

The Journey to Value-Based Care



Imagine shifting from a health care system that reimburses only on volume and moving towards a system that supports delivering care focused on improving patient outcomes. This is what value-based care is all about! CMS defines value-based care as paying for health care services based on performance in terms of cost, quality, and the patient's experience of care.

How do we determine value of the health care services we offer? How do we empower patients, inspire competition, and encourage innovation? The Fundamentals of Value-Based Care series will help you answer these questions and more. As you learn about value-based care and value-based pay, you will be better able to understand and support changes in health care that empower patients to be more engaged and encourage health care teams to adopt new and innovative approaches to delivering care.

Fundamentals of Value-Based Care

By [Craig Hostetler of Hostetler Group](#)

Target Audience: Health Center Staff and Board of Directors

Full Presentation

- Recorded Session (1-hour; inclusive of all chapters below) ([Video](#) and [Slides](#))
- Live Virtual or onsite session with Q&A (90 - 120 minutes)
 - Project fee - \$800 per health center plus travel, as applicable
 - Contact [Craig Hostetler](#) directly to arrange

Chapter Presentations

- **Chapter 1:** Why is Value Based Pay Important (14 minutes) ([Video](#) and [Slides](#))
- **Chapter 2:** Value Based Pay Evolving (14 minutes) ([Video](#) and [Slides](#))
- **Chapter 3:** Capitated Payment (8 minutes) ([Video](#) and [Slides](#))
- **Chapter 4:** FQHC Capabilities Needed for Value Based Pay & Transitioning Payment (15 minutes) ([Video](#) and [Slides](#))
- **Chapter 5:** Preparing for Value Based Pay (11 minutes) ([Video](#) and [Slides](#))

The FQHC Clinically Integrated Network

By [Andrew Principe of Starling Advisors](#)

Target Audience: Health Center Staff and Board of Directors

This session explores the fundamentals of developing and operating a Clinically Integrated Network (CINs). CINs are official arrangements in which like-minded clinics, hospitals, and/or independent providers share performance improvement, quality, value, and efficiency goals that result in improved quality and coordinated care at a lower cost. This session will cover the extensive history of FQHC-led CINs throughout the country and highlight keys to success including setting up governance and ownership, reimbursement models, utilizing CINs, CIN infrastructure, and other critical topics.

[VIEW RECORDING](#) | Passcode: Q8Y&P\$?q

Transforming Care: The Perils and Payoffs of Alternative Payment Models for Community Health Centers

By [Commonwealth Fund](#)

Target Audience: Health Center C-Suite and Board of Directors

In this issue of Transforming Care by the Commonwealth Fund, FQHCs that are participating in a range of APMs are highlighted. Many have been able to do so by leveraging state and federal funds for health system transformation, including Delivery System Reform Incentive Payment (DSRIP) funds. Health centers have also banded together to build the data analytics and other tools needed to manage population health. [VIEW ARTICLE](#)

Recordings and materials available at: <https://bit.ly/3P9hojR>