

STRATEGIES FOR EFFECTIVE QUALITY IMPROVEMENT IN VALUE-BASED ARRANGEMENTS

COST OF CARE PART 4

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

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May 7, 2024
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 \$4,598,756, or 74 percent, of the project is financed with federal funds, and 1,639,167, or 26 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.



- » 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 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.



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Check your inbox on the 1st Tuesday for the Monthly Newsletter.



» **Got ideas?**

Take this short survey to share suggestions and requests for trainings.

www.integratedcaredc.com/survey



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

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Strategies for Effective Quality Improvement in Value-Based Arrangements

- » Welcome and Program Announcements
- » What have we learned so far?
- » Understanding the Importance of Continuous Quality Improvement
- » Key Principles of Quality Improvement
- » Leveraging Data for Quality Improvement
- » Data-Informed Process Transformation
- » Closing Remarks/Q&A

LEARNING OBJECTIVES

1. Explain the importance of continuous quality improvement on patient outcomes, safety, and satisfaction.
2. Select appropriate tools and frameworks for implementing quality improvement initiatives.
3. Utilize analytics and performance metrics to drive quality improvement initiatives.
4. Devise strategies to utilize data effectively for driving meaningful changes in healthcare delivery and outcomes.



Source Image: Adobe Stock Photo

WHAT HAVE WE LEARNED SO FAR?

1

- » Definition of Cost in terms of Direct and Indirect
- » Measurable units of services that are associated with services delivered by the Provider
- » The various components of cost categorized within Direct or Indirect
- » The calculation of cost per unit for services delivered using an interactive tool
- » How the cost per unit calculation can be utilized with specific modifications of same, to support decision making in managing the business
 - Understanding the financial implications of current and expansion of existing newly introduced Models of Care
 - New models will need to consider investments in Clinical, Quality, and Infrastructure in terms of Operations, Human Resources, and capital investment such as IT
- » Understanding of Contribution Margin, Bottom Line, and key financial drivers

2

- » More detail as to the components of Direct and Indirect costs
- » Allocation of Indirect Cost to the service line and the various options to do same
 - Use of specific methodology is dependent upon each business situation
 - Use of Indirect Cost allocation tool
- » Measuring staff productivity
 - Example of time study supported by documented activities performed by a Community Support Worker
 - Billable and non-billable activities to support:
 - Visit-based reimbursement
 - Achievement of measures and metrics within Value-Based Arrangements

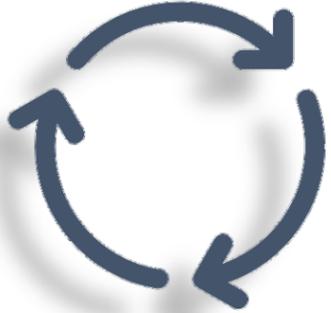
3

- » Education as to the multiple categories of value-based payment types
 - Pay for Performance standards/indicators with link to quality measures and metrics
 - Alternative Payment Methodologies
 - Shared savings/risk
 - Changes that may be needed to clinical delivery and approach to care management
 - May require new model of care and additional financial resources to support same
- » Demonstration on how incremental net revenues for value-based arrangements should be considered as part of the evaluation as to the financial sustainability of a service line
- » How new models of care can be funded through alternative payment methodologies

3

- » Consideration of infrastructure costs need to support the value-based arrangement
 - Options to acquire such resources with particular emphasis on those that could address the ability of smaller providers to make required investments
 - Managed Care contracting
 - Data capture, management, and analytics
 - Monitoring and reporting of measures and metrics
- » Importance of proven methods to implement change, improve processes, or adding new models of care to improve patient outcomes and capturing payments offered under Value-Based Arrangements

UNDERSTANDING THE IMPORTANCE OF CONTINUOUS QUALITY IMPROVEMENT



WHAT IS CQI?

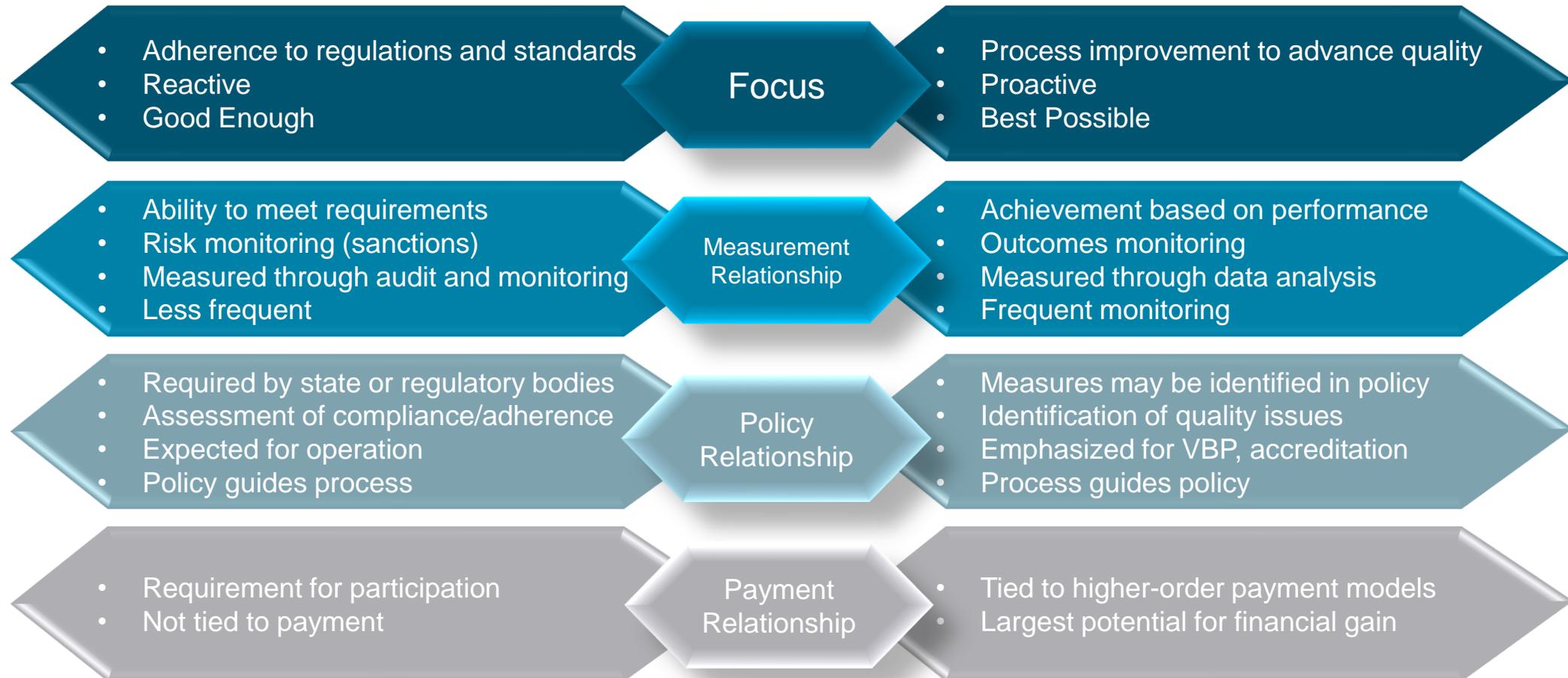
- A systematic approach to specifying the processes and outcomes of a program or set of practices through regular data collection and the application of change strategies that may lead to improvements in performance.
- A consistent and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality improvement.

WHY DO CQI?

1. Streamline and improve services.
2. Connect data to practice.
3. Ensure implemented change strategies are effective and ineffective change strategies are abandoned.
4. Identify and disseminate best practices and lessons learned.
5. Engage a broader set of stakeholders and experts.

Quality Assurance

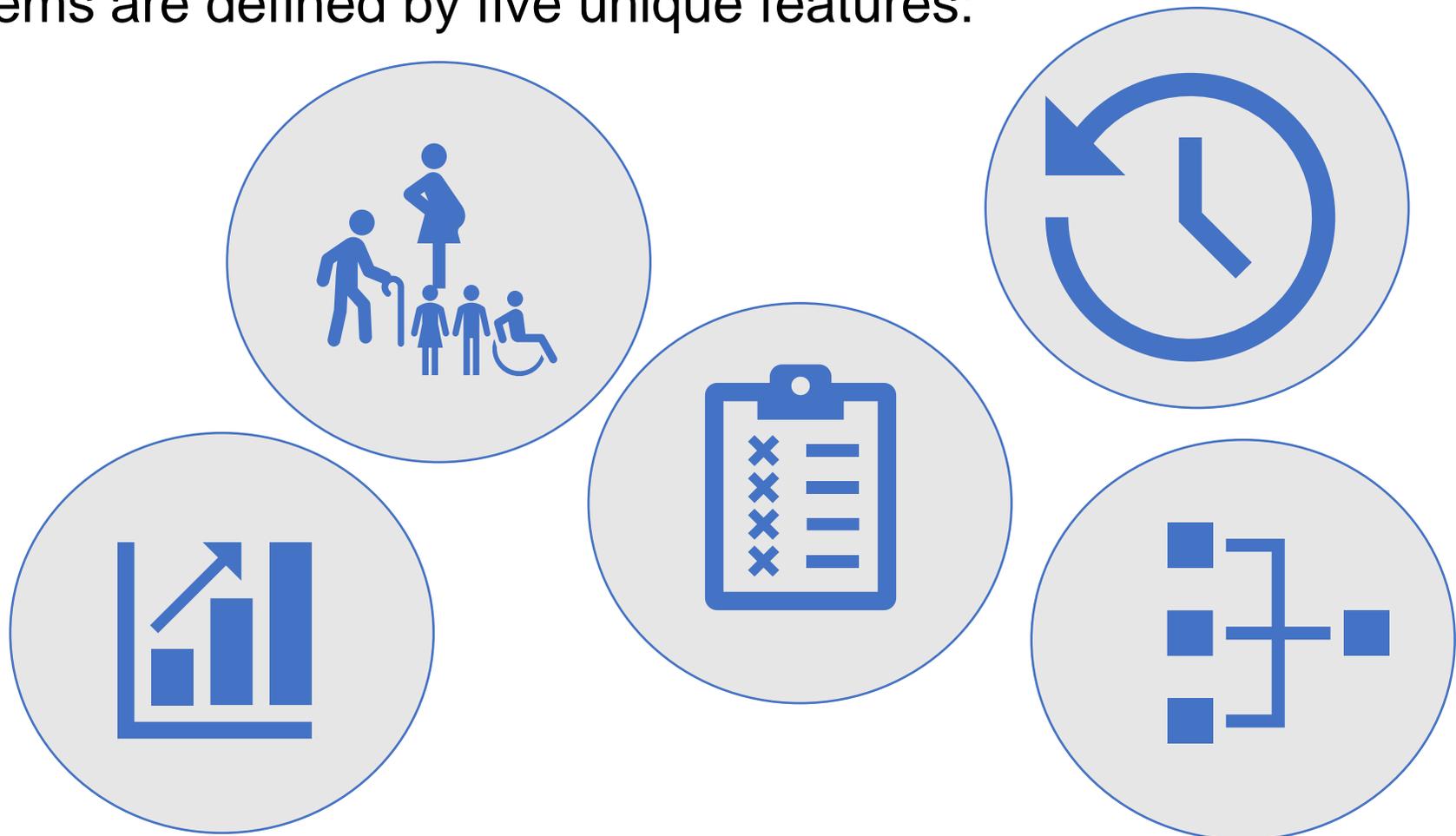
Quality Improvement



KEY PRINCIPLES OF QUALITY IMPROVEMENT

Effective CQI systems are defined by five unique features:

1. Data-Driven
2. Inclusive
3. Proactive
4. Systematic
5. Holistic



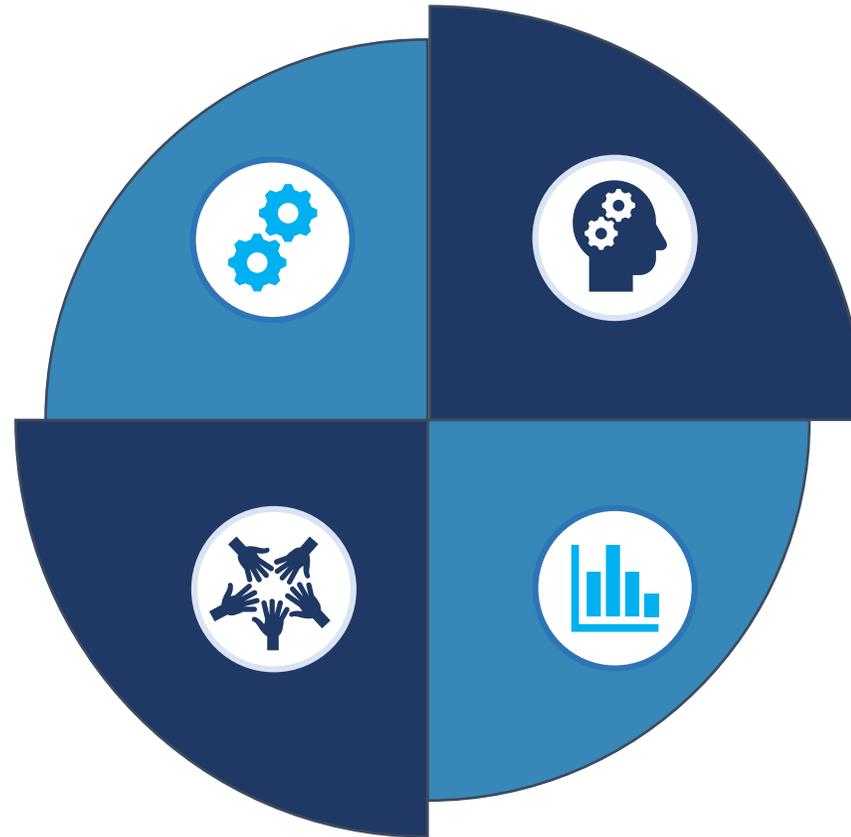
KEY QUALITY IMPROVEMENT PRINCIPLES FOR SUCCESSFUL INITIATIVES

Focus on Delivery System & Process

Organize input, process, and output. 85% of quality challenges can be traced to a process problem. Well-defined processes reduce variation

Focus on a Team-Based Process

QI efforts need buy-in from all stakeholders. Processes often cross functions/departments and quality solutions generally affect many.



Focus on Patients

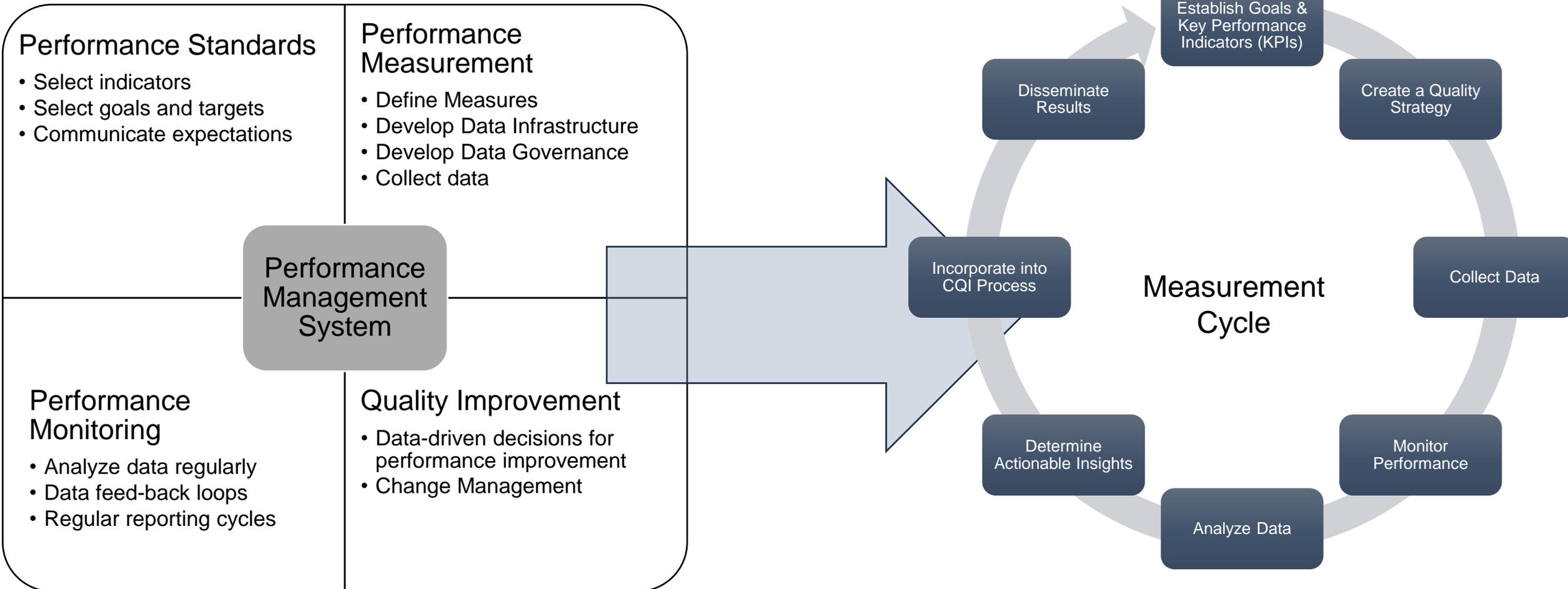
The goal of most QI efforts is to improve clinical outcomes (either immediately, adjacent, or over time). The focus should always be on the needs and experience of patients

Focus on Using Data to Inform Decisions

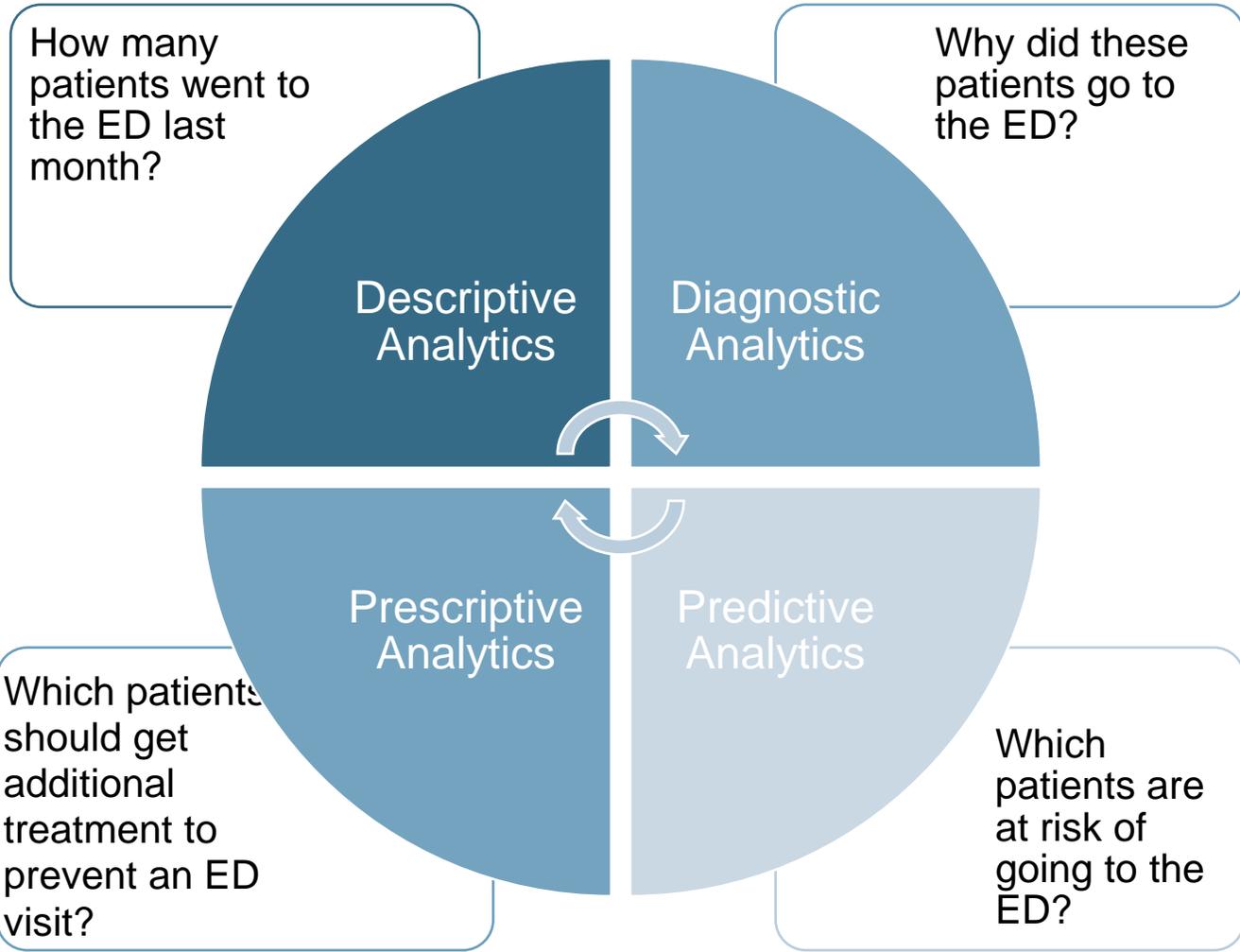
Data provides a common reference point to develop information which can be used to identify root causes and monitor performance outcomes

LEVERAGING DATA FOR QUALITY IMPROVEMENT

USING A MEASUREMENT FRAMEWORK FOR QUALITY IMPROVEMENT & PERFORMANCE MANAGEMENT



MATURE DATA ANALYTICS TO DRIVE ACTIONABLE STRATEGY



- >> Descriptive Analytics: Understanding the behavior of the patient population can help with adjusting preventative care initiatives and predicting risk factors for certain diseases
- >> Diagnostic Analytics: Stresses the importance of understanding why things happened, such as determining why those patients were hospitalized.
- >> Predictive Analytics: Use of current and historic data to develop a model of predictive behavior or determine the likelihood of an event
- >> Prescriptive Analytics: Recommends actions that can be taken to potentially change the prediction, such as providing preventive care to the most high-risk patients
- >> Prescriptive analytics is used to determine the best possible solution based on the data
 - Prescriptive analytics can help reduce costs and optimize health care
 - Move from volume to value
 - Facilitation of precision medicine

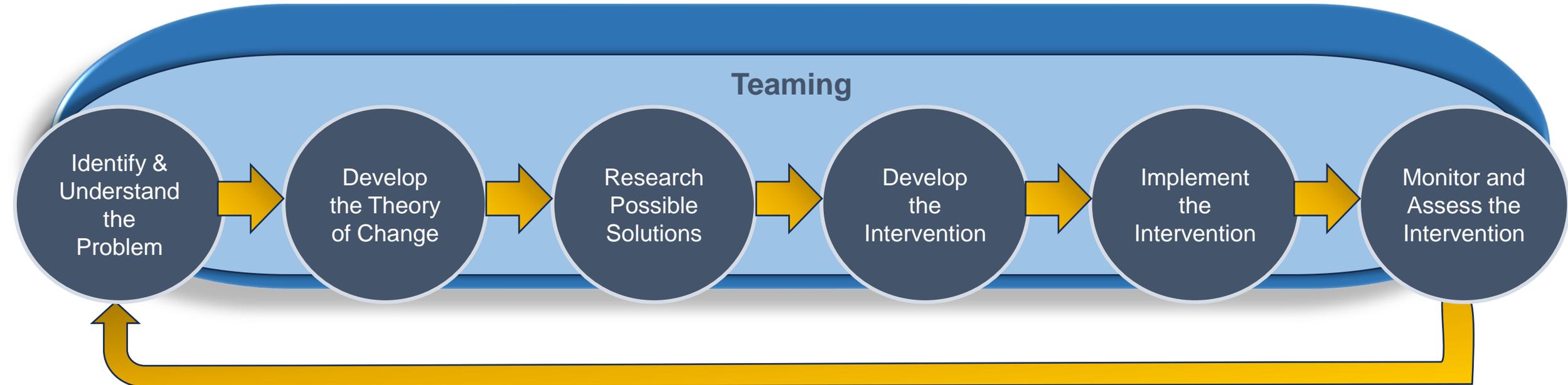
Performance Measurement	The development, application, and use of metrics to continually assess the achievement of standards, progress of activities, and estimate likelihood of target achievement
Key Performance Indicators (KPIs)	A quantifiable measure used to determine how well an organization is meeting its strategic goals
Baselines	A fixed point of reference used for comparison which serves as the “starting point of comparison”
Benchmarks	Measuring and comparing results of key indicators with other organizations which serves as a standard that provides a basis for comparative performance
Metrics	Defined measures tracked regularly related to specific efforts, activities, or initiatives for the purposes of tracking performance

DATA-INFORMED PROCESS TRANSFORMATION

STEPS IN CQI IMPLEMENTATION

Guiding Tenets:

1. Pay attention to whether different populations in your community experience the problem differently or have varying needs
2. Create logical connections between the steps
3. Consider customized approaches when standard organizational interventions do not meet population needs
4. Pilot programs or interventions on a small scale to introduce gradually
5. Use data to inform decision-making about adopting, adapting, or abandoning a program or set of practices



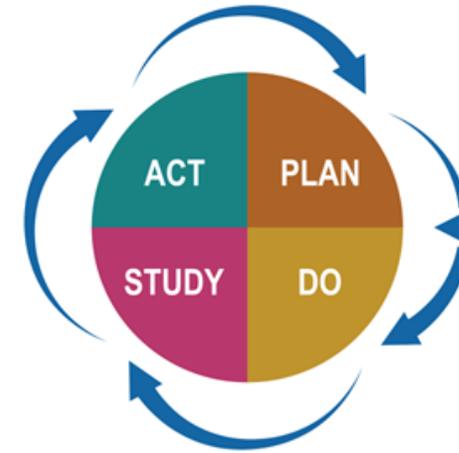
PLAN – DO – STUDY – ACT

Plan: Select and identify a problem, analyze problem, generate potential solutions, select and plan solution

Do: Implement solution on a test basis

Study: Evaluate test implementation

Act: Adopt/Adapt/Abandon; Implement organization-wide



Name the aim

What are you trying to accomplish? What problem are you trying to solve?

How will you measure

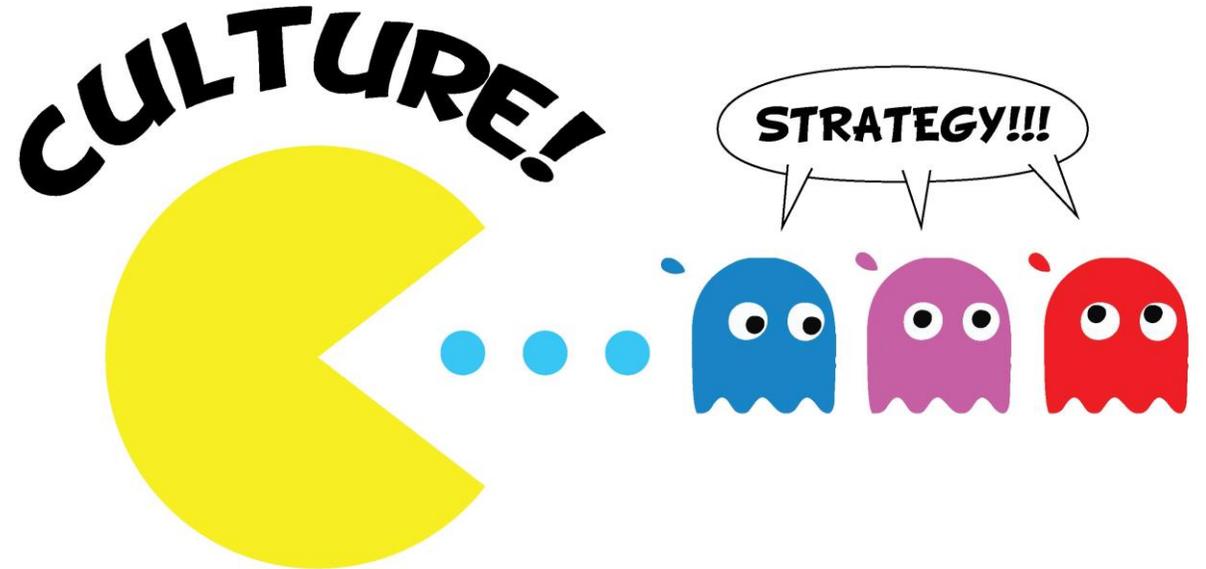
How will we know that a change is an improvement?

Select a change

What changes can we make that will result in improvement or solve the problem?

S	M	A	R	T	E	R
						
Specific	Measurable	Achievable	Relevant	Timebound	Evaluate	Review
Work plans include what we will accomplish and who will do the work.	Measure progress for each component by managing the project schedule.	Work plans demonstrate logical activities in the sequence necessary to accomplish the work we propose to do.	The activities and tasks in work plans support the achievement of components and overall state goals.	Work plans include estimated start/end dates for each task to help keep project activities on track.	All activities in work plan are evaluated on measurable components to determine impact or effectiveness	Activity impact is reviewed and adjusted based on evaluation

- » Necessitates a change in both values and practices
- » Create a culture for learning from data, not a punitive culture that punishes undesirable results
- » Train and educate
- » Highlight CQI initiatives
- » Model



Source Image: [Culture to Cash](#)

APPLICATION

EXAMPLES OF TRADITIONAL BEHAVIORAL HEALTH METRICS

Follow-up after Hospitalization for Mental Illness
– 7 days, 30 days

Follow-up after Emergency Department Visit for Mental Illness – 7 days, 30 days

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medication

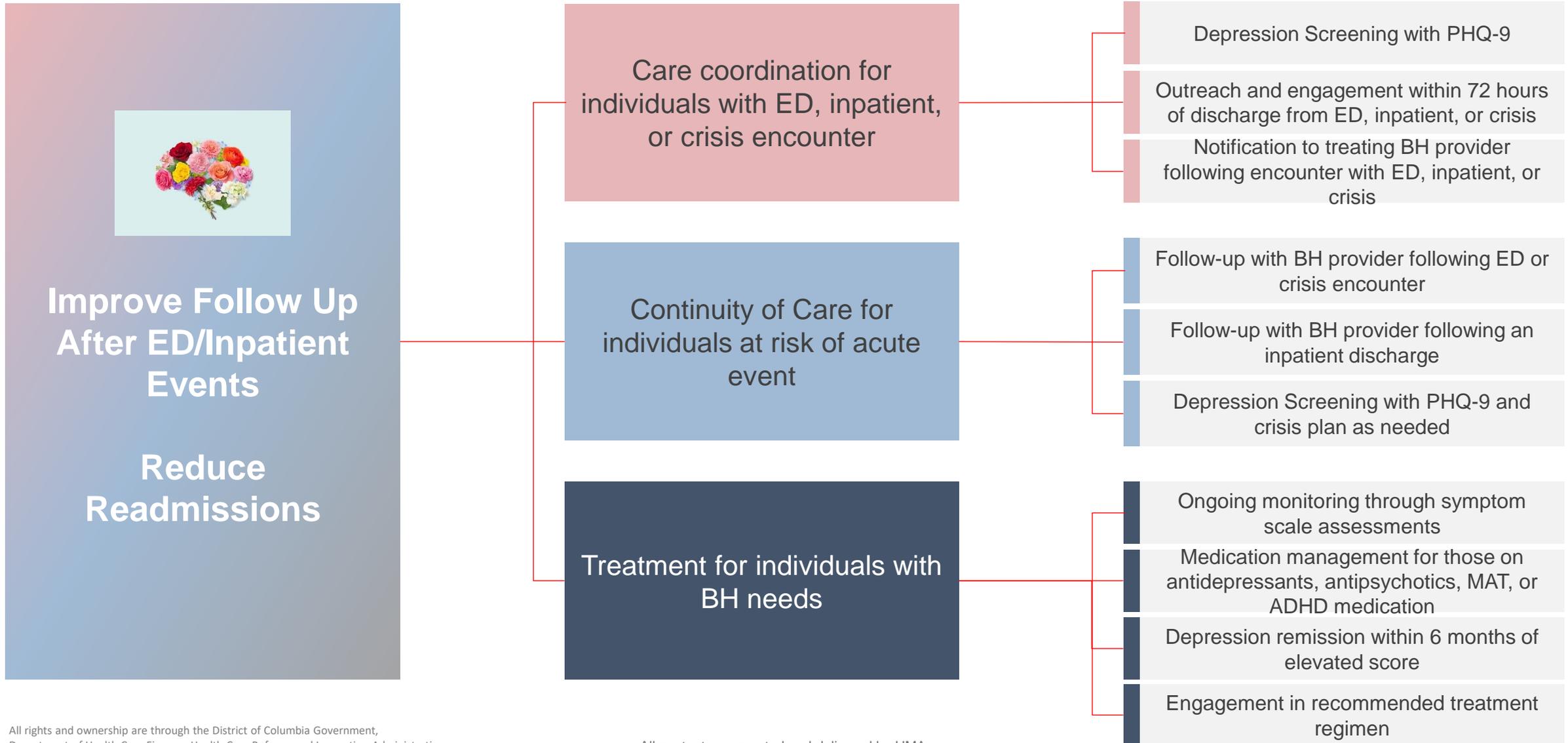
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia

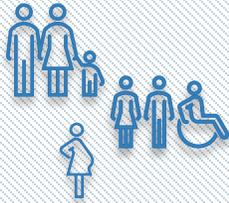
Use of Opioids at High Dosage

Call for Reform in Traditional Behavioral Health Measures:

- >> Adopted from physical health measures
 - Too large of a focus on physical health
 - Default to Healthcare Effectiveness Data and Information Set (HEDIS) measures
- >> Behavioral Health Providers have limited ability to influence outcomes
- >> Largely process measures

FOLLOW-UP DRIVER DIAGRAM





Gain a deep understanding of the patient population to gain insights into specific behavioral health indicators.

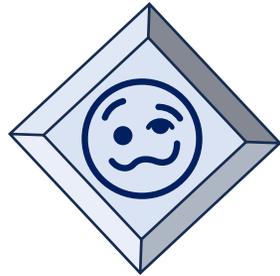


Leverage data for improved diagnostic accuracy, seamless care coordination, and enhanced communication between patients and clinicians.



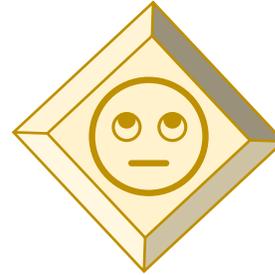
Enhance treatment protocols, streamline clinical workflows, and innovate new processes to address identified gaps in care delivery.

WHERE DO I GO FROM HERE (QUALITY)



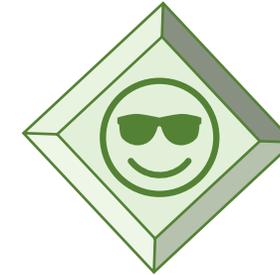
Initiating

- ✓ Optimize documentation workflows
- ✓ Inventory quality activities and interventions
- ✓ Implement continuous monitoring
- ✓ Pinpoint key organizational performance indicators
- ✓ Begin using data-driven practices consistently
- ✓ Leverage reports to initiate discussions on root causes
- ✓ Incorporate process metrics to discern performance-driving activities
- ✓ Establish a tailored suite of meaningful organizational metrics



Intermediate

- ✓ Promote patient engagement
- ✓ Evaluate quality initiatives based on cost-effectiveness
- ✓ Pinpoint organizational KPIs for evaluating financial stability and quality achievements
- ✓ Create reports for your organization's pertinent metrics
- ✓ Identify opportunities for process or practice enhancement
- ✓ Transform reporting into dynamic visual representations like dashboards
- ✓ Assess the impact of your activities on measures relevant to payers



Advanced

- ✓ Utilize predictive analytics to anticipate patient needs and potential health risks
- ✓ Evaluate financial returns on quality initiatives
- ✓ Forecast costs and anticipate the impact of interventions to enhance outcomes
- ✓ Align efforts and absorb cost areas efficiently
- ✓ Analyze data comprehensively across KPIs, meaningful metrics, and financial records to identify discrepancies
- ✓ Enhance the depth and complexity of your reporting

Q&A

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