AMAZING THINGS ARE HAPPENING HERE

The New York State Value-Based Payment (VBP) Roadmap

Primary Care Providers

March 27, 2018

NewYork-Presbyterian Queens

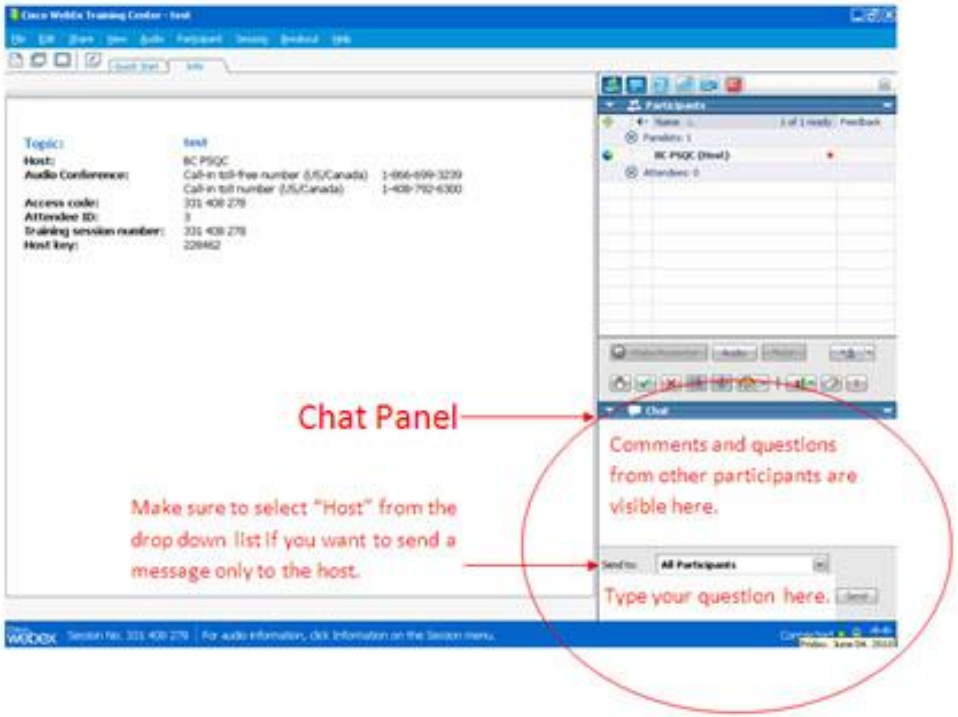
NYC REACH
Regional Electronic Adoption Center for Health

NewYork-Presbyterian Performing Provider System

Housekeeping

All lines have been muted

- To ask a question at any time, use the Chat feature in WebEx
- We will take frequent pauses to open (unmute) all lines for questions



Meet your Facilitators

Andrew Missel, MPH
- Manager, DSRIP Strategy & Project Management
- NewYork-Presbyterian Performing Provider System (PPS)

Alvin Lin, MBA
- Senior Managing Director of Strategy
- Primary Care Information Project/NYC REACH
- NYC Department of Health & Mental Hygiene

Natasha Rishi-Bohra, MPH
- Strategy Manager – Practice Transformation
- Primary Care Information Project/NYC REACH
- NYC Department of Health & Mental Hygiene

Lesson Learning Objectives – NYS VBP Roadmap

1. Understand how NYS views DSRIP as preparation for ongoing and expanded reimbursement reform beyond the waiver period.
2. Learn how NYS plans to encourage DSRIP objectives and measures to be mirrored in Managed Care Organization (MCO) provider contracts and IPA/ACO arrangements.
3. Learn the key milestones in NYS' timeline for VBP implementation.
4. Understand which patient populations NYS will target for VBP arrangements and which is best for your organization.

Complementary Lesson – VBP 101

Lesson Overview

- Provide basic knowledge of value based payment (VBP) strategy, with a brief history and overview of the core concepts and stakeholders.

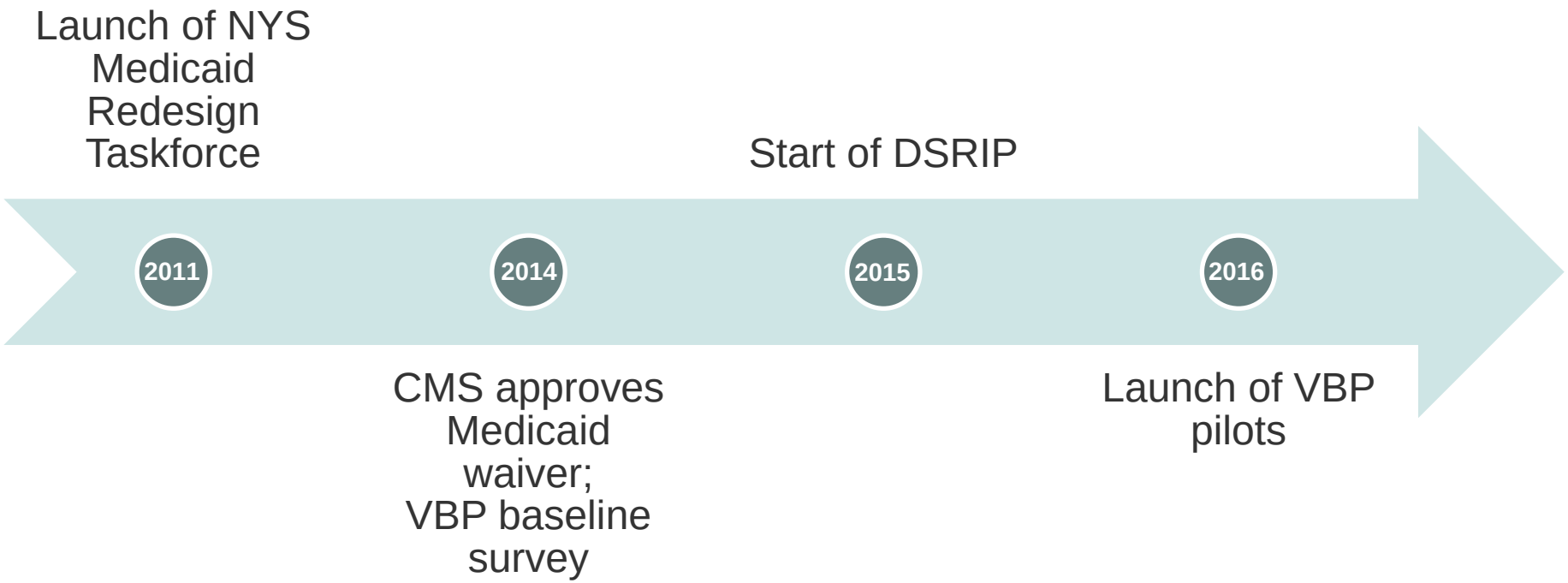
What You'll Learn

- VBP Basics – What, Why, When
- State & National Trends
- Options for Each VBP Arrangement (Structure & Level)
- Readiness Self-Assessment & Planning

NYP PPS & NYP/Queens PPS Collaborating to Deliver Six VBP Trainings this Winter

Behavioral Health Providers: Session 1	January 17, 2018	3:00pm - 4:00pm	Register Now
Behavioral Health Providers: Session 2	January 30, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 1	February 13, 2018	3:00pm - 4:00pm	Register Now
CBOs: Session 2	February 28, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 1	March 13, 2018	3:00pm - 4:00pm	Register Now
Primary Care Providers: Session 2	March 27, 2018	3:00pm - 4:00pm	Register Now

Brief Background on Evolution to VBP



Let's Acknowledge Key Limitations

The NYS VBP Roadmap is *not:*

1. A complete blueprint with instructions.
2. Specific on how quickly organizations must transition to higher risk, beyond the collective goals indicated for the State as a whole.
3. A negotiation guide between providers and MCOs.

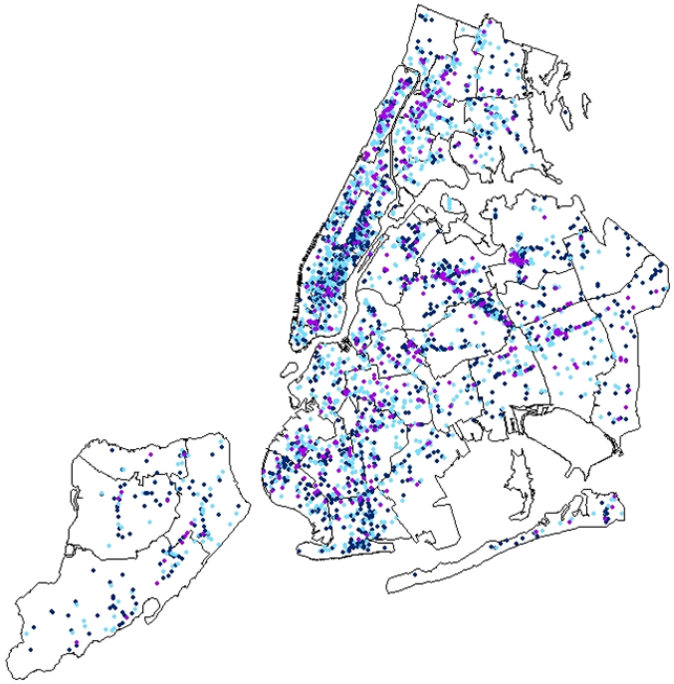
VBP Risk Levels

VBP Risk Level	Description
0*	**Enhanced FFS.** Providers may receive a quality bonus, be subject to a quality withhold, or receive a payment for enhanced care coordination. There is no provider risk (*and therefore not considered for the 2020 Goal).
1	**Upside only shared savings without provider risk.** Providers still receive FFS payments, but have incentive to reduce costs and improve quality through a shared savings arrangement tied to cost benchmarks and quality metrics. There is no "downside" risk, so providers do not have to pay money to MCOs if they exceed cost benchmarks.
2	**Upside and downside risk-sharing arrangements.** As in Level 1, providers have a shared savings incentive, but are also accountable if costs exceed benchmarks and must reimburse MCOs a percentage of the excess amount if this is the case.
3	**Prospective payments that largely replace FFS.** MCOs pay providers on a per member, per month (PMPM) basis for a patient's TCOC. Providers may also be paid on a prospective basis for a bundled payment for a specific episode of care or for managing a specific chronic condition.

Primary Care Information Project (PCIP)

A bureau within the NYC Department of Health and Mental Hygiene

- *NYC REACH Members*
- *Members + Data Sharing*
- *Non-NYC REACH Members*



NYC REACH is PCIP's transformation service unit that works with:

over **21,000** ***PROVIDERS***

approx **1,800** ***PRACTICES***

WE PROVIDE

9 Provider-Facing ***QUALITY PROGRAMS***
Including:

BEAT
HealthyHearts
Meaningful Use
Patient-Centered Medical Home
Mental Health Services Corp
Value-Based Payment

NewYork-Presbyterian Queens

NYC REACH
Regional Electronic Adoption Center for Health

NewYork-Presbyterian Performing Provider System

VBP Arrangements

Arrangement Category	VBP Arrangement	Episodes (not exhaustive)
Population-based	Gene Population (Mainstream Medicaid)	N/A
	HIV/AIDS Subpopulation	
	HARP Subpopulation	
	MLTC Subpopulation	
	I/DD Subpopulation	
Episode-based	Maternity Bundle	Pregnancy Vaginal Delivery C-Section Newborn
	Integrated Primary Care	Wellness, immun., screening
	Chronic Bundle	*14 conditions including:* Asthma, COPD, Hypertension, CHF, CAD, Heart Block conditions, Diabetes, Bipolar disorder, Depressing, Anxiety, Trauma, Substance use disorder, Lower back pain, Osteoarthritis, Reflux disease

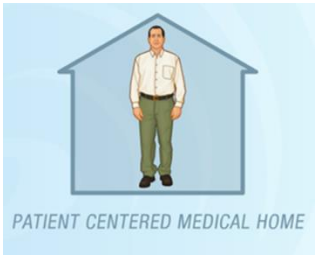
NCQA PCMH 2017 Framework

NCQA's PCMH standards provide a detailed framework that incentivizes primary care and is aligned to goals in a VBP landscape

Performance Measurement and Quality Improvement (QI)

Team-Based Care and Practice Organization (TC)

Care Coordination and Care Transitions (CC)



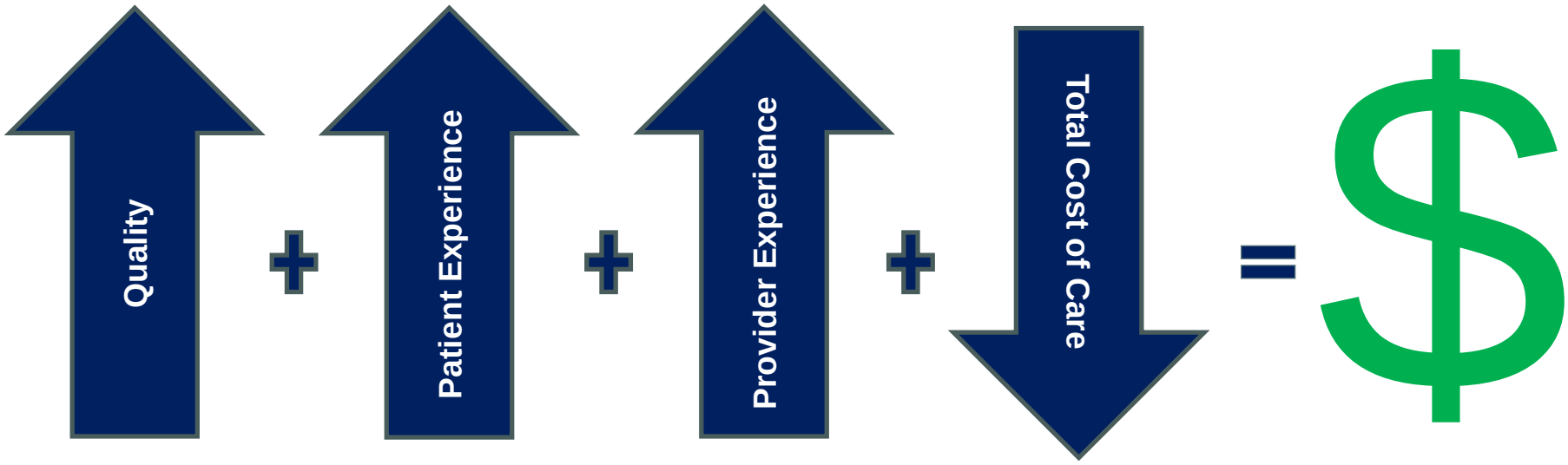
Knowing & Managing Your Patients (KM)

Care Management and Support (CM)

Patient-Centered Access and Continuity (AC)

Value-Based Payment and The Quadruple Aim

Payment arrangements that focus on value-based care incentivize quality, patient satisfaction, and reduced cost.



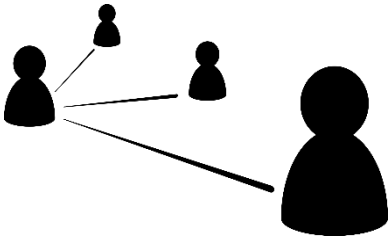
Factors in Innovation Success

Adapting to primary care for VBP success requires change across different domains.

Engaging and Educating Patients

Identifying and Managing High-Risk Patients

Using Clinical Event Notifications



Developing High-Value Referral Networks

Identifying and Managing High-Risk Patients

Six key strategies can help identify and address the needs of your highest-risk patients

I. Define an intervention
II. Use analytics tools
III. Apply clinical intuition to raw data
IV. Prioritize patient-reported data
V. Invest in coordinated care transitions
VI. Promote care management success

Common characteristics of high-risk patients

Developing High-Value Referral Networks

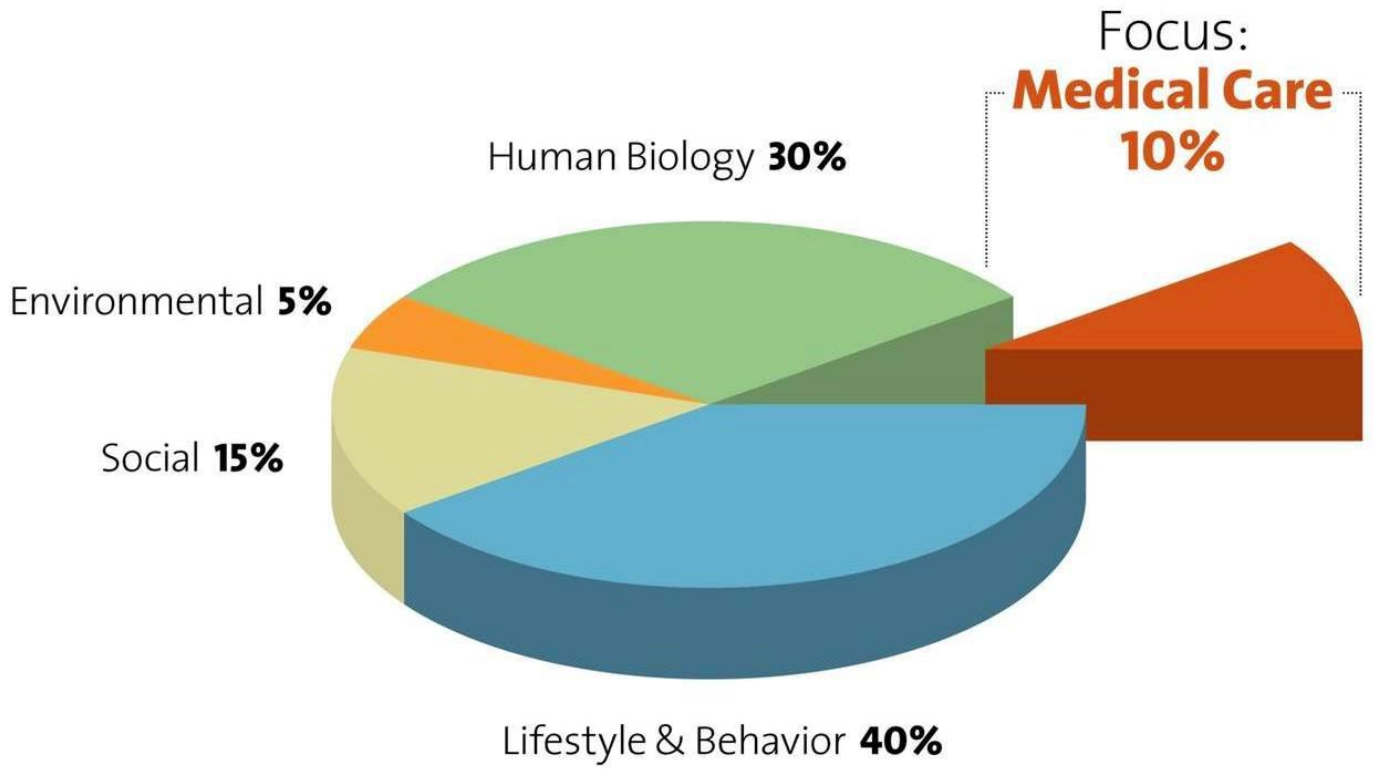
Primary care services account for only <10% of healthcare spending, but PCPs influence a much larger percentage

Care Continuum

- Patient-centered care requires sustainable care throughout the care continuum
- Employ strategies to improve cross-network relationships:
  I. Recognize existing referral patterns
  II. Reduce unnecessary referrals
  III. Improve care coordination between PCPs and cost-effective specialists
  IV. Avoid unnecessary facility fees
  V. Build partnerships

Developing High-Value Referral Networks

In addition, only <10% of outcomes come from patient's clinical care



Developing High-Value Referral Networks

When providers can focus on value, rather than volume of visits, they have the opportunity to address non-physical health factors that affect health outcomes

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

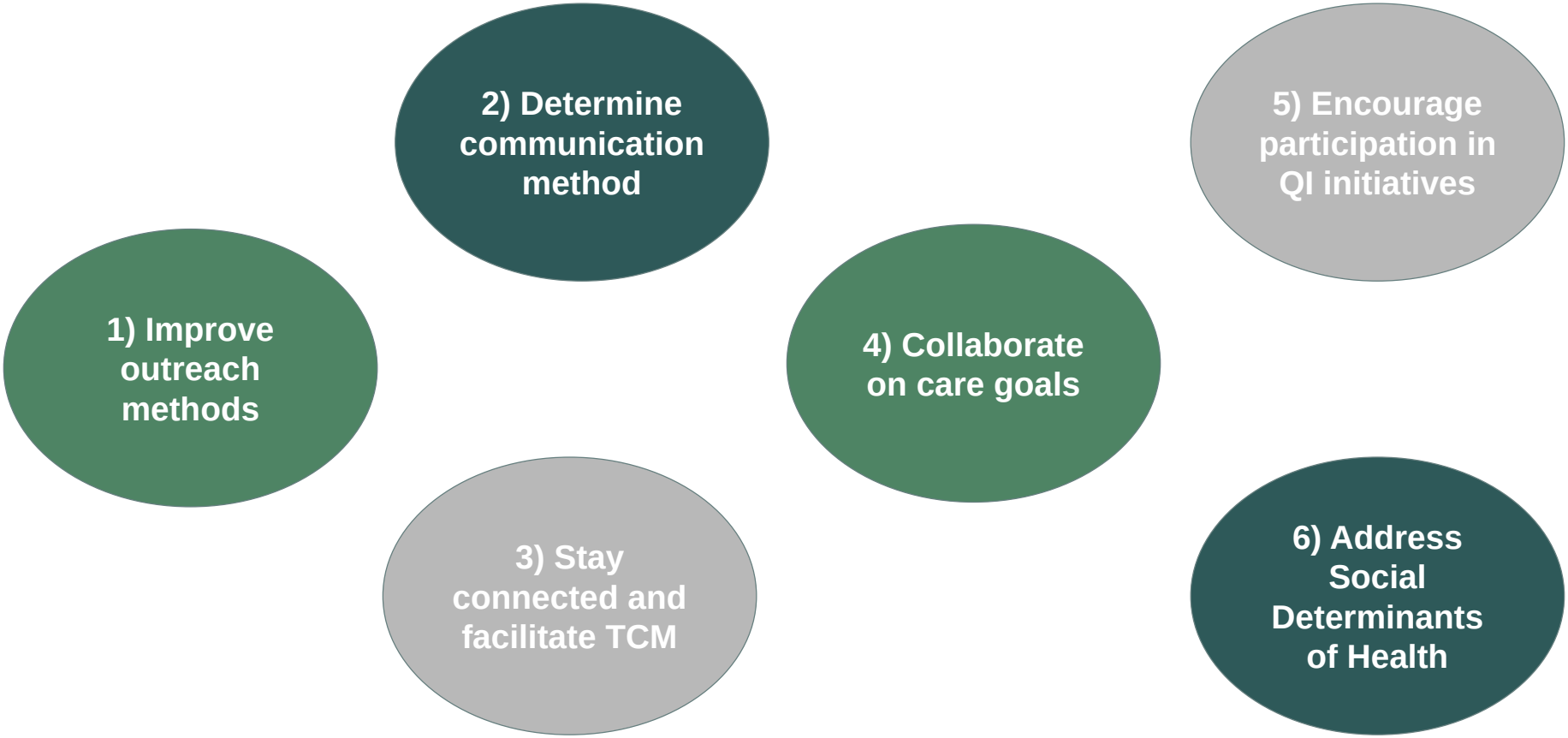
Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Using Clinical Event Notifications

Ability to implement timely interventions and prompt follow-up are key to reducing unnecessary services

Engaging and Educating Patients

Patients, families, and community members are all instrumental to improving patient engagement and activation



The Bottom Line

Regardless of VBP arrangement and contract, providing high quality coordinated care will lead to success in this shifting landscape

- Moving away from FFS to VBP reduces the long term administrative burden on providers
  - Diversity of contracting makes it difficult to understand how quality of care affects impact on financial sustainability

- By focusing on specific patient population and following the four key factors of innovation success, all PCPs can be successful in VBP contracts

Factors in Innovation Success

Adapting to primary care for VBP success requires change across different domains.

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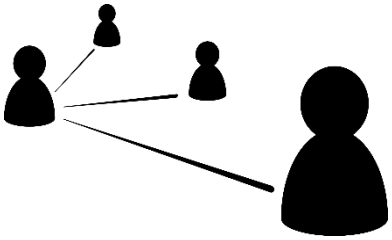

Developing High-Value Referral Networks

Thank you!

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VBP Resources and Suggested Reading for PCPs

- NYS DOH VBP University
- NYS DOH VBP Library
- Considerations for Pediatric Providers in Selecting Outcomes Measures
- A Case Study in Payment Reform to Support Optimal Pediatric Asthma Care (The Brookings Institution)
- Accountable Care Strategies: Lessons from the Premier Health Care Alliance's Accountable Care Collaborative (The Commonwealth Fund)

Other Resources

1. The NYS VBP Roadmap (pdf)
2. Navigating the New York State Value-Based Payment Roadmap (web)
3. VBP Implementation: Primary Care Provider (PCP) (pdf)
4. VBP Implementation: PCP Visual Document (pdf)

Contact Us

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Find More Online & Share

All VBP slide presentations and recordings are available on our website:

Section, "Population Health Care Models"

http://www.nyp.org/pps/resources/pps-webinars


THANK
YOU

Learn more about our Facilitators

- **Alvin Lin, MBA,** Senior Managing Director of Strategy and Innovation, oversees NYC REACH's Value-Based Payment programs that prepare providers for success under payment reform. His teams collaborate with Delivery System Reform Incentive Payment Provider Systems (DSRIP PPS), New York State Department of Health (NYSDOH), Accountable Care Organizations (ACOs), payers, and other partners. Alvin leads practice transformation programs such as the DSRIP Program, the Centers for Medicare and Medicaid Services' (CMS) Transforming Clinical Practice Initiative (TCPI) and Quality Payment Program (MACRA QPP MIPS), State Innovation Model Advanced Primary Care (APC), and Patient Centered Medical Home (PCMH). Alvin is the co-chair for NYP PPS Clinical, IT, and Workforce committee. He is also a member of the NY Medicaid's Roadmap to Value Based Payment subcommittee. Prior to joining NYC REACH, he led a two-year statewide Medical Home program for Missouri that helped a consortium of MO Medicaid, 26 Federally Qualified Health Centers (FQHCs), community providers and behavioral health providers improve quality of care and reduce total medical costs by $50 million per year. Additionally, Alvin developed strategies to prepare Primary Care Associations and their FQHCs for health care reform in 17 states and set up health information exchanges for FQHCs in seven states. Alvin received his MBA from the University of Southern California and BA from The Johns Hopkins University.

- **Natasha Rishi-Bohra, MPH,** Strategy Manager – Practice Transformation, manages NYC REACH's practice transformation programs such as the CMS TCPI and QPP, APC, PCMH, the School-Based Medical Home (SBMH), and our work across NYS and NYC Accountable Care Organizations (ACO). Natasha has seven years of experience designing strategies and operationalizing state-based health initiatives, including Health Information Exchanges, Health Insurance Exchanges, and Home Community Based Services. Additionally, Natasha worked closely with FQHCs and safety-net hospitals to implement strategies to tackle social determinants of health. Natasha received her MPH from Boston University and her BA from The University of Michigan.