Top 10 ACO Tips for Getting VBR Traction Among Smaller Providers

(Behavioral Health and Community-Based Organizations)

1 **Value-based reimbursement (VBR) is *not* a passing fad.** Inconsistent and contrasting approaches to performance management across payers and state and federal programs can cause confusion for the under-resourced behavioral health, long-term services and supports, and other social services provider communities. Whether it's your accountable care organization's (ACO's) ability to draw on all its incentives or a desire to subcontract with behavioral health providers on a VBR basis, you want to raise the level of awareness, competency, and trust. It's no small feat, but it's essential to long-term success.

2 **Look to the community of stakeholders for the answer.** Participation on the ground is critical to success. Create a forum that allows you to conduct an honest appraisal and lay out cooperative plans for the future.

3 **Be careful not to overwhelm with technology.** The transition to technology and data-enabled practice is challenging! Many small- to medium-sized providers and community-based organizations have not fully transitioned to embracing a full technology stack. Enabling these providers to *experience* the power of technology helps support adherence and adoption by leaps and bounds.

4 **Develop a checklist assessment approach.** Emerging infrastructure and critical processes should be communicated to your partners in a digestible and accessible format. Communicate complicated content in a checklist to convey information technology (IT) needs to your nontechnical partners, and use it as a guide to help them do a self-assessment.

5 **Start your data integration *yesterday*.** Data acquisition is inherently complicated, due to dissimilar administrative and data-governance policies. There is a global lack of consensus around specific Health Insurance Portability and Accountability Act (HIPAA) standards, and these debates can delay data sharing. Prioritize agreements from the outset. Further, data aggregation is technically burdensome. Community data-sharing policies must be nurtured early.

6 **Be the tide that lifts all boats.** Business and return-on-investment (ROI) models must be built to encourage the engagement of all your provider groups. Traditional competitive models must be deconstructed to be successful in a value-based arrangement. Focus on the patient, nurture your partners' growth potential through a community strategy, and avoid competitive growth models.

7 **Work with your providers to establish performance priorities.** One size does *not* fit all. Initially, focus your performance management on your partners' strengths.

8 **Build off what you already have.** Underutilization of existing resources is very common throughout the field of health care. Maximize publicly available solutions such as a Health Information Exchange (HIE) for significant efficiencies.

9 **Process, process, process.** Lean methodologies maximize efficiencies and minimize waste. Building powerful workflows into performance management is critical to organizational goals. Don't let legacy technology or internal resistance slow your adoption of efficiency processes.

10 **Focus on your non-billable providers.** These frontline providers have unparalleled access to respond to social determinants of health for individuals and populations. Don't overlook these *critical* relationships.