SUPPORTING PRACTICE LEADERS NAVIGATING UNFAMILIAR WATERS – LEADERSHIP THROUGH CHANGE PART 1

INTEGRATED CARE DC
A learning community for District of Columbia Medicaid providers

PRESENTED BY:
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Wednesday, December 6, 2023
12:30 pm – 1:30 pm ET

Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the U.S. Department of Health and Human Services (HHS). A total of $3,500,365, or 81 percent, of the project is financed with federal funds, and $810,022, or 19 percent, is funded by non-federal sources. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, HHS or the U.S. Government.

DHCF Department of Health Care Finance

HMA

WHAT IS INTEGRATED CARE DC?

INTEGRATED CARE DC
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- Integrated Care DC enhances Medicaid providers' capacity to deliver whole-person care for the physical, behavioral health, substance use disorder, and social needs of beneficiaries.
- The technical assistance program is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH).

To improve care and outcomes, the program focuses on three practice transformation core competencies:

1. Deliver **patient-centered care** across the care continuum
2. Use **population health analytics** to address complex needs
3. Engage **leadership** to support person-centered, value-based care

WHY PARTICIPATE IN INTEGRATED CARE DC?

INTEGRATED CARE DC
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- Integrated Care DC will help ensure you have the infrastructure, knowledge, and tools you need to deliver high-value care.
- Our coaching team includes primary care, psychiatric, addiction medicine, and behavioral health clinicians with deep expertise in integrated care models.
- Educational credit (CE/CME) is offered at no cost to attendees for live webinars.
- All DC Medicaid providers are eligible.

INTEGRATED CARE DC UPDATES

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Are you receiving our Integrated Care DC Newsletters?

Check your inbox on the 1st and 3rd Tuesday for the Monthly Newsletter and the Mid-Month Update.

Got ideas?

Take this short survey to share suggestions and requests for trainings.
www.integratedcaredc.com/survey

PRESENTERS

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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A	N/A

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- Health Management Associates (HMA), #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. HMA maintains responsibility for this course. ACE provider approval period: 09/22/2022–09/22/2025. Social workers completing this course receive 1.0 continuing education credits.
- To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- The American Academy of Family Physicians (AAFP) has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. Term of approval is from 01/31/023 to 01/30/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- Certificates of completion will be emailed within 10–12 business days of course completion.

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AGENDA

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Supporting Practice Leaders Navigating Unfamiliar Waters - Leadership Through Change Part 1

- Welcome and Program Announcements
- DC Landscape
- Supporting Leaders to Manage Change
- Key Topics for Leaders to Understand and Address
- Introduction to Integrated Care Leadership Cohort Model for 2024
- Closing Remarks/Q&A

LEARNING OBJECTIVES

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1. Identify key information and data points required to make informed decisions
2. Describe an approach to implementing key systems changes into an established practice
3. Explain how to identify and overcome barriers to change.

Source: Fizkes on iStock

DHCF-DBH REQUEST FOR INFORMATION (RFI): MEDICAID BEHAVIORAL HEALTH TRANSFORMATION

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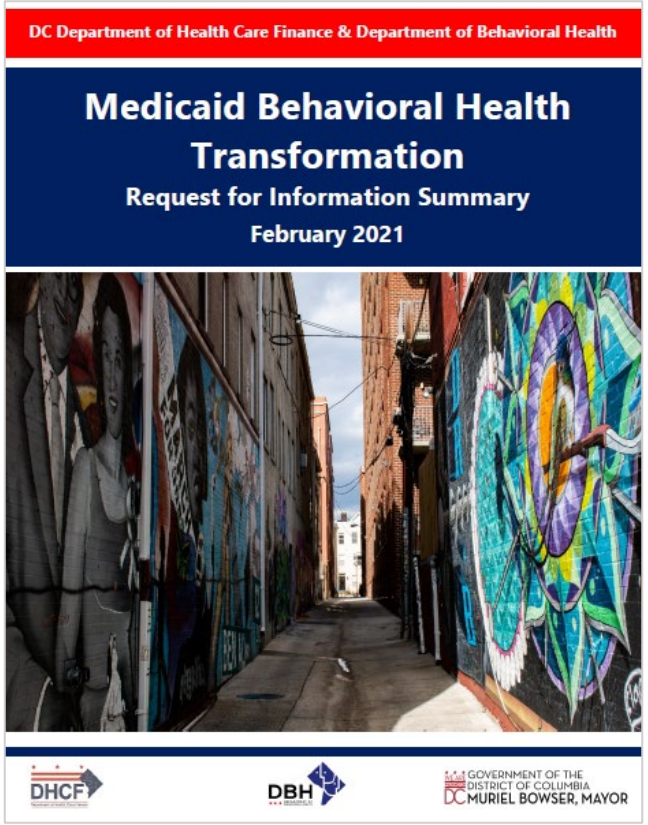
- Overall, respondents were supportive of transforming behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is "comprehensive, coordinated, high quality, culturally competent, and equitable."
- Consensus noted in these areas (16 responses to 21 Qs):
  - Telehealth parity
  - Need for targeted interventions for special needs populations
  - Support for a community-based approach informed by social determinants of health (SDOH).
  - Funding and focus on improving health equity
  - Defining and measuring success of efforts to integrate care based on specific health outcomes.



DHCF and DBH. Medicaid Behavioral Health Transformation Request for Information Summary, February 2021.

DHCF-DBH: ASSESSING INDIVIDUAL PROVIDERS' NEEDS FOR TECHNICAL ASSISTANCE (TA)

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- Assessed the individual needs of providers using:
  - Provider Readiness Survey
  - Revenue Cycle Assessments
  - Provider Assessment on Integrated Care
- Designed the readiness process to:
  - Inform behavioral health providers about the full spectrum of activities and capabilities required for managed care contracting; and to
  - Identify where behavioral health provider organizations would benefit from TA to improve their practice to function effectively within the managed care framework.

Source: DBH Provider Mtg; Readiness 11/4/21

HERE'S THE OPPORTUNITY

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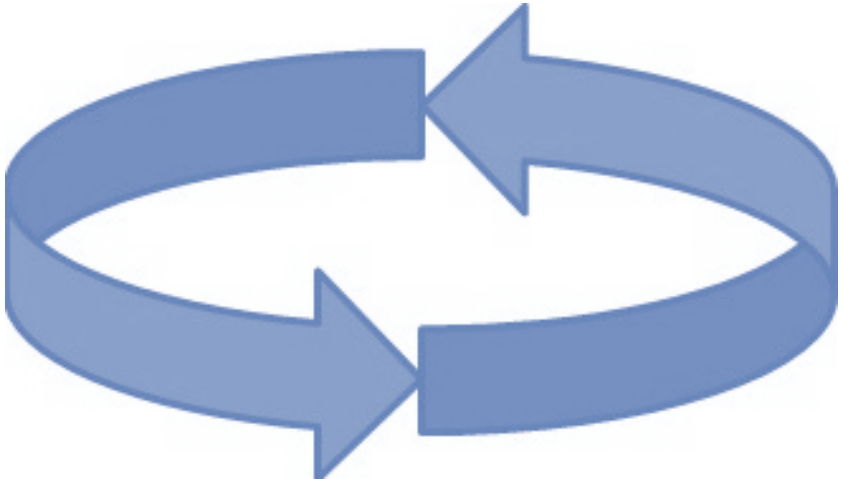
Payment Reform *without*
Practice Transformation
doesn't
change outcomes.

Delivery System
Transformation



Payment System
Transformation

Practice transformation
without a
financial model
is not
sustainable.

THE TRIPLE TO THE QUINTUPLE AIM

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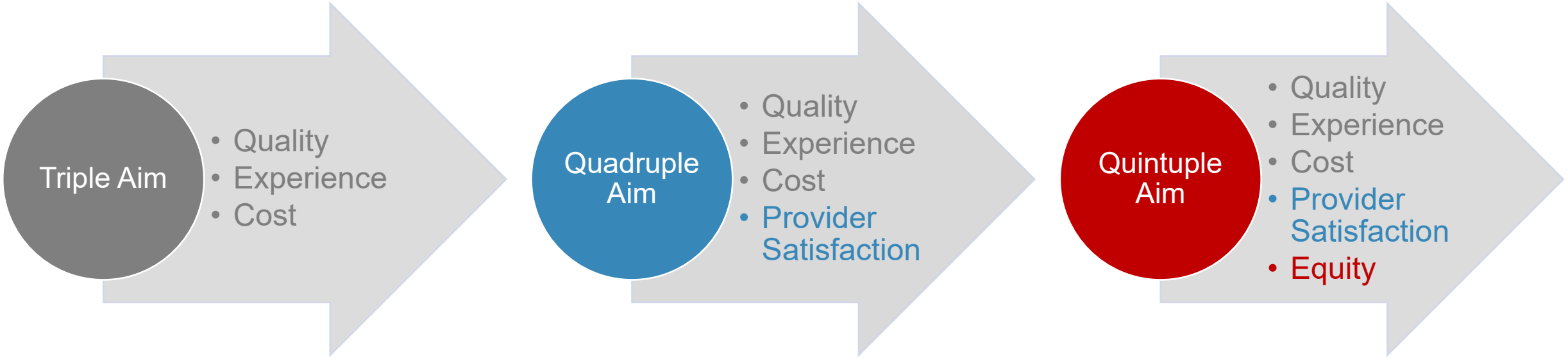

Source: Institute for Healthcare Improvement: www.ihi.org.
Bodenheimer T and Sinsky C, From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Ann Fam Med 2014;12:573-576.
Coleman K., Wagner E., Schaefer J., Reid R., LeRoy L. Agency for Healthcare Research and Quality; 2016. Redefining Primary Care for the 21st Century. White Paper. (Prepared by Abt Associates, in partnership with the MacColl Center for Health Care Innovation and Bailit Health Purchasing, Cambridge, MA under Contract No.290-2010-00004-I/ 290-32009-T.) AHRQ Publication No. 16(17)-0022-EF.

WHAT IMPACTS HEALTH OUTCOMES?

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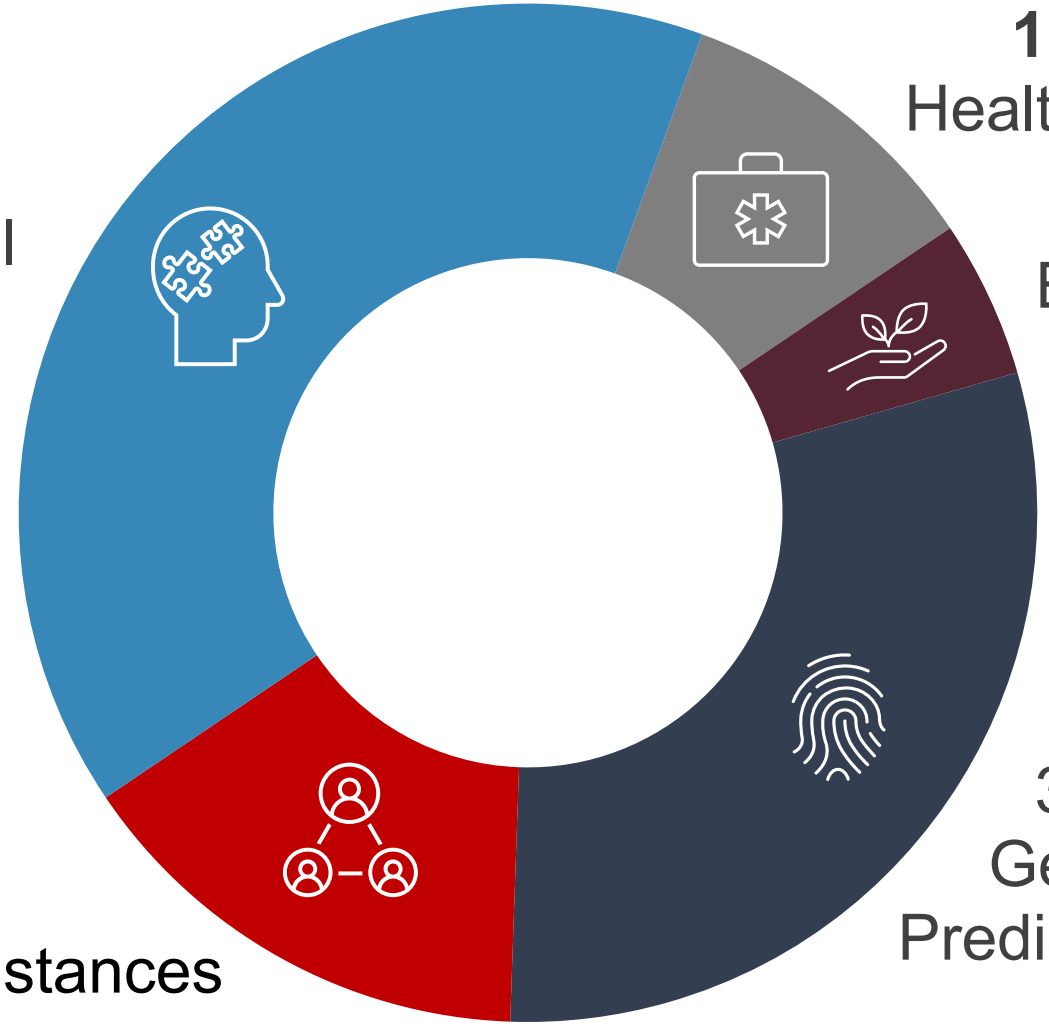

Source: Schroeder, Steven A. *We Can Do Better – Improving the Health of the American People*. N Engl J Med 2007;357:1221-8

BEHAVIORAL HEALTH (BH) ACCOUNTS FOR A DISPROPORTIONATE SHARE OF MEDICAID SPENDING

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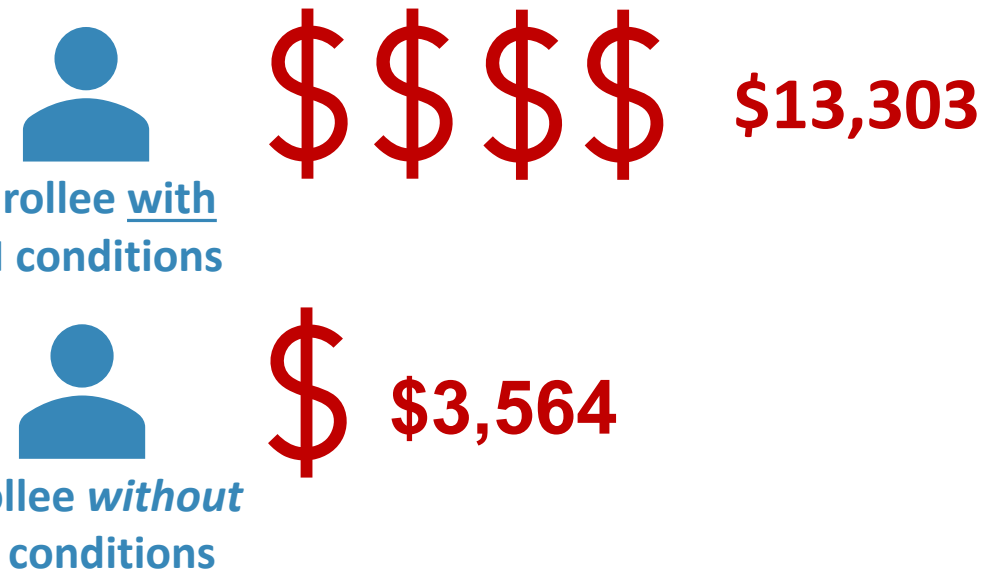
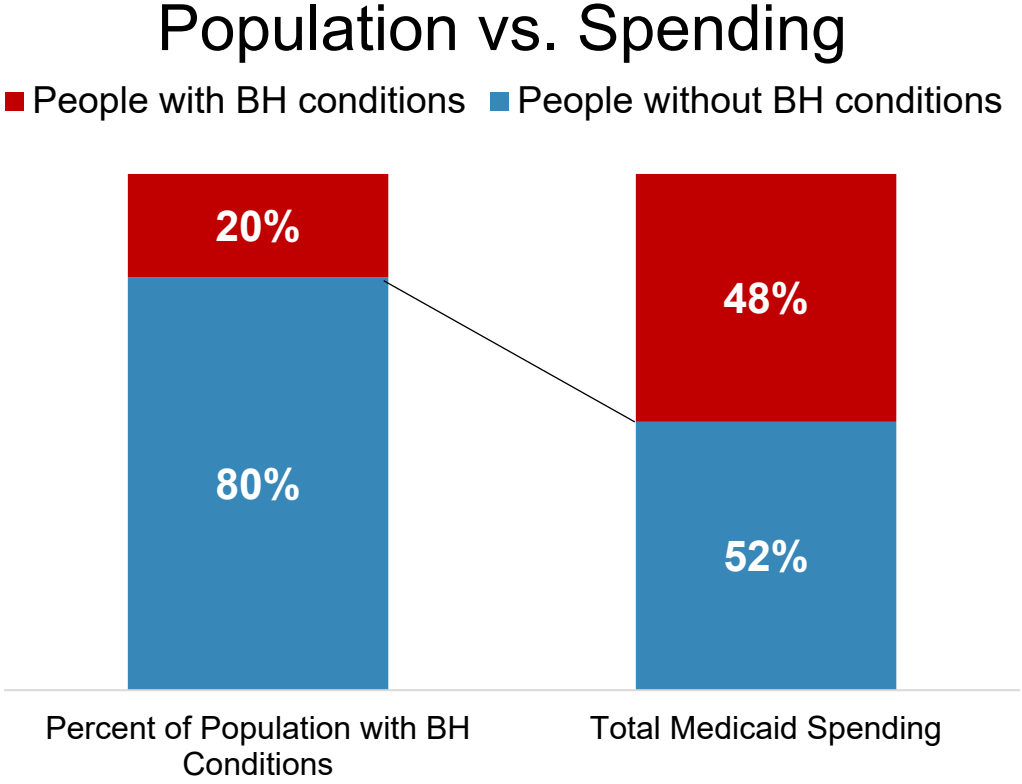
In the U.S., average Medicaid spending per enrollee with behavioral health conditions is nearly **four times** as much as for enrollees without these conditions.



Only 20% of Medicaid enrollees in U.S. have BH conditions, but nearly **half** of Medicaid spending is for enrollees with BH conditions



Source: Zur J., Musumeci, M., and Garfield, R. Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals, Henry J. Kaiser Family Foundation, June 2017. https://www.kff.org/mental-health/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals.

BEHAVIORAL HEALTH INTEGRATION: FROM CARVE OUT TO CARVE IN

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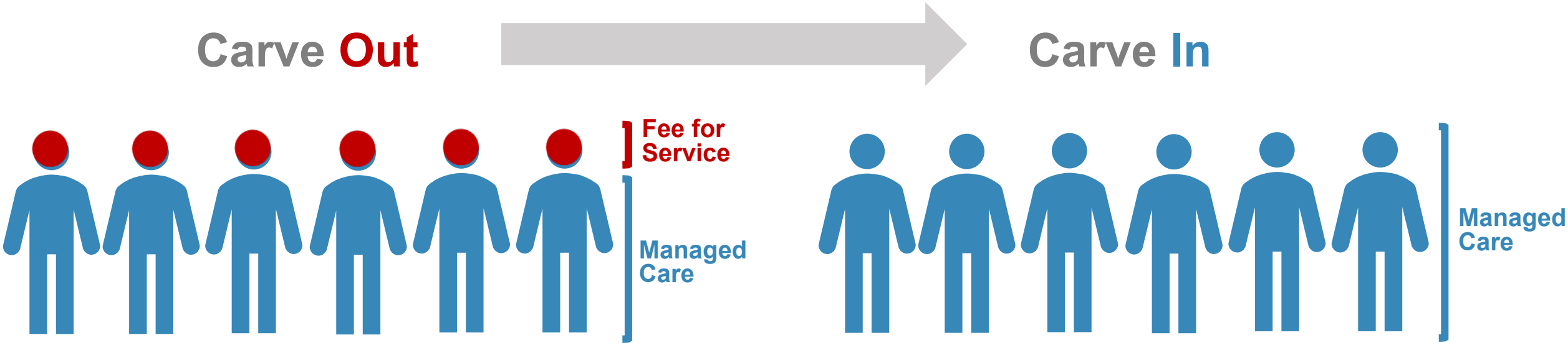

Separate payment methodologies for different parts of the body make whole-person care difficult

MORE THAN 80% OF THE DISTRICT'S MEDICAID ENROLLEES ARE IN MANAGED CARE

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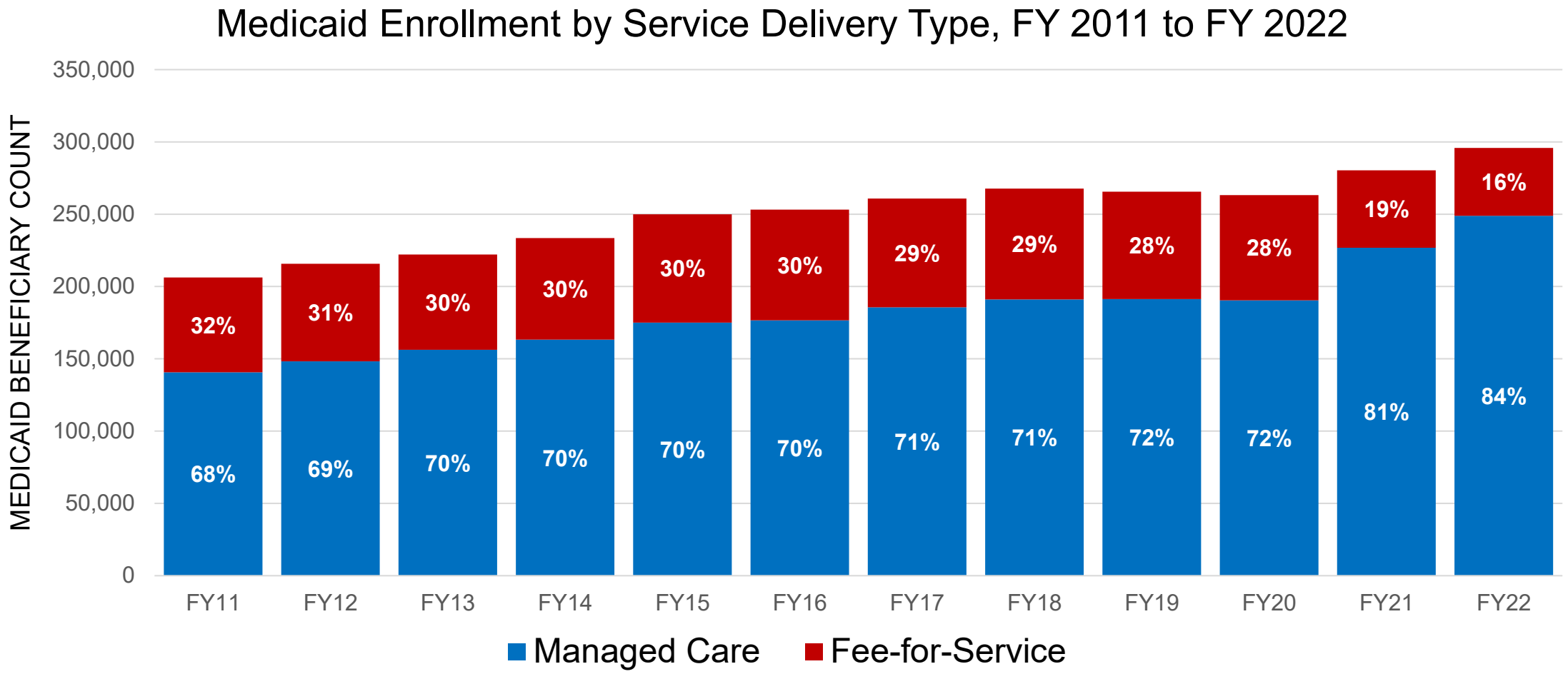

Source: DHCF Medicaid Management Information System data extracted in March 2023.
Note: Enrollment reflects average monthly.

A CRITICAL PIECE TO REMEMBER

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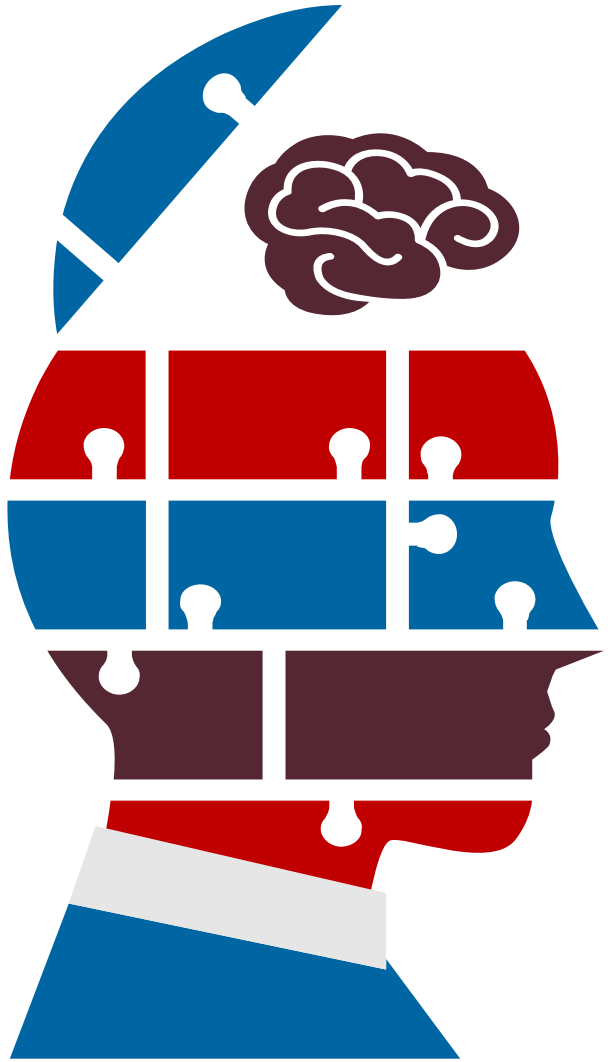

Integrated funding

≠

Integrated care

THE CHANGE ARC

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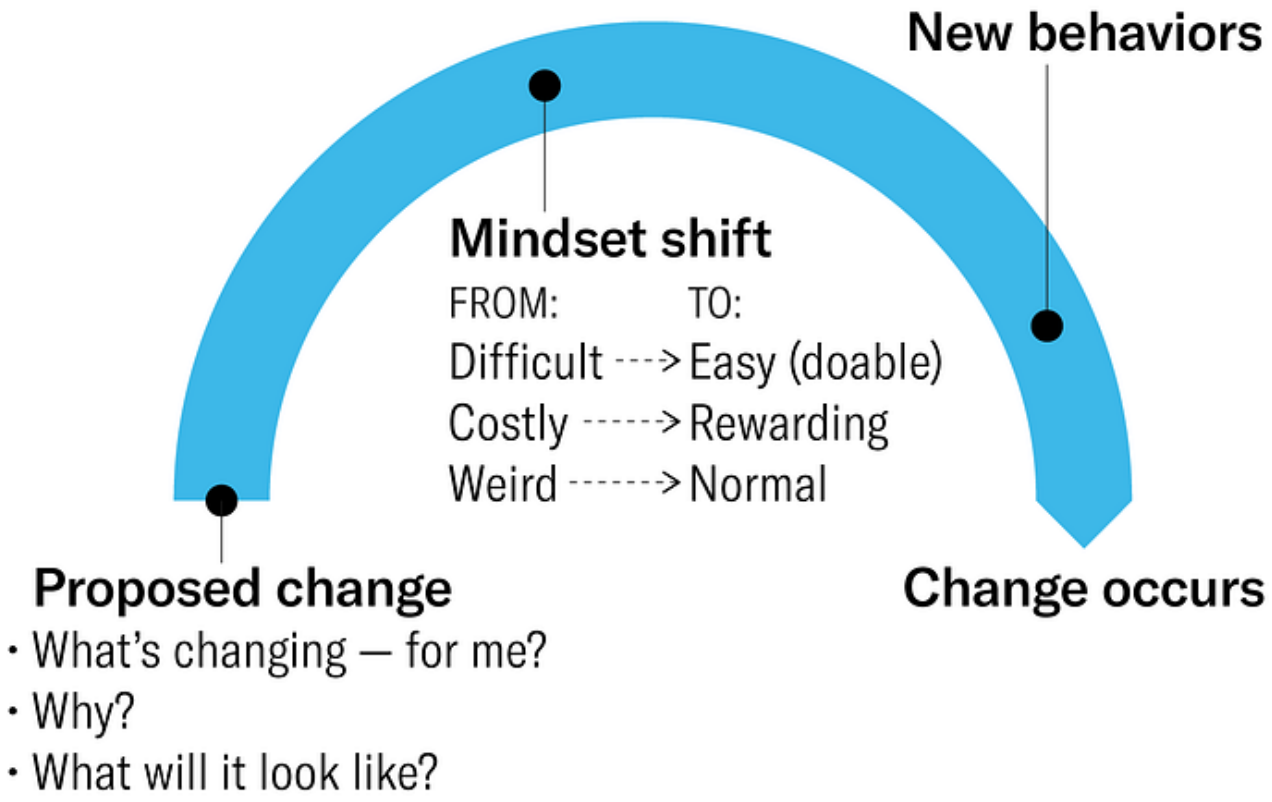

Adapted from *Change from the Inside Out: Making You, Your Team, and Your Organization Change-Capable* by Erika Andersen

SELF-LEADERSHIP

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Self-awareness

- ability to see ourselves clearly, who we are, how others see us and how we fit into the world (Tasha Eurich)

Self-acceptance

- the state of complete acceptance of oneself…true self-acceptance is embracing who you are, without any qualifications, conditions, or exceptions (Leon Seltzer)

Self-management

- the development of six key traits: self-control, transparency, adaptability, achievement, initiative, and optimism (Daniel Goleman et al)

Self-growth

- a desire to become a better version of oneself every day (Chaya Jain et al)

IMPLEMENTING CHANGE: ADAPTIVE LEADERSHIP

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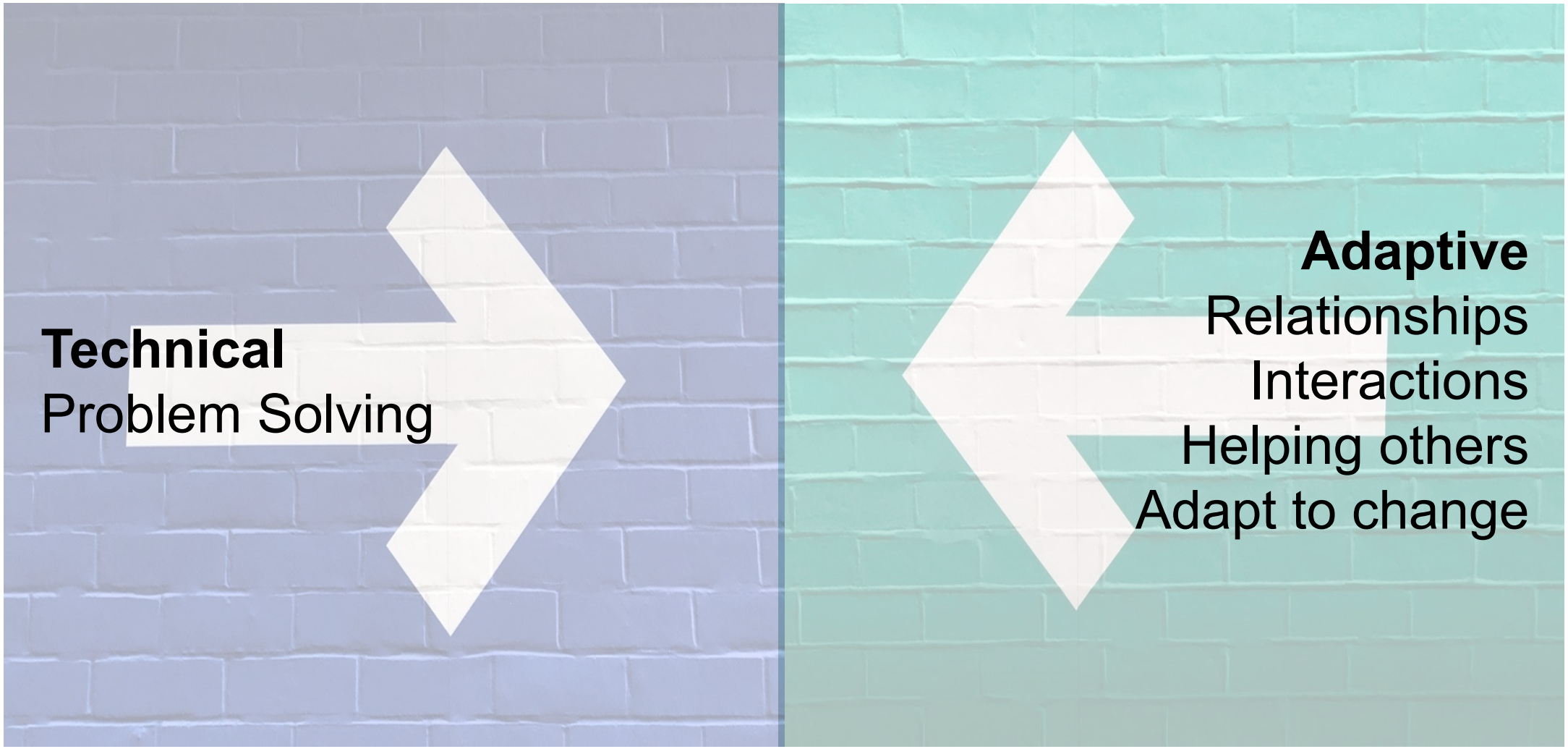

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CHARACTERISTICS OF ADAPTIVE WORK

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- Gap between the way things are and the desired state
- Multiple perspectives on the issue
- Behaviors and attitudes need to change
- Old ways need to change, creating a sense of loss
- People with the problems are key to solving the problems
- Resistance is triggered in stakeholders
- It takes longer than technical work

ADAPTIVE CHALLENGE

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"The most common cause of failure in leadership is produced by treating adaptive challenges as if they were technical problems."

Why do we often prefer to use technical solutions?

- Less ambiguity
- Less change management or buy-in needed
- Clear solution
- Expertise-driven

Heifetz, Ronald A., Marty Linsky, and Alexander Grashow. *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World.* Harvard Business Press, 2009.

WHAT IS REQUIRED FOR ADAPTIVE LEADERSHIP TO BE EFFECTIVE?

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Mission	**Vision**
Strategies and Tactics	**Organizational Culture**

Rihal, C.S. The Importance of Leadership to Organizational Success. (2017). NEJM Catalyst, 3(6). https://catalyst.nejm.org/importance-leadership-skills-organizational-success/

INTRODUCTION TO THE LEADERSHIP SUPPORT SERIES FOR 2024 – KEY TOPICS

LEADERSHIP LEARNING COLLABORATIVE 2024

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- **Who:** Administrative, operational, financial, strategic, & clinical leaders
- **Why:** Expert and peer support and a structure to help your practice manage change and achieve practical progress toward an integrated and financially sustainable model for improved care and outcomes.
- **What:** Small groups each led by a subject matter expert will move through learning topics and use tools and strategies to achieve agreed-upon goals. Individual practice coaching also available to participants.
- **When:** Early 2024; minimum 6 virtual & in-person sessions over 3 months
- **How:** Visit www.integratedcaredc.com and select **Request Consultation** button to sign up now or to request more information.

LEADERSHIP LEARNING COLLABORATIVE: MEETING THE CHALLENGE OF A DYNAMIC ENVIRONMENT

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Focus areas may include, for example:

- Applying change management approaches
- Maximizing the board composition and management
- Understanding the cost of care
- Budgeting for financial sustainability
- Contracting for value-based payments
- Meeting quality goals
- Designing models of care
- Developing, joining, and operationalizing networks
- Reporting and analyzing data to support VBP models
- Identifying opportunities to improve population health
- Fostering a thriving workforce
- Developing implementation plans

LEADERSHIP LEARNING COLLABORATIVE: ACHIEVING PRACTICAL PROGRESS

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Goals may include, for example:

- Develop or refine a strategic plan
- Create a quality improvement plan
- Establish an MOU or partnership agreement
- Make operational/financial system changes to capture cost of care
- Improve data collection, analytics, and reporting
- Operationalize a new protocol or process
- Define a model of care

IDENTIFYING IMPROVEMENT OPPORTUNITIES

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Stakeholder interviews

Performance reports from the CRISP HIE and payers

Internal data analytics

Review of evidence-based models of care and other best practices

Underutilization of Ambulatory Services Pre-Admission and Post-Discharge

Days Pre-Admit	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: (2)	702	640	596	543	500	452
Claims Category	Percent With (3)					
Rx-Psych/Sub	33.2%	29.1%	26.2%	25.6%	24.0%	22.1%
Rx-Other	41.0%	40.5%	37.4%	40.1%	37.0%	35.6%
Med-Other-Psych/Sub	52.3%	37.3%	33.7%	36.1%	32.0%	30.5%
Med-Other-Other	52.3%	40.0%	35.2%	42.9%	36.8%	36.3%
Med-Primary Care	28.6%	20.8%	22.5%	21.7%	22.4%	22.6%
Med-ED-Psych/Sub	21.5%	6.6%	5.7%	6.1%	5.2%	3.8%
Med-ED-Other	24.6%	17.5%	12.2%	14.5%	14.0%	12.4%
Med-Inpatient-Psych/Sub	7.1%	6.3%	6.7%	6.8%	6.6%	5.5%
Med-Inpatient-Other	3.8%	2.3%	2.9%	1.8%	2.4%	3.1%
Total	**76.8%**	**66.6%**	**63.1%**	**68.9%**	**64.2%**	**61.3%**

Days Post-Discharge	1-30	31-60	61-90	91-120	121-150	151-180
Number Eligible: (2)	699	667	648	635	613	597
Claims Category	Percent With (3)					
Rx-Psych/Sub	50.5%	43.9%	45.1%	38.7%	40.8%	39.4%
Rx-Other	54.6%	46.3%	46.0%	44.7%	43.7%	46.2%
Med-Other-Psych/Sub	64.5%	54.0%	52.3%	49.4%	48.0%	45.2%
Med-Other-Other	52.4%	45.9%	44.9%	42.5%	43.1%	40.5%
Med-Primary Care	40.3%	27.6%	30.1%	25.7%	26.9%	27.5%
Med-ED-Psych/Sub	13.9%	10.8%	12.8%	9.4%	10.9%	8.2%
Med-ED-Other	20.2%	16.0%	15.6%	15.4%	15.0%	16.1%
Med-Inpatient-Psych/Sub	16.3%	11.8%	15.7%	12.1%	14.2%	10.6%
Med-Inpatient-Other	2.9%	2.5%	2.0%	3.6%	2.1%	3.0%
Total	**86.7%**	**78.4%**	**78.1%**	**75.7%**	**73.7%**	**72.0%**

MEDICAL AND BEHAVIORAL HEALTH MODELS

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Team-based care

Care management

Collaborative care

TEAM-BASED CARE

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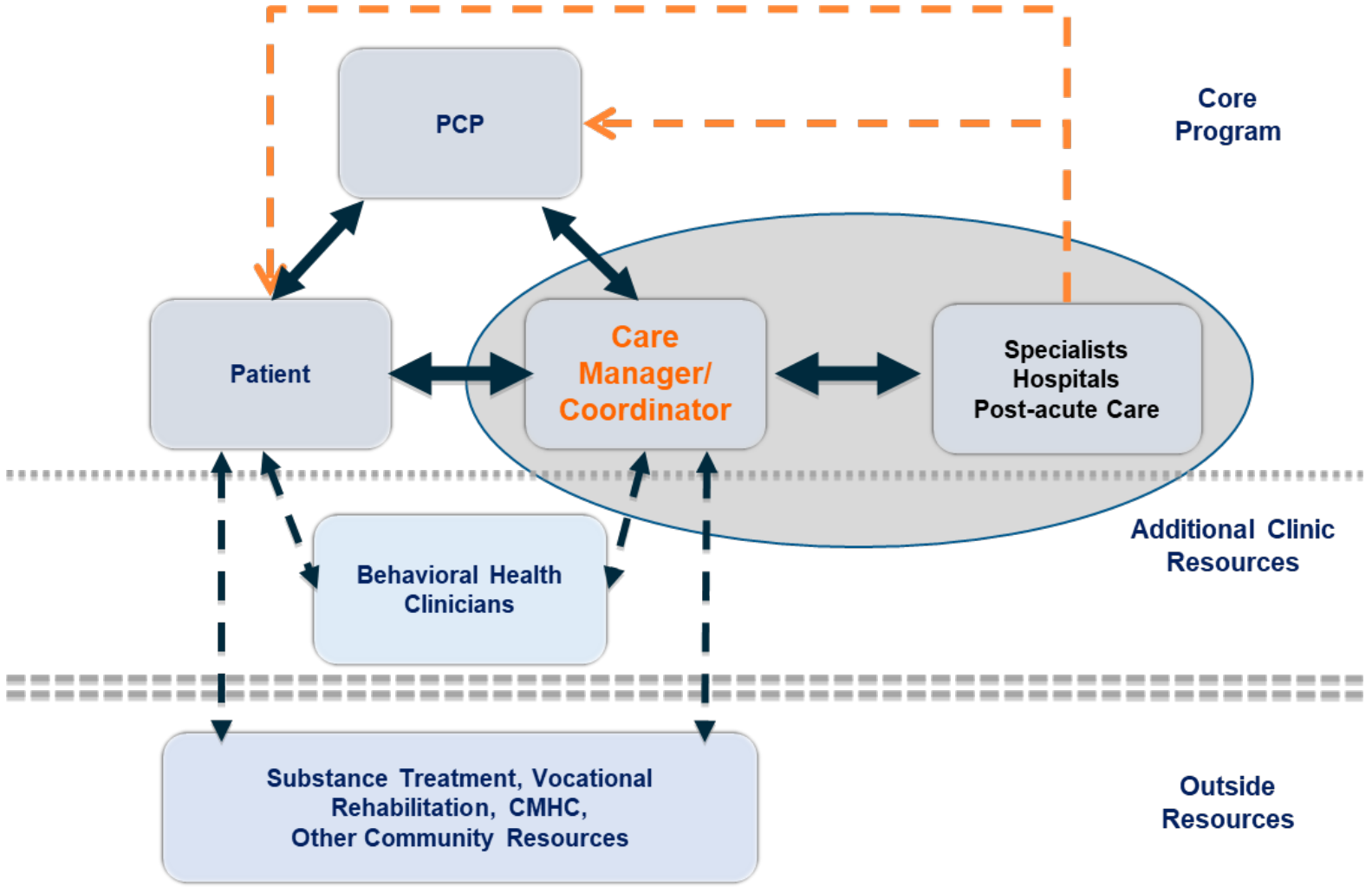

Source: Health Management Associates

COLLABORATIVE CARE MODEL IS TEAM-BASED CARE FOR CHRONIC BEHAVIORAL HEALTH CONDITIONS

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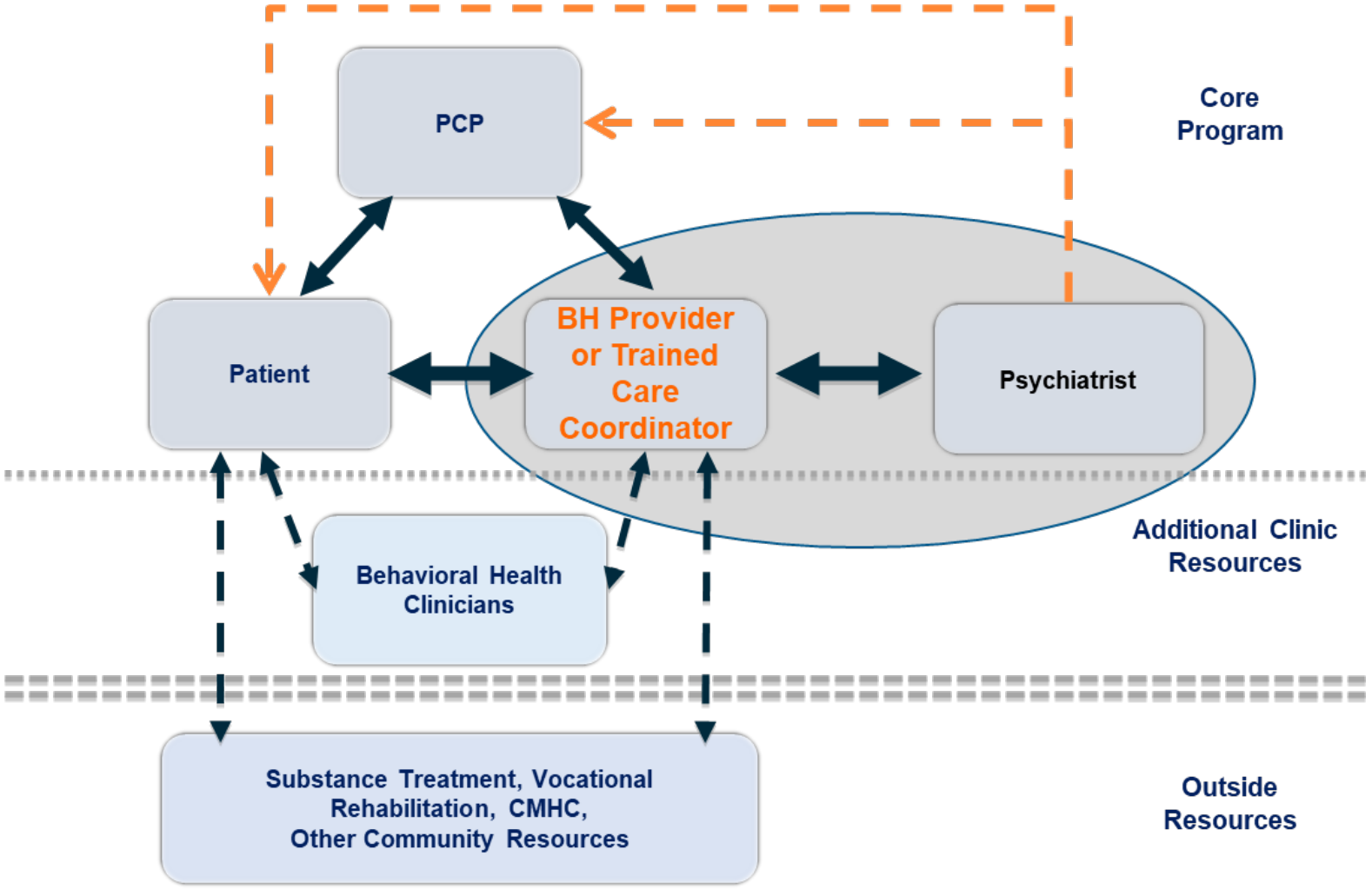

Source: Health Management Associates

Improvement:
PHQ-9 Reduction in Symptoms >=50%

Remission:
PHQ-9 < 5

Reduction in Symptoms

PRACTICE-LEVEL CARE MANAGEMENT AND CARE COORDINATION BY ROLE

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Care Coordinator/Community Health Worker (Unlicensed)

- Complete a screening health risk assessment (HRA)
- Follow up on needs identified on HRA
- Schedule appointments
  - PCP, care gaps, and hospital/ED follow-up
- Assist with community resources for SDOH and healthy living
- Patient coaching

Care Manager (LCSW/RN)

- High-risk care management
  - Comprehensive risk assessment, care plan, and ongoing follow-up
- Transitions of Care (TOC)
  - Inpatient TOC bundle (inpatient & post-discharge activities)
- Disease management

FINANCIAL PLANNING – USING A BUSINESS TOOL TO GUIDE IMPLEMENTATION

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1 Develop and Teach Use of a Business Planning Tool

Group and individual mentoring so users understand the financial planning process and how to use the tool

2 Gather Data for Input Into the Tool

Clarify data definitions and sources

3 Assess Baseline Financial Performance

Assure that the financial proforma accurately reflects financial performance

4 Finalize the Composition of the Care Team

Test various scenarios for financial reasonableness to finalize the care team composition and model of care

5 Monitor and Modify Implementation

Teach how to use actual experience to validate and modify assumptions in order to reforecast outcomes and inform modification to the approach

VALUE BASED PAYMENT (ALTERNATIVE PAYMENT MODELS) SPREAD IN MEDICAID

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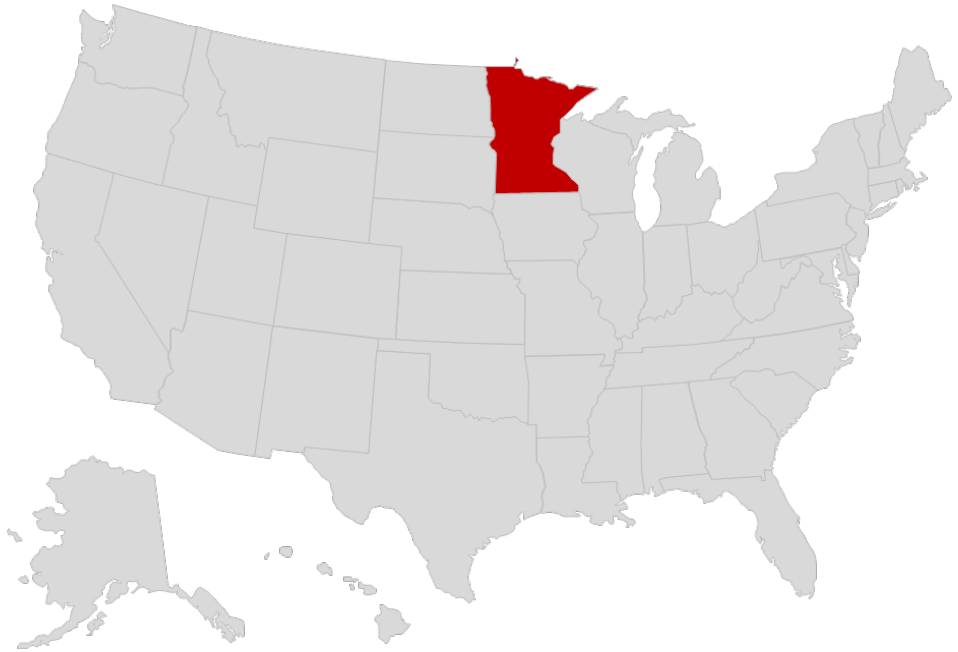
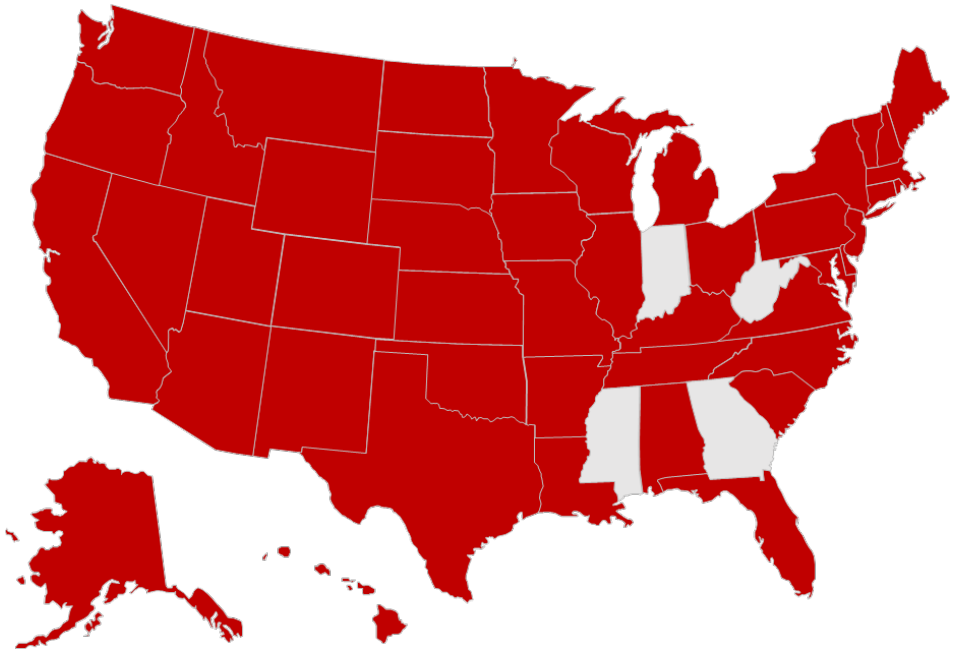
2008



2019



Value-Based Reimbursement State-By-State: A 50-State Matrix Review of Value-Based Payment Innovation. Change Healthcare, 2019.

THE GLIDEPATH TO MORE ADVANCED ALTERNATIVE PAYMENT MODELS (APMs)

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Pay for Performance	Upside	Upside and Downside	Bundled Care	Capitation
» Usually, quality-gap based	» No risk for provider	» Begins risk for providers	» Provider risk is specific but high in cases	» Typically, as a percent of premium for full capitation
» Was around for decades	» Can be with or without "quality gates"	» Real financial alignment	» Alignment of finances	» Partial arrangements also exist
» Does not really align finances in a meaningful way	» Begins alignment of finances	» Requires two-way data connections for success	» Almost always procedure based	» High financial alignment
» No risk for provider			» Some interesting disease-based arrangements exist	» *"Bill Aboves"* may exist

Less Complex → More Complex

HCP LAN FRAMEWORK: ACCOUNTABILITY, INTEGRATION, AND RISK GO TOGETHER

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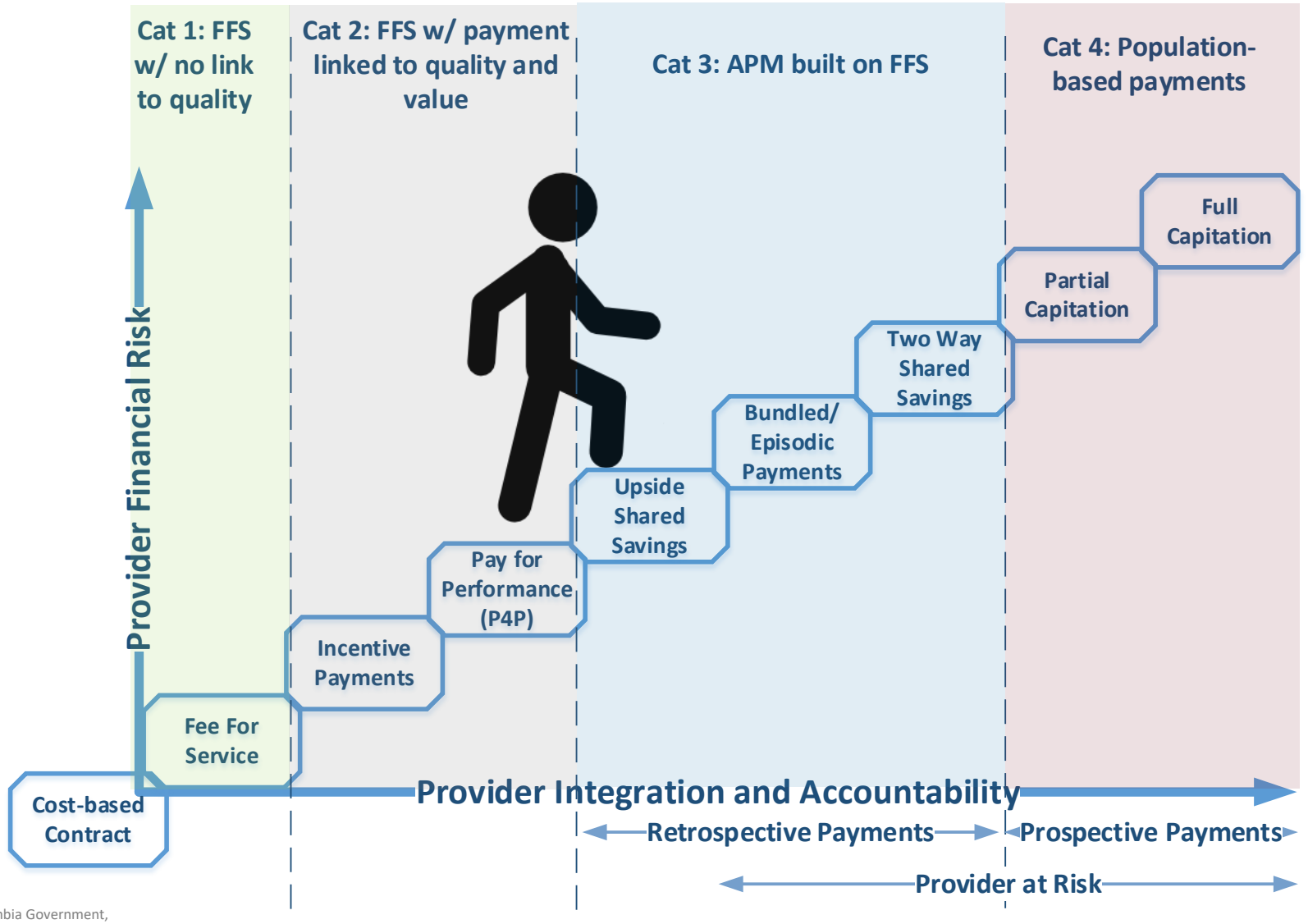

Source: The MITRE Corporation. (2017). *Alternative payment model (APM) framework - HCPLAN*. Health Care Payment Learning & Action Network. Retrieved May 5, 2023, from https://hcp-lan.org/workproducts/apm-whitepaper.pdf

HCP LAN Framework

THE INTRODUCTIONS OF NETWORKS (PLATFORMS)

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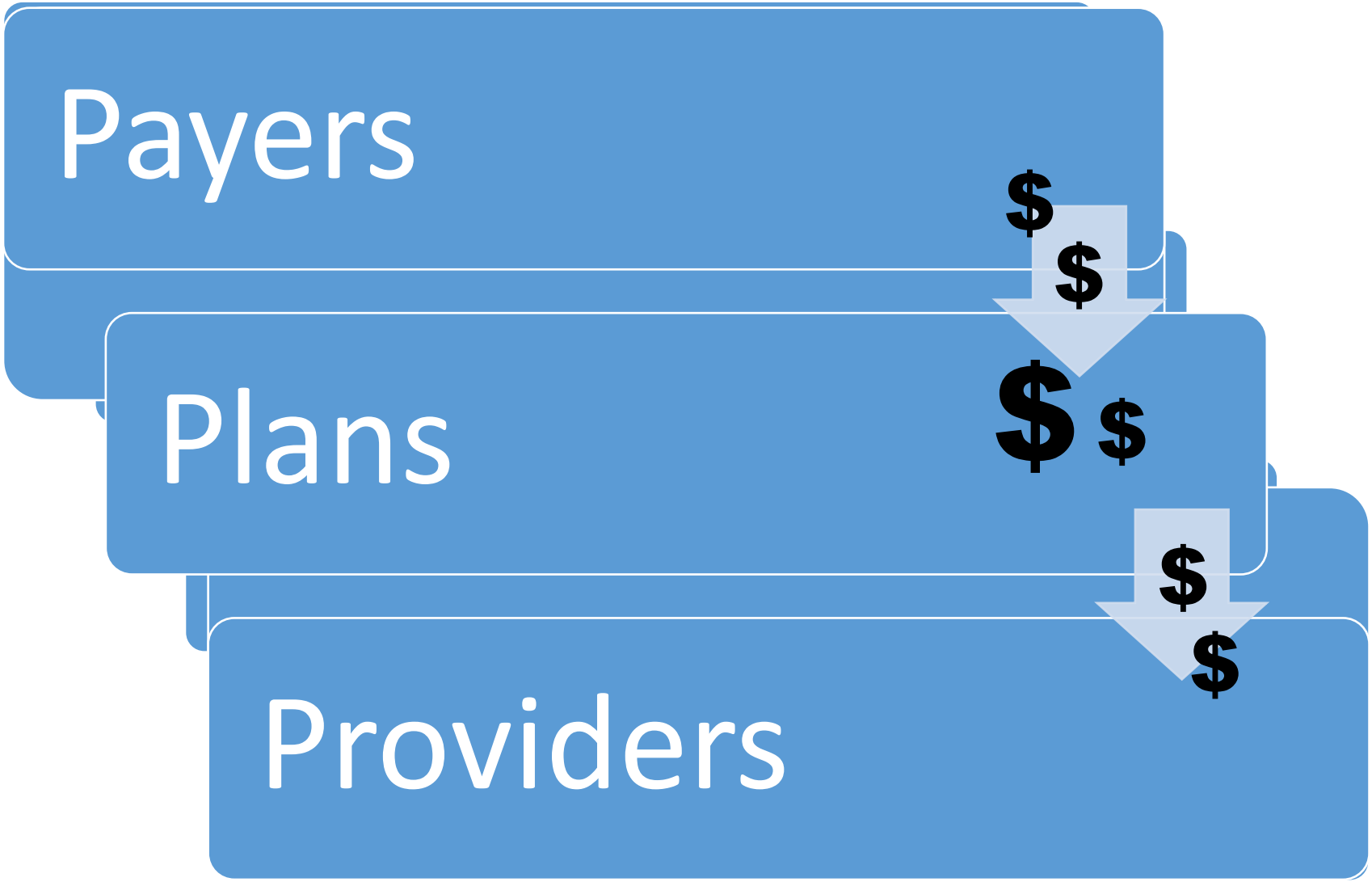

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WHAT MAKES NETWORKS USEFUL

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- Networks (IPAs, ACOs, CINs, etc.) are designed to respond to a particular set of needs
  - Coordinated purchasing
    - Single signature
  - Coordinated selling
    - Collective bargaining
  - Integrated care
  - Consolidated infrastructure
    - Data
  - Accountability and the ability to take risk

Networks:

IPA- Independent Physician Association

ACO-Accountable Care Organization

CIN- Clinically Integrated Network

WRAP UP AND NEXT STEPS

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- Please complete the online evaluation! **If you would like to receive CE or CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- The webinar recording will be available within a few days at: www.integratedcaredc.com/learning
- For more information about Integrated Care DC, please visit: www.integratedcaredc.com

Q&A

REFERENCE LIST

INTEGRATED CARE DC
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- Bodenheimer T. and Sinsky C. (2014). From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med*, 12:573-576.
- Coleman K., Wagner E., Schaefer J., Reid R., and LeRoy L. (2016). Agency for Healthcare Research and Quality; Redefining Primary Care for the 21st Century. White Paper. (Prepared by Abt Associates, in partnership with the MacColl Center for Health Care Innovation and Bailit Health Purchasing, Cambridge, MA under Contract No.290-2010-00004-I/ 290-32009-T.) AHRQ Publication No. 16(17)-0022-EF.
- Eurich, Tasha. (2017). *Insight.* Crown Currency.
- Goleman, Daniel. (2005). *Emotional Intelligence.* Random House Publishing Group.
- Heifetz, R.A., Linsky, M., and Grashow, A. (2009). *The Practice of Adaptive Leadership: Tools and Tactics for Changing Your Organization and the World.* Harvard Business Press,.
- Jain, C.R., Apple, D., and Ellis, Jr., W. (June 2015). What is Self-Growth? *International Journal of Process Education* (Volume 7 Issue 1). Accessed from internet 10/20/2020. Retrieved from https://www.pcrest.com/recovery/articles/selfgrowth.pdf

REFERENCE LIST

INTEGRATED CARE DC
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- Henry J. Kaiser Family Foundation. (May 2017). Medicaid's Role in Behavioral Health. https://www.kff.org/infographic/medicaids-role-in-behavioral-health
- Rihal, C.S. The Importance of Leadership to Organizational Success. (2017). *NEJM Catalyst*, 3(6). https://catalyst.nejm.org/importance-leadership-skills-organizational-success
- Schroeder, Steven A. (2007). We Can Do Better – Improving the Health of the American People. *N Engl J Med,* 357:1221-8
- Seltzer, L. F. (2008). The path to unconditional self-acceptance. *Psychology Today.* Retrieved from https://www.psychologytoday.com/us/blog/evolution-the-self/200809/the-path-unconditional-self-acceptance
- The MITRE Corporation. (2017). *Alternative payment model (APM) framework - HCPLAN*. Health Care Payment Learning & Action Network. Retrieved May 5, 2023, from https://hcp-lan.org/workproducts/apm-whitepaper.pdf
- Change Healthcare. (2019). Value-Based Reimbursement State-By-State: A 50-State Matrix Review of Value-Based Payment Innovation. https://www.changehealthcare.com/insights/value-based-reimbursement-by-state
- Zur J., Musumeci, M., and Garfield, R. (June 2017). Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals, Henry J. Kaiser Family Foundation, https://www.kff.org/mental-health/issue-brief/medicaids-role-in-financing-behavioral-health-services-for-low-income-individuals