


Implementing the Integrated Care Delivery and Payment Transformations

Agenda

- // Introductions and Housekeeping
- // Accountable Spaces Framework
- // Learning Objectives
- // Review of Designing Payment and Care Delivery Transformation
- // Essential Elements for Successful Implementation
- // Strategies and Considerations for Successful Implementation
- // Pilot Testing, Measurement, and Evaluation

Housekeeping

- Video on if/whenever possible
- Mute when not speaking
- Use the “raise hand” feature or send questions and comments anytime via chat
- Take care of yourself and loved ones (e.g., bio breaks)
- Pair your computer and phone, if connected separately:
 - Right click your image
 - Select “merge audio”
 - Select your phone number
- To enable closed captioning:
 - Click the **Captions** icon () and select **Show Captions**
 - Select your speaking language



Accountable Spaces Framework

At AHE, accountability is directly tied to care for others both in the work we do and the conversations we have. Being accountable means practicing good stewardship and ceding power to make space for others to shine. We will center this framework today to help us keep the tenets of accountability at the forefront of our conversations.

Accountable Spaces Framework

- // Do not interrupt others.
- // Listen actively, instead of waiting to speak.
- // Be mindful of your total talk time and resist the urge to add “sprinkles” to a perfectly good conversation sundae.
- // Give everyone a chance to speak, without unnecessary pressure.
- // Words and tone matter. Be mindful of the impact of your words, not just your intent.
- // We are all learning, and we will make mistakes from time to time. If you said something offensive or problematic, apologize for your actions or words -- not for someone feeling insulted by them.

Accountable Spaces Framework

- // Recognize and embrace friction. Constructive conflict can often lead to substantive change.
- // Give credit where credit is due. If you are echoing someone's previously stated idea, give them appropriate acknowledgment. If you notice others aren't receiving the credit they are due, speak up and highlight their work.
- // Speak for yourself using "I" statements. Do not take ownership of others' lived experiences.
- // Create meaningful opportunities for those belonging to communities that have historically been most impacted to share their experiences.
- // Address racial inequities head on and call out racism when it happens.

Learning Objectives

- Recall and review key concepts from the *Design Care Delivery Transformation* and *Design Payment Transformation Roadmap* components.
- Recall and review *Essential Elements* critical to a successful implementation.
- Identify **4** key strategies for implementing integrated care delivery and payment transformations.
- Identify and review potential implementation frameworks.
- Explore case studies and examples for implementing integrated care delivery and payment transformations.

Review:

Designing Payment and Care Delivery Transformation



Designing Care Delivery Transformation

At this point, your team should have worked through the following in designing its care delivery transformation

/ Care Delivery Transformation:

- ✓ Identified potential care delivery transformations through application of the root cause analysis (RCA) and prioritization matrix
- ✓ Explored how levels, strategies, and modes can be used to design a care delivery transformation
- ✓ Identified practical issues that can hinder implementation of a care delivery transformation

Designing Payment Transformation

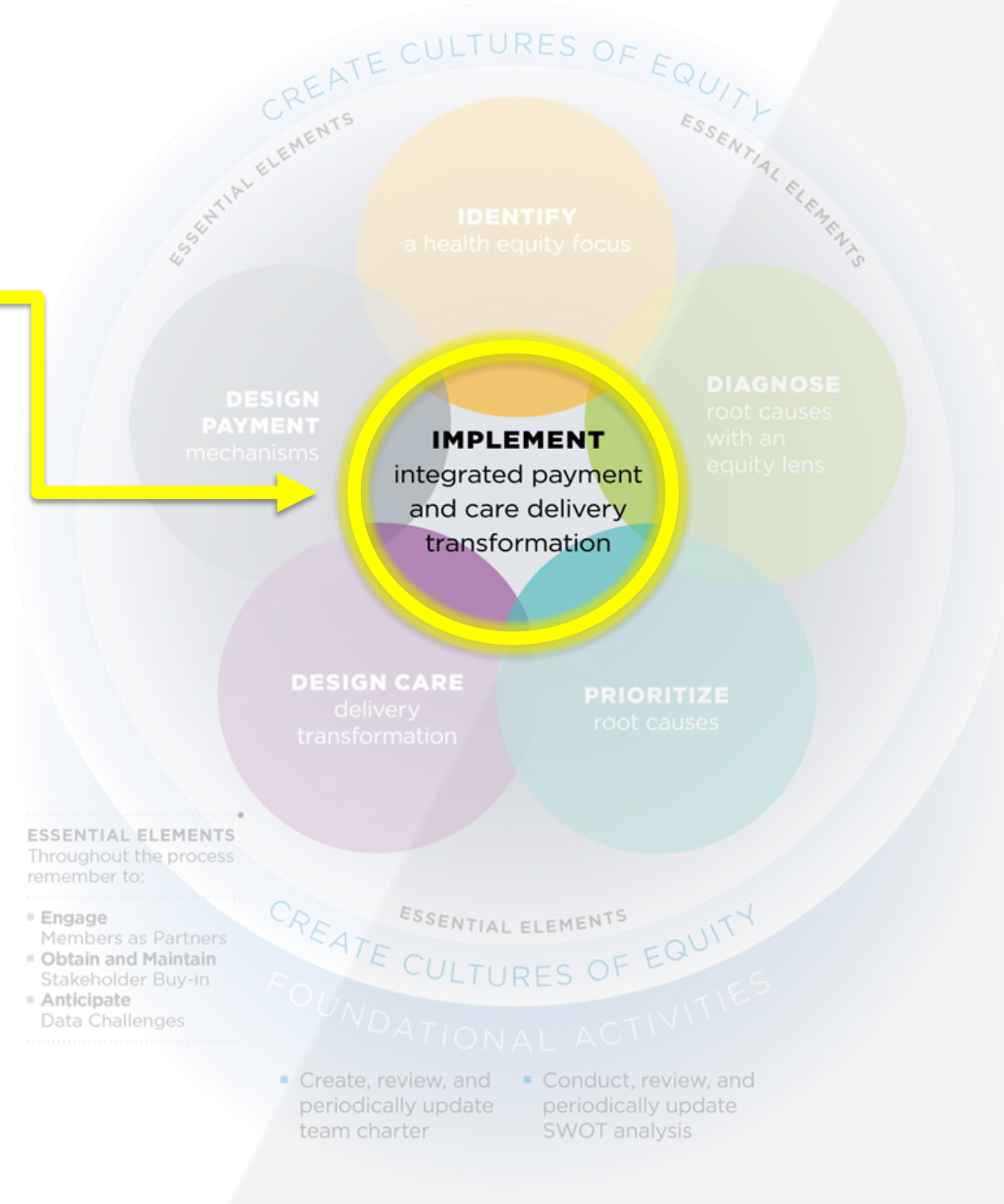
At this point, your team should have already worked through the following in designing its payment transformation

/ Design Payment Transformation:

- ✓ Understand the Value-Based Payment (VBP) approaches of state Medicaid agencies and managed care plans, and the interplay between the two
- ✓ Understand how the new payment model will interact with, and influence, the existing internal and external motivators regarding healthcare, equity, and daily work of those upon who you are relying to change behavior (for the payment model to succeed).
- ✓ Explored a relevant case study and understand the VBP approaches used with it



You Are Here!



ESSENTIAL ELEMENTS
Throughout the process remember to:

- **Engage**
Members as Partners
- **Obtain and Maintain**
Stakeholder Buy-in
- **Anticipate**
Data Challenges

- Create, review, and periodically update team charter

- Conduct, review, and periodically update SWOT analysis

Review: Essential Elements for Successful Implementation



Essential Elements for Successful Implementation

At this point, your team should have already worked through the following AHE Roadmap components, and has worked to incorporate them for each subsequent step the AHE Roadmap:

- ✓ Create a Culture of Equity
- ✓ Essential Elements:
 - Partnering with Patients, Members, and Communities
 - Earn and Sustain Stakeholder Buy-in
 - Anticipate Data Needs and Opportunities

If not, then *Implementation* is the time to do it. An iterative approach for implementation can facilitate late incorporation of these components.



Create a Culture of Equity

Rationale:

- // Success is more likely if staff recognize that disparities and inequities exist within, and outside of, the organization and view the inequities and disparities as an injustices that must be redressed.

Strategies:

- // Sharing feedback with providers and incentivizing disparities reduction
- // Including anti-racism and equitable health care as a goal in mission statements
- // Building work forces that represent the patients and communities you are working with
- // Instituting advisory boards and partnering with community-based organizations



Partnering with Patients, Members, and Communities

Rationale:

/ Patients, members, and communities...

- have a need, right, and expectation to have their experience valued and beliefs and perspectives heard
- experience healthcare in a way that makes it easier to detect health inequities
- can say if a care transformation plan is likely to succeed
- may have distinct motivating factors to help meet care transformation goals
- experience power differentials with providers and health plans impacting how they interact with others and what they will share



Partnering with Patients, Members, and Communities

Strategies:

- // Learn the history between your organization, the community members, and the community-based organizations (CBOs)
- // Partner with patients, members, and communities to identify and change policies and practices that contribute to exclusion or perpetuate marginalization



Earn and Sustain Stakeholder Buy-in

Rationale:

- ✓ Securing stakeholder buy-in ensures alignment with the goals of the health equity initiative, builds credibility, and garners necessary resources for long-term success.
- ✓ It promotes accountability and sustainability by incorporating diverse perspectives and fostering shared commitment.
- ✓ Engaging stakeholders also helps identify barriers and adapt solutions to meet community needs, making the initiative more impactful and resilient.



Earn and Sustain Stakeholder Buy-in

Strategies:

/ Earning and sustaining buy-in from staff:

- Consult everyone who will be affected
- Minimize time burden (e.g., use existing meeting times)
- Let staff know their input is key, and show that you mean it
- Report back to everyone who gave input

/ Earning and sustaining buy-in from patients, members, and CBOs:

- In addition to the aforementioned (see previous slide)
- Avoid exploitation and promote fair exchange (e.g., compensation for expertise)

/ Spreading your message:

- Answer the “why” rather than just a call to action
 - Identify advantages over the status quo
 - Identify advantages over other another intervention
- Being persuasive and anticipate concerns
- Link your efforts to your audience’s priorities
- Be short, catchy, and to the point



Anticipate Data Needs and Opportunities

Rationale:

- // Strengthen quality, completeness, and use of data to more accurately measure health disparities, engage providers, and assess progress

Strategies:

- // Measuring impact of health equity interventions:
 - Selecting metrics
 - Data sources
 - Improving the data
- // Leveraging VBP to support your health equity efforts:
 - Impact Assessments and setting performance targets

Key Implementation Strategies



Strategy 1: Attributes of the Transformations

- ✓ **Transformation & system fit:** The more relevant the transformation is to the user, the more likely it is to be successfully adopted and implemented, particularly if it improves task performance.
- ✓ **Compatibility and complexity:** Health care practices, or systems, are more likely to adopt a transformation when they believe it is compatible with their values, norms, and perceived needs (i.e., *high compatibility*), and when they believe that adopting the transformation will be simple (i.e., *low complexity*).

Strategy 1 in Action: Oregon's Intervention

Advantage Dental Services and University of Washington

- Community-based oral health care for mothers and children in rural Oregon using:
 - Expanded-practice dental hygienists,
 - Global budgeting, and
 - A team payment incentive.





Strategy 1: Oregon's Intervention

A Note on Compatibility and Complexity

/ Patient Level

- The ability of AD expanded practice hygienists to assess and treat children in schools and community settings required parental consent.
- The staff had unexpected difficulty obtaining paper consent due both to the consent form's cumbersome design and to challenges distributing the forms to parents.

/ Provider Level

- The primary care dentists involved in the AD initiative needed to learn new systems for processing referrals for office-based care.
- Uptake of the new procedures varied, with providers being less likely to fully engage with the changes if they had a mixed patient population that included both Advantage and non-Advantage covered patients.

Strategy 1: Oregon's Intervention

A Note on Compatibility and Complexity



Unintended Outcomes and Challenges

- Significant drain on AD's IT department's resources
- Programming errors and inaccurate monitoring data
- Difficulty accessing schools
- Resistance from community



Strategy 2: Prerequisites for Transformations

// Consider the organization's capacity and available resources, such as:

- **Technical Capacity:**

- Electronic Medical Record (EMR) Data Extractions
- Quality of Demographic Data
- Data Analysis and Interpretation
- Qualitative Data

- **Slack Resources:**

- Organizations with resources beyond the minimum required to maintain current operations (i.e., slack resources) are more likely to adopt and implement the transformations

Strategy 3: Stakeholder Adoption of the Transformations

- /// The culture of the health care organization must undergo a change process whereby key stakeholders must become motivated and able to adopt the transformation. This change process involves the specific needs, motivations, values, goals, skills, and learning style of each stakeholder as they relate to the transformation (i.e., consider culture and/or political barriers).



Strategy 3: Virginia's Intervention

A Note on Stakeholder Adoption

- ✓ Molina/Inova Healthcare, Fairfax County, VA, and George Mason University
 - Improving screening and disease management for diverse, multilingual patients at safety-net clinics in northern Virginia using team quality improvement incentives.





Strategy 3: Virginia's Intervention

A Note on Stakeholder Adoption

- /// In addition to meeting regularly with clinic leadership and front-line employees to obtain their input regarding the new care delivery transformation, the Fairfax County CHCN Medical Director met regularly with them during daily huddles and other meetings after initial implementation.
- /// This daily interaction helped ensure that critical adjustments were made to address *both* challenges and opportunities encountered during implementation.



Strategy 4: Internal Communication

- // Strong communication within the organization enhances the success of implementation and the chances of routinization.
- // A narrative approach to communication (“purposeful construction of a shared and emergent organizational story about the transformation”) can serve as a robust motivator.

Implementation

Frameworks:

Pilot-Testing, Measurement, and Evaluation



Implementation Strategies: Where to Start?

/ Scalability and Iterative Processes

- Rather than making system-wide changes all at once, consider focusing first on small tests of new ideas when making quality improvement changes.
- Identifying and addressing these changes when the project is operating on a smaller scale is easier than it would be if the project were implemented system wide from the beginning.
- Consider these methods for starting small:

Scalability

- / Assessing and adapting an intervention or process so it can be implemented on a larger scale across more settings or populations over time.
 - Such as, the RE-AIM Framework
 - **Reach, Effectiveness, Adoption, Implementation, and Maintenance**

Iterative Process

- / Continuous, incremental improvements to an intervention through repeated cycles or “iterations.”
 - Such as, the **Plan, Do, Study, Act (PDSA) method**



Implementation Strategies: Pilot Testing Equity Initiatives

/ Pilot test with the priority patients, members, and community

- Real world evaluation and refinement before scaling
- Opportunity to confirm that the initiative addresses the specific needs, cultural context, and barriers faced by the target demographic, while minimizing unintended consequences

/ Run pilot tests with diverse groups and settings

- Remember to consider intersectional identities of historically marginalized groups and how they might be impacted differently
- Piloting with a diverse group will help you identify needs that may vary from patient to patient, and community to community
 - Some patients will need different versions of forms (e.g., larger fonts)
 - Some patients may not speak English as their primary language



Implementation Strategies:

Pilot Testing Equity Initiatives (continued)

/ Pilot test your data collection

- Analyzing data can be complicated. You're likely to run into snags the first time around. Be sure to practice collecting the data you'll use for ongoing evaluation. The more data collection is built into implementation, the less it will feel like an additional burden as you scale up.

/ Striking a balance between adherence and adaptability

- As you process feedback, try to find a compromise that stays true to the vision while meeting the needs of those requesting revisions
- The most successful programs find that balance through an iterative process (i.e., the PDSA cycle) will help you
- Using standardized checklists to monitor adherence and update those lists as the care and payment transformations are adapted

Implementation Strategies: Measuring Change

/ Focusing on process measures

- Early wins in health equity initiatives are likely to focus on process measures, which help track whether changes—such as new forms or timely referrals—are being effectively implemented, offering short-term evidence of impact before improvements in health outcomes become visible.

/ Understand satisfaction scores in their context

- As health systems implement care improvements, patients' expectations may rise and satisfaction scores may initially drop, but this can be a natural result of raising standards, with scores typically improving as the changes take effect



Implementation Strategies: Measuring Change (continued)

/ Plan for the long-term

- Improving clinical outcomes can take time, so establish a realistic timeline by consulting stakeholders, define success criteria with your team and communicate with leadership about expected results, recognizing that long-term tracking may be needed to show significant improvement.

/ Measure the gaps

- To truly assess improvement, it's essential to measure both overall quality and changes in inequities, ensuring that care and payment transformations address the root causes of disparities and track whether the gaps in care and outcomes are being closed or widened

Case Studies/Examples for Pilot-Testing, Measurement, and Evaluation



Washington (WA)

WA's Implementation Journey:

- In 2020, the Community Health Plan of Washington (CHPW) launched a statewide health equity initiative to address the priorities (e.g., patient experience, maternal health, and chronic condition management) of 21 community health centers (CHCs) throughout the state
- CHPW provided \$50,000 (from existing Pay for Performance (P4P) withhold dollars) in upfront capacity-building funds to each participating CHC, diverging from the typical P4P model by not requiring pre-met quality targets
 - CHCs used the funds to address health disparities through activities like patient partnership programs, focus groups, staff training, and upgrading IT for demographic data analysis
 - The first 3 years have been a gradual scaling to integrate accountability and bolster buy-in from participating CHCs:
 - **Phase 1:** No target or outcomes requirements for funds
 - **Phase 2:** Implementation of target requirements to access funds
- CHPW facilitated cross-team learnings, trainings, and skill-building activities (e.g., root cause analysis with an equity lens) for the participating CHCs, as well as support for the requirements of patient and community engagement to ensure local initiatives were tailored to the priorities of the communities served.




Delaware (DE)

/ DE's Implementation Journey:

- Focused on reducing disparities in preventive care and health among Black and Latine pediatric populations, one of its first steps the team took was to reconcile conflicting race, ethnicity, and language (REL) data across AmeriHealth Caritas (health plan) and Nemours (provider).
 - They identified four healthcare metrics with disparities: childhood immunization rates; lead screenings; well child visits; and potentially preventable emergency department (ED) admissions.
- DE team leveraged contracting power between Medicaid and health plans to establish incentives for providers to report disparities in care and health outcomes and improve care processes to eliminate specific health disparities.
 - Outside of ACO (Accountable Care Organization) performance, Amerihealth provides [upside-only](#), enhanced payment incentives for the four above-listed metrics.
 - Incremental incentives are earned for the reduction of each of the identified health disparities between Black and Latine pediatric populations and the white pediatric population.
- Next phase:
 - For the 2025 contract year, the team aims to implement the previously established process measures in their payment models to incentivize not just outcomes, but also process changes in healthcare delivery to address inequities impacting their communities.
 - The team also plans to partner with CBOs, AmeriHealth Delaware's and Nemours' member/patient advisory committees, and Nemours' frontline staff and providers to design a care delivery transformation that will be financially incentivized

Mississippi (MS)

/ Scaling up:

- The MS team's goal is to design and adopt a reimbursement payment model that incentivizes provider organizations to include community health workers (CHWs) as part of their multidisciplinary care teams for their patients.
- The team's pilot program is *first* focusing on small tests of its initiative by:
 - Although the pilot will be funded by a state grant, the team is already thinking about how to leverage pilot results and experience to secure future, long-term funding  ✓ Financial and grant sustainability planning
 - Embedding *one* CHW within the provider partner (Coastal Family Health Center (CFHC))  ✓ Starting small
 - Working with CFHC to identify and understand any data challenges and opportunities (e.g., integrating data collection and screening tools into the provider's EMR system)  ✓ Pilot testing data collection