Health System Re-Design Subcommittee Meeting
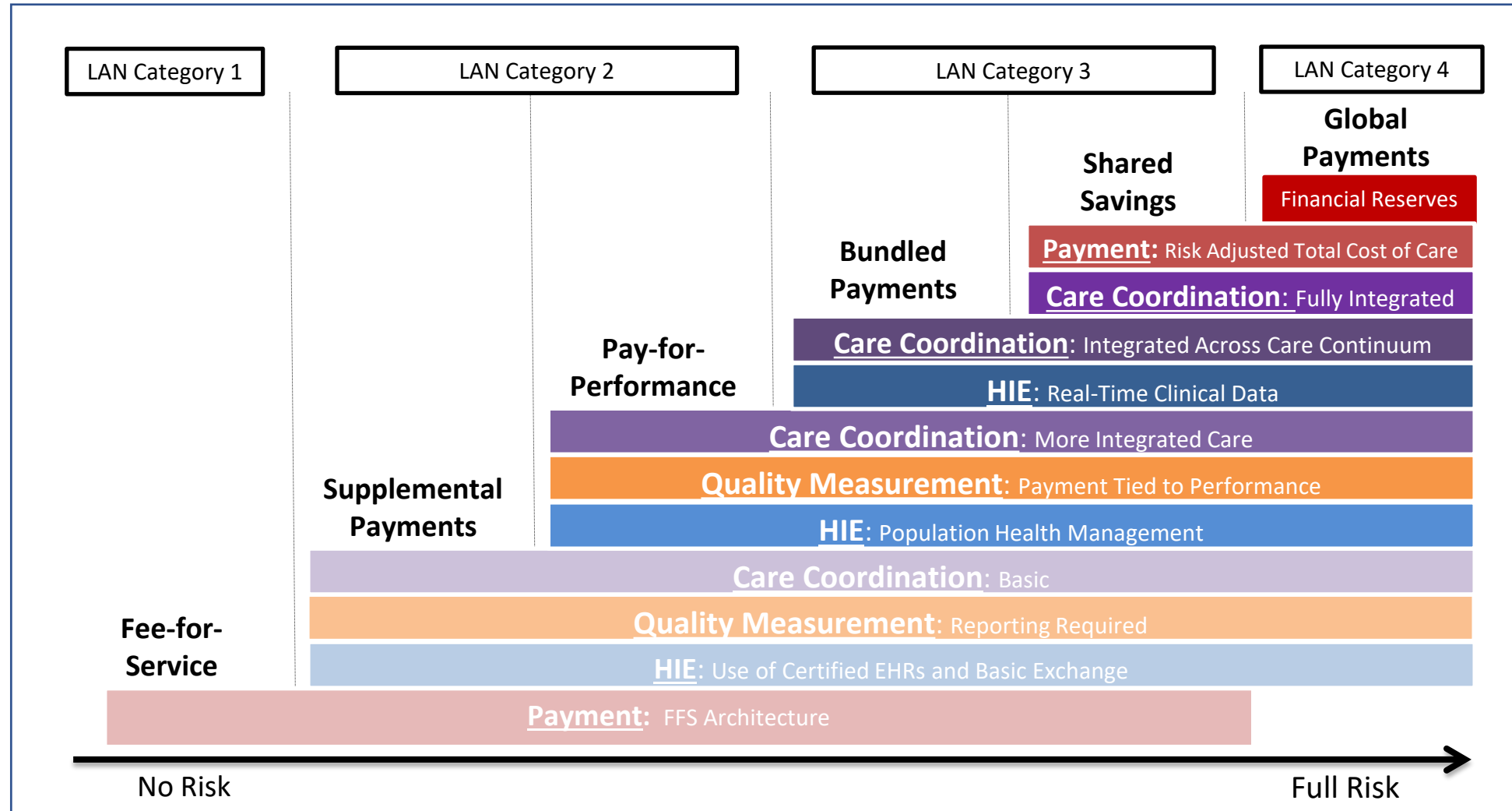
March 2, 2022

Health System Re-Design Subcommittee Meeting Objectives

1. Overview of past, present, and upcoming technical assistance opportunities

2. Discussion and feedback for future alignments and opportunities related to technical assistance

3. Other questions or awareness items

VBP Approach: Define Value; Ensure Data Quality; Support Practice Change

* Alternative Payment Model (APM) categories are based on the 2017 Update to the Health Care Payment Learning and Action Network Framework. (LAN). In essence, category 1 is fee for service (FFS) with no link to quality; category 2 is FFS with a link to quality such as pay for reporting or a bonus payment for quality outcomes; category 3 is an an APM built on a fee for service architecture (e.g. shared savings, or shared savings with downside risk; and category 4 is population-based payment for populations or conditions.

Enablers: Infrastructure, TA, and Innovation are Essential to VBP

- Health IT
  - Timely information exchange essential to improve care coordination/transitions
  - Population Health Management requires the ability to evaluate trends
  - Monthly or quarterly progress on key metrics needed to enhance practice
- TA/Workforce Development
  - Enhanced commitment to team-based care and core competencies to succeed under VBP
- Innovation
  - Telehealth
  - Hospital Discharge Grant/Transitions of Care
  - SDOH - CoRIE
- Stakeholder Engagement
  - MCAC, Support for new partnerships

Practice Transformation Opportunities FY22

March 2, 2022

Practice Competencies Required for Value-Based Care Practice Transformation

DHCF Practice Transformation Technical Assistance

Data Analytics, Leadership engagement, care delivery → Integrated Care DC Technical Assistance (Individual practice and community learning)

Billing, Revenue Cycle Management, Utilization Management → Rev Up DC Practice Transformation Support

Digital Health → (Coming Soon) ARPA HCBS Digital TA

Business Strategy, Financial, and Legal → (Coming Soon) Business Transformation Technical Assistance

DHCF
Department of Health Care Finance

Practice Transformation Goals

1. Support providers' ability to deliver whole-person, population-based integrated care that is comprehensive, coordinated, high quality, culturally competent, and equitable

2. Have a direct impact on transforming and improving the District's Healthcare System by ensuring providers have the tools they need to successfully move from a fee-for-service (volume-based) business to value-based services that demonstrate improvement in patient outcomes and satisfaction

Integrated Care DC

Health Management Associates

- August 2020-August 2021 + 4 option years

- 7 priority provider types-including HH, FQHC, DBH cert., FSMHC, Specialty Providers, LTSS, and MAT

- Competency- based training on population health, delivering integrated person-centered care, and engaging leadership in VBP strategies

- Includes integration of SUD and BH across provider settings and management of physical health in BH sites

- Fully funded by CMS SUD Provider Capacity Grant FY21, partial FY22

Integrated Care DC
Individualized Practice Coaching

- 15-25 providers served each year

- Based on assessment and tailored to each site's goals for competency areas

- Initial cohort goals prioritize aspects of measurement-based care, evidence-based screening and assessment, transitions of care, and collaboration

- Workforce development and maintenance is the other high-priority area of focus for many providers.

Integrated Care DC
Community Learning Opportunities

- Webinars open to all community Medicaid providers

- Offered 1-2x month, January 2021-August 21 + 4 Option years

- First year focus on foundational learning on SUD, Integrated Care competency, Second year focus on implementing evidence-based practices and quality measurement in integrated care settings

- Topics include: *Integrated Care 101, Building the Business Case and Supporting Integrated Care, Stigma and Engagement, Level of Care Determination, Addressing Health Equity and Providing Culturally & Linguistically Effective Services, and Effective Strategies to Enhance Transitions of Care for Justice-Involved Populations*

Rev Up DC Practice
Transformation Support
(Revenue Cycle and Operations TA)

- Wellcentric DC

- October 2021-April 2021 (anticipated)

- Revenue Cycle 101 series trainings

- Competency-based training on Revenue Cycle Management and Operational Capacity to support providers to prepare for managed care

- Funded by CMS SUD Provider Capacity Grant FY22

Rev Up DC Practice
Transformation Support
(Revenue Cycle and Operations TA)

- Individualized Provider Practice Support focused on Revenue Cycle Management for up to 35 providers with priority focus on ASARS

- Community Webinar training on topics related to foundational learning on Revenue Cycle Management and Operational Capacity to support providers to prepare for managed care

- Close coordination with Integrated Care DC and posting learning content to Integrated Care DC website, https://www.integratedcaredc.com/

ARPA HCBS Digital Health Technical Assistance

- Open to home and community-based services (HCBS) providers -- inclusive of behavioral health (BH), long term care (LTC), disability services (DDS), and housing support services (DHS).

- Complements HCBS Promoting Interoperability incentive payment program managed by DHCF that rewards providers for meeting milestones to select, adopt, and implement CEHRTs or approved case management systems; and connect providers to the DC HIE.

- Includes two components:

    1. The HCBS Promoting Interoperability (HCBS PIP) TA will assess provider readiness to adopt certified electronic health record technology (CEHRTs) or approved case management systems, support provider implementation of Health IT systems, and connect to the DC Health Information Exchange (HIE);

    2. The HCBS Telehealth TA will encourage providers meaningful use and optimization of telehealth tools/workflows

- Anticipated award March 2022 – March 2024, see NOFA for more info

Business Transformation Grant

NOFA posted 1/14/22

RFA posted 2/9/22

Support Medicaid provider practice transformation and facilitate integrated whole-person care by enhancing providers' ability to collaborate across entities and participate in value-based care arrangements

$500,000 in FY22, plus two option years at $500,000

Business Transformation Grant Goals

1. Increase the capacity of DC Medicaid providers to participate in managed Medicaid alternative payment models
2. Expand DHCF's Practice Transformation work to include legal, financial, and business supports
3. Design and implement an innovative approach for delivering targeted legal and business resources that support the formation of partnerships and new business arrangements
4. Support system integration and alignment with new MCO program requirements that tie increasing percentages of expenditures to value-based payment arrangements

Business Transformation Grant Activities

1. Provide a brief, stakeholder assessment of Medicaid providers needs for legal analysis, financial consulting, and business development support;
   - Engage stakeholders to identify barriers and make recommendations on the design of resources
   - Model plan on District State Medicaid Health IT Plan (SMHP) and District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment stakeholder mixed-method approaches to make system recommendations
   - Build on previous assessments and stakeholder documents

2. Design and deliver appropriate resources to meet these needs.
   - Directly support the development of integrated or whole person care
   - Include coordination with DHCF technical assistance and digital health initiatives
   - Serve diverse range of providers, in terms of type and size

Questions for Discussion

- How is your organization providing practice transformation TA to your membership, if any?

- What additional areas do we want to target for future TA efforts?
  - Practice types?
  - Provider types?
  - Training topics?
  - Populations?
  - Care models?

- What are some strategies to encourage participation and to make practice transformation activities most relevant to provider needs?