Quality Considerations in a Value Based Contract

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What we’ll cover

• The Landscape
• The Must Haves
• The Roadmap
• Influencing others to take the trip
The Current Landscape
The Current Landscape

- Payer priorities
- Population drivers
- Different designs for quality reimbursement
- System/Practice Initiatives

- BSWQA:
  - 10+ contracts
  - 40+ unique quality measures (not including the minor variations between those)
When things get real…
Must Haves

• General Issues:
  • When does the population freeze?
  • How are patients attributed?
  • What is the context of the measures within the financial model of the contract? (Are they gates? Bonuses?)
  • Did your quality leaders give input on the contract?
Must Haves

• Quality Measure Details:
  • Measure Specifications or reference to national specs
  • Alignment with national programs
  • How do the goals align with national/state/regional/market benchmarks?
Must Haves

• Who reports what?
  • How often will the payer report performance to the ACO?
  • What level will the information be reported (e.g., specific members with specific care gaps?)
• How will the ACO be allowed to supplement the payer’s data?
  • What is the payer’s responsibility for accepting and integrating this data?
  • What is the ACO’s capability to supplement the data? (internal question)
  • What standard will be followed/allowed by both parties to close gaps? (highly recommend following HEDIS standards)
  • Timing of final reporting/or attestation – how soon after final report of gaps from payer does the ACO have to close the gaps to reach satisfactory performance?
Roadmap

• Realize the details are important.
• Build a good relationship with your managed care contracting partners.
• Love your quality leaders.
• Know the difference between must have and nice to have.
• Know your contract!
Now the fun starts...