Convene.
Strategize.
Activate.

TRANSFORMATION
TODAY & TOMORROW

Proactive Value-Based Contracting

A Provider's Journey

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Business Development

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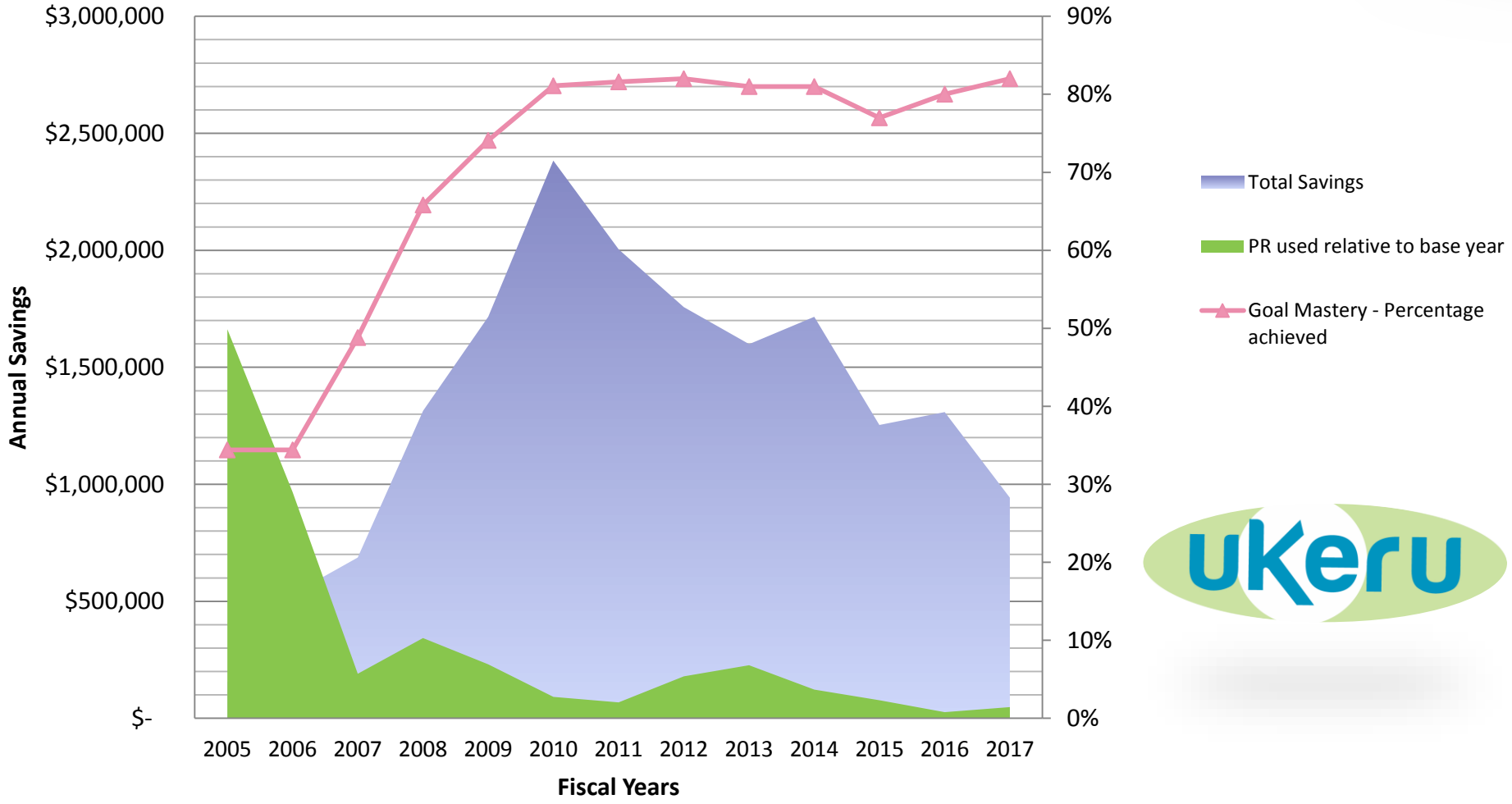
CENTER *for* INTEGRATIVE HEALTH
insight to innovation

i2iCENTER.org

Value-Based Contracting

OR


$3,000,000
$2,500,000
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Annual Savings
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
Fiscal Years
Total Savings
PR used relative to base year
Goal Mastery - Percentage achieved

Cumulative
Average
Goal
k for 3
Prevention
Interventio
• Services
• Resources
• Accommodations
• Strategies
• Technology
External
• Environmental
• Social, Family
• Trauma-related triggers
• Naturalistic supports
• Reinforcement
Internal
• Physiological
• Medical
• Cognitive
• Psychiatric/Psychological
• Sensory
• Motivation
• Trauma – related
Individu
Succes
Implement Strategies
Set Goals
Goal Mastery Process
Collect Data
Evaluate Progress
Assess
AIM Review
Successful Outcome
e? = O
point
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e)
AIM Review
Growth Line
20
18
16
14
12
10
8
6
4
2
0
Jan 1 2012
Jan 8 2012
Jan 15 2012
Jan 22 2012
Jan 29 2012
Feb 5 2012
Feb 12 2012
Feb 19 2012
Feb 26 2012
March 4 2012
March 11 2012
March 18 2012
March 25 2012
April 2 2012
April 9 2012
April 16 2012
April 23 2012
April 30 2012
May 7 2012
May 14 2012

REBOOT

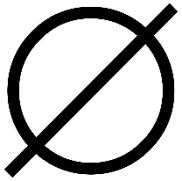
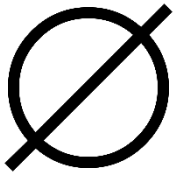
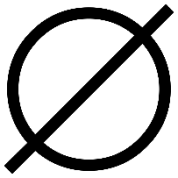
Reliable Evidence Based Outcomes Optimization Technology

REBOOT provides behavior specialists and BCBAs with the ability to collect data on the go and then to track and analyze it on a laptop, iPad, or tablet. Features include interactive task analysis, frequency count, and even duration.

Behavior specialists have particularly enjoyed that ability to track progress during sessions on an iPad by simply tapping to record the exact prompt levels involved with various acquisition goals.”

And how did all that go?

The Problem

- What?
- How? 
- Clinical Pathway 
- Decision Support 

Time To Do Something Different

The Foundation of Care Model
Be a Behavior Detective
Assume Trauma
The Foundational 5
Use the Community as your Classroom
Be Kind
Teach
Meet them at their best

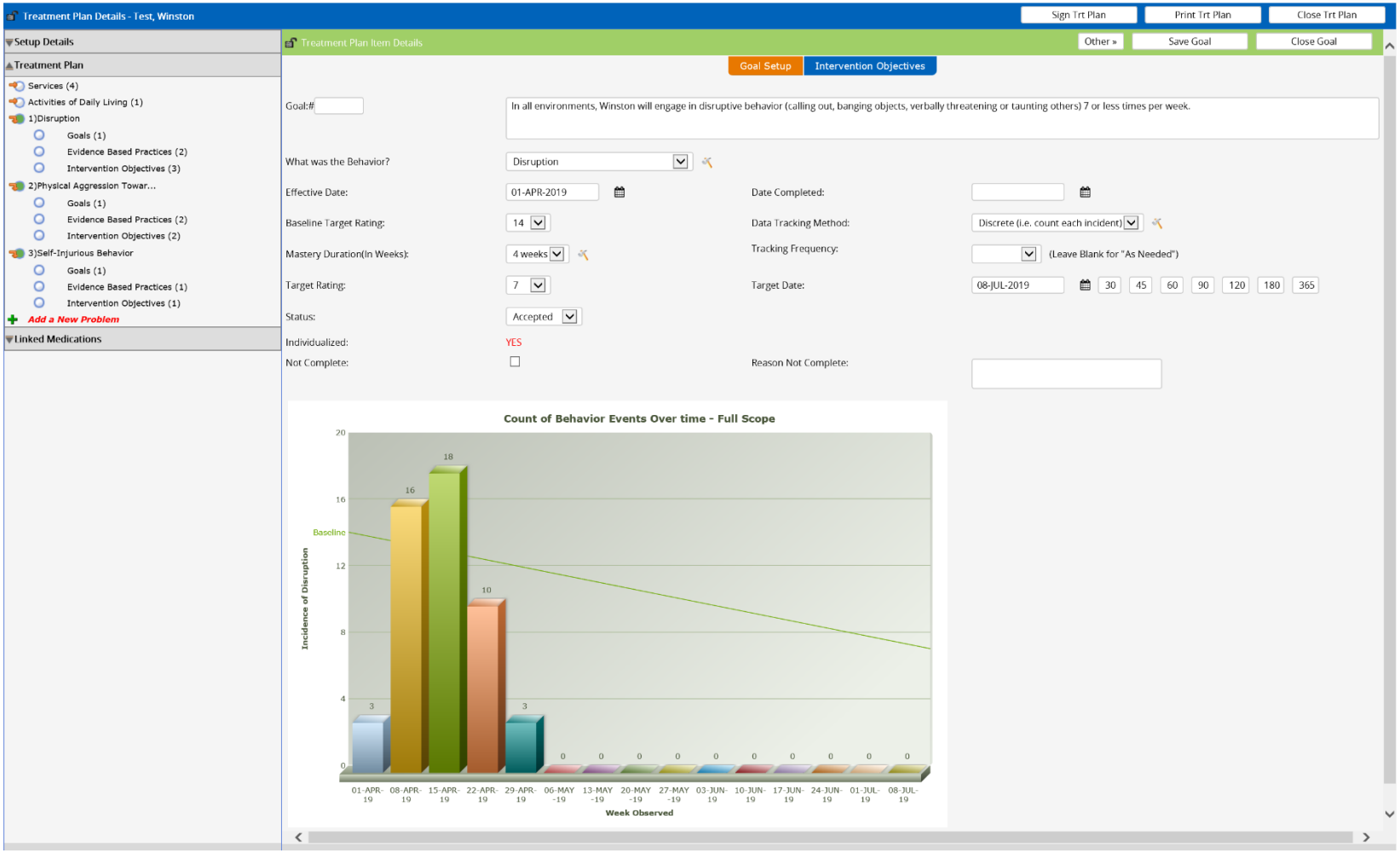
What do our key stakeholders want?

- **EFFICIENCY**
- **EMPIRICISM**
- **EVIDENCE OF CHANGE**
- **EXPEDITED RESPONSE TO LACK OF CHANGE**

Step One: Why are they here?

- Physical Aggression Towards Others
- Self-Injurious Behavior
- Elopement
- Lack of Safety Awareness
- Disruption
- Property Destruction
- Sexual Acting Out
- Threats of Harm
- Significant Psychological Impairment

Step Two: The GOAL



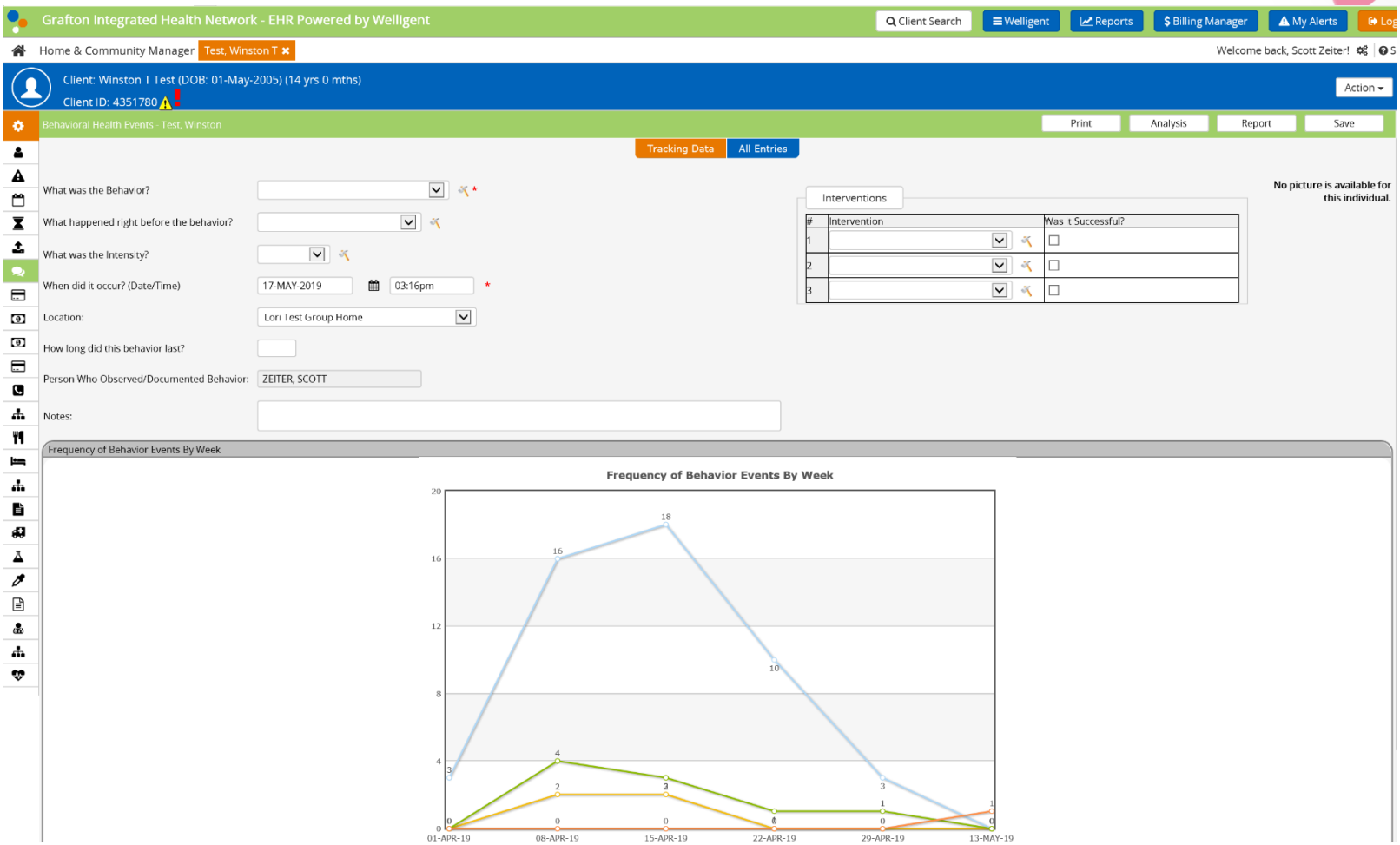
Step Three: Empirically Based Practices

- Functional Behavior Assessment
- Antecedent Based Interventions
- Response Interruption/Redirection
- Modeling
- Prompting
- Reinforcement
- Naturalistic Interventions
- Differential Reinforcement
- Task Analysis
- Visual Supports
- Social Narratives
- Augmented Alternative Communication
- Discrete Trial Training
- Functional Communication Training
- Cognitive Behavioral Therapy/Interventions
- Mindfulness-Based Therapy
- Dialectical Behavior Therapy
- Motivational Interviewing
- Parent Management Training
- Structural Family Therapy

Step Four: Intervention Objectives

Edit	#	Intervention Objectives
		Winston and their therapist will explore whether the behavior of concern named below may be target for change. This discussion will use motivational interviewing techniques and occur at least twice per week in therapy session. The behavior of concern will be his tendency to disrupt the environment he is in when the demands are difficult for him.
		Winston and their therapist will explore the behavior of concern named below and the function it may serve for them. This discussion will use motivational interviewing techniques and occur at least twice per week in therapy sessions. Functions of behaviors will be explored using Avengers characters and vignettes from the movies. The behavior of concern is his tendency to disrupt environments with the demand becomes too strong.

Step Five: Behavior Data Tracking



Treatment Plan Details - Test, Winston

Sign Trt Plan | Print Trt Plan | Close Trt Plan

- Setup Details
  - Setup
  - Print View (Full)
  - Transition Plan
  - Problem Summary
  - Reviews
  - Access Log
- Treatment Plan
- Linked Medications

Activities of Daily Living:

Activity	Frequency	Type of Support	Start Date	End Date	Notes
Sleep Tracking (Overnight)	Daily	Visual Cue	01-Apr-2019		

Behavior Tracking:

Behavior	Frequency	Type of Support	Start Date	End Date	Notes

Problem #1:

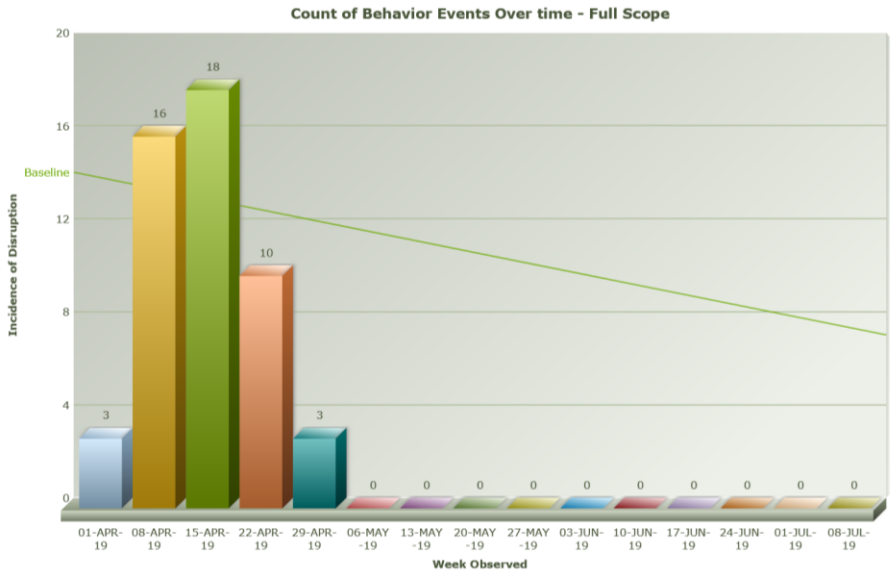
Disruption

Goal #1:

In all environments, Winston will engage in disruptive behavior (calling out, banging objects, verbally threatening or taunting others) 7 or less times per week.

Effective Date	Date Completed	Target Rating	Target Date	Status	Individualized
01-Apr-2019		7	08-Jul-2019	Accepted	Yes

Baseline Target Rating	Data Tracking Method	Mastery Duration	Tracking Frequency
14	Discrete (i.e. count each incident)	4 weeks	



Evidence Based Practice #1:

Motivational Interviewing

Effective Date	Date Completed	Target Rating	Target Date	Status	Individualized
01-Apr-2019				Accepted	No

Associated Intervention Objectives:

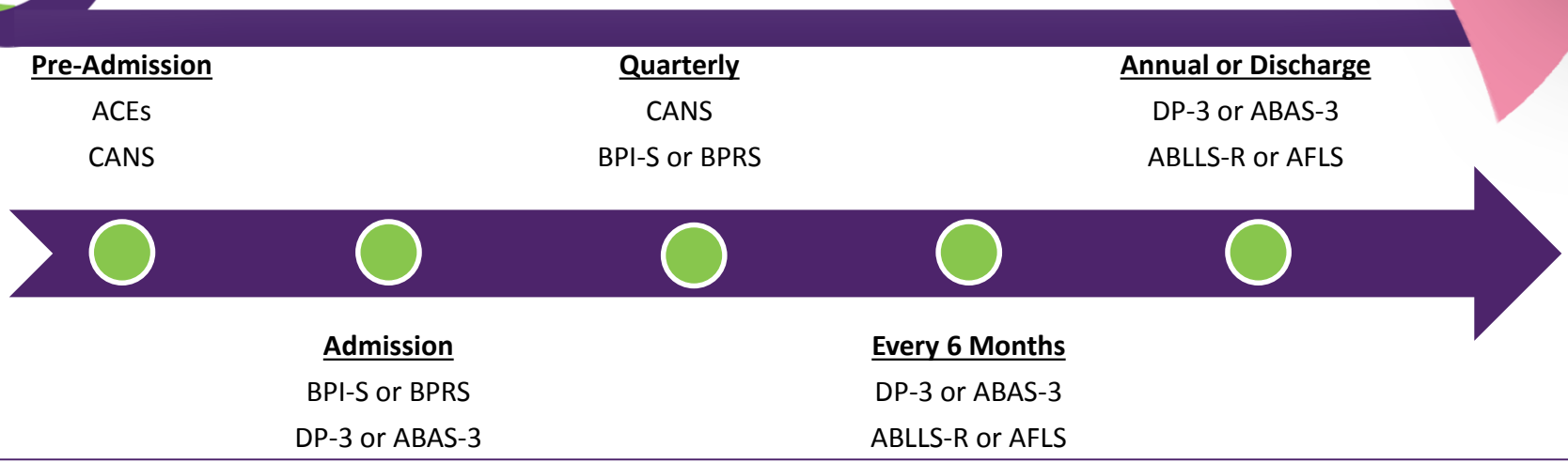
1. Winston and their therapist will explore whether the behavior of concern named below may be target for change. This discussion will use motivational interviewing techniques and occur at least twice per week in therapy session. The behavior of concern will be his tendency to disrupt the environment he is in when the demands are difficult for him.
2. Winston and their therapist will explore the behavior of concern named below and the function it may serve for them. This discussion will use motivational interviewing techniques and occur at least twice per week in therapy sessions.

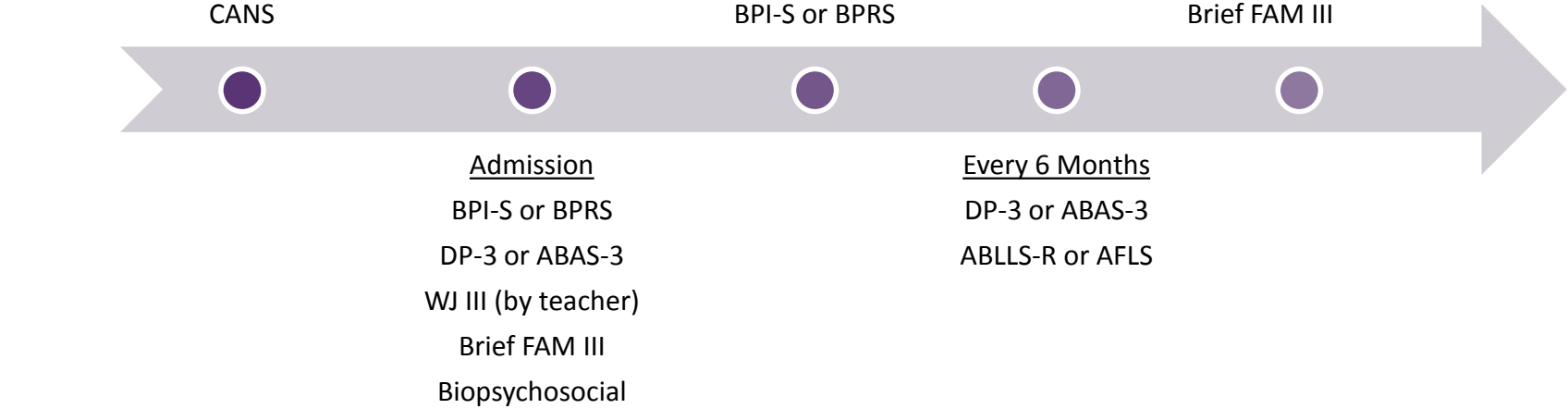
A Host of Problems…

- Interrater Reliability – are they measuring what you think they are measuring?
- Fidelity to empirically based treatment models – just cause they say they are doing it, doesn't mean they are doing it.
- Data fidelity – if the direct care staff don't collect it, the stakeholders will get a very slanted picture of progress.
- Unless truly individualized with the clients own strengths and affinities, it could become a cookie cutter recitation of tried and true clinical techniques, not a living consumer-driven plan
- Goals – the clinician is given a great deal of latitude to set them, with the hope that the stakeholders can cry "foul"
- Goals – they only measure the decline in problem behaviors, not the acquisition of skills… for now….

… and a Host of Opportunities

Fall-back plans are not just for the timid…





Big Data

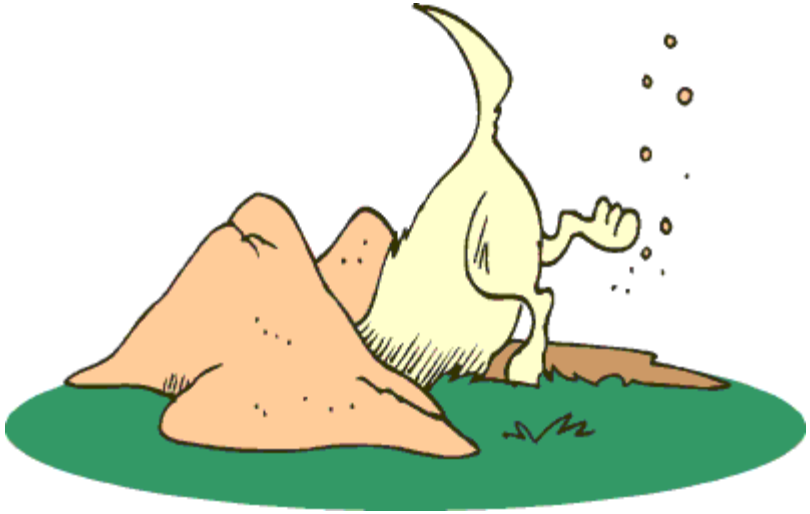
Revenue Cycle Management

Marketing Plan

- What do payers want?
- What do you have to offer that they would be interested in?
- Develop Relationships!!!!

How Do I Know What Payers Want?

DIG! DIG! DIG!!



Go Searching!!!!

- State websites / databases
- Medicaid Oversight Board – Called Medical Care Advisory Committee in NC
- Public Notices – Including proposed policy changes
- CMS - State plan and amendments submitted to CMS for approval
- MCO websites / databases
- Commercial websites / databases
- National websites / databases
- Legislation / Industry News

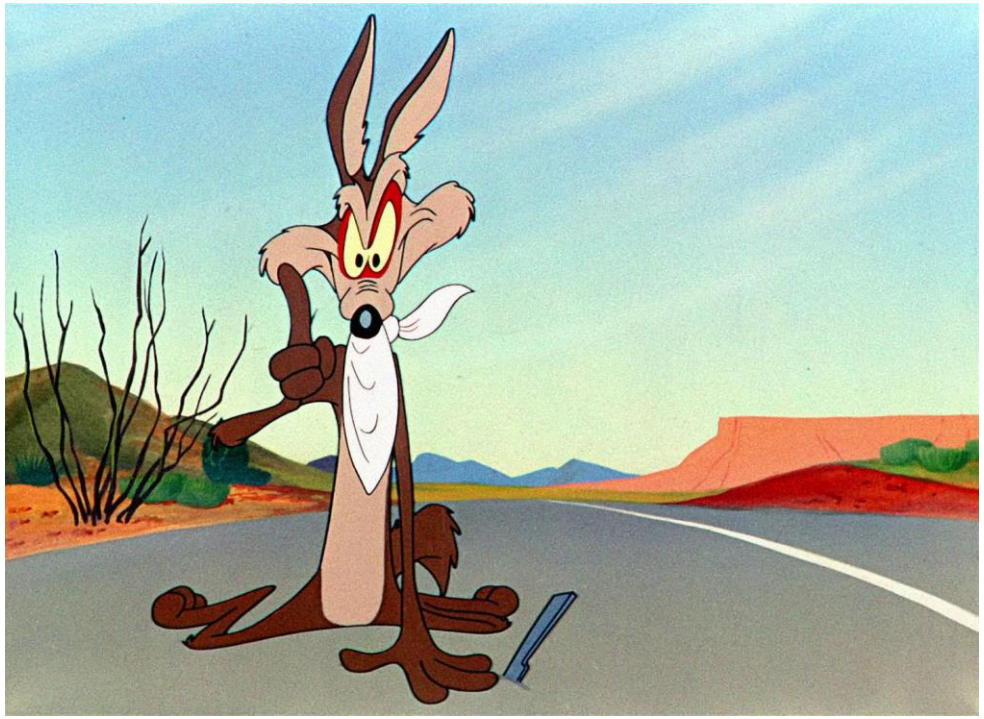
Search for What?

- Provider Manual – State manual and MCO manual
- Member Handbook
- Provider Contract Template
- RFP your state submitted – MCO responses
- MCO contract with the state
- Needs surveys
- Any kind of data!

What websites should I search?

- Office of Civil Rights - https://ocrdata.ed.gov/DataAnalysisTools
- DOE - https://www2.ed.gov/programs/osepidea/618-data/static-tables/index.html
- North Carolina Medicaid - https://medicaid.ncdhhs.gov/
- Medicaid – www.Medicaid.gov

What do you have that payers want?



What do you have that payers want?

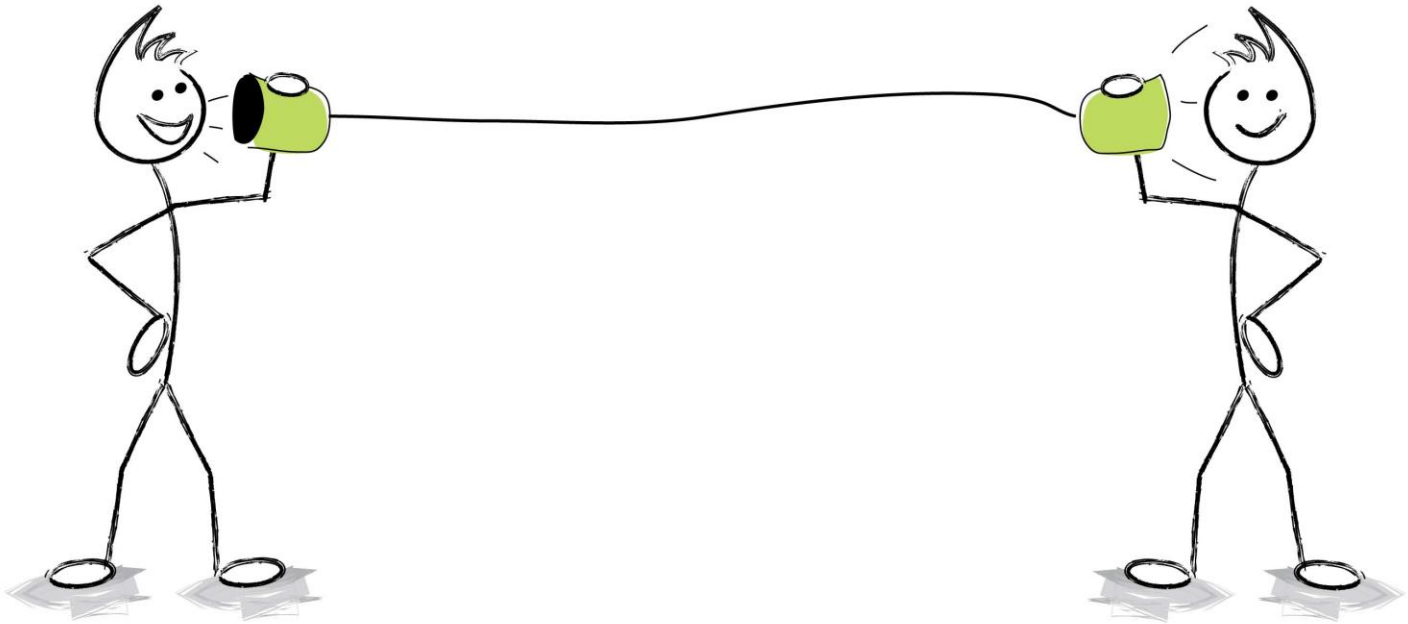
- What do you do very well?
- Do you have any unique programs that others don't have?
- Do you serve an underserved population?
- Do you serve an underserved region?

- Start small
- Have data to support what you say

Develop Relationships

- Attend anything the MCOs will be at
- Periodically send packets of information about yourself
- Communicate often
- Invite them to come tour
- Include patients, referral sources and families in the process
- Who is communicating with the MCO and how?
- Keep Marketing Plan updated and current!

Communicate! Listen! Learn!



Data – 3 ways MCOs get their data?

- Provider contracting / credentialing
- Authorizations
- Claims

Data

- How do you manage your data?
  - Data Warehouse vs going direct to each database
  - Who writes reports?
  - Manage internally or hire it out?

Start with what you already have

- Patient demographics
- Staff demographics
- Patient diagnosis profile
- Length of stay
- # of services provided by type by frequency

Data – What does each service cost?

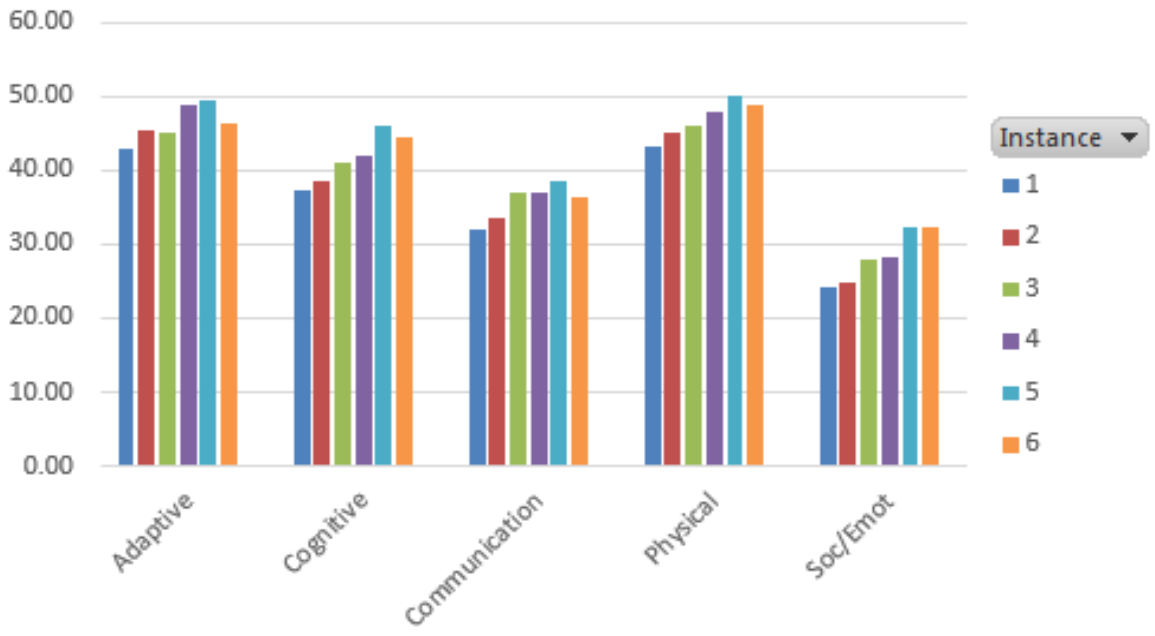
- Know the cost of each service by each level of provider
- How is corporate cost allocated?
- How are expenses that are shared by all allocated?

Data Integrity

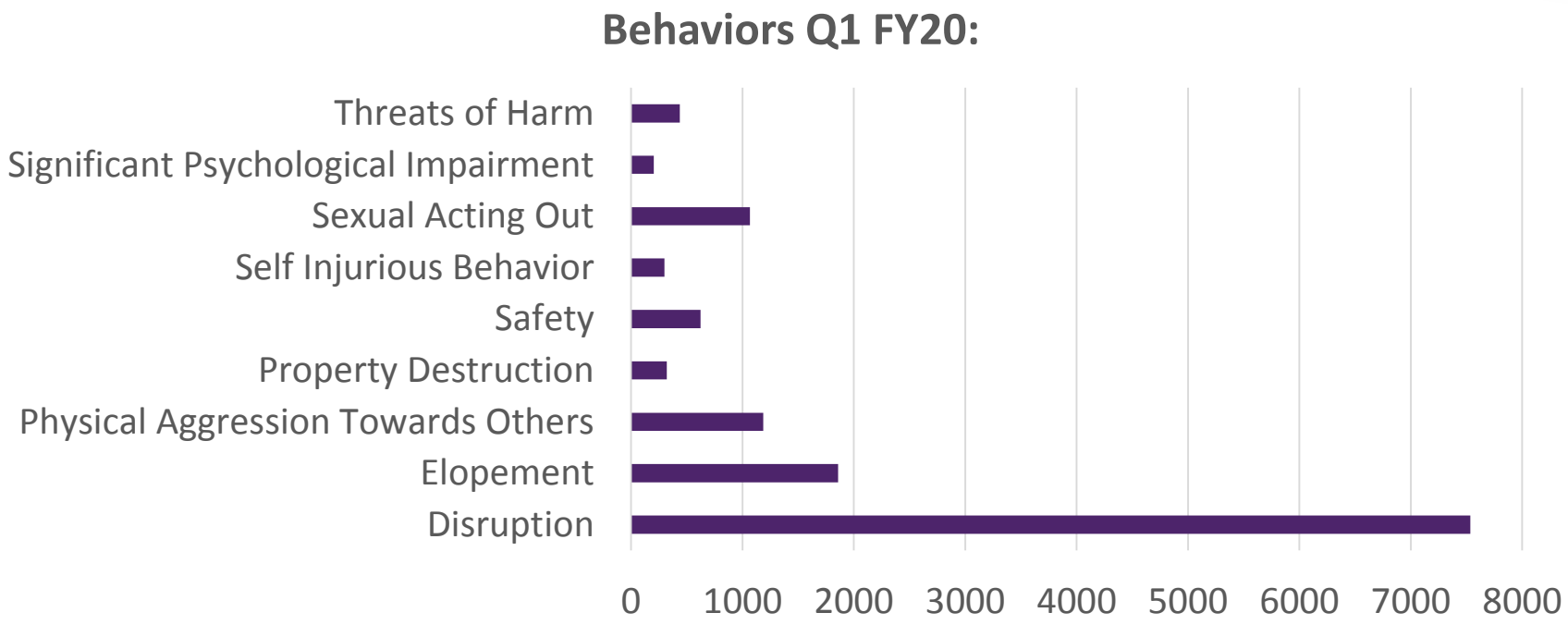
Gender:	Count:
Male	55
Female	62
Unknown	126
"Blank"	258

Data doesn’t always say what you want it to say!

DP3 Assessment Data



Behavior Tracking

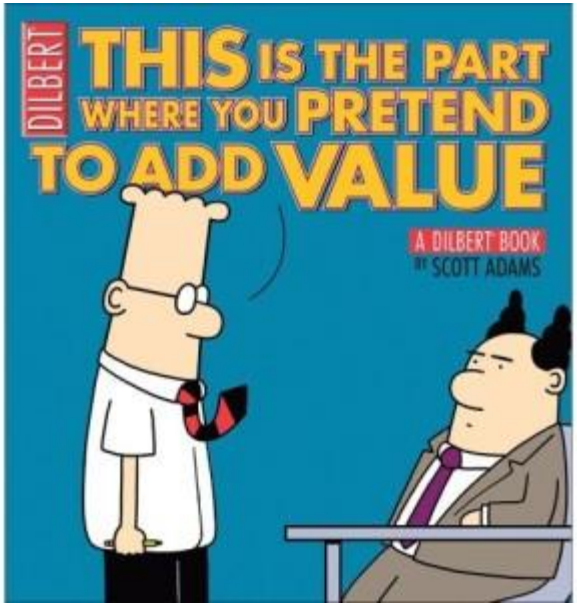


Contracting

- Watch for contract amendments
- Read and understand the definitions
- Watch for references to other documents you must also follow
- Already contracted? Know your contract term and when your window is to re-negotiate terms / rates

Value

- Are you giving the value you promised in your contracts?



Questions