Brief 2: A Preliminary Look at the Value-Based Payment Initiative

The Community Mental Health Fund

Jackson County, Missouri

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Brief 2: Value Based Payment Initiative

Quantitatively Derived Findings

The Community Mental Health Fund (CMHF) survey contained one section devoted to stakeholder feedback about the Value-Based Payment Initiative (VBP). Questions in this domain were co-created and informed by CMHF leadership, these authors, and information derived from initial meetings between the external evaluators and stakeholders.

At the start of this survey section (See Appendix B, Section III), respondents were asked to consider their training and experiences related to the CMHF Value-Based Payment initiative. The survey also acknowledged that agencies may be at different implementation points of the Value-Based Payment initiative, and that the goal was to gather insight into *experiences thus far.*

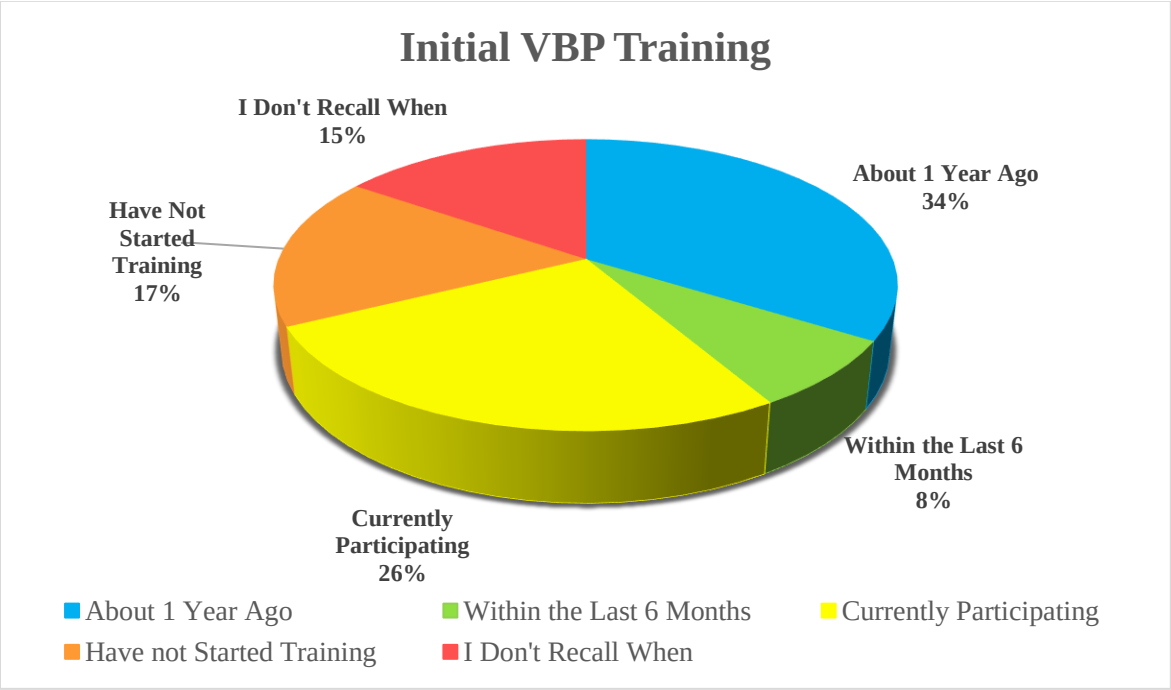
The VBP portion of the survey was divided into three sections: training, implementation, and Key Performance Indicators (KPIs). For purposes of clarity, results will be presented in the same manner.

There are several items that readers should be aware of regarding the results of this survey related to the VBP initiative. First, this is neither an evaluation of any one individual or agency, nor is it a formal assessment of training and support services provided. Rather, it is a brief assessment ("pulse check") of the initiative overall from the perspective of community stakeholders. Second, the context in which the VBP initiative has been implemented is noteworthy. There has been immense increase in demand for mental health and substance abuse services in the U.S. since the onset of the COVID-19 pandemic (Terlizzi & Schiller, 2022). This increased need for services is coinciding with fundamental changes in the way mental health services may be delivered (i.e., telehealth), the reimbursement streams that underpin agency functioning (Medicaid expansion, telehealth, and prescribing practices) and workforce disruptions. Despite increased demand for services, workforce challenges are an ongoing contributing barrier to care provision. Nationally, almost half of the U.S. population lives in a designated mental health workforce shortage catchment area (Saunders, Guth, & Eckert, 2023). The implementation of the VBP initiative is occurring simultaneous to these workforce challenges. Importantly, turnover is also high, resulting in the need to (re-)train agency workers.

In total, the Value-Based Payment survey section contained eight VBP training focused questions, nine VBP implementation focused questions, six questions centering on key performance indicators (KPIs), and six questions categorized as having open-ended response areas.

Training Status. Of the 65 respondents who completed the Value-Based Payment section, Figure 2.1 illustrates the training status of respondents.

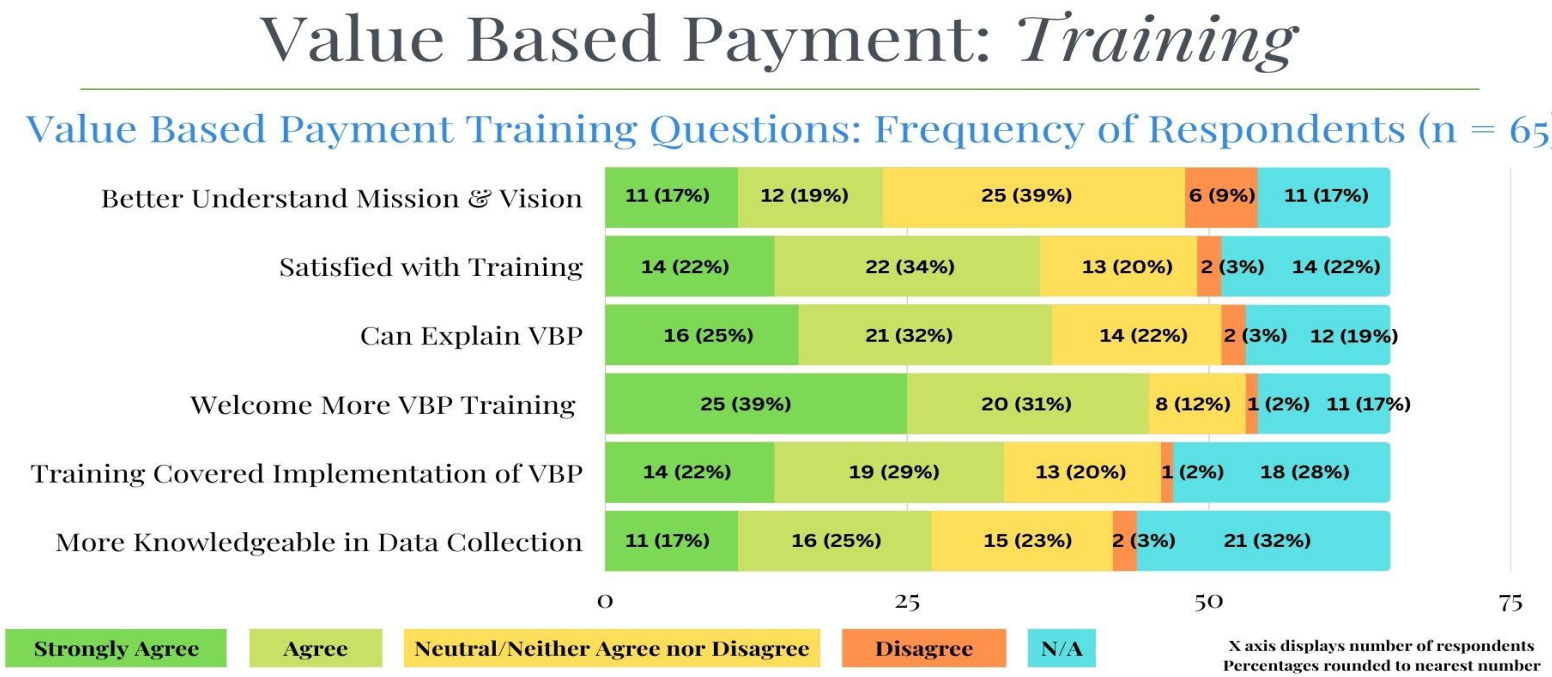
Figure 2.1: Respondents Status on Initial VBP Training (n=65)



While the above Figure 2.1 displays categories of training participation, the reality of agency participation can be highly variable—with some progressing in a linear fashion and others receiving training in a more intermittent fashion due to agency conditions, personnel changes, etc. Further, agencies may have differentially accessed one-on-one technical assistance (a form of training) specific to their needs—therefore, even within the same category, there is likely considerable variation in training received.

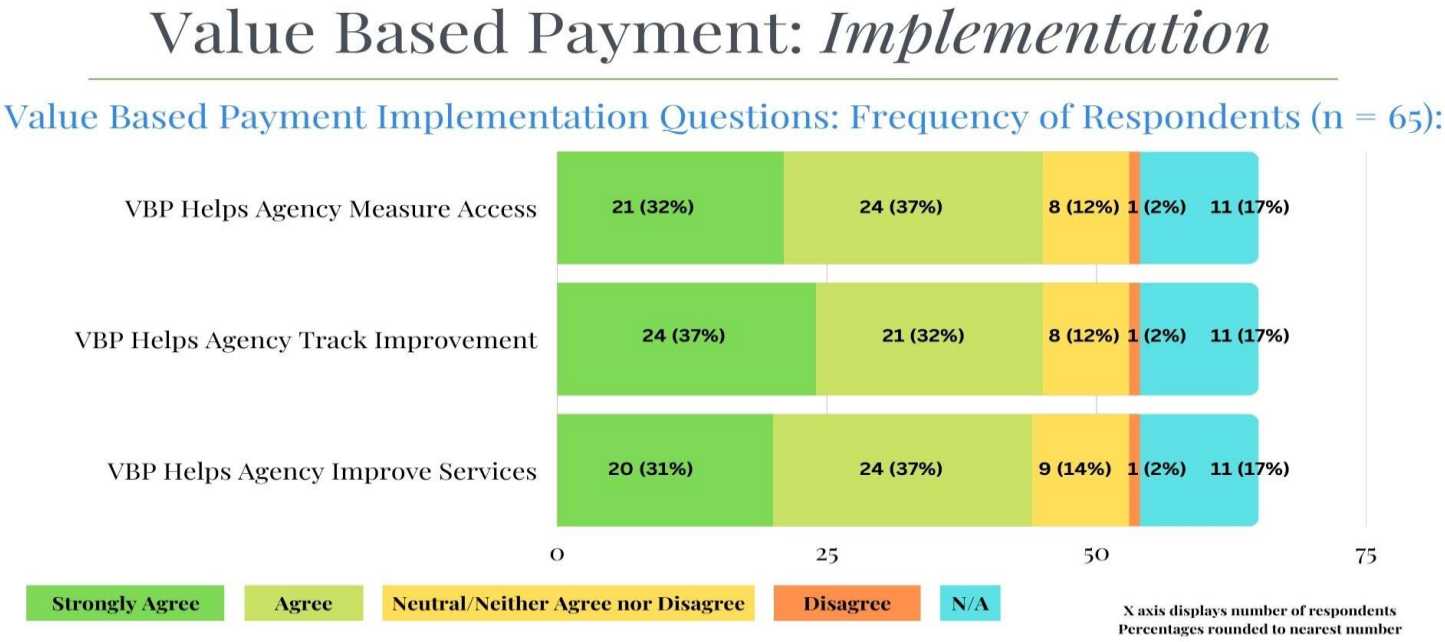
Training Attitudes and Experiences. Figure 2.2, below, displays findings related to grantee VBP training experiences. It is important to note that grantees are in varying places with training and implementation, and selection of the response "Neutral/Neither agree nor disagree" or selection of the response "N/A" should not be viewed negatively, as it likely means that some aspect of the VBP initiative is not complete (which is the case for most respondents). Overall, CMHF grantees report positive experiences with training in the Value Based Payment initiative. Well over half (56%) report satisfaction with training, 57% report being able to explain the VBP initiative, signaling substantive knowledge of the initiative and 70% of respondents report welcoming more training.

Figure 2.2 Value Based Payment Training



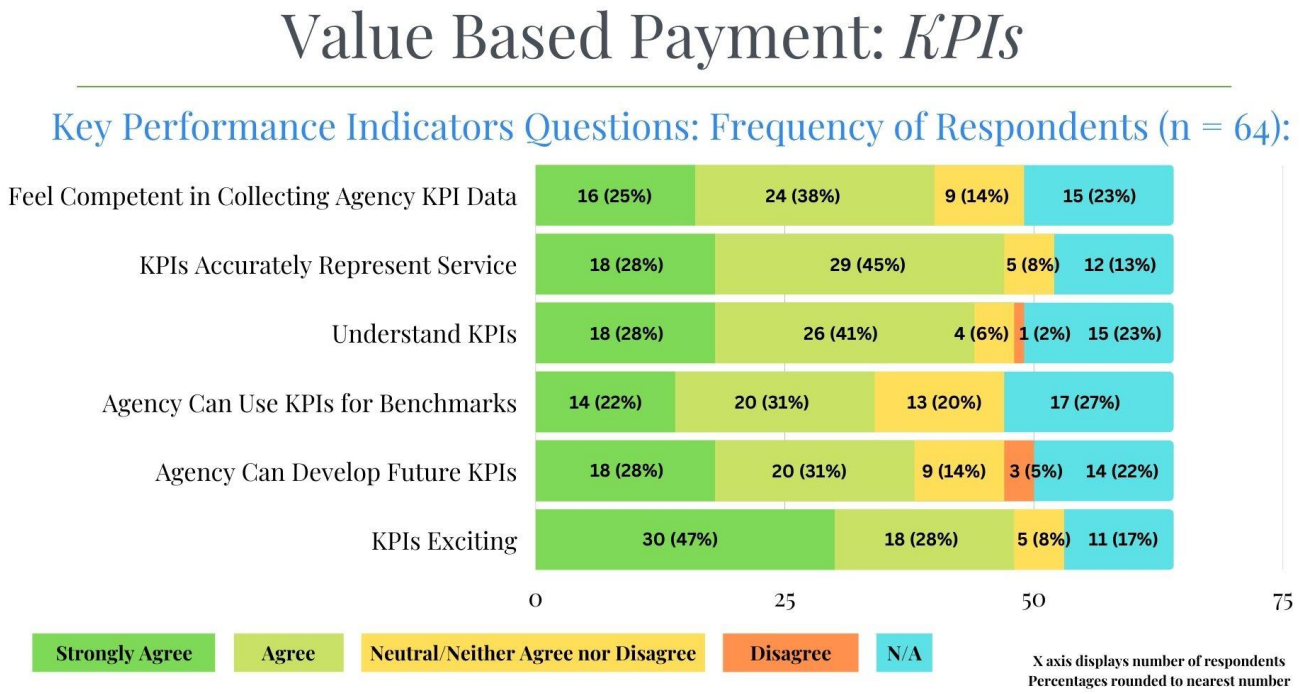
Implementation. Figure 2.3, below, displays findings on respondent perceptions of the implementation of the Value-Based Payment initiative. In the domain of implementing VBP, respondents are reporting strongly positive regard for VBP in that it helps them to measure access, track improvement, and improve services. This should be regarded as a major victory, as assisting agencies in improving access, tracking, and quality are critically important today and in the future.

Figure 2.3 Value Based Payment Implementation



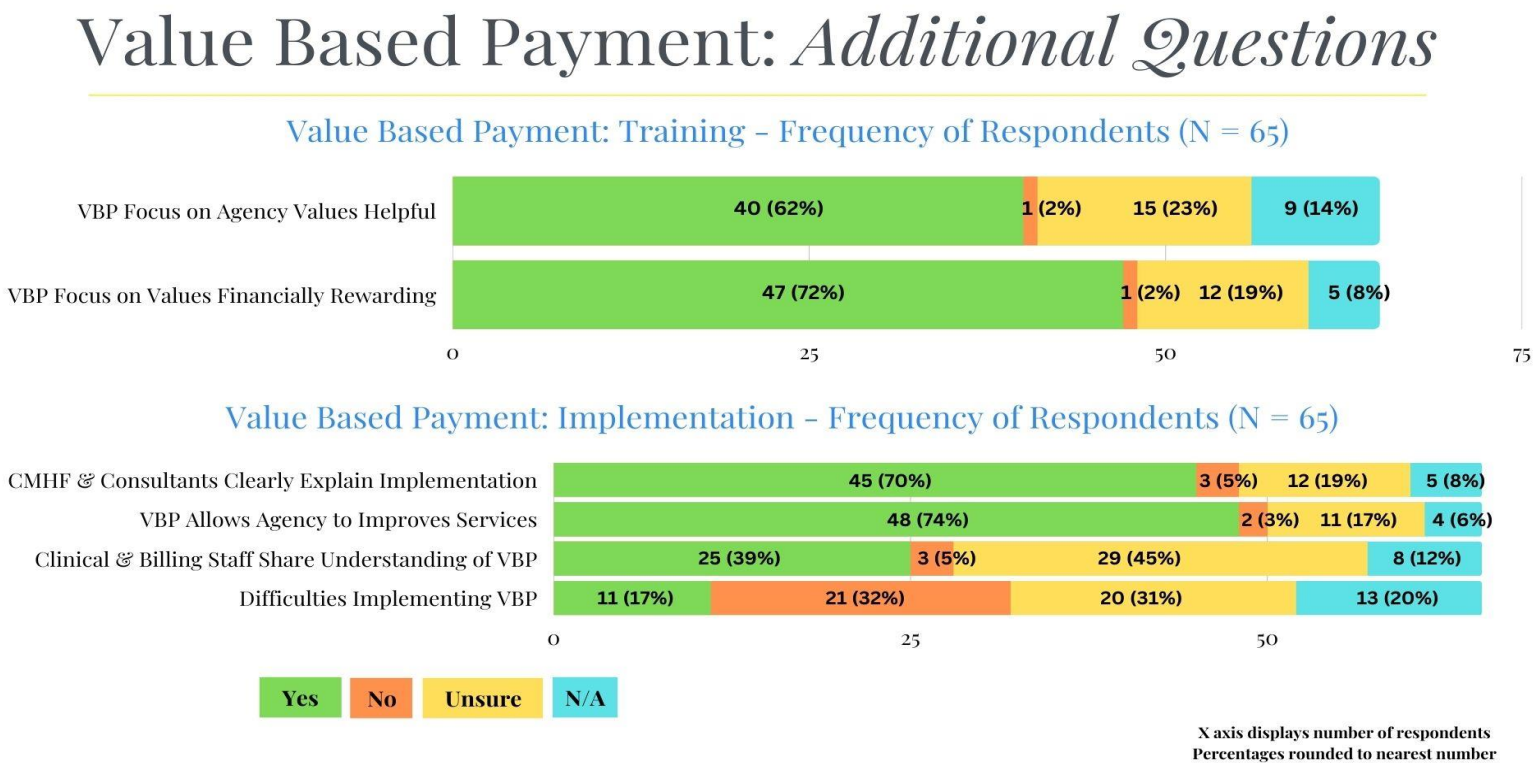
Key Performance Indicators. Figure 2.4, below, displays findings on respondent perceptions of the VBP initiative's Key Performance Indicators (KPI). Again, CMHF grantees reported increased competence, skills and knowledge related to the VBP initiative—each very positive indicators of increased knowledge and positive attitudes towards the initiative. Seventy-five (75%) of the respondents reported being excited at the possibilities that collecting performance indicators unique to their agency presents for future funding.

Figure 2.4 Value Based Payment: Key Performance Indicators



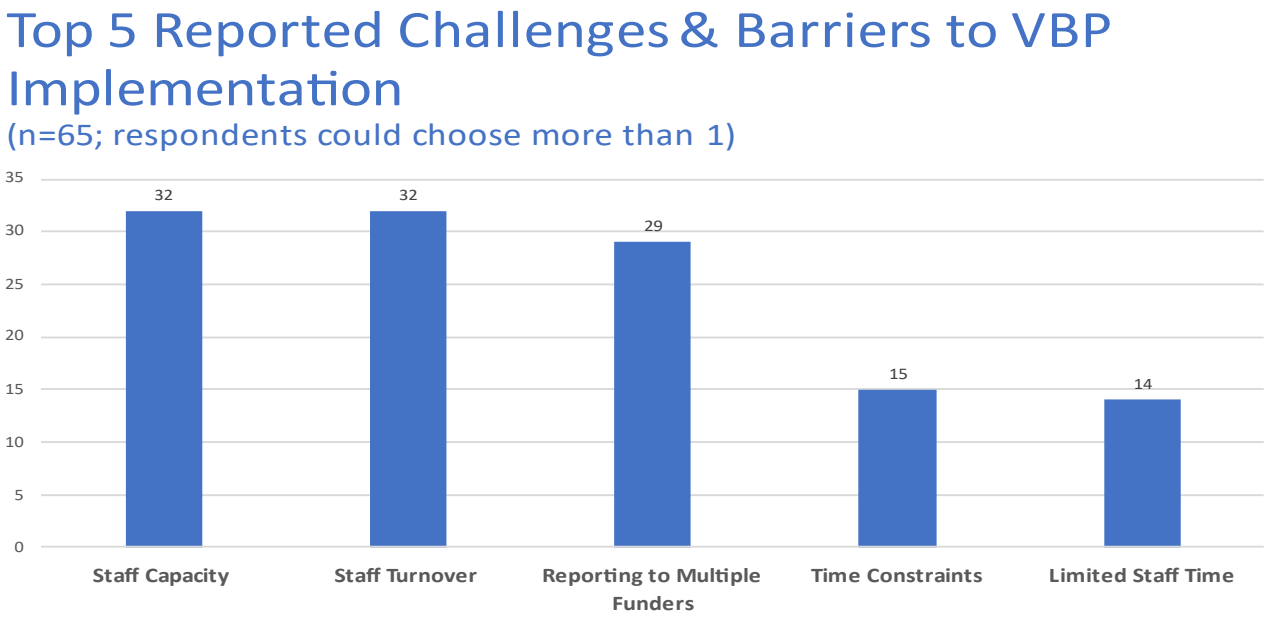
Other Information. Figure 2.5, below, displays findings on responses to additional questions on the Value-Based Payment initiative. These questions could not be combined with the above domains due to response categories being different (i.e., these are yes/no questions rather than Likert-like responses). These responses indicate very positive experiences with the initiative.

Figure 2.5 Value Based Payment: Additional Questions



The survey also captured reported challenges and barriers to implementation of the VBP initiative. Figure 2.6, below displays the top five (5) reported challenges and barriers:

Figure 2.6 Predominant Challenges & Barriers to VBP Implementation



Almost one-half of the sample reported challenges with staff capacity and turnover. The need for agencies to report to multiple funders was commonly cited as a barrier. These researchers note that this was more commonly a barrier for smaller agencies, but even larger agencies with seemingly more robust capacity cited reporting to multiple funders as a barrier. The final two categories of barrier (time constraints and limited staff time) are also related to staffing constraints and overburdened staff.

Qualitatively Derived Findings

There were six (6) survey questions in which respondents could provide feedback in an open-ended manner. These questions generated a total of 263 excerpts of text for coding across 51 separate codes nested across six questions. Figure/Table 2.6 below, displays the findings, by question.

Figure/Table 2.7: Qualitative Themes and Findings from Open Text Questions (Value Based Payment Initiative)

Question	# Of Responses	Emergent Themes	Findings/Supporting Quotes
1. How VBP enhances services or addresses population	64	VBP helped with development of outcomes and data; reimbursement for supportive services	Agency capacity is increasing--VBP is helping the agencies to home in on outcomes associated with services they are delivering (that are important and often unrecognized).
2. Challenges and Barriers to VBP implementation	5	There were only 5 responses to this question—not dense enough for a theme	Of the small number of responses received, several responded by saying that getting started and getting the process established is a challenge that they expect to wane over time.

3. Differences between clinical and administrative understanding of VBP	3	There were only 3 responses to this question—not dense enough for a theme	The fact that there were not many responses here is interesting, because pre-survey observation led the researchers to believe this was an important issue. However, the reader is encouraged to recall that 61% of the respondents were administrators with no clinical role. This lack of clinical "connection" in the survey respondents likely is why there is not information here.
4. How VBP is different than another accountability	63	Reflective, individualized, strengths-based, based on agency values, displays trust in agency operations.	Difference is that it is agency centered. "The initiative has been a reflective, individualized process that strengthens the trust and partnership between the agency and CMHF. No other funder has approached accountability by offering support to improve quality and critically examine processes in a non-punitive way". "The project approach is strengths based".
5. Technical Assistance (TA) needs related to VBP	64	Complimentary of training and TA to date, Measuring of KPI, workforce instability, aggregating information for reporting	"Working with Dr. Ferman and Tomas has been a dream. As a staff person responsible for data collection and analysis, I have felt blessed to learn so much…..they provided real tools to improve our agency's ability to collect and report data more ethically, responsibly, and demonstratively." "We are doing our best to catch up, as those who were a part of this have left. It would be best if we had more in-person trainings and more closer together—information gets lost [between people]."

6. Feedback to CMHF regarding VBP initiative	64	Continue in this direction! Clarify the future related to reporting, clarify phases/timeline of phase, any unintended "side effects?"	VBP initiative is very helpful in improving agency services, helping to make support services visible and give voice to the consumer need. "[M]ore clear communication about which phase we are in, the timeline for each phase, and more information about the entire initiative would be helpful"; "This is a great step in systems change—I would like to see the big picture"; "I am wondering if eventually this will take us away from serving the more severe (symptomatic) cases"; "I still have angst that eventually core funding will be contingent upon achieving KPIs that continue to push to the next level of achievement. Not all strategies will be successful the first time and require rethinking and implementing a new strategy. I am concerned that core funding will be cut if we do not meet our KPI targets."
Total Excerpts coded to questions	263		

Feedback from Key Informants:

There was uniform agreement among the informants that the VBP initiative was helpful in myriad ways. The following information from these informant conversations represents predominant themes:

- Staffing issues were reported by all agency-based interviewees, except one.
  - According to one leader, "our staffing problems are so predominant that they impact everything we do. We are always in crisis around core services."
- A major part of staffing is lack of support for personnel in mental health fields. Examples given:
  - "I have a really hard time hiring and retaining staff, because they can make more working at Costco than I can pay them."
  - "One major part of training and retaining staff has been supervision for licensure—which we are no longer able to do."
  - "We cannot keep people because we don't have time to think about their growth—we are in survival mode."

- The informants expressed universal support for the VBP initiative. A few stated that they thought that adopting this initiative was difficult at first—they were encouraged to think in new ways and engage in reflection about their agency and the services they provide. After a short period of sustained engagement and continuing assistance from the consultants, they felt as though they grew professionally—and understood the initiative more fully. One interviewee said the following:
    - "We are changing the way that we practice because of the VBP. It's not just geared towards a specific evidence-based practice, it's helping us to organize how we do our work—we now look at our organizational structure, what's working, what is not, what are our values, resources, skills and how are we doing in terms of outcomes…if we change the system, we can improve practice—it's now how we do business."
    - Several interviewees said that while they have learned much from the initiative so far, they are still "struggling to infuse the VBP initiative into clinical practices." Another said "…while administrators know and understand the KPIs, the clinicians are not always connected to this side of the agency—so they are missing an important piece, and we hope to connect as time goes on."
- Several interviewees said that they wanted more connection to the clinical part of their agency via the VBP activity. They cited the use of measurement tools that examined clinical outcomes in addition to measuring access as a goal. Having said this, another interviewee [when prompted about how VBP could help their agency improve services] said "we guard our clinicians time and use it for face to face interactions with clients—so we don't necessarily want a tremendous amount of clinician time here."
- The collaborative, collegial nature of the CMHF leadership and staff was noted by agency personnel. The following words were used to describe the relationship between the agency and the grantees interviewed: approachable, non-judgmental, resourceful, risk-resilient, thought partners, supportive, receptive, true partners, responsive.
- The strengths-based, person-centered stance used by the consultants and the CMHF has been integral to success. Grantee agency leaders said that they appreciated the dedication, patience and expertise displayed by Johanna Ferman and Tomás Moran. One leader summed up how they believe that the Integrus consultants approached them as follows:
    - As we worked with them, it was clear that they are very interested in us and what we do. Essentially, their behavior said "we see you, we appreciate you, we respect you, and we respect the population you serve".
- Two of the interviewees cited initial issues with not having the technological infrastructure for the project. Both stated that their skills/resources/abilities have improved, but that access to technology and use of information is a tremendous issue. This issue is [not surprisingly] centered mostly on very small agencies. However, it is noteworthy that several interviewees

revealed outsourcing their data monitoring and reporting for grants. In this instance, it is harder for the grantee agency to track meaningful metrics in real time—and data use is limited to what is provided by the external evaluator.

- While the agencies may now have the infrastructure for improvement and quality monitoring, the culture is only beginning to take shape—this will take more time and will also take front line personnel adopting a championing perspective to the use of data.
- Several interviewees stated concern that the community has experienced shock from large funders no longer providing funds for items that they have covered historically. This has led to a feeling of unease among agencies—and worry that others will do the same. Two interviewees asked (the equivalent of) "Is the CMHF planning to change what they fund, because we are worried."

References:

Saunders,H., Guth, M. & Eckert, G. A look at strategies to address behavioral health workforce shortages: Findings from a survey of state Medicaid programs. 2023. Available Online (https://www.kff.org/medicaid/issue-brief/a-look-at-strategies-to-address-behavioral-health-workforce-shortages-findings-from-a-survey-of-state-medicaid-programs/).

Terlizzi EP, Schiller JS. Mental health treatment among adults aged 18–44: United States, 2019–2021. NCHS Data Brief, no 444. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:120293.