



Together, our
voices elevate° all.

Elevate 2022

The Value Imperative

January 11, 2022

THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.





Packaging and implementing evidence-based transformational strategies for safety-net providers

Bringing science, knowledge, and innovation to practice



Cheryl Modica

*Director,
Quality Center*



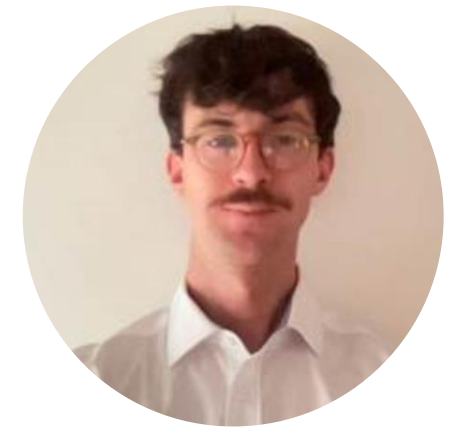
Cassie Lindholm

*Deputy Director,
Quality Center*



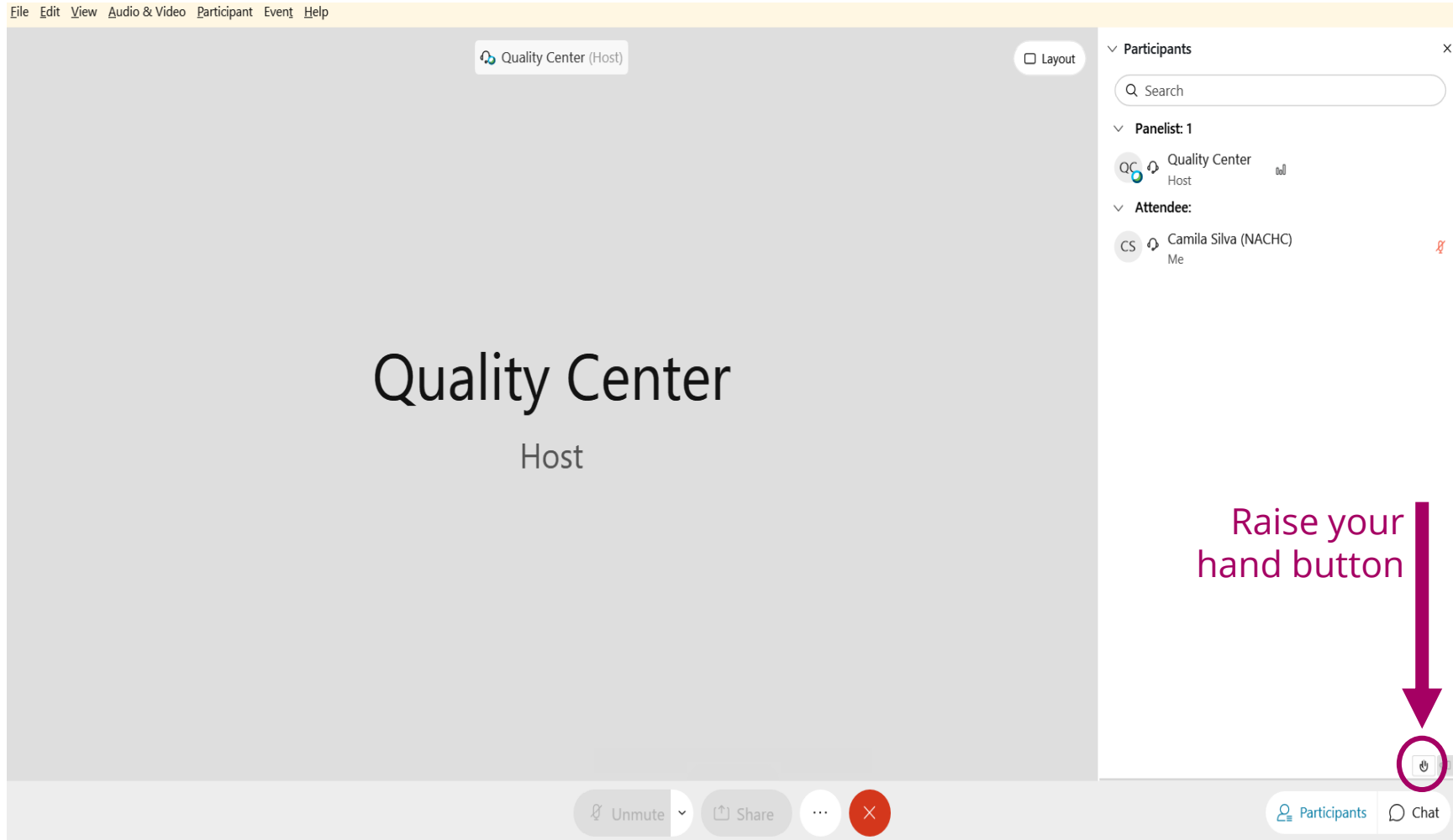
Lizzie Utset

*Specialist,
Quality Center*



Addison Gwinner

*Specialist,
Quality Center*



During today's session:

- **Questions:** Send to the chat as you have them; we will pause at three points to address
- **Resources:** If there is a topic where you have a tool/resource to share, let us know in the chat!

Chat: When using the chat, please send the message to "Everyone"

Today's Objectives:



- **Welcome** to Elevate 2022!
- **Outline** 2022 Goals, Opportunities, & Roadmap
- **Introduce** 2022 Featured Health Centers
- **Begin** Step-by-Step Roadmap



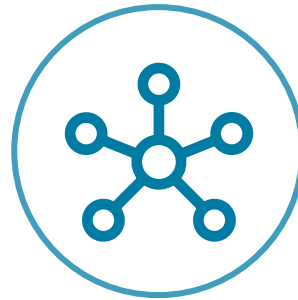
Our Learning Forum



COLLABORATE



LEARN



SHARE



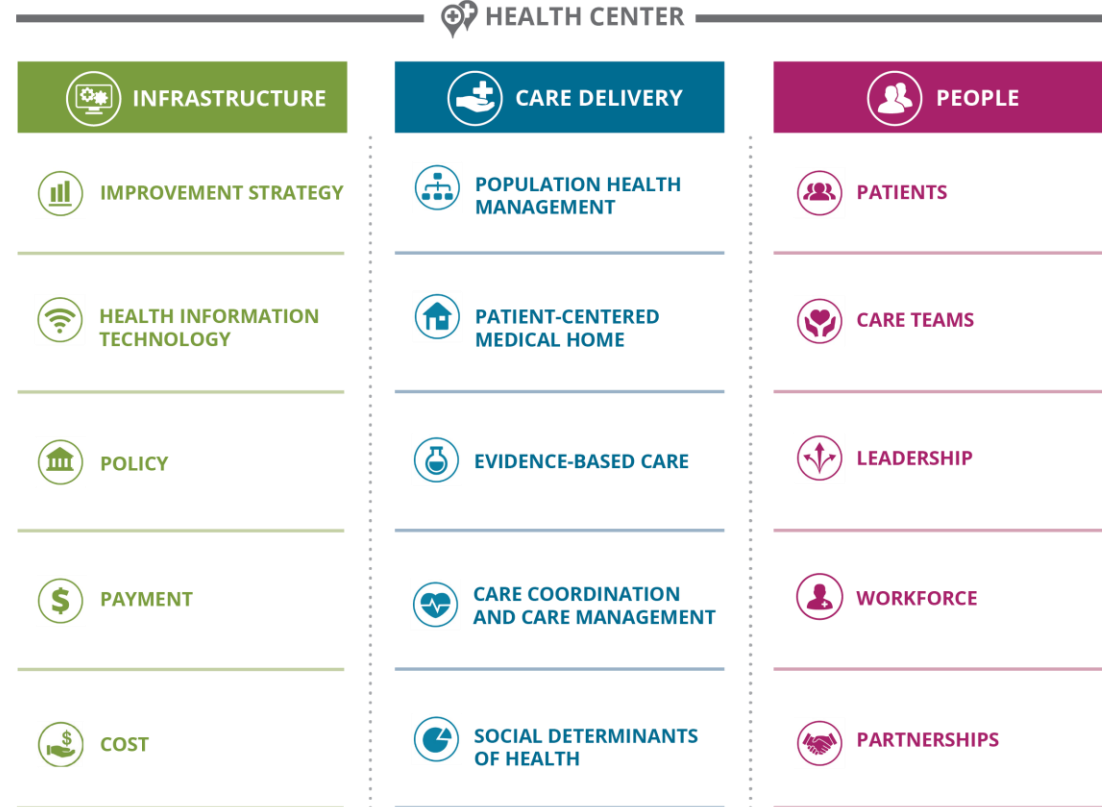
CREATE



INNOVATE

Grounded in a framework...Operationalized in the real-world

Our Organizing Framework

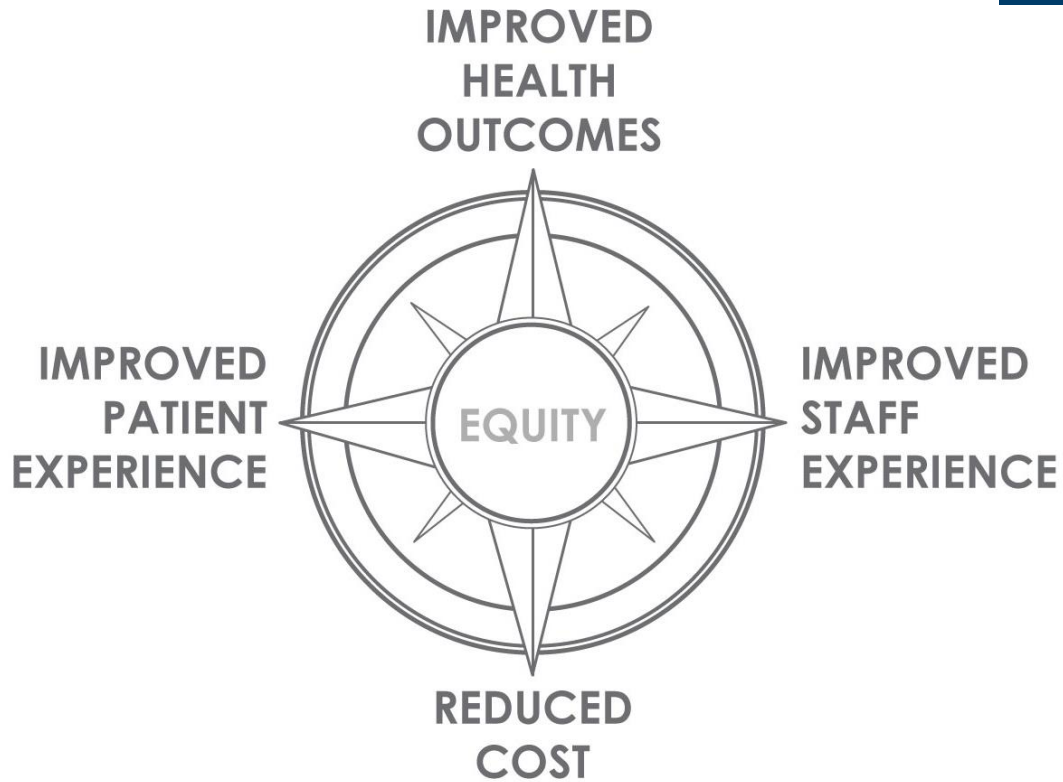


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Value Transformation Framework

<https://www.nachc.org/clinical-matters/value-transformation-framework/>

Our Goal



Quintuple Aim Goals

Improved Performance through Systems Transformation



Why Elevate?

During **challenging** times....

With time, personnel, and resources **scarce**...

When it is **hard to imagine** even doing 'one more thing'...



*Learning, sharing, and leveraging the knowledge and experience of peers is **more vital than ever!***


Keystone Rural Health Consortia







Kristie Bennardi

*Chief Executive Officer
& Chief Financial Officer*

*The Value Imperative
for Health Centers*



-  Emporium, PA
-  Rural
-  Founded 1976
-  7,838 Patients

Value-Based Payment Models



Value Measures: Recommendations for how CMS can measure health center success in ways that account for the special population health centers serve.

Value-Based Models: Are there certain health center value-based care or payment model design features that account for the uniqueness of health centers and the populations they serve?

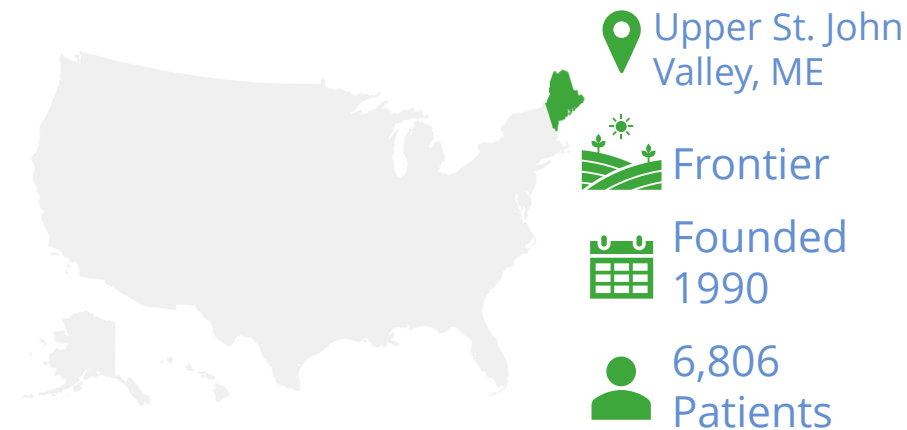
Medicaid & Medicare: While growth opportunity is greatest in Medicaid, Medicare value-based payment models shouldn't be ignored and can serve as a proving ground.

Fish River Rural Health



The Value Imperative for Health Centers

Heather Pelletier
Chief Executive Officer



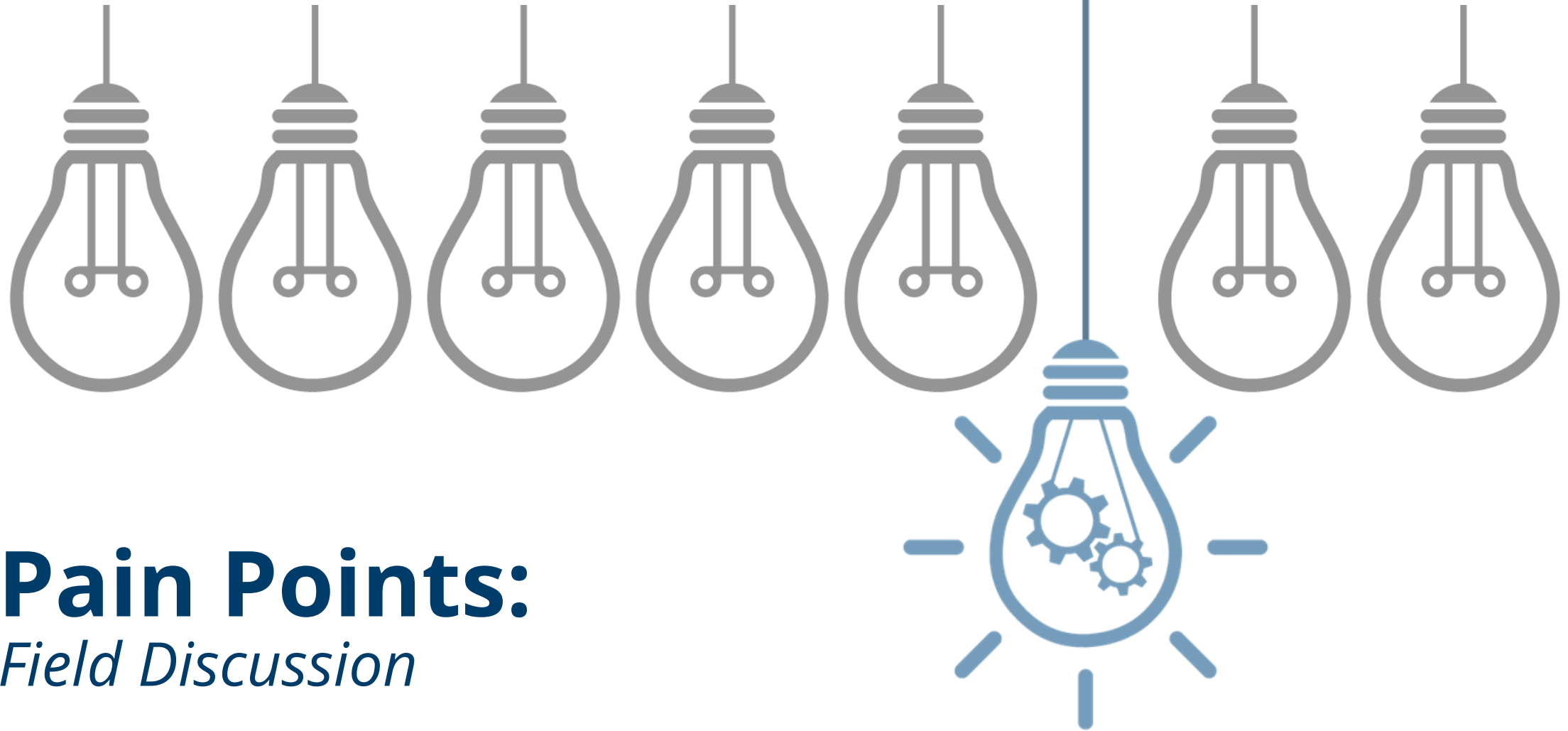
Value-Based Payment Models



Value Proposition: What is the value proposition to health centers to participate in value-based payment models?

Accountable Care: Lessons learned or recommendations for health centers that are moving toward, or just getting started in, accountable care arrangements.

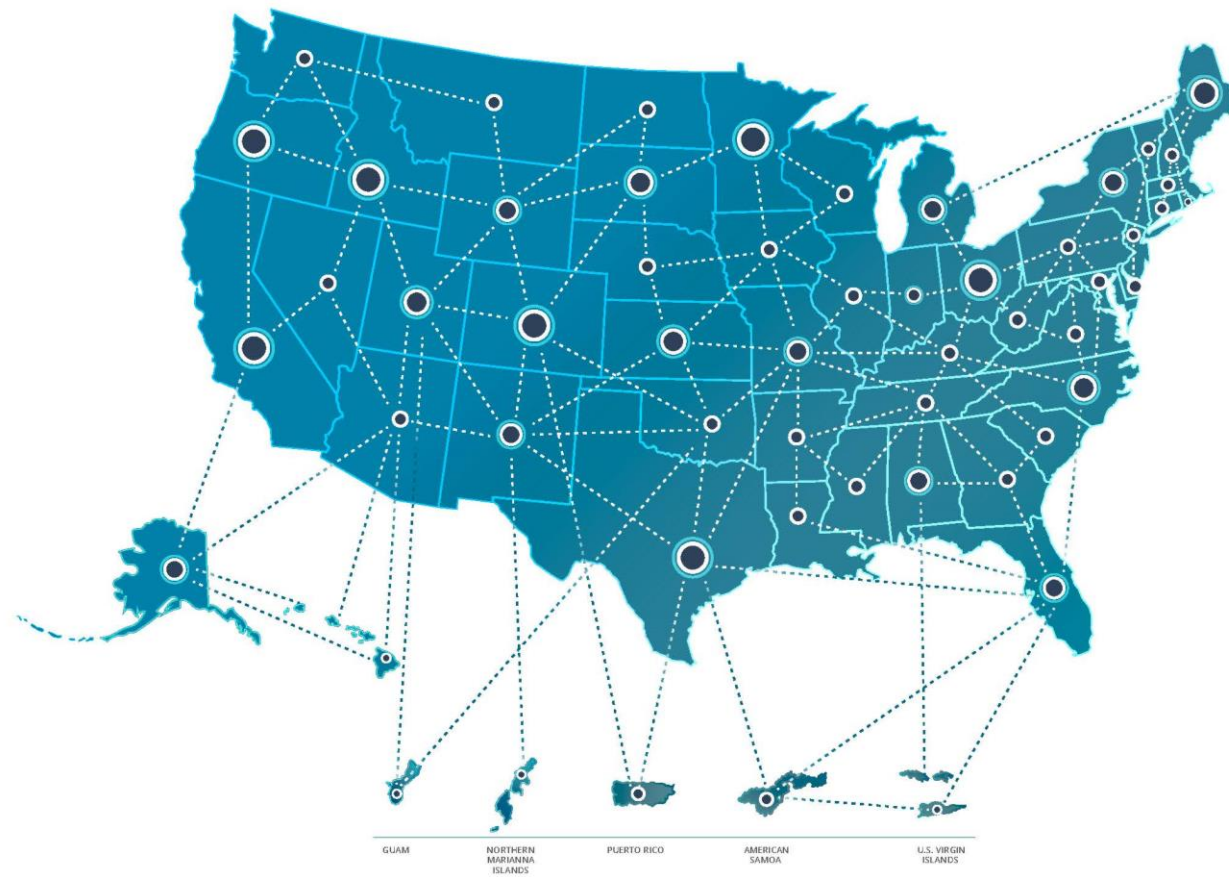
Supporting the Transition: Strategies for funding the transition from volume to value-based payment models.



Pain Points:

Field Discussion

Our Community: ELEVATE 2022



All

States & Territories

540+

Health Centers

70+

PCAs/HCCNs/NTTAPs

45+

CDC Grantees

6,000+

Peers

Millions

Patients

Participants at the close of 2021. Current registration in progress

2022 Featured Health Centers

Su Clínica



CHARLES B. WANG
COMMUNITY HEALTH CENTER
王嘉廉社區醫療中心

evara
HEALTH



NEW
HEALTH
North End • Charlestown

Fish River
RURAL HEALTH



ZUFALL
HEALTH
COMMUNITY
HEALTH
CENTERS

In the top 20 health centers nationally when looking at composite performance across measures for prevention and/or control of six high-cost, high burden conditions (2019 UDS): colorectal cancer, cervical cancer, HTN, diabetes, depression, & obesity

Our Roadmap



Come Together Around a Population of Focus
*Patients aged 50-75 years
(Medicare opportunity)*



Narrow the Target Group
High Risk



Mobilize Care Team in New Ways
Focus on Care Extenders



Optimize Health Information Systems
Capture data; full coding



Engage Patients & Community
Co-design



Maximize Revenue



Value-Based Payment Models



Evidence-Based Health Center Systems



Community Partnerships and Co-Design



Why Focus Examples on Adults 50-75 Years of Age?



Provides a shared experience for peer-to-peer exchange & learning



Allows for more focused discussion of the VTF's 15 Change Areas



Focuses on a population likely to have multiple chronic conditions & benefit from care management services, an essential function of value-based care models



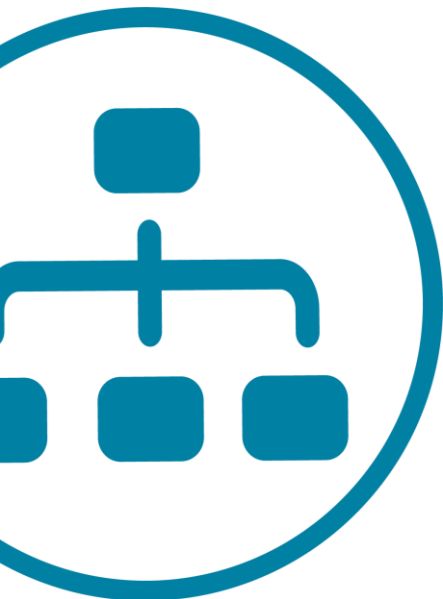
Centers our discussion around six high-cost, high-burden measures of clinical prevention and care: colorectal & cervical cancer screening, diabetes, hypertension, obesity, & depression.



Provides additional revenue opportunity & a proving ground for value-based care models (For health centers who further target the Medicare segment)

Empanelment

Empanelment is the process of assigning individual patients to individual providers/care teams, considering patient and family preferences.



Empanelment and risk stratification are foundational population health management activities.

EMPANELMENT

Establishing Patient-Provider Relationships

May 2013

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Introduction

The Patient-Centered Medical Home (PCMH) Model of Care requires that patients and families and providers and care teams recognize each other as partners in care. Empanelment—the act of assigning individual patients to individual primary care providers (PCP) and care teams with sensitivity to patient and family preference—formalizes and affirms these partnerships and sets the stage for all of the other components of effective PCMH practice. Panel management, the ongoing management of patient panels, fosters a controlled healthcare environment and enables proactive preventive and chronic illness care.

The relationship between the patient/family and the provider/care team is at the heart of the Patient-Centered Medical Home (PCMH) Model of Care.

For many practices, empanelment is a cultural transformation. Providers and care teams must shift their focus from caring for individual patients to managing the health of a defined population of patients. Empanelment also requires a shift from reactive to proactive care. The goal of focusing on a population of patients is to ensure that every established patient receives optimal care, whether he/she regularly comes in for visits or not. Accepting responsibility for a finite number of patients, instead of the universe of patients seeking care in the practice, allows the provider and care team to focus more directly on the needs of each

North End Waterfront Health

Empanelment: The Foundation of Value-Based Care



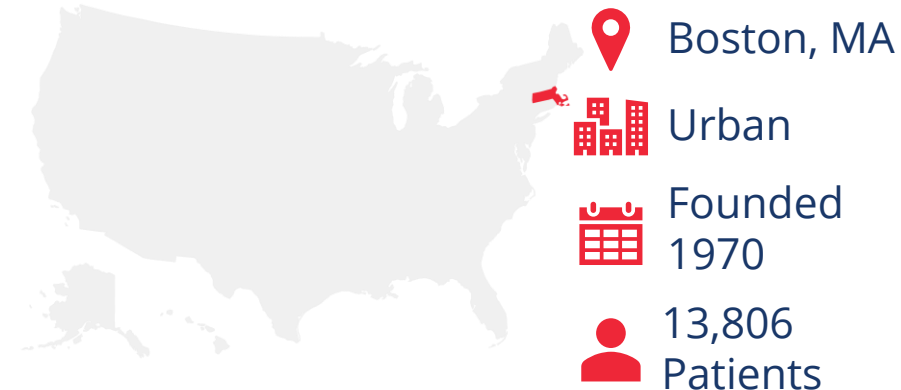
Celeste Souza

Director of Behavioral Health &
Director of Quality Improvement



Kristen Simonelli

Operations Director



Cohort of MA FQHCs form an ACO: Community Care Cooperative (C3)



2016

March 2018



MA moves Medicaid Only Enrollees to ACO model

NEW Health joins as low risk, delegated site (care management done by C3)



2019

2021



NEW Health moves to medium risk, delegated site (care management done by C3)

C3 will transition to a capitation model



January 2023

NEW HEALTH

North End • Charlestown

Empanelment Steps



Enrollment in Insurance Product



Algorithmic Assignment

Patient Location
Patient Utilization



Contractual Requirements

Outreach to member in x time
(MA Medicaid ACO is 3 weeks)
Appointment with Provider in y
time (MA Medicaid ACO is 4
months)



Empanelment

Operationalizing this is an
internal policy decision

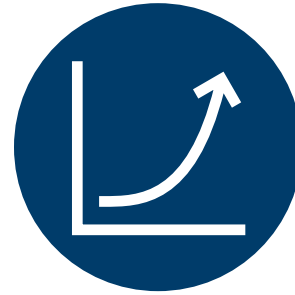
Current Empanelment & Challenges



Relationships
with our core
patients that
came with us to
ACO



New patients
unknown to us
require different
engagement
techniques →
transitions of care



Growing number
of new attributions
secondary to
pandemic



More SDOH and
medical needs
leads to
increased patient
complexity



Staffing with
current provider
and nurse market
pressures

PEER EXCHANGE

I Have Questions



I Have Tools to Share



2022 Roadmap: Let's Begin!

Core Elevate Forum*

2nd Tuesday of
each month

NACHC & Featured
Health Centers share
evidence-base
and/or experience in
VTF transformation
Change Area(s)

Online Platform

Ongoing

NACHC gathers
tools/resources
shared by health
center peers; posts
to online platform

Elevate Connect**

4th Thursday of
each month

45-minute open
session for peer-to-
peer discussion
around strategies,
operational
implementation, best
practices, etc.

***Core Elevate Forums** are encouraged for all Elevate participants to attend on a monthly basis.

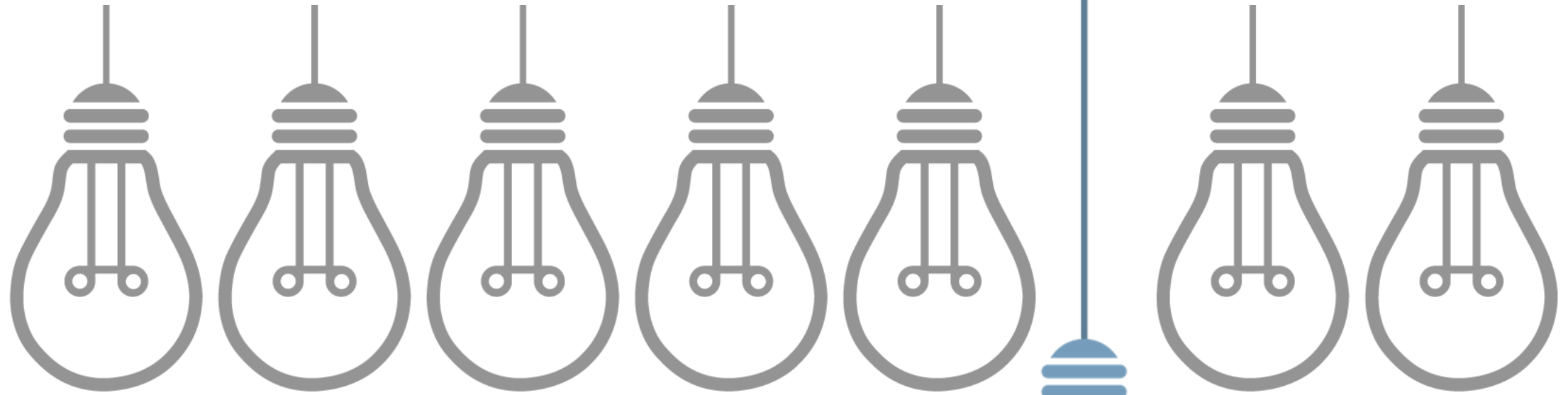
****Elevate Connect sessions** will be specialized; we encourage Elevate participants to attend the specific sessions that relate to their position or job role at their organization.

2022 Strategy

	National Impact	Local Impact
Advance and document a portfolio of health center value-based care models.	Hold up a variety of health center Alternative Payment model options.	Peer-to-peer exchange to drive development of the health center's value-based care models.
Advance health centers as the leading primary care, safety-net care delivery model that public and private payers can use to align payment.	Rebalance the health care system toward primary care and the health center model; offer payment models.	Value-based care models that offer negotiating power with local payers.

Document improvement on the Quintuple Aim goals:
*improved health outcomes, improved patient and staff experience,
 reduced cost, and improved equity.*





Roadmap & Next Steps:

Discussion



GETTING STARTED 2022!

In case you haven't completed these two important action items:



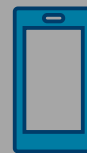
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REGISTER

Required to receive future 2022 invites

Sign up today:
bit.ly/Elevate_2022

OR, use your
phone to scan
the QR code:



2

ASSESS




<https://reglantern.com/vtf>

1 VTF Assessment required for individual scholarships to IHI learnings

3+ VTF Assessments needed for organizational access to continuous compliance tool

Value Transformation Framework Self-Assessment



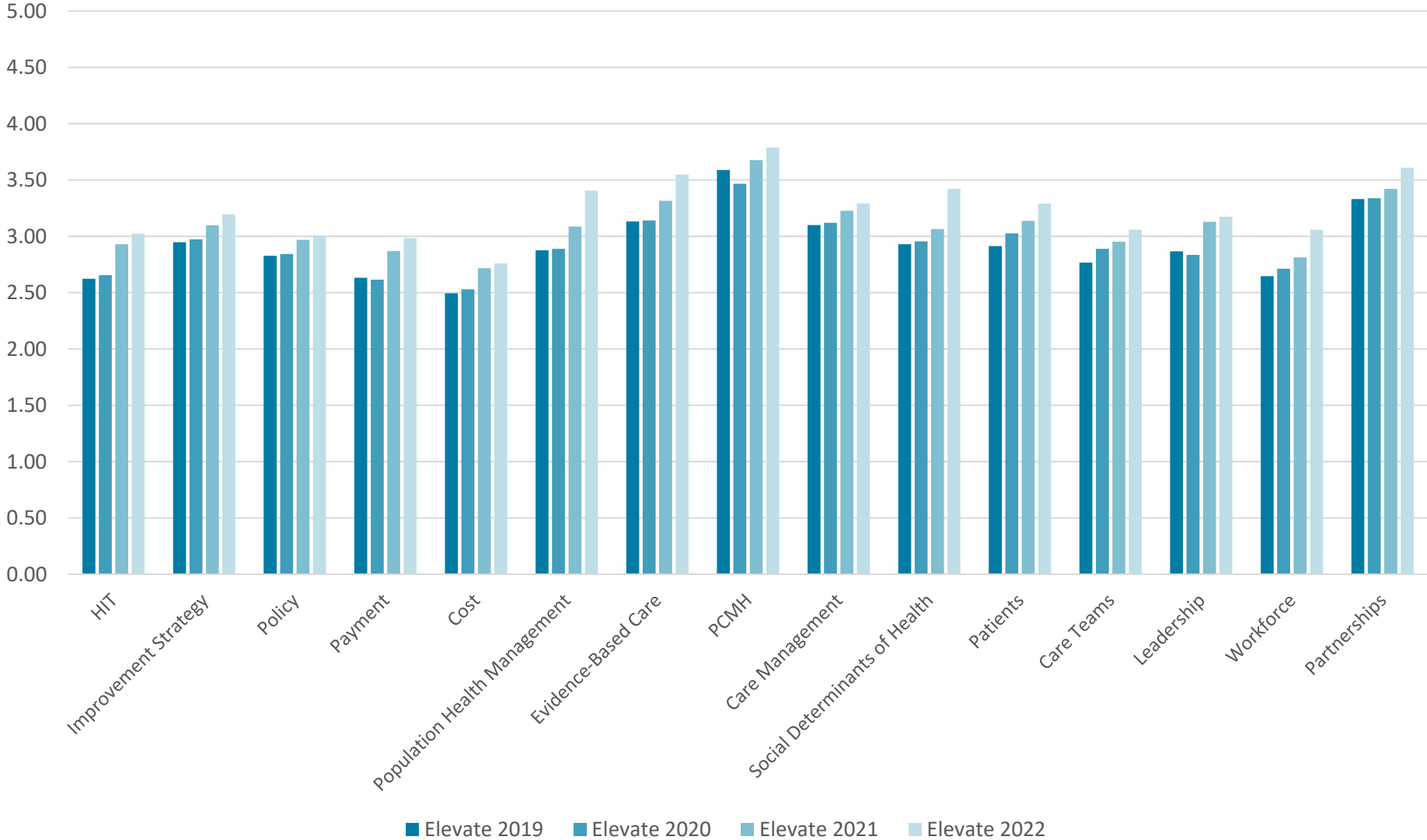
 Infrastructure	 Care Delivery	 People
Improvement Strategy	Population Health Management	Patients
Health Information Technology (HIT)	PCMH	Care Teams
Policy	Evidence-Based Care	Leadership
Payment	Care Coordination and Management	Workforce
Cost	Social Determinants of Health (SDOH)	Partnerships

- Built around the **Value Transformation Framework**
- **3** domains
- **15** change areas

<https://reglantern.com/vtf>

VTF Assessment

The graph represents the change in average VTF Assessment scores among all health centers participating in Elevate 2019, 2020, 2021, and 2022 (preliminary data).



Health Centers with 3+ Assessments (10)

As of January 10, 2022

- Community Health & Wellness Center (CT)
- United Community and Family Services (CT)
- Bay Area Community Health (CA)
- Northeast Valley Health Corporation (CA)
- CT Institute for Communities, Inc. (CT)
- TX Tech University Health Sciences Center (TX)
- Five Rivers Health Centers (OH)
- Community Health and Dental Care, Inc. (PA)
- Wahiawa Center for Community Health (HI)
- Charles B. Wang Community Health Center, Inc. (NY)



Congratulations! Your organization is eligible for additional opportunities, including scholarships to IHI's Open School and free-trial access to RegLantern's continuous compliance tool.

Health Centers with 2 Assessments (18)

As of January 10, 2022

- Health Help Inc. dba White House Clinics (KY)
- East Jordan Family Health Center (MI)
- Compass Health Network (MO)
- Progressive Community Health Centers, Inc. (WI)
- NeoMed Center (PR)
- Piedmont Health Services, Inc. (NC)
- Sunset Community Health Center (AZ)
- Southwest Community Health Center, Inc. (CT)
- Suncoast Community Health Center (FL)
- East GA Healthcare Center, Inc. (GA)
- Fenway Community Health Center (MA)
- Southside Community Health Services (MN)
- Alliance Community Healthcare (NJ)
- La Clinica Del Valle Family Health Care Center (OR)
- PrimeCare Community Health, Inc (PA)
- CareSouth Carolina Inc (SC)
- Mat-Su Community Health Services (AK)
- Neighborhood Health Centers of the Lehigh Valley (PA)



Your organization is almost there! Complete at least one more VTF Assessment to be eligible for additional opportunities.


Health Centers with 1 Assessment (54)

As of January 10, 2022

- Kodiak Community Health Center (AK)
- MHC Healthcare (AZ)
- Elica Health Centers (CA)
- Valley Wide Health Systems, Inc. (CO)
- Community Health Center of Southeastern IA (IA)
- Shawnee Health Services (IL)
- Heartland Health Services (IL)
- Lake County Health Department CHC (IL)
- Fish River Rural Health (ME)
- Kintegra (NC)
- OH North East Health Systems, Inc. (OH)
- Great Salt Plains Health Center (OK)
- Hyndman Area Health Center, Inc. (PA)
- Hope Clinic (TX)
- Centro de Servicios Primarios de Patillas Inc. (PR)
- Neighborhood Health (VA)
- New Community Clinic, Inc. (WI)
- Cabun Rural Health Services, Inc. (AR)
- Community HealthNet (IN)
- Genesee Community Health Center (MI)
- Bronx Community Health Network, Inc. (NY)
- El Rio Santa Cruz Neighborhood Health Center, Inc. (AZ)
- Lee County Cooperative Clinic (AR)
- Northeastern Rural Health Clinic (CA)
- Tri-City Health Center (CA)
- Family Centers Health Care (CT)
- Staywell Health Center (CT)
- Primary Health Center (IA)
- Evara Health (FL)
- HealthCore Clinic Inc (KS)
- Health Ministries Clinic, Inc. (KS)
- Grace Community Health Center (KY)
- Pillars Community Health (KY)
- Lake Superior Community Health Center (MN)
- Aaron E. Henry Community Health Services Center (MS)
- One Health (MT)
- Blue Ridge Community Health Services (NC)
- Oak Orchard Health Center (NY)
- Rural Health Group (NC)
- VIP Community Services (NY)
- Community Health Centers of Greater Dayton (OH)
- Beaufort-Jasper-Hampton Comprehensive Health Services, Inc. (SC)
- Community Health of East TN (TN)
- Clinch River Health Services, Incorporated (VA)
- Hill Country Community Clinic (CA)
- Unity Health Care, Inc. (DC)
- FoundCare Inc. (FL)
- MN Community Care (MN)
- Greater Valley Health Center (Flathead Community Health Center) (MT)
- Ryan, William F Community Health Center Inc (NY)
- PrimaryOne Health (OH)
- Keystone Health (PA)
- Little River Medical Center, Inc. (SC)
- Daily Planet Healthcare for the Homeless (VA)



If your organization's name is not listed, your team has not completed any VTF Assessments. Get started TODAY at reglantern.com/vtf/



Target Audience:
Health Centers

Elevate Supports You!

Supporting Continuous Compliance as part of ongoing systems transformation.

Free subscription to RegLantern's Continuous Compliance Tool.

- Free 6-month trial
- Free unlimited access to recorded trainings
- Free Form 5A evaluation
- Free unlimited access to web-based platform

To receive invite: Health centers registered for Elevate 2022 with 3+ completed VTF Assessments: <https://reglantern.com/vtf>



Target Audience:
PCA/HCCN QI staff

Elevate Supports You!

Supporting Professional Development and Peer Exchange
among our state/regional PCA/HCCN partners

4-Month Mentor – Mentoring Engagement (February – May 2022)

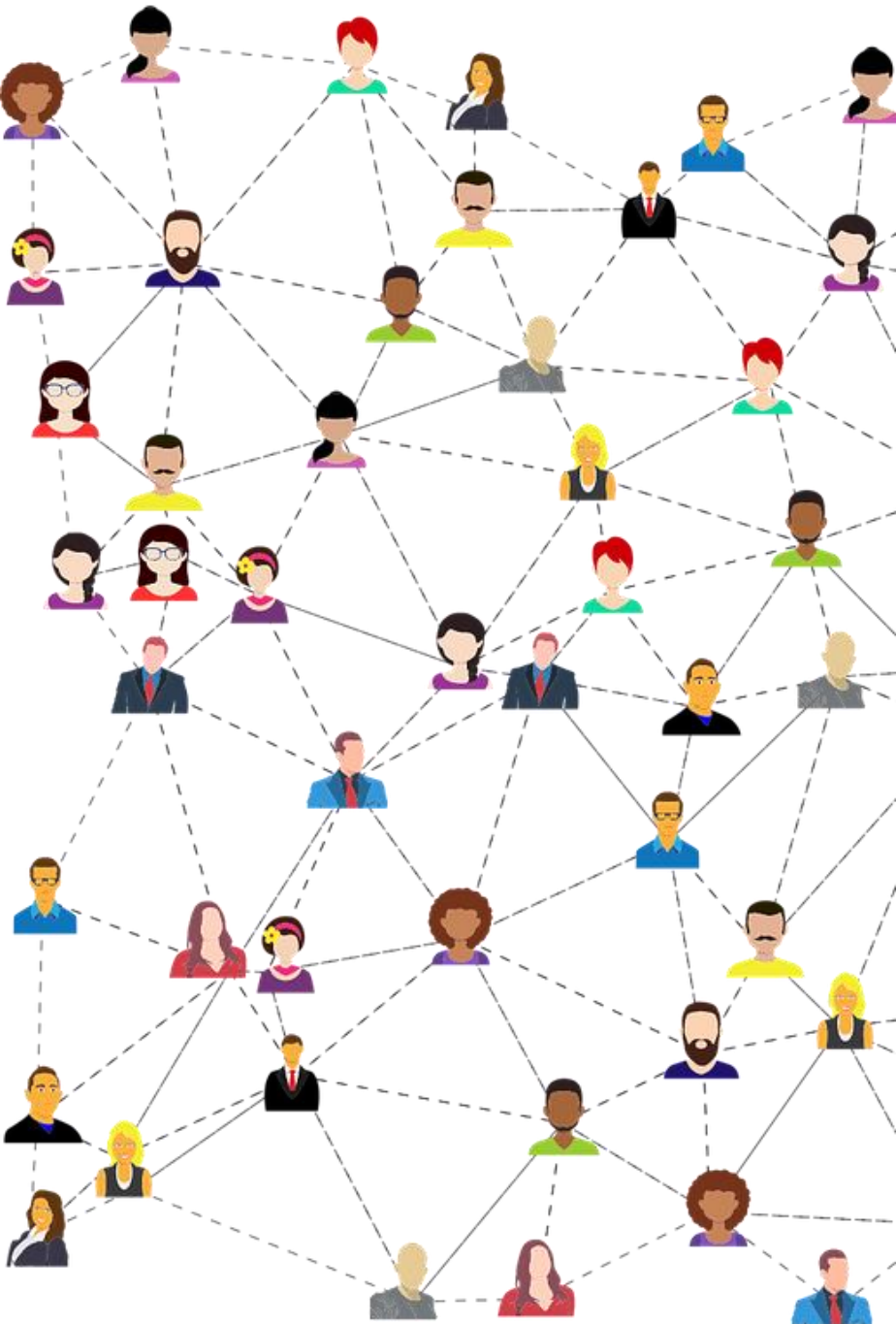
Access to a mentoring platform to learn, develop and enhance a career plan!



Share Interest Now: bit.ly/Elevate_MentoringInterest



Online VTF Learning Community

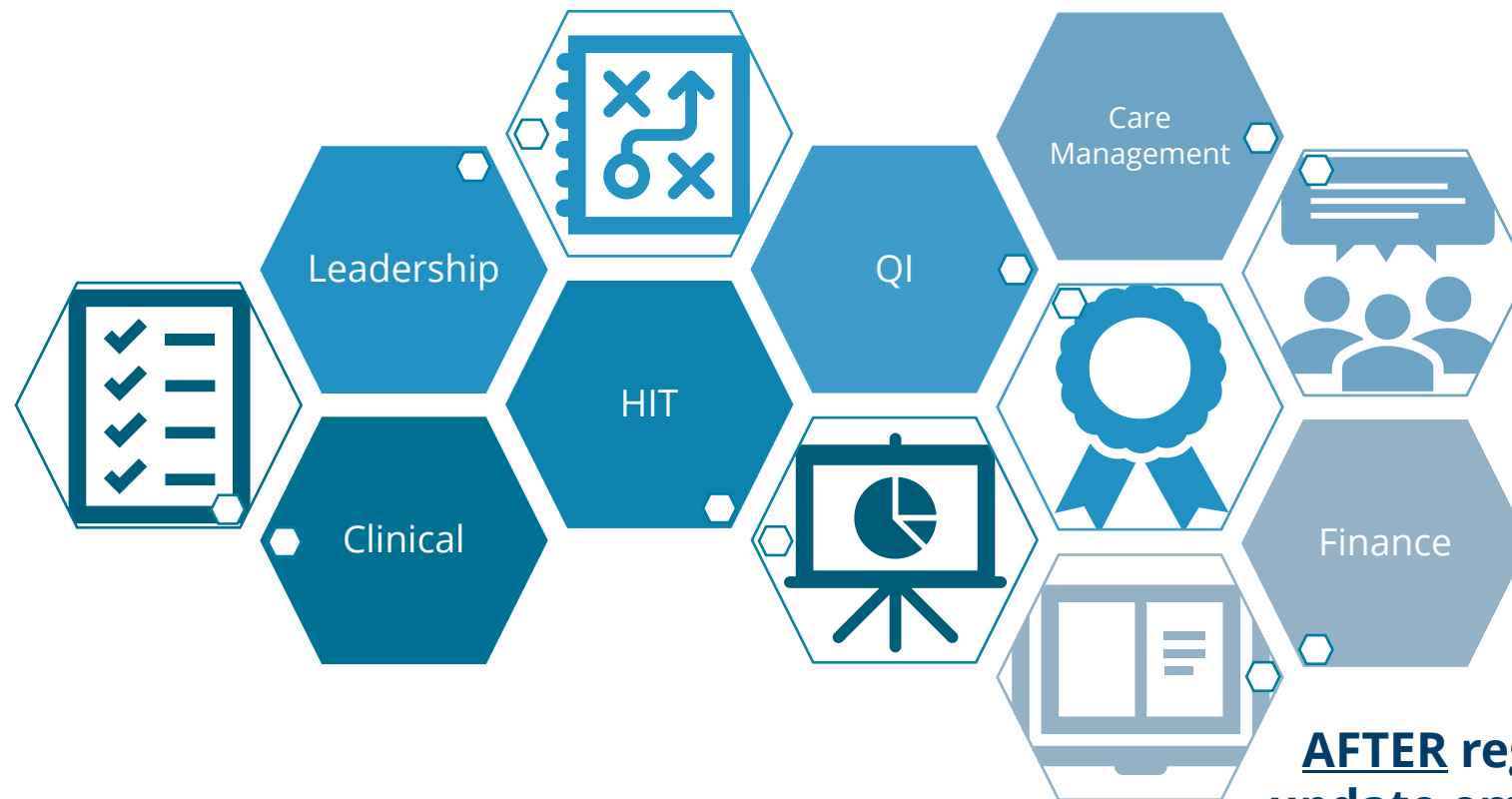


Miss a learning forum? Slides and recordings are posted on the platform after every webinar.

Access tools and resources to support your transformation journey.

Engage in peer-to-peer forums with other health centers, PCAs, HCCNs, and top performers.

For Registered Organizations: Are Content Leads Getting Invites?





**AFTER registering, add or
update email contact info:
bit.ly/Elevate2022_Contact**



UPCOMING EVENTS



January 2022

SUN	MON	TUE	WED	THU	FRI	SAT
9	10	11 	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27 	28	29

 **11. January Core Learning Forum – The Value Imperative**

 **27. Elevate Connect – Empanelment**

February 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8 	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24 	25	26
27	28					

 **08. February Core Learning Forum – Risk Stratification & Social Risk**

 **24. Elevate Connect – Risk Stratification & Social Risk**

Register for Elevate 2022 to sign-up links for all upcoming learning forums:





A bi-monthly mixed methods learning series focused on cardiovascular disease prevention and management topics. CME credits available.



SESSION 3 | 1/19/2022 | 3:00 - 3:45pm ET

Ensuring Health Equity in Preventing Cardiovascular Disease

More sessions to come! Details coming soon.

REGISTER TODAY!

Access required session resources and learn more about the Million Hearts® Learning Lab





WORKFORCE INNOVATION CHALLENGE

Cultivating the Health Center “Workforce of the Future” Through Youth Engagement

DEADLINE EXTENDED - FEBRUARY 4TH

\$10,000

PRIZE

Learn More

CHALLENGE: How can health centers, PCAs and/or HCCNs build interest and engagement among middle and high school students in future health center careers?

PARTICIPANTS

PCAs
HCCNs
Health Centers

TIMELINE

**Best & Promising
Practices Due**
February 4, 2022

Innovation Phase Starts
March 2022

CRITERIA

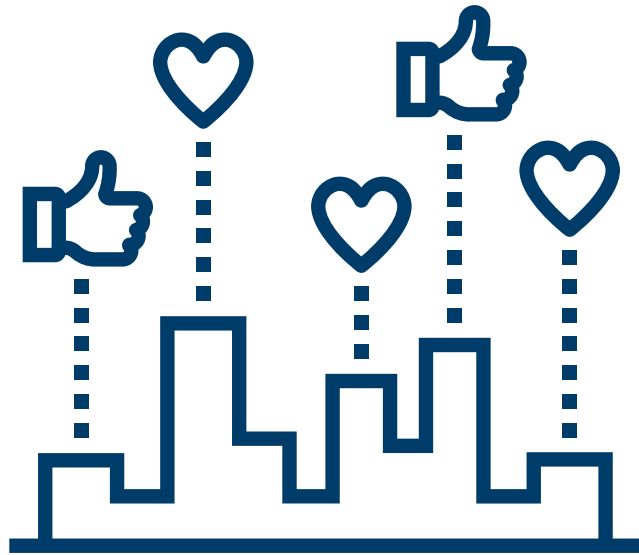
For existing & recent
programs:

**Impact
Adaptability
Sustainability**

PRIZES

Top 5 Finalists:
Scholarship to IDEO-U’s
“Hello Design Thinking”

Winner: \$10,000



Provide Us Feedback

FEEDBACK

Don't forget! Let us know what you thought about today's session.

FOR MORE INFORMATION CONTACT:

qualitycenter@nachc.org

Cheryl Modica

Director, Quality Center

National Association of Community
Health Centers

cmodica@nachc.org

301.310.2250

Next Monthly Forum Call:

February 8, 2022
1-2 pm ET



elevate°

**Together, our
voices elevate° all.**

The Quality Center Team

Cheryl Modica, Cassie Lindholm, Lizzie Utset, & Addison Gwinner

qualitycenter@nachc.org