

Value-Based Payment Reform

Risks

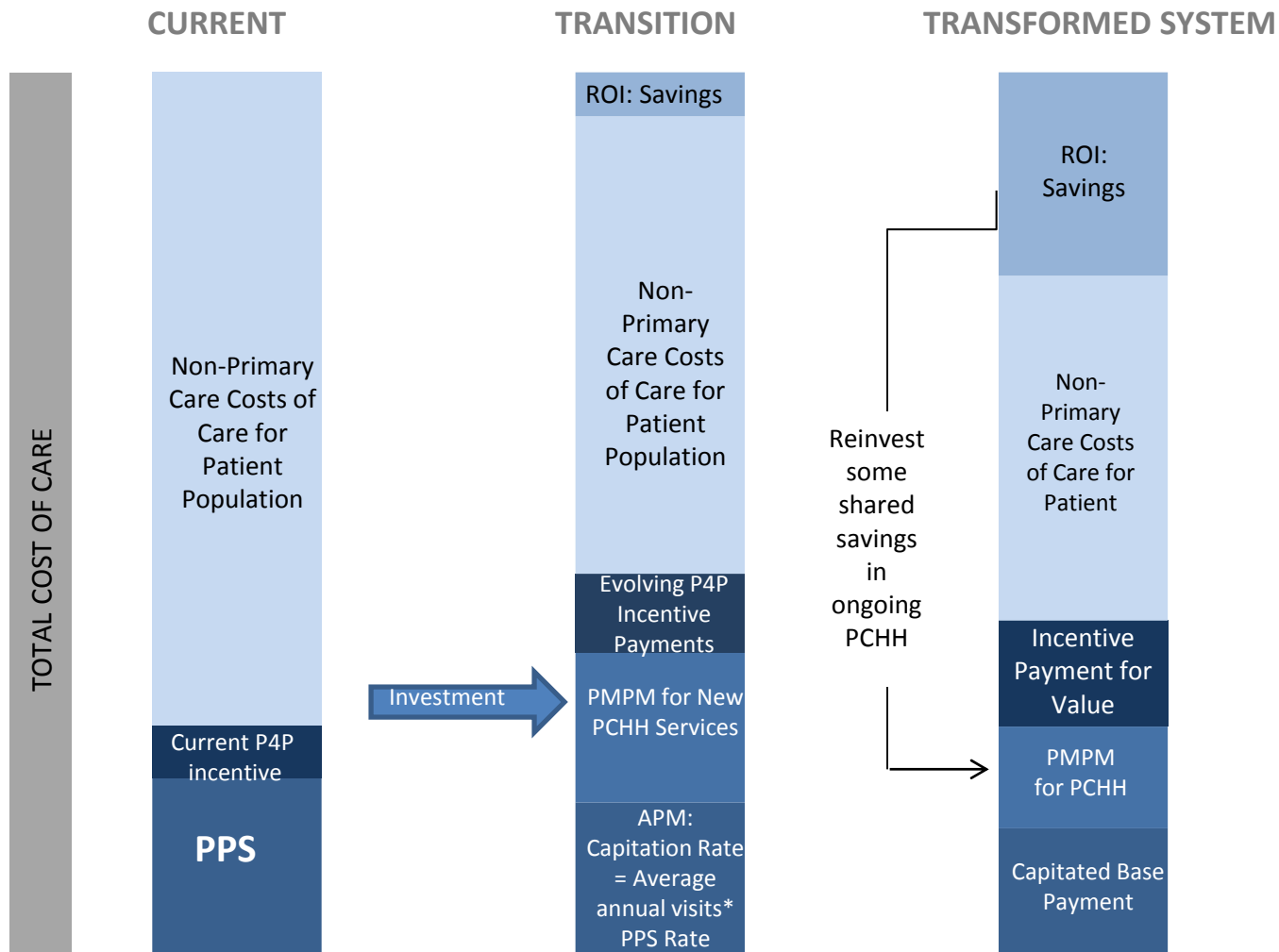
- Uncompensated investments in infrastructure and technology
- Inability to manage populations to achieve performance measures for incentive compensation
- Adverse selection
- Inability to address socio-economic factors impacting patient care
- Inability of CHCs to capitalize could lead to financial failure

Opportunities

- Earn compensation for improved patient clinical outcomes
- Earn compensation for population management
- Ability to manage expensive cost of care and to harvest value created by the efficient and effective cost of care
- Ability to transpose value-based competencies to other patient populations and growth clinical volume and revenue

Principles of Payment Reform:

1. **Support Triple Aims Goals** without impeding CHCs' ability to provide access to care for underserved populations who will not be covered by health reform.
2. **Delivery System Transformation Requires Investment and Payment Reform** that rewards clinical integration, coordination of care, and access to community-based services required by assigned patients. Explicitly acknowledge and compensate CHCs for investments in infrastructure for preventive care and population health management.



Source: California Primary Care Association, 2012.