

Domain 4 - Exploring Operational Changes/Resources Needed for VBP

Resource (hyperlink)	Description
<p data-bbox="207 380 727 411"><u>The Strategy That Will Fix Health Care</u></p> <p data-bbox="207 436 532 468">Harvard Business Review</p> <p data-bbox="207 489 727 520">By Michael E. Porter and Thomas H. Lee</p>	<p data-bbox="764 380 1398 453">In health care, the days of business as usual are over. It's time for a fundamentally new strategy.</p> <p data-bbox="764 474 1390 699">At its core is maximizing value for patients: that is, achieving the best outcomes at the lowest cost. We must move away from a supply-driven health care system organized around what physicians do and toward a patient-centered system organized around what patients need.</p> <p data-bbox="764 720 1406 835">Making this transformation is not a single step but an overarching strategy. We call it the "value agenda."</p> <p data-bbox="764 856 1414 1507">There is no longer any doubt about how to increase the value of care. The question is, which organizations will lead the way and how quickly can others follow? The challenge of becoming a value-based organization should not be underestimated, given the entrenched interests and practices of many decades. This transformation must come from within. Only physicians and provider organizations can put in place the set of interdependent steps needed to improve value, because ultimately value is determined by how medicine is practiced. Yet every other stakeholder in the health care system has a role to play. Patients, health plans, employers, and suppliers can hasten the transformation—and all will benefit greatly from doing so.</p>
<p data-bbox="207 1570 662 1644"><u>Measuring Success in Health Care Value-Based Purchasing Programs</u></p>	<p data-bbox="764 1570 1406 1644">Excellent Report on Operational Requirements to Success in VBP</p> <p data-bbox="764 1665 911 1696">Rand Corp.</p> <p data-bbox="764 1717 1414 1948">This article summarizes the current state of knowledge about VBP based on a review of the published literature, a review of publicly available documentation from VBP programs, and discussions with an expert panel composed of VBP program sponsors, health care providers and</p>

	<p>health systems, and academic researchers with VBP evaluation expertise.</p> <p>The authors report on VBP program goals and what constitutes success; the evidence on the impact of these programs; factors that characterize high- and low-performing providers in VBP programs; the measures, incentive structures, and benchmarks used by VBP programs; evidence on spillover effects and unintended consequences; and gaps in the knowledge base.</p>
<p><u>Moving Toward Value-Based Payment for Medicaid Behavioral Health Services</u></p>	<p>Center for Health Care Strategies, Inc.</p> <p>Many state Medicaid programs have developed VBP approaches to improve quality and slow cost growth for physical health services, but these advances have been slower to emerge in Medicaid behavioral health programs. This brief describes how innovative states and Medicaid managed care organizations (MCOs) are building upon models developed for physical health services and incorporating VBP arrangements into behavioral health programs. It explores key challenges in implementing VBP models in behavioral health settings related to quality measurement, provider capacity, oversight considerations, and privacy and data-sharing constraints. Lastly, it highlights considerations to help states advance these models, and suggestions to support MCOs and providers with more effective program implementation.</p>
<p><u>Behavioral Health Provider Participation In Medicaid Value-Based Payment Models: An Environmental Scan And Policy Considerations</u></p>	<p>Behavioral Health Provider Participation In Medicaid Value-Based Payment Models: An Environmental Scan And Policy Considerations</p> <p>Center for Health Care Strategies, Inc.</p> <p>The National Council.org</p> <p>Health care payers are increasingly shifting away from fee-for-service payment systems that reward volume to value-based payment (VBP) models that incentivize high-quality, cost-effective care. While increased access to and coordination of behavioral health services is a</p>

policy priority for federal and state policymakers, the extent to which the behavioral health system is engaged in VBP is less well understood than its physical health counterpart. With support from the National Council for Behavioral Health, the Center for Health Care Strategies conducted interviews primarily with behavioral health associations and community-based behavioral health providers, but also state officials, representatives of Medicaid managed care organizations (MCOs) and other subject matter experts, about the successes and challenges associated with implementing VBP for behavioral health in Medicaid programs. Informed by these interviews and a review of associated policy documents, this report describes: **(1) an overview of the behavioral health system’s engagement in VBP in the U.S. with a particular focus on 11 states, (2) VBP implementation lessons from the perspective of behavioral health providers and (3) policy recommendations for how state and federal policymakers, Medicaid MCOs and other stakeholders can support adoption of VBP for behavioral health.**

[Developing Your Value Proposition: A Step-By-Step Guide for Behavioral Health Providers](#)

National Council for Behavioral Health

Can you articulate the value your organization brings to payers or potential partners? Having a clear understanding and articulation of the value that you bring as a behavioral health provider is essential to positioning your organization for value-based payment arrangements. This article and tip sheet was developed to help guide you through the process, from understanding what a value proposition entails to using it in the real world.

Step 1 - Understand What Is Meant By “Value Proposition”

Step 2 - Conduct A Stakeholder Analysis To Understand Who Your Value Proposition Is For

Step 3 - Identify And Collect Data You Need To Build Your Value Proposition

	<p>Step 4 - Craft Your Actual Value Proposition</p> <p>Step 5 - Develop Your Communications Strategy for Your Value Proposition</p> <p>Step 6 - Enhance Your Value Proposition Through Partnerships as Needed</p> <p>Step 7 - Update And Tailor Your Value Proposition</p>
<p><u>Value-Based Payment in Medicaid Managed Long-Term Services and Supports – A Checklist for Success</u></p>	<p>Center for Health Care Strategies, Inc.</p> <p>Although most Medicaid VBP models target medical care, states are beginning to explore payment reforms that encourage quality and outcomes for LTSS.</p> <p>This checklist, adapted from the guide <i>Achieving Value in Medicaid Home and Community-Based Care: Options and Considerations for Managed Long-Term Services and Supports Programs</i>, identifies four issues that states may want to explore as they develop and adopt VBP models for HCBS within managed long-term services and supports (MLTSS) programs.</p>
<p><u>Achieving Value in Medicaid Home- and Community-Based Care: Considerations for Managed Long-Term Services and Supports Programs – A Toolkit</u></p>	<p>Center for Health Care Strategies, Inc.</p> <p>This toolkit guide seeks to help adopt VBP strategies that promote high-quality HCBS within MLTSS programs that support the ability of older adults and people with disabilities to live in their communities. The guide is comprised of four sections:</p> <p>Section 1: Defining the policy goals that VBP models help to achieve;</p> <p>Section 2: Selecting performance measures used to reward HCBS providers in VBP models;</p> <p>Section 3: Selecting payment models that create the right financial incentives for improved value; and</p> <p>Section 4: Working through operational considerations as managed care plans, providers, and beneficiaries design and implement VBP models.</p>

<p><u>DSRIP Promising Practices: Strategies for Meaningful Change for New York Medicaid</u></p>	<p>United Hospital Fund</p> <p>The goal of this report is to present a selection of PPS examples from the first four years of the DSRIP program that show promise for improving outcomes. These promising project-level demonstrations suggest opportunities for larger outcome improvement across Medicaid if given the appropriate time and resources for effective scaling and replication.</p>
<p>New York Medicaid Population Health Symposium</p> <p>NY DSRIP, November 18 & 19, 2019</p> <p><u>Symposium Agenda</u></p> <p><u>Symposium Presentations</u></p>	<p>New York Medicaid Population Health Symposium</p> <p>NY DSRIP, November 18 & 19, 2019</p> <p>This year’s symposium features several multidisciplinary panel presentations that highlight these partnerships, the lessons learned and the best practices in reforming service delivery into financially sustainable value-based arrangements.</p> <p>This year’s symposium features several multidisciplinary panel presentations that highlight these partnerships, the lessons learned and the best practices in reforming service delivery into financially sustainable value-based arrangements.</p>