

A photograph of three healthcare professionals in a clinical setting. On the left, a man with grey hair, wearing a light-colored button-down shirt and a patterned tie, is smiling and looking towards the center. In the middle, a woman with blonde hair, wearing a white lab coat over a purple shirt, is smiling and looking down at a tablet she is holding. On the right, a man with dark hair, wearing a white lab coat over a blue shirt and tie, is smiling and looking towards the center. The background shows white cabinets and shelves with papers.

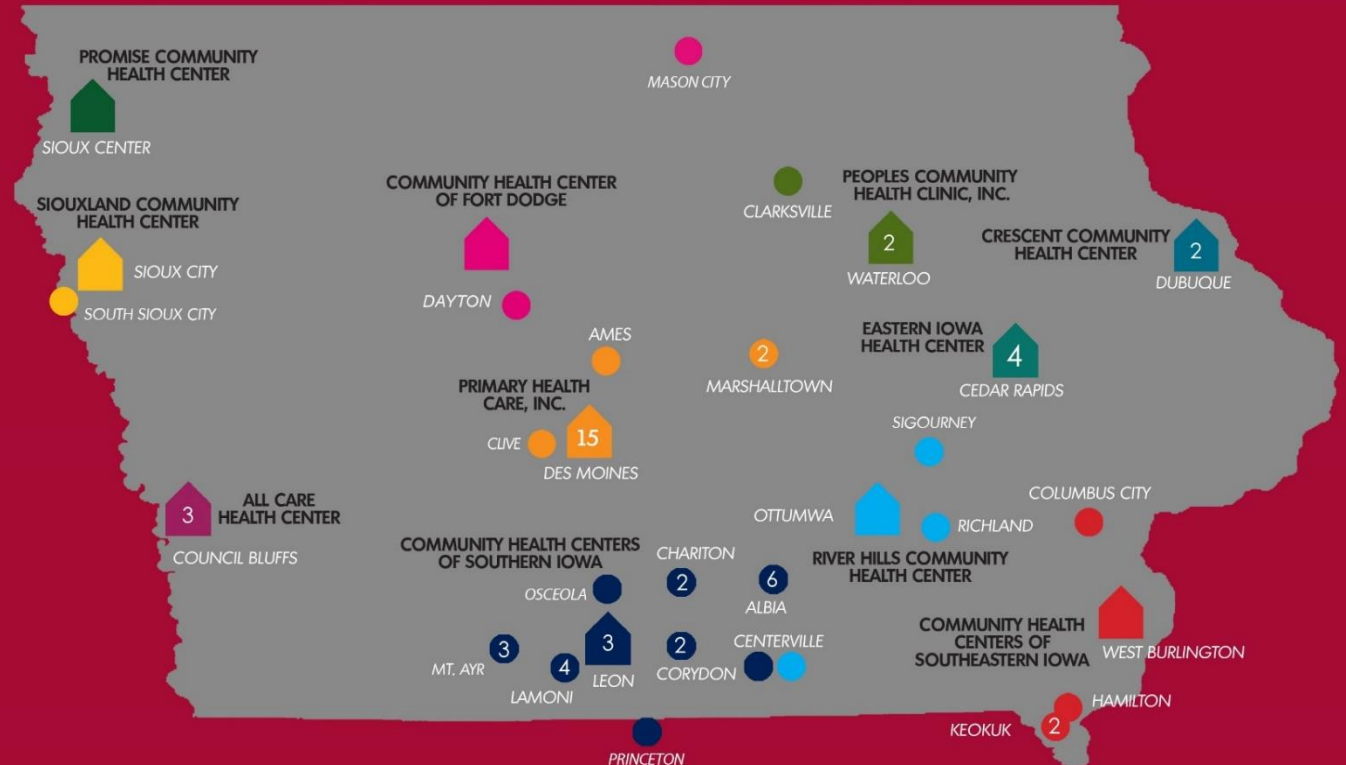
IowaHealth+ & Iowa Total Care Value-Based Care Partnership

Health Policy Oversight Committee Meeting – December 20, 2021

iowahealth⁺

IowaHealth+ = Integrated Primary Care Network

- IowaHealth+ is a voluntary business venture owned and managed by 11 Iowa health centers and the Iowa Primary Care Association.
- Dedicated to providing value-based care while furthering the unique mission of community health centers.
- Initially created in 2011 to apply for a Medicare ACO opportunity.
- Repurposed for Medicaid Expansion ACO in 2014.
- Began serving as Medicaid ACO in 2016 under managed care.
- Joining Medicare Shared Savings ACO Program in 2022.



194,000+

Patients served
in 2020

81,000+

Attributed Medicaid
lives in 2020

Organizational Alignment to Enhance Community Health in Iowa

Iowa PCA Services

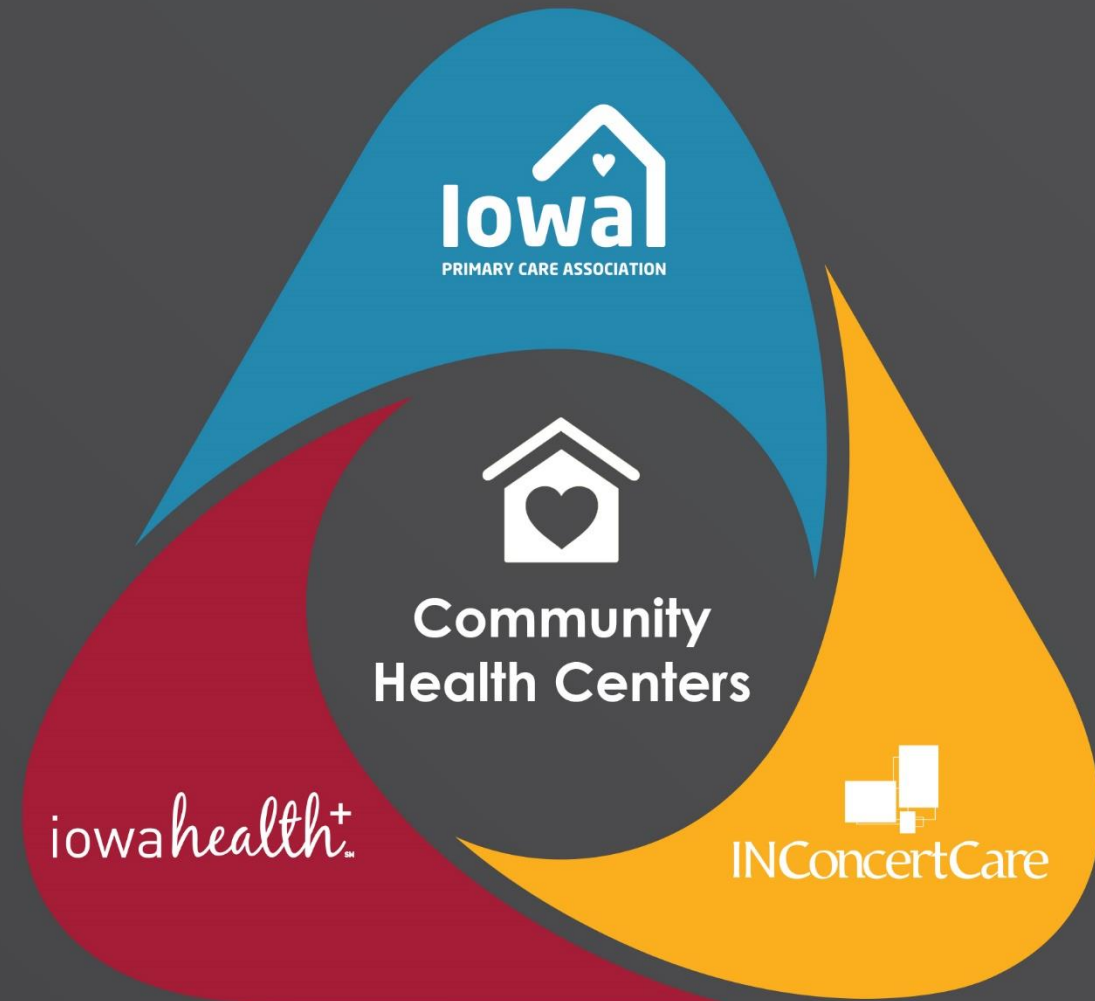
- Policy & Advocacy
- Quality & Performance Improvement
- Emerging Programs
- Workforce Development
- Outreach & Enrollment
- Health Center Development & Expansion
- Communications

INConcertCare Services

- Hosted Applications and Vendor Management
- EMR Implementations and Training
- Practice Management and Revenue Cycle
- Clinical Analytics and Data Warehouse
- Performance Improvement Coaching
- Interoperability
- HIPAA Privacy and Security

IowaHealth+ Services

- Value-Based Contracting & Payment Reform
- Data Analytics & Reporting
- Attribution
- Risk Stratification
- Care Coordination
- Population Health Focused
- Performance Improvement Learning Collaborative



Our Journey on the Value-Based Care Spectrum

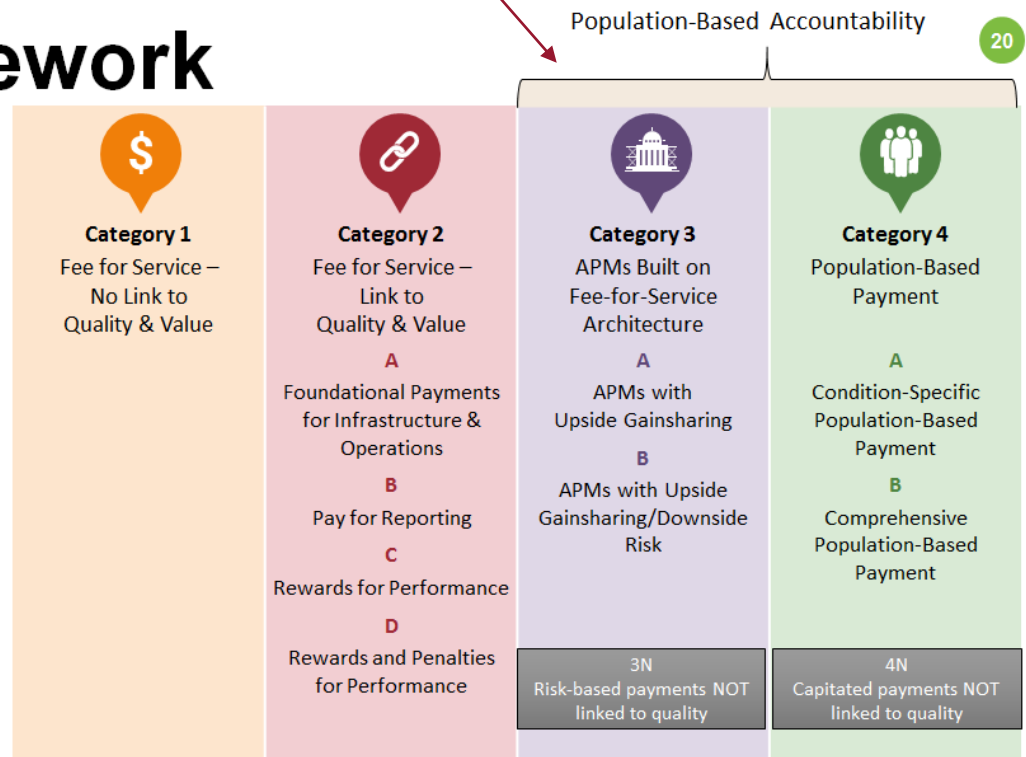
Exploring Category 3 with payor partners and IME

APM Framework

At-a-Glance

The *Framework* is a critical first step toward the goal of better care, smarter spending, and healthier people.

- Serves as the foundation for generating evidence about what works and lessons learned
- Provides a road map for payment reform capable of supporting the delivery of person-centered care
- Acts as a "gauge" for measuring progress toward adoption of alternative payment models
- Establishes a common nomenclature and a set of conventions that will facilitate discussions within and across stakeholder communities



The framework situates existing and potential APMs into a series of categories.

N = payment models in Categories 3 and 4 that do not have a link to quality and will not count toward the APM goal.

■ = example payment models will not count toward APM goal.

- 2014 – 2015: Categories 2a, c, and d (IME)
- 2016 – 2017: Categories 2a, c, and d (Amerigroup, United)
- 2018 – 2019: Categories 2a, c (ITC, Amerigroup)
- 2020 – 2021: Categories 2a, c, and d (ITC, Amerigroup)
- 2022 – 2023: Being developed currently (ITC, Amerigroup, Medicare MSSP)

Quality & Transformation: IH+ Model of Care

IowaHealth+ Model of Care

Integration
of Care

Ensure Patients'
Timely Access
to Care

Manage Patient Care
Transitions

Improve High
Risk Care
Coordination

Provide High
Quality Care

Social
Determinants
of Health

Supported by Health Information Data and Analytics
Maximizing the Benefits of Healthcare Applications, VBC Analytics, & Enli Population Health

Supported by Patient Engagement Strategies
Motivational Interviewing, Teach-Back, & Health Coaching

Investments to Perform on VBC

- Implementation arm for the three companies
- Interdisciplinary team to support health centers
 - Clinical Informatics Consultant
 - Clinical Consulting Team
 - Health Application Consultants
 - Program Managers
 - Revenue Cycle Consultant/Director of Legal & Regulatory Affairs
- Share best practices, network, and share decision-making through:
 - Clinical Quality Committee, Consumer Advisory Committee, Finance Committee & Care Coordination Work Group
 - Regular in-person learning collaborative
 - Health center on-site assessment and support for collective and local clinical quality and performance improvement priorities (quality, cost, patient experience, staff fulfillment)
- Provide leadership and support for data analysis and reporting, business, and population health strategy to improve outcomes and lower costs

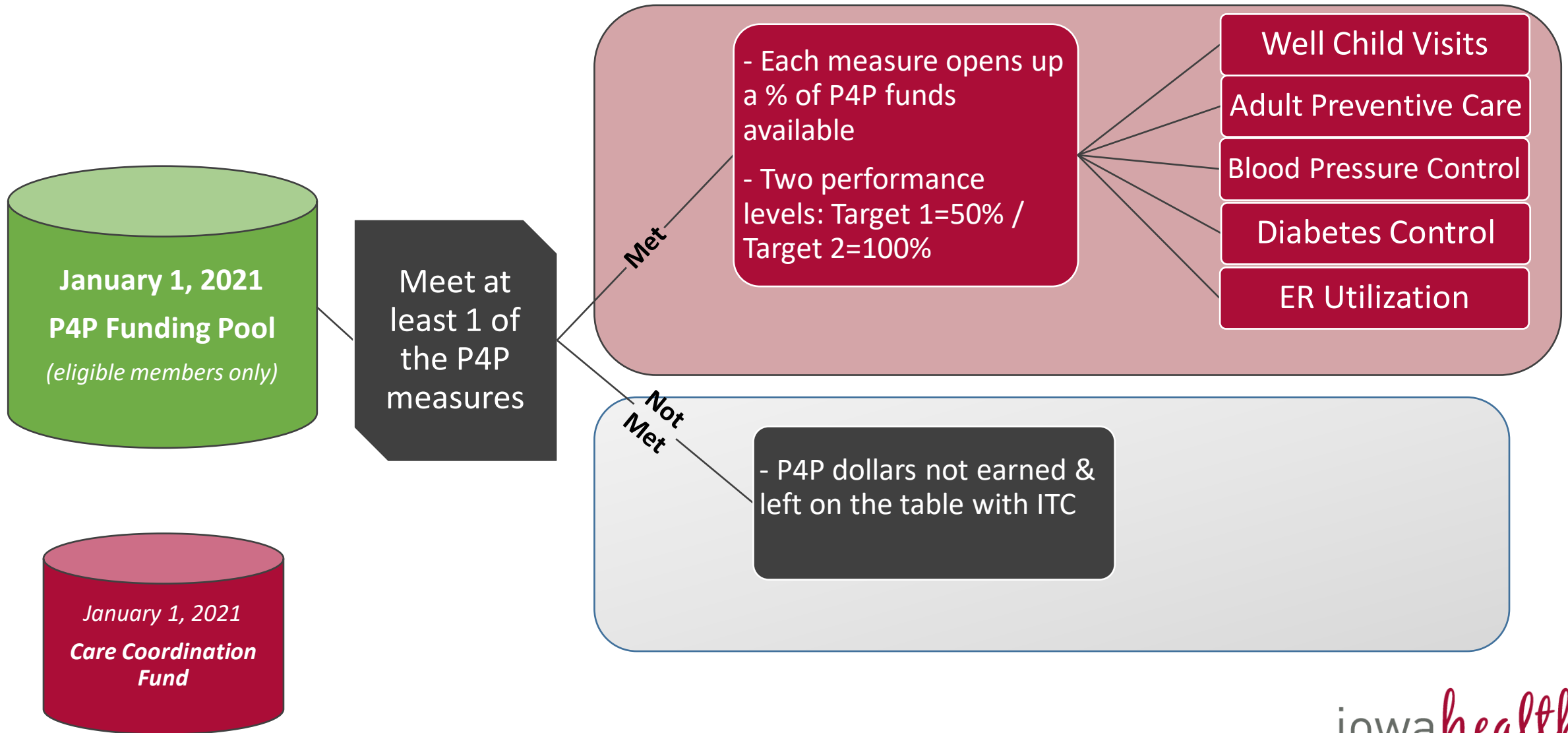


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Iowa Total Care 2021: How We Earn P4P



Successes from Partnership with ITC

ITC team is highly collaborative and responsive, have troubleshooted several operational issues and have plans for future improvements.

IH+ had top performance on **Follow-Up After Hospitalization for Mental Health** measure and shared best practices with ITC and other partners.

ITC and IH+ partnered on a member reattribution project, which resulted in patients being more accurately assigned to IH+ and another health system in the state.

As we move along spectrum of value-based care with ITC, they have been working to expand the data sets available to IH+ which are essential to preparing for risk-based agreements.

What's Next for Us?

- **Continued relationship building and strategic alignment with IME and MCOs**
- **Level up our HIT infrastructure** to empower population health and health equity improvement initiatives
 - Implementation of a common, integrated electronic medical record and analytics system across the health centers in Iowa
 - PRAPARE (social determinants of health) data to drive innovative interventions and risk methodologies
 - Payor claims connections with Medicare and ITC in the next year
- **Continued progress** on quality and performance improvement
- Continued progress across **value-based** pay spectrum (APM Framework)
- **Secure additional payor partnerships** to financially support payor agnostic, primary care-centric care system
- **Support leadership development** and enhance change management capacity

Value-Based Care Hallmarks


- **From a safety net provider lens, hallmarks of a robust value-based care system include:**
 - Strong, high-functioning basic MCO operations (claims payment, credentialing, etc.)
 - Incentives and programs focused on health equity and social determinants of health
 - Patient attribution/assignment that closely reflects patient choice and “footsteps” and includes a collaborative data sharing process
 - Upfront investments in operational, data, and analytics infrastructure
 - Alignment of quality, cost, and other metrics; stretch yet realistic goals
 - Coordination across systems (care coordination, etc.) – state, MCO, and provider – and appropriate resourcing of effort
 - Investment in and protection of patient-sought, cost-effective strategies, such as telehealth, remote patient monitoring, 340B drug program, etc.
 - Provide access to all available real-time clinical and claims data
 - Promote multi-payer alignment and reduce administrative burden
 - Recognize variation in provider types and the value-based care frameworks that will best respond to that variation



Contact Us

Aaron Todd, MPP, MHCDS
Chief Executive Officer

 atodd@iowapca.org

 515-720-1765

 www.iowahealthplus.com