

THINKING ABOUT ACCOUNTABILITY IN VBP FROM THE CLINICAL AND FISCAL PERSPECTIVE

Introduction

Person centered practices and the forces of Value Based Payment will change the way you deliver services.

They will:

- ✓ Promote Innovation
- ✓ Impact Finances
- ✓ Change the nature and roles of accountability
- ✓ Foster/enhance collaboration

“Value Based” Defined

- A way of reimbursing providers focusing on value instead of volume
- Focus on Quality – Outcome Driven Service
- **Goals (the Triple Aim):**
 - ✓ Improving Quality
 - ✓ Reducing Costs
 - ✓ Improving the member’s experience



Source: VBP Bootcamp #1

Person Centered Practice - Defined

- ❖ Person centered practice is a collaborative and strength-based approach that is:
 - respectful and responsive to the cultural, social, and environmental needs of the individual
- ❖ Individuals have:
 - Control over their services (including amount, duration, and frequency); and
 - A menu of providers and services
- ❖ Person-centered practice builds resiliency and fosters recovery

Person Centered Practice

- Issues of power and control in the counseling relationship
- Empowerment- clients and staff
- Levels of accountability and responsibility- Staff and clients
- Staff buy-in (workforce development)
- Organizational buy-in (culture development)
- Dignity of risk, the right to fail
- This is radical!

Implications for Fiscal/Billing

- How can revenue predictions be generated in a less predictable clinical environment?
- Fiscal/billing's understanding of the program's client base and associated dynamics.
- Buy-in from fiscal/billing in participating in formulating clinical decisions on a program level.

Where Clinical and Fiscal Meet

- ❖ Caseload
- ❖ Productivity
- ❖ Access

Implications for Treatment and Recovery

- How could my work as a counselor potentially change?
- What is person centered practice impact on clinical and fiscal risk/accountability in VBP?
- How are person centered practice and VBP associated respective to treatment and outcome?

Considerations in VBP

- Thinking holistically both clinically and fiscally (i.e. flexible program schedules, wrap around services, in community recovery supports)
- Myths and Truths- agency policy vs. regs.
- Ability to define and measure program “success” in a person centered way that demonstrates efficient and effective use of services. (metrics & outcomes)
- Knowledge of and ability to demonstrate program strengths and capacity to address program challenges and changing program dynamics

Cultural Considerations

- Internal integration
- You have to be one as an organization
- There is no such thing as “us” vs “them”
- There is no such thing as “I don’t do this”
- Holistic care internally

Accountability

Accountable to:

- ✓ clients
- ✓ your service
- ✓ your organization
- ✓ the whole healthcare system

Managing Risk

- “This is my client” vs “This is our client”
Our = healthcare partner’s client
- We can no longer:
 - manage risk through discharge
 - manage risk through selective admissions
 - have barriers in our administrative processes
- Managing risk requires engaging and retaining individuals in treatment

The Future

- Managing risk within an integrated system of care model
- Greater collaboration and integration within an integrated healthcare system
- Ability to monitor clinical/fiscal outcomes and respond to needs quicker (nimbleness)
- Ability to establish effective partnerships with Managed-Care Organizations
- SUD as collaborating partner the Healthcare system with shared benefit and responsibility for overall health outcomes

It's Always About the Client

- This is about outcomes
- You are all working together towards the same goal
- How do I work with my client in a person-centered way?
- No longer an “I”, it’s a “We” that offers hope and support



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