Investing in Change Through the Whole Person Care Collaborative

North Central Accountable Community of Health
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Theory of Change and the Role of the Whole Person Care Collaborative

Because many purposes of the Medicaid Demonstration Projects cannot be addressed without changes in the care of patients, clinical provider organizations have a major role to play and many of the Demonstration dollars will be invested in them. Provider activities under the Demonstration will be funded mainly through the Whole Person Care Collaborative (WPCC), which will also serve as a learning collaborative and information clearninghouse. . This document describes the process through which Demonstration investments in provider organizations could be made in an accountable, effective and transparent manner.

The core activity of the Demonstration is to plan and implement the measures necessary for provider organizations to function as well as possible in two ways:

- Clinically, by providing Whole Person Care that integrates behavioral and physical health care, and more effectively connects patients with resources and services that help mitigate negative effects of the social determinants of health, and;

- Financially, by responding effectively and creatively to the significantly different incentives and demands of new payment methods (mainly Value-Based Payment or VBP) now being implemented.

Similar new payment approaches are being implemented in Medicare under MACRA, so changes developed under the Demonstration should be relevant to a large proportion of most providers' patient populations. The Whole Person Care Collaborative is the primary means through which North Central ACH will address the role of provider organizations in the Demonstration Projects.

It is important to emphasize that the purpose of Demonstration funds is not simply to help pay the operating costs of provider organizations during the life of the Demonstration, leaving a shortfall when Demonstration dollars are gone. The point is to help provider organizations make the investments needed to reconfigure their organizations and practices so that by the end of the Demonstration, they will be able to function effectively without subsidy from Demonstration dollars. The effort to create sustainable change of that kind has two stages. The first is the development of a Change Plan. The second stage is the implementation of that plan, using specific metrics to measure progress along the way. Both of these stages cost money, and Demonstration funds will be used to support provider organizations in both the planning and implementation of change. Demonstration funding is substantial – several million dollars a year over 4 implementation years. The overall effort to provide integrated Whole Person Care is the highest priority of the Demonstration.

Change Plans must be high in quality to justify significant investment of Demonstration funds in their implementation. It is expected that the plans of different organizations will differ considerably; there is no one plan or pattern that fits every provider organization in this region. Although organizations in our region vary a great deal in size and in the degree to which they already achieve whole person care, none are so perfect that significant improvements cannot be made. In recognition that each organization is in a different place relative to an idealized model of Whole Person Care, the funding process is designed to support and fund improvement rather than reward or penalize organizations based on their current state.

It is not quick or easy to develop plans of this kind, if only because they require significant involvement by several parties including front-line providers who are also busy doing their normal work. Development of a workable change plan costs money, at a minimum in the form of substantial staff time. Many organizations will benefit from outside expertise on change management and plan development, and may have limited experience with VBP and the new options for care delivery it enables. Demonstration funding can support the cost of consultants to support effective change planning.

Timeframe for Change Plan Development and Change Implementation Awards

Stage 1 Change Planning Awards will be made during Q1 2018. Change plans will be due about six months later, by the end of Q3 2018. The plans will be evaluated, and Stage 2 Change Implementation Awards will be made, during Q4 2018 for work beginning 1/1/2019.

Potential uses of Stage 1 Change Planning Funding:

- Consultants on change management, VBP, IT, or other topics
- Payments to providers and other staff for participation in Change Plan development
- Cost of staff time used in plan development instead of revenue-producing activities, including part time or replacement staff to support current operations.
- Costs for staff retreats or other activities involved in plan development

Allocation of Demonstration Funds for Stage 1 Change Planning Awards

Although provider organizations will face many of the same challenges in developing Change Plans regardless of size, the level of Medicaid activity by each organization will influence the cost of Change Planning. Funds will be allocated to WPCC member organizations for Stage 1 Change Planning using the following Base-Plus methodology:

Base: Every WPCC member organization will receive a base Change Planning Award of $50,000.

Plus Factors: Additional funds will be added to the Change Planning Awards of WPCC member organizations on the basis of two additional factors – the amount of Medicaid service provided by the organization, and the proportion of the organization's patients who are Medicaid beneficiaries. Allocations will be made as follows:

Rank among WPCC member organizations in the number of encounters with Medicaid beneficiaries (using data for the most recent available year).

Top quintile – Additional $30,000
Second quintile – Additional $25,000
Third quintile – Additional $20,000
Fourth quintile – Additional $15,000
Bottom quintile – Additional $20,000

Percent of the WPCC member organization's patients who are Medicaid beneficiaries:

> 50% -- Additional $40,000
31% to 50% -- Additional $30,000
21% to 30% -- Additional $20,000
< 20% -- Additional $10,000

Evaluating Change Plans

Change Plans will be the basis for allocation of substantial additional Demonstration funding during 2019, 2020 and 2021 in the form of Stage 2 **Change Implementation Awards**. This section describes the topics that must be addressed by every Stage 1 **Change Plan**, and indicates the number of points that can be earned for each topic out of a total of 100 points.

The scoring of Stage 1 Change Plans will be done by the NCACH Executive Committee, with the support of NCACH staff. Executive Committee members will comply with the NCACH Conflict of Interest Policy in this work. Scores will be used by the Executive Committee to develop proposed allocations of Demonstration funding to WPCC member organizations in the form of Change Implementation Awards. These allocations will be subject to review and approval by the NCACH Governing Board.

In scoring Stage 1 Change Plans, each section will be given a percentage rating of 0 to 100, with 100 representing an excellent section. This rating will be used to determine the percentage of the section's possible points that will be credited to the plan. For example, if a section is worth a maximum of 8 points, a rating of 50% would result in a score of 4 points for that section. The Executive Committee will vote on the score to be awarded for each section, with a majority of the voting Committee members needed for each scoring decision. (Note that Committee members will not vote on proposals from their own organizations, per the NCACH COI Policy.)

At this time we know it is likely that several million dollars will probably be available annually for Stage 2 Change Implementation Awards, but the exact amount is not yet known. As a result, exact methods for determining Stage 2 Implementation Award amounts on the basis of Stage 1 Change Plan scores cannot be determined yet. When the availability of Demonstration funding for Stage 2 implementation awards becomes clear, the Executive Committee will develop a such a method and propose it to the Governing Board for review and approval. Stage 2 funding allocations proposed by the Executive Committee will be submitted to the Governing Board for review and approval.

As mentioned above, the intent is to challenge each organization equally and to reward incremental improvement rather than past achievement. By definition then, improvement plans must describe the current state, organizational achievements and challenges, and describe how the change plans will allow the organization to improve in terms of the metrics required by the Demonstration Project (Appendix ____)

The following list describes the topics to be addressed in sections of the Change Plan, and indicates the number of points (out of a total of 100) that can be earned by each section. Each section of the Change Plan should define metrics by which progress in change plan implementation should be measured. For example, if use of telehealth for mental health services is planned, agreements with telehealth providers could be documented early on, and later the provider organization could report how many such encounters occurred during implementation. We need ways to track actual implementation of the plan, and will favor metrics that are as practical and convenient as possible when it comes to data collection and reporting. Inclusion of appropriate implementation metrics in each section will be considered in scoring.

1. VBP in Medicaid and changes in other forms of payment create different economic incentives and allow new options for care delivery. They allow provider organizations to undertake activities that are not rewarded through traditional fee-for-service payments limited mainly to in-person PCP encounters. This section should:.
    a. Assess the organization's current state with regard to the use of the broader care delivery options supported by VBP and related changes. To what extent has the organization already moved in this direction? In adapting to VBP and related changes, what is the starting point for this organization? What are the main opportunities for improvement? (The point here is not to reward organizations for past work, but simply to clarify the organization's point of departure. It is future improvements, not the current state, that will earn additional Demonstration funding.)
    b. How will this organization use and implement new options for effective forms of care delivery that were impractical under earlier methods of payment but are feasible under VBP? Describe the specific operational changes, in terms of new staffing, equipment, processes, and how they will impact patient care.

c. Describe how those changes will allow the organization to improve care to patients as measured by the specific health quality metrics by which the ACH will be measured in the Demonstration Project (appendix _____)

20 points

2. A plan addressing BH-medical integration as it will be implemented in this organization, including any cooperative arrangements to be made with partners. The plan should be detailed and practical and should include measures not only to conveniently access BH and medical providers in the same facilities (whether through co-location, telehealth, or other means), but also measures to change the practices of front-line providers in such a way that medical and BH providers collaborate effectively on the care of patients.
   20 points.

3. A plan describing in as much detail as possible the IT changes that will be implemented in support of BH-medical integration and for the production of data and reports on the metrics involved in Value Based Purchasing.
   20 points.

4. A budget showing as much detail as possible about the costs of implementing the planned changes between now and the end of 2021. To the extent these operational changes will require Demonstration Project funding to implement, describe how they will be sustained through value-based payment arrangements beyond the demonstration period. 10 points.

5. Describe how front-line providers will have significant involvement in every aspect of planning and implementation. 5 points.

6. The essence of more effectively addressing the social determinants of health – those outside-the-clinic factors that greatly influence health and the effectiveness of health care – is to connect patients with resources that can help them deal with those factors. Many of those resources are community agencies and services. The classic example is to connect a homeless person with a housing specialist. But the social service network that provides these services in our communities is frayed and grossly underfunded. When this organization connects patients with such service providers, to what extent will clinical revenues be available to help support the costs of these services?
   3 points.

7. The Pathways Care Coordination HUB is designed to make connections with community resources relatively quick and easy for providers, and to provide a framework for coordinating and funding care coordination. The Change Plan should discuss how any current care coordination efforts provided by the organization could become part of the HUB effort. At a minimum (since it will take some time for the HUB to reach the entire region) the plan should indicate a willingness to cooperate with the HUB when it becomes available to the organization's patients or clients.

5 points.

8. The Change Plan should address the organization's capacity and intentions to help address the Opioid epidemic. This could include adoption of regional and state prescribing guidelines regarding opioids and benzodiazepines, increases in the number of suboxone prescribers among the organization's prescribers, or other measures appropriate for the organization. It should also include the designation of a point person for the organization to participate in county and regional opioid-related initiatives.
   3 points.

9. Telehealth is expected to have an increased role in care delivery. The plan should address how the organization expects to establish agreements with providers and patients on both ends of the telehealth connection. Experience shows that having telehealth gear does not create care delivery; it is the arrangements between the organizations which are connected, and the people who practice there, which make telehealth work.
   5 points.

10. A plan for the management of the change process. There are many moving parts here. Whose job will it be to coordinate them? What workgroup(s) will be formed to support the effort? How will progress be tracked and reported? What metrics will be used to measure progress in implementing the plan? These metrics need not be complex, but they should give a practical indication of the extent to which the organization is addressing each element of the plan.
    5 points.

A few elements are required but are not scored separately:

- The plan should indicate the extent (if any) to which the physical infrastructure of the organization may need to be altered to accommodate expected changes. For example, offices might need to be reconfigured to allow for co-location of BH or primary care providers, or for members of an expanded care team. Costs for such changes should be included in the budget.
- A discussion, especially for smaller providers, of the way the applicant plans to use collaboration among provider organizations to make more efficient use of funds. For example, two or three smaller organizations could share the same Change Management consultant in plan development. IT consultants could be shared. Or multiple organizations could cooperate on 24/7 nurse call lines which would not be affordable to any single small organization.
- The plan must indicate a commitment to share plans, metrics, results, problems and experiences with other members of the Whole Person Care Collaborative in an open learning-oriented manner to support an effective learning collaborative. If the applicant expects to withhold certain kinds of information (such as proprietary business information) this section should explain how it will be possible to achieve a meaningful learning collaborative without sharing information of that kind.

- The plan should give a concise description of the member's services, staffing, facilities and patient population to assure reviewers have a good understanding of the organization.
- The applicant may add other elements to the Change Plan to clarify its approach to Demonstration work, though there is no reward for quantity.

Ongoing Work of the Collaborative:

The WPC Collaborative should become very effective as a learning collaborative for member organizations. For that to work, we will have to maintain some trust and transparency among WPCC members, so that we can learn from each other's challenges as well as our successes. At the same time, we are all accountable for the way Demonstration dollars are used, and the Demonstration projects must be implemented in an accountable and transparent manner. WPCC would be the collection point for information on progress in implementing change plans. Both of these purposes – an effective learning collaborative, and accountability for public funds in order to earn further Demonstration dollars – will push us to cultivate openness and sharing of information among WPCC members.