Value-Based Payment and Measurement-Based Care
July 28, 2021
2:00 pm – 3:00 pm
Co-Chairs: Eric Schwartz, Tim Marshall, Jeff Vanderploeg

Workgroup Goals:

1. Review approaches toward value-based purchasing in behavioral health
2. Review current and planned state initiatives in value-based purchasing (e.g., 1115 Waiver, Integrated Care for Kids (InCK), evidence-based treatment performance incentives, CCBHC provider grants)
3. Make recommendations to Children's Behavioral Health Plan Implementation Advisory Board and the 12 state Department Commissioners for further follow-up and implementation

Anticipated Workgroup Duration
Monthly; up to 6 meetings

Materials:

1. *Behavioral Health Provider Participation in Medicaid Value-Based Payment Models*
   Center for Healthcare Strategies & National Council for Behavioral Health
2. *Moving Toward Value-Based Payment for Medicaid Behavioral Health Services*
   Issue Brief, Center for Healthcare Strategies
3. Future materials may include information from 1115 substance abuse waiver, Integrated Care for Kids, CCBHC, and/or other initiatives

Meeting Objectives:

1. Begin mapping out elements of a value-based purchasing framework (Goals, Strategies, Metrics)

Agenda:

1. **Welcome & Introductions (:03)**

   Jeff Vanderploeg welcomed participants and asked them to introduce them via the Chat function, and notified participants that the meeting was being recorded.

2. **Overview of Workgroup Goals, Anticipated Deliverables, and Timeline (:02)**

   Tim Marshall provided a brief overview of the workgroup goals and today's objectives. Tim and Bill expressed that the intent of this workgroup (and the state more broadly) is to transition from a fee-for-service to a value-based (VB) reimbursement system. Another participant asked whether state grants would be rolled into or supplement a VB approach, and whether the intent was for payment to be reimbursed at cost to providers. Tim Marshall and Bill Halsey indicated that the approach was still very much in development, and that Connecticut was still far away from an approach in which providers would be exposed to downside risk. Bill noted that the overall intent is to pay providers for better outcomes. Bill further noted that significant infrastructure at the provider level would need to be established first, before Connecticut could even enter the early stages of a "glide path" toward VB reimbursement. Another participant asked for consideration around the use of terminology to ensure that what is being communicated to providers does not suggest that current services are not providing value.

3. **Beginning to Complete a Framework of Recommendations for VBP in Connecticut (:45)**

Eric Schwartz and Jeff Vanderploeg provided context and then walked participants through three categories for establishing VB approaches: **goals, strategies, and metrics**.

Goals

- Does "reducing overall cost of care" refer to behavioral health care specifically, or total cost of care?
- Suggestion to add a goal of "adequate reimbursement rates to providers" (rate must be sufficient to provide the defined set of services, and meet metrics)
- Consider ways to incentivize primary care/behavioral health care integration
- Is there a way to incentivize hospital and community based providers to ensure accountability for care of children across levels of care? Vertically integrated systems that incorporate hospital and community based levels of care would be needed. Team based approaches, with shared "skin in the game" would help to achieve this (e.g., follow up after ED utilization, reduce rates of re-admission to inpatient).
- Increase continuity of care with one provider (avoid constant switching of providers, even as clients participate in various services) (endorsed widely by group). Also consider retention of staff within providers, not just clients staying with a provider (but having staff turnover within the provider). Tracks back to rates of reimbursement.

Strategies

- Child/family/consumer participation in setting the goals of the VB approach
- Need to consider how to get schools engaged in this as well, since they are major driver of referrals to the hospital and community-based systems. Case management, and coordination of care with other system stakeholders, are not reimbursed services.
- Could the payment approach incentivize providing services outside the four walls of the clinic (e.g., care coordination and service delivery in schools). Consider AWARE-style approach that centers some services in schools, some among community providers, coordinated with hospitals as well (including ED reduction)
- Is there a way to address SDoH in a VB model (this was at least discussed/contemplated in the InCK approach)? Not clear how this could be structured within Medicaid. Or grants could be re-distributed to address SDoH if the rate was sufficient to cover services. Note that the social services sector is under-resourced as well…
- Incorporate trauma and/or ACEs screening and care be incorporated into the approach (e.g., risk stratify based on a validated trauma tool?)

Metrics

- Consider starting with member experience. This may be more difficult with children (consider age of child, incorporating caregiver report for younger kids. Consider ID/DD as well).
- Data elements that can be used by providers (management, internal QI), but also reported up to ASO in calculating payments.
- VB metrics and data need to integrate with EHR, not yet another stand-alone dataset. There are measurement based platforms that integrate with existing EHRs being used by providers.
- Ability to share across provider when needed; and also sharing between and among providers, schools, and primary care settings (shared access to those data).

- Need to consider how MBC can be used to address racial/ethnic disparities in access, quality, and outcomes.

4. **Wrap-Up, Final Thoughts, Future Directions (:10)**

   Tim Marshall thanked participants and the meeting was adjourned at 3:00 p.m.

Next Meeting Dates: 4th Wednesday of the month; 2-3PM (except November due to Thanksgiving)
August 25 September 22 October 27 November 17