

# Discussion Guide: Design Payment Transformation



## General Reflection and Discussion Questions:

**What do you see as the main differences between payment reform efforts that you've learned about previously and/or are currently using and payment reform that is integrated to specifically advance equity?**

- How do the key metrics differ?
- How do the mechanisms used differ? For example, when might upfront investments to support care transformation be more appropriate vs. rewarding specific behavior change?

**In what way can community members (patient, member, community members with shared interests) be involved in designing and implementing health equity-focused payment reforms?**

**Who from your organizations is needed to provide input into the design of and support for your payment transformation to support the care transformation?**

- How can they be included in the conversations your team will have about payment reforms designed to advance health equity?
- Who are the key decision-makers that will influence the ultimate adoption of the payment approaches? How can they be involved in the conversations your team has about payment transformation?

## State/District Team Payment Discussion Questions:

These questions draw from the [Leveraging Value-Based Payment Approaches to Promote Health Equity](#) resource.

- What are the goals of your care transformation interventions?
- What are the barriers that currently exist for implementing the care strategy your team has designed?
  - Health care team member capacity (e.g., number and type of staff, expertise and/or cultural/linguistic skill of staff)?
  - Workflows (e.g., staff do not have time, resource lists, or other resources needed)?
  - Relationships and community capacity (e.g., No community-based organizations that provide an aspect of the care or services within the team, unestablished referral and payment pathways with additional community resources)?
  - IT capacity (e.g., lacking accessible places to document screenings, results, referrals, outcomes)?
  - Other?
- What relevant payment models, reforms, and strategies are currently in use or being planned in the area where you will implement the intervention?
  - What VBP arrangements do you already participate in, with each other or with other partners? (e.g., bundled payments, ACO, or PCMH programs)? What has worked well in these arrangements?
  - What changes could you make to existing approaches to align with health equity goals and care delivery transformation(s)?
  - Are there upcoming activities within any of the partners or the state that might impact existing payment approaches (e.g., new contract requirements, 1115 waivers)?

- How have you engaged patients, members, community members, and community-based organizations in designing the payment approaches to support the care transformations?
- What types of payment and non-financial incentives could help overcome the barriers identified in the previous question and support the transformations in care?
  - Are there sources of funding for building up infrastructure, providing staff training, hiring new staff, and/or building new relationships?
  - Can upfront investments decrease future expenses?
  - What types of retrospective payment might be included? How can performance-based payments promote an explicit focus on equitable care and outcomes?
  - What are the other incentives and motivators existing and available for stakeholders?
  - Using the [HCP LAN Alternative Payment Model framework](#) as a reference, what could your team do to move forward in payment model development?
- Where is flexibility needed, and how can it be incorporated?
- What will you measure to gauge implementation, outcomes and impact?
  - What process, outcome and experience measures will you monitor to assess direct impact? What is the lag time from collecting to analyzing and sharing the data?
  - How will you assess progress on health disparities or inequities (e.g., improvement in the priority population relative to which benchmark(s))? What is the measurement period (e.g., rolling time period, quarterly, annual)?
  - What else will you monitor to assess for unintended harms?
  - If you are working with a small population, how will you assess and evaluate changes due to your interventions?
  - How will you communicate about results with the people most affected by the health inequity or disparity?
- Do each of the partners in care and payment have what they need to go forward?
  - Understanding and buy-in for care transformation and payment strategy within their organization, particularly from the people with decision-making responsibility for payment strategies
  - Data sharing capacity (ex.: agreements, IT supports, resources)
  - Relationships with contact people within each organization
  - Other ideas?
- Does the payment approach support all care delivery transformations required to meet health equity goals?
- How will the payment approach encourage continued performance over time?