Value-Based Payment Readiness Assessment Tool At A Glance

Introducing a powerful new web-based, self-assessment tool to evaluate your readiness for value-based payment and identify and prioritize core gaps.

Value-based payment (VBP) is requiring primary care and behavioral health providers to make fundamental changes to their care delivery, finance, and operations.

HMA and CohnReznick have a new web-based, self-assessment that will help you evaluate your organization’s readiness to succeed under value-based payment.

The tool is designed for individual providers or groups of providers working together, including providers who are part of Integrated Delivery Systems, Accountable Care Organizations, Independent Practice Associations, and member associations.

The Assessment
There are two customized versions of the tool: one for primary care providers and one for behavioral health providers. The assessment focuses on the following readiness domains.

1. Organizational Readiness
VBP will likely trigger organizational changes. Board members, executive leadership, clinical and non-clinical staff, and other internal stakeholders must understand the rationale, scope, and impact of this shift in payment and what the organization needs to do to prepare. This section evaluates important steps in engaging the organization at all levels in VBP planning and implementation and having the capability to manage performance.

2. Partnership Readiness
Partnerships with healthcare providers along the continuum of care will be increasingly critical to managing patient care, outcomes, and costs under the VBP model. This section assesses the scope and effectiveness of current partnerships, including agreements with and processes among a wide range of healthcare and social services providers.

3. Care Delivery and Health Information Technology / Health Information Exchange Readiness
Achieving performance targets requires advanced systems of care delivery and agile information technology tools for real-time monitoring and management of populations and patients. This section assesses multiple aspects of care delivery readiness, including population health management, care management, patient-centeredness, primary care and behavioral health integration, and health information technology and exchange.

4. Financial and Operational Readiness
VBP requires a data-driven understanding of underlying patient care costs and strategies for optimizing operational efficiency inside and outside the organization. This section evaluates financial and operational capabilities and systems, including monitoring and managing capacity and productivity levels, managing costs across various units, coding accuracy, and incentive payment capture.

5. Organizational Concerns
To facilitate discussion and guide planning, participants are also prompted to rate and comment on what they perceive as the organization’s most significant VBP-related challenges and concerns as they enhance their readiness.
The Results
Upon completing the assessment, the organization receives:

**Custom Readiness Report**
including the answers to all survey questions and a high-level summary of core strengths, critical gaps, and implementation priorities. Those completing the assessment as part of a group of providers also receive a comparative summary of responses for all providers in the cohort.

**One-Hour Consultation Call**
with senior HMA and CohnReznick experts to help interpret the results and explore potential readiness strategies.

Getting Started
To ensure an accurate summary of organizational readiness, we recommend that the assessment be completed as a team—engaging leaders and staff who best understand the organization’s true capabilities and systems for care delivery, finance, and operations.

The survey takes an average of 4 hours for a team to complete. HMA and CohnReznick include definitions of key terms throughout the survey to help your team answer the questions accurately. The responses are generally “yes, no, or partial” with opportunity to include comments or questions for future reference and discussion.

There is a one-time fee of $2,500. Discounts are available for groups of providers.

For More Information

**Primary Care Version:**
Deborah Zahn
Principal,
Health Management Associates
dzahn@healthmanagement.com

**Behavioral Health Version:**
Josh Rubin
Principal,
Health Management Associates
jrubin@healthmanagement.com

The Value-Based Payment Readiness Assessment Tool was developed by HMA, an independent national research and consulting firm specializing in publicly funded health care, and CohnReznick, a global accounting, tax and financial advisory firm with expertise in publicly funded health care, in partnership with the DC Primary Care Association, a non-profit health equity and advocacy organization ensuring access to quality primary health care for the most vulnerable residents of Washington, DC.