Welcome!
Advanced Care Learning Community Virtual Conference
Building Value Based Care Strategy
June 6 & 7 2022 from 9:00 -12:15pm PST / 10:00 – 1:15pm MST
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Oregon Primary Care Association
Webinar Logistics on Zoom

Please mute your line when you are not speaking.

Use of camera is encouraged when speaking or during group discussions.

Let us know who you are! ‘Rename’ yourself to include your preferred name, pronouns and organization.

Use the chat freely! Send kudos, ask questions, and connect with peers.

Feeling a sort of way? Express yourself with the ‘Reactions’ feature!

This event will be recorded.
<table>
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<th>Objectives</th>
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<td><strong>Learn</strong></td>
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<td>Learn from health center peers about their value-based contracting community efforts to provide population-based health care.</td>
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<tr>
<td><strong>Acquire</strong></td>
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<td>Acquire sustainable strategies for health care transformation and workforce wellness within an evolving environment.</td>
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Tuesday, June 7, 2022
Agenda

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<th>Session</th>
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<tr>
<td>9:00</td>
<td>Welcome</td>
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<tr>
<td>9:15</td>
<td>Oregon Value-Based Contracting</td>
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<tr>
<td>10:30</td>
<td>Break</td>
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<td>10:45</td>
<td>Break-out Sessions</td>
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<td>#1 Oregon Value Based Contracting Health Leadership Panel</td>
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<td>#2 Building a Workforce with a Trauma-informed Lens</td>
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<td>#3 Exploring the use of Z-Codes</td>
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<td>12:00</td>
<td>Wrap-Up</td>
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<td>12:15</td>
<td>End</td>
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Oregon Value-Based Contracting
Efforts from the Community Health Center Network of Oregon and CareOregon
Founded September 2nd, 2020
Health Center Controlled Clinically Integrated Network

SAFE HARBOR

Clinical integration allows CHCs to share cost, quality and performance data, contract together and share business practices without violating anti-trust laws.
Centralized Data Platform

CCO Claims Data
State Vaccine Data
EHR Interface

- Attribution Data
- TCOC
- Near Live-time Quality Reports
- Targeted Performance Dashboard
- GAP Lists
- Equity Data
- Standardized Best Practices
Value Based Pay - Through the Network

OHA LAN Model

<table>
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<tr>
<th>Pay for Performance</th>
<th>Shared Savings Against TCOC</th>
<th>Capitated Full Risk</th>
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<tr>
<td>Incentive Measures</td>
<td>Upside $</td>
<td>Upside/Downside $$$</td>
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<td>Care Coordination PMPM</td>
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Shared Cost Target
Shared Risk Pool (Population)
Shared Savings
Shared Risk Reserve

© Oregon Primary Care Association
Shared Accountability Model (SAM)

June 7th, 2022

Angela Mitchell
Vice President, Value Based Purchasing

Beth Sommers
Director, Innovation and Improvement
# CCO 2.0 VBP Requirements

<table>
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<tr>
<th>Year</th>
<th>Requirement</th>
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<tbody>
<tr>
<td>2020</td>
<td>20%</td>
</tr>
<tr>
<td>2021</td>
<td>35%</td>
</tr>
<tr>
<td>2022</td>
<td>50%</td>
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<tr>
<td>2023</td>
<td>60%</td>
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<tr>
<td>2024</td>
<td>70%</td>
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Annual VBP % Requirements – Must be LAN Category 2C or Higher (P4P or Higher)

- **Implementation of Care Delivery Area (CDA) VBP Models**
  - Must be LAN Category 2C or Higher (P4P or Higher)
  - **Hospital, maternity, & behavioral health CDA VBPs**
  - **Additional VBP in children’s health or oral health care**
  - **Additional VBP in remaining CDA**

- **Shared Savings/Shared Risk Must be LAN Category 3B or Higher**
  - >= 20% of provider payments
  - >= 25% of provider payments

**CDAs now begin in 2022, and all are implemented by 2024**

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Patient-centered Primary Care Home (PCPCH) Investment
LAN VBP Categories

**CATEGORY 1**
FEE FOR SERVICE - NO LINK TO QUALITY & VALUE

Category that qualifies for Annual PCPCH VBP Requirement

- **A**: Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)
- **B**: Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)
- **C**: Pay-for-Performance (e.g., bonuses for quality performance)

**CATEGORY 2**
FEE FOR SERVICE - LINK TO QUALITY & VALUE

**CATEGORY 3**
APMs Built on Fee-for-Service Architecture

**CATEGORY 4**
POPULATION-BASED PAYMENT

**Categories that qualify for Annual CCO VBP Targets and Care Delivery Areas**

- **A**: Condition-Specific Population-Based Payment (e.g., per member per month payments payments for specialty services, such as oncology or mental health)
- **B**: Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
- **C**: Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)

**3N**: Risk Based Payments NOT Linked to Quality

**4N**: Capitated Payments NOT Linked to Quality
CareOregon’s Mission and Vision

Managing care together

• **Mission**: Inspire and partner to create quality and equity in individual and community health.

• **Vision**: Healthy communities for all individuals, regardless of income or social circumstances.
What is Shared Accountability Model (SAM)?

**Value Based Payment for FQHCs**

- A **Value Based Payment** model with 9 FQHC partners that incentivizes improving the value of members' overall health care experience while sharing in cost savings opportunities.

- Meets the goals of CCO 2.0 and CCO 3.0 to further system transformation and implement value-based payment models with increasing levels of shared accountability across our network.

- Supports a long history of innovating and co-creating with our clinic partners.

- Enables us to co-create a Total Cost of Care model together.
FQHC Partners & Dynamics

SAM membership: 100,000 Medicaid
SAM = Win-Win scenario

Why is SAM important to FQHCs and CareOregon?

- The Shared Accountability Model mirrors the goals and missions of all involved
- Leverage each other’s strengths
- There is a depth of expertise and desire to make VBPs successful – lever to create win-win outcomes
- CareOregon and the FQHCs partner together to create clinical, cost and equity interventions
- Establish standards to help shape policy around health equity and SDoH
- Share data that shows the Total Cost of Care for the population to inform interventions
CareOregon & FQHCs Shared Goals

• Aligned Mission, Vision and Goals
• Co-designed approach with shared ownership and accountability
• Supporting FQHCs service redesign, data and analytics, and practice transformation
• Align shared savings around cost reduction, quality outcomes and member experience
• Support providers and community partners in working together to improve quality care and reduce avoidable costs and utilization
• Create value-based payment arrangement that create a “win-win”
• Share meaningful data that will give information to support improved performance for cost and quality
SAM VBP Design

Key Pieces to Shared Risk Model:
- Total Cost of Care Target
- Upside only year 1 (considered bonus/incentive payment)

Additions for Shared Accountability:
- Shared Vision & Goals
- Quality/Outcomes Measurement
- Data Sharing
- Dissemination of Best Practices
- Investment in the model
SAM Governance – Working Together

**Oversight Council**
- Consults on and approves quality, engagement and total cost of care measures used in the model
- Recommends and approves approach for data collection, measurement, and performance expectations
- Advises how CO reports on performance

**Data Subcommittee**
- Define options and recommendations for data collection, reporting and performance measure development to incorporate in SAM design

**I-CWG**
- Identify clinical areas of opportunity and populations of focus
- Identify, implement, and optimize interventions that make an impact
SAM Program Guide

Initial Guide Components
• Definitions of key terminology
• SAM Vision, Goals and Commitments
• SAM Shared Savings calculation methodology
• Details of Assignment methodology
• Payment paths grid – list of continuing payment streams: FFS, PCPM, Quality Pool
• Key data/reporting that will be shared

Future state (developed with Oversight Council and included as items are landed)
• Key performance indicators
• In-depth data sharing - definitions, details, and timeframes
• Shared Savings distribution methodology
The Support Package is designed to support network partner knowledge of the SAM model and the impact to clinic and organizational operations that affect finances

All elements of the package are optional - Partners can self-select

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<th>Assess...</th>
<th>Develop &amp; Enhance...</th>
<th>Implement &amp; Monitor...</th>
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<tr>
<td>Areas of strength and opportunity for optimizing successful participation in SAM and anchored by SAM goals and objectives</td>
<td>Capacity, systems, and skills for managing clinical, financial, and operational performance and risk</td>
<td>The work with appropriate business tools to operationalize and measure impact and patient outcomes</td>
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Outcomes:
• Network partners will be able to translate the financial model into actionable data that, alongside an evaluation of organizational and care delivery systems, will inform selection and implementation/optimization of interventions, programs, and processes to support sustainable participation and success in SAM.
SAM 2022 Milestones Roadmap

Q1
Launch data sub-committee: define data needs and current-state data sharing capabilities

Q2
Data-sharing and reporting: identify standard data set to include in Wakely reporting

Q3
Data-sharing and reporting: Cost and Utilization Opportunity Report; Enhanced Member-Level Reporting

Q4
Data-sharing and reporting: Comparison Reporting – Cross-clinic comparison of costs, coding, and quality

Social Health & Health Equity – Scoping and Developing: defining options for intermediate and long-term incorporation

Social Health & Health Equity – Developing: recommendations and decisions on data/measures for 2023

Social Health & Health Equity – Implementing: finalize 2023 approach and operationalize data collection/reporting processes

Social Health & Health Equity - Begin Scoping: What are the intermediate and long-term visions for incorporation in SAM.

SAM 2023+ model refinement

SAM 2023+ model recs

SAM 2023+ contract draft & roadmap
The great work you are already building and doing to impact member health-related social needs will drive savings during this time period.

Actionable uses of data to inform and impact member health and need:
- Stratify the population
- Design interventions and engage members
- Inform community investments

One way to use data in risk share agreements: Adjust the financial model

Steps for moving to Social Risk Adjustment:
- Year 1: Data Collection
- Year 2: Tracking
- Year 3: Incorporation into Model

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The great work you are already building and doing to impact member health-related social needs will drive savings during this time period.
What has success been so far?

- FQHCs leadership engagement – almost 100% attendance!
- Governance and charter voted and agreed upon
- VBP model and transparency throughout co-design process
- Launched data sub-committee
- Signed VBP contracts! 😊

SAM future opportunities:

- Jointly developed clinical quality management infrastructure
- Data sharing with cost savings and quality improvement opportunities
- Advance VBP LAN levels overtime
- Champion risk adjustment for behavioral health, SDOH and health equity
- Share lessons learned; best practices are spread to other health centers across Oregon
Questions?
Break time
Return by 10:45 PST/ 11:45 MST

Up next, breakout sessions!
1. Oregon Value Based Contracting Health Leadership Panel
2. Building Up your Workforce with a Trauma-informed Lens
3. Exploring the use of Z-Codes for Social Needs Documentation
Breakout Sessions – select one

#1 Oregon Value Based Contracting Health Leadership Panel

Objective:
Learn how Oregon health care leaders move the needle on their organization’s vision for health equity and value-based contracting

Presenters:
Leaders from Rogue Community Health Center, CHCs of Multnomah County, Yakima Valley Farmworkers Clinic, Virginia Garcia Memorial Health Center, and CareOregon

#2 Building your Workforce with a Trauma-informed Lens

Objective:
Discuss stressors and trauma related to returning to “normal” how to support yourself and staff using trauma-informed principles

Presenter:
Steffannie Roache, Trauma Informed Oregon

#3 Use of Z-Codes for Social Needs Documentation

Objective:
Learn how a rural health center and their local CCO collaborated and explored z-code documentation implementation strategies for social needs screening documentation.

Presenters: Angelica Godinez and Brendan Johnson of Rinehart Clinic and Keshia Bigler, formerly at Columbia Pacific CCO
Oregon Value Based Contracting Health Leadership Panel

Moderated by John Duke, CHC Network of Oregon (CHCNO)
Thank you!

Please complete today’s evaluation

Materials will be shared by the end of the week.
Stay Informed

• Get CHC news, events, and important member information by signing up for OPCA’s monthly Member Update
• Visit OPCA’s website for COVID-19 resources and more: www.orpca.org
• Read or contribute Member Stories to OPCA’s blog: https://action.orpca.org/blog/
• Follow us:

Do you have the latest dose of COVID-19 vaccine information?

Sign up and read OPCA’s monthly Member Update for the most recent news on the vaccine rollout, along with other important tools, resources, and updates for Oregon CHCs

Member Update is sent out the first Wednesday of every month, plus special editions
To sign up go to: https://action.orpca.org/newsletter_signup/
<table>
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<th>Related Resources + Upcoming Opportunities</th>
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### NWRPCA Webinar: Value-Based Care 101

**Tuesday, June 21 at 12:00pm PST**

#### Learning Objectives
- List the fundamental differences between fee-for-service and value-based care.
- Describe how payment structures, including alternative payment models (APM) and outcomes-based incentives (pay for performance), function in a value-based care delivery system.
- Understand how value-based care delivery can be leveraged to advance health equity
- Registration is free.

### APCM Learning Forum Save the Date

**Tuesday, August 23, 2022**

**Health Care Payment Learning & Action Network Town Hall**

**Thursday, July 21 @12:00pm PST**

**What:** Features live discussions with diverse panels of providers, payers, clinicians, purchasers, and other stakeholders as they share their insights and perspectives on accountable care.

**Website:** [https://hcp-lan.org/lan-town-hall/](https://hcp-lan.org/lan-town-hall/)

### NACHC’s Elevate

**What:** Elevate is a national learning forum supporting health center systems change through application of NACHC’s Value Transformation Framework. The goal is to advance improved health outcomes, improved patient and staff experience, and reduced costs.

**Website:** [https://www.nachc.org/clinical-matters/quality-center/initiatives/](https://www.nachc.org/clinical-matters/quality-center/initiatives/)