



**COMMUNITY  
HEALTH CARE  
ASSOCIATION  
of New York State**

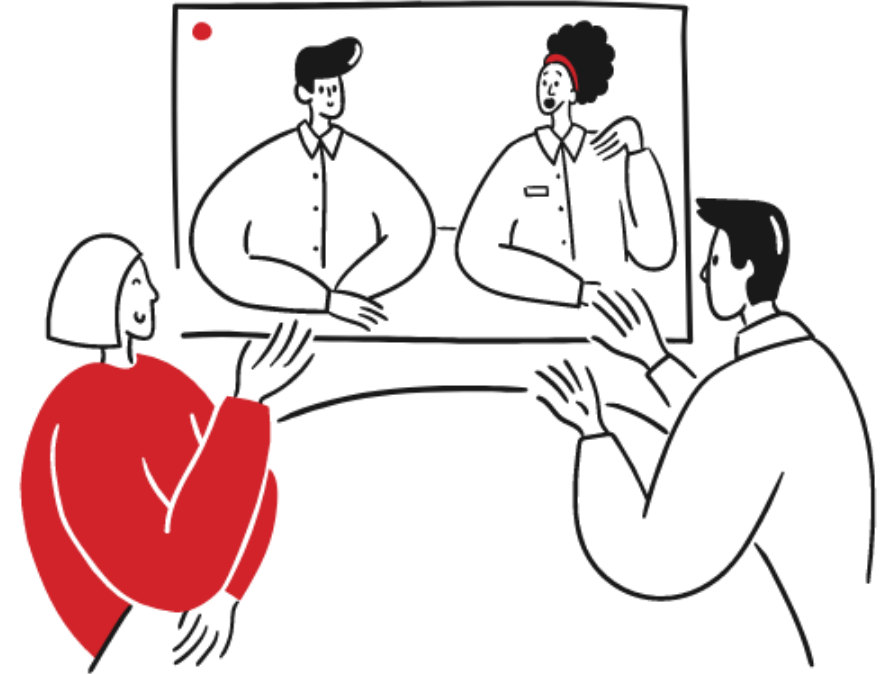
# **Immediate Impacts and Next Steps: CHCANYS VBC Readiness Assessments**

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# Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please display your full name and CHC/Organization**



# Purpose of VBC Readiness Assessment

- Help health centers assess their readiness for value-based contracting.
- Start an internal conversation among HC staff about the health center's current VBC strengths and areas for improvement.
- Help HCs prioritize where they need to focus their efforts to develop capabilities that will prepare them for value-based pay models with increasing levels of risk and reward.
- Connect HCs with other HC best practices and CHCANYS technical assistance and training to advance their VBC capabilities.
- It's critically important to diversify revenue away from a reliance on fee-for-service payment in the current environment.



# Overview of Questionnaire and Cohorts

- CHCANYS developed a shortened VBC assessment (14 questions) based on national VBC assessments from NACHC and the Delta Center.
- The questions were organized into 4 domains – Leadership, Care Model, Data/IT, and VBP Contracts.
- The first cohort of HCs completed readiness assessments in the summer of 2023 that were focused on assessing readiness for the FQHC capitated APM.
  - Participants included - Charles B. Wang CHC, Finger Lakes CHC, Jericho Road CHC, Settlement Health, Sun River, UCHC Bronx
- The second cohort completed readiness assessments in the winter of 2024 that were focused on VBC.
  - Participants included -- Advantage CHCs, Betances HC, Neighborhood HC, Ryan Health, and VIP Community Services
- The questions between the two assessments were similar since capabilities needed to be successful in the capitated APM were intentionally aligned with capabilities needed to be successful in VBC.



# Interview Process

- Each participating HC in the second cohort was asked to complete the assessment with staff prior to an interview with Craig Hostetler.
- HCs were instructed to engage staff with a range of expertise (e.g., clinical, financial, operational, data/IT).
- Craig walked participating staff at each HC through the survey and took notes or adjusted assessments that were completed in advance of the interview.
- HCs scored themselves from 1-9 for each question with 1-3 representing no development or little development, 4-6 representing progress on advancing capabilities, and 7-9 representing maturation and systemization.



# Examples of Questions by Domain

## Leadership

1. Health center leadership demonstrates strategic and operational commitment to advancing payment and care delivery reform through APM.

Leadership communicates support for payment and care delivery reform, internally and externally.			Leadership actively supports APMC and other care delivery reform, and proactively dedicates staff time and resources to care delivery reform			Leadership ensures that that care delivery and payment reform are integrated into day-to-day operations, including job evaluations and strategic planning.		
1	2	3	4	5	6	7	8	9

## Care Model

5. Health center practices are supported by a quality improvement infrastructure with meaningful involvement of patients and families.

No formal QI infrastructure exists. There is no or limited patient involvement.			There is some infrastructure for ongoing QI work. Patients may be involved in QI on a case-by-case basis.			Formal infrastructure supports and encourages QI projects as well as patient/family involvement. QI efforts are a routine part of clinic workflow.		
1	2	3	4	5	6	7	8	9



# Examples of Questions by Domain

## Data/IT

8. Performance measures are provided to care teams to analyze impact on patient care

Performance measures are not routinely tracked, and are not provided to care teams and/or external sources.			Some performance measures are tracked at the clinic level, but little analysis is performed. Performance measures have little impact on care delivery.			Performance is tracked across a range of measures at the provider team level including clinical outcomes and care team satisfaction. Specific metrics are reported transparently across teams and results are used to inform future practices.		
1	2	3	4	5	6	7	8	9

## VBP Contracts

14. The health center has experience and capacity to engage in and manage performance-based contracts, internally or through an IPA.

The health center has limited experience/capacity in engaging in and managing performance-based contracts.			The health center has limited experience engaging and managing performance-based contracts in upside only arrangements, and has the capacity for staffing, training, and other changes to increase contract management ability.			The health center has experience and capacity to actively seek out, engage in upside and downside arrangements, and manage ongoing performance-based contracts.		
1	2	3	4	5	6	7	8	9

