
- Change in culture, workflows, policies, and procedures

Areas and Approaches to Explore

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- **Understand each other's pain points**
- **Establish what this partnership wants to achieve**
- **Develop mutually agreed upon protocols, processes, and workflows**
- **Establish lines of communication**
- **Share data and information**
- **Implement Continuous Quality Improvement**

Possible Interventions — Admission

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- **Ensure that:**
  - All appropriate assessments and screening tools are utilized.
  - Prior and/or current treatment detailed provider information is obtained.
- **Obtain and utilize any available information/technology.**
- **If applicable, contact current provider and/or care manager and obtain outpatient provider information.**
- **If applicable, welcome and integrate care managers into hospital discharge process.**
- **All individuals should have confirmed outpatient appointment before discharge. Referral to walk-in clinics are not sufficient.**
- **Hospital should provide all pertinent information to outpatient provider, not just discharge instructions.**
- **Both hospital and outpatient provider need to communicate regarding follow-up.**

It’s All About Partnerships —

Examples of Provider Partnerships and Where They Have Been Successful

Types of Partnerships

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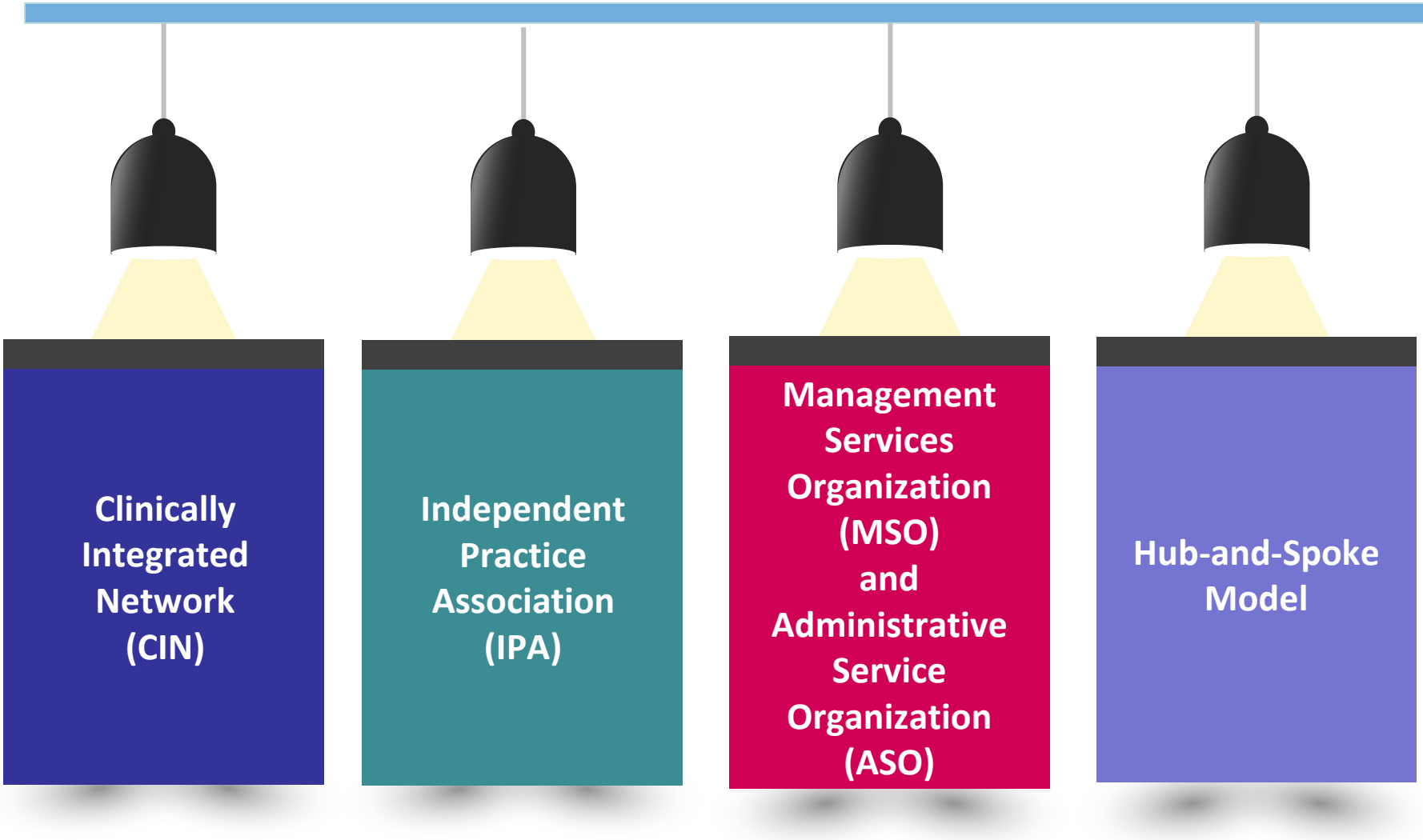

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CIN

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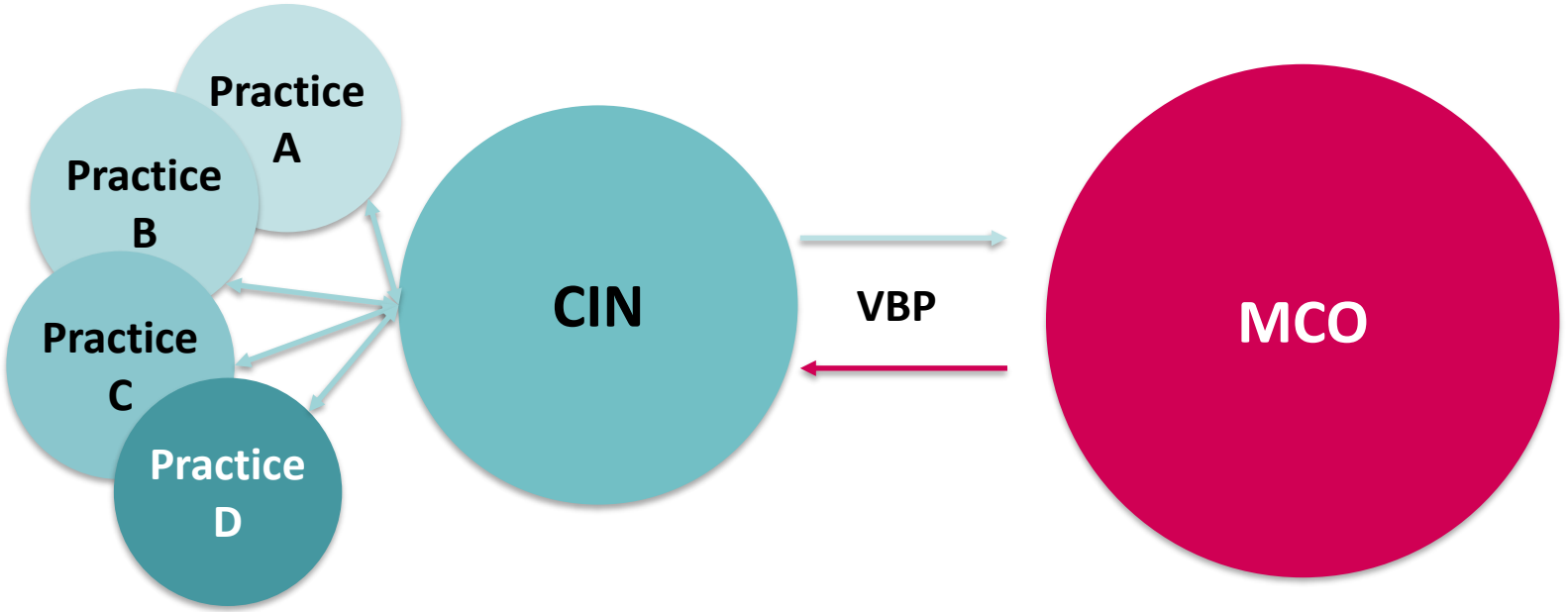
Definition:
CIN is a business entity that acts on behalf of a group of independent providers to establish efficient, affordable, integrated, and coordinated care. CINs can negotiate and contract with MCOs.



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IPA

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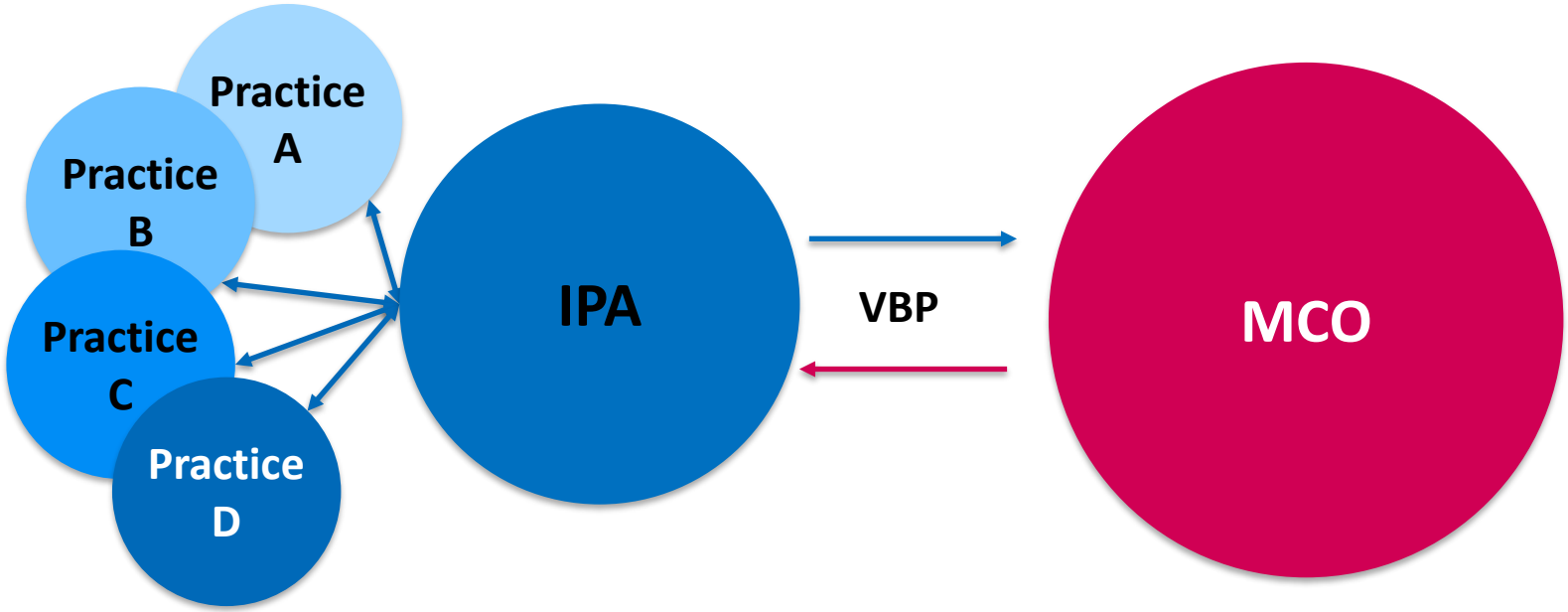
Definition:
An IPA is a business entity that acts on behalf of a group of independent provider groups to negotiate and contract with MCOs. IPAs help providers manage risk, implement health information technology (HIT), and enhance care management.



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MSO and ASO

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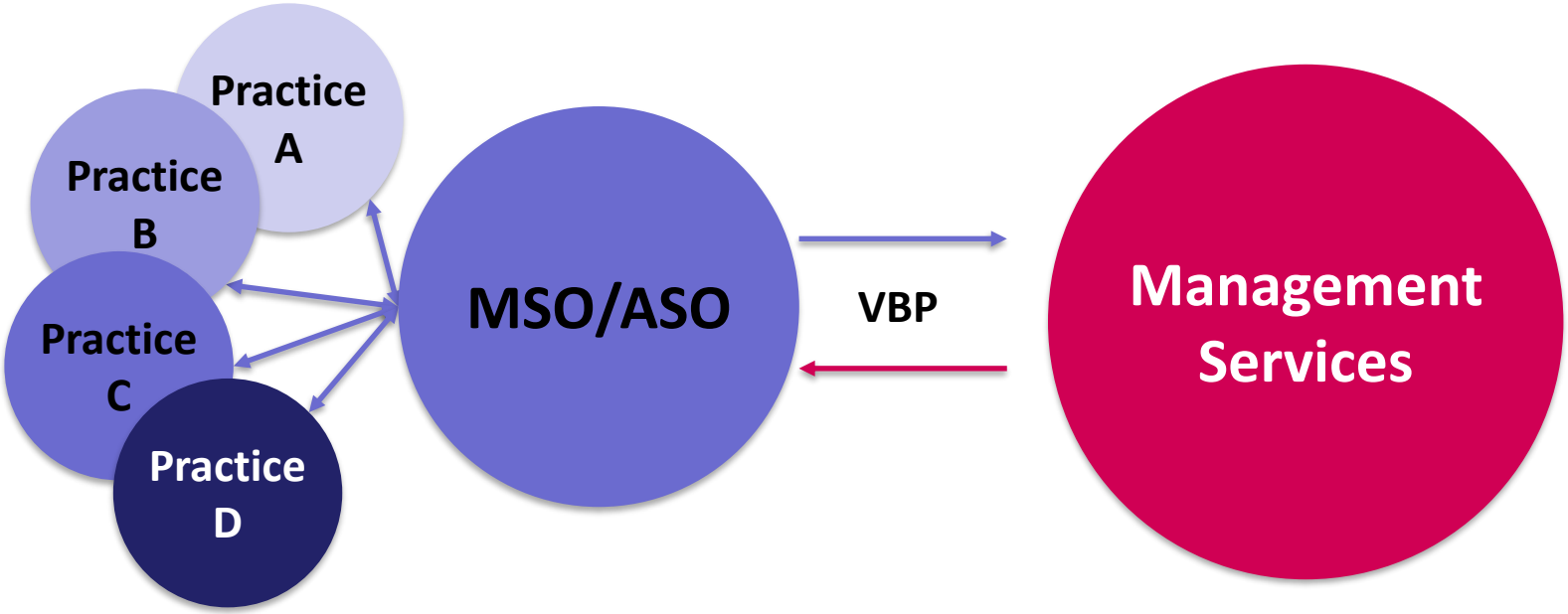
Definition:
MSOs and ASOs are business entities that act on behalf of a group of independent providers to establish management and/or administrative services for the group. These services may include, but not limited to; Human Resources, Information Technology, Billing, Finance, Compliance, and Quality Assurance, etc. In addition, these businesses can provide purchasing power for various insurance and other types of services.



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Hub-and-Spoke Model

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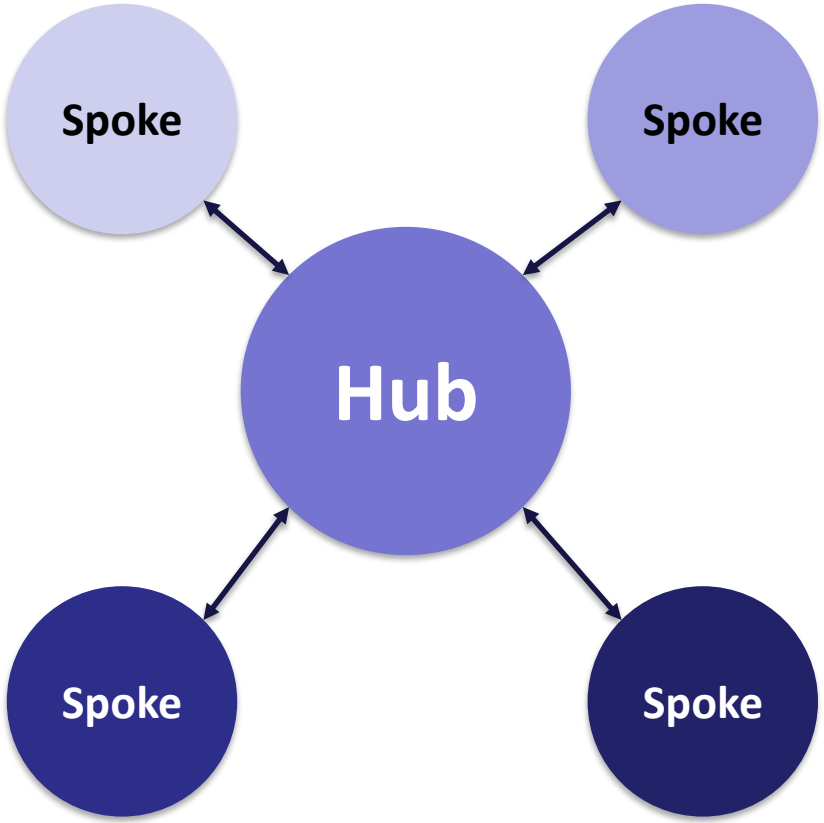
Definition:
The hub-and-spoke model revolves around a central facility, or "hub," which provides intensive health care services and is complemented by satellite campuses, or "spokes," which provide more general and less intensive health care services. The hub-and-spoke model can enhance the efficiency of resource utilization, leverage the hub's expertise and technological infrastructure, reduce duplication and cost, and improve access. The model can be utilized by one organization with multiple locations or by multiple organizations.



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Considerations for Partnerships

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Benefits

- **"Strength in numbers"**
  - HIT
  - Efficiencies and reduced administrative/infrastructure burden
  - Population health management
  - MCO contract negotiations
  - Ability to obtain skill sets that otherwise would be too costly
- **Expanded VBP opportunity**
- **Could provide a buffer against consolidation**

Challenges

- **Required robust provider partnership and collaboration**
- **Time intensive to establish**
- **Success depends on trust**
- **Might require upfront investment**

New York State (NYS) VBP Readiness

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- **The New York (NY) Office of Mental Health and Office of Alcoholism and Substance Abuse Services launched the VBP Readiness Program to develop Behavioral Health Care Collaboratives (BHCCs) in 2017**
  - The VBP Readiness Program aimed to prepare BH providers for VBP and encourage payers to engage with BH providers
  - BH IPAs may participate as a BHCC
  - BHCCs may establish BH IPAs
- **BHCCs and BH IPAs support providers to increase access to care, clinical integration, and the implementation of VBP**
- **NY lists 16 BH IPAs participating in the program**

NYS VBP Readiness *Continued*

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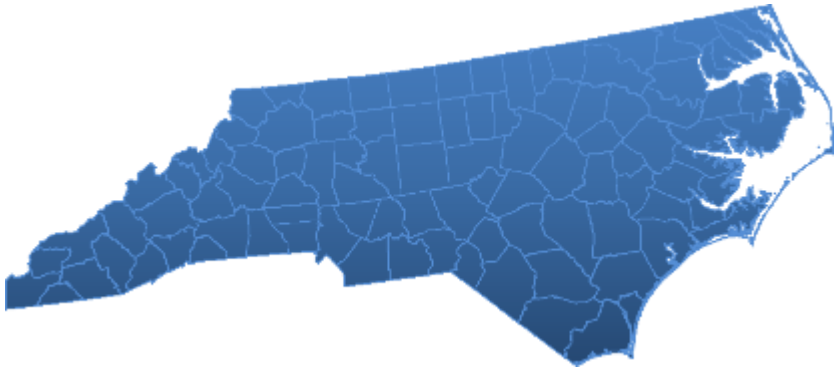
- **In 2017, the VBP Readiness Program began supporting BHCCs and BH IPAs**
  - Supported NYS' goal to have 50%–70% of managed care payments in VBP Level 2 or higher (two-sided risk) by 2020
- **The VBP Readiness Program supported four key areas:**
  - Organization
  - Data Analytics
  - Quality Oversight
  - Clinical Integration
- **Final deliverable for BHCCs/BH IPAs to participate in Level 2 (two-sided risk) or higher arrangement**

North Carolina CINs

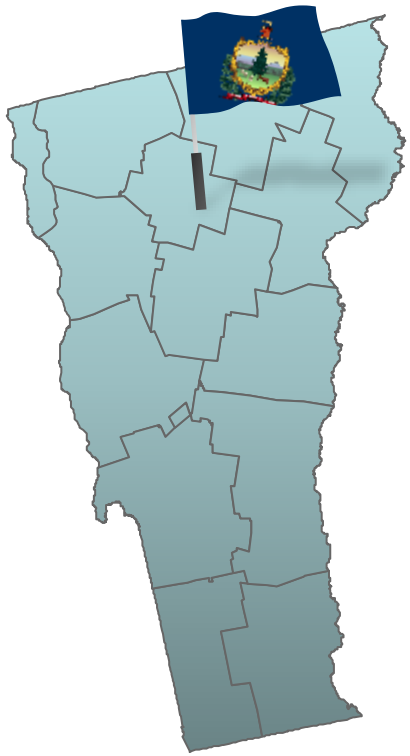
- **North Carolina (NC) has recently transitioned its Medicaid and NC Health Choice programs from predominantly fee-for-service to managed care**
- **As part of this transition, NC encouraged and supported providers in joining CINs**



- **While NC for the most part did not provide direct funds to CINs, it did provide and continues to provide start-up funds through MCOs to providers who have used these funds to join various CINs**

Vermont Spotlight

- **Vermont Hub-and-Spoke Model of Care for Opioid Use Disorders (OUDs)**
  - Regional hubs (licensed specialty outpatient treatment programs) offer intensive treatment and training for spoke providers
  - Spokes (medical practices) provide office-based opioid treatment, including medication prescription and recovery counseling
  - Patient assessments determine most appropriate care setting (i.e., the hub or a spoke)
  - The model has improved opioid treatment capacity



Washington State Spotlight

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- **Washington State Hub-and-Spoke Project**
  - Connects a network of community providers around a central hub
  - Hub offers a medications for opioid use disorder (MOUD) to all patients seeking OUD services and partner with spokes to provide integrated MOUD regardless of the point of entry for the patient

  - Spokes provide OUD treatment, behavioral and primary health care services, wraparound services, and referrals
  - Spokes include jails, drug courts, and police departments in addition to health care providers
  - Project initially funded by the Substance Abuse Mental Health Services Administration

Ideas for Future TA Webinar Topics

Open Discussion

Closing Remarks

Jocelyn Maddox, Director,

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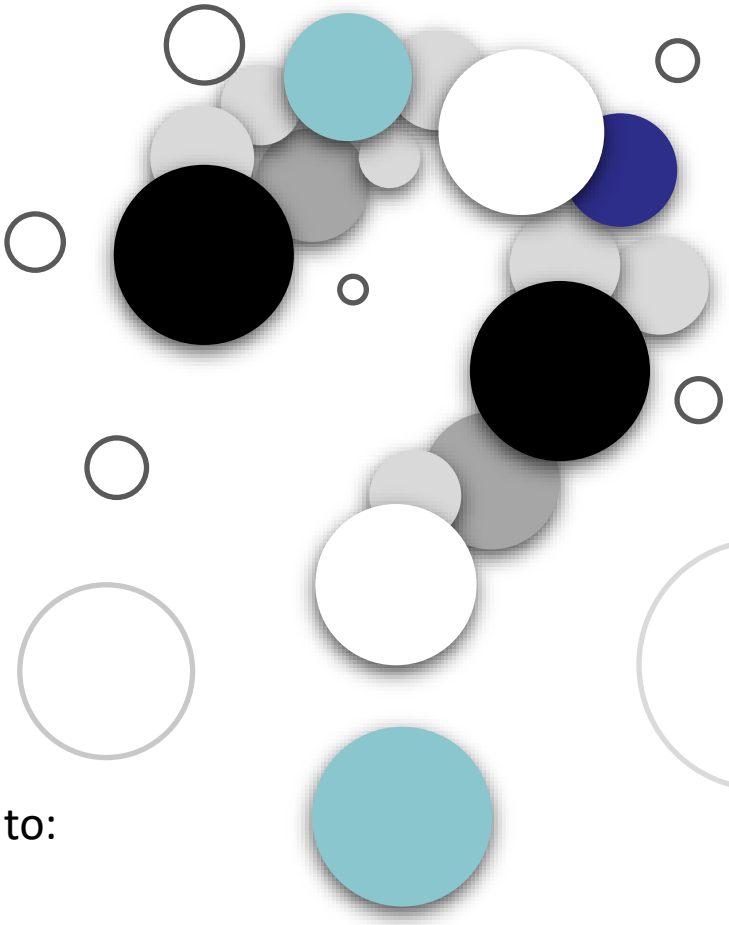

Questions

Please direct any additional questions to:
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