Clinical Integration Across Settings to Support Payment and Care Delivery Reform

Insights for Safety Net Providers

SNAC
National Safety Net Advancement Center

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About SNAC:
The National Safety Net Advancement Center (SNAC) aims to transform the ability of U.S. safety net organizations to respond to payment and care delivery reform efforts in the fast evolving health care financial and delivery environment. Funded by the Robert Wood Johnson Foundation (RWJF), SNAC provides three resources: 1) an online, curated resource center (http://safetynet.asu.edu); 2) support for payment reform projects through grantmaking; and 3) scholarships to more than 50 provider organizations for technical assistance in virtual learning collaboratives (VLCs). The grant and technical assistance strategies are centered on six critical and timely issues in payment and care delivery reform: Clinical Care Team Transformation Strategies; Clinical Integration Across Settings; Financial Planning, Implementation and Control; Network Structure, Governance, & Operations; Patient Attribution and Activation; and Risk Management and Adjustment Strategies. Please direct any questions or inquiries to SafetyNet@asu.edu.

About the Clinical Integration Across Settings Virtual Learning Collaborative (VLC):
- The VLC curriculum provided participants an overview of clinic management models and their relationship to risk-based contracts in safety net organizations.
- The three-month Clinical Integration Across Settings VLC included representatives from 7 safety net organizations including 3 community health centers, 1 community mental health center, 1 critical access hospital, 1 oral health safety net provider, and 1 teaching hospital. Please see the list of VLC participants in Appendix A.
- The VLC sessions introduced numerous value-based contracting models and participants analyzed the models’ implications for integrating across care settings. The participants also identified the fundamentals of building a strong health neighborhood, pre-requisites for building integrated care systems, and collaboration strategies for supporting integrated settings. In addition, participants focused on the critical nature of governance for ongoing management of delivering integrated services across care settings. Please see session-by-session learning objectives in Appendix B.
- The VLC was led by payment and delivery system reform experts at Optum Insights (optum.com)

Lessons Learned by VLC Participants:
The SNAC technical assistance experts focused on how to 1) integrate care systems to increase collaboration across clinical networks and 2) identify how payment reform could enhance their current organizational practices. Each participant organization described the clinical network approaches currently in use and assessed changes necessary to meet future care delivery needs. The experiences of six selected VLC participants are summarized here:

- Collaborative Ventures Network (CVN), a community health center network in Arizona, set out to effectively manage performance and risk within its clinically integrated network (CIN). As discussed by technical assistance experts during the VLC, this means working towards multiple goals: (a) establish effective and timely access to “actionable” clinical data by providers and (b) aggregate clinical, quality, and financial data from across the network. The VLC provided insight into the key organizational structures underlying these goals—including the legal nuances of establishing an integrated network—and key factors to consider when measuring CIN performance. The VLC also helped to outline the importance of clearly defining the division of responsibilities within a CIN. There are currently relatively few CIN models available for safety net organizations and CVN’s experience provides a helpful example of implementing this in a real world setting.

- Alaska Care Management Consortium (AKCMC), a critical access hospital network, does not have value-based contracts (yet). VLC technical assistance experts helped AKCMC to identify best practices for building a network to accept and administer value based contracts. To implement the best practices from this VLC, AKCMC is starting small and growing their network based on organizational needs and state policies to build a strong health neighborhood. Because of this, the network is now focused on risk stratifying its patient population over the next 2 years. This prep work will enable AKCMC to take a leadership role in initiating contracting in an area that currently lacks value-based arrangements. AKCMC’s experiences may prove to be a valuable model that safety net providers in other regions with little ongoing payment reform activity in that it demonstrates that advance preparation work can enable organizations to take a leadership role in initiating value-based contracting, versus being on the receiving end of negotiations.
• Cascadia Behavioral Healthcare, a community mental health center in Oregon, is using contract development strategies presented by VLC technical assistance experts to develop a successful and financially sustainable partnership with primary care providers. Cascadia had long been working to develop a new integrated health clinic. The VLC provided strategies for formalizing partnership agreements with critical health and social service providers, including decision aids and concrete examples of how to determine the best way to structure these agreements (e.g., contract versus collaborate) and establish governance and performance measures for the partner networks. Cascadia is applying these strategies to ongoing work with a hospital system to develop an integrated primary care-behavioral health business and service delivery model. Cascadia has also explored developing clinical integration contracts including a pilot with a local hospital that enables risk-sharing with a local coordinated care organization. These lessons are likely relevant and valuable for other safety net behavioral health providers who are looking to integrate with primary care to pursue payment and care delivery reform goals.

• Southern Illinois University School of Medicine (SIUSOM), a teaching hospital in Illinois, has previously used onsite consultants to provide behavioral health services. The VLC helped SIUSOM to implement a truly integrated model for providing behavioral health care. Throughout the VLC, SIUSOM investigated billing requirements and identified a solution to begin billing for behavioral health home visits for some patients, enabling patients to be met where they are rather than in SIUSOM offices. SIUSOM is leveraging the VLC lessons learned as well as the prerequisites regarding clinical integration models by forming a team charged with developing a PMPM payment model request.

• Healing Community Center, an oral health provider in Georgia, has experienced challenges related to sharing information, integrating data, and instituting patient referrals. They recognize the importance of finding solutions to these challenges in order to have success in payment and care delivery reform. Healing Community Center used the VLC sessions to consider the details of data sharing needs to support payment reform. For example, Healing Community Center developed strategies for gaining stakeholder buy-in on data sharing specifics, such as how to determine what specific data is shared, determining whether this involves proprietary data, agreeing when the sharing will occur, and determining with whom the data is shared. These considerations proved key to advancing Healing Community Center's towards being ready to enter into future mutually-beneficial value based payment contracts with clinical partners such as community health centers. Other oral health providers pursuing payment and care delivery reform may face similar challenges and Healing Community Center's lessons learned may provide a sound roadmap.

• VNA Health Care, a community health center in Illinois, is working on establishing a clinically integrated network and at the same time has partnered with a managed care organization to reduce post-inpatient stays. Throughout the VLC, VNA Health Care reviewed their data and revised the quality indicators used to monitor ER admissions and behavioral health admission follow-ups. VLC technical assistance helped to outline the process for these changes and identify the factors needed to progress from obtaining encounter rates to achieving value based savings for the patients involved in these admissions. VNA Health Care continues to use the strategies from the VLC while working with their managed care organization and local hospital in order to more effectively clinically integrate the patient populations involved with emergency room and mental health admissions.

Learn Along with SNAC Grantee Hudson River Healthcare

SNAC grantee Hudson River Healthcare (HRHCare) is a group of approximately 30 FQHC sites operating throughout southeastern New York State. Hudson River was a co-founder of New York's first safety net primary care and behavioral health provider IPA. During the Clinical Integration Across Settings VLC, Hudson River developed a mock contract and focused on several key themes discussed during the VLC. For example, prior to participation in the VLC, the IPA had an initial concept for a distribution methodology that any shared savings earned would be split in accordance with the ownership interest in the IPA. For HRHCare, that would have meant splitting any potential earnings 50/50 with its behavioral health partners. However, throughout the course of its participation in the VLC and through its grant-funded technical assistance, HRHCare has explored alternative distribution methodologies that would align the distribution with the level of impact a particular provider had on achieving the savings. These alternative methodologies take into consideration the conditions and utilization patterns of the attributed population as well as the quality measures that may be included in a particular shared savings arrangement.
What do these learnings mean for safety net organizations?
The highlights from the *Clinical Integration Across Settings* VLC addresses the nuances of building an integrated clinical network and the importance of aligning payment models with service integration strategies. In general, the greater the level of risk the greater the need for more structured agreements around clinical integration, and the greater the need for more sophisticated integration between the care partners.

Safety net leaders should play an early and vital role in the transition from *volume*-based payments to *value*-based payments. Before getting too far down the *value* road, completing the leadership readiness assessment covered during this VLC would be helpful. Specifically, in *value*-based care leaders must be prepared for the switch from caring for the condition patients have, to caring for the whole person, which requires an understanding of and a vision for what happens to patients beyond the practice’s walls. Medical directors may be interested in optimizing their clinical strategy for defining clinical partnerships needed for effective clinically integrated networks. Finally, the strategies and solutions discussed during this VLC will be critical for network managers as they address five essential areas in establishing formal partnerships that integrate care across safety net sectors:

- Who should participate in the network and under what conditions?
- What are the most important accountabilities and roles for partners?
- What are the performance incentives—and how are these selected?
- What are the terms in the event of low performance?
- What are the criteria and conditions for exiting the network?

Safety net organizations interested in integrating clinical services across settings and may face similar challenges. If interested in learning greater depth about network topics, please contact SNAC for connection to a peer organization who can share their experiences with you. In addition to free consultation and connections to our VLC participants and grantees, a variety of network-specific resources are available online. SNAC has compiled these resources on our webpage for your easy reference: [http://safetynet.asu.edu/clinical-integration/](http://safetynet.asu.edu/clinical-integration/)

Get involved with future SNAC learning opportunities

SNAC is hosting six virtual learning collaboratives to accelerate payment and care delivery reform in the safety net. Participation is by application only. Please contact us at SafetyNet@asu.edu for more information or to be added to our waiting list for a future VLC.

- **Completed:** Clinical Integration Across Settings (September-December 2016)
- **Completed:** Financial Planning, Implementation, and Control (September-December 2016)
- **Completed:** Clinical Care Team Transformation Strategies (June-August 2016)
- **Completed:** Network Structure, Governance, and Operations (June-August 2016)

ACKNOWLEDGEMENTS

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For More Information

Please visit our online VLC home: [http://safetynet.asu.edu/vlc/](http://safetynet.asu.edu/vlc/)
or contact us directly: SafetyNet@asu.edu
### Appendix A:

**Clinical Integration Across Settings**

Virtual Learning Collaborative Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>State</th>
<th>Type</th>
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</thead>
<tbody>
<tr>
<td>Alaska Care Management Consortium</td>
<td>AK</td>
<td>Critical Access Hospital</td>
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<tr>
<td>Cascadia Behavioral Healthcare</td>
<td>OR</td>
<td>Community Mental Health Center</td>
</tr>
<tr>
<td>Collaborative Ventures Network (CVN)</td>
<td>AZ</td>
<td>Community Health Center</td>
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<tr>
<td>Healing Community Center</td>
<td>GA</td>
<td>Oral Health Provider</td>
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<tr>
<td>Hudson River Healthcare, Inc.</td>
<td>NY</td>
<td>Community Health Center</td>
</tr>
<tr>
<td>Southern Illinois University School of Medicine</td>
<td>IL</td>
<td>Teaching Hospital</td>
</tr>
<tr>
<td>VNA Health Care</td>
<td>IL</td>
<td>Community Health Center</td>
</tr>
</tbody>
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If you are interested in making a connection with a VLC participant, please contact us at: SafetyNet@asu.edu
## Appendix B: Clinical Integration Across Settings
Virtual Learning Collaborative Curriculum

See materials at: [https://safetynet.asu.edu/vlc/ClinicalIntegration](https://safetynet.asu.edu/vlc/ClinicalIntegration)

<table>
<thead>
<tr>
<th>Session 1</th>
<th>Session 2</th>
<th>Session 3</th>
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</thead>
<tbody>
<tr>
<td><strong>The Business Case for Clinical Integration with Value Based Reimbursement</strong></td>
<td><strong>Identifying Population Needs</strong></td>
<td><strong>Identifying Care Partners</strong></td>
</tr>
<tr>
<td>• Understand the various value based contracting models</td>
<td>• Business rationale – connecting population needs to integration strategies</td>
<td>• Business rationale – population needs</td>
</tr>
<tr>
<td>• Understand the business case for clinical integration in value based contracts.</td>
<td>• An approach to understanding population needs as a basis for identifying integrations</td>
<td>• How to identify partners</td>
</tr>
<tr>
<td>• Appreciate how clinical integration across settings varies by contract model</td>
<td>• Homework: What kinds of integrations are most important for the following cohorts?</td>
<td>• Structure of partnership: Contract vs. Collaboration</td>
</tr>
<tr>
<td>• Homework: Identify/describe what contracts currently exist in your organization &amp; any current presenting opportunities</td>
<td></td>
<td>• Case Study: Network analysis – who do you need in the neighborhood?</td>
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<tr>
<th>Session 4</th>
<th>Session 5</th>
<th>Session 6</th>
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<tbody>
<tr>
<td><strong>Building the Care Delivery Neighborhood to Support Clinical Integration</strong></td>
<td><strong>Managing Your Network for Success</strong></td>
<td><strong>Mock Partnership Agreement Presentations</strong></td>
</tr>
<tr>
<td>• Business rationale – meeting diverse patient needs requires a neighborhood with integration between care team members</td>
<td>• Tools to help you structure governance &amp; performance monitoring</td>
<td>• Group presentations from all participant organizations</td>
</tr>
<tr>
<td>• How to collaborate – governance basics and structural considerations for newly forming legal entities</td>
<td>• Performance improvement lessons learned</td>
<td></td>
</tr>
<tr>
<td>• Case Study: network development basics</td>
<td>• Homework: Create a mock partnership agreement</td>
<td></td>
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<tr>
<td>• Homework: Assume you’re going to build a Clinically Integrated Network</td>
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