Communicating the Why

Value-Based Payment
Practice Transformation Academy

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

Defining Your Stretch Project Follow-up

Please share:

- Two sentence elevator speech defining your stretch project

- One process level and one outcome level metric you will be tracking on, and your proposed data collection plan.

Simon Sinek: How Great Leaders Inspire Action

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

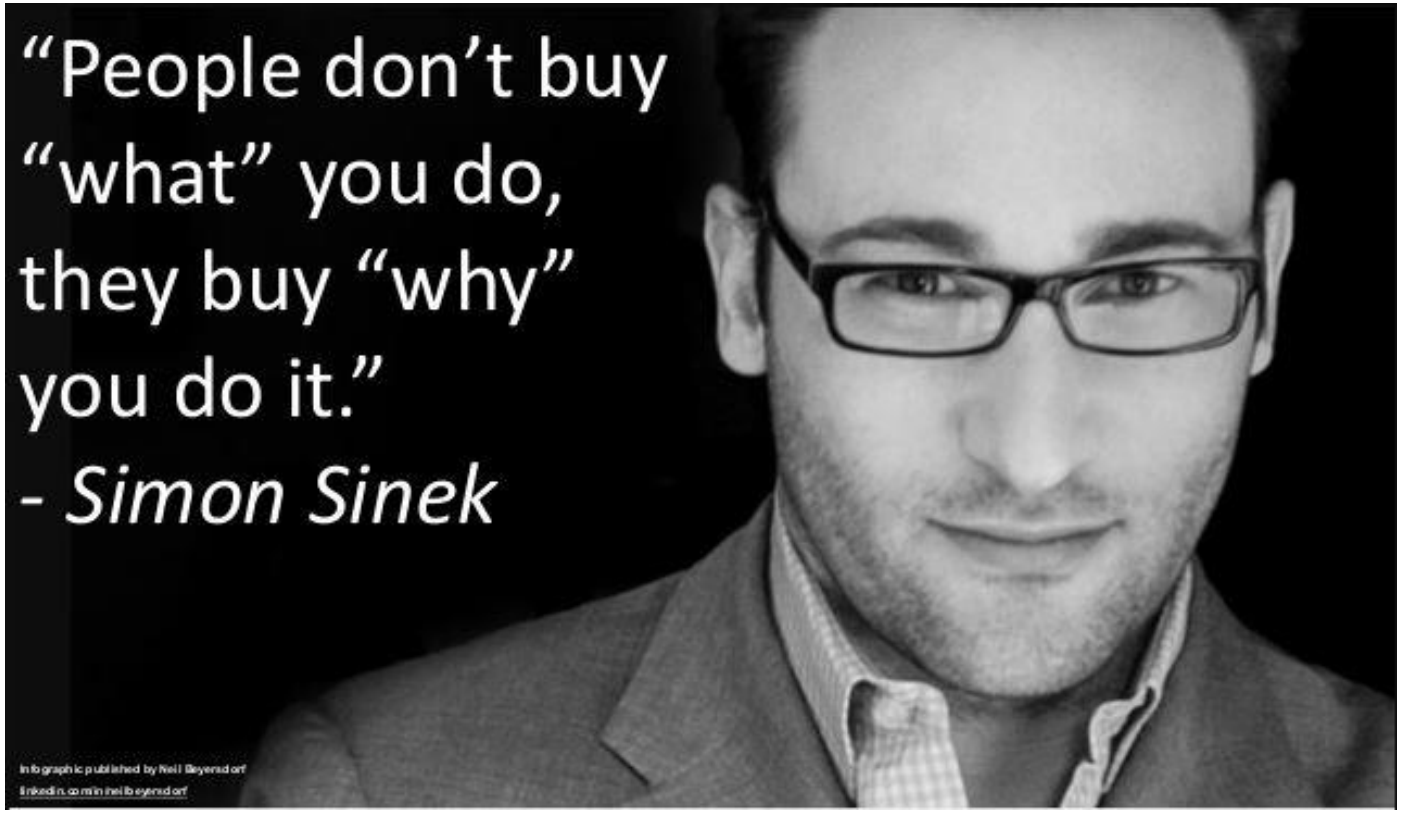
Simon Sinek: How Great Leaders Inspire Action

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

Messaging


"People don't buy
"what" you do,
they buy "why"
you do it."
- Simon Sinek
Infographic published by Neil Beyendorf
linkedin.com/in/neilbeyendorf

Goal

Develop an effective message to communicate the why of value-based payments to your staff and internal stakeholders.

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

Define Your Audience

Who is your target audience?

- Staff
  - Clinical
  - Administrative
- Agency's Board
- Clients

Why should your audience care about you?

- Are they searching for answers or resources?
- What problem are you able to solve?

What actions do want them to take?

QUALIS HEALTH Washington State Department of Health Healthier WASHINGTON

Define Your Message

- Who is your **audience**?
- What **problem** are you solving?
- What's new about your **service**? What sets it apart from other organizations?
- What's the **solution** to the problem?

QUALIS HEALTH
Washington State Department of Health
Healthier WASHINGTON

Message Components

- Four main points that are concise and compelling
- Value message – connect with your audience and the common ground
- Barrier message – addresses/counters the challenges and misconceptions
- The "Ask" – this is what you want your audience to do
- Vision message – echoes the value message

QUALIS HEALTH
Washington State Department of Health
Healthier WASHINGTON

Messaging Methods

- Be clear, concise and consistent
- Repetition works, work it
- Tell them how

- Eliminate competing calls to action
- Use written and verbal messages
- Tell a story
- Designate a champion

QUALIS HEALTH
Washington State Department of Health
Healthier WASHINGTON

Value-Based Payment Readiness

- Patient- and Family-Centered Care Design
- Data-driven Quality Improvement
- Sustainable Business Operations

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

What We Will Become

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

What We Will Become!!

We are the premier healthcare provider for the world's most vulnerable populations. We are innovators in the healthcare space providing service to people who are otherwise marginalized and we will not accept that people in our community continue to be marginalized. We are committed to a culture of passionate curiosity, a culture of data-driven decision making and we are accountable for the care that we provide. We do not see barriers, we see opportunities.

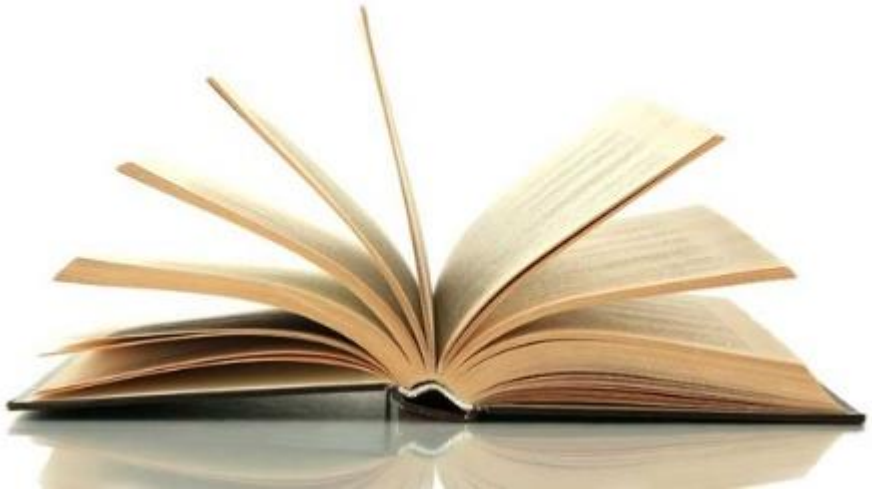
QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

Returning to the How

Value Based Payment for Smarties



QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

CASE RATES

- “Case Rates” typically refer to a payment for a specific set of services. Unlike fee-for-service, the payment for the services is grouped together into one lump sum.
- They are called “case” rates because the lump sum payment to the provider typically depends on how many clients are on the “caseload” for that service type.
- Case rates are commonly used for care management services and specific evidence-based practices.
- Payments may be made on a one-time basis or a monthly basis (per-member-per month, or per-case-per month).
- Any individual client may need more or less services than the average amount of services predicted when setting the rate.

Episodes of Care

- A payment structure that is often "triggered" by a specific event, such as:
  - New use of a specific diagnosis code
  - Delivery of a specific service type
- Can be used to manage **acute** *or* **chronic** health conditions. For example:
  - Acute Condition: Management of care for total hip or knee replacement
  - Chronic Condition: Management of care for people diagnosed with ADHD
- Episodes typically have a **duration** that is defined but is condition-specific, usually for a specific time frame after the initial trigger (e.g., 90 days after surgery).
- Usually, one provider is held accountable for the **total cost of care related to the triggering condition** in that time period, including inpatient and testing services. If average costs are less or greater than a certain threshold, the provider may receive a bonus or penalty.

Capitated Rates

- "Capitated Payments," or "Capitation" typically refers to payments to Managed Care Organizations for **managing all services** for a particular patient. If the cost for managing the client's total care exceeds the capitation payment, then the Managed Care Organization absorbs that cost.

- Sometimes Managed Care Organizations will subcontract, or subcapitate, with very large healthcare providers who will take responsibility for **all (or nearly all) services,** including inpatient, outpatient, testing and pharmaceutical services.

- In capitation arrangements, providers typically take on management of far more services than under a case rate or episode of care.

Cross Cutting Themes

- Defined Patient Population/Eligibility
- Care Coordination/Care Management
- Access to Data
- Defined Metrics
- Evidence Based Interventions
- Cost Analytics
- Operational Efficiencies

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON

Universal Requirements

- The importance of **accurate data**
  - Patient population
  - Level/intensity of services provided
  - Costs for services

- The importance of **defined care protocols** to assure neither
  - Underutilization, nor
  - Overutilization

QUALIS HEALTH Washington State Department of Health Healthier WASHINGTON

Why Metrics

- Antidepressant Medication Management (AMM)
- Potentially Avoidable Use of the Emergency Room
- Plan All-Cause Readmissions (PCR)

QUALIS HEALTH
Washington State Department of Health
Healthier WASHINGTON

Why Population Health Management

- Determines eligibility
- Answers the question, “should my organization pursue this funding stream?”
- The individual must be enrolled in Medicaid. Medicaid members eligible to be enrolled in a Health Home must have:
  - Two or more chronic conditions OR
  - One single qualifying chronic condition: HIV/AIDS or Serious Mental Illness (SMI) (Adults)
  - (SUD qualify as a chronic condition but do not themselves qualify an individual for HH eligibility)

QUALIS HEALTH Washington State Department of Health Healthier WASHINGTON

Why Risk Stratification

- Tied to reimbursement
- Tied to care pathways
- Tied to creation of operational efficiencies
- Tied to margins

EXAMPLE OF CASE RATE FOR CARE COORINDATION				
Rate Code	Rate Code Description	Upstate Rate *	Downstate Rate*	Rates Apply to
1854	Health Home Services - HARP (Low)	$117.00	$125.00	Health Homes Serving Adults
1855	Health Home Services - HARP (Med)	$293.00	$311.00	Health Homes Serving Adults
1856	Health Home Services - HARP (High)	$450.00	$479.00	Health Homes Serving Adults
1857	Health Home Services - non-HARP (Low)	$58.00	$62.00	Health Homes Serving Adults
1858	Health Home Services - non-HARP (Med)	$234.00	$249.00	Health Homes Serving Adults
1859	Health Home Services - non-HARP (High)	$360.00	$383.00	Health Homes Serving Adults

Why Care Pathways

- Moving away from cookie cutter care plans
- Communicating to staff difference in caseload size based on acuity of client population
  - Comprehensive care management
  - Care coordination and health promotion
  - Comprehensive transitional care
  - Patient and family support
  - Referral to community and social support services
  - Use of health information technology to link services

QUALIS HEALTH Washington State Department of Health Healthier WASHINGTON

Next Steps

Use the questions and guidance outlined in this webinar to begin developing your communication plan.

Next Webinar:

"From Project Plan to Transformation Plan"

- Wednesday, January 17, 2018
- 11:30-12:30pm PT

QUALIS HEALTH
Washington State Department of Health
Healthier WASHINGTON

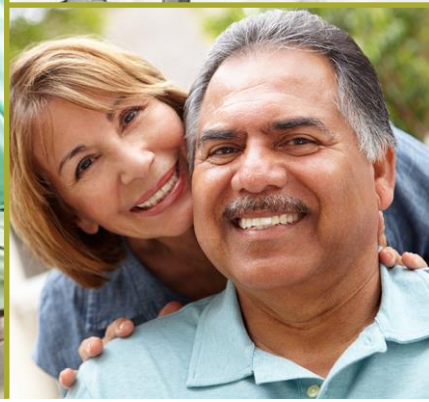
Affinity Group Calls Round 2

	Participants	Date	Time
Group 1	CHSW, Compass, Greater Lakes, Multicare, Sound Mental	Friday, January 12th	11-12pm PT
Group 2	Valley Cities, Grant Integrated, Lourdes	Friday, January 12th	12-1pm PT
Group 3	Catholic Charities, SeaMar, Catholic Community Services, Columbia River	Thursday, January 11th	9:30-10:30am PT
Group 4	Evergreen Recovery, Evergreen Treatment, Frontier, Yakima, DESC, Kitsap MH, Willapa BH, Peninsula	Monday, January 8th	12-1pm PT

QUALIS HEALTH Washington State Department of Health Healthier WASHINGTON

Thank you!

Questions? Contact Joan Miller
JMiller@thewashingtoncouncil.org



The project described was supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

QUALIS HEALTH

Washington State Department of Health

Healthier WASHINGTON