

# Spring 2021: OHA's Value-based Payment Webinar Series

## Overview of the Series

Join us this spring for an informative, engaging, and practical webinar series on value-based payment (VBP) developed specifically for Oregon's providers.

In January 2020, Oregon's Coordinated Care Organizations (CCOs) began a new five-year contract, or CCO 2.0, which includes annual VBP targets for CCOs and their contracted providers. Beyond Medicaid, Oregon continues to expand implementation of VBP models throughout the health care system, via the work of the [Primary Care Payment Reform Collaborative](#) and the [Sustainable Health Care Cost Growth Target](#) Implementation Committee.

As state and federal programs shift from volume-based to value-based payment, providers must make critical adjustments to prepare for and succeed under VBP contracts. To assist practices and agencies as they prepare for VBP contracts, the Oregon Health Authority's (OHA) Transformation Center, in partnership with Health Management Associates, is offering a five-part VBP webinar series starting March 17 and running through June 2021.

The series will provide an overview of VBP models as they apply to the Oregon landscape and how they can support providers to improve patient outcomes through more comprehensive and flexible approaches to delivering healthcare. The sessions are intended to enhance primary care, behavioral health, and maternity care providers' readiness for VBP and help them take advantage of the additional flexibility VBPs offer so they can innovatively redesign care models.

Participants will learn methods to maximize use of the full care team and services that are uniquely feasible under VBP modes and how to evaluate contract offers. Speakers include experts with firsthand local experience and extensive national experience practicing and advising others working under similar payment models.

**The American Academy of Family Physicians (AAFP) has reviewed Oregon Health Authority (OHA) Value-based Payment Webinar Series and deemed it acceptable for AAFP credit, which is equivalent to AMA PRA Category 1 Credit™ toward the AMA Physician's Recognition Award. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s):**

- **1.00 Online Only, Live AAFP Prescribed Credit(s) - Value-based Payment: Is it disrupting health care for the better?**
- **1.00 Online Only, Live AAFP Prescribed Credit(s) - What do you need to know to negotiate value-based payment agreements?**

**Application is in progress for the approval for the additional sessions. Providers must register for the sessions to obtain a certificate for credit**

## Descriptions and Dates of the Webinars

**Session 1: March 17, 2021, Noon-1pm**

**[Value-based Payment: Is it disrupting health care for the better?](#)**

**Description:** This webinar will focus on the "why" of value-based payment (VBP) for providers. HMA's VBP expert, Dr. Jones, will bring his national expertise to complement Oregon-based Dr. Smith and Ms. Meyer to discuss how VBP contracting models can support providers' efforts to improve the health outcomes of their patients. It will explore how fee-for-service reimbursement limits patient access to

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care and hampers efforts to improve patient self-management and accountability for their own health. It will share examples of how innovators are using lessons learned from other service industries to disrupt the market. Participants will learn how moving away from the fee-for-service system to VBP can support new models of care, and how payment reform can help to address primary care workforce shortages.

**Learning Objectives:** *After this webinar, participants will be able to:*

- Identify at least 2 lessons from other service industries' approaches to improve access to their services and their applicability to health care
- Describe the linkages between payment methodology and health outcomes
- Identify at least 2 models of care made uniquely feasible under VBP models
- Describe the role payment reform can play to address primary care workforce shortages

Register [here](#).

### **Session 2: April 21, 2021, Noon-1pm**

#### **[What do you need to know to negotiate value-based payment agreements?](#)**

**Description:** This session will correlate value-based payment models with the Health Care Payment Learning & Action Network (HCPLAN, or LAN) categories and Oregon's CCO 2.0 requirements. The HMA team will describe how to create a term sheet and use that framework to evaluate and negotiate VBP offers. They will describe how a provider can use their own benchmarked performance on quality, utilization and cost metrics when negotiating. Precautions to mitigate risk will be described. Participants will learn analytic and reporting capabilities needed to monitor performance and inform subsequent contract renegotiations.

**Learning Objectives:** *After this webinar, participants will be able to:*

- List which types of VBP models fall into the four Health Care Payment Learning & Action Network (HCPLAN, or LAN) categories
- Evaluate proposed VBP contract terms and formulate counter proposals that will better facilitate successful transition to outcomes-based incentives
- List 2-3 key things to ask from payers beyond payment terms
- Identify metrics and performance targets that should be regularly tracked to gauge success, prompt further modification to practice patterns and inform the next negotiation

Register [here](#).

### **Session 3: May 19, 2021, Noon-1pm**

#### **[Learnings from COVID-19 and how they may impact the adoption of value-based payments](#)**

**Description:** How will the COVID-19 pandemic impact the adoption of value-based payment (VBP)? The way care is delivered has been temporarily changed due to the pandemic, as telehealth payment rules were significantly relaxed, and practices quickly pivoted to virtual care. It is unknown if this transformation will recede with partial tightening of telehealth payment rules or the impetus to move from fee-for-service reimbursement to VBP models that will not only sustain virtual care but expand it to new modes of communication and allow "non-billable" members of the care team to play an expanded role. VBP models will reward population health outcomes that result from screening for and addressing social determinants of health that lead to health inequities. This session will examine the role of VBP during the pandemic and their evolving impact on patient care in the future. We will discuss how

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different VBP models could mitigate the impact of accommodations that are discontinued post-pandemic. Assessing aspects of VBP methodologies in the context of telehealth visits will be reviewed.

**Learning Objectives:** *After this webinar, participants will be able to:*

- Describe the importance of VBPs on health care during the COVID-19 pandemic.
- Identify 2-3 COVID-19 flexibilities that will continue, and an example of those which may end.
- Describe how moving to VBP may offer a route to continue successful patient-centered models of care developed during the pandemic.
- Identify the impact of the pandemic on VBP and the challenges and potential impacts on VBP in 2021 and beyond.

Register [here](#).

### **Session 4: June 2, 2021, Noon-1pm**

#### **[Value-based payment for behavioral health providers: How do we keep from being left out?](#)**

**Description** –This session will focus on how value-based payment (VBP) can support outcomes-focused models of behavioral health care. Strategies of patient attribution and risk stratification applicable to behavioral health care delivery to guide selection of cost-effective interventions including crisis intervention will be discussed. We will review the applicability of care management fees, pay-for-performance, and total cost-of-care VBP models. We will cover the experience of behavioral health provider participation in clinically and financially integrated networks using case examples.

**Learning Objectives:** *After this webinar, participants will be able to:*

- List the top key challenges of patient attribution for VBP in behavioral health.
- Identify 2-3 approaches for behavioral health attribution in VBP.
- Compare the two meanings of bundled payment in the context of behavioral health.
- Describe the role of clinically integrated networks for behavioral health providers in their pursuit of VBP.

Register [here](#).

### **Session 5: June 16, 2021, Noon-1pm**

#### **[Value-based payment and maternity care: What have we learned so far?](#)**

**Description** – Medicaid eligibility rules vary by state but coverage for maternity care is mandated. There is significant disparity in birth outcomes among racial groups due to a myriad of factors including social determinates of health. This has prompted the development of new clinical approaches to prenatal, post-partum and neonatal care. This session will review experience to date with those models of care and value-based payment (VBP) reform efforts to support them. We will look at VBP approaches that have been implemented in Oregon and nationally, their outcomes and challenges. We will discuss how applying the lessons learned could inform potential approaches to value-based payment for maternity care in Oregon.

**Learning Objectives:** *After this webinar, participants will be able to:*

- Name the key 2-3 lessons learned from maternity care VBP from Oregon and other states' efforts to date.
- Describe the major challenges with maternity care VBP.
- Name 1-2 potential approaches for maternity care VBP in Oregon.

Register [here](#).

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## SPEAKERS



**Art Jones, MD, FACP**, brings 27 years of on-the-ground experience as a primary care physician and chief executive officer (CEO) at a Chicago-area community health center. The health center has taken a population health approach from its beginning, addressing the social drivers of health as well as the medical needs of the community it serves. He was the architect for the first capitated Federally Qualified Health Center (FQHC) alternative payment methodology in the country in 2001. The health center earned recognition as a high performer under these advanced alternative payment models (APM), consistently scoring in the 99th percentile nationally. Dr. Jones was also one of the founders and continues to serve as the chief medical officer for Medical Home Network (MHN), an accountable care organization comprised of ten FQHCs and three health systems serving 155,000 Chicago area Medicaid recipients. MHN is delegated for care management and is successfully operating under a shared risk arrangement on total cost of care. MHN has generated \$50 million in savings over its initial four years of operation. Most of his work at HMA is focused on helping safety net providers succeed under value-based payment.



**Jeanene Smith, MD, MPH**, has been a Principal with HMA for the past five years, assisting states, counties, clinics, Medicaid plans and other organizations on practice transformation, quality improvement, value-based payments, and health policy. She spent three years coaching clinics across urban and rural Idaho in the patient centered care medical home model. This included learning collaboratives, educational webinars, and peer-to-peer networking opportunities, as well as hands on individual coaching. She has worked with states and health plans on enhancing care coordination efforts particularly for those with high health and social needs in Hawaii, Indiana, Oklahoma, North Carolina, including helping Idaho Medicaid develop their value care model of shared savings. She has worked with tribal health centers in Idaho and Washington State, and recently has worked with both primary care and behavioral health providers on assessing their readiness for value-based payment. Prior to joining HMA, she spent 15 years as Chief Medical Officer for the Oregon Health Authority with oversight of the Office of Health Policy and Research. In those roles, she worked on policy development and implementation of Oregon's Coordinated Care Model in Medicaid and the PCPCH Standards Program. A board-certified family physician, Dr. Smith continues to actively practice in a community health center serving low-income and homeless in Portland, Oregon.



**Janet Meyer, MHA**, began her 30-year career negotiating managed care provider payment arrangements for commercially insured employer groups. For the past 17 years she has been working on payment models for the Medicaid population in Oregon as an executive at fully capitated health plans as well as the largest CCO in Oregon. Prior to HMA, Ms. Meyer has been responsible for:

- overseeing provider network contracting and management, claims processing, and encounter reporting as a Chief Operating Officer and Chief Executive Officer.
- negotiating preferred provider hospital contracts under a wide range of alternative payment methodologies with more than 15 commercial and Medicaid managed care organizations on behalf of a community hospital in Oregon

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- supporting a wide range of delivery systems in moving to value-based payment methodologies under the CCO model, including behavioral health providers and oral health
- overseeing the implementation of several payment initiatives including capacity payments and case rates for mental health outpatient services and payments for direct care services for the local public health authority
- working with the tri-county 911 emergency response system to develop an alternative funding model to support an intensive case management program for high volume 911 users