Paying for Outcomes, Defining Value: Are You Ready?

Barbara Merrill, CEO

Shaping policy, sharing solutions, strengthening communities


Greetings from
Our Nation's Capital

ANCOR is…
A national nonprofit trade association advocating and supporting

- Over **1,600 private providers** of services
- **57 State Provider Associations**
- **Seven 100% State Associations (PA, MA, ME, CT, OH, IA)**
- **Great diversity**: agencies established in the 1800s to recent startups, faith-based organizations, Arc chapters, every UCP affiliate, Easter Seals, Goodwills, and more.

Our mission is to advance the ability of our members in supporting people with intellectual and developmental disabilities to fully participate in their communities.

AADD ANCOR Volunteer Leaders

Emily Ennis

Trustee, ANCOR Foundation

Legacy Leader

Former ANCOR Board of Directors

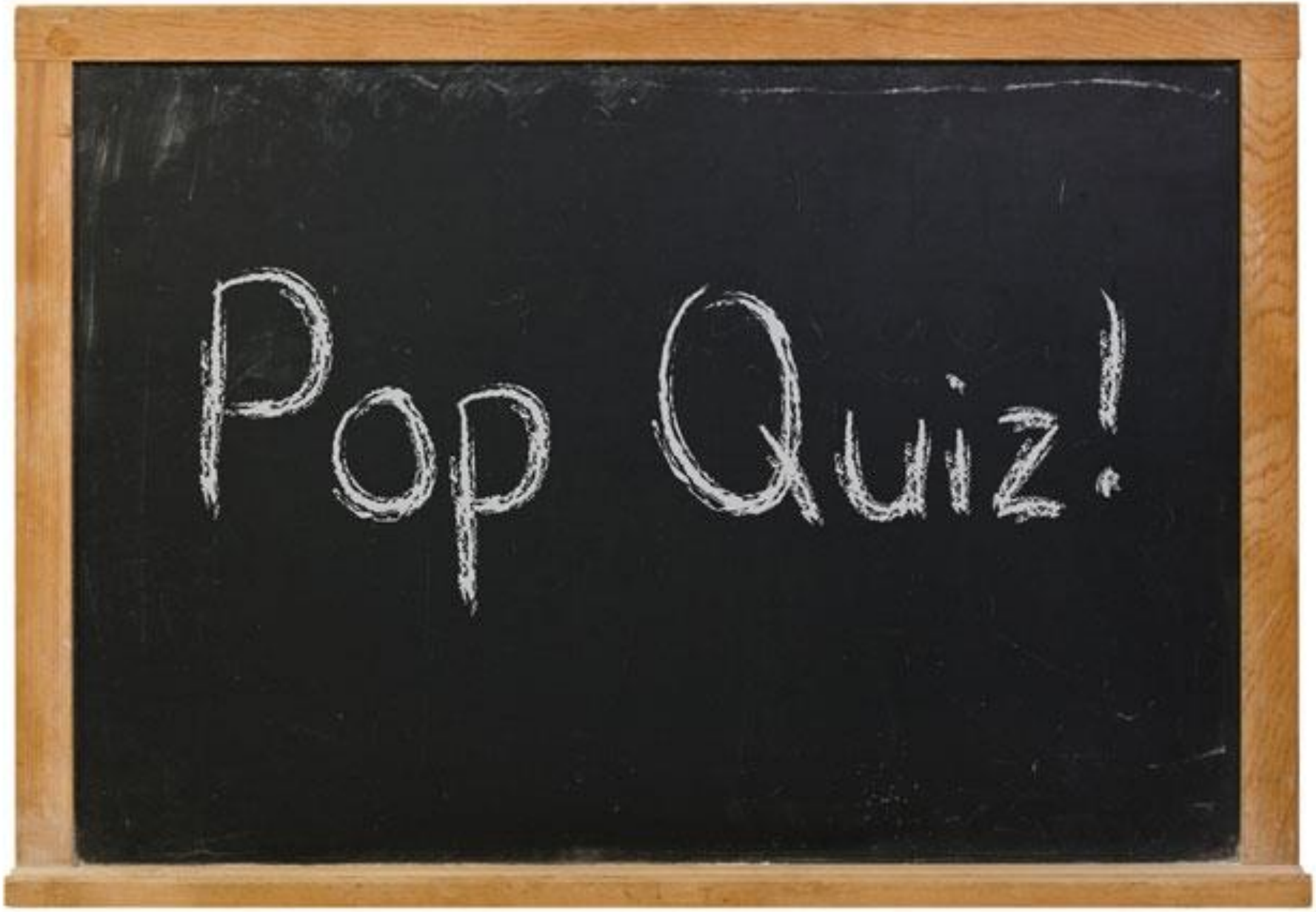
Susan Garner

Alaska Representative
Board of Representatives

AADD ANCOR Volunteer Leaders

Lizette Stiehr

- Received ANCOR Advocacy Award
- Active with State Executives Forum
- Presented at ANCOR 2018 Conference


Pop Quiz!

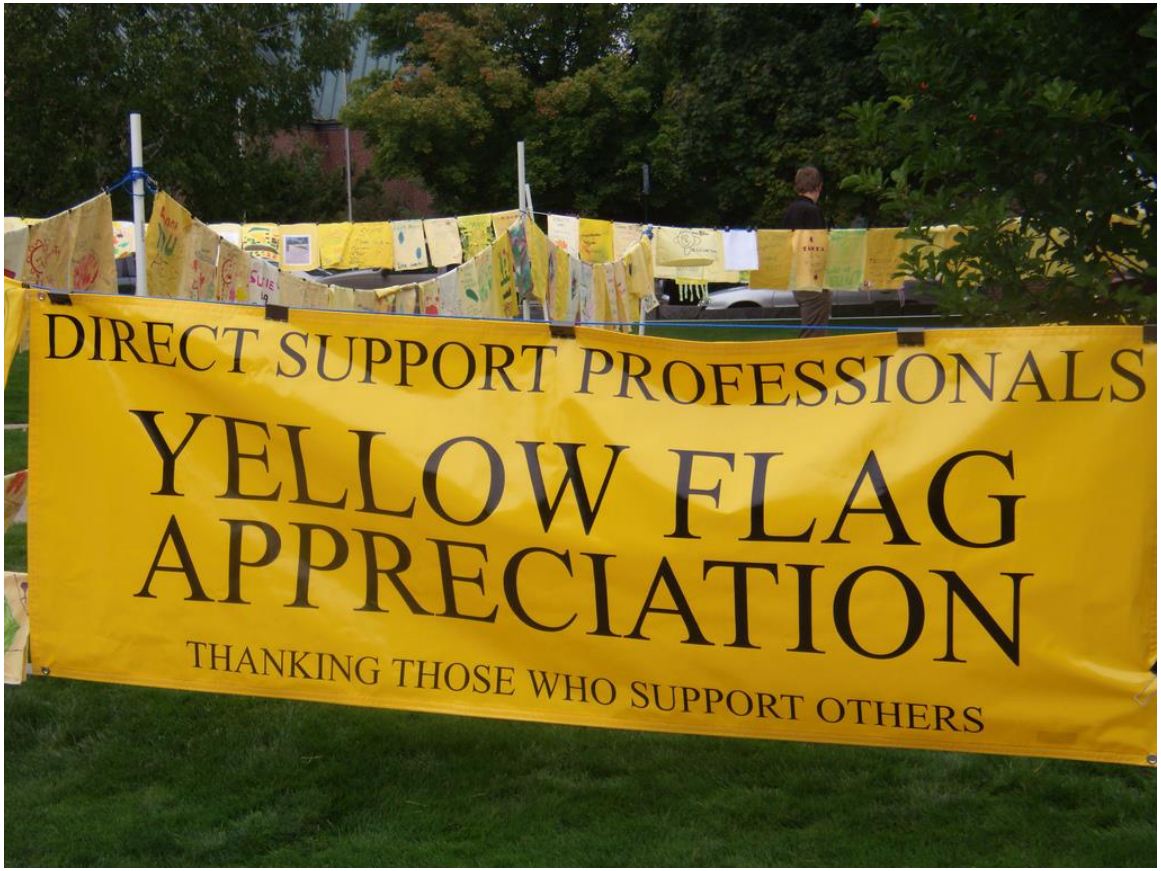
What is the #1 issue ANCOR members tell us they want us to focus on?

A. Electronic Visit Verification

B. Managed Care

C. HCBS Community Settings Rule

D. Protecting Medicaid



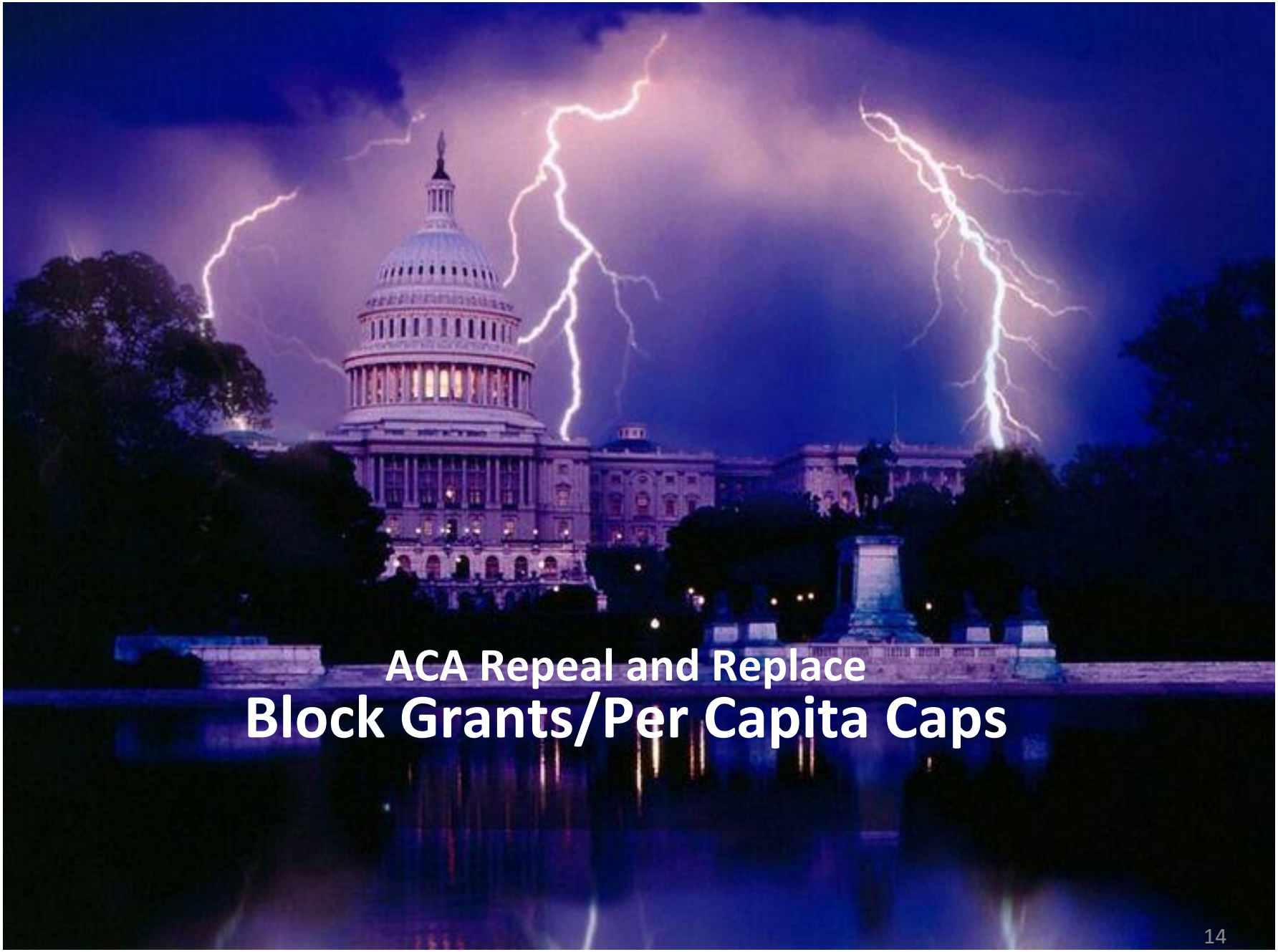
The Direct Support Workforce!

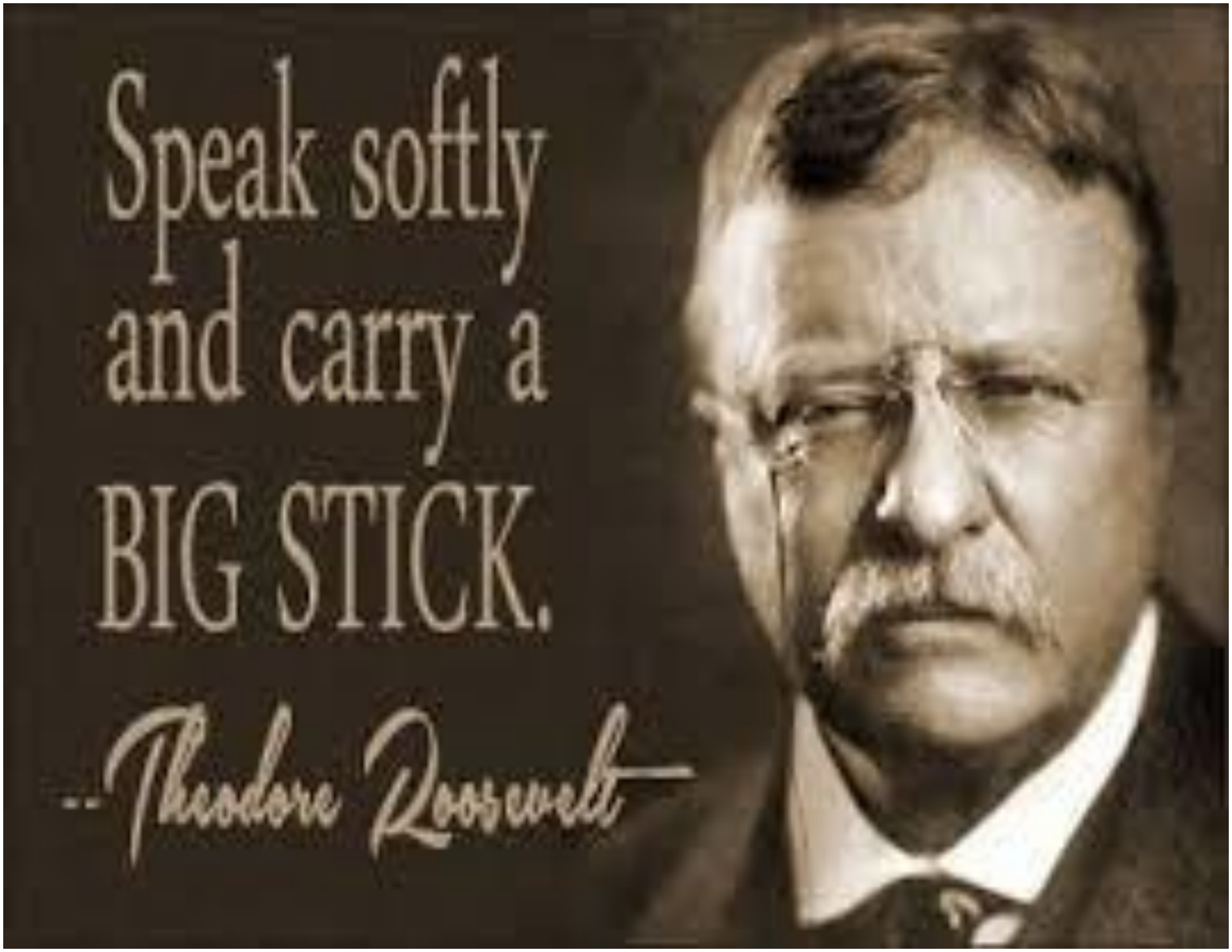
- The urgency of the DSP crisis informs ANCOR's position on virtually every issue, and how we approach all we do.
- **We lead with the WORKFORCE message:** *quality services require a stable, quality workforce*

So it informs how we think about Medicaid Reform Proposals, Managed Care, Integrated Care, Value Based Payments, and Defining Quality Outcomes.

Period.


Memory Lane


ACA Repeal and Replace
Block Grants/Per Capita Caps

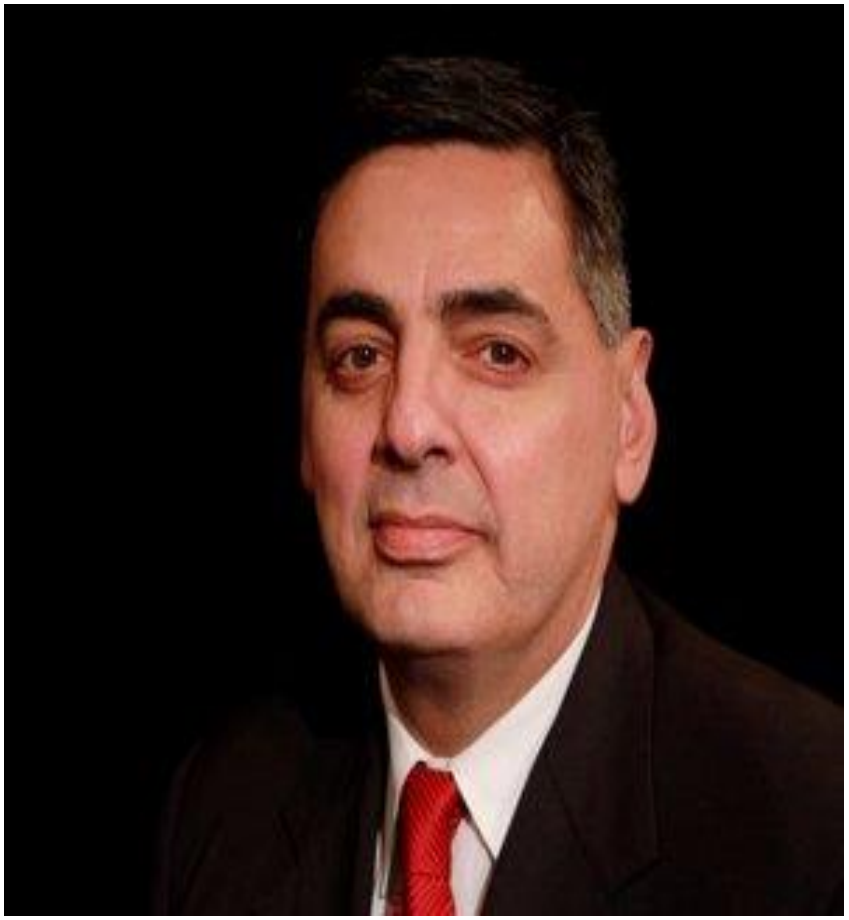

Speak softly
and carry a
BIG STICK.
--Theodore Roosevelt


I VOTED IN
ARLINGTON

JUNE 6
2017

SAVE MEDICAID
Hill Day and Rally


Today
POLICY IMPLICATIONS OF 2016 ELECTION
RODNEY WHITLOCK
Health Policy Consultant
ROAD TO THE WHITE HOUSE
C-SPAN



GUIDE
CONSULTING


Avalere

We placed full-color, half-page ads in local papers where we knew key Senators would be spending their 4th of July holiday. We also purchased digital ads directed at CO and WV Facebook users.

Newspaper	State	Readership
Anchorage Dispatch News	Alaska	199,168 (full week)
Wichita Eagle	Kansas	40,118
Bangor Daily News	Maine	31,724
Charleston Gazette	West Virginia	55,000
Carson City Nevada Appeal and Reno Gazette	Nevada	51,922
Colorado Springs Gazette	Colorado	51,000


34,000 emails
ANCOR
17,000 Tweets
Jammed
Capital Switchboards
2017
A Milestone Year

ANCOR's 2017 **Congressional Champions**

So What Hasn't changed?

- Trump Administration commitment to state flexibility –

- Block grants by administrative action – Alaska exploring!

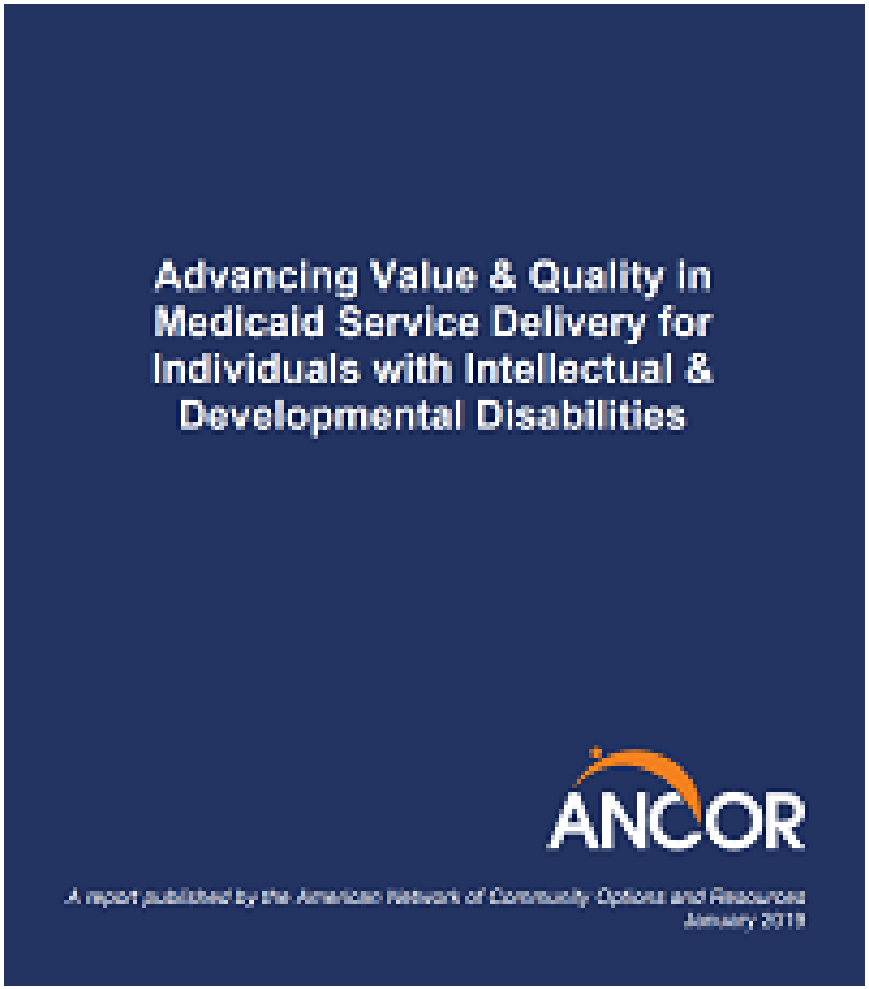
So What Hasn't changed?

- Commitment to promoting Medicaid work requirements
- Interest in expanding Value Based Purchasing/Paying for Outcomes

You Don’t Have to Retain **all of this Today!**

- Advancing Value and Quality in Medicaid Service Delivery for Individuals with Intellectual & Developmental Disabilities

- ANCOR Value Based Payment Webpage:
  - https://ancor.org/advocacy/vbp-value-based-payment-models-idd-services



What are Block Grants?

- Strategy to manage Medicaid costs by turning control of the program to states and capping what the federal government spends on it each year.
  - Federal Medicaid funding is currently open-ended, but in return states must cover certain services and people.
    - Under a block grant, states would have more freedom to decide who qualifies, and for what services.

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What are Per Capita Caps?

- A Per Capita Cap program is a more sophisticated block grant.
- States also get a fixed amount of money each year, but that sum is calculated based on how many people are in the program.

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Value-Based Payments Trend

- Movement to pay for value over volume
- Shift from inputs to outcomes
- Shift from service focus to focus on impact of services

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CMS Definition of Value Based Programs

"Value-based programs reward health care providers with incentive payments for the quality of care they give to people with Medicare."

Value-Based Payments Evolution

- Typically shifts from fee for service to value-based payments systems
  - Pay for Performance/Quality Incentives/Shared Savings/Capitated Payments
  - May include FFS payments to some or all providers

Current Medicare Value Based Programs

- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Hospital Value-Based Purchasing (HVBP) Program
- Hospital Readmission Reduction (HRR) Program
- Value Modifier (VM) Program (also called the Physician Value-Based Modifier or PVBM)
- Hospital Acquired Conditions (HAC) Reduction Program

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Current Medicare Value Based Programs

- Home Health Value Based Program (HHVBP)
- Skilled Nursing Facility Value-Based Program (SNFVBP)
  - So, how's it working out for nursing homes?

Nursing Home Value-Based Program

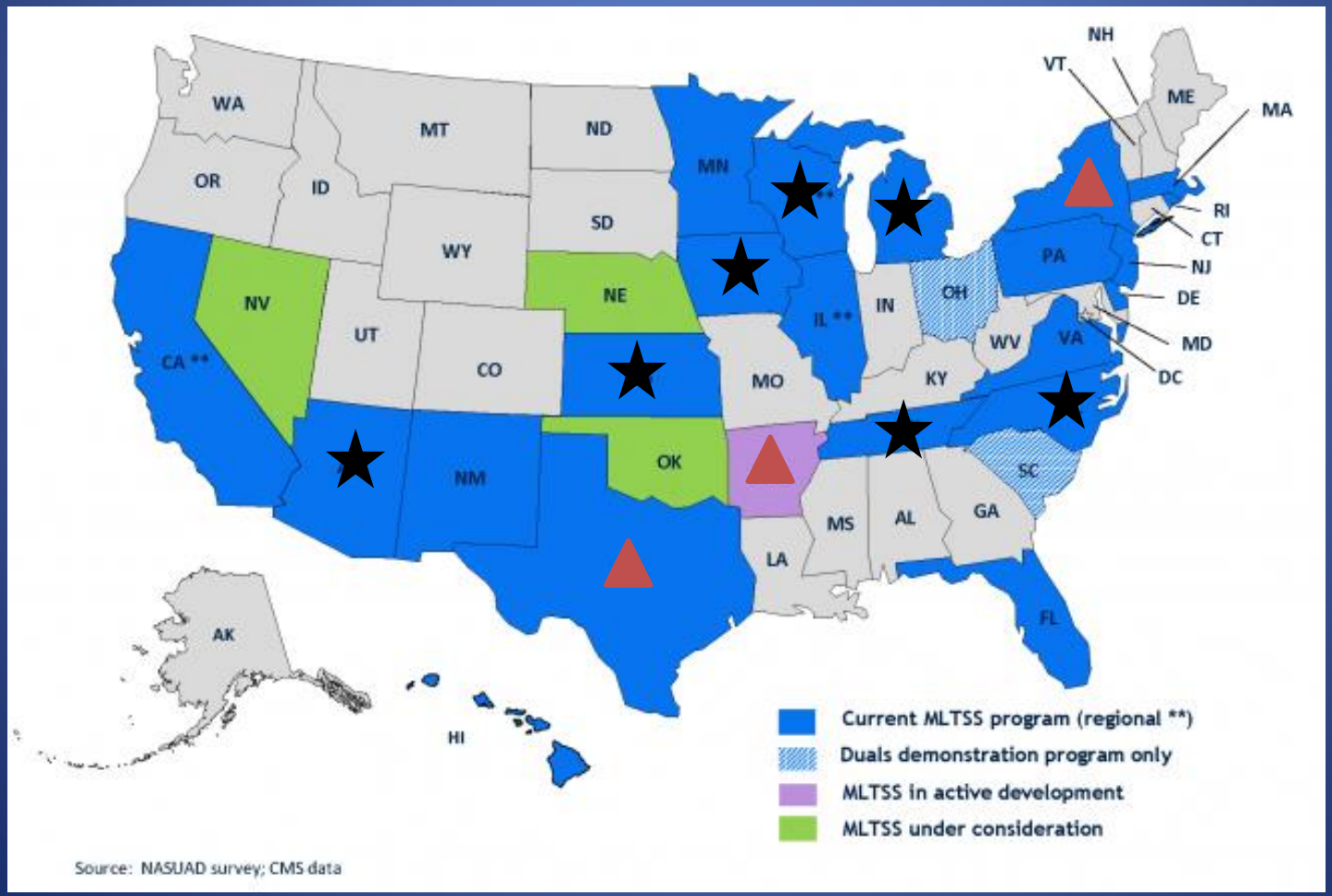
- Passed in 2014: Medicare assigns penalties and bonuses on each facility's hospitalization rate as compared to other facilities, and how much those rates changed from 2015.

- Kaiser Health News reported in December 2018 that Medicare ***lowered a year's worth of payments to nearly 11,000 nursing homes*** — and gave bonuses to only 4,000 others.

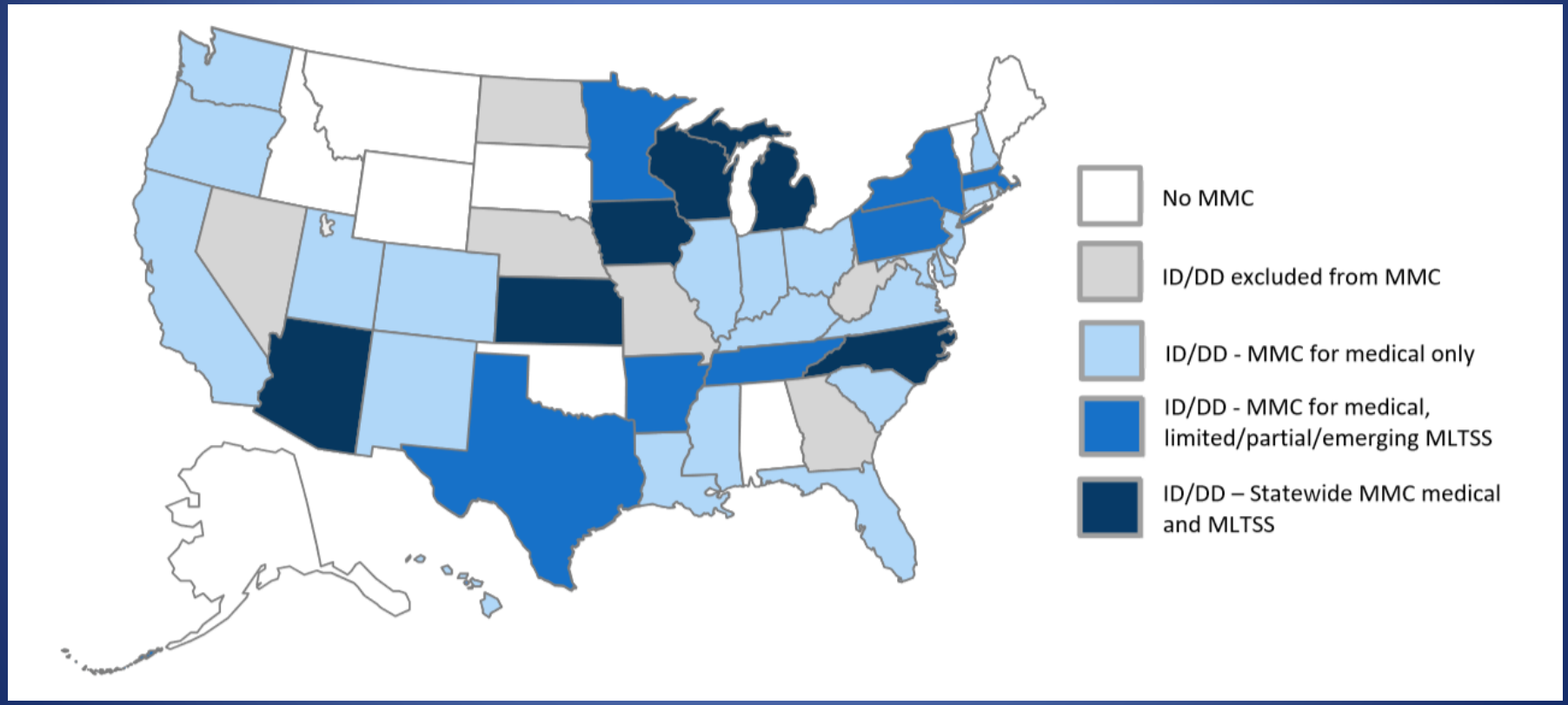
Moral of the Story?

Let’s be careful for what we wish for…

Medicaid Long-Term Services & Supports



Medicaid Managed Care for People with I/DD



CMS Medicaid IAP- VBP for HCBS

State Areas of Interest

- Improve quality of HCBS workforce
  - » Increase training for direct care workers
  - » Develop career path for direct care workers
  - » Expand access/reduce turnover
- Improve member satisfaction/quality of life
  - » Reduce adverse events
  - » Increase stability of placement/caregiver
  - » Increase independence/meaningful activities
  - » Accountability for achievement of person-centered goals
- Improve care coordination across health care system
  - » Increase accountability of care managers/service coordinators
  - » Better integrate HCBS providers into care team; data sharing

Advancing MLTSS in VPP, HCBS Conference, August 2018, https://s3.amazonaws.com/eshow001/FD032DF7-9A97-E611-B084-0025B3A62EEE/7E331C0E-DCC3-E711-80C6-001B21D7CC11/handouts/2782018143748_Advancing-MLTSSInVBP-HCBSconf2018-August28115pm-Final.pdf?AWSAccessKeyId=AKIAJJGNJEP5JIXCBLJA&Expires=1536276212&Signature=reyOPzEXqFbukAIkW7lAB1ezIyY%3D

Tennessee Jumps In?

Understanding Workforce Challenges

- Pay is only one piece of the solution to the workforce crisis. It is certainly an important piece but challenges with recruitment and retention are not just about pay.
- Reimbursement rate increases are not guaranteed to result in increased wages and benefits for DSW.
- DSWs that leave agencies aren't always leaving the field. They may be moving to another agency, often for reasons other than pay.
- If we do not have good data on workforce challenges, at both the individual provider and systems level, we will not accurately and fully understand the problem. Good data is essential to guide our efforts and to enable us to evaluate the efficacy of those efforts over time.

Phase One:
Build Provider Capacity to Achieve Desired Outcomes

NON-RECURRING INVESTMENT IN CAPACITY-BUILDING SUPPORTS

- Technical Assistance
- Training/Train the Trainer
- Expert Consultation
- Community of Practice
- Peer Mentoring
- Verifying Adoption of Required Practices

FINANCIAL INCENTIVES FOR ADOPTING SPECIFIC PRACTICES

- One-time payment to establish ongoing provider workforce data collection and reporting processes
- QuILTSS: Financial incentives for adopting evidence-based and best practices

Phase Two: Move to incentives for specific ***outcomes*** once practices that result in these outcomes have been effectively adopted

TN

Addressing Workforce Challenges

A Multi-Prong Approach (*in addition to* competency-based training):

- **Category 2**
  - Foundational payments for infrastructure and operations
  - Pay for reporting
  - Pay for practices
- **Incentivize *practices* that will lead to desired *outcomes*:**
  - Data collection, reporting, and use at the provider level
  - Adoption of evidence-based and best practice approaches to workforce recruitment/retention and organization culture/business model changes
  - Ensure DSP wages are increased as they increase their level of training and competency and upon completing the certification program

Recruitment	Retention	Organizational Culture and Business Model
• **Hiring Strategies** — Targeted Marketing — Realistic Job Previews — Structured Behavioral Interviewing — Minimum entry/starting wage • **On-Boarding Strategies** — High quality competency-based pre/early service training — Mentoring and coaching	• Competency-based professional development, credentialing/badging • Career ladder/wage differential pathways —Reward advanced training/certification and tenure —Align incentives at the DSW level • Effective support/supervision • Employee engagement/satisfaction	• Is associated with greater retention of DSPs, higher rates of satisfaction for DSW/persons served • Results in measurable improvements in quality of service delivery and opportunities/outcomes • Supports the delivery of more individualized HCBS • Has strong focus on facilitating/sustaining independence, natural supports, valued social roles and access to/use of community resources

Value-Based Payment: Phase 2

- **Category 2**
  - Pay for performance

- Transition to financial incentives for specific workforce and quality of life **outcomes** once practices expected to result in the outcomes have been effectively adopted
- DSP career ladder is essential outcome
  - Includes wage increase for worker tenure and completion of WFD program
- **Outcomes for persons served will be ultimate measure**

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Value Movement Challenges

- Lack of agreement on Quality Outcomes
- Lack of epidemiological and actuarial data for population heath management
  - –Social determinants of health
  - –Data informed best practices

Value Movement Challenges

- Financial strength of providers – risk readiness
- Economies of scale vs reality
- Stakeholder input vs impact
- Lack of transparency and data
- Provider IT capacity

Quality Metrics Summit

- Sponsored by CQL, Mosaic, Illinois Institute on Public Policy for People with Disabilities
- Multiple ANCOR Participants
- Presented CQL Study Linking Presence of CQL Basic Assurances and POMS to outcomes.
- Ongoing work to identify Quality Outcomes
- For more info:

https://c-q-l.org/resource-library/publications/cql-publications-for-free/building-the-framework-for-idd-quality-measures

CQL Study Linking Presence of CQL Basic Assurances and POMS to Hospitalization Rate

Figure 4. The Organization Respects People's Concerns and Responds Accordingly (Systems)

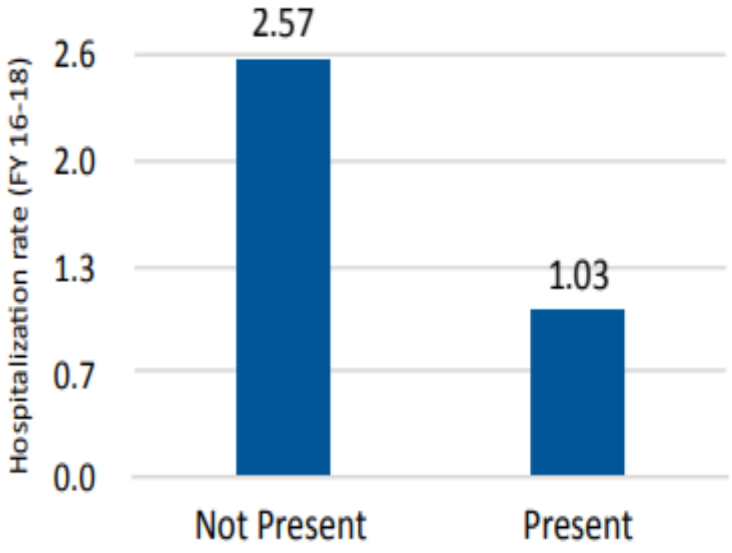
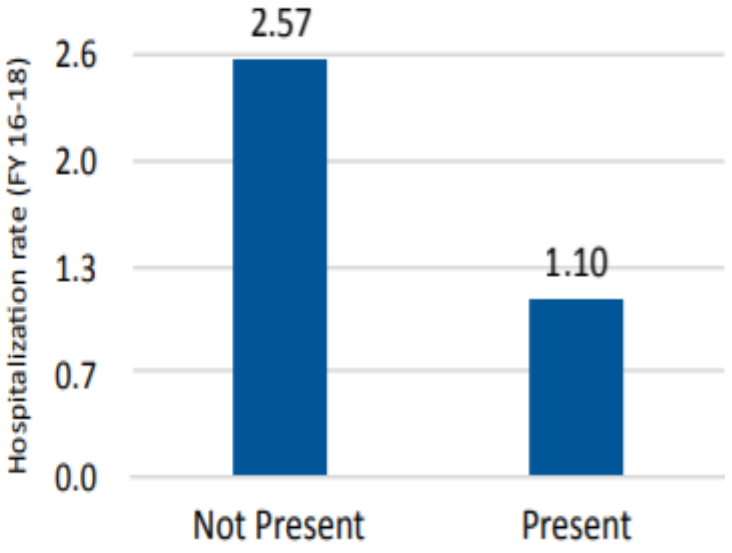


Figure 5. Supports and Services Enhance Dignity and Respect (Systems)



CQL Study Linking Presence of CQL Basic Assurances and POMS to Hospitalization Rate

Figure 6. People Have Meaningful Work And Activity Choices (Systems)

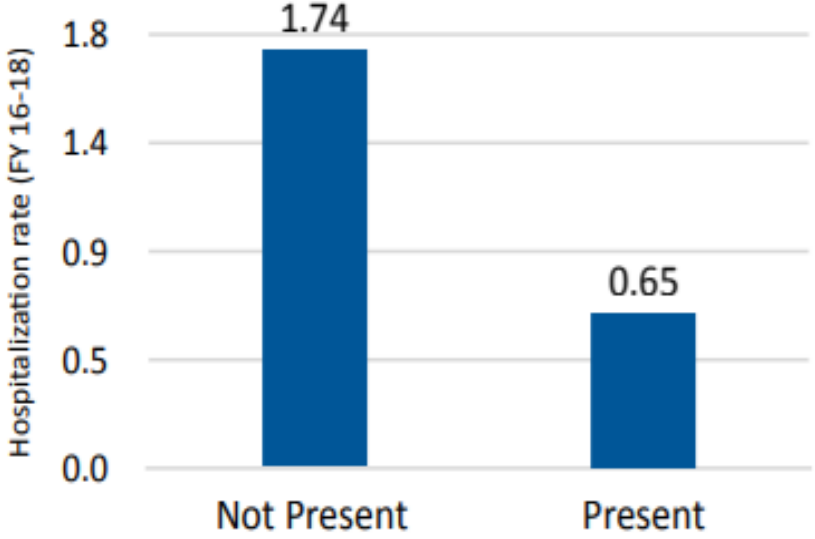
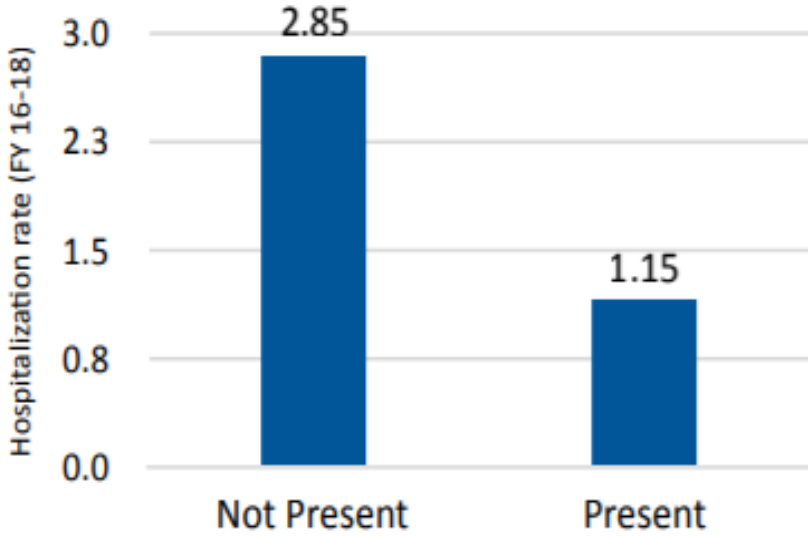


Figure 7. The Organization Facilitates Each Person's Desire For Natural Supports (Systems)



CQL Study Linking Presence of CQL Basic Assurances and POMS to Medical Appointment Rates

Figure 10. People Are Free From Abuse, Neglect, Mistreatment And Exploitation (System)

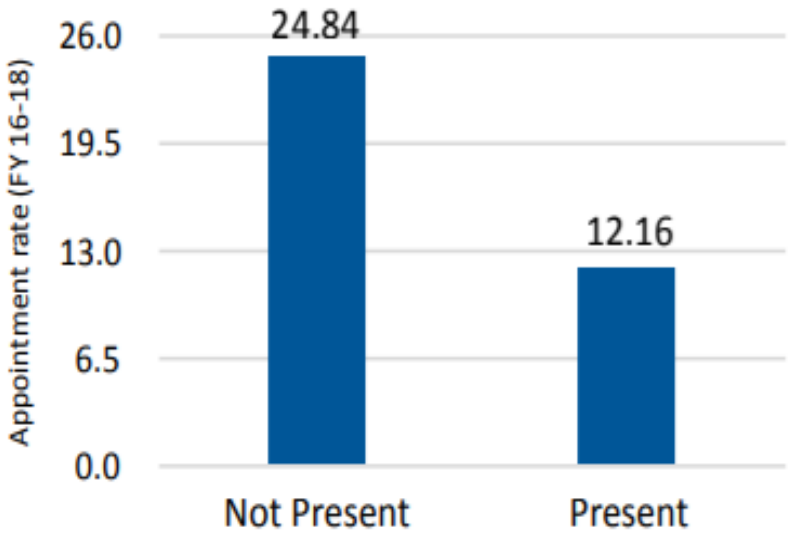
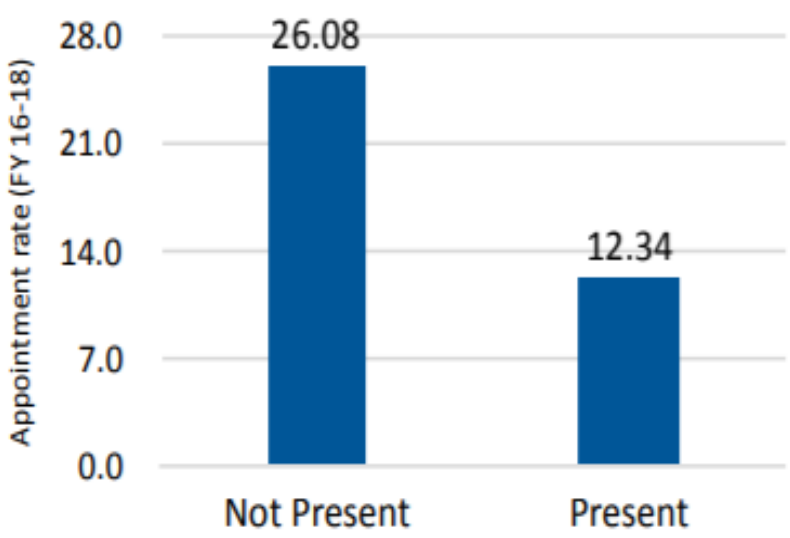


Figure 11. The Organization Implements An Ongoing Staff Development Program (System)



CQL Study Linking Presence of CQL Basic Assurances and POMS to Medication Errors

Figure 12. The Organization Treats People With Psychoactive Medications For Mental Health Needs Consistent With National Standards Of Care (Practice)

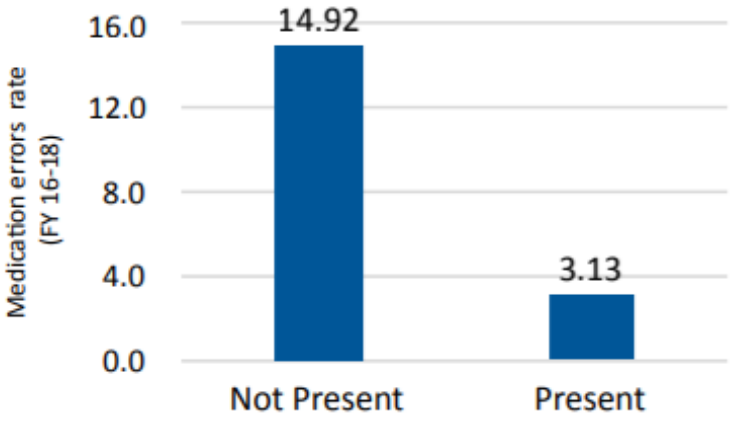
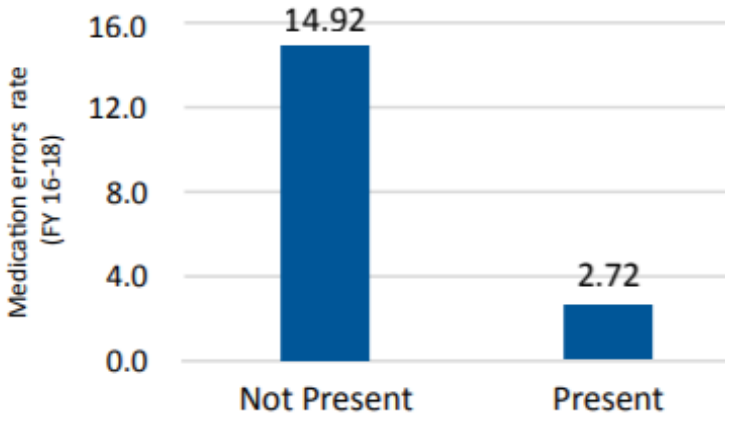


Figure 13. People Are Free From Unnecessary, Intrusive Interventions (Practice)



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CQL on Value Based Thinking

“Value-based thinking incentivizes quality; leads opportunities to define what “quality” is and what it should mean. Yet, in the current system the majority of “health outcomes” are from traditional metrics, such as hospitalization rates or obesity rates.

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"Successful quality metrics necessitate a shift toward inclusion of social determinants as well. As a result, data insights, analytics, exchange and innovation, are keys to future success and relevance."

Coming May 6-8th to this Gorgeous City only 1 Time Zone Away!


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BRIDGES
to better outcomes
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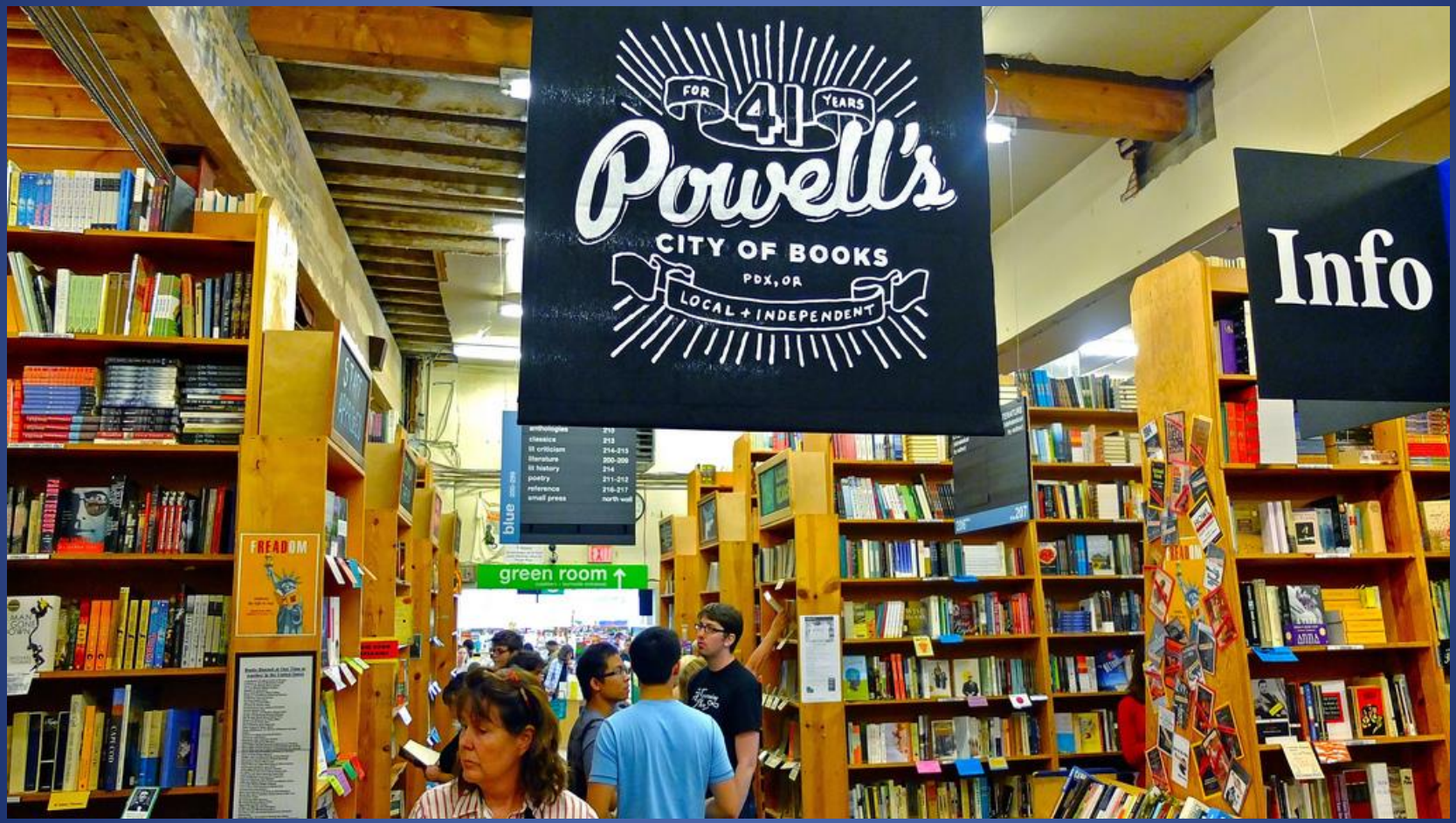
PORTLAND, OREGON
Join us for the nation's largest gathering
of community providers at
ANCOR's 2019 Annual Conference:
Bridges to Better Outcomes
May 6-8 | Portland, OR
Register today for the lowest-possible rate at ancor.org/2019conference

Need more reasons?
Reason # 1

Reason # 2


FOR 41 YEARS
Powell's
CITY OF BOOKS
PDX, OR
LOCAL + INDEPENDENT
Info
green room
FREEDOM

Reason # 3

Reason # 4


thanks