



Meeting #1

Date: July 20, 2015 2:00 PM

Location: 5 University Place, Rensselaer NY

Attendees:



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Overview

This was the first meeting in a series of meetings for the Technical Design II Subcommittee (SC). The purpose of the meeting was to kick off the SC process, educate the SC members on Value Based Payments as well as provide context for the purpose and timeline of the SC work. In addition, the first two agenda items were introduced and will continue to be discussed in detail at the second SC meeting: Fee for Service Incentive Structures to Promote Preventive Care and Technical Assistance for Providers. This meeting also served as a forum to discuss any questions related to the agenda items and raise questions or concerns.

The specific Agenda for this meeting included the following:

1. Welcome and Introductions
2. SC Role, Process and Timeline
3. Introduction to Value Based Payment (VBP)
4. Agenda Item #1- How to continue to incentivize preventive and other positive activities within VBP?
5. Agenda Item #2- How will technical assistance be provided to those providers who run into performance challenges in VBP arrangements?
6. Next Steps and Action Items

Key Discussion Points (Reference slide deck "Technical Design II Subcommittee Meeting #1")

1) Welcome and Introductions

Jason Helgeson (DOH) along with the Co-chairs opened the meeting. The SC members, as well as other present parties were given the opportunity to introduce themselves.

2) SC Process and Timeline

The SC purpose, process and timeline were described to the members of the SC. The scope of materials the SC will discuss was generated through a full review of the VBP Roadmap. For each topic discussed, the members will collectively discuss if the SC recommendations should be a standard or a guideline. A



standard would apply to all parties participating the in the VBP arrangements statewide whereas *guidelines* will not be mandatory and will rather provide general guidance and direction.

Each recommendation from the SC will be organized into a recommendation report which will be submitted to the VBP workgroup for review and approval.

3) Intro to VBP

NYS's transformation efforts were reviewed with highlighting of the VBP Roadmap.

4) Agenda Item #1- How to continue to incentivize preventive and other positive activities within VBP?

The intent of the SC is to make recommendations about care services where high volumes are desirable, and may be better promoted through a Fee-for-Service payment structure. The SC members listed a number of services which would fall into this preventive category: screenings for depression, substance abuse and related conditions; pre-exposure prophylaxis for individuals at high risk for HIV; overdose prevention; high touch early interventions for high-risk mothers; early childhood screenings; well child visits; oral health screenings; prenatal genetic testing; and early psychosis interventions. The goal will be to create a specific list of recommended activities, aligned with quality measures, which should be paid on a Fee-for-Service basis.

A number of questions were voiced around the best approach to quality metrics. The quality discussion centered on the best measurements for highlighting the value of preventive services, given the potentially lengthy timeframe for seeing a return on investment. The group talked through different approaches to contracting, as setting up longer term value-based agreements would allow provider groups to see the impact of targeted public health interventions. A recommendation was made to consider analyzing the volume of screenings or services conducted, rather than focusing solely on financial analysis. Concern was voiced around the ability of the existing provider networks to be able to handle and fund the volume of follow up and specialty care that would arise from increased screenings. Members expressed interest in allowing for a broader scope of practice for mid-level staff in order to help improve access to care.

It was also considered whether it would be more appropriate to set a standard or a guideline for the approaches to implementing preventive services in context of VBP. Some members of the committee felt that it would be best to standardize this. The group discussed the more flexible option of first setting up guidelines, and then moving to standards based on the implementation experience.

5) Agenda Item #2- How will technical assistance be provided to those providers who run into performance challenges in VBP arrangements?

The conversation around technical assistance was introduced broadly by the DOH, with a reminder that providing assistance must be considered from the perspectives of the State, Managed Care Organizations (MCOs) and Performing Provider Systems (PPSs), and that both financial and operational support may be necessary.


One key area of technical assistance requested by the SC included getting support from the State in clearly elucidating to providers the requirements for implementing value-based arrangements. Some SC members

mentioned that assistance would help groups assess their individual preparedness and the readiness among providers for forming partnerships prior to signing contracts. Assistance would be of particular benefit to smaller providers who may face greater administrative challenges. Members suggested that perhaps, an online toolkit may be the best mechanism for educating people, and that providing guidance on various VBP arrangements and scenarios within the toolkit would help providers do their due-diligence. It was noted, however, that the Social Determinants of Health and CBOs Subcommittee was charged with figuring out what technical assistance would be appropriate for those providers who are not yet in the VBP contracts but are willing to start their participation.

Other requested areas of technical assistance included analytical support from the State, as some providers lack in-house administrative support for performing detailed evaluations. Analytics support would help groups better ascertain the potential financial risks involved with VBP arrangements. Organizing risk pools and the size of the pools relative to the level of VBP was also a key topic of discussion.

The last portion of the meeting was used to raise additional topics for future discussions on technical assistance. The State explained that there is a potential that PPSs will be the entities providing assistance. Members expressed ethical concerns over this scenario, given that the PPS would be negotiating, drafting and/or executing the contracts for which they then provide assistance. The SC also discussed Executive Order 38, noting that expenses associated with transitioning to VBP arrangements may best be categorized as programmatic expenses rather than administrative. In conclusion, it was agreed that there should be an alignment in understanding between the State, MCOs and the providers.

Materials that have been distributed during the meeting:

#	Document	Description
1	Technical Design II Subcommittee Meeting #1  TD II Meeting 1_Presentation Slide	A presentation deck introducing VBP, goals of the project, and an overview of the agenda items up for discussion: fee for service incentive structures to promote preventive care and technical assistance for providers

Key Decisions

Consensus decisions on the two agenda items will be finalized in the next meeting on August 17, 2015 that will be taking place at the School of Public Health in Albany, at 2:30 pm. Subcommittee members will be notified if any changes in meeting schedule or logistics occur.

Conclusion

In the next meeting the SC will have an in-depth discussion on the topics from the first session, and introduce the following two agenda topics:



1. Should certain services or providers be excluded from VBP?
2. What should be the criteria and policies for the VBP Innovator Program?