

Report from the Open Minds Performance Institute



I recently had the pleasure of attending the **Open Minds Performance Institute** in Clearwater Florida. This year's focus was on Value Based Reimbursement (VBR) and the structural and cultural changes organizations must make to thrive in this new environment. I was surprised to find that 58% of provider organizations responding to the **Open Minds Executive Survey** reported that they already receive some revenue from value-based reimbursement agreements. Of that group, 9.3% have 20% or more of

their revenue coming from VBR arrangements. We sometimes see VBR as an issue unique to New York, but it's clear from the results of this survey – and from the speakers at the Institute, that this is national trend that is speeding forward.

In reflecting on the messages from the key note speakers and the content of the breakout sessions, I identified some common themes that are important for each of us to consider.

Partnerships: Many VBR contracts will require organizations to work more closely with physical health providers, community-based organizations (CBOs) and other clinical services providers. Meaningful partnerships with organizations that share your vision and commitment to providing quality care will be critical.

Organizational Readiness and Change: VBR contracting arrangements will force us to rethink how we provide services, where we provide them, how we measure our impact, and how we account for the cost and revenues associated with these arrangements. It will be vital that staff members and Boards are educated, engaged, and can clearly see the value that these arrangements can bring to individuals and communities.

Technology and Data Mastery: VBR contracts and arrangements will put pressure on us to be able to access, model and visualize data in new ways. Having revenue at-risk based on clinical and process outcomes will require accurate, timely and relevant data to assure we are meeting our obligations and allow us to make rapid course changes if we find ourselves falling behind.

Clinical Development: Payers in VBR arrangements will be looking for evidence of effectiveness, so we will need to evaluate and implement more evidence-based practices and become more proficient in articulating our value and telling our story. We may need to develop creative and unique treatment models and we will certainly be asking our clinical staff to focus on co-occurring physical health disorders and social determinants of health.

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Financial Management: As we expand our service lines and create new treatment models based on population health priorities and evidence-based practices, we will also need to create new financial models to ensure financial sustainability. Financial systems and cost centers may need to be changed to capture financial data at the individual contract level.

Strategic Thinking, Planning and Flexibility: Given the pace of change, nobody really knows what the next few years will bring, but we need to be prepared to pivot quickly when opportunities arise. Assessing our organization's strengths and weaknesses, articulating our value, and implementing initiatives to address our gaps are important steps to be taking now.

I truly believe that VBR, or what some are calling "Value Based Care", holds great promise. An integrated, client centered service delivery system that focuses on quality and efficiency has the potential to significantly enhance the services we provide and support the mission upon which our organizations are based.

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