

Health Center Value-Based Care Glidepath Aligned with the Value Transformation Framework (VTF)

This tool is designed to provide a glidepath or roadmap for a health center's transition to value-based care. It outlines key actions for consideration during three critical phases of transition: planning, implementing, and optimizing. While it recognizes there is no 'right' way or singular path, it offers guidance on crucial steps for consideration at key phases in the journey.

Use this guide as a checklist or reference tool to support organizational conversations and planning for value-based care and achievement of the Quintuple Aim goals: improved health outcomes, improved patient experiences, improved staff experience, reduced costs, and equity.

Feedback and comments are welcome at qualitycenter@nachc.org and will help us improve the tool.

CARE DELIVERY

VTF Change Area	VTF Assessment Tool Question Set	☑	Task	Planning		Implementing		Optimizing	
Population Health Management	Data sources		Analyze existing value-based care models for model effectiveness, risk level, and eligibility						
	Risk Stratification; Empanelment		Develop a strategy for risk stratification and supporting stratified care management and coordination						
			Use risk stratification to identify and manage high-risk individuals						
			Support multiple levels of analysis (population, provider, patient)						
Patient-Centered Medical Home	Application of PCMH model		Evaluate current methods to track patient engagement and identify key areas for improvement						
			Train staff in patient experience/engagement						
Evidence-Based Care	Evidence-Based Guidelines		Using best-practice research, develop a specific strategy to support highly complex patients						
	Care Gaps		Develop defined care pathways specific to patient's diagnosis and risk level; strategies to address gaps in care						
	Integrated Services		Integrate behavioral health into primary care						
Care Coordination/Management	Care Coordination & Referrals		Assess care coordination/care management capabilities						
			Assess the care continuum network in your community, including clinical outcomes and efficiency of specialists and health systems; develop a process for referrals and coordination of care						
	Transitions of Care		Develop care transition protocols to reduce avoidable emergency room visits and hospital admissions						
	Care Management		Based on assessment findings, develop or expand care management capabilities						
		Explore value-add and/or revenue generating opportunities through care coordination/care management services							
Social Drivers of Health	SDOH Assessment		Identify social drivers that impact individuals in your community						
			Select social drivers of health screening tool, if not already done						
	SDOH Interventions; Healthy Equity		Develop a process to leverage resources across the health care and social service spectrum to meet patient population needs and enhance equity.						

Health Center Value-Based Care Glidepath Aligned with the Value Transformation Framework (VTF)

INFRASTRUCTURE

VTF Change Area	VTF Assessment Tool Question Set	✓	Task	Planning	Implementing	Optimizing
Improvement Strategy	Improvement Scope & Focus		Set clear, measurable 12-18 month VBC goals			
			Identify resource requirements and accountable parties to achieve goals			
			Identify process for measuring progress toward goals; metrics to track			
			Assess need for new/updated compliance plan			
	Data-driven decision making & performance		Create, evaluate, modify operation metrics, including financial incentives			
			Monitor data integrity and conduct periodic data quality audits to ensure accuracy			
			Monitor performance in value-based contracts			
	Staff involvement		Share VBC data with staff, including providers, and use feedback to adjust performance measures			
		Identify key reports that various organizational stakeholders need to monitor progress of programs and processes				
Health Information Technology	HIT Data Governance & Workplan Strategy; Privacy & Security		Identify gaps in IT infrastructure; create a plan to address/meet gaps in IT			
			Develop an HIT and Data Governance Strategy			
	HIT Staff		Hire and train an appropriate mix of staff to support HIT strategy			
	Hospitalization and Claims Data		Develop process for gaining access to key external data (hospital, lab, medications)			
			Participate in data exchanges with local, state, and federal public health registries			
	HIT to Enhance Care Delivery		Use business intelligence tools and point-of-care decision support			
		Develop monitoring system to track out-of-network utilization				
Policy	Policy & Advocacy Strategy		Develop a policy strategy that reflects coordination with local, state, and national efforts			
Payment	Payment Strategy; Financial Models; Engagement in VBC contracts; CIN Participation		Assess current payer mix			
			Evaluate existing VBC arrangements you are currently contracted			
			Assess coding/documentation practices, including capture rate of hierarchical condition categories (HCCs)			
			Compare expected to actual revenue (internal and external)			
			Establish uniform coding methodology; accurately code clinical services provided			
	Redesign provider and care team compensation models to include incentives for value-based performance measures					
Cost	Cost Strategy		Analyze current financial position on VBC contracts			
	Cost Analysis		Create projections of VBC initiatives on future financial position			
			Determine organization's risk tolerance			
			Calculate upfront investments needed to participate in VBC			
			Establish/maintain systems to track utilization, revenues, costs			
			Develop a process for calculating spend at an individual patient level			
			Design financial measures (master population and key sub populations)			
			Develop a basic approach to measuring total cost of care			

Health Center Value-Based Care Glidepath Aligned with the Value Transformation Framework (VTF)

PEOPLE

VTF Change Area	VTF Assessment Tool Question Set	☑	Task	Planning		Implementing		Optimizing	
Patients	Patient Engagement Strategy		Assess current patient needs and demographics						
			Establish/update policies related to patient rights/responsibilities						
	Culture and Communication		Develop understanding of the unique cultural characteristics of the population served to determine areas of opportunity						
			Establish a patient and family advisory council						
	Patient Experience		Identify gaps in patient understanding of conditions and treatment; promote patient self-management						
		Use patient experience data to drive improvements							
Care Teams	Care team processes; protected time		Select champions to lead quality and improvement efforts						
			Share VBC data with staff and use feedback to adjust performance measures						
			Develop standardized communication protocols within and across care teams and partnering organizations						
Governance & Leadership	VBC Knowledge		Determine ideal governance structure for VBC, taking current board structure into consideration						
			Form and adjust board structure and bylaws to advance value-based agenda						
			Create VBC subcommittee(s) to monitor program compliance, quality performance, and financial performance; draft charter(s)						
			Create regular VBC subcommittee meeting cadence with defined agendas						
	Systems Approach		Establish legal structures to receive/distribute shared savings						
			Ensure sufficient representation of clinicians, community members, and patients throughout governance structure						
Workforce	Workforce Strategy		Assess future VBC strategies and present options for feedback						
			Develop a written workforce development strategy						
	VBC Knowledge & Training		Educate key staff/stakeholders regarding VBC aims and approach						
			Deploy care teams with well-defined roles to deliver care across the continuum						
Staff Experience		Continuously train workforce in skills to support patient engagement, self-care and care coordination.							
		Provide opportunities to engage staff across the organization and measure and respond to staff input and experience							
Partnerships	Payor Partnerships		Establish relationships with key payers if/where partnerships do not already exist						
			Engage with key payers and receive clinical and performance data to drive change and improvement						
	External Partners		Catalog community resources and partnership opportunities that may support VBC goals						
			Build partnerships with community-based organizations to address patient needs						
			Explore opportunities to more closely align with post-acute providers						
	Conduct post-acute care collaborative meetings (e.g., quarterly), progressing from education to joint case reviews and QI plans								

NACHC would like to acknowledge the contributions of FORVIS, LLP and feedback from health centers and Health Center Program partners in development of this tool.

This document was developed with support from the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU38OT000310. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).