

Overcoming the VBP challenge

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Maximizing Medicaid funds while improving access and quality is critical at this time. Designing a value-based purchasing (VBP) program in this environment can be difficult, as states are expected to function with fewer resources. It's important that a VBP plan address the unique program needs, goals and challenges particular to a state's Medicaid program.

In the Centers for Medicare & Medicaid Service's (CMS) State Health Official letter of November 22, 2013 (letter four in a series), five key components were outlined regarding designing and implementing care delivery and payment reforms in Medicaid and CHIP programs.

The five key components include:



Goals



Interventions



Metrics



Targets



Transparency
and feedback

How will you maximize your Medicaid dollar while increasing access and quality in an uncertain healthcare environment?



Let's look deeper

Goals

Defining your VBP goals is integral to developing your VBP plan and your quality strategy. Clear program goals help you identify appropriate quality metrics to measure whether value and quality goals are being met. It's important to identify goals that offer the greatest return on investment while navigating the complex stakeholder landscape, including gaining approval from state legislators and CMS. A well-defined quality strategy and VBP plan should incorporate short-term and long-term program goals.

Interventions

Having the right tools and the right experience is critical for states during the implementation of interventions that achieve VBP goals. Understanding clinical quality and delivery system innovation ensures a smoother implementation and continuous improvement process. States will also need partners to help with translating interventions to policy, revising quality strategy documents, and ensuring managed care contracts include VBP. States may want to consider building alternative payment methods, from pay-for-performance to bundled payments and shared savings models.

Metrics

Selection of quality metrics is a surprisingly complex process and one of the primary areas that can lead to VBP program success or failure. States may face barriers to measure selection due to incomplete and unreliable data, lack of availability of data, or inability of providers to submit data, particularly in the early implementation stages of a VBP program. However, appropriate measure selection is critical to effectively assess the impact of the interventions and calculate savings. Although we advocate for the use of nationally recognized measures, a state should also consider the development of state-specific technical specifications for "homegrown" outcome measures, including low acuity, non-emergent emergency department utilization, preventable (re-)admissions and gaps in care.

Targets

Establishing expectations for improvement in a VBP program and communicating those to stakeholders has proved critical in promoting the type of transparency that providers and other VBP partners demand. We believe it's important to model a variety of improvement scenarios and commensurate incentives/disincentives. These scenarios include improvement above set thresholds, percent and percentage-point improvement, and improvement relative to others in the market.

Transparency and feedback

Accurate, consistent, and timely feedback is needed to ensure that all stakeholders in a VBP program are aware of the trajectory of their performance. This could include developing interim reporting to VBP partners to ensure they're able to address healthcare gaps, population health drivers, racial disparities, and other key quality and utilization metrics. Transparency and feedback considerations must be designed to meet providers where they are — only then can providers take the necessary steps to improve. Thus, developing reporting solutions that provide VBP partners with the information they need to achieve the VBP goals is essential, as is demonstrating VBP program success to stakeholders. We've learned that it's critical to provide clear data translated into meaningful information in a dynamic presentation for a wide variety of audiences.

In conclusion

VBP and alternative payment models are complex and require significant expertise and resources to develop a plan that ensures state value and quality goals are met while appreciating the pressure on providers to transform their care delivery models. Now is the time to prepare for these goals, even while the healthcare environment is fluid and uncertain.

For more information

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