ACT and VBP
Exploring The Possibilities

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The Opportunity To Innovate With ACT and VBR Is A Perfect Fit, But It Needs A Committed Partnership Between Payers And Providers

- Focus on SDoH
- Non traditional partners
- Enhanced rates for rural teams
- Agreement on fidelity measures
- Agreement on whole person funding
- Technology/telehealth reimbursement (in the field)
Examples of Success

NJ RIST

Iowa RIST and ACT
What Was Difficult?

- Obtaining stakeholder buy-in
- Paradigm shift from caring for vs supporting
- Housing first mentality acceptance
- MCO lock in on units
What Came Naturally?

- Community partnerships
  - (social services, realtors, YMCA, etc)
- Peer support
- Agreement on hospital diversion
- Agreement on housing stability and funding for holds
The PA Opportunity Starts Here At This Event
Small Group Exercise

Get out of the box.

We have been so trained to focus on what we have in the current taxonomy of services, we have lost our ability to find/fund practical solutions. If funding was not restricted:

Think of a cohort of your toughest consumers.

How would you enhance programming to be more whole person centered?

What would make things better for staff? For Consumers?

What is your definition of meaningful outcome measurements?

What incentives or motivators toward wellness work in your life? How can we bring these things to our consumers?
Discussion

- Report out from groups
- Thoughts/feedback
- Brainstorm
- Next steps
We have a great idea for a pilot project!
Now what?
The 10 Steps of VBR with a Payer

- Step 1: Assemble the Team
- Step 2: Define the Goal
- Step 3: Determine Metrics
- Step 5: Develop Reporting Structure
- Step 6-10: Launch
  - Collect
  - Develop
  - Monitor
  - Review
  - Maintain
Step 1: Assemble the Team
Include leadership for awareness and those directly engaged in implementation and monitoring

CFO: Name  Clinical Leader: Name
CEO: Name  Billing: Name
COO: Name  Team/Unit Leaders: Name
Data/Reporting/Analytic Support: Name  Others (Direct control over implementation of intervention or vested interest) Name(s)

Example: A residential program seeking a VBC arrangement involved for awareness and buy in- CEO, COO, and clinical leaders. Payer Relations & Finance Leader coordinated contract with payer review and approval of CFO/CEO. Achieving VBR reward required workflow changes and technology changes which required engagement of care team across all shifts; CTO to support availability of technology and discharge planner.
Step 2: Define the Goal

Example:

a. Reduce out-of-state placement for foster care
b. Increase community tenure
c. Improve consumer reported health & wellness
d. Reduce readmissions
e. Improve medication adherence

Goal

Text here
The Value Based Reimbursement Checklist

Step 3: Determine Metrics

a. Balance of Quality & Efficiency metrics
b. Obtain payer and/or State feedback/input
   1. What measures is the State/Payer endorsing or incentivizing
   2. What pain points exist for payer/state client
   3. Consider social determinants of health (SDOH)

Example:
State offers incentive to improve 7 day follow up and PCP engagement. MBHO is missing targets on these measures.

Quality:
a) Consumer participates in annual PCP visit.
b) Consumer health outcome score improves on SF-12. change pre and post.

tables:
<table>
<thead>
<tr>
<th>Metrics</th>
<th>Quality</th>
<th>Efficiency</th>
<th>SDOH</th>
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<tbody>
<tr>
<td>a) Health plan claims</td>
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<td>b) SF-12 collected by case based 12 months prior and 12 months post program engagement</td>
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Efficiency:
a) Community tenure
Most Commonly Used Performance Measures of Specialty Provider Organizations, 2016-2018

- Follow-up after hospitalization for mental illness
- Emergency room utilization
- Readmission rates
- Patient or consumer satisfaction
- PCP Engagement
- Access to care measures
- Diabetes screening for people with Schizophrenia using an antipsychotic
- Antidepressant medication management
- Community Tenure
- Depression monitoring via PHQ-9
- Patient Reported Outcomes
- Involvement of family/significant other
- Initiation/engagement of alcohol and other drugs
- Diabetes care - blood sugar controlled
- Adherence to antipsychotic medication for people with schizophrenia
- Use of depression screening and follow-up
- Risk adjusted ALOS

Meet with Payer
1. Reach as high into organization as possible – C-Suite
2. Learn payer pain points and objectives
3. Identify payer preferred provider programs
4. Seek congruence across payers

Pitch the Idea
1. Keep proposal succinct – goal, measurable, objective, planned activities, return on investment
2. Illustrate this is a “win-win-win” for the payer, provider, and consumer
3. Find the WIFM (What's in it for me?)

Do Unit Cost Homework
1. Map activities and processes
2. Determine cost of each activity process
3. Determine service level unit costs
   • Costs per case
   • Understand drivers of cost variation
   • Cost per diagnosis and clinical path
   • Population cost distribution

Finalize the Financial Arrangement
1. Consider an upside pay for performance as a 1st step (e.g. bonus for achieving outcomes) prorated against achievement
2. Risk share should aim for 50/50 split with estimated return on investment (ROI)
3. Bundle payments may fit if you offer an array of services each month – know your monthly costs.
Step 5: Develop Reporting Structure

It all starts with Structure

Structure → Process → Outcome

Develop regular structure for reporting (e.g. scorecards), monitoring and evaluation to include intervention development

a. Ideally, know your scores before the payer scorecard is released
b. Review case level detail weekly, monthly, and in aggregate
c. Capture root cause issues and interventions
d. Leverage EHR and SDOH data to avoid spreadsheet rainfall
Step 6-10: Launch

Launch
Collect and analyze data
Develop interventions based on analysis
Monitor intervention impact
Review interventions based on outcomes
Maintain monitoring and evaluation efforts.
### Weekly Status Update Example

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<thead>
<tr>
<th>Project Manager</th>
<th>Status Definitions</th>
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<tr>
<td></td>
<td>Green: On-track</td>
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<td>Yellow: Watch, Caution</td>
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<td>Red: High Risk, Close Mgmt</td>
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<td>Blue: Complete</td>
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#### Project Status

<table>
<thead>
<tr>
<th>Phases</th>
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#### Summary/Accomplishments

• One
• Two
• Three

#### Next Steps

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#### Key Milestones

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#### Issues / Risks / Barriers

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Success Factors

1. Embrace Change
2. Develop Provider/Payer Relationships
3. Identify the Vital Few Key Performance Indicators
4. Embrace Technology & Innovation
5. Think Collaboratively
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