

VALUE-BASED CARE WORKGROUP

A Guide for Clinical Operations

Purpose of the Workgroup

CFHA's Value-Based Care (VBC) Workgroup aims to improve operational alignment between **value-based payment (VBP) models** and **integrated behavioral health care delivery**. Below we identify existing VBP frameworks, expose system-level barriers, and recommend practical solutions that support administrators, clinical operators, and implementation teams in achieving sustainable, integrated care.

What Is Integrated Care?

Integrated care is a **patient-centered** model combining **medical, behavioral, and social services** to address holistic health needs. Key approaches include but are not limited to:

- **Primary Care Behavioral Health (PCBH)**
- **Collaborative Care Model (CoCM)**
- **Medication Assisted Treatment (MAT)**
- **Peer Support Specialists / Community Health Workers**
- **Co-located services**

These models offer the potential to improve patient satisfaction, staff experience, care quality, and operational efficiency—when properly supported by aligned payment systems.

Value-Based Care in Integrated Settings – The Current Landscape

VBP shifts reimbursement from volume to value, aiming to reward quality and cost-effectiveness. While models like Patient-Centered Medical Homes (PCMH) and Accountable Care Organizations (ACOs) show promise, implementation in behavioral health-integrated settings faces unique operational and financial challenges:

- Inconsistent models and metrics across payers, organizations, and systems
 - Lack of standardization in BH integration strategy
 - Limited guidance on **sustainable contract structures** and **performance tracking**
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Key Gaps in the Current System

- **Misaligned Metrics:** National measures (e.g., HEDIS, CMS Core) often don't map cleanly to site-level workflows or provider performance
- **Payer Fragmentation:** Diverse contracting models create administrative friction and scalability issues
- **High Complexity & Burden:** Managing multiple VBP arrangements—particularly those involving BH—adds strain to operational teams
- **Upfront Investment Requirements:** Training, EHR modifications, and care coordination staffing are costly without clear ROI timelines

- **Cross-Team Knowledge Gaps:** Operational teams and clinical leaders may lack a shared understanding of VBP priorities
 - **Inadequate BH Outcome Tracking:** Few reliable, industry-standard metrics exist to show clinical and financial impact
 - **Workforce Fatigue:** Without strong administrative support, VBP adoption can accelerate burnout
 - **Undercompensation for BH:** Many contracts fail to reflect the real value of behavioral health integration
 - **Lack of Proven Contract Templates:** Little evidence exists to guide contract design that effectively supports BH integration
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Fall 2024 Survey Highlights (n=50)

The VBC workgroup collected perspectives from providers, payers, and clinicians. Our findings are below:

- **Metric Misalignment:** Inconsistent contracts and unclear expectations undermine performance tracking
 - **VBP Literacy Gaps:** 42% report limited familiarity with contract terms; 32% cite low payer engagement
 - **Key Motivators:** Financial incentives (50%) and care delivery flexibility (46%) drive participation
 - **Integration Challenges:** BH and physical health still operate in silos in many systems
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Key Takeaways for Best Practice

- **Co-Design with Providers:** Involve clinical leaders in contract development and metric selection. Assign internal champions to oversee execution
 - **Align Metrics Across Payers:** Reduce redundancy and reporting burdens by pursuing consistency in measures and incentives
 - **Advance BH Measurement:** Go beyond screenings—track outcomes that tie BH to medical care (e.g., joint management of chronic conditions)
 - **Invest in Infrastructure:** Budget for staff training, data systems, and clinical operations that enable participation in VBP models
 - **Share Learnings:** Promote collaborative research into effective models for integration, risk-sharing, and scalable contracts
 - **Redefine Quality:** Treat behavioral health integration as a marker of care quality, not just a cost-saving measure—even where metrics are still evolving
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For additional information, please visit our website at [cfha.net](https://www.cfha.net). You can get involved by registering for our Value-Based Care Workgroup at: <https://www.cfha.net/events/category/workgroup/vbc/>