GRANTEE SPOTLIGHT

Association of Oregon Community Mental Health Programs and Oregon Primary Care Association

The Journey to Value-Based Payment and Care

the DELTA CENTER
for a thriving safety net

JUNE 2020

The Challenge

Together, the Association of Oregon Community Mental Health Programs (AOCMHP) and the Oregon Primary Care Association (OPCA) serve all community mental health programs (CMHPs) and federally qualified health centers (FQHCs) in Oregon. Though they share some members and focus on improving the safety net for Oregon's most vulnerable residents, the organizations themselves had not meaningfully partnered until the opportunity arose through the Delta Center for a Thriving Safety Net.

The state of Oregon has been at the forefront of thinking about care transformation and payment reform and both AOCMHP and OPCA have been leaders in this space. For example, AOCMHP and its members are currently participating in the federally sponsored certified community behavioral health clinic (CCBHC) demonstration to allow behavioral health providers to receive prospective payment system (PPS) payments that tie to the cost of delivering care in exchange for meeting a rigorous set of quality of care and access requirements. In addition, Oregon's renewed 1115 waiver and Medicaid Managed Care framework, which emphasize value-based payments (VBP) in managed care, will affect both grantees and their members. OPCA has already facilitated an innovative Alternative Payment and Advanced Care Model (APCM), which has successfully moved more than half of Oregon health centers to a capitated payment model. However, most of these efforts have been accomplished in silos with little attention paid to promoting meaningful, bi-directional primary care and behavioral health partnership in practice. The Delta Center partnership offered the opportunity to explore and understand how clinical partnerships between their members, supported by value-based payment and care (VBP/C), might improve care for Oregonians across the state.

The Delta Center for a Thriving Safety Net provides technical assistance to primary care associations and behavioral health state associations to advance value-based payment and care, particularly in ambulatory care settings. The Delta Center is a national initiative led by JSI Research & Training Institute, Inc., the Center for Care Innovations, and the MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute.

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Approach to Improving Care and Payment

Together AOCMHP and OPCA aimed to find ways to work with their members that meaningfully improved care for vulnerable Oregonians (see text box below).

Oregon's approach included:

- **Launching pilots of value-based integrated care and payment** through CCBHC-FQHC dyads in one urban, one rural, and one frontier part of the state, capitalizing on recent changes in payment from Oregon's Medicaid Managed Care entities, called Coordinated Care Organizations (CCOs), mandating integrated behavioral health and primary care payment and care.
- **Fostering shared learning opportunities** by bringing together both membership groups for technical assistance related to value-based payment and care.
- **Continuing to advance aligned organizational goals** including enhanced reimbursement for community mental health services and reasonable shared measurement approaches for value-based pay.

Their work together started broad by fostering shared learning opportunities by bringing together members of both groups for technical assistance related to VBP/C. The groups convened all of their members for three joint learning sessions around VBP/C; though well-attended and largely well-received, these large-scale sessions were difficult to curate. There was just too much information to cover across primary care and behavioral health and across care and payment changes. The level of sophistication and interest varied widely among participants, and it was hard to ensure real action resulted from these learning sessions.

Next, AOCMHP and OPCA launched pilots of value-based integrated care and payment through CCBHC-FQHC dyads in one urban, one rural, and one frontier part of the state. In the second year of the Delta Center grant, it was clear that the three pilot dyads all needed substantial convening, funding, and measurement support to move forward. Success looks different in each different setting. For example, in frontier Wallowa County, the CCBHC and FQHC signed a covenant to partner together and successfully advocated together for state funding to support a new community center where both organizations would be co-located. In rural Deschutes County, local partners are developing a homeless case management program to reach vulnerable residents that aligns with Oregon's Medicaid priorities. The next step is determining the potential return on investment for the CCO. In urban Portland, the multi-partner group has initiated a Diabetes Improvement Project, a learning collaborative that includes oral health, mental health, and primary care practices and is supported by the local CCO.

The Delta Center team shifted its strategy to provide deeper support through VBP readiness assessments for a small pilot group representing both associations, capitalizing on recent changes in payment from CCO 2.0 mandating integrated behavioral health and primary care, and increasing percentages of value-based payments. After the COVID-19 surge, AOCMHP and OPCA will work with Health Management Associates on the second and potentially third wave of value-based payment readiness assessments with member pairs from the same communities.

Key Factors for Success

This strategy of tailored support for regional partnerships led to important findings about how behavioral health and primary care can partner well in communities:

1. Tailored, region-specific support helps catalyze new partnerships to improve care for their local communities.
2. When working to better integrate behavioral and primary care to improve the health, associations have a big role in getting specific and tangible about the aim of working together, how each partner will work differently, and the kind of structure a program might need to have to deliver on financial/value-based pay targets.
3. It is impossible to make progress without payer buy-in, even when their buy-in brings a different set of priorities to the table.
4. Given the many funding, system policy, and cultural differences between primary care and behavioral health, a shared framework for assessing readiness for collaboration between the two groups is a helpful starting place.
5. Local politics, shared patients/clients, and market competition shapes the ability for partners to overcome daily distractions and engage in collaborative work. Working differently together is a long road.

As AOCMHP and OPCA worked closely with their regional partners and early adopting members, they also learned from other Delta Center cohort states about new ways to develop financial models and leveraged their experiences from the pilots and technical assistance approach to learn how to develop a shared policy agenda that advocates for appropriate resources to support the safety net.

Next Steps

As the COVID -19 crisis upends our world, AOCMHP and OPCA are adjusting how they best support their members in transforming care through telehealth while sustaining the regulatory and reimbursement gains that have been made. They plan to begin to advocate together as one voice for the safety net in areas of concordance and to work with their early adopter sites to assess readiness to engage in VBP/C. They are continuing to advance aligned organizational goals including enhanced reimbursement for community mental health services and reasonable shared measurement approaches for value-based pay. As their Delta Center grant comes to a close, Oregonians can expect continued local- and state-level collaboration between AOCMHP, OPCA, and their members with the goal of improving access to high-quality, integrated care.

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*Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.