

# RPC CO-CHAIRS & STATE AGENCIES MEETING

October 29, 2020

VBP/Managed Care
Breakout Session

#### Housekeeping

Welcome to the Value Based Payments & Managed Care Breakout Session

- To connect to audio, please dial 888-392-4564, 7316884#.
- Pressing \*6 will unmute and mute your line.
- The Main Conference Line will reopen at approximately 2:10 pm.

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#### Value Based Payment & Managed Care

#### Moving Forward Together

**Co-Chairs:** Sue Matt – Otsego County DCS

Johanna George - CirCare

Ellen Hey – Finger Lakes Community Health

Susan Miller - Hudson Valley Services Rehabilitation Support Services

Margaret Morse – Seneca County DCS

Mark O'Brien – Erie County DCS

Melissa Stickle – Sullivan County DCS

Kristie Golden-Campo – Stony Brook Medicine

**RPC Staff:** Beth White – Finger Lakes Coordinator

Beth Solar – Tug Hill Coordinator

Karen Rappleyea – North Country Coordinator

Yoshi Pinnaduwa – NYC Health Sr. Director of Policy & Planning



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#### Regional Experiences with Managed Care

 What has the RPC experienced in terms of health plan access and payment issues?

 How have the Plans been engaging the Regions in terms of discussing opportunities for Alternative Payment arrangements?



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## Regional Perspectives on Entering into VBP/APM Arrangements

 Services, Tasks, and Factors to be Considered when Building APM's

 What are the local communities, plans, and provider organizations doing to prepare and position themselves for future VBP arrangements?



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## Regional Perspectives on Entering into VBP/APM Arrangements

#### **LESSONS LEARNED**

New York City – Yoshi Pinnaduwa

Senior Director of Policy and Planning NYC Health



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## Regional Perspectives on Entering into VBP/APM Arrangements

## NYC RPC and NYC DOHMH VBP Activities 2018-2020

- Support Community Based Organization (CBO) & Behavioral Health Provider (BHP) readiness to engage in VBP and other APMs
- Convene large health systems in NYC to promote collaboration and to share best practices on behavioral health VBP



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## Regional Perspectives on Entering into VBP/APM Arrangements

## NYC RPC and NYC DOHMH VBP Activities 2018-2020

- VBP trainings
- Onsite Readiness Assessments
- Technical Infrastructure Assessments
- Tailored Scopes of Work
- Tailored technical assistance
- Learning collaboratives
- Multi-stakeholder meetings



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## Regional Perspectives on Entering into VBP/APM Arrangements

## Lessons learned from BH provider VBP work:

- BHPs feel largely unprepared to engage in VBP
- Lack of data collection and reporting capabilities are a barrier to entry into VBP contracting
- Many providers do not collect meaningful outcome measures
  - However, a good proportion are aware of relevant measure sets



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## Regional Perspectives on Entering into VBP/APM Arrangements

## Lessons learned from BH provider VBP work:

- Some providers need continued education on the healthcare landscape particularly on payor priority areas and relevant quality measures.
- Providers need to:
  - Focus time and resources on VBP readiness, and make culture change a priority
  - Dedicate adequate time to strategy development
- Conclusion of DSRIP had a dampening effect.



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#### Regional Experiences with Managed Care

#### MCO COLLABORATION OPPORTUNITY

Western Region – Mark O'Brien

Director of Community Services Erie County

#### MCO Participation with RPC Western Region

Historical Participation of MCO's in RPC Process

 Recent Opportunity for Payers to Innovate in Support of Best Practice Treatment of Opioid Use Disorder

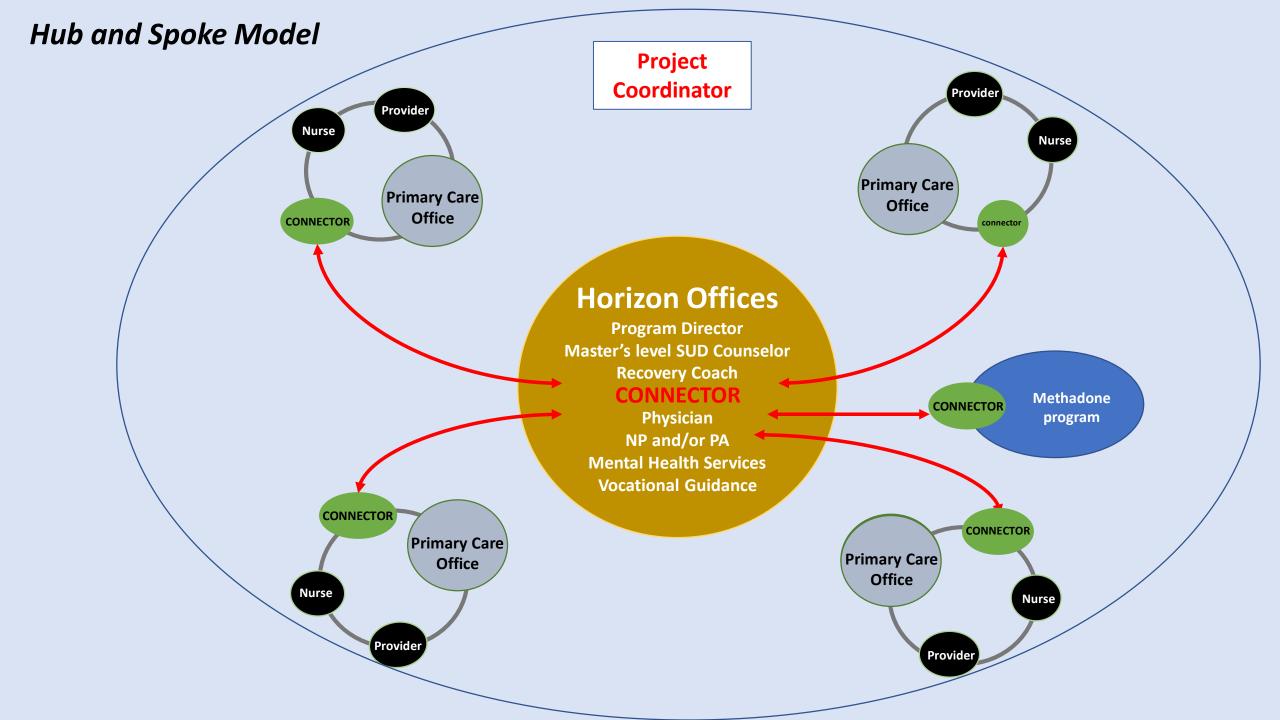
Presentation to RPC Board by Dr. Tildabeth Doscher

IN 2000: Vermont was 1 of 8 states with no Office Based Opioid Treatment (OBOT)

**NOW:** State with highest per capita waivered physicians

• How did Vermont get there?

 The Hub and Spoke Model: Gold Standard for treatment of People with OUD



# Primary Goal of HS Model: Reduce Opioid Use

Opioid Use 90 days prior to treatment:

• 86/90 days

Opioid Use 90 days after start of treatment

• <u>3/90 days</u>

96% Reduction in opioid use

N = 80

## Interested in Receiving the Complete Presentation?

#### To Receive the Slides or Request a Presentation, please Contact:

Tildabeth Doscher MD MPH
Director, UB Addiction Medicine
Fellowship
77 Goodell
Buffalo, New York
347-907-3590
tildabet@buffalo.edu

OR

Tiffany Moore, Western Region RPC Coordinator

518- 41-8635 or tm@clmhd.org

#### MCO Response to this Opportunity

 Every MCO in Attendance Indicated that they would share the presentation with their Leadership

 One MCO has Requested a Presentation from Dr. Doscher

 Discussion will Continue at Next Western RPC Board Meeting



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#### The Future of Managed MA Contracting

Transition to CORE Services – Opportunity?

Can transition of Adult HCBS services to CORE services be an opportunity to look at standardization of some MCO billing and authorization processes?

Doing this *in advance* of the establishment of codes and processes offers best chance for achieving consensus



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#### The Future of Managed MA Contracting

 As neutral conveners, RPC's can advance needed discussions to support the movement to advance payment arrangements

RPC's can encourage exploration of opportunities for:

MCO's Collaborating Together

MCO's Collaborating with Providers



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#### **NEXT STEPS?**



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