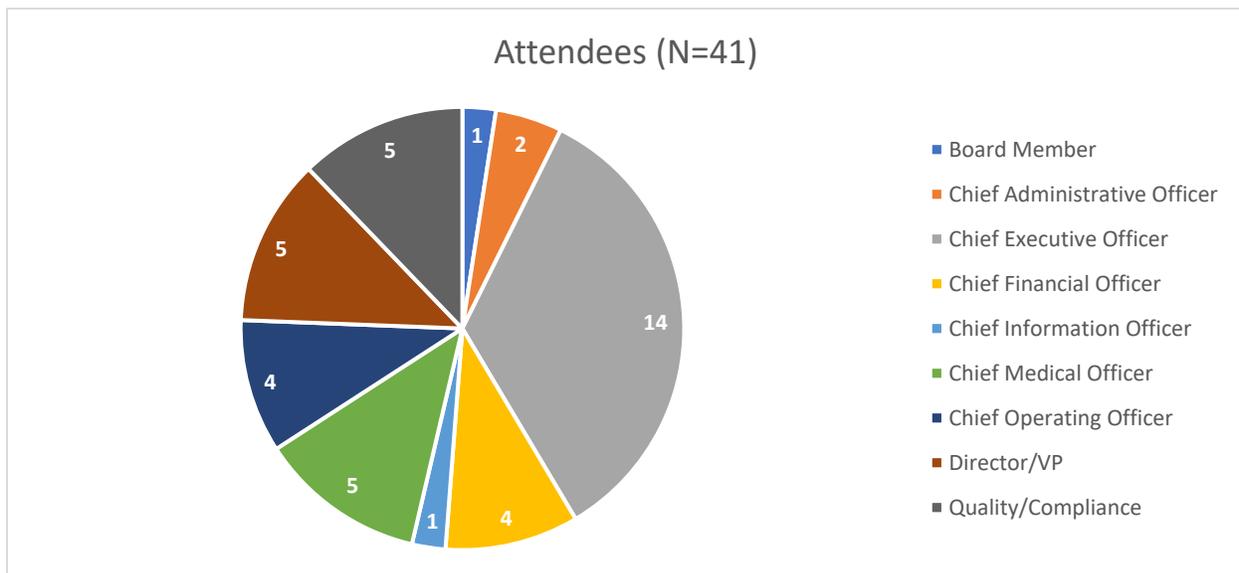




CVN SECOND ANNUAL MEETING 2018 AT THE CROSSROADS OF PAYMENT REFORM: DRIVING FFS+P4P TO VALUE-BASED CARE

Several of Arizona’s FQHC leaders attended the Collaborative Ventures Network (CVN) 2nd Annual Meeting to address alternative payment methodologies as we collectively move towards value-based Payment Reform. As health centers are challenged with proving the “value” of their services, CVN invited three experts to provide their insights and tools to help us navigate from the traditional fee-for-service model to a more comprehensive value-based care model. A model that not only includes pay-for-performance incentives but also the potential for shared medical cost savings and capitated risk for integrated care coordination and population health.



Curt Degenfelder, President of Curt Degenfelder Consulting, Inc. spoke to the Cost-Benefit Analysis of Value-Based Payment Methodologies, emphasizing on the impact misaligned metrics and incomplete/incorrect data have on payment outcomes. Andy Principe, President of Starling Advisors spoke to individual and collective health center strategies – clinical, operational, and financial – and the internal and external collaborative relationships that can impact a health center’s success in driving Value-Based Care and maximizing Value-Based Payment. Dr. Robert Elk, CMO at Collaborative Ventures Network spoke to the need for and results of recent health center collaboration on continuous quality improvement to drive better outcomes for Value-Based Care and Value-Based Payment, including “best practice” examples for selected UDS Clinical Quality Measures.



Some Highlights:

- In preparation for P4P, the emphasis should be on getting the data right.
- A network can support in doing the things that create additional value, whether or not we enter new payment models.
- Once integrated, the network has the additional benefit of allowing us to negotiate for whatever payment terms we feel are best.
- Share data with each other and work together in order to improve clinical outcomes to benefit patients and acquire payor contracts.
- Provide sufficient resources (money, people, and time) to change processes consistent with successful health centers.
- Change clinical processes at patient visit and population health level while focusing on agreed upon high value clinical measures.

Based on the attendee responses gathered from a post-conference survey, we are hopeful that the leaders will continue to share the resources within their organization, use them to improve decision-making, and ultimately transform practices to move towards a value-based model of care.

