Value-based purchasing survey results

Washington providers and health plans report 2017 VBP experiences

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Background

HCA's roles and our value-based roadmap

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# HCA: purchaser, convener, innovator

Medicaid (Apple Health)

- 2.2 million covered lives

- 5 MCOs: Amerigroup, Community Health Plan of Washington, Coordinated Care, Molina, United Healthcare

Public Employee Benefits Board (PEBB) & School Employee Benefits Board (SEBB)

- PEBB: 370,000 covered lives, statewide, and internationally

- SEBB: 144,000 (est.) covered lives beginning January 1, 2020

Innovation

- Medicaid Transformation

- State Innovation Model

- Centers of Excellence for Total Joint Replacement and Spinal Fusion

1 in 3 non-Medicare Washington residents

$12 Billion

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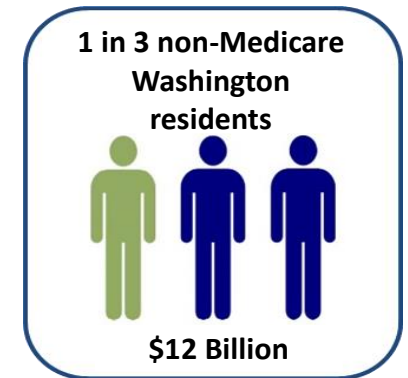
HCA purchasing goals

- By 2021:

  - 90 percent of state-financed health care and 50 percent of commercial health care will be in value-based payment arrangements (measured at the provider/practice level).

  - Washington's annual health care cost growth will be below the national health expenditure trend.

Tools to accelerate VBP and health care transformation:
- 2014 legislation directing HCA to implement VBP strategies
- SIM round 2 grant, 2015-2019
- Healthier Washington Medicaid Transformation 2017-2021

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Alignment with CMS Alternative Payment Models (APM) framework

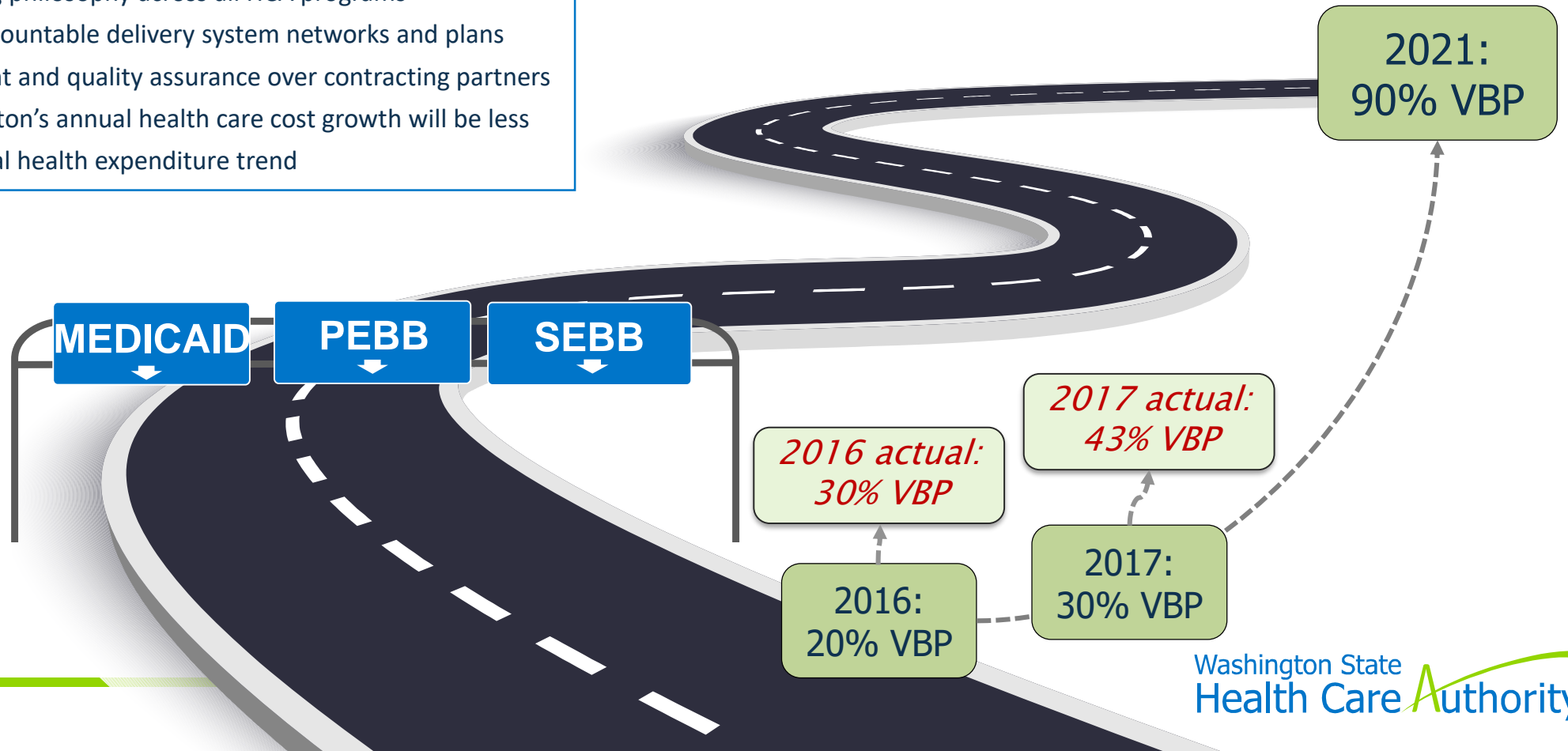State's VBP Standard:

Categories 2C → 4B
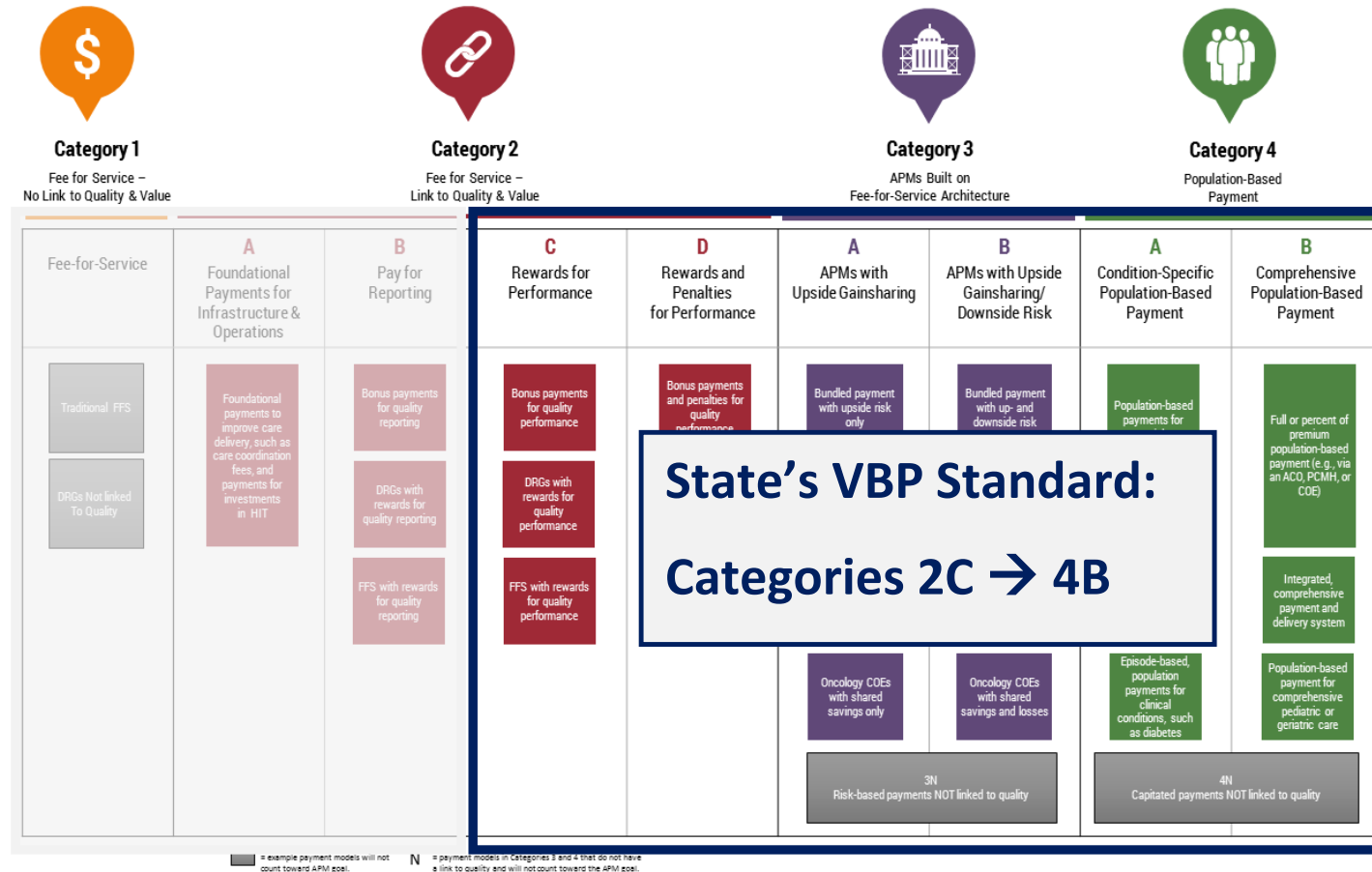
Value-based purchasing roadmap
Using incentives to drive change

Value-based purchasing goals:

- Align purchasing philosophy across all HCA programs
- Partner with accountable delivery system networks and plans
- Provide oversight and quality assurance over contracting partners
- Ensure Washington's annual health care cost growth will be less than the national health expenditure trend

MEDICAID

PEBB

SEBB

2021:
90% VBP

2016 actual: 30% VBP

2017 actual: 43% VBP

2016:
20% VBP

2017:
30% VBP

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Goal & vision statement

> **HCA's ultimate goal is to achieve a healthier Washington** – consistent with the quadruple aim – by containing cost growth while improving outcomes and both consumer and provider experience.

HCA's vision for 2021 is to drive toward a healthier Washington by using the State's authority and purchasing power to advance VBP.

- All HCA programs implement VBP according to an **aligned purchasing philosophy.**

- **Plan partners and accountable delivery system networks** comprise most of HCA's purchasing business.

- HCA exercises **significant oversight and quality assurance** over its contracting partners, implementing corrective action as necessary.

- Washington's **annual health care cost growth will be less than the national health expenditure trend**.

Source: HCA, "HCA Value-based Roadmap 2017-2021," January 2018

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Guiding Principles

The VBP Roadmap and our aligned purchasing philosophy is centered on a set of "guiding principles":

1) Continually strive for the quadruple aim of lower costs, better outcomes, and better consumer and provider experience;

2) Reward the delivery of person and family-centered, high value care;

3) Reward improved performance of HCA's Medicaid, PEBB, and SEBB health plans and their contracted health systems;

4) Align payment and delivery reform approaches with other purchasers and payers, where feasible, for greatest impact and to simplify implementation for providers;

5) Drive standardization and care transformation based on evidence; and

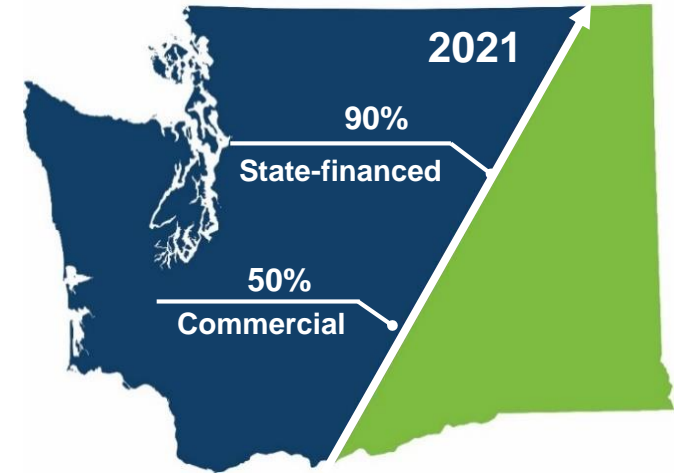6) Increase the long-term financial sustainability of state health programs.

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HCA's value-based purchasing survey

Tracking progress in calendar year 2017

Informing current and future strategy

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Overview
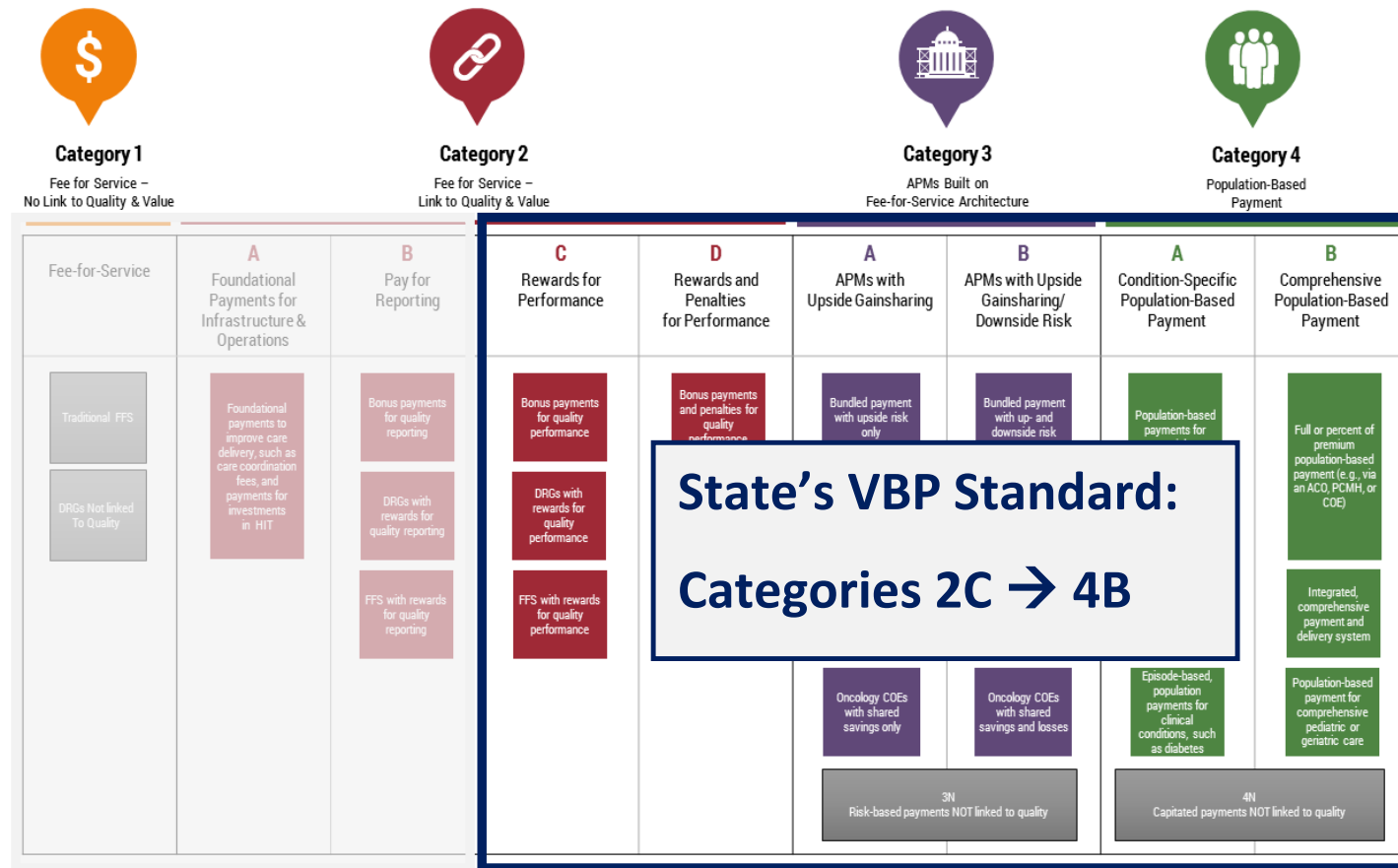
- Three surveys: MCO, commercial health plan, provider

- Purpose: track progress towards VBP goals

- Issued to all Washington State health plans (including five MCOs) and to provider organizations

- MCO and provider surveys add regional information and context

- Intended to be completed by administrators

2021
90%
State-financed
50%
Commercial

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Refresher: CMS APM framework

Category 1 — Fee for Service – No Link to Quality & Value			Category 2 — Fee for Service – Link to Quality & Value		Category 3 — APMs Built on Fee-for-Service Architecture				Category 4 — Population-Based Payment	
Fee-for-Service	**A** Foundational Payments for Infrastructure & Operations	**B** Pay for Reporting	**C** Rewards for Performance	**D** Rewards and Penalties for Performance	**A** APMs with Upside Gainsharing	**B** APMs with Upside Gainsharing/ Downside Risk		**A** Condition-Specific Population-Based Payment	**B** Comprehensive Population-Based Payment	
Traditional FFS	Foundational payments to improve care delivery, such as care coordination fees, and payments for investments in HIT	Bonus payments for quality reporting	Bonus payments for quality performance	Bonus payments and penalties for quality performance	Bundled payment with upside risk only	Bundled payment with up- and downside risk		Population-based payments for	Full or percent of premium population-based payment (e.g., via an ACO, PCMH, or COE)	
DRGs Not linked To Quality		DRGs with rewards for quality reporting	DRGs with rewards for quality performance						Integrated, comprehensive payment and delivery system	
		FFS with rewards for quality reporting	FFS with rewards for quality performance		Oncology COEs with shared savings only	Oncology COEs with shared savings and losses		Episode-based, population payments for clinical conditions, such as diabetes	Population-based payment for comprehensive pediatric or geriatric care	
						3N Risk-based payments NOT linked to quality		4N Capitated payments NOT linked to quality		

State's VBP Standard:

Categories 2C → 4B

= example payment models will not count toward APM goal.   **N** = payment models in Categories 3 and 4 that do not have a link to quality and will not count toward the APM goal.

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Survey templates – health plans

▶ Quantitative section

- ▶ Statewide payments to providers by APM category
  - ➤ (MCOs reported by ACH region)
- ▶ Statewide covered lives by APM category
  - ➤ (MCOs reported by ACH region)

▶ Qualitative section (non-MCO survey only)

- ▶ Rank top five barriers & enablers
- ▶ Quality measurement
- ▶ Shifting traditional organizational functions

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Survey templates – MCOs

Medicaid Total Assessed Payments by APM Category											
Category			Region: Accountable Communities of Health								
APM Category	APM Sub-category	Strategy	Better Health Together	Cascade	Greater Columbia	King	North Central	North Sound	Olympic	Pierce	SW Washington
1 **FFS - No Link to Quality**	1	Fee-for-Service									
2 **FFS - Link to Quality**	2A	Fou Infra									
	2B	Pay									
	2C	Rew									
	2D	Rew Perf									
3 **APMs built on FFS Architecture**	3A	APN Gain									
	3B	APN Gain Risk									
4 **Population-Based Payment**	4A	Con Bas									
	4B	Con Bas									
Total Annual Pay											

Medicaid Total Statewide Covered Lives by APM Category											
Category			Region: Accountable Communities of Health								
APM Category	APM Sub-category	Strategy	Better Health Together	Cascade	Greater Columbia	King	North Central	North Sound	Olympic	Pierce	SW Washington
1 **FFS - No Link to Quality**	1	Fee-for-Service									
2 **FFS - Link to Quality**	2A	Foundational Payments for Infrastructure & Operations									
	2B	Pay for Reporting									
	2C	Rewards for Performance									
	2D	Rewards and Penalties for Performance									
3 **APMs built on FFS Architecture**	3A	APMs with Upside Gainsharing									
	3B	APMs with Upside Gainsharing and Downside Risk									
4 **Population-Based Payment**	4A	Condition-Specific Population-Based Payment									
	4B	Comprehensive Population-Based Payment									

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Survey templates – health plans

Table 1: Total Annual Statewide Payments by APM Category (2017)

APM Category	APM Subcategory	Strategy	Sector			
			Medicare	Individual Market	Small Group	Large Group
1 FFS - No Link to Quality	1	Fee-for-Service	$ -	$ -	$ -	$ -
2 FFS - Link to Quality	2A	Foundational Payments for Infrastructure & Operations	$ -	$ -	$ -	$ -
	2B	Pay for Reporting	$ -	$ -	$ -	$ -
	2C	Rewards for Performance	$ -	$ -	$ -	$ -
	2D	Rewards and Penalties for Performance	$ -	$ -	$ -	$ -
3 APMs built on FFS Architecture	3A	APMs with Upside Gainsharing	$ -	$ -	$ -	$ -
	3B	APMs with Updside Gainsharing and Downside Risk	$ -	$ -	$ -	$ -
4 Population-Based Payment	4A	Condition-Specific Population-Based Payment	$ -	$ -	$ -	$ -
	4B	Comprehensive Population-Based Payment	$ -	$ -	$ -	$ -
Total Annual Payments			$ -	$ -	$ -	$ -
For additional details on APM Categories, see HCP-LAN Alternative Payment Models (APM) Framework						

Annual Statewide Covered Lives by (partial)

Strategy	Medicare	Individ...
	-	
...ments for & Operations	-	
...g	-	
...formance	-	
...ide Gainsharing		
...ide Gainsharing and		
...fic Population-Based		
Comprehensive Population-Based Payment (4B, Population-Based Payment)	-	-
For additional details on APM Categories, see HCP-LAN Alternative Payment Models (APM) Framework		

I. Barriers and Enablers to VBP Adoption

From the lists below, rank your perceived TOP FIVE barriers and TOP FIVE enablers to the adoption of VBPs by using the numbers 1 through 5 in column B (with "5" corresponding with the most significant barrier/enabler).

A) Barriers: In your organization's experience, what are the **TOP FIVE BARRIERS** to the adoption of VBP arrangements?
- Lack of interoperable data systems
- Lack of cost transparency

II. Quality Measurement

A) Alignment of Quality Measures Used to Assess Provider Performance in Current VBP Contracts
(Select most appropriate response in drop down and provide any additional information in area to right)

1. Contracts. Does your organization use the same set(s) of quality measures (e.g., HEDIS measures, Statewide Common Measure Set, organization-specific measures) across provider contracts? If so, please provide information on the extent of alignment across contracts and what types of measures are used, if applicable.

2. State. Has your organization made any effort to align quality measures used in VBP contracts with those used by the State (Health Care Authority)? If so, please provide information on the extent of alignment.

3. Other Entities. Has your organization made any effort to align quality measures used in VBP contracts with those used by any other entities or payment initiatives (e.g., other payers, specific projects or initiatives)? If so, please provide information on the extent and nature of alignment.

B) Addressing health disparities is critical to improving health equity. Does your organization collect the following data on your members?
- Race
- Ethnicity
- Language

C) Does your organization disaggregate health plan and/or provider performance (e.g. HEDIS/CAHPS) by the following data elements to inform care quality?
- Race
- Ethnicity
- Language

Has your organization implemented any programs to address health disparities by race, ethnicity, and/or language? If yes, please describe

III. Traditional organization Functions

A) Under certain VBP arrangements, organizations may shift traditionally organization-based functions onto contracted providers. Which of the following roles are your providers with VBP contracts performing, in all or in part? (Note: This refers to shared functionality rather than formal delegation.)
(Select "X" for each that applies and provide any additional information in area to right, if applicable)
- Care coordination
- Utilization management
- Provider network management
- Provider payments
- Quality management
- Other: _____

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Survey templates – providers

- **Provider info**
  - Name
  - Type
  - Size
  - Service location
- **Quantitative and qualitative**
  - Revenue (total and %VBP by APM Category)
  - Rated experience w/VBP
  - Enablers/barriers
  - Projected future participation in VBP

I. Provider Information

A) Organization Name (Include provider name if independent practice)

Enter text here

B) Which type(s) of provider organiz...

- Not-for-profit
- For-profit
- Single-provider practice
- Independent, multi-provider single-specialty
- Multi-specialty practice
- Rural Health Clinic
- Federally Qualified Health Center
- Hospital
- Critical Access Hospital
- Inpatient clinic/facility, including evaluation
- Outpatient clinic/facility
- Behavioral health provider (e.g., mental hea...
- Tribal health care provider
- Other — If other, please describe: En...

II. Participation in Value-Based Payment (VBP)

A) For each payer (Medicaid, Medicare, commercial), please provide the following:

	Medicaid	Medicare	Other Government	Commercial	Self Pay
(i) Total Revenue for CY 2017 (Enter revenue, as defined in Definitions tab, in space to the right)	$ -	$ -	$ -	$ -	$ -
(ii) Did you receive *any* **of this CY 2017 revenue through VBP, defined as payments made through arrangements described in Categories 2C through 4B, below?** (Categories are listed below and defined in Definitions tab; select "Yes" or "No" to right)					

(iii) For each payer, what is the approximate percentage of revenue for each payment category listed below? (Enter approximate percentage to the right of each payment category, as defined in Definitions tab)

		Medicaid	Medicare	Other Government	Commercial	Self Pay
1 - FFS, No Link to Quality	**1** Fee-for-Service	0%	0%	0%	0%	0%
2 - FFS, Link to Quality	**2A** Foundational Payments for Infrastructure & Operations	0%	0%	0%	0%	0%
	2B Pay for Reporting	0%	0%	0%	0%	0%
	2C Rewards for Performance	0%	0%	0%	0%	0%
	2D Rewards and Penalties for Performance	0%	0%	0%	0%	0%
3 - Alternative Payment Models Built on FFS	**3A** APMs with Upside Gainsharing	0%	0%	0%	0%	0%
	3B APMs with Upside Gainsharing and Downside Risk	0%	0%	0%	0%	0%
4 - Population-Based Payment	**4A** Condition-Specific Population-Based Payment	0%	0%	0%	0%	0%
	4B Comprehensive Population-Based Payment	0%	0%	0%	0%	0%
	Total (should add to 100% for each payer type)	**0%**	**0%**	**0%**	**0%**	**0%**

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Survey distribution

▶ Health plan surveys:

- ▶ Direct outreach from HCA leadership

- ▶ MCO Medicaid data submitted as a contract requirement (note: required of PEB and SEB plans beginning in 2020)

- ▶ Healthier Washington Feedback Network (an email distribution list, currently numbering approximately 3,400 recipients)

▶ Provider survey:

- ▶ Direct outreach from HCA leadership

- ▶ Direct outreach from MVP Action Team and ACH executive directors

- ▶ Healthier Washington Feedback Network

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Timelines

- Medicaid MCO data

  - Submitted to HCA as part of MCO contract requirements

  - Data submissions due from all MCOs by August 1, 2018

- Medicare and commercial health plan survey

  - Released July 2, closed August 31

- Provider survey

  - Released July 2, closed August 31

Health plan VBP survey

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Health plan VBP survey respondents

▶ MCOs (n=5):

- ▶ Amerigroup
- ▶ Community Health Plan of Washington
- ▶ Coordinated Care
- ▶ Molina
- ▶ United

▶ Medicare & commercial health plans (n=7):

- ▶ Aetna
- ▶ Amerigroup*
- ▶ Community Health Plan of Washington*
- ▶ Coordinated Care*
- ▶ Kaiser Permanente*
- ▶ Premera*
- ▶ Regence*

*Current HCA contractor

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Quantitative data results

Health plan VBP survey

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Refresher: CMS APM framework

State's VBP Standard:

Categories 2C → 4B

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Health plan VBP surveys (cont.)

▶ Payments by APM category

Medicaid Payments by APM Category

4%
42%
4%
1%
50%

● FFS ● 2A/2B ● 2C/2D ● 3A/3B ● 4A/4B

Medicare Payments by APM Category

32%
7%
25%
0%
36%

● FFS ● 2A/2B ● 2C/2D ● 3A/3B ● 4A/4B

Commercial Payments by APM Category

9%
26%
22%
0%
44%

● FFS ● 2A/2B ● 2C/2D ● 3A/3B ● 4A/4B

n=5
Total payments = $4.62B
VBP = $2.30B *(49.7%)*

n=6
Total payments = $1.61B
VBP = $1.03B *(64.1%)*

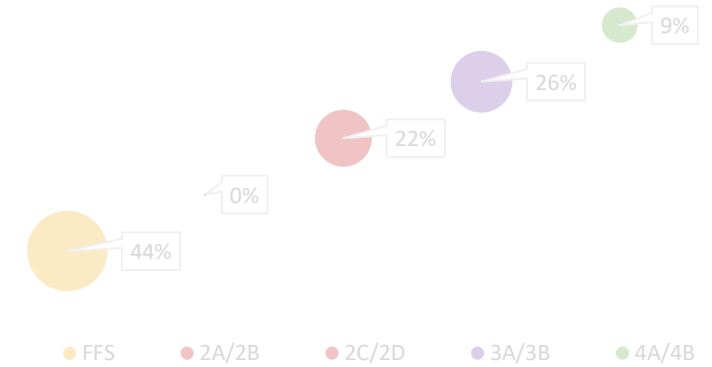n=5
Total payments = $10.72B
VBP = $6.04B *(56.4%)*

Statewide VBP = $9.37B *(55%)*
2017 survey results = 37%
2016 survey results = 30%

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Health Plan VBP surveys (cont.)

▶ Payments by APM Category

Medicaid Payments by APM Category

4%
42%
4%
1%
50%

● FFS ● 2A/2B ● 2C/2D ● 3A/3B ● 4A/

n=5
Total payments = $4.62B
VBP = $2.30B *(49.7%)*

Commercial Payments by APM Category

9%
26%
22%
0%
44%

● FFS ● 2A/2B ● 2C/2D ● 3A/3B ● 4A/4B

n=5
Total payments = $10.72B
VBP = $6.04B *(56.4%)*

2021

90%
State-financed

50%
Commercial

Statewide VBP = $9.37B *(55%)*
2017 survey results = 37%
2016 survey results = 30%

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MCO VBP by Accountable Community of Health

North Sound ACH
46%

Olympic Community of Health
47%

North Central ACH
62%

Better Health Together
50%

HealthierHere
50%

Pierce County ACH
56%

Cascade Pacific Action Alliance
47%

Greater Columbia ACH
47%

SWACH
54%

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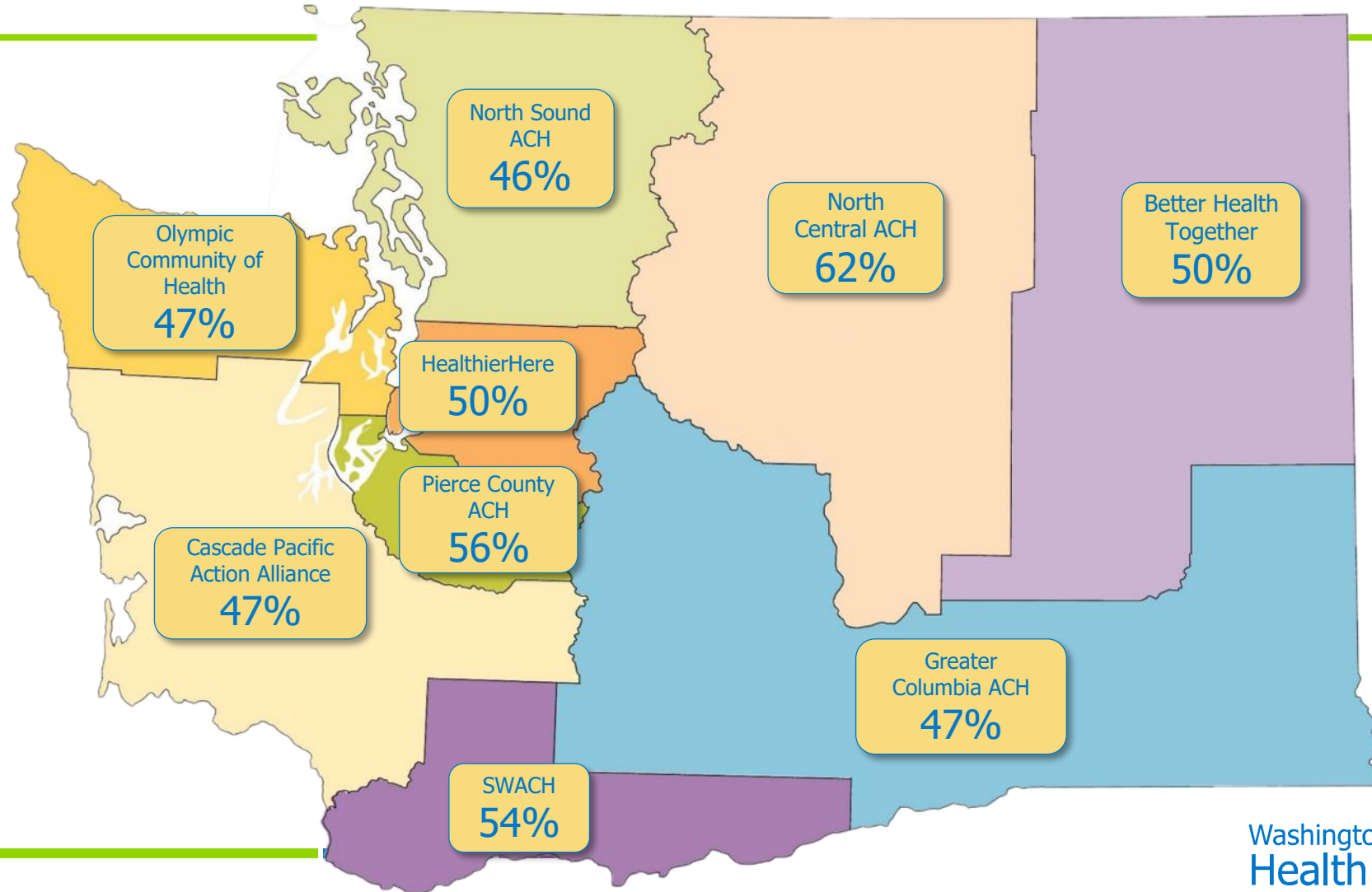
Health plan VBP surveys (cont.)

▶ Covered Lives by APM category – as reported by member months*

Medicaid member months by APM cSategory

FFS	2A/2B	2C/2D	3A/3B	4A/4B
66% 16,256	1% 127	1% 237	30% 7,283	2% 576

33% VBP

n=5

Medicare member months by APM category

FFS	2A/2B	2C/2D	3A/3B	4A/4B
71% 3,223	0% -	7% 320	4% 181	18% 791

29% VBP

n=6

Commercial member months by APM category

FFS	2A/2B	2C/2D	3A/3B	4A/4B
70% 22,188	0% 4	4% 1,222	16% 5,079	11% 3,345

31% VBP
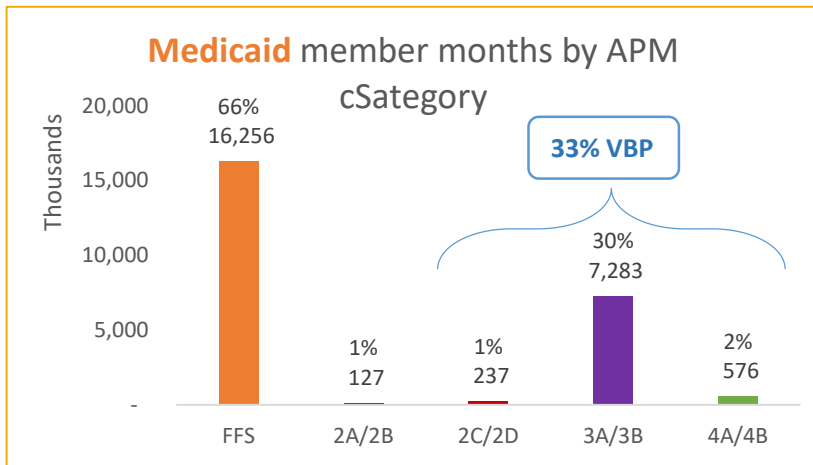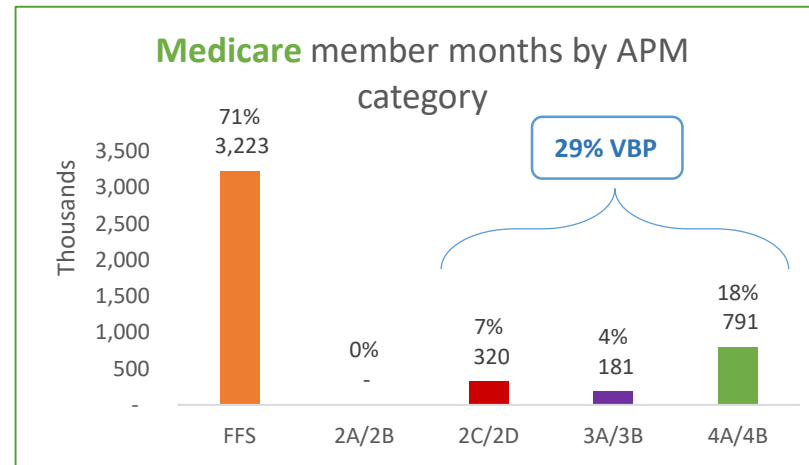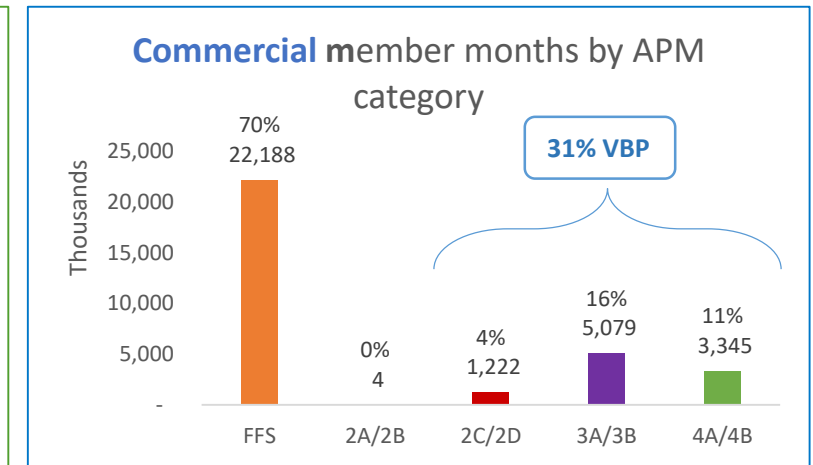
n=5

*Note: individuals may receive care from multiple providers who may be reimbursed under different payment models, resulting in duplicative attribution to more than one APM.

Statewide VBP by member months = 31%

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25

Qualitative data results

Non-MCO health plan VBP survey ONLY

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Health plan VBP surveys (cont.)

▶ *Top five enablers & barriers (from highest impact to lowest)*

All payers: Enablers

Aligned quality measures/definitions
Aligned incentives/contract requirements
Trusted partnerships and collaboration
Consumer engagement
State-based initiatives (e.g. Healthier Washington; State Innovation Model grant; Medicaid Transformation)

n=7

All payers: Barriers

Lack of interoperable data systems
Disparate quality measures/definitions
Attribution
Regulatory changes
Disparate incentives/contract requirements

n=7

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Health plan VBP surveys (cont.)

▶ *Quality measurement*

Aligning quality measures	# of health plans responding "Yes"
Using the same set(s) of quality measures across provider contracts	6/7
Made efforts to align quality measures used in HCA VBP contracts	7/7
Made efforts to align quality measures with other entities	6/7

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Health plan VBP surveys (cont.)

▶ Health equity

	# of health plans responding "Yes" to *collecting* the following data	# of health plans responding "Yes" to *disaggregating* performance by the following data
Race	6/7	3/7
Ethnicity	5/7	3/7
Language	5/7	2/7

Has your organization implemented any programs to address health disparities by race, ethnicity, or language?	# of health plans responding "Yes"
	4/7

Health plan VBP surveys (cont.)

Under certain VBP arrangements, health plans may shift traditionally payer-based functions onto contracted providers. Which of the following roles are your providers with VBP contracts currently performing—in all or in part?

(Note: This refers to shared functionality rather than formal delegation.)

Functionality	# of health plans responding "Yes"
Care coordination	6/7
Quality management	6/7
Utilization management	3/7
Provider network management	2/7
Provider payments	2/7

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Provider VBP survey

Provider VBP survey

▶ **Respondent organization type**
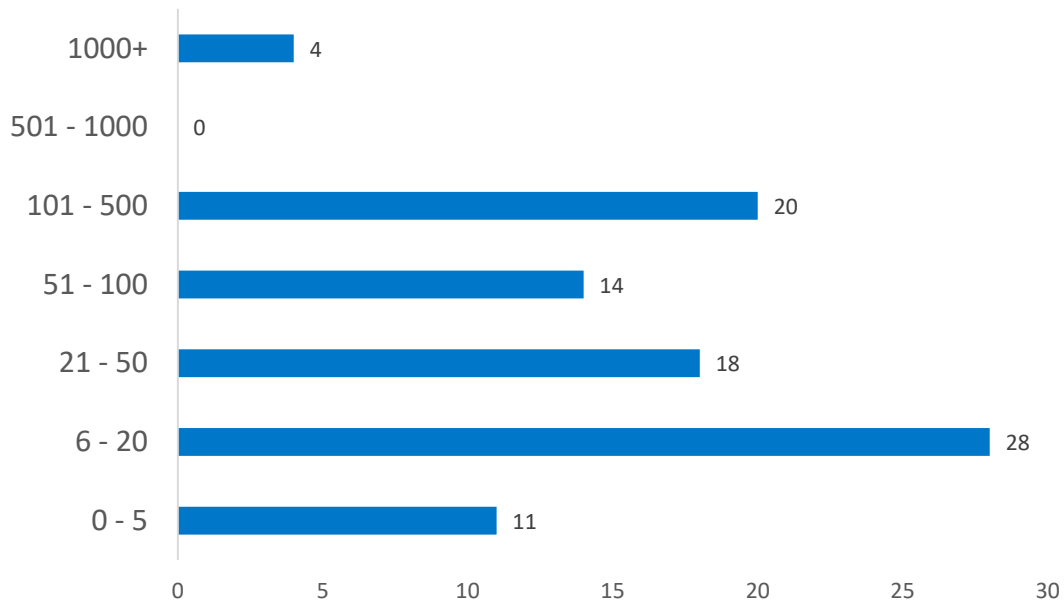
    ▶ *(multiple selections per respondent possible)*

Organization type	Count
Not-for-profit	65
For-profit	11
Critical Access Hospital	20
Rural Health Clinic	17
Federally Qualified Health Center	16
Hospital	13
Outpatient clinic/facility	29
Inpatient clinic/facility	4
Behavioral health provider	29
Multi-specialty practice	18
Independent, multi-provider single-specialty practice	7
Tribal health care provider	2
Single-provider practice	1

n=95*

*note: for the following slides, 'n' values may vary as not all respondents answered all the questions

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Provider VBP survey (cont.)

▶ Respondents' number of clinicians
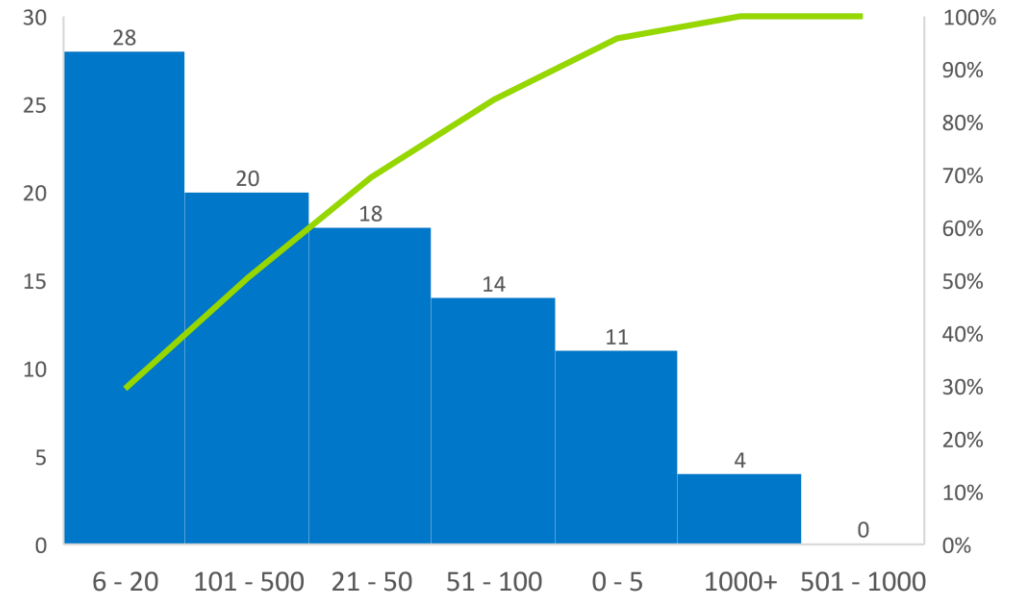
n=95

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Quantitative data results

Provider VBP survey

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Provider VBP survey (cont.)

- Respondent service area by ACH
  - *(multiple regions per respondent possible)*

n=95

North Sound ACH
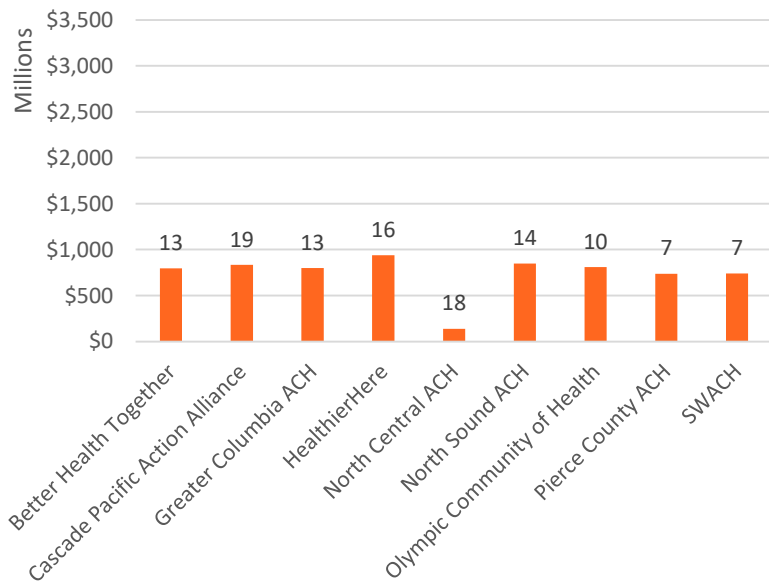**19**

North Central ACH
23

Better Health Together
15

Olympic Community of Health
12

HealthierHere
23

Pierce County ACH
10

Cascade Pacific Action Alliance
24

Greater Columbia ACH
20

SWACH
10

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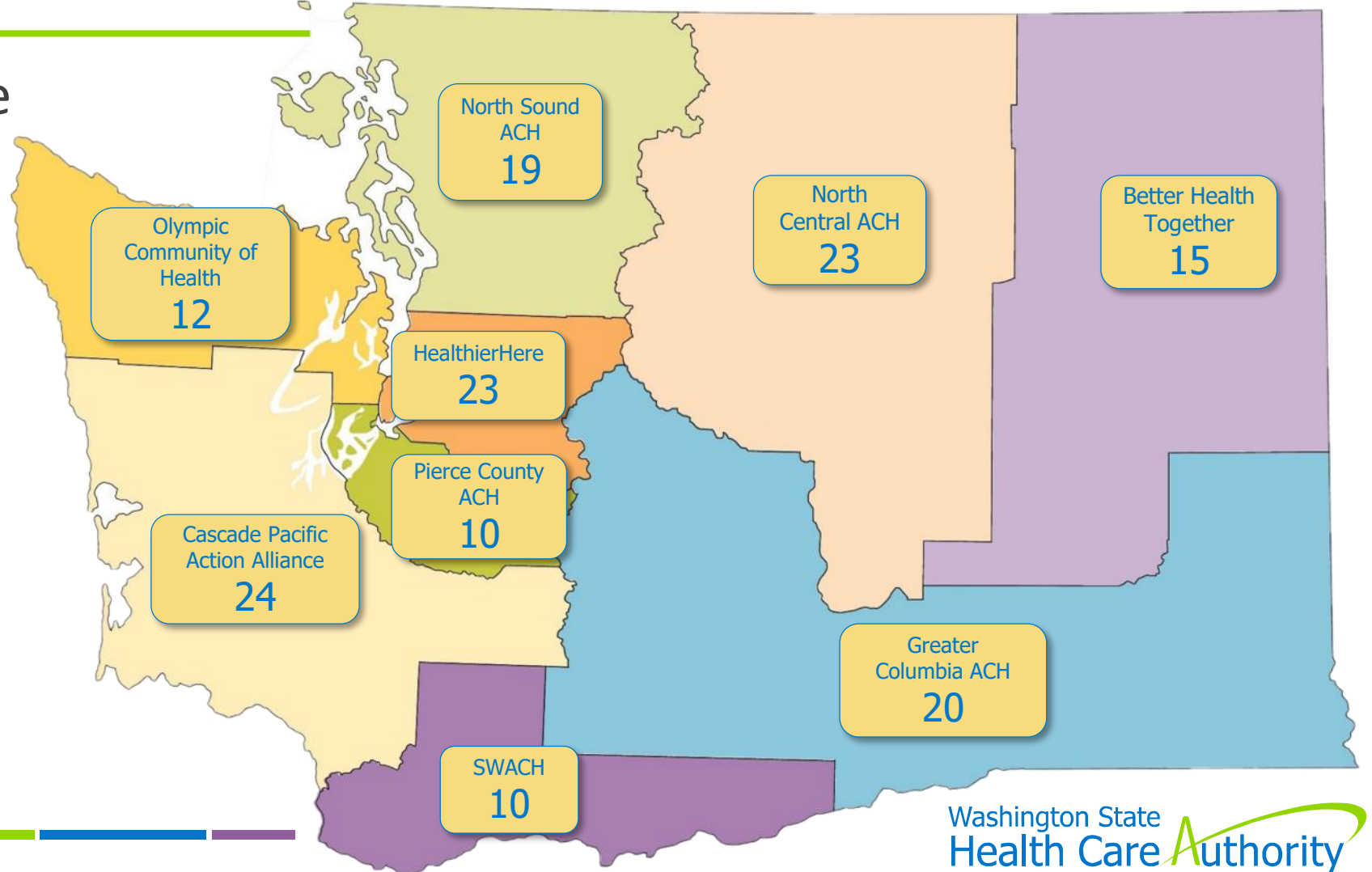
Provider VBP survey (cont.)

▶ Total revenue by sector by Accountable Community of Health

Total Medicaid revenue

Total Medicare revenue
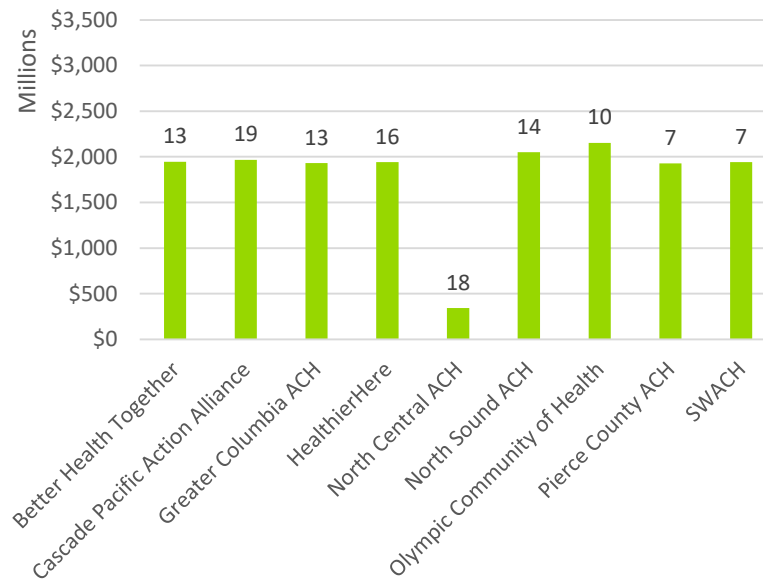
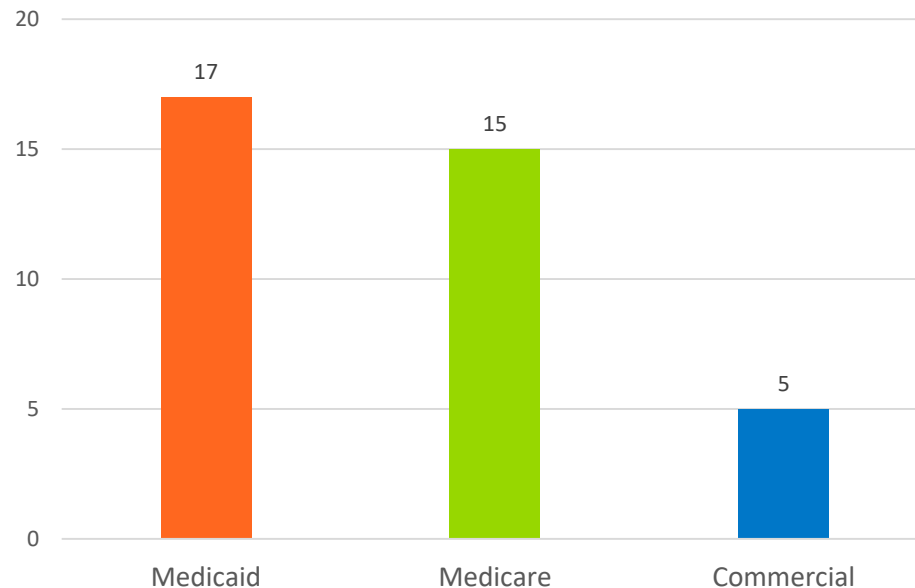Total Commercial revenue
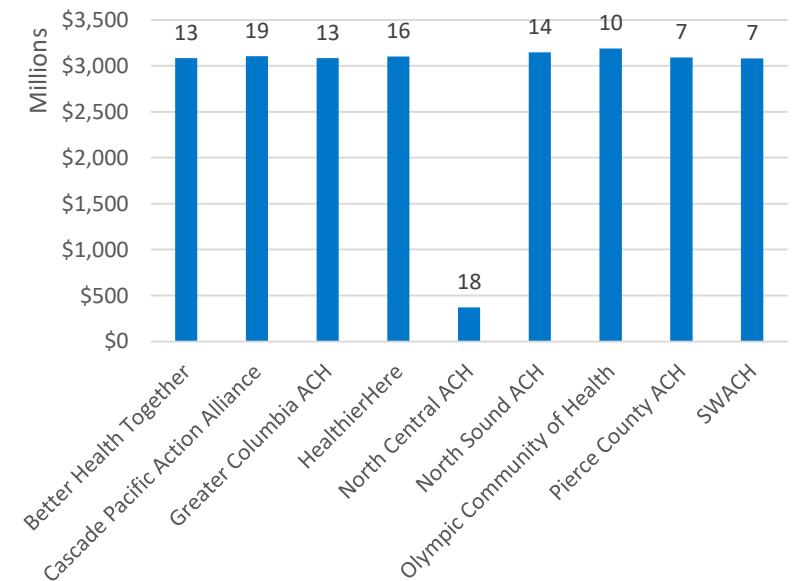
n=78

Provider VBP survey (cont.)

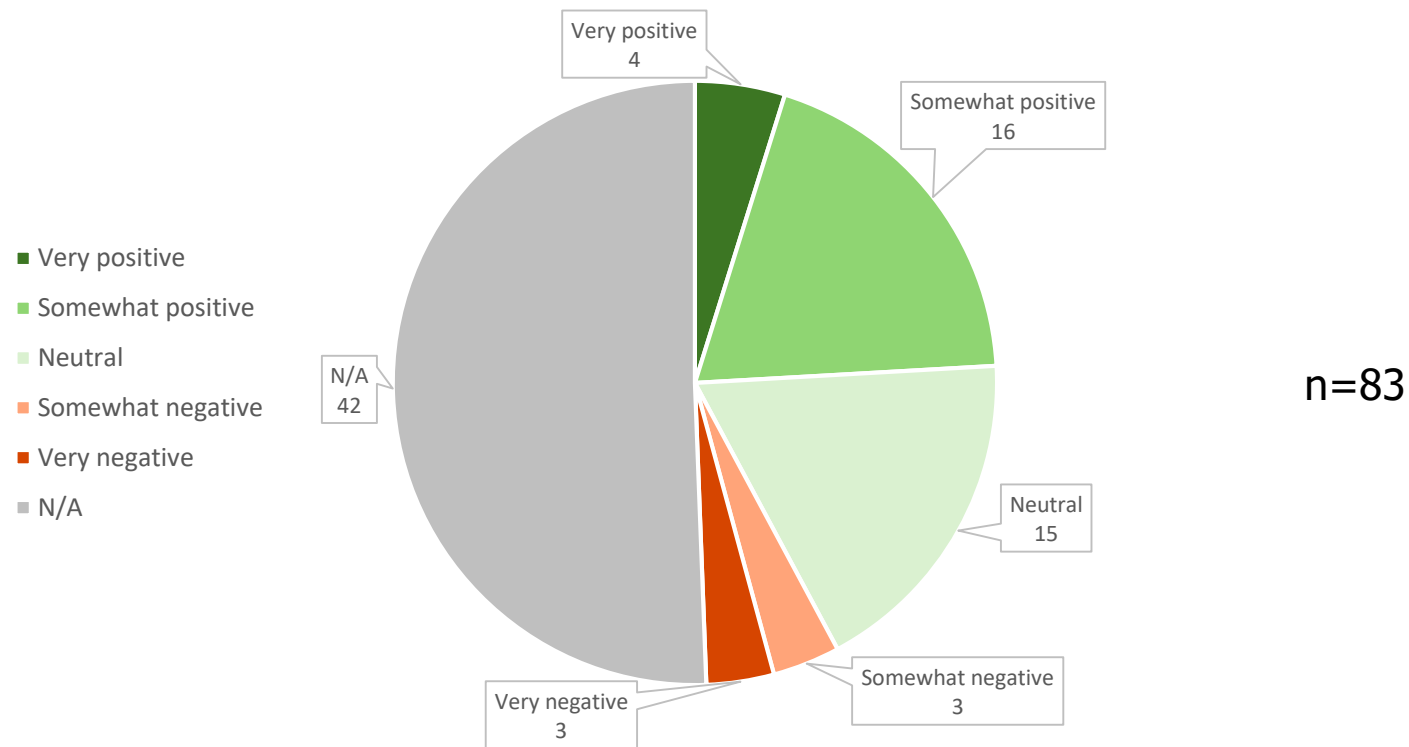▶ Respondents with any revenue in VBP categories 2C-4B by sector

n=76

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Qualitative data results

Provider VBP survey

Provider VBP survey (cont.)

▶ Respondents' experience with VBP

n=83

Provider VBP survey (cont.)

- ▶ *Respondents' top perceived enablers to adopting VBP (from most often sited to least)*

Aligned quality measurements and definitions (26)
Development of medical home culture with engaged providers (23)
Ability to understand and analyze payment modes (21)
Trusted partnerships and collaboration with payers (20)
Aligned incentives and/or contract requirements (19)
Common clinical protocols and/or guidelines associated with training for providers (19)

n=78

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Provider VBP survey (cont.)

● *Respondents' top perceived barriers to adopting VBP (from most often sited to least)*
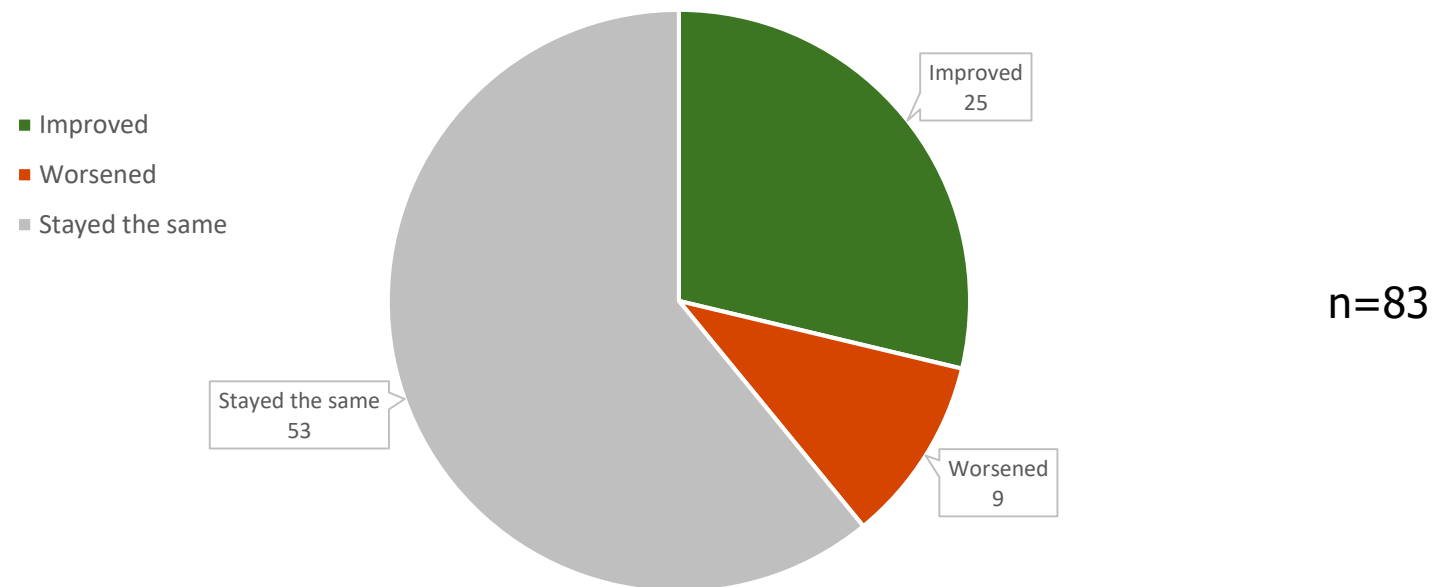
Lack of interoperable data systems (61)
Lack of timely cost data to assist with financial management (53)
Lack of access to comprehensive data on patient populations (48)
Insufficient patient volume by payer to take on clinical risk (37)
Lack of consumer engagement (35)
Misaligned incentives and/or contract requirements (35)

n=90

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Provider VBP survey (cont.)

▸ Respondents' experience over the last year relative to barriers

- ■ Improved
- ■ Worsened
- ■ Stayed the same

Improved
25

Stayed the same
53

Worsened
9

n=83

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Provider VBP survey (cont.)

▶ *Summary: top three enablers and barriers to VBP adoption*
   (from most often cited to least)

Enablers

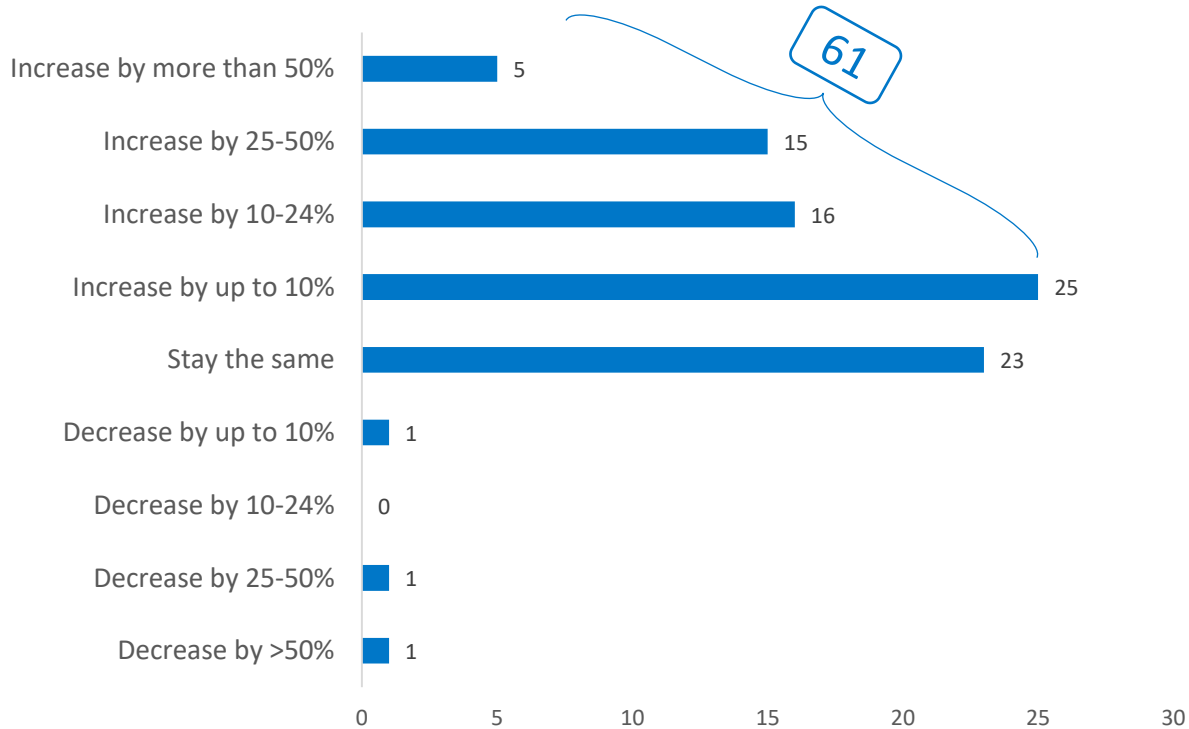| |
|---|
| Aligned quality measurements and definitions (26) |
| Development of medical home culture with engaged providers (23) |
| Ability to understand and analyze payment modes (21) |

n=78

Barriers

Lack of interoperable data systems (61)
Lack of timely cost data to assist with financial management (53)
Lack of access to comprehensive data on patient populations (48)

90

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Provider VBP survey (cont.)

▶ Respondents' future plans for VBP

Category	Value
Increase by more than 50%	5
Increase by 25-50%	15
Increase by 10-24%	16
Increase by up to 10%	25
Stay the same	23
Decrease by up to 10%	1
Decrease by 10-24%	0
Decrease by 25-50%	1
Decrease by >50%	1

61

n=87

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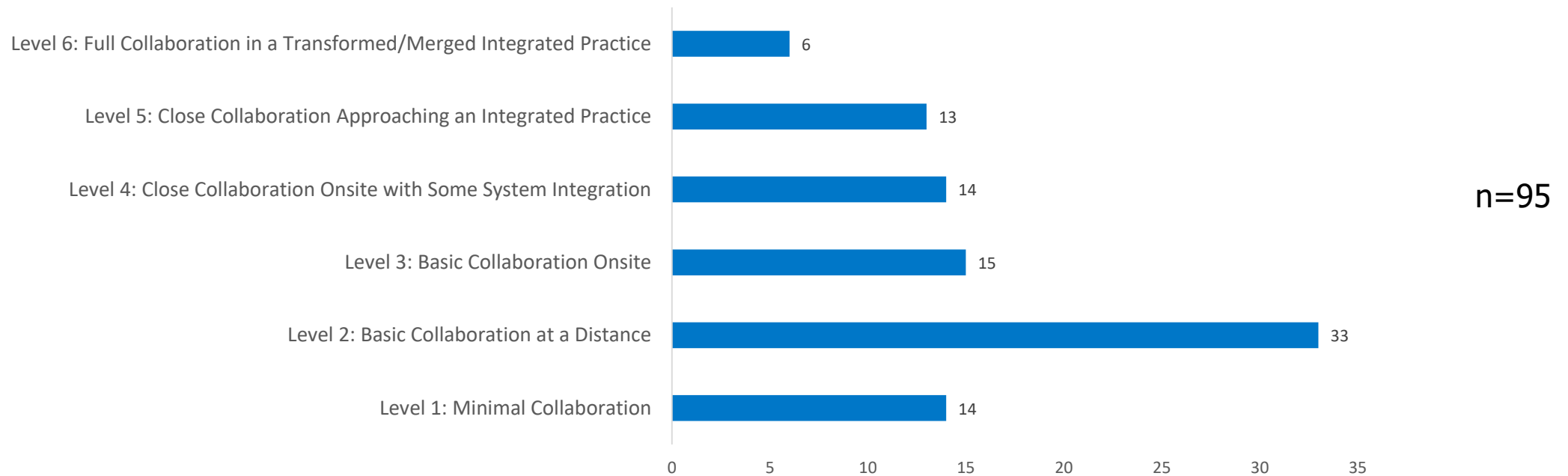Health Care Authority

Provider VBP surveys (cont.)

▶ *Health equity*

	# of Providers responding "Yes" to *collecting* the following data	# of Providers responding "Yes" to *assessing performance* by the following data
Race	86	13
Ethnicity	81	13
Language	80	11

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Provider VBP survey (cont.)

▶ Integration: respondents' reported level of SAMHSA's "Six Levels of Collaboration/Integration"

Level 6: Full Collaboration in a Transformed/Merged Integrated Practice — 6
Level 5: Close Collaboration Approaching an Integrated Practice — 13
Level 4: Close Collaboration Onsite with Some System Integration — 14
Level 3: Basic Collaboration Onsite — 15
Level 2: Basic Collaboration at a Distance — 33
Level 1: Minimal Collaboration — 14

n=95

▶ *70 providers intend to move to a higher level in the next year*

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Provider VBP survey (cont.)

▶ Workforce: respondents' participation in activities to prepare for team-based care and population management

- ■ Yes -- participating in Practice Transformation Support Hub, AIMS Center programs or other TCPI activities

- ■ Yes - participating in transformation and training opportunities through consulting or organizational resources

- ■ No - not participating in formal program. May be participating in conferences, webinars or other self-learning programs or interested in learning how to access training or support.
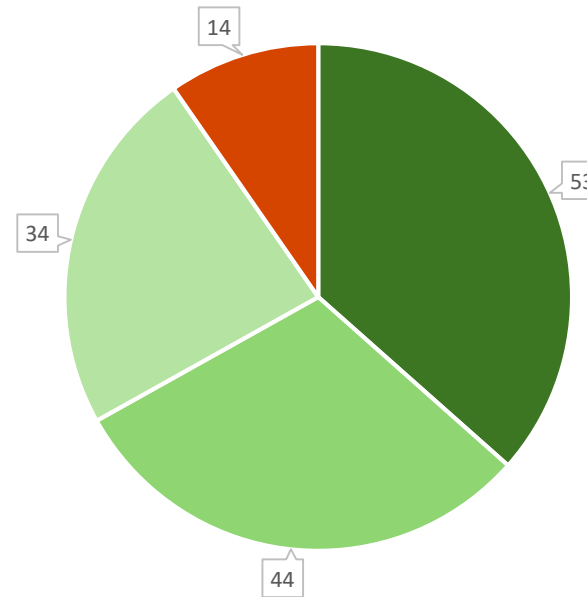

n=92

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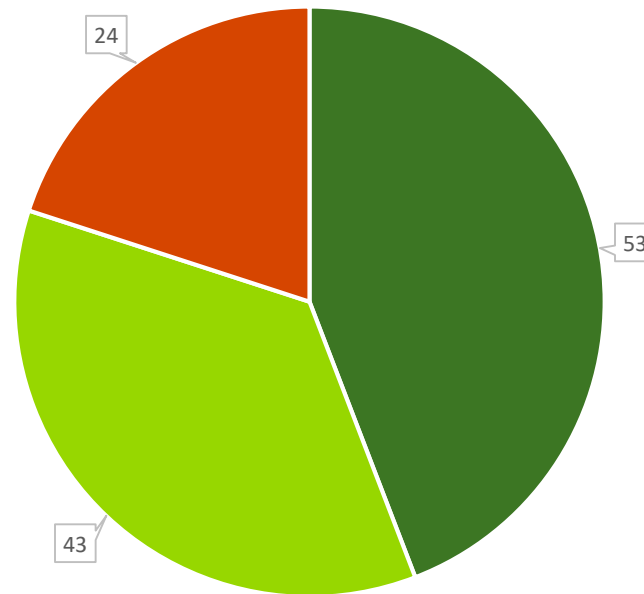
Provider VBP survey (cont.)

▶ Workforce: respondents' participation in activities to support clinical training and skill/competency building for integrated physical and behavioral health

■ Yes - participating in training opportunities or conferences as part of Practice Transformation activities or AIMS Center resources

■ Yes - participating in activities through professional organization, CME or informal learning

■ Yes - participating in training programs through organizational resources

■ No - have not participated in formal training. May be interested in learning more about how to access skills/competency based training.
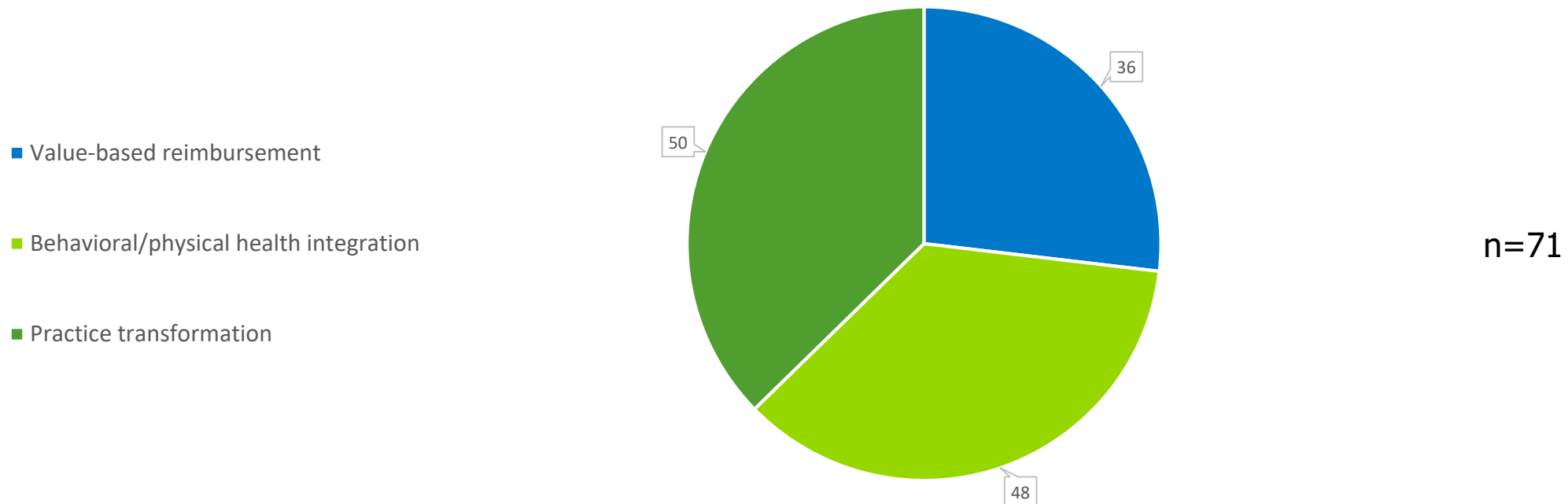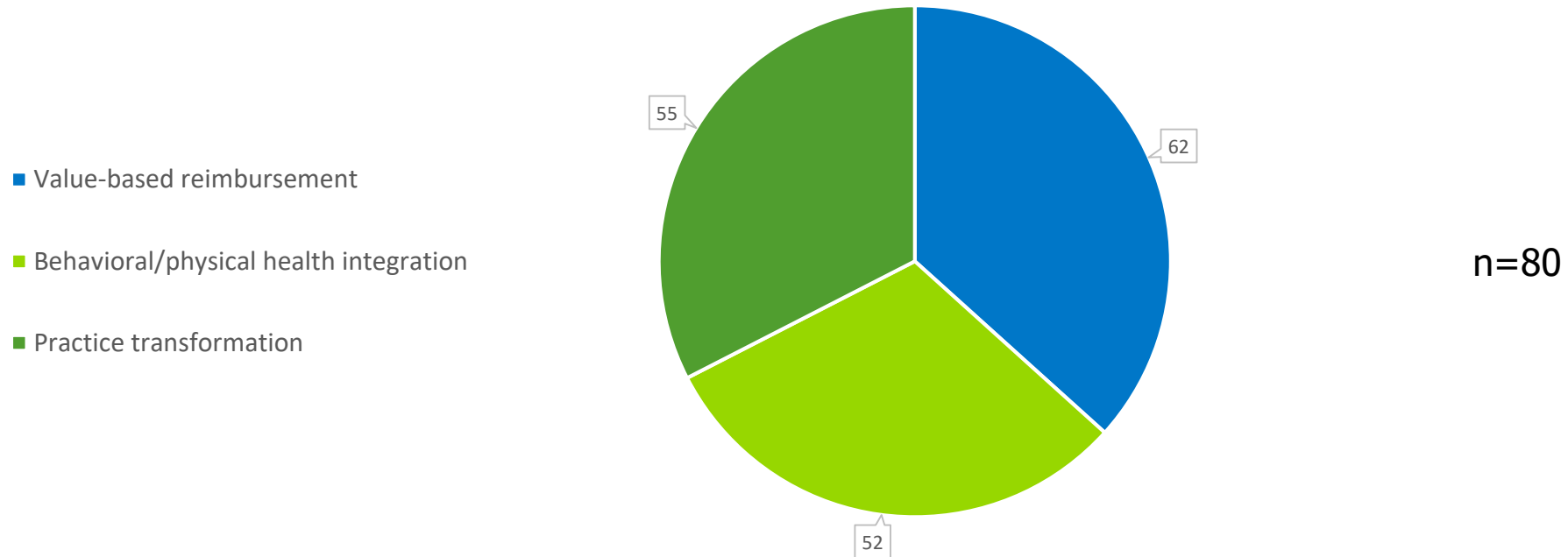
14

53

34

44

n=83

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Provider VBP survey (cont.)

▶ Technical support: types of technical support received

- ■ Value-based reimbursement
- ■ Behavioral/physical health integration
- ■ Practice transformation

n=71

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Provider VBP survey (cont.)

▶ Technical support: type of technical support that would be the most helpful moving forward

- ■ Value-based reimbursement
- ■ Behavioral/physical health integration
- ■ Practice transformation

62

55

52

n=80

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Summary findings

Provider and health plan VBP surveys

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Summary: top enablers

Providers

Aligned quality measurements and definitions (26)
Development of medical home culture with engaged providers (23)
Ability to understand and analyze payment modes (21)

n=78

Health plans

Aligned quality measures/definitions
Aligned incentives/contract requirements
Trusted partnerships and collaboration

n=7

Summary: top barriers

Providers

Lack of interoperable data systems (61)
Lack of timely cost data to assist with financial management (53)
Lack of access to comprehensive data on patient populations (48)

n=90

Health plans

Lack of interoperable data systems
Disparate quality measures/definitions
Attribution

n=7

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Summary findings – VBP is accelerating

- Health plans' VBP adoption increased from previous year, outpacing targets.

- Providers' experience with VBP has been generally positive.

- Providers generally plan to increase VBP participation and desire technical support.

- Responding providers generally report lower levels of VBP adoption than health plans.

- To facilitate the acceleration:
  - ▶ Improve timeliness and comprehensiveness of data shared to providers (multi-payer)
  - ▶ Align quality measures and incentives
  - ▶ Foster collaborative and trusting relationships
  - ▶ Invest in inter-operability
  - ▶ Support small to medium sized providers and invest in improving provider experience

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How you can get involved

- Visit our website, www.hca.gov/hw:
  - ▶ Participate in a webinar or submit public comment.
  - ▶ Share your story on health care innovation on the Voices of a Healthier Washington.

- Follow us on Facebook and Twitter:
  - ▶ Join the conversation: #healthierWA
  - ▶ Sign up to receive the monthly Healthier Washington newsletter and other announcements.
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