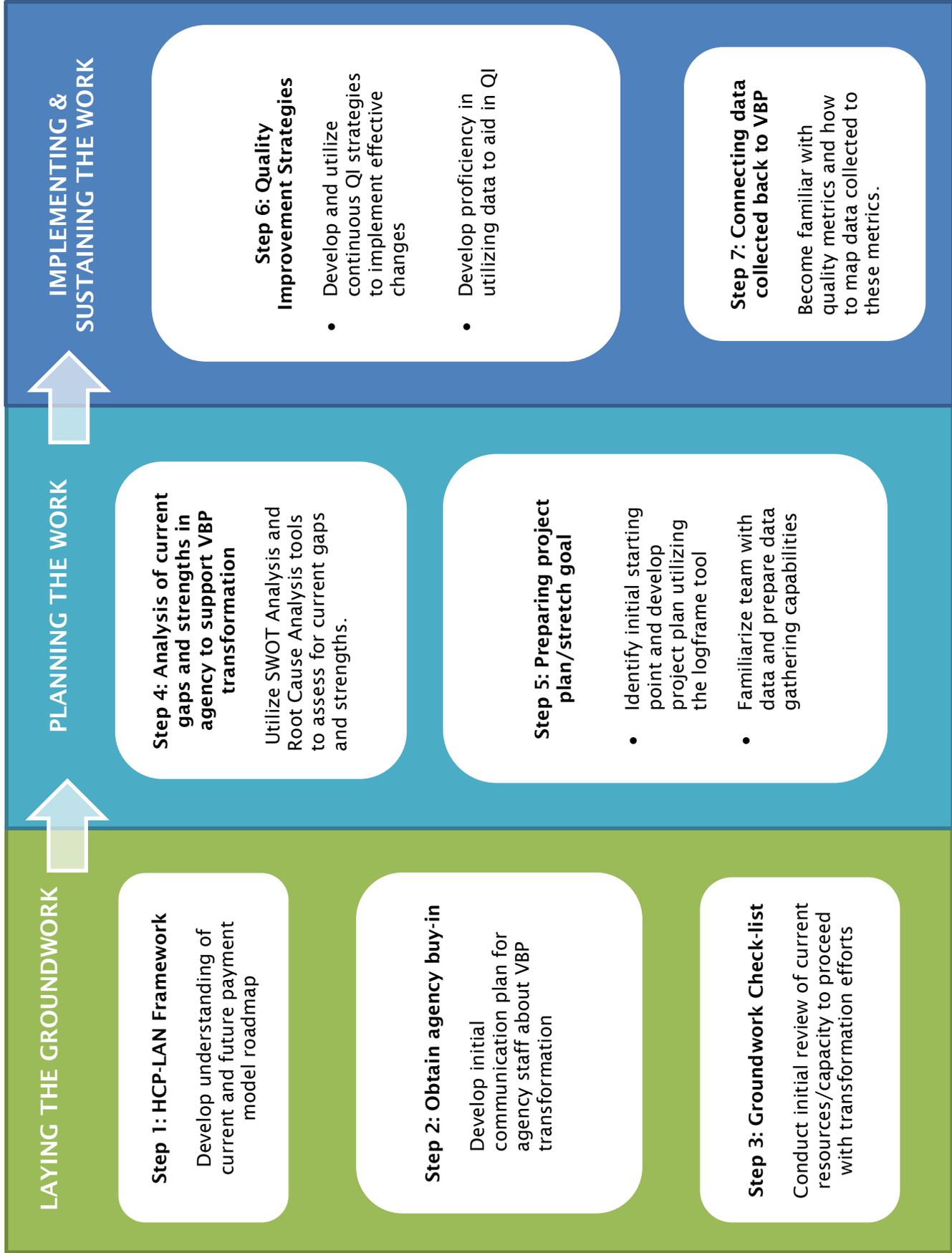# Defining a Strategy for Value-Based Contracting

One of the components of Washington State's healthcare transformation roadmap emphasizes the importance of reforming the payment structure to incentivize and reward quality instead of quantity of care. With the goal of tying 90% of state-funded healthcare payment to some form of value-based payment (VBP) by 2021 and shifting the payment for behavioral health agency (BHA) services from the regional Behavioral Health Organizations (BHOs) to the managed care organizations (MCOs), BHAs now have a greater opportunity to negotiate contracts with the MCOs that benefit their agency and the clients they serve. However, working with MCOs and negotiating value-based contracts may be a new frontier for some BHAs, so new knowledge and skills are needed.

This workbook was designed to assist BHAs in becoming familiar with elements of VBP and provide tools to help with these transformation efforts. Ideally, the agency leadership team will have reviewed the **Value-Based Payment Practice Transformation Planning Guide** developed in partnership with the Healthier Washington Practice Transformation Support Hub, National Council for Behavioral Health, and the Washington Council for Behavioral Health and will have assembled a VBP/transformation team. This workbook was structured with the assumption that the leadership team will utilize the **Value-Based Payment Practice Transformation Planning Guide** to build their conceptual roadmap while relying on this workbook to help with the concrete aspects of planning and implementation.

To maximize this workbook's effectiveness and value, you should review and complete it as a team.

LAYING THE GROUNDWORK

Step 1: HCP-LAN Framework

Develop understanding of current and future payment model roadmap

Step 2: Obtain agency buy-in

Develop initial communication plan for agency staff about VBP transformation

Step 3: Groundwork Check-list

Conduct initial review of current resources/capacity to proceed with transformation efforts

PLANNING THE WORK

Step 4: Analysis of current gaps and strengths in agency to support VBP transformation

Utilize SWOT Analysis and Root Cause Analysis tools to assess for current gaps and strengths.

Step 5: Preparing project plan/stretch goal

- Identify initial starting point and develop project plan utilizing the logframe tool

- Familiarize team with data and prepare data gathering capabilities

IMPLEMENTING & SUSTAINING THE WORK

Step 6: Quality Improvement Strategies

- Develop and utilize continuous QI strategies to implement effective changes

- Develop proficiency in utilizing data to aid in QI

Step 7: Connecting data collected back to VBP

Become familiar with quality metrics and how to map data collected to these metrics.

LAYING THE GROUNDWORK

Goals for this section:
- Understand the value-based payment (VBP) landscape according to the Health Care Payment Learning and Action Network (HCP-LAN) and apply framework to your agency.
- Create buy-in and understanding from your staff for preparing your agency for VBP transformation.
- Assess current resources available within your agency to support the VBP transformation.

HCP-LAN FRAMEWORK (2017 version)

The Health Care Authority (HCA) adopted the HCP-LAN framework to guide its goal of tying 90% of HCA contracts to some form of VBP arrangement, defined as any model falling within the 2c to 4b range, by 2021. With this shift in payment models, it is imperative to have a thorough understanding of the various VBP models and concepts. The purpose of this exercise is to provide you with space to reflect on your current payment structure, strengthen your understanding of the various VBP models, and begin to develop VBP goals for your agency
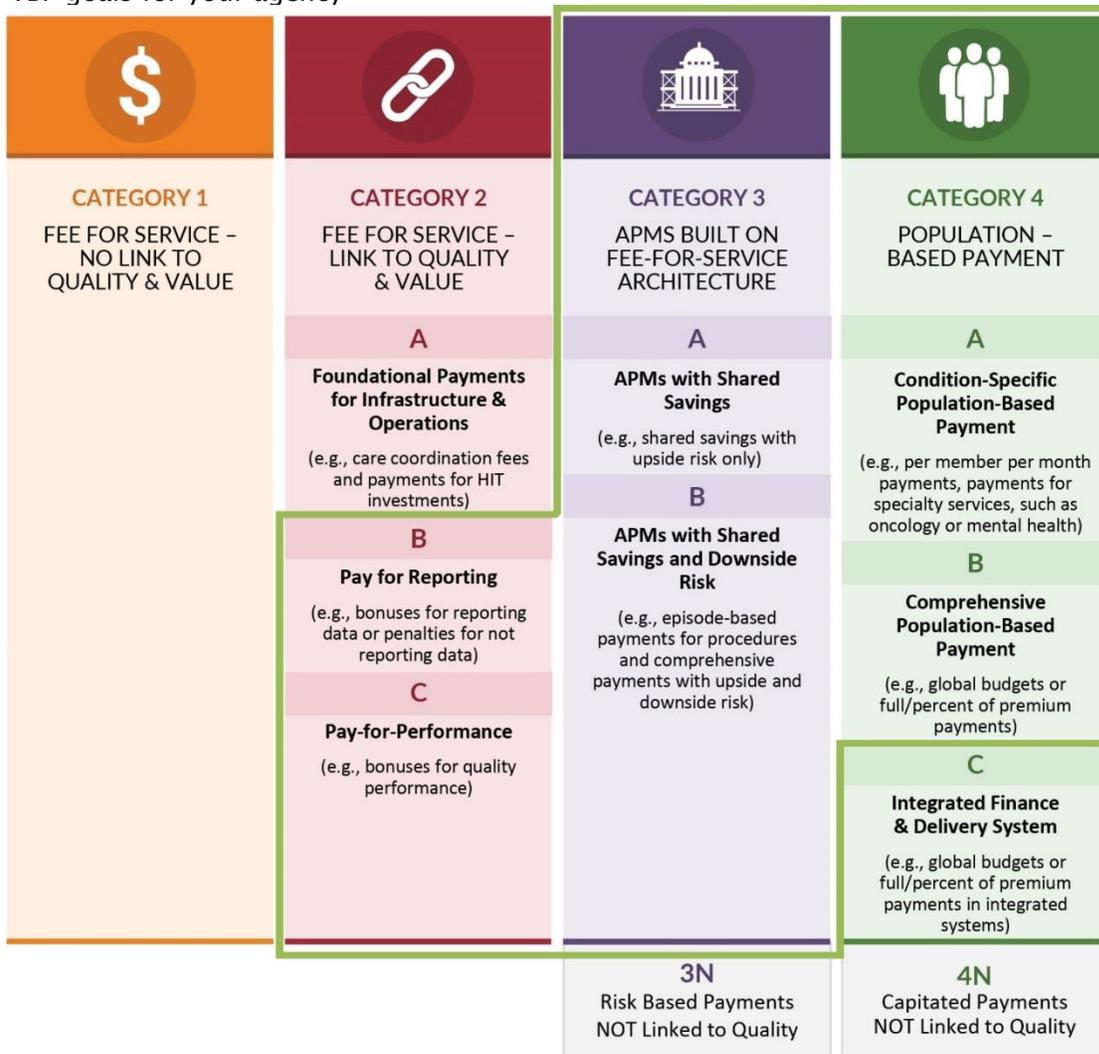
For more information on each level, please refer to http://hcp-lan.org/workproducts/apm-refresh-whitepaper-final.pdf.

Which category most closely aligns with your agency's current payment model? How?
Example: Currently we are at 4N – Capitated payments NOT linked to quality. We receive "per member per month" payments from the MCO contract we have, but payment isn't dependent on or affected by quality metrics.

Which category would your agency be able to achieve in the short term? What would you hope for by achieving that level?
Example: We think we'd be able to reach 2B – Pay for reporting – by 2020. We hope this will help familiarize our agency with being accountable for certain reporting metrics while also demonstrating to the MCOs our commitment to quality.

Which category would you like your agency to achieve long term? What would you hope for by achieving that level?
Example: We think we'd comfortably be able to attain 2C – Pay for performance – by 2021. This would be the most realistic goal for us at this time without having to make formal relationships or become absorbed by a bigger system, which we may explore in the future, but it's not our focus at this time.

What initial barriers/gaps do you think you may need to address within your agency to achieve this category/level?
Example: Initial barriers we anticipate include standardized documentation/tracking of data to pull from our system.

INITIAL COMMUNICATIONS PLAN

Developing a firm internal communications plan is crucial to nurturing buy-in and understanding of the forthcoming changes, especially when the transformation will impact the agency on multiple levels. A transparent communications plan that encourages open dialogue with staff will decrease likelihood of experiencing resistance when adopting these changes. This exercise is intended to prompt reflection on how you would like to approach your communications strategy with your agency.

List your intended audience(s). Will communication need to be tailored differently for different audiences (e.g., clinical leadership, direct clinical staff, and clinicians/therapists vs. peer support)?

Purpose of communication: What is the goal of your initial communication? How will you incorporate your agency values into this message?

What is your vision for your agency's VBP transformation plan? How will you define VBP for your staff?

What concerns do you anticipate from your audience? Will these concerns be universal for your agency or unique to particular staff audiences?

How often do you plan to provide updates on progress toward your VBP goals to your staff? Will communication frequency depend on your audience?

GROUNDWORK CHECKLIST

This is a quick checklist of initial items you should take into consideration before beginning this transformation journey. This is not meant to be a comprehensive list, so please feel free to add your own items. These items have been highlighted because they are essential points that should be examined before starting this process.

☐ Confirm ability to track and extract necessary data and reports with your electronic health record (EHR) or practice management system. Identify what reports your agency currently runs.

☐ Identify and assemble an essential team for VBP transformation. Refer to Section 1 in the National Council VBP Practice Transformation Planning Guide regarding assembling your team.

☐ Conduct initial Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis or other gap analysis to assess current and projected workforce capacity and resources to support transformation and quality improvement efforts.

☐ Develop mitigation plan for gaps in key areas within the agency (e.g., no EHR) and for unforeseen circumstances (e.g., key staff turnover/transitions).

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PLANNING THE WORK

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> **Goals for this section:**
> - Assess current agency gaps and strengths to support VBP transformation efforts.
> - Identify initial starting point and develop project plan/stretch goal for VBP transformation efforts.
> - Familiarize your team with and prepare them for data gathering capabilities.

SWOT ANALYSIS

A SWOT analysis is helpful in identifying your agency's current capacities and gaps in moving forward with your VBP transformation efforts. It may also be helpful to conduct SWOT analyses for specific domains in relation to VBP transformation, such as workforce/staff, EHR/documentation processes, physical resources, and capacity for quality improvement.

The below chart delineates the competencies necessary for VBP contracting and provides a framework for potential areas you may want to conduct your SWOT analysis.

Patient and Family-Centered Care Design	• Patient and family engagement • Team-based relationships • Population health management • Care coordination across specialties and sites of care • Organized, evidence-based care • Enhanced access
Continuous, Data-Driven Quality Improvement	• Engaged and committed leadership • QI strategy supporting a culture of quality and safety • Transparent measurement and monitoring • Optimal use of health information technology
Sustainable Business Operations	• Strategic use of practice revenue • Capability to analyze and document value • Efficiency of operation

The chart above is adapted from Centers for Medicare and Medicaid Services' Transforming Clinical Practice Initiative Change Package.

Example SWOT Analysis: Organized, Evidence-Based Care

INTERNAL	
Strengths *What strengths in your present operation can you draw on to facilitate this transition?*	**Weaknesses** *What weaknesses in your present operation may hinder this transition?*
• *Utilizing standardized assessments (e.g., PHQ-9) already included in EHR. These assessments help guide treatment.* • *Implemented standard workflow for suicide intervention protocol for PHQ-9 question 9 and in general when suicidal ideation comes up.* • *Have process to refer to internal depression group when client is interested and/or client meets criteria to participate.*	• *PHQ-9–no standard workflow to track/monitor answers over time. We currently don't have a way to flag for when PHQ-9 is overdue in our system.* • *Unable to pull clients with highest PHQ-9 scores (≥ 15) to review.* • *Have not clarified roles to help track PHQ-9 better (for clinicians, supervisors/managers, and admin/support staff).*

EXTERNAL	
Opportunities *What future opportunities exist for your agency under this new system?*	**Threats** *Organize a list of potential threats to implementing a transformed system that supports VBP.*
• *Incorporating PHQ-9 use/metric into VBP arrangement with MCOs* • *Collaborating with health systems* • *Leveraging internship programs*	• *Limited workforce pool* • *Lack of current reimbursements for behind-the-scenes tracking and monitoring of PHQ-9*

INTERNAL	
Strengths *What strengths in your present operation can you draw on to facilitate this transition?*	**Weaknesses** *What weaknesses in your present operation may hinder this transition?*

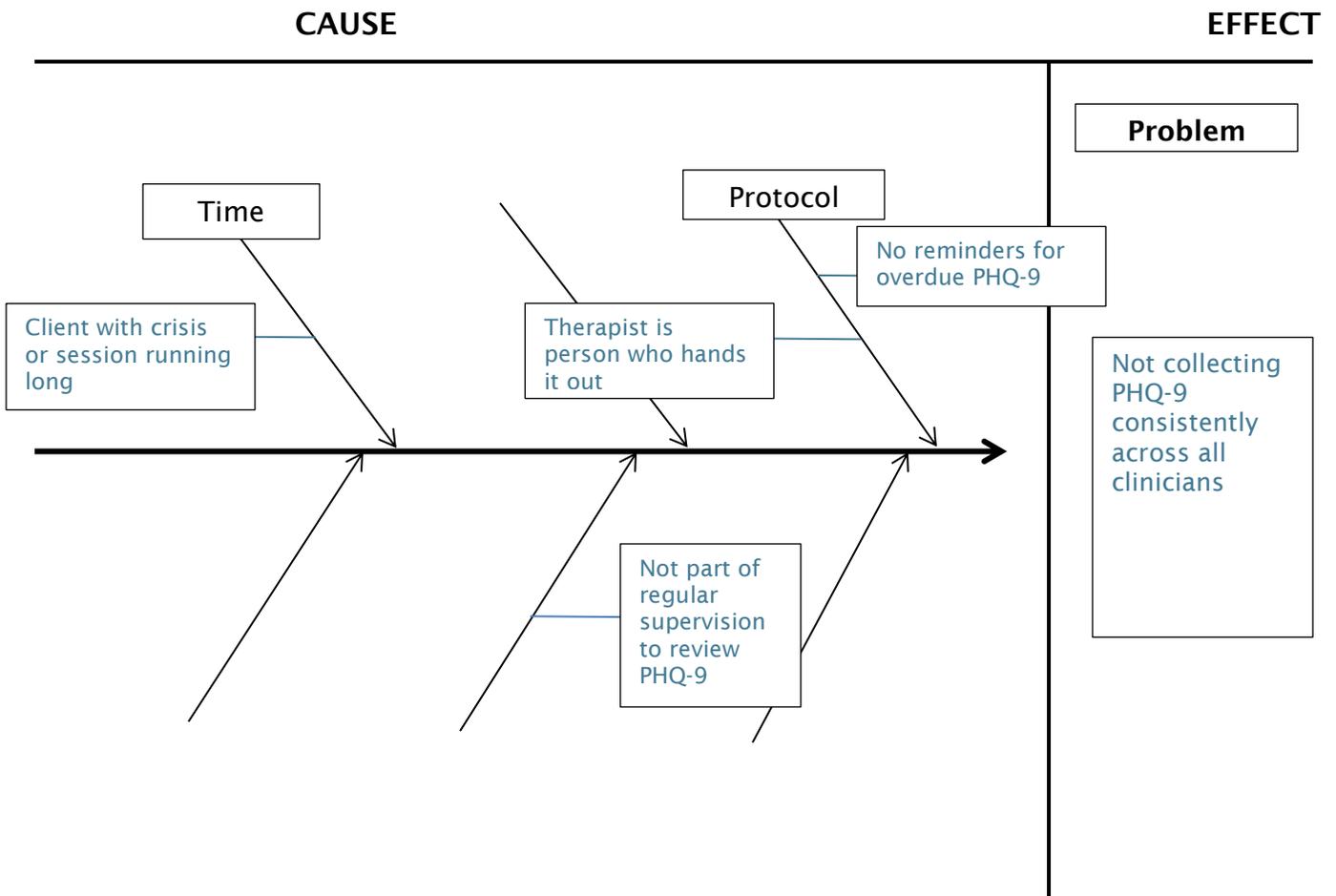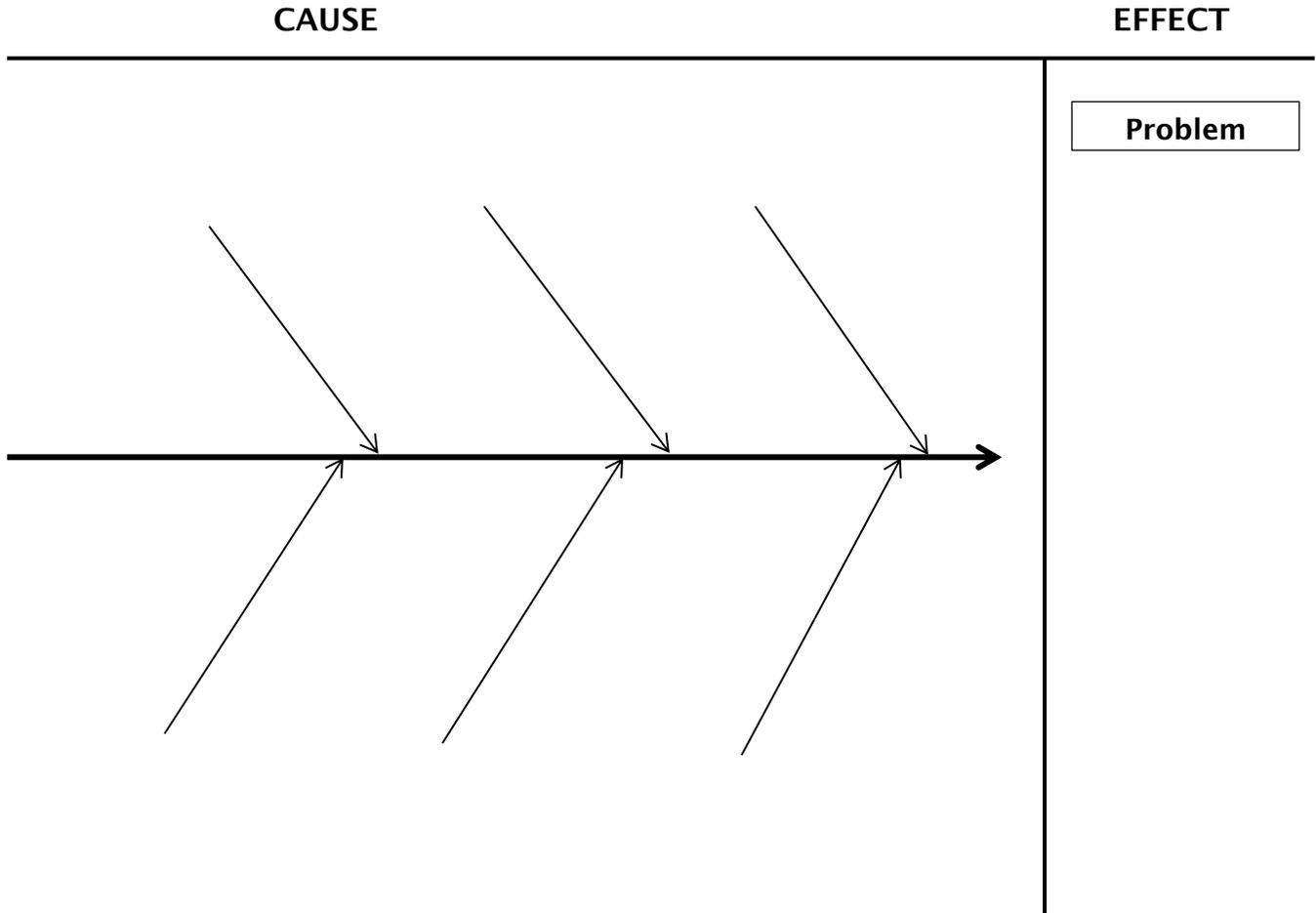| EXTERNAL	
Opportunities *What future opportunities exist for your agency under this new system?*	**Threats** *Organize a list of potential threats to implementing a transformed system that supports VBP.*

ROOT CAUSE ANALYSIS

Root cause analysis is used to systematically identify the "root cause" of an issue so that it can be sufficiently addressed. Frequently, recurrent issues do not completely resolve because the underlying cause was not effectively addressed. Conducting a root cause analysis allows you to assess whether the primary issue is within your capacity to resolve and delineate a plan to prevent or mitigate it in the future.

Ishikawa/Fishbone Diagram Example

CAUSE   **EFFECT**

Problem

Time

Protocol

No reminders for overdue PHQ-9

Client with crisis or session running long

Therapist is person who hands it out

Not collecting PHQ-9 consistently across all clinicians

Not part of regular supervision to review PHQ-9

Ishikawa/Fishbone Diagram

CAUSE   EFFECT

Problem

Completing the Ishikawa/Fishbone Diagram

1. Identify the specific problem you want to address.
2. Utilize the 5 Whys strategy to identify root causes.
    a. Ask why the problem happens (potential causes).
    b. Continue to ask why until you arrive at a root cause of the problem.
3. List main root causes at the end of each fishbone/arrow.
4. List any contributing factors to the root cause by drawing a line out from that arrow.
5. Determine if each root cause is a major source of the issue by denoting very likely (V), somewhat likely (S), and not likely (N).
6. Determine how easy each root cause would be to fix or control by denoting very easy (VE), somewhat easy (SE), or not easy (NE).

Defining Your Strategy for Value-Based Contracting

AIM STATEMENT

After conducting your SWOT analysis and identifying the place to begin your VBP transformation efforts, develop an aim statement that is specific, measureable, achievable, realistic, and timely.
Example: Improve completed/updated care plans and medication reconciliation for clients discharged from psychiatric hospital by 65% within one year.

LOGFRAME

A logical framework (logframe) can assist with improving the planning, implementation, and management of a project and ensuring that all team members on the project understand the shared vision. It also helps to clarify a project's short-term, intermediate, and long-term goals.
For instructions on how to complete a logframe: http://www.tools4dev.org/resources/how-to-write-a-logical-framework-logframe/.

Example: Logframe

Narrative Summary	Indicators	Data Sources	Risks/Assumptions
Goal Reduce readmissions for psychiatric hospitalizations by 65% for adult clients in the next year.	Reduced readmissions rates	Medicaid data	
Objectives/Outcomes 1. 65% of client population will attend a specific post-discharge follow-up appointment within 14 days of discharge 2. 100% of client population will have medication reconciliation during post-discharge follow-up appointment with pharmacist	Percent of post-psychiatric hospitalization discharge follow-up appointments.	EHR	Coordinated/managed care will improve health outcomes
Outputs 1. All clinicians have available appointment slots held for post-discharge follow-up every day. 2. All clients discharged on medication receive coordinated services with PCP or outpatient provider	1. Percent of post-discharge follow-up appointments scheduled in timely manner 2. Percent of clients with receiving care coordination support	EHR	Staff will follow appointment scheduling protocols.
Activities 1. Design and implement workflow/protocol for outreach to clients to schedule follow-up appointments. 2. Investigate current process to notify clinicians of client's psychiatric hospitalization	1. Staff implementing workflows 2. Implementation of notification process. 3. Acquisition of program/system that provides real-time notification for hospitalizations	Organization protocols Monthly staff meetings	Staff are given the tools and resources to effectively implement this approach

Defining Your Strategy for Value-Based Contracting

Narrative Summary	Indicators	Data Sources	Assumptions
Goal			
Objectives/Outcomes			
Outputs			
Activities			

DATA COLLECTION PLANNING[1]

After developing your logframe, developing a data collection plan is important to ensure the data you are collecting will accurately and reliably translate to the measurements related to your logframe. The following series of questions was created to enable you and your team to methodically evaluate your current data collection capacity and how you may need to adapt and implement new processes to collect the relevant data.

1. **Current state of data collection**

    What data are you currently already collecting?
    Example: Pediatric clients (<18 years old) on psychiatric medications. PHQ-9/PSC-17 to help assess/monitor major depressive disorder (MDD).

    How easy is it to pull this data?
    Example: Easy to pull pediatric clients on psychiatric medications and those with MDD diagnosis (separately) via EHR

    What are some current barriers you are experiencing that prevent you from extracting and synthesizing the desired data? Do you have a current way to mitigate these barriers?
    Example: Not able to pull data on pediatric clients with MDD AND on psychiatric medications. Address this potentially manually creating a registry in Excel.

It would be a good idea to map a current state data collection workflow to identify areas to improve efficiency. For information on how to map a workflow:
https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod5.html
http://medicare.qualishealth.org/qi-basics/workflow-analysis

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2. **Data collection for VBP transformation**

    Are the new sets of data required for this transformation effort different or similar to the data you are already pulling?
    Example: Currently not consistently collecting data related to suicide risk assessment conducted for pediatric clients with MDD. Currently only identifying/pulling data on pediatric clients with MDD and psych medications.

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[1] Adapted from Institute for Healthcare Improvement: Simple Data Collection Planning. http://www.ihi.org/resources/Pages/Tools/SimpleDataCollectionPlanning.aspx. Accessed April 6, 2018.

Where in the process can you gather this data now?
Example: Clinicians document in narrative field when they conduct suicide risk assessment (SRA) when they have concerns of suicidal ideation or history of suicide attempt. No field to denote they have done the suicide risk assessment for easy data extraction in EHR.

What would you have to change in the process to get this data more efficiently and/or consistently?
Example: Standardize protocol for when to conduct SRA and when to reassess if necessary. Work with IT to configure EHR for check mark/tick-off box if SRA was completed.

Who will be responsible for charting this data and where?
Example: Clinician responsible for charting data in new EHR field. Track in registry?

Who will be responsible for extracting, aggregating, and synthesizing this data?
Example: Currently—clinical supervisor to run the reports and review with other leadership staff.

How often should this data be collected? Will frequency change depending on phase of implementation?
Example: Aggregate report run every month in beginning. Once more established, run quarterly (every three months)

Where will this data be stored?
Example: Shared folder and/or team page.

How will you present/display this data?
Example: Internal team page. Staff lounge to promote transparency of data. Present data during supervision with the clinicians who are impacted by this tracking.

How frequently will you revisit this data?
Example: Every three months to look at trends.

3. **Operational considerations for data collection**
   How will you use this data for continuous quality improvement?
   Example: Review to ensure that clinicians are assessing suicidal ideation appropriately and providing appropriate follow-up plan.

   How will you determine if the benefits of collecting this data offset the cost and burden it may pose to collect this data?
   Example: Consider admin time that clinicians and supervisors spent and what's actually necessary to do the work and keep track of the data. Feedback from clinicians during supervision to see if keeping track of data is clinically helpful for the clinicians. Cost analysis of potential hospitalizations prevented?

   What is your mitigation plan should you experience transitions within your QI/data team?
   Example: Have a senior leader and clinical leader work together at all times. Document all current procedures and data and store in shared drive to have historical documentation of all the work.

   Will you present this data to the entire agency? If so, at what frequency and how should it be presented?
   Example: Yes to ensure everyone understands importance and our interest for monitoring. Review and present with agency every six months.

Additional Quality Improvement Resources
   Safety Net Medical Home Initiative: Quality Improvement Strategy Part 1 & 2
   http://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-QI-Strategy-1.pdf
   http://www.safetynetmedicalhome.org/sites/default/files/Implementation-Guide-QI-Strategy-2.pdf

   Institute for Healthcare Improvement: Quality Improvement Essential Toolkit
   http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

   Lean Six Sigma Tools & Templates
   https://www.isixsigma.com/tools-templates/

IMPLEMENTING & SUSTAINING THE WORK

Goals for this section:
- Identify and utilize continuous quality improvement strategies to make effective changes.
- Develop proficiency in utilizing data to aid in quality improvement.
- Link data back to VBP transformation efforts.

MODEL FOR IMPROVEMENT AND PLAN-DO-STUDY-ACT (PDSA)

The Model for Improvement (MFI) is a frequently used framework that helps organizations guide their improvement efforts. MFI poses three fundamental questions:
1) What are we trying to accomplish? This helps set an aim for the improvement effort.
2) How will we know that a change is an improvement? This helps establish measures.
3) What change can we make that will result in improvement? This helps to select the changes you would like to test.

Some of these questions may have been partially or fully answered through the work you completed in the previous section, and your team may have already identified some potential changes you would like to test to help address the gaps identified. The Plan-Do-Study-Act cycle is a great tool to use to test your proposed changes in the work environment by implementing a small-scale experiment to ensure that your proposed change will actually be an improvement without completely disrupting your current system.

For further information on MFI:
http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

PDSA Worksheet

Complete Page 1 of the worksheet when planning your Plan-Do-Study-Act (PDSA) cycle. Multiple PDSAs can be designed in support of a single Aim.

AIM STATEMENT (Measurable goal, with a target date)

_____

_____   Today's Date: _____

_____   PDSA Cycle #: _____

_____

PLAN

What will you try? _____

_____

_____

_____

When? _____

Who will be involved?

Team: _____

Patients: _____

What do you predict will happen? _____

_____

How will you evaluate how it went? _____

_____

_____

Who will collect the evaluation data? _____

What do you need to do to get ready? _____

_____

_____

_____

Complete Page 2 of the worksheet during your test and its follow-up assessment.

Today's Date: _____

DO

What actually happened? _____

_____

_____

_____

STUDY

What did you learn? _____

_____

_____

_____

How did the results compare to your predictions? _____

_____

_____

_____

ACT

How will you adapt, accept, or abandon? _____

_____

_____

_____

http://www.qualishealth.org/sites/default/files/pdsaWorksheet.pdf.

REEVALUATING DATA COLLECTION METHODOLOGY FOR IMPLEMENTATING TO SCALE

The intention of this section is to have your team review the data collection plan you initially developed in the previous section for your pilot phase to determine what may need to be altered before you implement the new process on a larger scale. It is important to consider how your initial data collection plan can be translated for broad-scale implementation, ensuring that your agency has the necessary resources and capacity to maintain sustainability.

1. **Did you have to change any of your processes to make gathering data easier?**
   Example: Changed alert system and outreach protocol for clients discharged from psychiatric hospital, as main goal is to increase number of follow-up appointments 7–14 days after psychiatric hospital discharge. We also added new field to the EHR for easier documentation/collecting of data.

2. **Were there any unforeseen circumstances that prevented you from gathering data? How did/should you address it?**
   Example: Despite training for this effort, clinicians still did not consistently complete the fields denoting that they had a follow-up appointment with a client after they discharged from the psychiatric hospital. We may address this by potentially changing the field to be more salient or create a different/unique encounter type specifically for hospital discharge follow-ups.

3. **Was there any unforeseen waste/burden/cost to collecting the data? How did/should you address it?**
   Example: Some unforeseen waste included holding multiple ad hoc trainings due to clinicians not consistently completing necessary fields—detracting from clinician's valuable time and ability to be productive during the day, and impacting available slots for clients to schedule appointments. May try to resolve by having supervisors help review and remind clinicians about this process instead of holding trainings.

4. **Who will continue to be responsible for charting the data and where?**
   Example: Clinicians to document in EHR.

5. **Who will continue to be responsible for extracting, aggregating, and synthesizing the data?**
   Example: IT team to extract and aggregate the data to be shared with the clinical director and supervisors. Clinical director to synthesize and interpret the data for the leadership team. Supervisors will synthesize and interpret the data for the clinicians they supervise.

6. **Where will you permanently store the data?**
   Example: Data stored in shared file. Historical data in Excel.

7. **For sustainability, at what frequency/interval should you continue to collect and review the data?**
   Example: Once it becomes routine, aggregate and review quarterly.

8. **How will you continue to report and present this data?**
   Example: Present at all-staff meetings quarterly. Ask for feedback from staff at these quarterly all-staff meetings.

LINKING DATA/METRICS TO VALUE-BASED PAYMENT GOALS

This section allows you to familiarize yourself with clinical quality measures by helping bridge the connection between the data you are collecting and the quality measures linked to VBP that you plan to discuss with the MCOs.

DEVELOPING MEASURES
1. Identify recognized measures that may be most relevant to your agency. Start with one to three initial measures.

Example: (Process Measure) Follow-up after hospitalization for schizophrenia (7- and 30-day)
Example: (Outcome Measure) Controlling high blood pressure for people with serious mental illness

> **Measures may come from:**
> WA State Medicaid Transformation Project Toolkit:
> https://www.hca.wa.gov/assets/program/project-toolkit-approved.pdf
> ACH Project Selection: https://www.hca.wa.gov/assets/program/wa-dsrip-ia-report.pdf
> (page 17)
> National Quality Forum: https://www.qualityforum.org/Home.aspx
> BH-related clinical quality measures: http://www.waportal.org/resources/behavioral-health-clinical-quality-measures-tool
> SAMHSA Certified Community Behavioral Health Clinics:
> https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-glossary.pdf

Potential Measure #1:

Potential Measure #2:

Potential Measure #3:

> **PROCESS MEASURES:** Process measures indicate the specific steps a provider takes to influence an outcome metric. *The work you do directly controls the results of the metrics.*
> **OUTCOME MEASURES:** Outcome measures reflect the impact of the healthcare service or intervention on the health status of a patient, typically more high-level. *The metrics are a result of the work you do.*
>
> Adapted from Agency for Healthcare Research and Quality

2. **If it is currently unrealistic for your agency to track/monitor your identified measure(s), what are some intermediate measures that may work to bridge this gap at the moment?**
    Example: Not able to currently reach "controlling high blood pressure for people with serious mental illness" measure because that would mean there needs to be protocol and coordinating with primary care providers to effectively address. Potential intermediate measure may be a process measure of "collecting blood pressure for clients with MDD, schizophrenia, and bipolar disorder."

3. **How might some of the current data you have been collecting as part of your quality improvement and VBP transformation efforts map to these measures?**
    Example: Currently collecting primary care providers (PCPs) for clients with serious mental illness. We will try to reach out to PCPs to acquire latest blood pressure readings. Some clients also seeing our psychiatric ARNP also have blood pressure documented.

4. **What data or process may you still need to identify, collect, and/or develop in order to track these measures?**
    Example: Processes that will need to be developed: Implement protocol on how/when to refer or coordinate with PCP when there is high blood pressure concern, and develop closer relationship with most utilized healthcare systems.

MAPPING MEASURES TO VALUE-BASED PAYMENT

The purpose of this activity is to familiarize you and your team with how quality measures may link to broad domains within a VBP arrangement. This activity provides an opportunity for you to consider a multifaceted approach to evaluating the quality of care and value your agency provides by selecting quality measures that span various domains.

Domains	Measures
Clinical Care	*Adherence to antipsychotic medications for individuals with schizophrenia (National Quality Forum, NQF#1879)*
Cost/Efficiency/Utilization	*Initiation and engagement of alcohol and other drug-dependent treatment (NQF#0004)* *30-day all-cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (NQF#2860)*
Client Experience	*Patient experience of psychiatric care measured by inpatient consumer survey (NQF#0726)*

IDENTIFY BARRIERS TO ACHIEVING VBP MEASURES

1. **Are there any unique considerations for the client population you serve?**
   Our client population consists primarily of immigrant youths, and we work really closely with their families as well. With the cultures we work with, it is not just focused on the individual client, but the entire family system.

2. **Are there cultural needs and gaps (e.g., lack of literature supporting evidence-based interventions used with certain ethnic populations) for your client population?**
   The cultures of the families we work with have varying perceptions of mental health and medical care, especially when they feel they should access these services. For instance, they may first consult their religious/spiritual leader before they agree to start a medication.

3. **Is there a lack of recognized measures that are more relevant to the client population you serve?**
   Yes. There are no endorsed metrics that we see that would be truly be applicable to our client population.

4. **How would you mediate the gaps identified in questions 1–3?**
   Perhaps use some of the metrics we have developed to track progress, such as determination on how connected the client/family is with their local community groups, school attendance for the client, and assessment tools to measure improvement in family dynamics.

5. **How can these concerns/barriers and potential reconciliations be leveraged when developing VBP contracts?**
   Show the MCOs that we have been tracking a few metrics (listed above), and that they have been very helpful in demonstrating progress for our clients. Work with them to see if some of these measures could be used to determine quality. We want to ensure that our mission to provide culturally appropriate care is conveyed well.

CHECKLIST FOR DEVELOPING A VALUE PROPOSITION TO MANAGED CARE ORGANIZATIONS

A value proposition for an MCO describes what advantage your agency would provide to the MCO by being a part of its network and how your agency does it exceptionally well. This goal of this value proposition is to entice the MCOs to initiate and maintain a partnership with your agency by continually demonstrating relevant and quantifiable value to them. Below are some key considerations for when you develop your value proposition when negotiating with the MCOs.

☐ Provide a description of your agency's strengths and how your services address population health management.

☐ Provide a list of current and proposed process and/or outcome metrics your agency will utilize to demonstrate quality of care.

☐ Thread the connection between your agency's strengths, the metrics you are collecting and utilizing for quality improvement, and the fiscal impact and savings to the MCOs.

☐ Determine if your agency can and will leverage existing MCO services/resources to help improve client care while reducing costs.

☐ Summarize identified barriers that may hinder successful participation in VBP arrangements to negotiate with MCOs.

CONCLUSION

After completing this workbook, you should have a more concrete strategy for how you will prepare and position your agency to enter into VBP contracts. You may need to delineate further steps to help implement this plan. These steps may be divided into internal steps, such as those you will take with your staff, and external steps, such as conversations with MCOs.

> **What You Should Have in Place after Completing this Workbook**
>
> - Agency VBP vision utilizing HCP-LAN framework
>   - Identified quality measures relevant to agency's VBP vision
> - Stretch project identified utilizing analysis tools and logframe tool
>   - Aim statement
>   - Plan to test and implement successful proposed changes
> - Data collection plan that can be refined as necessary
>   - Connection between data and selected quality measures
> - Overarching timeline
> - Value proposition to MCOs

After developing this concrete strategy, it may be helpful to refer back to the **Value-Based Payment Practice Transformation Planning Guide** to ensure you are also on course to achieve the suggested yearly milestones.