Value Based Payment: Intro Data and Infrastructure

Today’s Presenters

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Disclosures

The presenters have no actual or potential conflict of interest in relation to this presentation.

The members of the Planning Committee have no actual or potential conflict of interest in relation to this presentation.

Goal of the Presentation

- Value Based Payment (VBP) Brief Overview
  - Review of VBP Contract types
  - Overview of Managed Care Organization (MCO)/VBP contractor funds flow
- Basic overview of data and infrastructure needs

Value Base Payment Brief Overview

Path Toward Value Based

There will not be one path towards Value Based Payments. Rather, providers and payers can jointly develop options and arrangements to choose from.

Triple Aim

Improve Member Experience

Improve Quality of Care

Decrease Costs

Financial Basics of Shared Savings Arrangements

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MCOs and Contractors can Choose Different Levels of Value Based Payments

In addition to choosing which integrated services to focus on, the MCOs and contractors can choose different levels of Value Based Payments:

Level 0 VBP*	Level 1 VBP	Level 2 VBP	Level 3 VBP (feasible after experience with Level 2; requires mature contractors)
Fee For Service (FFS) with bonus and/or withhold based on quality scores	FFS with upside-only shared savings available when outcome scores are sufficient (For PCMH/IPC, FFS may be complemented with PMPM subsidy)	FFS with risk sharing (upside available when outcome scores are sufficient)	Prospective capitation PMPM or Bundle (with outcome-based component)
FFS Payments	FFS Payments	FFS Payments	Prospective total budget payments
No Risk Sharing	Upside Risk Only	Upside & Downside Risk	Upside & Downside Risk

**Level 0 is not considered to be a sufficient move away from traditional fee-for-service incentives to be counted as value based payment in the terms of the NYS VBP Roadmap.*

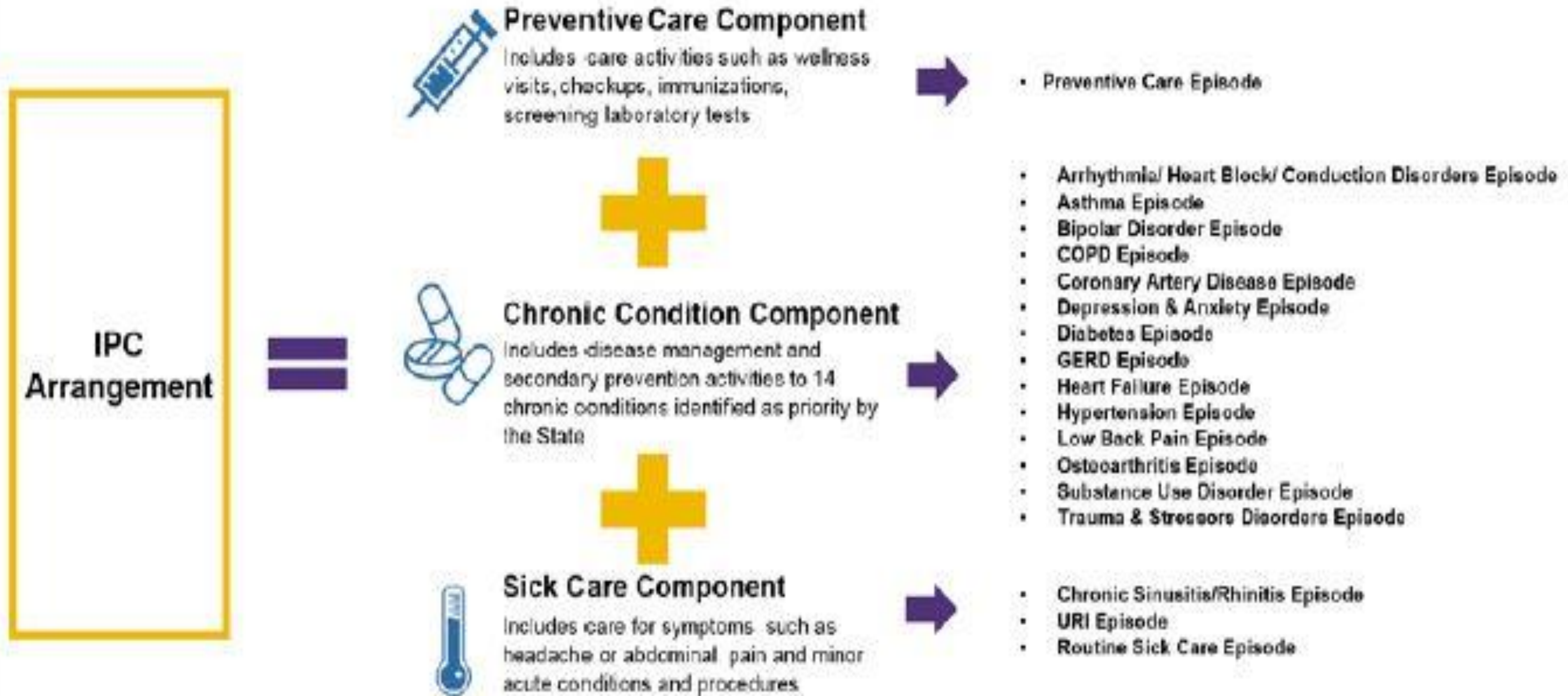
Source: VBP Bootcamp #1

Value Base Payment Contract Types

Types of VBP Arrangements

Types	Total Care for General Population (TCGP)	Integrated Primary Care (IPC)	Care Bundles	Special Need Populations
Definition	Party(ies) contracted with the MCO assumes responsibility for the total care of its attributed population	Patient Centered Medical Home or Advanced Primary Care, includes: • Care management • Practice transformation • Savings from downstream costs • Chronic Bundle (includes 14 chronic conditions related to physical and behavioral health related)	Episodes in which all costs related to the episode across the care continuum are measured • Maternity Bundle	Total Care for the Total Sub-pop • HIV/AIDS • MLTC • HARP
Contracting Parties	IPA/ACO, Large Health Systems, FQHCs, and Physician Groups	IPA/ACO, Large Health Systems, FQHCs, and Physician Groups	IPA/ACO, FQHCs, Physician Groups and Hospitals	IPA/ACO, FQHCs and Physician Groups

Source: VBP Bootcamp #2



Source: DOH VBP Fact Sheet IPC Arrangement

Examples of VBP Contract/Funds Flow

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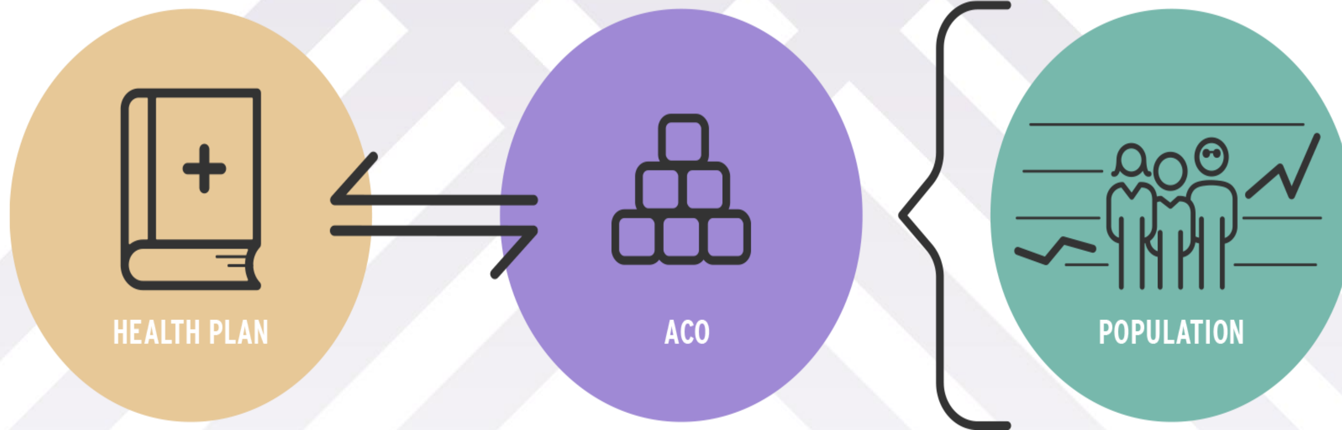
Example of Contracting Options in VBP



Health Plan contracts with an Accountable Care Organization (ACO) or Independent Practice Association (IPA)

ACO or IPA is responsible for the total cost of care and outcomes for the specific population

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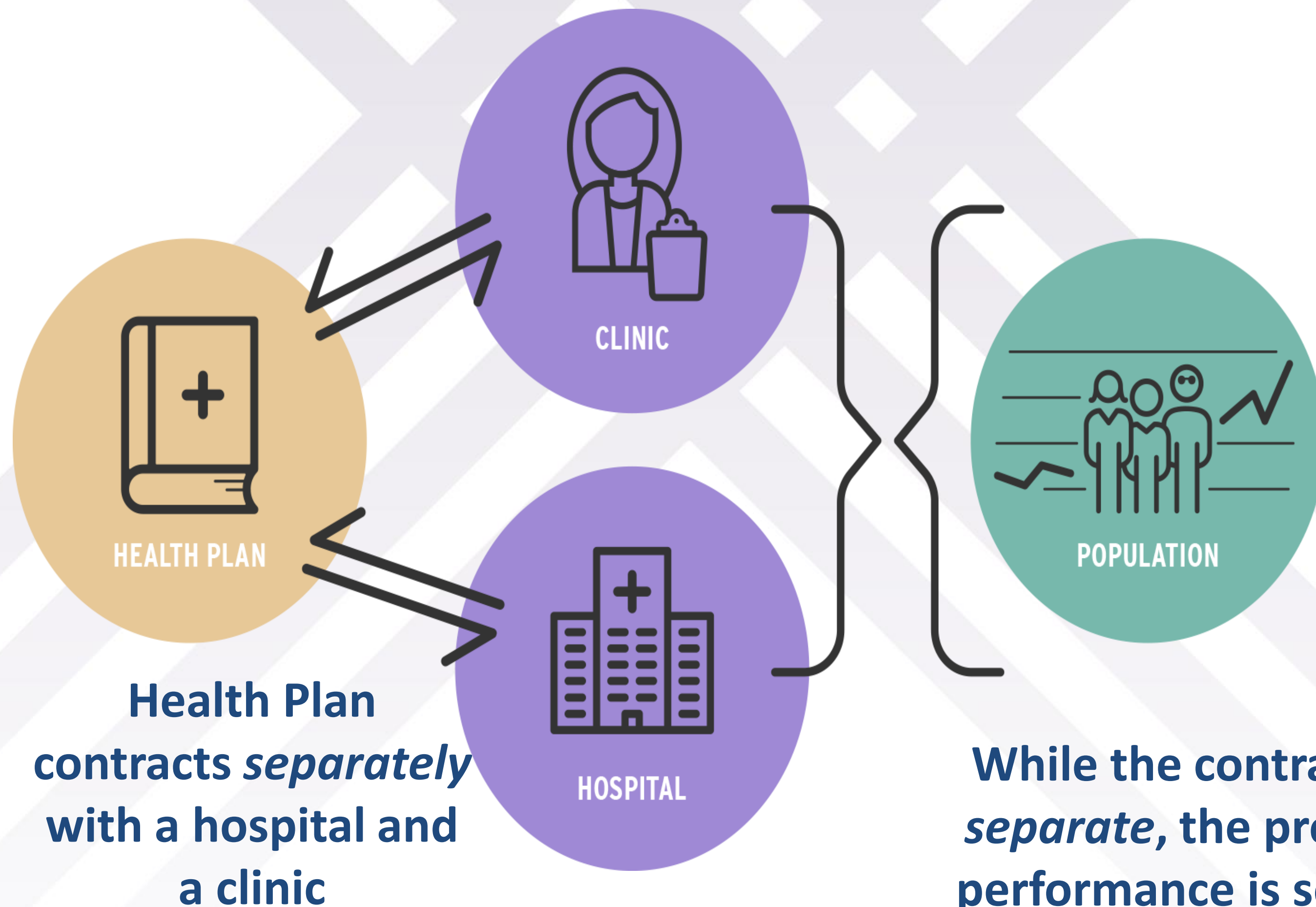
Example of Contracting Options in VBP



Health Plan contracts *separately* with a hospital and a clinic

While the contracts are *separate*, the providers' performance is seen as a whole for total cost of care and outcomes for a specific population

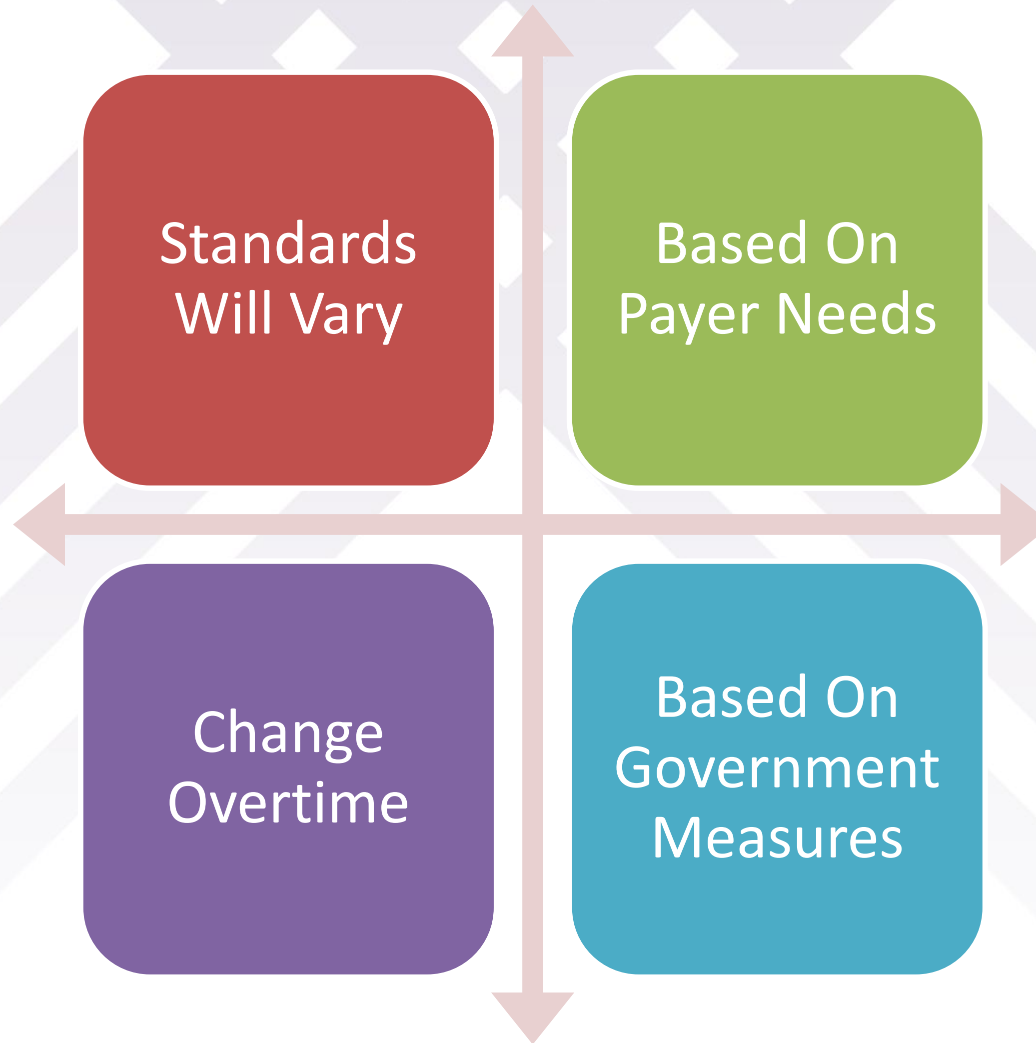
Remember the Basics

Basics

- Be collaborative
- Listen
- Understand payer needs
- Meet timelines and reporting needs
- Develop infrastructure

Data and Infrastructure needs

Performance Standards



Data

- Common data set
- Standard data format
- Actionable
- Data dictionary
- Interoperability
- Comprehensive

Data Considerations and Barriers

- Show Tangible Improvements
- Real time vs. Batch
- Visualization vs. Reports
- Data collection
  - Direct staff
  - Data entry
- Client identification across systems
- HIPPA protected information and consent
- Interoperability standards

Infrastructure Needs

- Flexible
- Response to agency needs
- Ability to connect finance and clinical data
- Multidimensional: Understand the interplay between finance and clinical data
- Ability to handle data from multiple platforms

Infrastructure Areas

- IT support and development:
  - Hardware
  - Software
  - Staffing
- Finance
  - New financial structure/reporting
  - Budgeting/projections
  - Staffing

Infrastructure Areas Continues

- Human Resources:
  - Hiring and Promotion Practices
  - Training and Development of Performance Driven Culture
  - Job description/skills
- Quality Improvement:
  - Continues Quality Improvement (CQI)
  - Tool development
  - Staffing

Overview of Value Based Payment Measures to Date

Antidepressant/Antipsychotic

- Antidepressant Medication Mgmt (Cont)
  - Numerator: Number of people who remained on antidepressant medication for at least six months
  - Denominator: Number of people 18 and older who were diagnosed with depression and treated with an antidepressant medication
  - Unit: Percentage

- Antipsychotic Medication Adherence (Schizophrenia)
  - Numerator: Number of people who remained on an antipsychotic medication for at least 80% of their treatment period
  - Denominator: Number of people, ages 19 to 64 years, with schizophrenia who were dispensed at least 2 antipsychotic medications during the measurement year
  - Unit: Percentage

Mental Health Inpatient Follow Up

- Follow Up after MH Inpatient (30 Days)
  - Numerator: Number of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 30 days of discharge
  - Denominator: Number of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders
  - Unit: Percentage
- Follow Up after MH Inpatient (7 Days)
  - Numerator: Number of discharges where the patient was seen on an ambulatory basis or who was in intermediate treatment with a mental health provider within 7 days of discharge
  - Denominator: Number of discharges between the start of the measurement period to 30 days before the end of the measurement period for patients ages 6 years and older, who were hospitalized for treatment of selected mental health disorders
  - Unit: Percentage

Avoidable/Preventable ED/Readmissions

- Potentially Avoidable Readmissions
  - <u>Numerator:</u> Number of readmission chains (at risk admissions followed by one or more clinically related readmissions within 30 days of discharge)
  - <u>Denominator:</u> Number of people as of June 30 of the measurement year
  - <u>Unit:</u> Per 100,000 Members

- Potentially Preventable ED Visits (BH)
  - <u>Numerator:</u> Number of preventable emergency room visits as defined by revenue and CPT codes
  - <u>Denominator:</u> Number of people with a BH diagnosis (excludes those born during the measurement year) as of June 30 of measurement year
  - <u>Unit:</u> Per 100 Members

Preventable ED

- Potentially Preventable ED Visits
  - Numerator: Number of preventable emergency visits as defined by revenue and CPT codes
  - Denominator: Number of people (excludes those born during the measurement year) as of June 30 of measurement year
  - Unit: Per 100 Members

Additional Measures

- Annual wellness visits
- Maternal depression screening
- Annual dental visit
- Immunizations
- Maintaining employment
- Maintaining stable housing
- Comprehensive diabetes care
  - Foot exams
  - Eye exams

How Does VBP Impact Measures Currently Being Tracked

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Impact On Current Measures

- Movement towards population health
- Potential for more measures
- Will change over time
- Different payers might have different measures/focus/approach
- Will require more than just clinical information
- Focus on improving process and outcomes
- Focus on outlier management

Examples of Data Sources

Data Sets

- Government
  - Demographics
  - Reports
  - Medicaid data
- Payer
  - Demographics
  - Billing Data
  - Authorization/Notification

Data Sets Continues

- Regional Health Information Organizations (RHIO)
  - Demographics
  - Clinical
  - Payer
- Provider
  - Demographics
  - Clinical
  - Service/Billing

Connecting The Dots

Telling Story via Data

- Decide on questions that need to be answered
- What message/action you expect individuals to take away
- Be consistent
  - If your describing population use the same methods
  - Don’t change topics in the middle of your story

Telling Story Continues

- Know your audience
  - Who are you presenting this to
  - What do they need to know
  - What do they know already
- Filter your findings
  - Ask if the information is important/vital to know
  - Is this part of the story
- Connect data
  - How is all of the data/information connected

Before We End …

Thank you for your participation!

Questions or Suggestions?:

Email: OCHWorkforceTeam@nychhc.org

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