



FOSTERING A VALUE-BASED CULTURE IN BEHAVIORAL HEALTH

INTRODUCTION

Health care is undergoing transformational change with rapid acceleration to value-based payment (VBP) methodologies. As behavioral health providers prepare for success under VBP, shifts in organizational culture are required. Staff need to function in new ways and develop additional skills and competencies, but change can be intimidating. Staff do not always recognize why change is needed or know how to operate differently. Leadership plays an essential role in creating staff buy-in and ensuring clinicians, mid-level managers, administrative and front-line staff are equipped with the necessary training, tools and resources. By fostering an organizational culture of value and effectively managing change, leaders can support staff in overcoming barriers and delivering VBP.

The National Council for Behavioral Health developed this tip sheet to help leaders of behavioral health organizations recognize the key elements of an organizational culture of value.

UNDERSTANDING ORGANIZATIONAL CULTURE

As behavioral health organizations shift into a VBP environment, organizational culture plays a key role in facilitating – or impeding – this shift. Organizational culture is defined as the underlying beliefs, assumptions, values and ways of interacting that contribute to the unique social and psychological environment of an organization. An organizational culture may either be intentionally designed and nurtured or – more typically – it develops organically over time based on the beliefs and experiences of those on the team. In a value-based environment, organizational culture influences everything from how providers approach clinical service delivery, to quality improvement efforts and how data is used, to how an organization promotes itself in the community.

Under traditional fee-for-service, providers are predominately incentivized to increase productivity. In contrast, VBP models are intended to reward providers for achieving better outcomes while containing costs. VBP puts new pressures on organizations to be data-driven, more efficient and patient-centered. Consequently, organizations that embrace these challenges and embed value-based care into their operational structures are more likely to succeed in a VBP environment.

An organizational culture of value must be data-driven. Improving outcomes is a continual process, making it critical that behavioral health organizations adopt continuous quality improvement approaches and a culture that promotes learning and adaptation. Data-driven organizations are committed to determining over time the areas in which they are successful, where they may be falling short and what professional development or training staff may need to further ensure success.

Becoming a data-driven organization requires thoughtful planning around what data is needed to achieve organizational objectives and meet contract requirements, available data sources and gaps that may need to be filled in terms of data collection or management. Organizations may need to invest in new tools and resources, such as data dashboards, clinical registries or other tools that augment the electronic health record.

An organizational culture of value should define expectations for clinician and staff performance in key areas such as quality of care, patient safety, patient experience and operational efficiency. Since many VBP models aim to reduce the total cost of care, it is also important that behavioral health organizations shift their paradigm from thinking solely about mental health to addressing comorbid conditions and providing whole-person care. An organizational culture of value also embraces population health management, where clinicians measure their impact on groups of patients with the same diagnoses or conditions. When an organization's culture builds the necessary buy-in from staff at all levels to embrace defined goals and provides them with the tools and guidance they need to achieve those goals, it is more likely to achieve the intended results.

KEY INGREDIENTS OF AN ORGANIZATIONAL CULTURE OF VALUE

There are several key elements to building an organizational culture of value. The following table illustrates how a culture of value looks, feels and functionally operates differently than traditional behavioral health organizational culture.

Traditional Culture	Culture of Value
Focus is on the individual patient.	Focus is on groups of patients from a population health perspective. Organization uses population health management strategies including risk stratification and care management to ensure patients receive the right level of care to meet their needs based on condition severity, while containing costs. Organization adheres to evidence-based practices and designs care pathways to provide efficient, clinically necessary services. Organization facilitates patient engagement and enables clinicians to tailor services to the individual needs and preferences of patients within the defined care pathways.
Top-down leadership with limited communication to staff about value.	The importance of delivering value-based care is articulated often through consistent messaging and multiple communication vehicles. Leaders use proactive and bi-directional communication to help staff understand not just the changes they are being asked to make but WHY those changes are necessary. Leaders encourage open dialogue to identify and address barriers or fears.
Patients are perceived as only passive recipients of care.	Organization uses a patient and family-centered care delivery system. Patients and families are considered essential partners in the care team and their values and preferences are respected. Clinicians actively engage patients and families to collaborate in goal setting, decision-making and chronic disease self-management. Organization encourages participation on patient and family advisory boards and shares clinical data so members can provide valuable insights on strategies for improvement.

Traditional Culture	Culture of Value
<p>Data is used for quality assurance and compliance with regulations, with a focus on meeting productivity targets. Clinicians are not actively engaged in improvement activities.</p>	<p>Continuous quality improvement (CQI) is strongly embedded in the organization and led by multi-disciplinary teams across the organization. Clinicians actively use data to help inform programmatic change and improve clinical outcomes. Expectations around participation in CQI are written into job descriptions and reflected in human resource policies. Data and transparency are not seen as threatening but as critical tools that can help shape clinical service delivery that has the greatest impact. Dashboards, graphs or other visuals that reflect quality improvement projects underway are posted in employee lunchrooms, clinic hallways or other areas with high visibility.</p>
<p>Finance staff manage contracts with payers. Clinicians are only responsible for direct care and have limited understanding of contractual obligations and required measures/metrics. Budgets are developed at organizational level by executive staff and board.</p>	<p>Siloes between clinical and financial staff are broken down to support the links between quality of care and revenue. Training in financial acumen is provided to non-finance staff and responsibility for developing and managing clinic budgets is shifted to program staff. Financial data and contract requirements are shared in a transparent manner and clinicians are engaged in ROI analyses. Clinicians and program managers are part of contract development to assure alignment between organizational obligations and clinical programming.</p>
<p>Clinicians are held accountable for meeting productivity standards.</p>	<p>Clinicians are held accountable for achieving quality indicators. Data is used in supervision and performance reviews. A culture of value requires that organizations ask, "Is the way we have been doing things working?" "If not, what changes should be made to be more effective to improve health outcomes and contain costs?" Leaders engage clinical staff in process mapping or workflow analyses to identify opportunities to provide services in a more efficient manner. Clinicians are encouraged to identify challenges and bring solutions to the table, creating an atmosphere of shared responsibility for achievement.</p>
<p>Organization provides mental health and/or substance use disorder treatment in specialty care setting. Patients are not screened or treated for physical health conditions.</p>	<p>Organization embraces whole health and staff are provided with training on integrated care, care management and wellness. Resources are allocated in support of basic health screening and ensuring that all patients have access to a primary care provider either through coordinated referrals or integrated care.</p>
<p>Organization is slow to respond to changes in the health care environment and resistant to trying new approaches. Uses extensive approval processes and a top-down approach to decision-making.</p>	<p>Organization is nimble and entrepreneurial. It embraces and seeks out new opportunities and can adapt quickly, which makes it highly desirable to payers seeking to partner on pilots or new models. Leaders promote an entrepreneurial spirit by encouraging staff to take risks and share new and innovative ideas. Leaders are willing to experiment and use rapid learning and decision-making approaches.</p>

BRINGING IT HOME

Strong organizational cultures foster the new behaviors, actions and investments required to navigate the many changes affecting the behavioral health care industry, particularly the transition to VBP. Changing organizational culture does not happen overnight. The underlying values, norms and ways of behaving within the organization must be assessed and a culture of value developed and nurtured at all levels of the organization.

Some strategic questions organizations should be asking include:

- ▶ What do I see changing within my organization? How is leadership communicating about why changes are being made and how those changes support the overall mission?
- ▶ Am I implementing processes that support staff in becoming data-driven and engaging in CQI?
- ▶ Are clinicians working from a common understanding of best practices or are they working independently without defined outcomes?
- ▶ How is leadership supporting staff in adopting a whole-health perspective on client care? Is my organization partnering with primary care providers and coordinating or integrating care?
- ▶ Financial transparency is also key to building a culture of value. How am I engaging clinicians in understanding the links between achieving better health outcomes and succeeding under VBP contracts?

Behavioral health organizations that not only adapt to change but also seek out new opportunities to innovate will stand ahead of their competitors. Change may not happen quickly and it requires persistence, intention and planning. Yet the pay-off can be great. Moving toward a culture of value will set up organizations for success in the future and ensure patients receive the highest quality of care.

USEFUL RESOURCES

The National Council offers numerous resources designed to support behavioral health providers in succeeding under VBP. These include:

VALUE-BASED PAYMENT OVERVIEWS AND PLANNING

[Creeping and Leaping from Payment for Volume to Payment for Value](#) (2014): An overview of emerging service delivery and payment models for behavioral health providers as health reform continues to unfold.

[Understanding Value-based Payment: A Primer for Staff](#) (2019): An adaptable slide deck that includes key messaging on the transition to VBP, the continuum of payment methodologies used in VBP, the role of population health management and quality improvement and staff roles in transformation.

Big Ideas Fast (2018): Brief videos tailored to specific audiences that distill complicated concepts into key messaging in just a few minutes.

- [Value-based Payments for Administrators](#)
- [Value-based Payments for Clinicians](#)

[Value-based Payment Planning Guide](#) (2017): A guide for provider organizations to create a systematic approach toward VBP transformation.

[Value-based Care Online Learning Modules](#) (2019): Free online learning courses that will enhance staff knowledge of value-based payments, risk stratification, population health management and care pathways.

QUALITY IMPROVEMENT, DATA-DRIVEN DECISION MAKING AND POPULATION HEALTH

[Care Transitions Network Quality Improvement Toolkit](#) (2019): Designed to help providers build a sustainable quality improvement framework within their organization through training exercises, worksheets and examples along the continuous quality improvement lifecycle.

[Risk Stratification Tool](#) and [User Guide](#) (2017): Tools that help users take a population health management approach to both clinical care and business operations and determine value as defined by patient health outcomes and cost of care.

SUSTAINABLE BUSINESS PRACTICES

[Developing Your Value Proposition: A Step-by-Step Guide for Behavioral Health Providers](#) (2019): A guide for behavioral health providers to develop and use a value proposition as a negotiating tool with payers and other stakeholders.

[Building Stronger Business Practices: Lessons from the Field](#) (2019): This report distills best business practices and lessons learned from high-performing behavioral health practices.

INTEGRATED CARE

The National Council offers extensive resources and consulting around integrated behavioral health and primary care. Visit www.thenationalcouncil.org/consulting-best-practices/integrated-health-solution/.

OTHER RESOURCES

[HCP-LAN Alternative Payment Model \(APM\) Framework](#) (2017): A framework designed by the Health Care Payment Learning & Action Network (LAN) to establish a common structure upon which payment reform progress can be measured.