

Year 3 Transformation Contracts

September 2021



Agenda

- Review of process and timeline
- What's new for Year 3
 - Equity milestones
 - Updated equity expectations
 - P4P Measures
- Answer your questions

Timeline

Sept 29	Contract webinar
October 4-12	Contract workshops – draft Transformation Plan & Budget due
October 31	Y2 contract end date
November 1	Final Transformation Plan & Budget due
Late Oct to mid Nov	Y2 end-of-contract Reporting survey
Mid-November	BHT sends Y3 Contracts for signature - following completion of Y2 Contract Reporting
December 1	Y3 Contract start date

Contract workshops – what to expect

INTRODUCTIONS (5 min)

PARTNER PLAN ELEVATOR PITCH (5 min)

- Partner provides a brief description of Y3 plan, including:
 - How the proposed Y3 activities build on, integrate equity, and/or course correct on Y2 work
 - How equity is being integrated into transformation of clinical & administrative practices

REVIEW PLAN (40 min)

- FOCUS 1: Review & revise draft of aims and milestones with equity-focus
- FOCUS 2: Review & revise P4P measure selection & aims/milestones
- Review Equity Expectation components, and select alternative if relevant

NEXT STEPS / WRAP UP (5 min)

Contract components

Main contract

- > Project Milestones (40%)
- > Pay-for-Achievement P4A Measures (40%)
- > Equity Expectations (20%)

Additional Addendum - Medium & Large volume only

- > Pay-for-Performance P4P measures (separate funding calculation)

Project Milestones

40% of contract dollars

Project Milestones

Same as Year 2

- > Large & Medium volume – 2 Aims per project area, 3-5 Milestones per Aim.
- > Small volume – 1 Aim per project area, 3-5 Milestones per Aim.

New for Year 3

- > At least one (1) Milestone per Aim must be equity-focused or equity-related.

Purpose

- > Equity should be part of, not separate from, the work of transformation.
- > Like all the contract work, equity milestones should be about transforming clinical & administrative practices and capacity, not one-time actions.
- > Building equity more intentionally and inextricably into work started in Year 1 & 2.

Other considerations

- > While only one (1) equity-focused milestone per Aim is explicitly required, often more than one milestone is needed to successfully implement.
 - For example, disaggregating data should also be paired with how that data will be incorporated into decision-making, evaluation, and/or program improvement.
- > Consider building entire Aim(s) and milestones around equity.
- > How could you address areas that scored “red” on your Equity Assessment?
- > Consider if intentional activities, formal conversations, trainings, or planning related to the following topics take place at your organization:
 - Racial Equity
 - Tribal Sovereignty & Native American History
 - LGBTQIA+ Equity
 - Migrant Rights
 - Implicit Bias
 - Generational/Historical Trauma
 - Historical/Current trauma perpetuated by health care
 - Culturally specific care
 - Gender-based disparities and discrimination
 - Age-based disparities and discrimination
 - Adverse Childhood Experiences (ACEs)
 - Primary/first language care & communication
 - Diversity within staffing
 - Trauma-informed Approaches
 - Secondary Trauma
 - Collecting and using data to identify disparities
 - Body affirming care/Body presentation

Sample milestones

- > Establish process/advisory council for current services users from impacted populations to be part of decision-making and review processes.
- > Hire or allocate staff time for community organizing/outreach/connections to programs, with care to hire from communities you are trying to reach.
- > Use community and internal/clinical/program data to identify disproportionately impacted population(s) within in the target program.
- > Utilize external trainers to train staff on unique needs and considerations of population.
- > Milestones around HR practices:
 - Review current Board composition and set recruiting goals for diversity and inclusion, and update board processes accordingly
 - Conduct trainings for internal staff, with XX% of staff receiving training during contract period (specify training type and who will provide)
 - Creating staff BIPOC affinity groups, including allocating time and resources
 - Deep dive into HR policies and practices (such as reviewing applications, intake forms, documentation, referral practices etc.)

Pay-for-Achievement Measures

40% of contract dollars

Pay-for-Achievement Measures

- > In Year 1 contracting, selected four (4) Pay-for-Achievement measures.
- > In Year 2 contracting, selected two (2) additional measures.
- > In Year 3, you will continue working on those six (6) measures.
- > No new measures to be added for Year 3.

Equity Expectations

To earn the Year 3 equity dollars, partners must complete the Equity 101 workshop by the end of the Year 3 contract period.

Attendance requirements

- At least three (3) representatives from organization attends all 5 weeks of workshop and completes homework.
- Three representatives should include:
 - Transformation Manager
 - Executive Director/CEO/similar senior leadership
 - At least one additional staff member

Training can be completed as individual organizations or in a cohort with multiple organizations.

Completion of the workshop series prior to this contract year counts if attendance requirements were met.

Equity Expectations

Option for organizations led by people of color

Partner organizations led by people of color are not required to attend the Equity 101, and may choose from the following options to receive the 20% of contract dollars tied to Equity:

- Send staff to complete Equity 101. Completion of the workshop series prior to this contract year counts.
- Decline Equity 101 and BHT will release dollars to support organization attending an equity related training of their choosing.
- Decline Equity 101 and roll the 20% of contract dollars into Project Milestones category.

Option for hospitals

Hospitals may choose to complete the WSHA Health Equity Collaborative instead of completing Equity 101. WSHA is currently recruiting hospitals in Oregon & Washington to participate.



Questions?

Pay-for-Performance P4P measures

Separate funding calculation

P4P measures overview

- > Pay-for-Performance (P4P) is a set of quality measures for which ACHs must demonstrate improvement to earn P4P funds. Each measure is connected to one or more MTP project areas.
 - Projects are weighted, meaning that performance in some project areas counts more than others (e.g. bidirectional integration vs. opioids)
 - Metrics that are connected to multiple project areas (e.g. All-cause ED visits) have a higher dollar value.
- > HCA & its Independent Assessor calculate ACH performance on P4P measures
- > P4P performance is measured annually, but performance data shared quarterly

How does performance tie to funding?

- > The portion of ACH funding tied to P4P measures increases throughout Medicaid Transformation
- > Performance is measured based on progress toward Improvement Targets (*HCA determines Targets for each ACH using either an 'improvement over self' method or a 'gap-to-goal' method*)
- > ACHs meet or exceed their Improvement Targets for each P4P measure to earn incentive funds for that measure (*partial credit available*)

	2017	2018	2019	2020	2021
Percent of ACH project incentives tied to <u>P4P</u>	0%	0%	25%	50%	75%
Percent of ACH project incentives tied to reporting	100%	100%	75%	50%	25%

P4P timeline by performance year (PY)

	PY 2019	PY 2020	PY 2021
Baseline Year	2017	2018	2019
Targets published	Q4 2018	Q4 2019	Q4 2020
Performance measurement period	2019	2020	2021
Performance data published	Q4 2020	Q4 2021	Q4 2022
Funds determined and dispersed	Q1 2021	Q1 2022	Q1 2023

P4P Funds Flow

- > Portion of Pay-for-Performance funds earned by region will be calculated and distributed by HCA to BHT
- > 85% of P4P \$ earned by BHT distributed to contracted partners
 - 75% divided evenly among contracted Large volume
 - 25% divided evenly among contracted Medium volume

Partner eligibility

- 2019 Pay-for-Performance funds will be distributed in 2021 to partners who completed 2019 (Year 1) Project Specific Agreement.
- 2020 Pay-for-Performance funds will be distributed in 2022 to partners who completed 2020 (Year 2) Project Specific Agreement.
- 2021 Pay-for-Performance funds will be distributed in 2023 to partners who completed 2021 (Year 3) Project Specific Agreement requirements as outlined below.

Pay-for-Performance Funds

Pay-for-Performance Year		2019 Distributed 2021	2020 ^a Distributed 2022	2021 ^a Distributed 2023	
Earned by BHT Region		\$1,452,910 actual	\$3,102,971	\$2,635,230	
Partner portion (85% of Earned by BHT Region)		\$1,234,974	\$2,637,525	\$2,239,946	
	# of Partners ^b	Allocation by Tier	Per Partner Distributed 2021	Per Partner Distributed 2022	Per Partner Distributed 2023
Large: 20,001 +	4	75%	\$231,558	\$494,536	\$419,990
Medium: 1,201-20,000	20	25%	\$15,437	\$32,969	\$27,999
Small: Less than 1,200	11	0%	-	-	-

^a This column is estimated based on 2020 performance data as of Q3 2021 (projected earning 58% of eligible dollars as a region)

^b Based on Year 2 contracted providers. Amount could vary if provider count changes

Y3 Contract Addendum

To earn their portion of eligible Pay-for-Performance (P4P) dollars, partner agrees to satisfy the following:

- > Select one P4P measure from the list BHT provides to work on as an organization, including defining an aim and milestones and reporting out on progress in addressing selected measure.
- > Measure can be worked on as an individual organization, or in partnership with other organization(s).

Payments to Participant

Funds	Payment trigger	Timing
2021 P4P funds (distributed 2023)	Participant reports on activities and progress related to selected P4P measure	Q3 2023*

*Subject to timing of HCA payment calculation and distribution to BHT (see Article 2 and Article 5).

P4P Measures

P4P Measure	Bidirect.	CBCC	Opioids	Chronic Dz.
Acute Hospital Utilization	X	X		
All-cause ED visits	X	X	X	X
Asthma Medication Ratio	X			X
Antidepressant Medication Management	X			
Child and Adolescent Well-care Visits	X			X
Comprehensive Diabetes Care: Medical Attention for Nephropathy	X			X
Comprehensive Diabetes Care: Eye Exam (retinal) performed	X			X
Comprehensive Diabetes Care: Hemoglobin A1c Testing	X			X
Follow-up After Discharge from ED for Alcohol or Other Drug Dependence (7 day, 30 day)	X	X		
Follow-up After Discharge from ED for Mental Health (7 day, 30 day)	X	X		
Follow-up After Hospitalization for Mental Illness	X	X		
Mental Health Treatment Penetration	X	X		
Patients with concurrent sedatives prescriptions			X	
Patients on high-dose chronic opioid therapy			X	
Percent Homeless (Narrow Definition)		X		
Plan All-Cause Readmission Rate (30 Days)	X	X		
Statin Therapy for Patients with Cardiovascular Disease (Prescribed)				X
Substance Use Disorder Treatment Penetration	X	X		
Substance Use Disorder Treatment Penetration (Opioid)			X	

BHT priority P4P measures

BHT has identified priority measures based on alignment with contract work & potential to earn dollars:

- **All-cause ED visits**
- **Comprehensive Diabetes Care** (actually 3 measures)
 - Comprehensive Diabetes Care: Medical Attention for Nephropathy*
 - Comprehensive Diabetes Care: Eye Exam (retinal) performed
 - Comprehensive Diabetes Care: Hemoglobin A1c Testing
- **Follow up after**
 - ED visit for alcohol or for Alcohol or Other Drug Dependence
 - ED visit for mental health
 - Hospitalization for mental illness
- **Mental Health Treatment Penetration**
- **SUD Treatment Penetration**

* HEDIS has retired this specific measure, so HCA is going to replace it with a very similar one in the next data release: Kidney Health Evaluation for Patients with Diabetes

Latest data

- > Interactive Dashboard:

https://public.tableau.com/app/profile/providence.core/viz/BHT_1/P4P

- > Excel documents:

<http://www.betterhealthtogether.org/bold-solutions-content/y3-contract-information-august-cohort>



Questions?