America’s Voice for Community Health Care
America’s Voice for Community Health Care

The NACHC Mission
The National Association of Community Health Centers (NACHC) was founded in 1971 to promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved populations.
Transitioning to Accountable Care

- Shift from Volume to Value leads to achieving Quadruple Aim
- HC now has to consider retaining historic patient base
- Converting from Safety Net to a desired provider of choice for patients AND payers
Uninsured: 23% GOING DOWN!
- Paid for by federal grant, local funding and patient fees (sliding fee scale)
- Sustainable business plans (PIN 2007-09 “Service Area Overlap: Policy and Process”)

Medicaid: 49% GOING UP!
- Highest rates/quickest payer

Commercial: 17%
- Typically lowest payment rates

Medicare: 9% NEEDS TO GO UP!
Medicaid Expansion Status

Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers. **On June 29, 2018, the DC federal district court invalidated the Kentucky HEALTH expansion waiver approval and sent it back to HHS to reconsider the waiver program. UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match. ID, NE, and UT have measures on their November ballots to fully expand Medicaid to 138% FPL. Expansion is adopted but not yet implemented in VA and ME. (See the link below for more detailed state-specific notes.)

Defined: Any arrangement for health care in which an organization, such as a managed care plan, another type of doctor-hospital network, or an insurance company, acts as intermediary between the person seeking care and the physician.

Why do State Medicaid Programs utilize Managed Care?

- To control costs and risks.
- Managed Care Plans run the program for a fixed cost
- Plans have more expertise than states and can be more innovative
- Can quickly bring new ideas such as Accountable Care to scale
Preparing for Payment Reform Activities

MAHP 2.0: A Model for Advancing High Performance in Primary Care and Behavioral Health*

**IMPROVE CARE TO DEMONSTRATE VALUE**
- Adopt a population-based approach
- Manage and coordinate care to reduce unnecessary utilization
- Ensure access to care
- Integrate primary care and behavioral health services bidirectionally

**INVEST IN INFRASTRUCTURE**
- **Invest in people**
  - Leadership
  - Workforce
  - Patient partners
- **Implement functioning care systems/strategies**
  - Population management
  - Care teams
  - IT infrastructure
  - Social/non-medical needs
- **Build data capacity**
  - Data from inside and outside ambulatory care
  - IT infrastructure
  - Capacity to create internal/external reports
  - Data to demonstrate value of care
- **Develop your business model**
  - Managed care expertise
  - Negotiating clout
  - Scale, if bearing risk
  - Costing services and billing support

A thriving & financially sustainable safety net that results in:
- Better care
- Better health
- Lower costs
- Happier staff
- Reduced health disparities


Source: Delta Center for a Thriving Safety Net
Accountable for the entire Health of a Population

• Working together with other HCs, hospitals, other providers

• Building trust so the care for the patient can truly be unified (aka integrated)

• Reduce costs and improve patient care:
  - shifting ER care to the doctor’s office
  - managing cases better pre- and post- hospital stays
  - automating processes and eliminating duplicate ones
  - communication key to increase the quality of the patient experience

• Leads to true population health - higher risk and more rewards
Preparing for Payment Reform Activities

1. Develop and maintain a robust understanding of payment reform efforts in the state and local environment.

2. Ensure a clear, shared vision of the organization’s role in achieving the Quadruple Aim that can be used to assess emerging payment reform opportunities.

3. Critically assess current operations and capabilities.

4. Work collaboratively with other health centers, stakeholders and partners to accelerate transformation of the health care delivery system.
NACHC
Payment Reform
Readiness Assessment Tool
- Designed to *begin the conversation* among health center leadership, staff, and key stakeholders/partners about successful engagement in payment reform models

Source: National Association of Community Health Centers
What does the tool do?

If you are interested in transforming your services and payment toward value, this assessment may help you:

- Gain a common vocabulary on the various aspects of transformation toward value.
- Reduce anxiety and achieve clarity on what is needed to transform.
- Engage staff who use the assessment in determining where you stand on your capacities and abilities to transform.
- Contribute to your strategic plan as you explore potential strategies to take your organization to the “next level”.
- Identify and communicate training and technical assistance needs to your state primary care association, health center controlled networks, and other professional practice networks.
- Connect to resources to move you forward in your journey to thrive in the changing health care ecosystem.
Tool Competency Domains

- General and Basic Operations
- Systems Orientation
- Cultural Sensitivity
- Interpersonal Communications & Teamwork
- Clinical Management
- Finance and Reimbursement
- Quality Management
- Health Information Technology
- Legal and Ethical Issues
- Advocacy

*Align with Clinical Leadership Development Core Competency Domains*
Tool Structure

**Competency Areas:** Domains key to payment reform readiness

**Assessment Elements:** 8-11 readiness elements for each competency area with descriptive statements to assist health centers with identifying their level of readiness

**Rating Scale:**

- **1 TO 3**
  - LITTLE OR INITIAL DEVELOPMENT
- **4 TO 6**
  - BASIC PROGRESS
- **7 TO 9**
  - MATURATION AND SYSTEMIZATION

**Summary Table:** Compile scores from each respondent. Compare the scores and note any commonalities and differences in assessment among respondents which may need to be explored. Use your findings as a basis for developing an action plan to increase readiness level or maintain a high readiness level, as appropriate.
• There is no “right answer” or expected readiness level

• Answering openly and frankly will allow your health center, PCA, HCCN, etc. to identify useful next steps or questions

• Assessment results will not be used to assess your health center’s performance or compliance
1. Designate a process lead
2. Organize a team
3. Complete the paper version individually
4. Discuss answers as a team
5. Identify agreed upon answers
6. Re-evaluate
| Organizational Leadership and Partnership Development | • Staff involved in partnership development, could include outreach or development staff or special project staff |
| Change Management and Service Delivery Transformation | • Quality improvement leads  
• Staff tasked with moving forward PCMH certification, behavioral health integration, population health, and other such initiatives  
• Staff charged with ensuring cultural and linguistic competence |
| Robust Use of Data and Information | • HIT and HIE staff  
• Clinic managers for insight availability and use of data in day to day practice  
• Staff charged with community needs assessment and market analysis |
| Financial and Operational Analysis, Management and Strategy | • Staff charged with revenue cycle management, cost/revenue projections, contracting with payers, cost reporting  
• Development staff |
Domain A: General and Basic Operations

1. Leadership and staff have a system to ensure that knowledge and expertise needed is sustained for current and future transformation efforts.

- Health center relies on key leaders and staff to support transformation efforts based on their individual expertise and knowledge.

- Change and/or clinical practice transformation happen organically, led by department heads.

- Leadership and key staff share a collective understanding of the vision and strategic plan for transforming services and payment with BOD and all staff members.

- Health center has a written succession plan that will sustain and develop the organizational vision for transformation.

- The succession plan addresses not only leadership but also key staff managing transformation efforts.

- Leadership remains focused on its vision and is not distracted by opportunities that do not align with that vision.

- Staff involved in transformation efforts can describe and explain organizational succession plans.

- The organization has documented processes and systems to manage and transfer knowledge related to transformation efforts.

- Staff responsible for implementing transformation efforts can ask for and receive the resources they need.

- Accountability mechanisms are in place and are systematically applied to BOD and staff strategic and operational planning.
## Domain A: General and Basic Operations

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<td>1. Leadership and staff have a system to ensure that knowledge and expertise needed is sustained for current and future transformation efforts.</td>
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<td>2. The BOD is knowledgeable about payment reform efforts and their implications for the health center's mission and services.</td>
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<td>3. The health center's governance requirements and structure facilitate any related governance role requirements of value-based initiatives.</td>
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<td>4. Behavioral health services are integrated with primary care services.</td>
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Comments, Questions, and Priorities for Action Planning:
## Domain B: Systems Orientation

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<td>5. Leadership and staff share an organizational vision and plan to transform in alignment with mission and financial sustainability.</td>
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<td>6. The health center identifies and pursues strategic partnerships to achieve its transformation vision and foster financial sustainability.</td>
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<td>7. The health center is engaged with key partners (e.g., with local hospitals, specialists, payers) to meet care and payment transformation goals.</td>
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<td>8. Health center partnerships yield tangible benefits for the organization's transformation efforts, their patients, and the population served.</td>
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<td>9. The health center coordinates and manages care throughout the delivery system.</td>
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**Comments, Questions, and Priorities for Action Planning:**
### Domain C: Cultural Competency

#### Domain D: Interpersonal Communications and Teamwork

#### Domain E: Clinical Management

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<td>10. The health center provides patient-centered care.</td>
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<td>11. The organization appropriately and adaptively communicates and manages change to sustain current and future transformation efforts.</td>
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<td>12. The health center has systems to support timely access to care.</td>
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<td>13. The health center uses formal, prospective empanelment.</td>
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## Domain F: Finance and Reimbursement

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<td>14. The health center has a solid understanding of its current financial</td>
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<td>performance under its existing service delivery and payment models.</td>
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<td>15. The health center addresses cost of care for patients with complex</td>
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<td>needs (e.g. chronic conditions) and utilization patterns.</td>
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<td>16. The health center addresses up-front costs of participation in care</td>
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<td>and payment transformation initiatives.</td>
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<td>17. The health center is able to track system-level utilization and cost</td>
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<td>data for its patients.</td>
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<td>18. The health center analyzes how payment timing and methodology for a</td>
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<td>proposed payment reform model relates to health center operating cash</td>
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<td>flow.</td>
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<td>19. The health center has experience and capacity to manage</td>
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<td>performance-based contracts.</td>
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<td>20. The health center leverages value-based payment models to transform</td>
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<td>care and payment using either internal contracting expertise or expertise</td>
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<td>through service delivery networks such as IPAs or ACOs.</td>
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<td>21. The health center has analyzed its financial capacity to engage in</td>
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<td>risk-based contracts.</td>
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<td>22. The health center has analyzed the relationship between payment</td>
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<td>reform models and FQHC PPS or FQHC alternate payment methodology (APM)</td>
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<td>payment for Medicaid.</td>
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<td>23. The health center has developed internal payment incentives based on</td>
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<td>quality and patient outcomes rather than volume.</td>
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<td>24. The health center is leveraging all the available state and local</td>
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<td>assistance and funding to support service delivery and payment</td>
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<td>transformation efforts.</td>
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**TOTAL(S)**
## Domain G: Quality Management

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<td>25. The health center has knowledge and experience with quality improvement.</td>
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<td>26. The health center has a clear understanding of its patient population.</td>
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<td>27. The health center addresses quality of care for patients with complex needs (e.g. chronic conditions) and utilization patterns.</td>
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**TOTAL(S)**
## Domain H: Health Information Technology

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<td>28. The health center regularly uses data to understand the socio-economic characteristics of population in service area</td>
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<td>29. The health center regularly uses data to understand the specific health needs of population in its service area.</td>
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<td>30. The health center uses data to understand its role within the broader health care marketplace and its market share.</td>
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<td>31. The health center uses data to understand its current capacity in terms of workforce and physical plant.</td>
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<td>32. The health center’s health information technology (HIT) systems allow for tracking of client and service information needed to support care and payment transformation.</td>
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<td>33. The health center’s health information technology (HIT) systems allow for use of internal and external data to support population health management.</td>
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**TOTAL(S)**
### Domain I: Legal and Ethical Issues

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### Domain J: Policy Reforms

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<td>34. The health center has secured appropriate legal and compliance expertise for payment reform activities.</td>
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<td>35. The Health Center understands the implications of policies that impact efforts regarding value-based payment and care.</td>
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Comments, Questions and Priorities for Action Planning:
### Domain J: Policy Reforms

#### J. Policy Reforms

35. The Health Center understands the implications of policies that impact efforts regarding value-based payment and care.

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- Health Center is informally involved in tracking value-based care and payment-related policy through newsletter subscriptions, meetings, and other sources of information.
- Health Center is aware of policy efforts through formal channels such as PCA membership and formal participation in other organizations.
- Health Center has a lead role in helping to shape state-level payment reform through participation in advisory groups, coalitions, and committees related to value-based care and payment.
- Health Center participates in national- and state-level efforts to gain a broader understanding of value-based care and payment reform efforts.
- The BOD supports policy efforts (including health center and PCA activities) to shape state-level payment reform.
Assess your health center:
  Mission/vision
  Resource Allocation
  Strengths/Weaknesses
  Opportunities/Threats

Identify how you are doing NOW strategically!!
Value Based Care and Payment
Next Steps: Invest in People

What to do now

• Assess Leadership
  • Does the health center leadership understand the different types of value based payment available and what would work best for us?
  • Do the staff understand changes related to value based payment?

• Invest in what staff need to develop (value based payment care and payment knowledge, change management, project management, data analytics)
Value Based Care and Payment
Next Steps: Invest in People

• More competition for workforce (recruitment and retention)

What to support now:
• Integrated services
• Working at the “top of the license”
• Team based care
• Quality reporting
• Pay for performance
Value Based Care and Payment
Next Steps: Invest in People

What to support now:

• Patient experience: personalizing service
• Community perceptions: Provider of choice or provider of last resort?
What to do now:

- Attain Patient Centered Medical Home designation
- Invest in systems supporting integrated services
- Create workflows supporting team-based care models
- Move “upstream” (social supports and care coordination)
What to do now:

• Invest in health information technology supporting better care, lower costs, better health, and happier staff
  • Participate in exchange/sharing of health information—securely
  • Report data accurately and use it to improve on quality
  • Manage population health with empanelment support, patient registries, attribution models, risk adjustment, and risk management

• Engage with patients virtually
Value Based Care and Payment
Next Steps: Business Model

What to do now:

Assess:

• Who are “our” patients according to the payer?
• What are the major health care needs and health disparities of each population by payer – i.e. what will the demand be for which services?
• What does the payer care most about? What is “value” to them?
• What is our visibility/brand identity?
• Identify and obtain the legal and financial support necessary to successfully negotiate contracts
Value Based Care and Payment
Next Steps: Business Model

What to do now:

• Clarify your “niche:” Who do we serve? Who are we the best at serving?
• Know your costs
• Strengthen coding
• Be “at the table, not on the menu”
• Strengthen existing and establish new collaborative relationships that create
  • New and attractive care services and systems
  • “Insider” player status
• Better together: Stay engaged actively with your Primary Care Association and Health Center Controlled Network
In Summary

• Understanding the perception of where your HC is at a point in time

• Use it to start the conversation toward transformation - start somewhere

• Understand exactly what you are being measured on AND who you are being measured against (yourself, other HCs, all primary care, etc.) AND Timeframes

• Collect data and identify the right information to use / impact change

• Continuously evaluate / re-evaluate
“The presidential transition is over. We the doctors, nurses, support staff, the communities we live in and the patients we serve need to fix the health care system from the inside. It won’t happen in Washington,” says Dr. Feinberg. “As one great country, together, we need to make America healthy again.”

– David T. Feinberg, M.D., MBA, president and CEO of Geisinger Health System
Thank you
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