Value Based Care - - Organizational Transformation

POPULATIONS, QUALITY, COST

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Overview of HRHCare: By the Community, For the Community

From Left to Right: Willie Mae Jackson, Pearl Woods, Rev. Jeannette Phillips, Anne Kauffman Nolon, Mary Woods.

In the early 1970s, a group of four women, fondly referred to as the Founding Mothers, spearheaded the efforts of fellow community members and religious leaders to address the lack of accessible and affordable health care services in Peekskill, one of the Hudson River Region's poorest cities. With a small federal grant, the Peekskill Area Ambulatory Health Center began. Anne Nolon joined as CEO in 1977. In the 40 years since then, HRHCare, has grown into a network of 30+ health centers.

Readiness

Patient Engagement – Raison D'etre

Patient Engagement and Experience

1. From inception, over 50 years ago, Federally Qualified Health Centers (FQHC) have been governed by their patients with over 51% (by law) comprising the Board of Directors: The Heart and Soul of our Mission, Vision and Values.

2. Access: Understanding the ecology (language, transportation, gender, race, poverty, violence, housing, culture, food deserts, etc.) and geography (people and their environments) of the communities where patient's live, work, pray, shop and raise their families.

1. Essential Model of Care: Outreach workers, patient navigators, care managers, peer educators – focusing on engaging the patient, their families and communities where they are!

2. Patient is in charge of managing their care. Patients, in partnership with their provider & team, are more responsible for their health. We are their advocates, champions and supporters.

Readiness

Organizational Quality

Organizational Quality: Clinical, Financial, Administrative

Strategic Plan and Aims and Measures: Patient [Population], Quality, Financial Vitality

1. Shifting From Process to Outcome
2. From Volume to Value
3. From Gathering Information to Using Information
4. Aligning the effort, executing the plan

- *Attending to Organizational Culture*
- *Investment in care teams, infrastructure, systems and professional expertise*
- *Designing, redesigning, mapping and sunsetting irrelevance*
- *Redesigning jobs, work and compensation*

Readiness

Cost of Care

Legal Framework to Accept Risk

1. Developing models of shared governance.
2. Balancing mission, vision and values against pressure to organizational autonomy.
3. Development of Accountable Care Organizations.
4. Development of Independent Practice Associations.
5. Creation of Managed Care Companies.
6. Creation of Management Services Organizations.

Value Based Payment

RULES OF OUR ROAD:

MOST IMPORTANT BEGINNING: Build MCO relationships to develop transparent processes that will achieve mutually beneficial goals.

1. Develop contracts based on the actual utilization and cost of patients.
2. Assure alignment between contract and effort to be undertaken.
3. Assure payment (pmpm) and shared savings (variable revenue) that will mitigate liquidity risk.
4. Work on data exchange protocols, within technical limits to deliver **useful, reliable and timely** information targeted to key goals.

Value Based Payment – Managing the Total Population Health

Important Considerations:

1. Avoiding Duplication of effort amongst providers.
2. Accuracy of Attribution.
3. Building and expanding primary care capacity.
4. Workforce Redesign, disruption, dislocation and new work.
5. The freedom to innovate in a highly regulated environment.
6. VBP models do not take into account the costs outside of claims costs
7. Quality benchmarks may not be adjusted for the more challenging patient populations
8. Alignment of Medicare and Medicaid programs especially where FQHCs are excluded: CPC+, MACRA

Other Significant Considerations:

Longitudinal Competition
Scarcity and consolidation of resources
Uneven policy environment
Safety Net sustainability and
Provider Insecurity

THANK YOU!

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