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Real World Strategies for Successful VBP Programs

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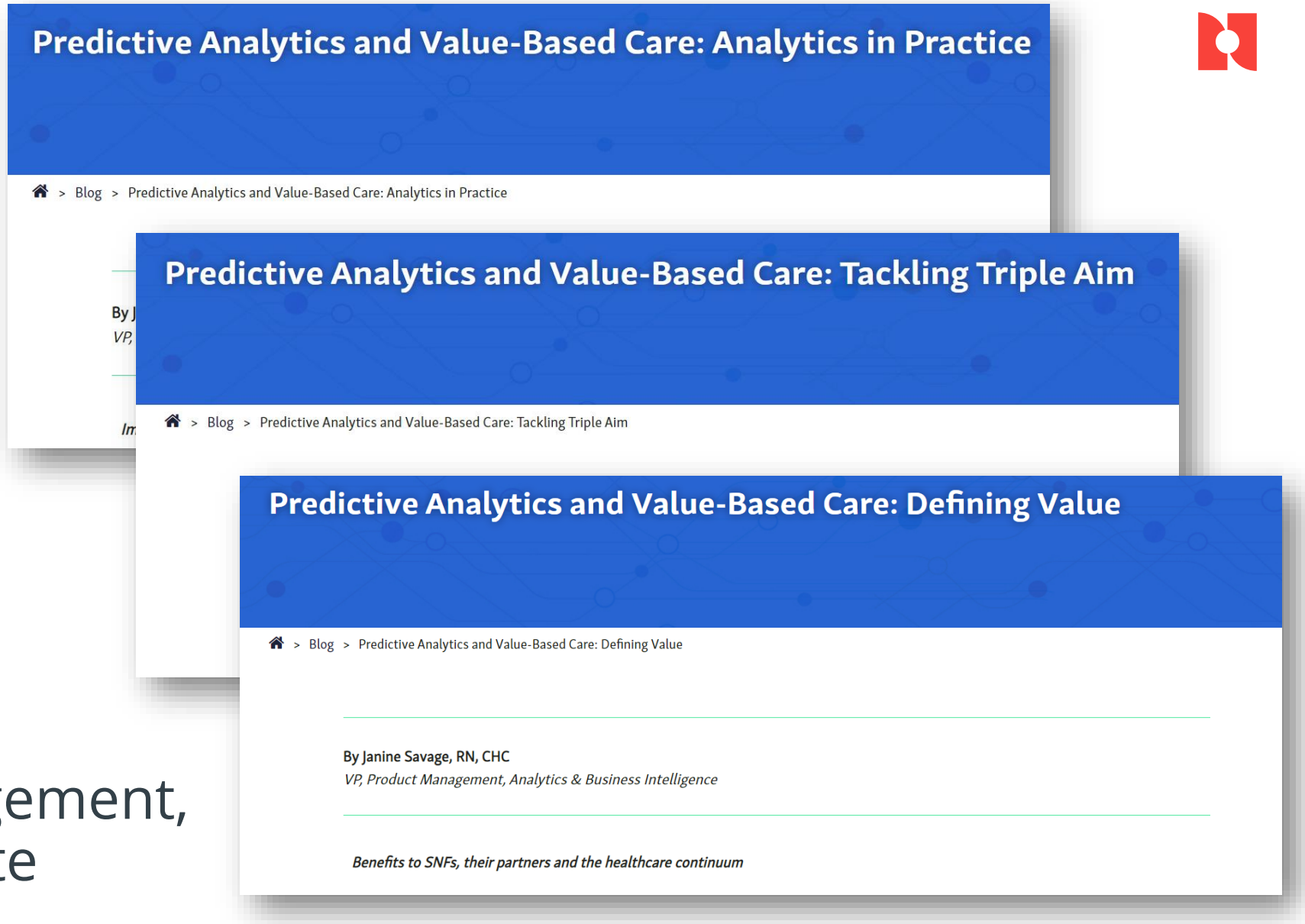
Educational Webinar Series

Today's Presenter



Janine Savage

VP of Product Management, Analytics & Post-Acute

Check out Janine's most recent analytics blogs at pointright.com

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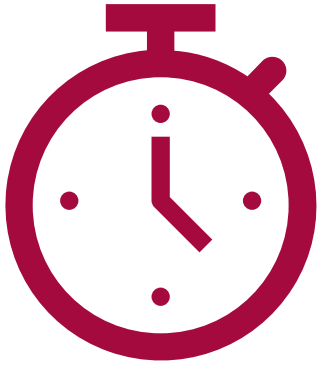
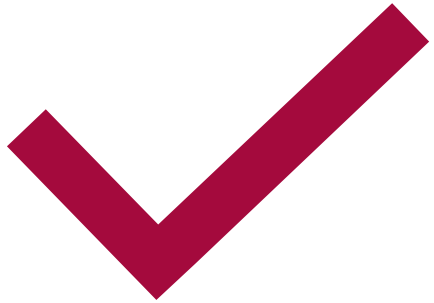
Objectives



Discuss why value-based care is timely and necessary

Understand the factors that make a VBP program successful



Leverage lessons learned from a successful VBP program

Why Value Based Payment Programs for Nursing Facilities?

- Achieve the goals of accountable care
  - Drive quality
  - Improve care coordination
  - Reduce care cost
- Algin with CMS Innovation Strategy “refresh”
- Successful models already exist

Figure 1. CMS Innovation Center Vision and 5 **Strategic Objectives** for Advancing System Transformation.

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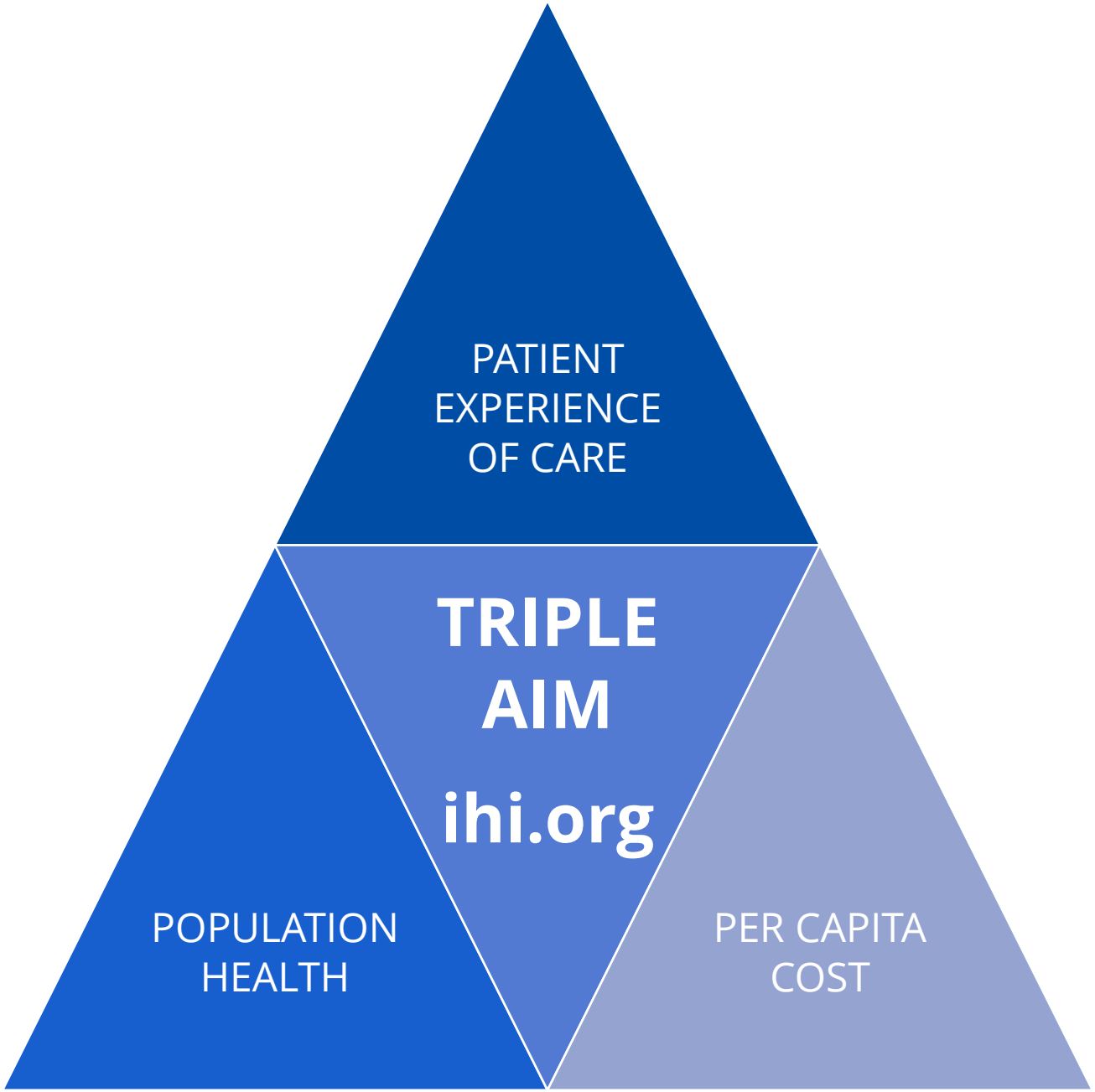

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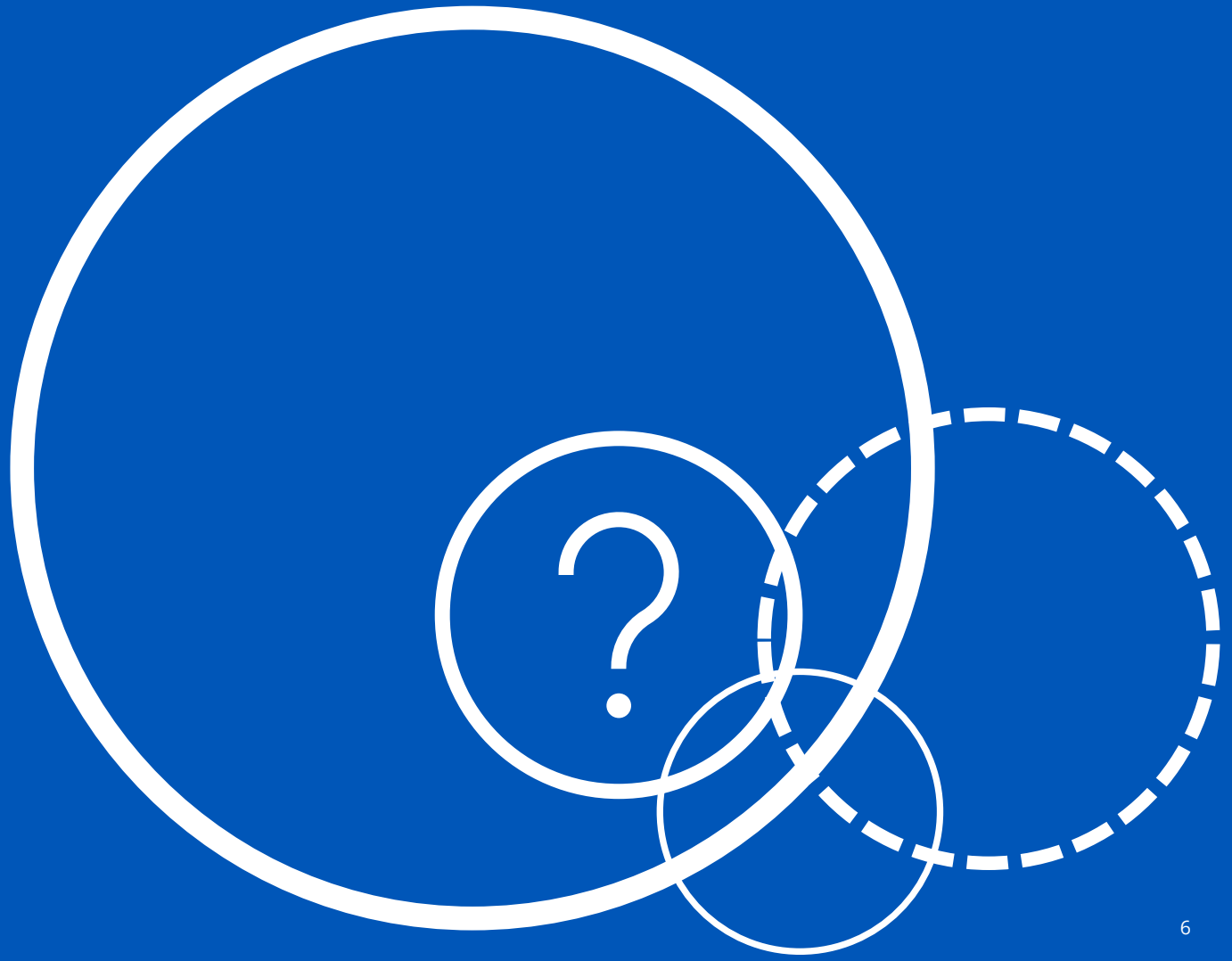
Stakeholder Engagement



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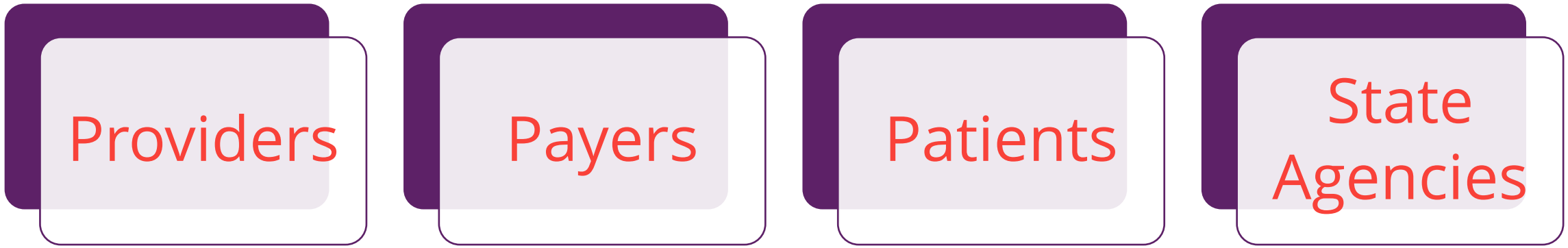
Who are the stakeholders?



NM stakeholders: Four-pronged approach consisting of a Community Advisory Board (CAB), Managed Care Organization (MCO) VBP workgroup, Provider Advisory Group (PAG) and Project ECHO

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What are the goals and objectives?

- Specific clinical & quality outcomes
- Incidence of adverse events
- Utilization outcomes
- Change in process
- Adoption of new technologies
- Other outcomes or results

NM project goals: improve quality of care, reduce avoidable hospitalizations, and optimize health for all New Mexico Medicaid members receiving services in nursing facilities by 2023

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What can be achieved?

- Success through partnership and collaboration
- Properly leveraged data/analytics, communication, and transparency can effectively drive improved patient care and better patient outcomes
- Program design and deliverables need to be aligned accordingly

NM key factors: access to same patient-level analytics and P4P Dashboard for providers and payers, regular workgroup meetings, data analytics vendor as a partner & facilitator

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The Right Mix of Incentives & Penalties

"Value-based payments are a tremendous opportunity for us to better care for our state's most vulnerable residents. But we needed to get all parties working together using the right incentives and penalties to transform our payments system and create a system that would be both effective and long-lasting."

Dr. David Scrase, New Mexico's Cabinet Secretary for Health and Human Services

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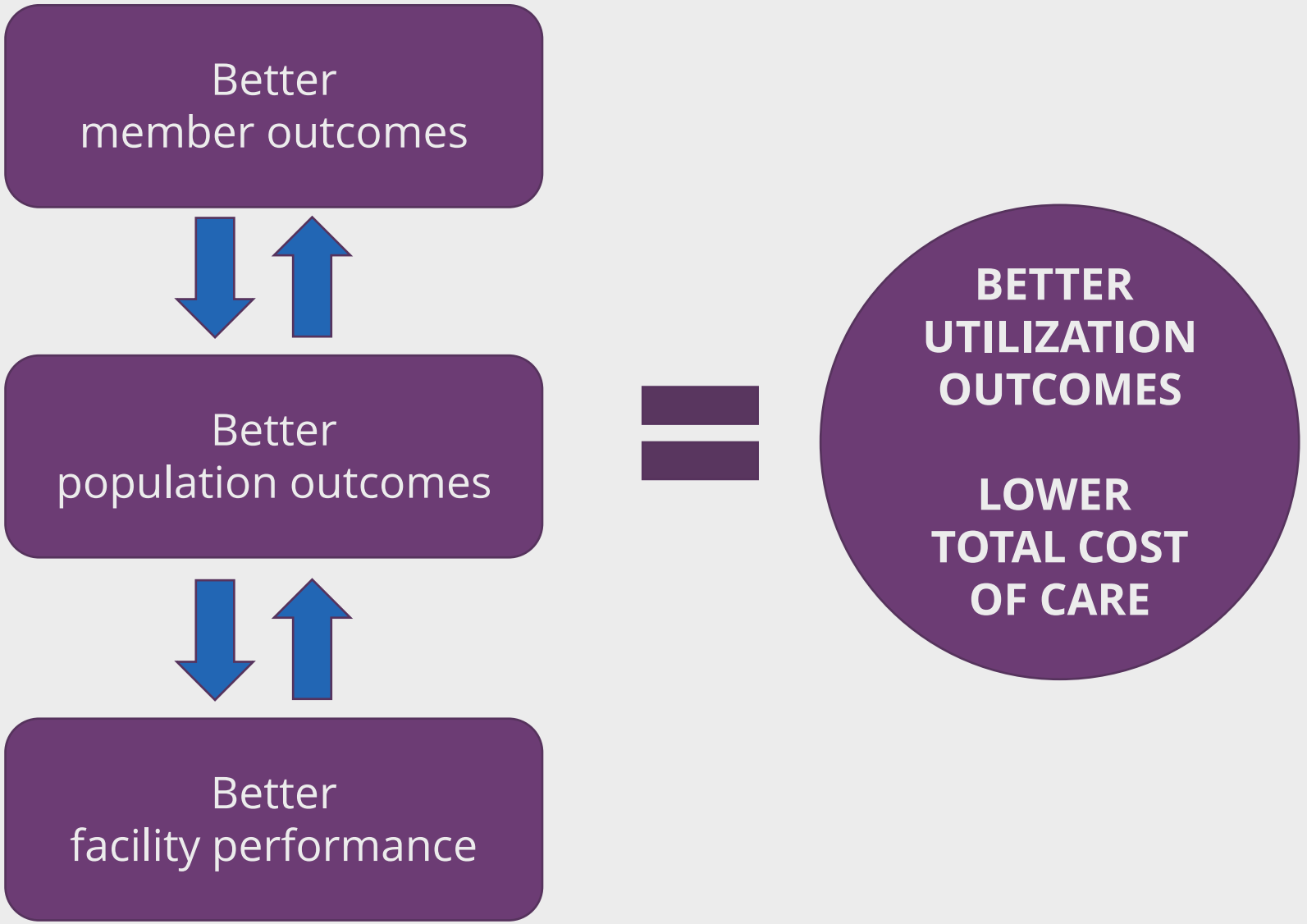
Benefits for the ACO/Payer



"

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"The PointRight products give us the access we need to monitor and track much needed quality information from the nursing facilities."

Monica Marthell
Manager, Value Based Payment Initiatives
Western Sky Community Care

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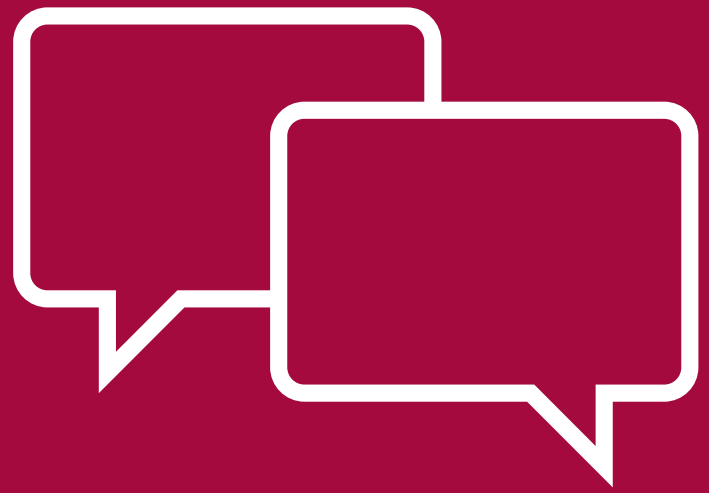
Effective Design, Quality Measurement & Payment Structure



- Funding mechanism
- Quality measurement
- Assessing performance
- Linking performance to payment

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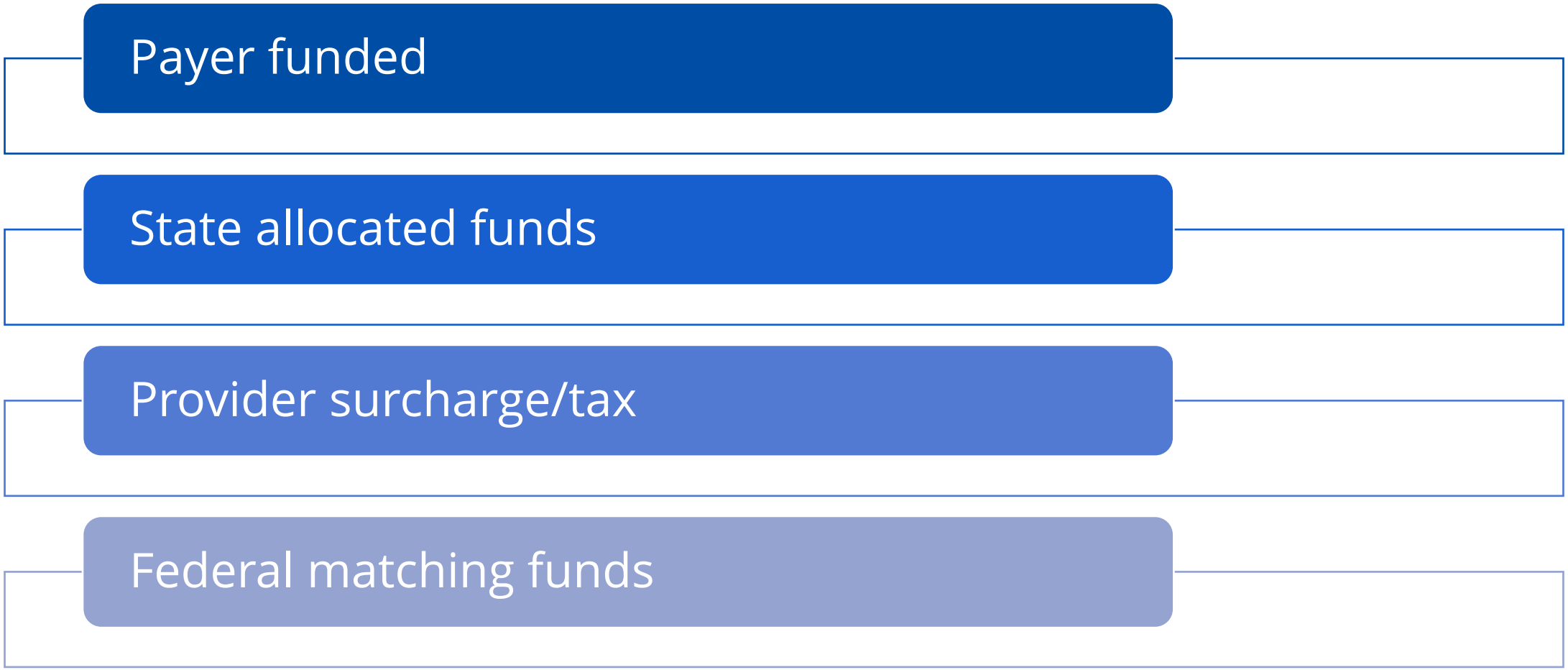
Funding Mechanism



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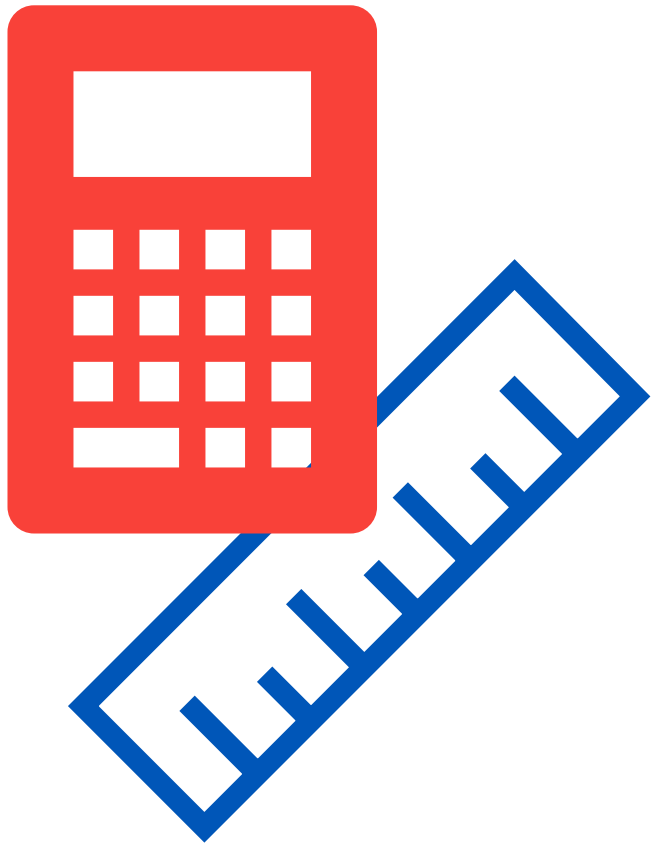
Quality Measurement

- **Measure selection**
  - Measure types (structure, process, outcome, and resource utilization)
  - Patient populations (short-stay, long-stay)
  - State and provider priorities
  - Current and historical performance
  - Validity and reliability
- **Calculation methodology**
  - Real-time or measures already calculated/reported?
  - Are specifications available?
  - What data is needed?



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Assessing Performance

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Example: Targets, Points, and Tiers

QM	20	40	60	80	100
Measure #1	23.9% - 100%	17.3% - 23.89%	12.7% - 17.29%	6.8% - 12.69%	0.0%- 6.79%
Measure #2	4.53% - 100%	2.73% - 4.52%	1.61% - 2.72%	0.71% - 1.60%	0.0% - 0. 70%
Measure #3	8.6% - 100%	6.1% - 8.59%	4.4% - 6.09%	2.6% - 4.39%	0.0% - 2.59%
Measure #4	15.01% - 100%	12.01% - 15.0%	9.1% - 12.0%	6.1% - 9.0%	0.0% - 6.09%

Tier 1	260 points or more
Tier 2	200 to 259 points
Tier 3	140 to 199 points
Tier 4	100 to 139 points
Tier 5	99 points or less

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
1st year	100%	85%	75%	50%	20%
2nd year	100%	80%	60%	40%	10%
3rd year	100%	75%	50%	25%	0%

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Linking Performance to Payment: Payment Mechanics

Foundational Payment

- To encourage participation and help offset any costs to the facilities for participating in the program (data submission, etc.)
- Set amount for the performance period
- May be adjusted for quality performance

Quality Payment

- Based on quality measure performance
- Each facility is eligible to receive the maximum amount available
- An adjustment is applied based on quality measure performance level
- Amount of payment is determined by bed days as a multiplier

Reallocation/Residual Funds Payment

- Methodology for redistributing funds remaining (quality payment pool minus total amount paid to facilities after adjustment is applied)
- May also be adjusted for quality performance outcomes

Secondary Payment

- Additional payment based on different criteria (residents with high-acuity conditions, additional quality measures, etc.)
- To encourage facilities to participate in certain programs or adopt certain behaviors

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Other Program Considerations

- Facility participation requirements and consequences for not meeting them:
  - Eligibility and enrollment
  - Data submission
  - Contractual requirements
- Transition period?
- Time frame for each performance period and payment

NM considerations: initial “ramp up” pay for reporting, then pay for performance; 12-month performance period with quarterly outcomes measurement and payment

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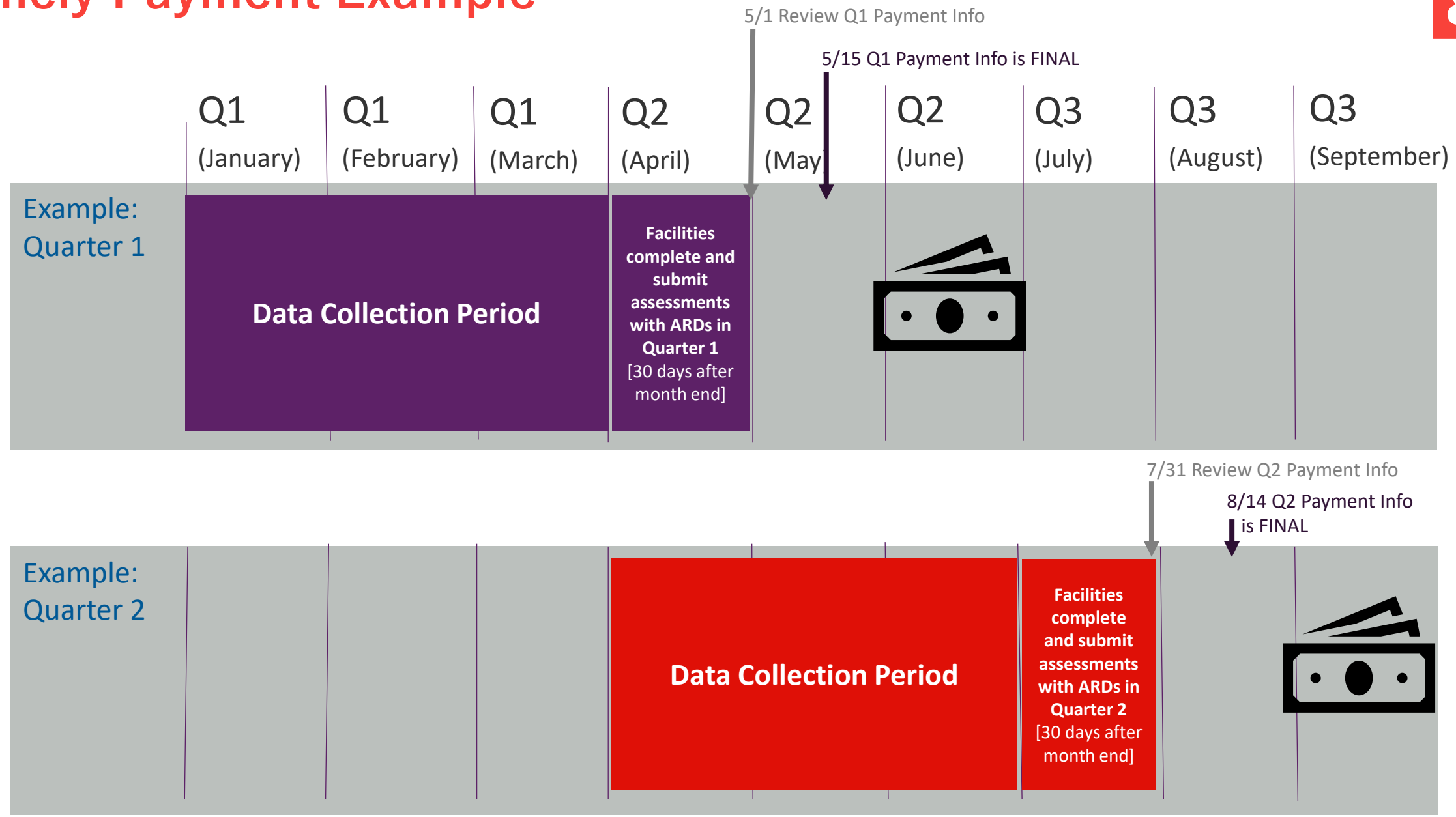
Timely Payment Example



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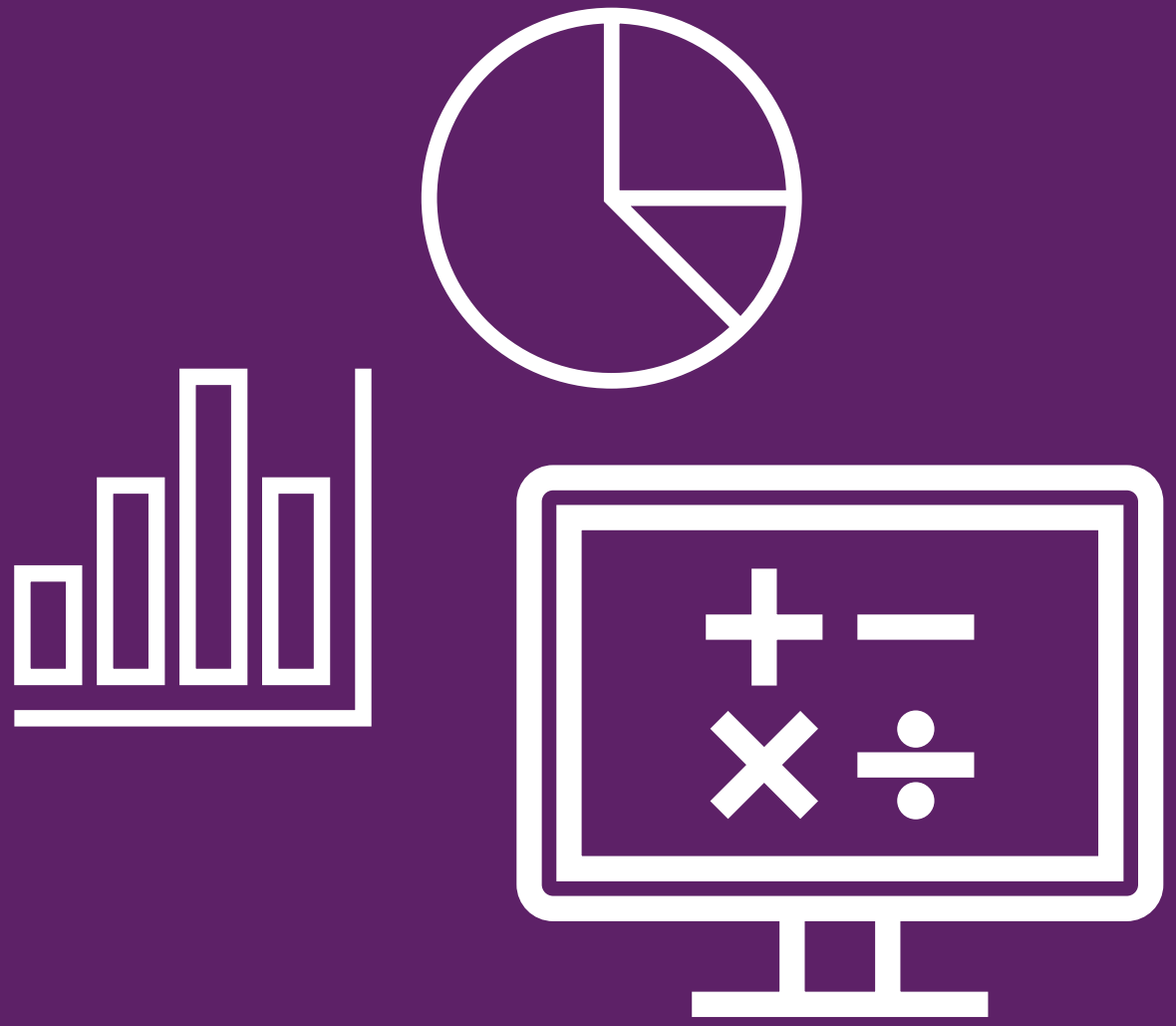
Data & Analytics



Analytics for Measure Selection

- A broad set of measures creates incentive to perform well across the board, rather than focus narrowly on a small number of areas and avoid “teaching to the test”
- Handling of bias
- Accounting for clustering, variable sample sizes and geolocation
- Data analysis across time
- Accounting for random versus systematic variation (e.g., impact of COVID-19 on measures)
- Performance metrics that incorporate the best possible information as to performance in comparison to outcomes that would be expected if the same patients were to receive care that matched the comparative norm
- Risk adjustment
- Imputation rules

Data Collection

- Standardized datasets:
  - Clinical/MDS
  - Claims/UB-04 (837I)
- LTPAC EHR data is not standardized
- CMS publicly reported measures
- Standards for data exchange
- Data exchange realistic possibilities

NM requirements: minimize data collection and submission burden for facilities and ensure it fits into their existing workflow and ensure data source that allows for real-time actions to be taken

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Delivery of Analytics

- **Relevant, timely, and actionable** to help providers achieve payment incentive targets and execute data-driven performance improvement
- Fit easily into **existing workflow**
- **Simple-to-understand** insights

NM requirements: show actual facility performance in past time periods, forecasted facility performance for current time period, and real-time information at patient level; highly-intuitive user experience in a dashboard format with export capabilities

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Design Examples

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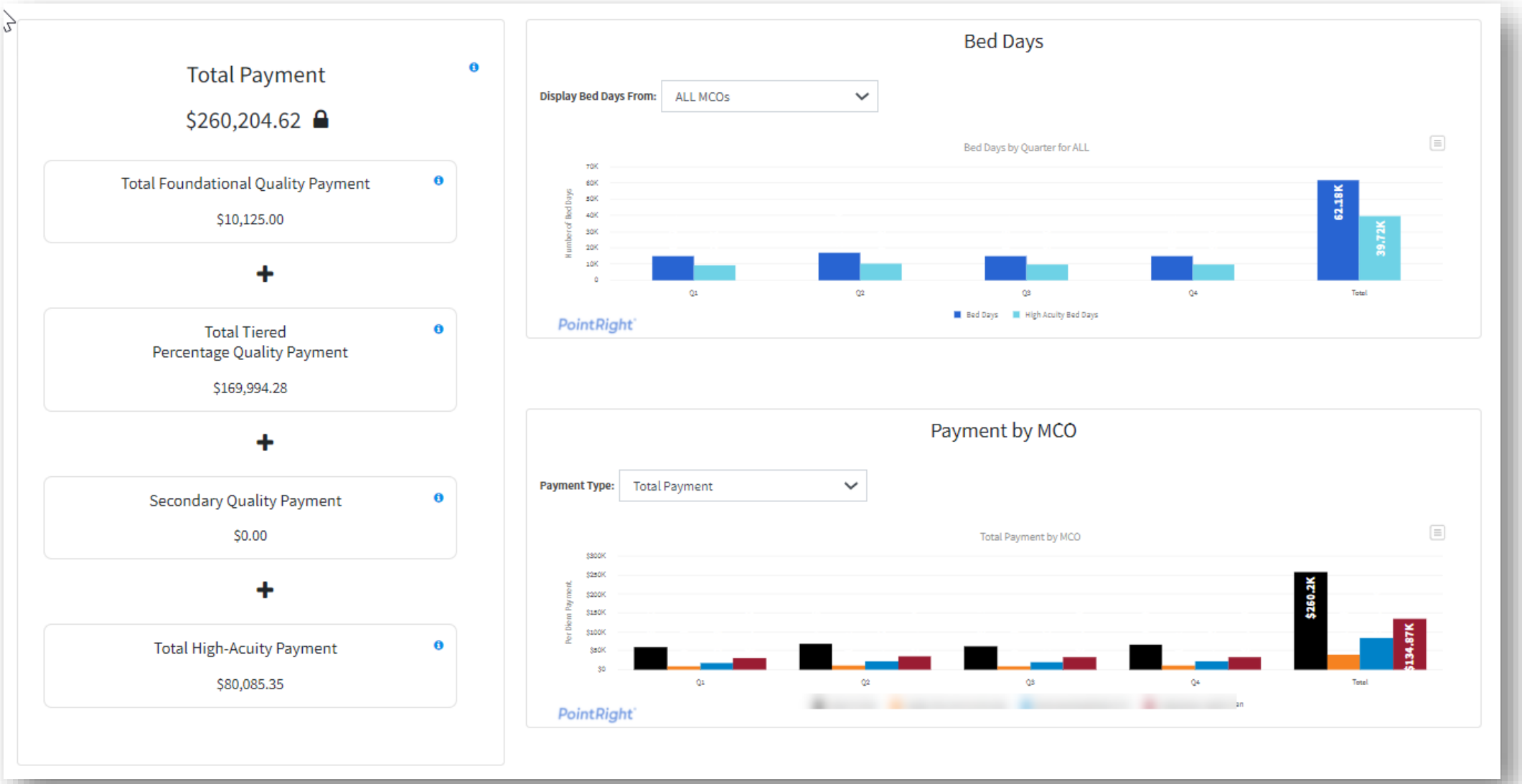
Their software tools are easy to use with meaningful data and analytics—both at aggregate level and down to the facility and member level.”

Tim Voskuil
Performance and Results Consultant
Network Services
Blue Cross and Blue Shield of New Mexico

Payment Information



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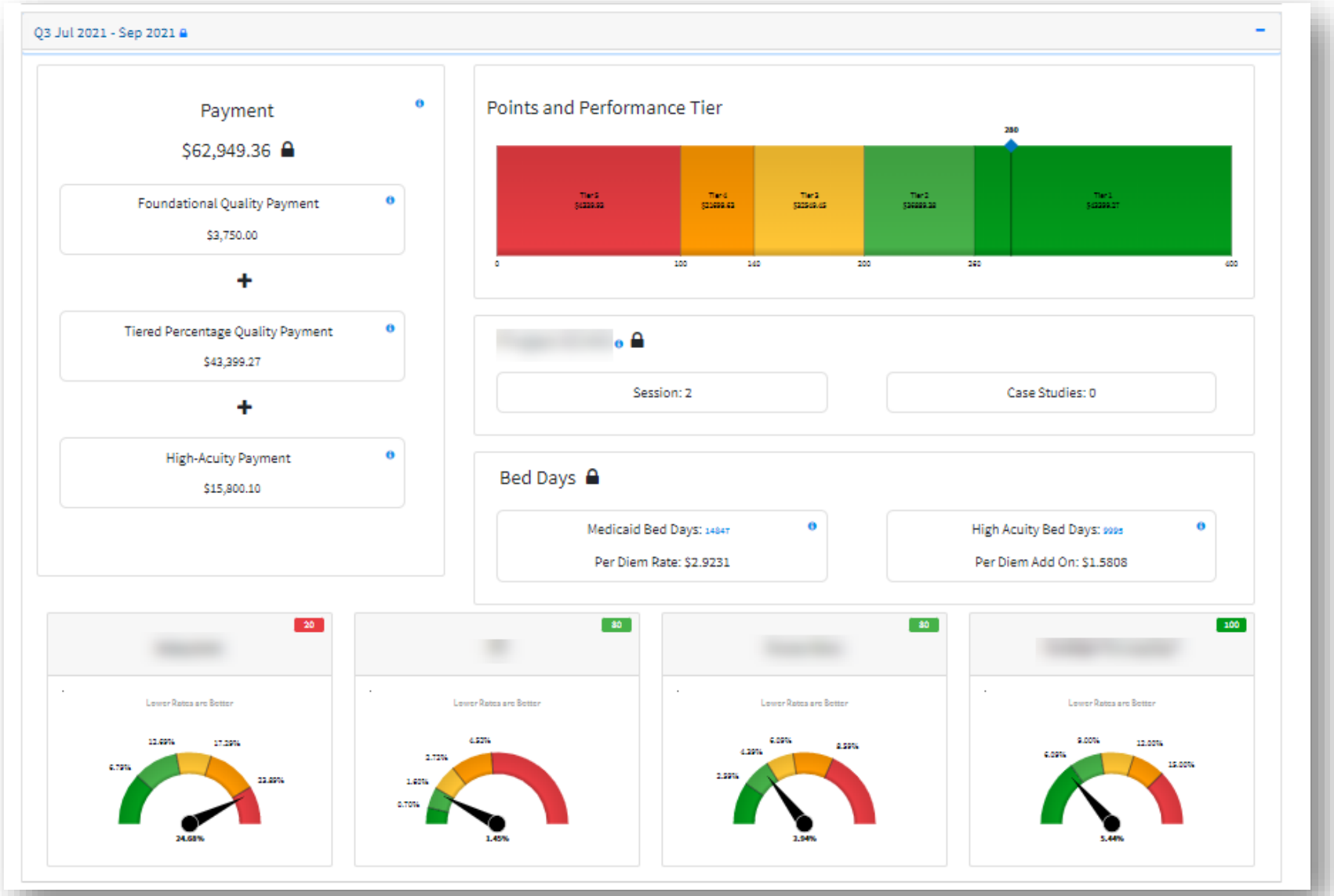

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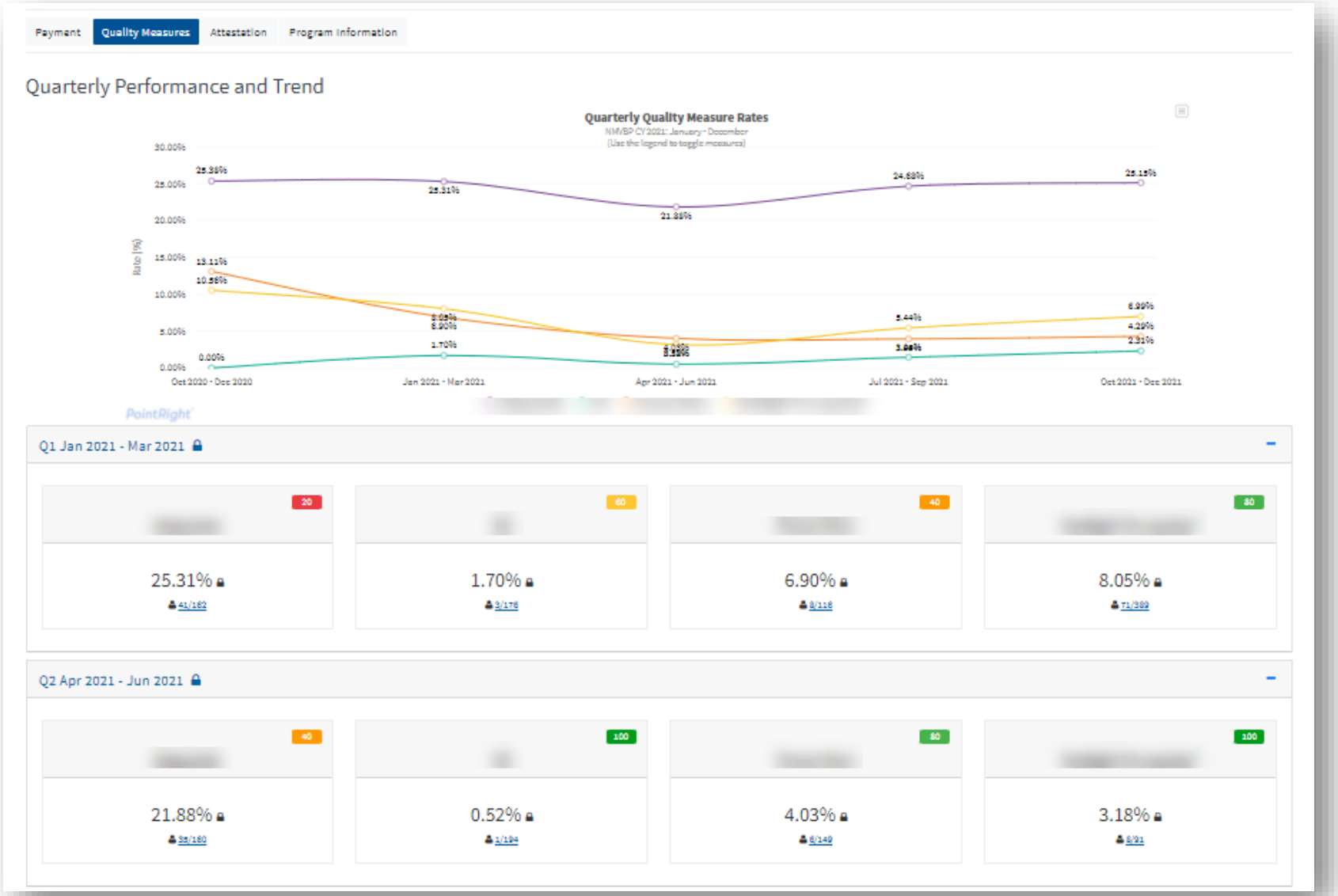
Quality Measures: Facility



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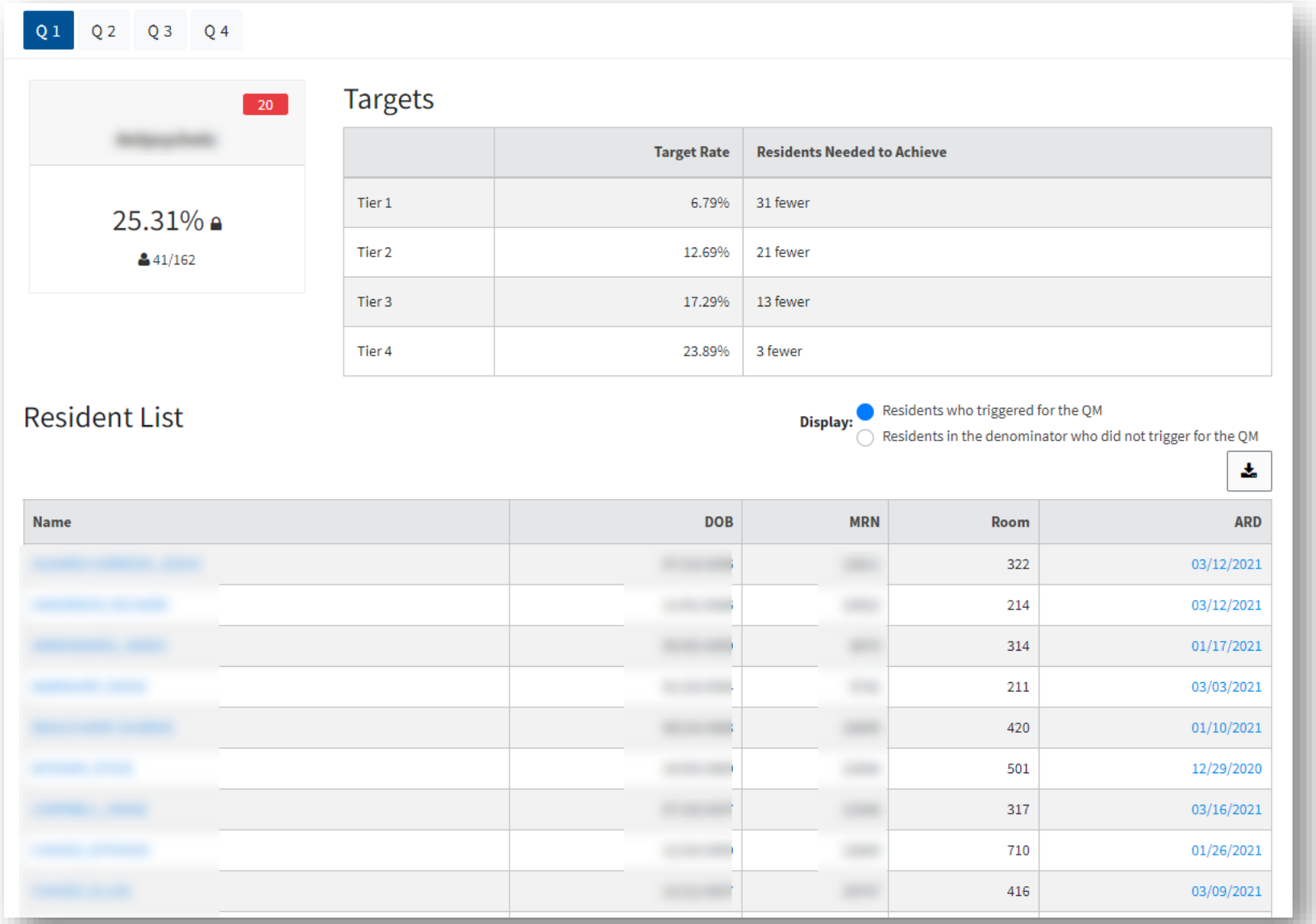
Quality Measures: Patient/Member



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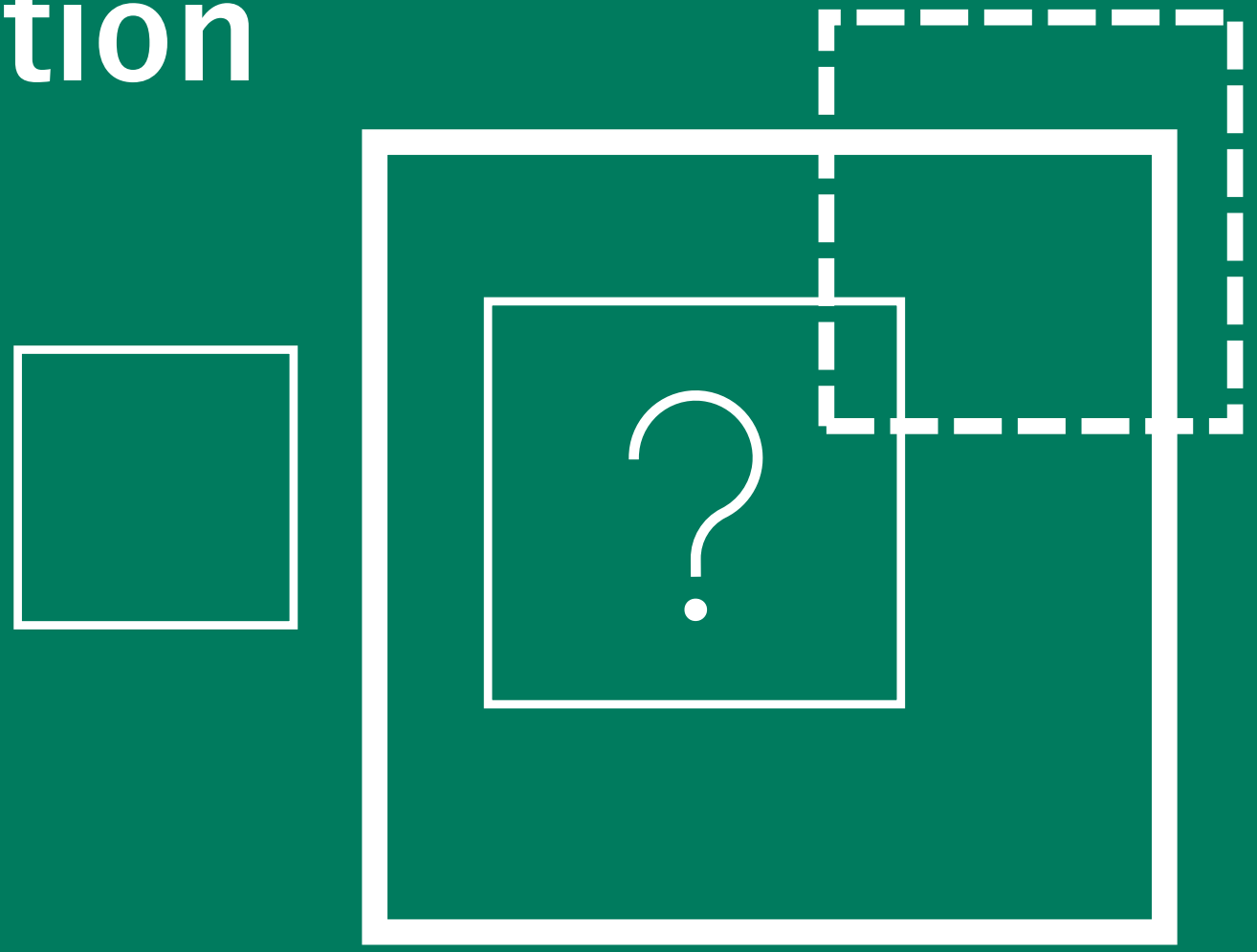
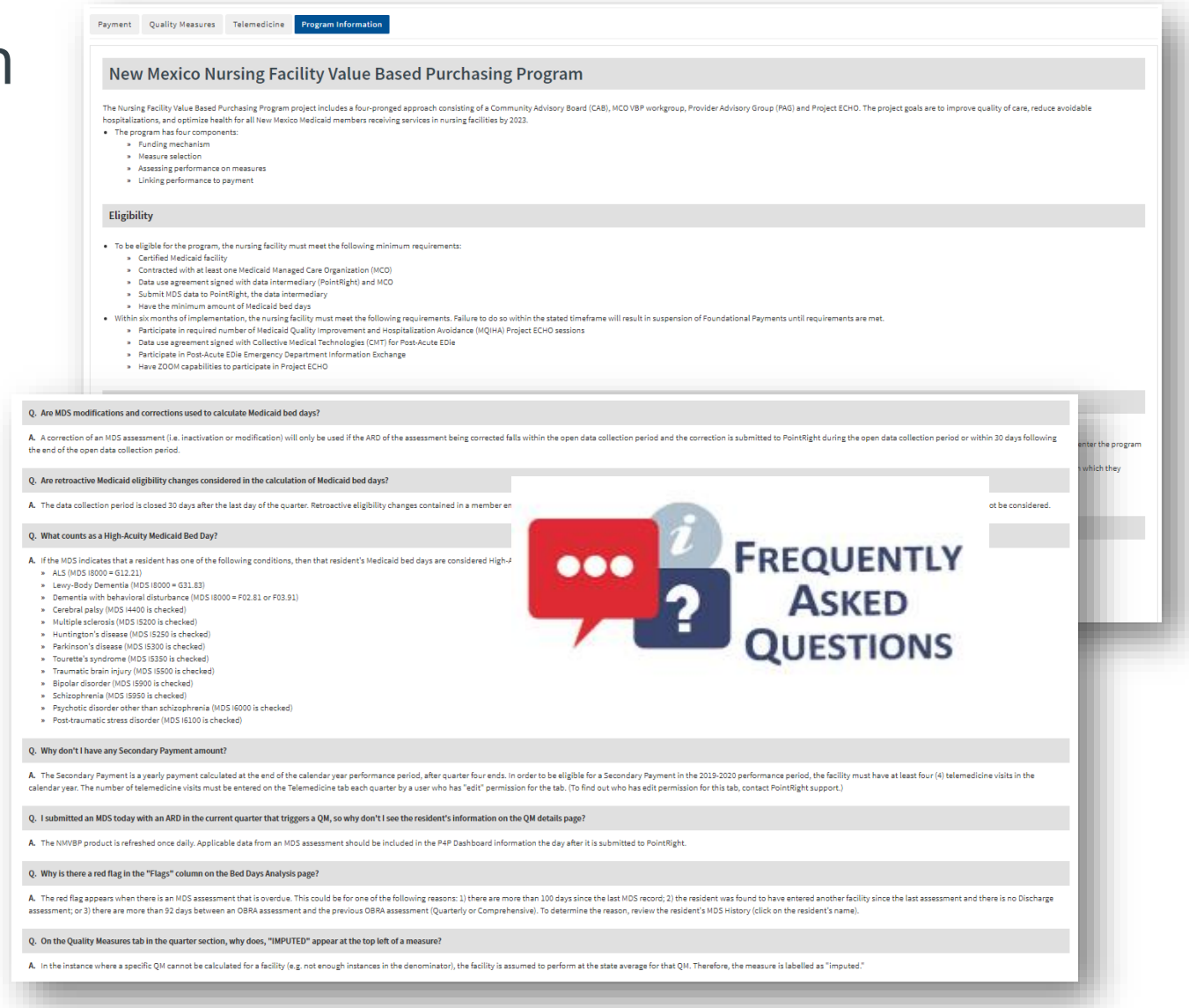
Implementation & Ongoing Evaluation



Implementation & Support

- Gold standard implementation process
- Education and training
- Best practice sharing
- Office hours with experts
- Accessible program information and FAQs in-app

NM requirements: help providers achieve payment incentive targets and execute data-driven performance improvement in quality measures; help determine future program targets and requirements; help state meet CMS approval requirements



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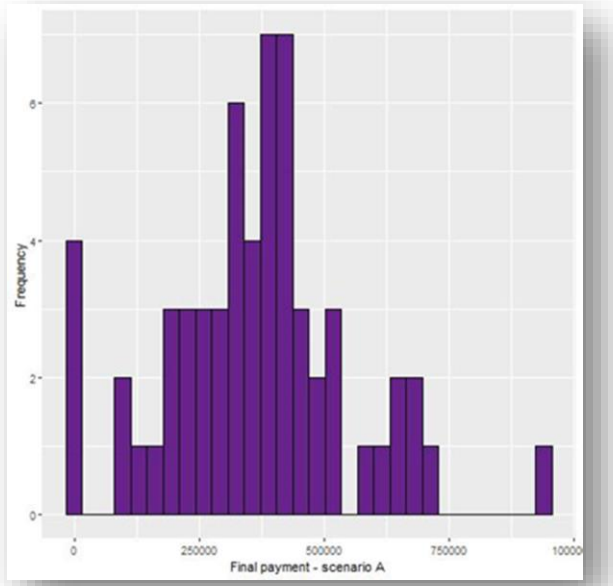
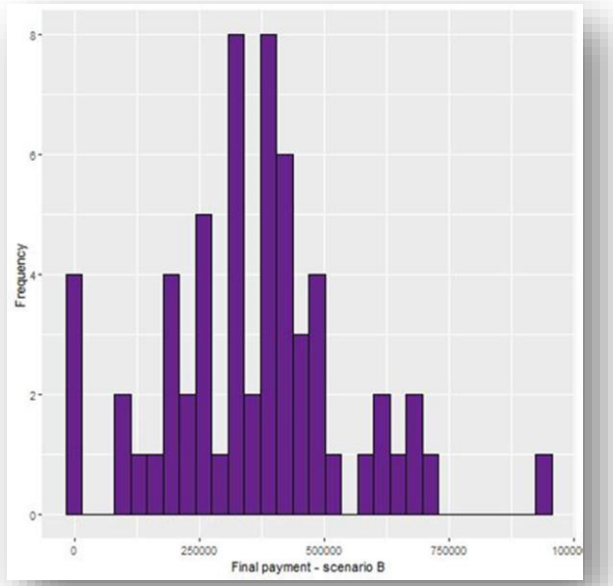
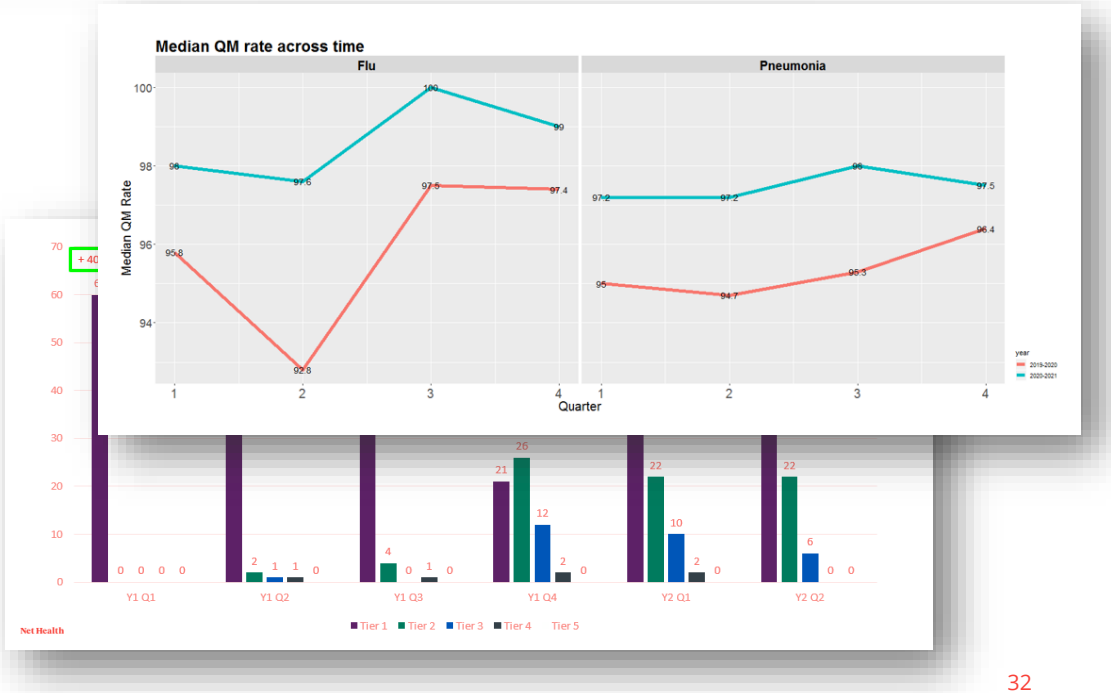
Ongoing evaluation

- Performance evaluation
- Statistical significance
- Impacts
- Outliers
- Baselines
- Benchmarks
- “What if” scenarios
- Recommended adjustments and changes







NM requirements: help determine future program targets and requirements; provide information for state to fulfill CMS approval requirements

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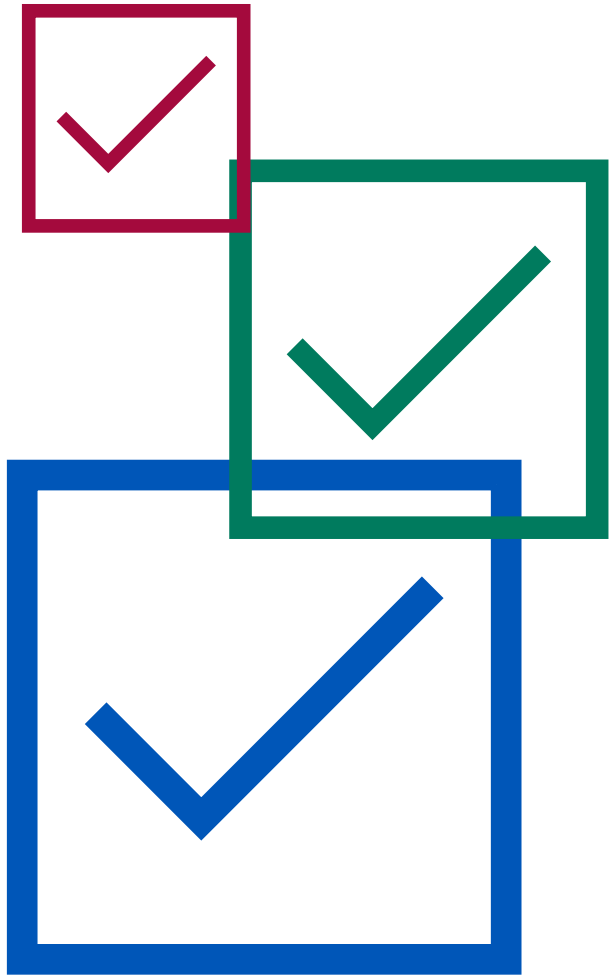
Recreate Success

- Learn from those who have blazed the trail
  Case study:
  New Mexico Nursing Facility Value Based Payment (NF VBP) Workgroup Partners with PointRight® to Improve Patient Care and Outcomes
- Choose the right partner:
  - Industry subject matter expertise
  - Deep knowledge of provider and payer needs
  - Analytics & data science core competencies
  - Proven success at scale



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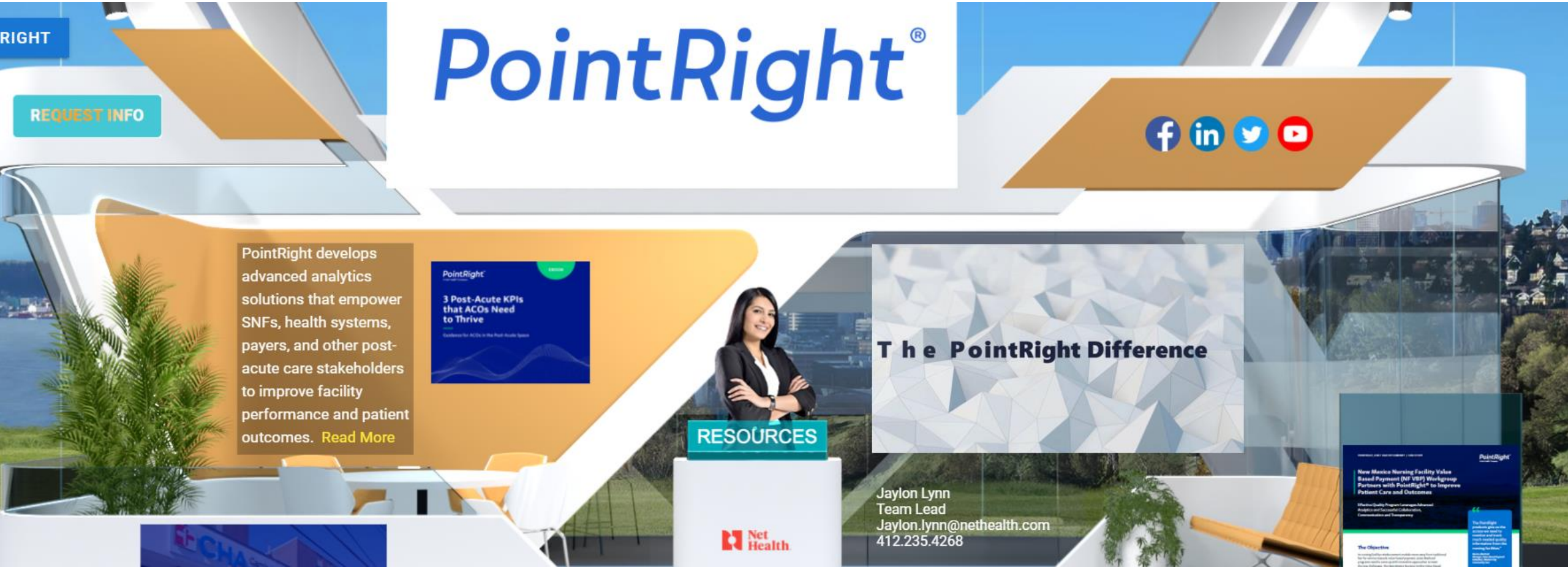
Q&A

Stop by our VBCExhibitHall.com Virtual Booth



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