



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Preparing for Value-Based
Payment in Behavioral Health
and Primary Care 2018
Innovation Community**

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Setting the Stage: Today's Moderator



Madhana Pandian
Associate

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**Slides for today's webinar will
be available on the CIHS
website:**

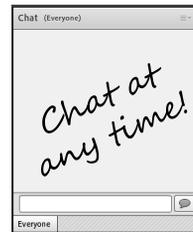
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Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

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Setting the Stage: Today's Moderator



Mindy Klowden, MNM
Director of Training and Technical Assistance
SAMHSA-HRSA Center for Integrated Health Solutions

Next Steps...

- Continue working through your workplans
- Begin preparing your 5X5 Presentations
- **March 15th 2pm eastern:** NEW office hours/group coaching call (optional)
- **April 4th 3pm eastern:** 4th group coaching call/webinar and 5x5 presentations
- **April 18th 3pm eastern:** NEW – final office hours/group coaching call



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Recommended 5X5 Content

- What you set out to do (agency goals)
- How you did it
- What went well (achievements)
- Challenges encountered and how you overcame them
- Impact
- Next steps

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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Value-based payment Innovation Community Group Coaching/Webinar #3

Presented by: Patrick Gordon,
MPA and Mindy Klowden, MNM



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Guest Presenter: Patrick Gordon, M.P.A.



Patrick Gordon is a Vice President with Rocky Mountain Health Plans, a private insurance company formed more than 40 years ago to serve western Colorado. Rocky is particularly interested in promoting measurement based care and collaborative care as key components of our VBC and integrated BH strategy. Rocky joined the United Health Group in 2017. Patrick has extensive expertise in payment reform/value-based payment, public programs, provider contracting, and practice transformation. He has been active nationally and regionally in efforts to transform healthcare payment and service delivery, including the Healthcare Payment Learning and Action Network (HCPLAN) and the Colorado State Innovation Model.



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Today We Will Discuss:

- ✓ Measurement based care and collaborative care as key components of value based payment and integrated behavioral health strategy
- ✓ Key behavioral health measures providers should be paying attention to/developing capacity to report on
- ✓ Some of the key things payers look for in contracting
 - ✓ Provider size, market share/attribution
 - ✓ Proven outcomes
 - ✓ Relationships and trust
 - ✓ There is no magic bullet!
- ✓ Culture change/practice transformation
- ✓ How providers can promote value-based payment at the state level, with payers and employers

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Where are we Headed In Terms of Value-Based Payment?

A.K.A. Patrick's "crystal ball"

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Figure 1 & 4: The Updated APM Framework

 CATEGORY 1 FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	 CATEGORY 2 FEE FOR SERVICE – LINK TO QUALITY & VALUE	 CATEGORY 3 APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	 CATEGORY 4 POPULATION – BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	A APMs with Shared Savings (e.g., shared savings with upside risk only)	A Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	B Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		C Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality



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Discussion



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