

**Value-Based Payment in Behavioral Health:
A partnership
between
the CMHF, its provider network and Integrus Health Group**

Integrus Health Group
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CMHF Board Retreat - August 7, 2021

..establishing equity (in access, in quality outcomes) and assuring accountability within a vibrant, continuously improving system:

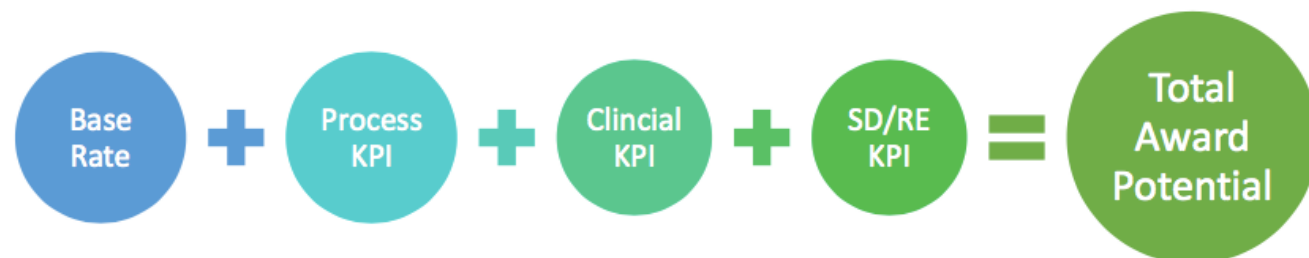
Value-based Payment (VBP) as a supporting base

What IS value-based payment (VBP)?

VBP is a payment strategy that pays for VALUE or performance. Historically — payment has most often been for ‘volume’ or units of service.

Paying for value is based on measures of performance — for which key outcome or process indicators are used — generally called “**KPIs**.”

The CMHF’s payment system will remain ‘**hybrid**’ — paying BOTH for volume (units) and Value.



What does a better cup of coffee have to do with VBPP?



***Why do some of us pay more for one bean than another?
— more at one coffee house than another?***

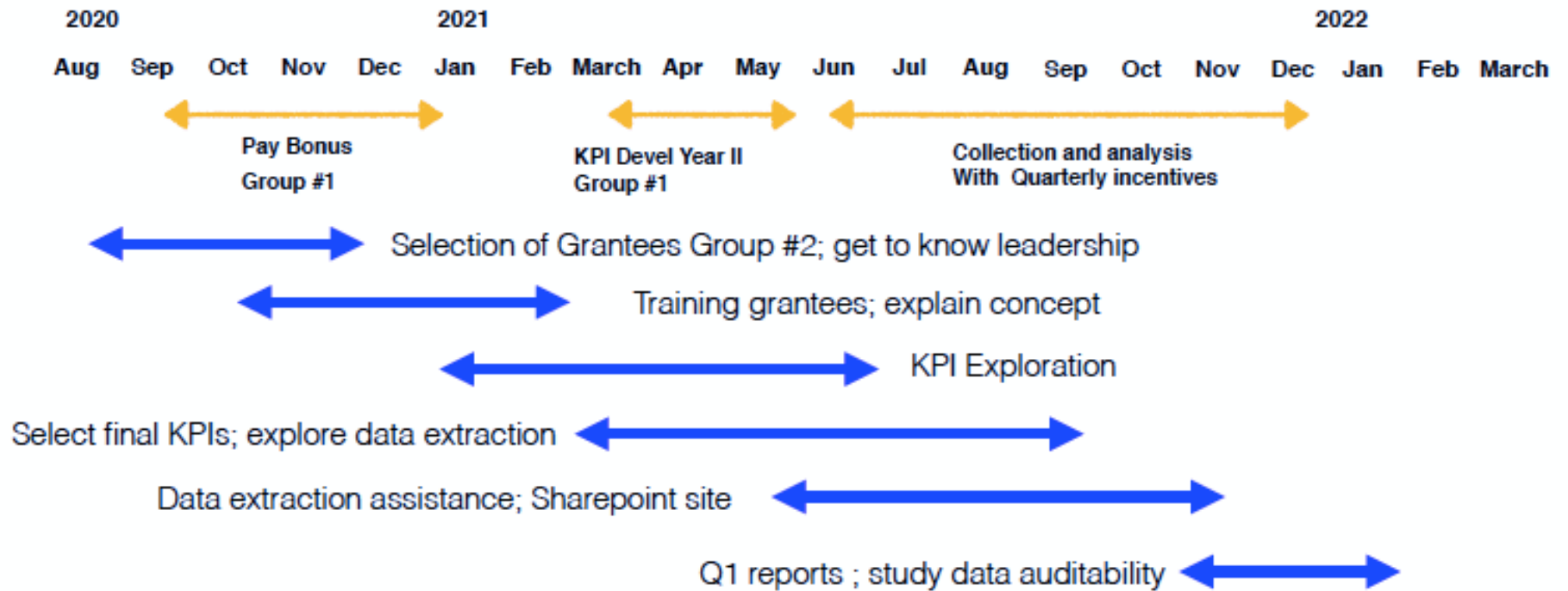
***Paying a 'higher price' reflects the VALUE we place on getting
a 'better' cup of coffee.***

How do we JUDGE the better cup?

We use certain MEASURES to RATE our coffees

***Our RATINGS assist us in prioritizing
which coffee we buy and from whom***

Moving into Full Implementation: Timeline for 2020-2022



What are the core elements of a self-sustaining VBP system?

- **25-30% of base budget** in VBP for sustainable impact
- **Enhanced use of data and reporting**
 - to measure performance, **monitor and catalyze continuous improvement**
 - to allow **equitable** funding decisions
- **Culture and skill sets** require structures, skills development AND use
- **Regulatory compliance**

25-30% of base budget

We pay MORE for a provider delivering a higher rating of service.



$$\$100. + \$3. + \$12 + \$15 = \$130$$

Your decisions re: WHAT you fund reflect the VALUE you place on those services.

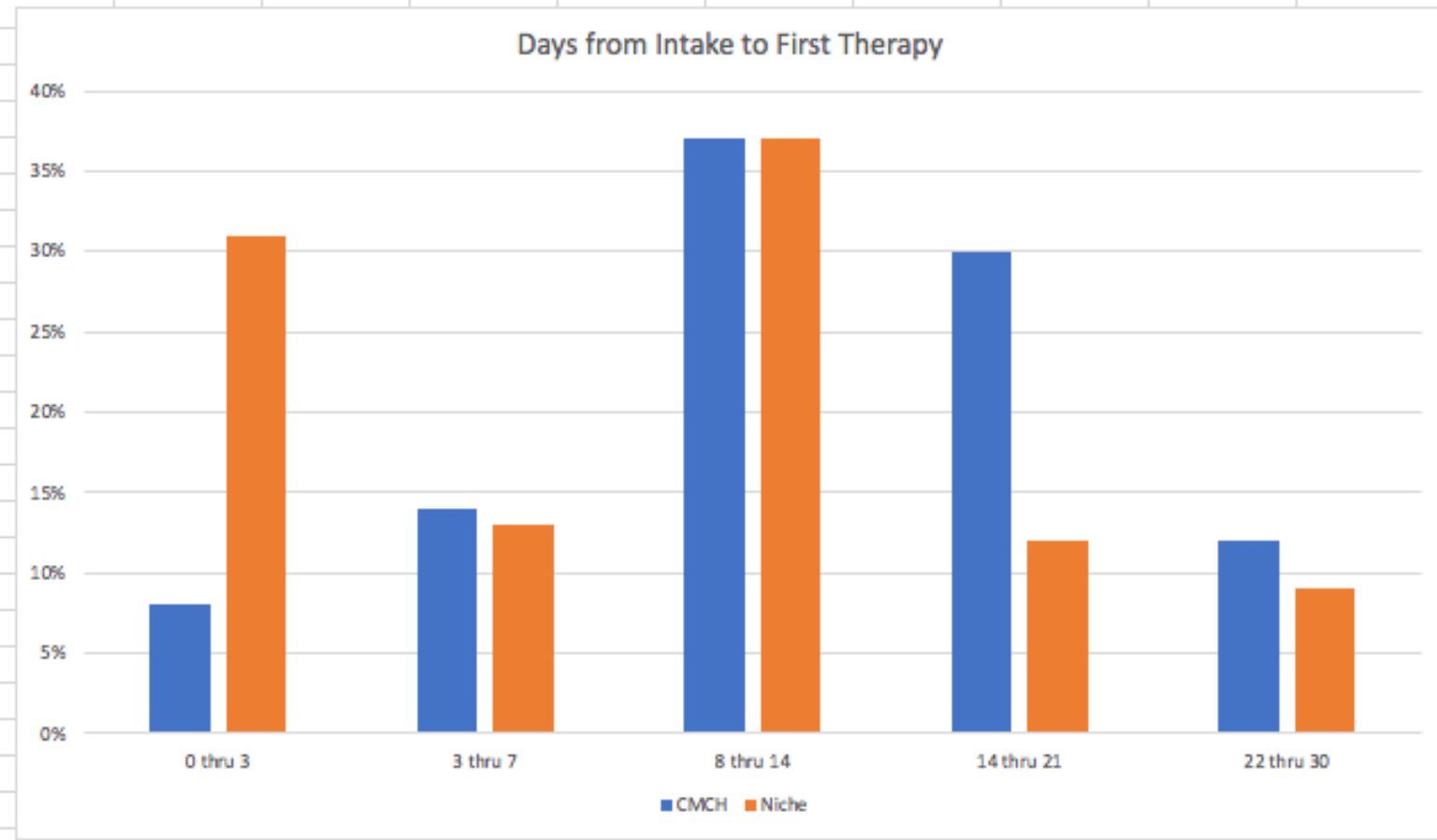
We use certain MEASURES to RATE the various Services.

Our RATINGS assist us in prioritizing Who we fund and How Much.

Enhanced use of data and reporting

From dashboards....

			CMCH	Niche						
0 thru 3	59	32	8%	31%						
3 thru 7	107	13	14%	13%						
8 thru 14	289	38	37%	37%						
14 thru 21	236	12	30%	12%						
22 thru 30	94	9	12%	9%						
Total	785	104								



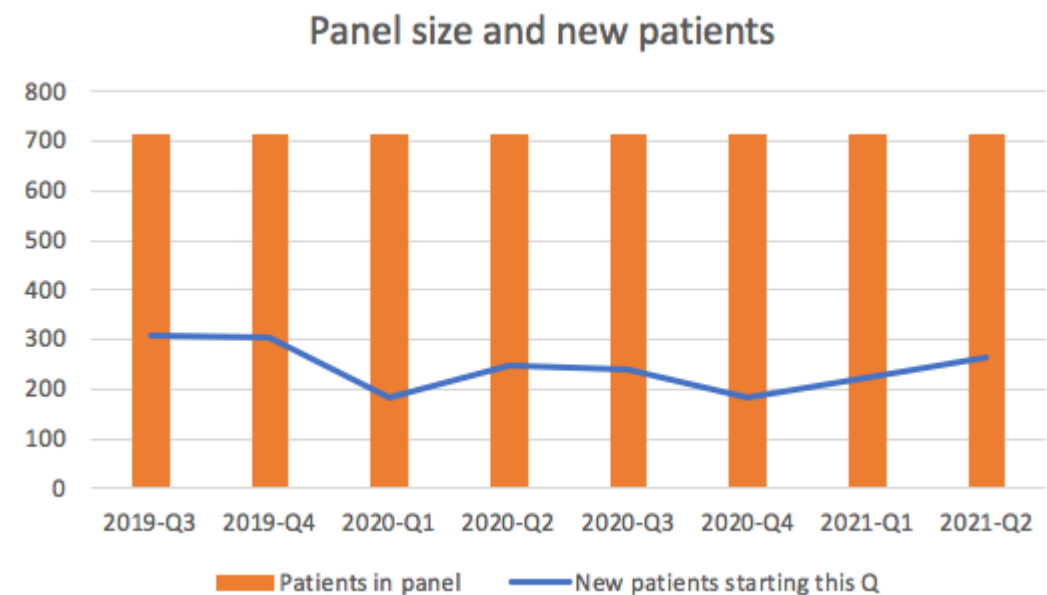
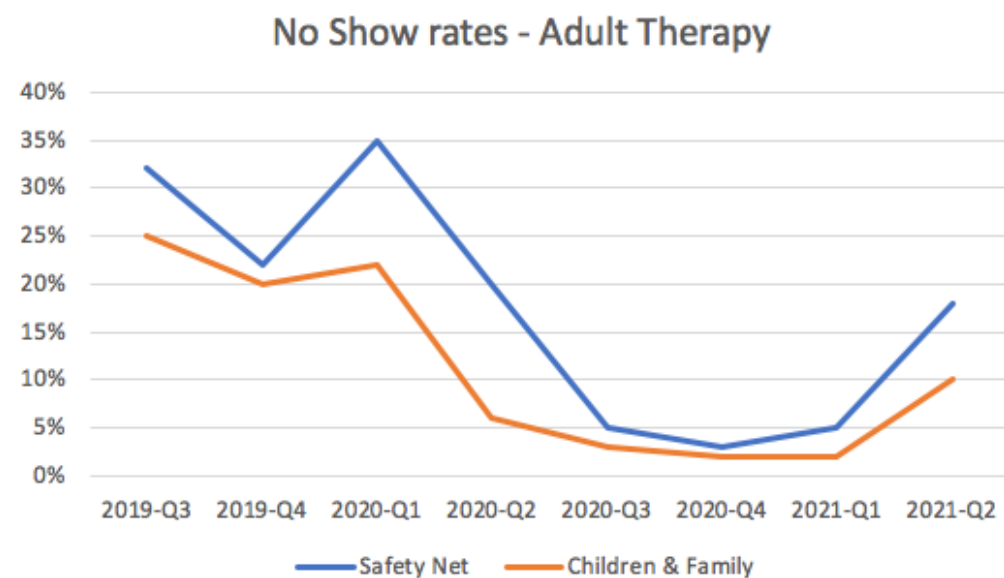
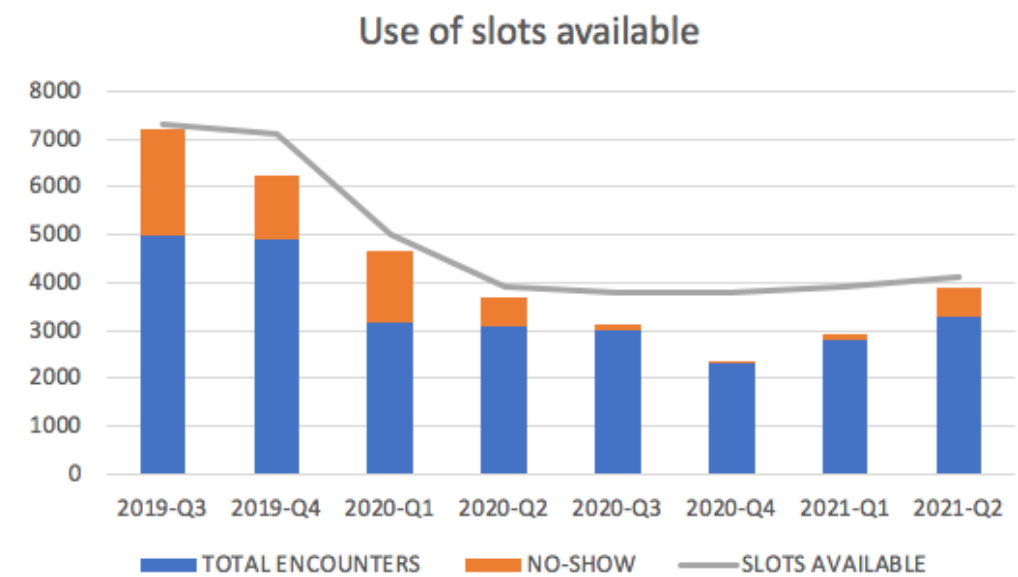
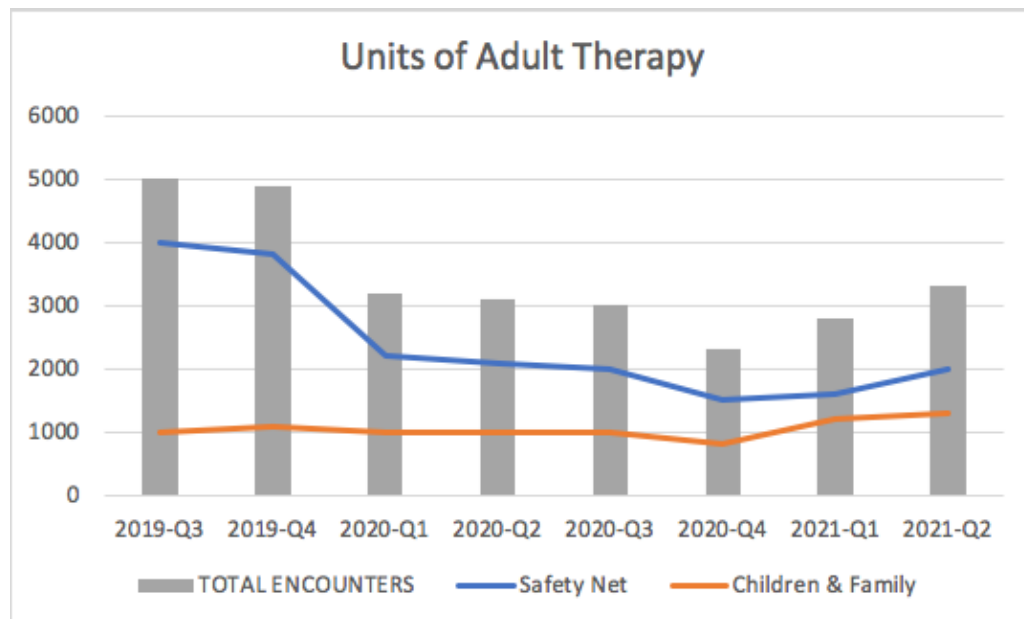
..to underlying measures and KPIs

Measure: **ACCESS**

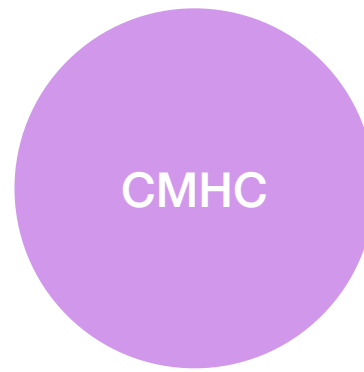
KPIs: delay/actual time between intake and 1st appt

Variables affecting: No shows, staff turnover, length of treatment, support staff for providers — e.g. case managers assigned and active — hours of operation, transportation, child care, others

Overview dashboards



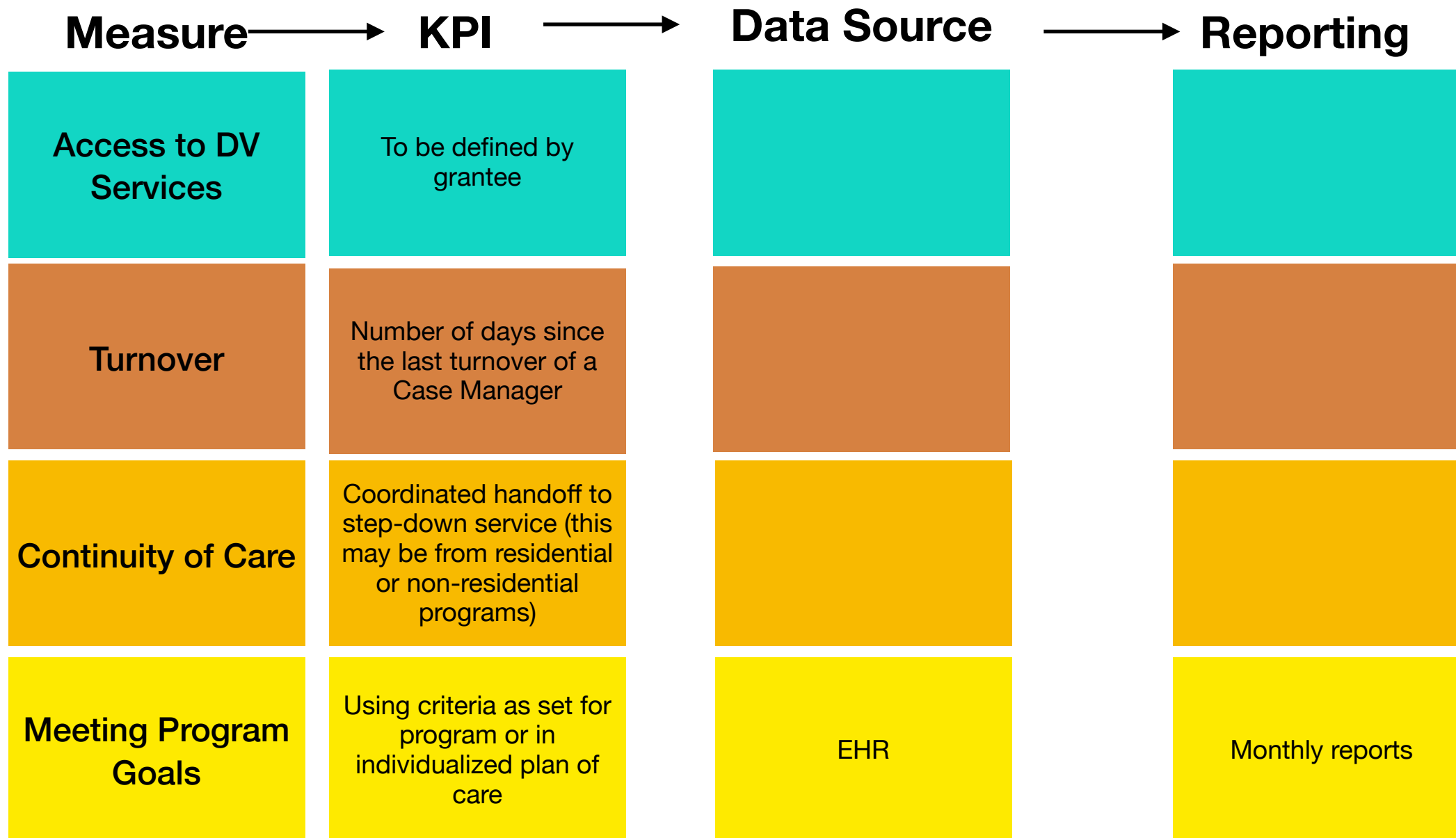
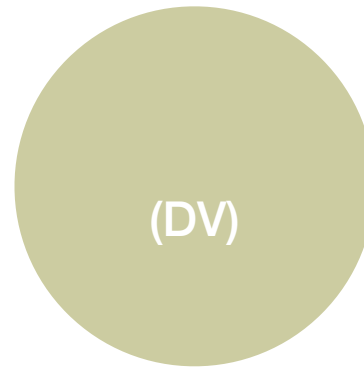
**VBP Implementation Process:
From the general to the specific**



Measure → **KPI** → **Data Source** → **Reporting**

Measure	KPI	Data Source	Reporting
Access Adult Therapy	Time from intake to initial visit with therapist, if such treatment is requested.	Scheduling	
Access Psych Evaluation	Time from intake to the completed initial psychiatric evaluation, if such evaluation is deemed necessary.		
Continuity of Care	Coordinated handoff to step-down service (this may be from residential or non-residential programs)		
Turnover	Number of days since the last turnover of a position (in the same group as that being studied)		

**VBP Implementation Process:
From the general to the specific**



Culture and Skill Sets

Specific structural changes

- VBP framework for grant making
- Rapid cycle process (integrated) for improvement
- Policy (Board) level approval of VBP component (25-30%) for total payment
- Contract language specifying
- Tracking and monitoring systems providing accurate information on KPIs
- Regular reporting

Skills development and use

- Metric development process — getting KPI's 'right'
- Rapid cycle quality improvement
- Individualized and group training and coaching
- Ongoing use for management, improvement, funding

Moving from framework to on the ground detail

AFTER the break!