

VALUE-BASED CARE WORKGROUP

A Guide for Payers

Purpose of the Workgroup

CFHA's Value-Based Care (VBC) Workgroup aims to align **payment models** with **integrated behavioral health care practices** by identifying existing value-based payment (VBP) models, highlighting systemic gaps, and recommending tailored solutions for key stakeholders.

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 aim to improve patient outcomes, satisfaction, provider experience, and cost-efficiency through **brief intervention, consultation, and seamless care coordination**

Value-Based Care in Integrated Settings – What We Know

Value-based payment (VBP) models prioritize **quality, outcomes, and cost-effectiveness**. Models like **Patient-Centered Medical Homes (PCMH)** and **Accountable Care Organizations (ACOs)** are promising, but challenges persist:

- Variability across payers and regions
 - Gaps in behavioral health (BH) integration strategy and implementation
 - Need for **standardized metrics** and **sustainable funding models**
 - Need for accurate **cost of care data** for behavioral health services to help establish baseline “cost” for organizations entering into or considering value based arrangements.
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Key Gaps in the Current System

- **Metric Misalignment:** Most behavioral health metrics (e.g., HEDIS, CMS Core) are not actionable at the provider level, limiting their utility in VBP contracts
- **Payer Fragmentation:** Wide variability in models and incentives impedes scalability and limits cross-payer learning
- **Administrative Burden:** Providers face significant difficulty navigating VBP programs involving behavioral health
- **Upfront Investment Needs:** Infrastructure, training, and care coordination capabilities require dedicated funding mechanisms
- **Knowledge Gaps:** Clinical teams often lack clarity on contract terms, while payer teams may underestimate clinical realities
- **BH Measures:** Are not widely adopted or lack transparent connection to contract measures

- **Data & Privacy Concerns:** Regulatory hurdles complicate information sharing across disciplines
 - **Provider Burnout:** Change fatigue and insufficient support hinder adoption
 - **Unclear Incentives:** VBP models often don't fully compensate for the work of BH integration
 - **Lack of Best Practices & Research:** Limited evidence on effective contracting or scaling strategies
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Fall 2024 Survey Highlights (n=50)

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

- **Misalignment:** Metrics, contracts, and sustainability approaches vary widely
 - **Knowledge Gaps:** 42% lack contractual knowledge; 32% report insufficient payer engagement
 - **Incentives Matter:** 50% cited financial incentives as a motivator to participate in VBP, while 46% cited practice flexibility
 - **BH-Physical Health Disconnect:** Minimal overlap in metrics, except for care management and SDOH
 - **Key Recommendations:**
 - Foster **provider-payer collaboration**
 - Enhance **education and training**
 - Align **incentives and metrics** across stakeholders
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Key Takeaways for Best Practice

- **Payer Alignment Is Essential:** Harmonize strategies and metrics across systems
 - **Engage Clinicians Early:** Involve providers in contract design and value metric selection. Each contract should have a provider champion involved.
 - **Integrate BH Metrics with Primary Care:** Ensure shared accountability for outcomes (e.g., diabetes and depression)
 - **Advance Provider-Level BH Measures:** Ensure financial incentives match providers' real influence on care outcomes
 - **Support Education & Infrastructure:** Provide training and resources for VBP navigation and implementation.
 - **Pursue Contracting Research:** Define when risk-sharing or incentives are most effective
 - **Rethink BH Value in Contracts:** Recognize BH integration as a **standard of quality** that can lead to decreased overall spend across the system.
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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/>