

The Atlanta Value-Based Health Care Heart Failure Pilot Collaborative

The Atlanta Value-Based Health Care Heart Failure Pilot Collaborative (VBHC HF Collaborative) was formed in June 2017 for the purpose of designing a value-based payment system as a pilot aimed at improving health at the population level. Collaborative partners met monthly while workgroups met more frequently for three full years, generating a number of products and achieving some success. The collaborative identified and catalogued social support resources, built relationships and new partnerships, shared best practices for care for congestive heart failure (CHF) patients, focused on the social determinants of health (SDOH) and the impact of social supports on clinical outcomes, and created a coalition that could be a potential vehicle for other areas of collaboration. However, the collaborative was unable to move from planning to implementation of the value-based payment plan, even in a scaled down form.

The Atlanta Regional Collaborative for Health Improvement (ARCHI), a partner in leading this work, conducted an evaluation of the VBHC HF Collaborative work using document review and key informant interviews in order to understand how members viewed the collaborative work, the promise of value-based payment models in addressing the SDOH, and the barriers partners perceived to implementation. Additionally the evaluation identified accomplishments, challenges, and recommendations.

Stakeholders note several facilitators that supported this work, but the inability to get to implementation appears to be driven by barriers related to financial risk and lack of consensus around the data. Moreover, changing federal policy and local political priorities changed the incentives for participation among the partners, reducing urgency around the work.

Accomplishments of the collaborative:

- Identifying and cataloging of social support resources that continues to benefit their organizations beyond the pilot project
- Building relationships and developing new health partnerships
- Participating in thoughtful conversations around a common goal and the sharing of ideas and best practices for CHF patients
- Focusing on the SDOH and the impact of social supports on clinical outcomes that is shaping care across other areas of their organization
- Sustaining the coalition as a potential vehicle for other work.

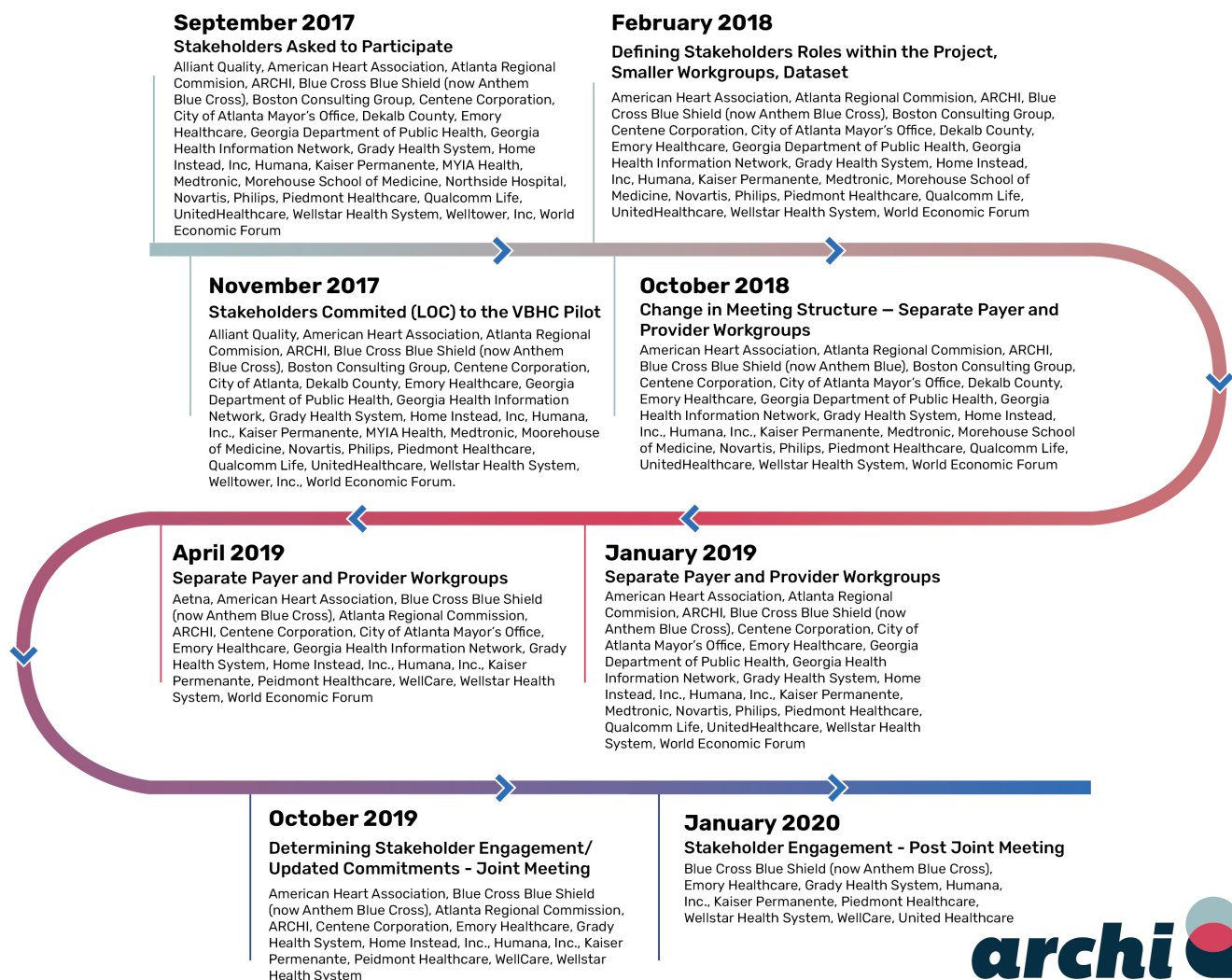
Challenges to collaborative value-base work identified:

- Fluctuations in membership and in level of commitment among members
- Decision making and governance processes that changed over time and did not prioritize the most committed members
- Competitive relationships that restricted the ability or willingness to share information
- Existing value-based contracts that were not specific to CHF and were proprietary
- Inclusion of patients covered by nonparticipating payers or no source of payment, coupled with efforts to pool funds from payers with varying ability to use revenue for this type of innovation
- Wide variability in costs and timelines for modification to existing electronic medical record (EMR) systems to integrate the adopted ICHOMS dataset.

Recommendations for future collaborative work

- The need for ongoing strategic management of coalition membership and attendee decision making authority
- Explicit alignment of decision-making rights and access to information with commitment to the work, willingness to share the financial risk, and assurances of confidentiality
- Initial funding for population-based initiatives requires seeking unrestricted funds, such as community benefit or foundation funding
- The need for inclusion of public payers and public payment models in the value-based design
- The use of a minimum dataset that aligns with partner organizations' existing EMR.

Evolution of the Collaborative, 2017-2020



To read the full Value-Based Heart Failure Pilot Collaborative report, please visit
www.archicollaborative.org.