Setting the Stage:
Today’s Moderator

Madhana Pandian
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov
Under About Us/
Innovation Communities 2018

To participate
Use the chat box to communicate with other attendees
Disclaimer: The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).

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Mindy Klowden, MNM
Director of Training and Technical Assistance
SAMHSA-HRSA Center for Integrated Health Solutions
Next Steps…

➢ Continue working through your workplans
➢ Begin preparing your 5X5 Presentations
➢ **March 15th 2pm eastern:** NEW office hours/group coaching call (optional)
➢ **April 4th 3pm eastern:** 4th group coaching call/webinar and 5x5 presentations
➢ **April 18th 3pm eastern:** NEW – final office hours/group coaching call

Recommended 5X5 Content

➢ What you set out to do (agency goals)
➢ How you did it
➢ What went well (achievements)
➢ Challenges encountered and how you overcame them
➢ Impact
➢ Next steps
Guest Presenter: Patrick Gordon, M.P.A.

Patrick Gordon is a Vice President with Rocky Mountain Health Plans, a private insurance company formed more than 40 years ago to serve western Colorado. Rocky is particularly interested in promoting measurement based care and collaborative care as key components of our VBC and integrated BH strategy. Rocky joined the United Health Group in 2017. Patrick has extensive expertise in payment reform/value-based payment, public programs, provider contracting, and practice transformation. He has been active nationally and regionally in efforts to transform healthcare payment and service delivery, including the Healthcare Payment Learning and Action Network (HCPLAN) and the Colorado State Innovation Model.
Today We Will Discuss:

✓ Measurement based care and collaborative care as key components of value based payment and integrated behavioral health strategy
✓ Key behavioral health measures providers should be paying attention to/developing capacity to report on
✓ Some of the key things payers look for in contracting
  ✓ Provider size, market share/attribution
  ✓ Proven outcomes
  ✓ Relationships and trust
  ✓ There is no magic bullet!
✓ Culture change/practice transformation
✓ How providers can promote value-based payment at the state level, with payers and employers

Where are we Headed In Terms of Value-Based Payment?

A.K.A. Patrick’s “crystal ball”
### Discussion

**Figure 1 & 4: The Updated APM Framework**

<table>
<thead>
<tr>
<th>CATEGORY 1</th>
<th>CATEGORY 2</th>
<th>CATEGORY 3</th>
<th>CATEGORY 4</th>
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</thead>
<tbody>
<tr>
<td>FEE FOR SERVICE - NO LINK TO QUALITY &amp; VALUE</td>
<td>FEE FOR SERVICE - LINK TO QUALITY &amp; VALUE</td>
<td>APMs BUILT ON FEE-FOR-SERVICE ARCHITECTURE</td>
<td>POPULATION - BASED PAYMENT</td>
</tr>
<tr>
<td>A</td>
<td>B</td>
<td>C</td>
<td>A</td>
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<tr>
<td>Foundational Payments for Infrastructure &amp; Operations (e.g., care coordination fees and payments for self-investment)</td>
<td>APMs with Shared Savings (e.g., shared savings with variable risk rates)</td>
<td>APMS with Shared Savings and Divisible Risk (e.g., capitation-based payments for procedures and comprehensive payments with upside and downside risk)</td>
<td>Comprehensive Population-Based Payment (e.g., global budgets or capitation at provider level)</td>
</tr>
<tr>
<td>Pay for Reporting (e.g., bonuses for reporting data or penalties for non-reporting)</td>
<td>3N Risk-Based Payments NOT Linked to Quality</td>
<td></td>
<td>4N Capitation Payments NOT Linked to Quality</td>
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<tr>
<td>Pay-for-Performance (e.g., bonuses for quality performance)</td>
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