

October 16, 2017

Dear Colleagues,

On behalf of the groups listed below we are writing to thank the leaders of the VBP Workgroup for this additional opportunity to share our thoughts regarding the September 2017 document entitled 'Value-Based Payment for Children'. The document sets forth recommendations from the Children's Health Subcommittee and Clinical Advisory Group to the state's VBP Workgroup.

Our members support many of the recommendations embedded in the September 2017 document focusing on VBP Guiding Principles, Payment Models, and Quality Measures for providers serving children and youth *without complex health and behavioral health needs*. Given the potential benefits associated with care provided in a system that focuses on quality rather than quantity of care **we urge the VBP Workgroup and the Children's Advisory Group to commit to a focused process to determine how and when a similar set of recommendations for New York's children and youth with complex needs will be available.**

The recommendations document circulated by the Children's Health Subcommittee and Clinical Advisory Group does not address if, how and when practitioners/providers serving children and youth in foster care and other child welfare settings, those serving children with complex behavioral health needs, those serving children with Intellectual and Developmental Disabilities, and those serving 'medically fragile' populations will be folded into the VBP reform currently underway. Furthermore these high need populations of children with complex behavioral and physical needs are not addressed in the analysis of data or quality recommendations. Given this, we think it is important to explicitly state in Section 4 of the document that the cost and utilization information presented and analyzed does not include these high need children and adolescents.

We very much appreciate the recommendation that further deliberative work is needed regarding the appropriateness and opportunities of value-based payment for vulnerable subpopulations of children and adolescents. Specifically, we are seeking a timeframe and process for the implementation of this recommendation.

There are several considerations we would also offer for the Children's Advisory Group including but not limited to:

- Move swiftly to build a robust set of recommendations that focuses on the identification of a model and quality measures that improve care for

children and youth with complex needs and the providers serving the same;

- Assure that the development of a model for these populations is created in a fashion that assures experience with the new system, assures there is good data and a clear understanding of what the desired (valued) outcomes should be; and
- Create pilot projects to demonstrate the efficacy of VBP models and quality measures to address the populations of children and providers not included in this set of recommendations.

By focusing on preventing escalation of social-emotional based diseases, the VBP recommendations are progressive and follow an evidence-base; however, the lack of integration of the existing complex-child serving system into VBP arrangements risks putting the system at financial jeopardy. Providers must maintain current operations with many having both a clinical interest and evidence-based commitments to earlier interventions. The recommendations do not adequately address how best to utilize the skills, workforce and services of the existing system; instead many of the recommendations assume the creation of new approaches. Efficiency is a measure of the value of our existing providers who are certified to utilize evidence based approaches and committed to evidence-based interventions in building a multi-tiered system of supports for high-risk children and youth. We urge the recommendations incorporate a “preventing escalation approach” so that the children and families who are managing acute and complex needs are not overlooked.

In many instances, it is our providers who may be better equipped than primary care practices to lead integration efforts, especially for families with multiple children, not all of whom need specialty care or treatment. The VBP approach should account for the value that can be added to the lives of families, all families, including families currently engaged with service providers, as well as those newly engaging with primary care practices as a result of a newborn. Providers should not have to terminate current operations and pivot to earlier interventions, nor can they ignore the needs of the children and families with acute and complex needs who they currently serve. Recommendations need to address all these unique but existing systems of care.

There are several references in the document regarding a subset of committee members who began discussions about “the appropriateness and design of value based payment arrangements for children with complex physical and behavioral needs”. None of us participated in that subset and are not familiar with what the reference addresses or whether it was considered by the committee as a formal

process. If it is not a formal part of the workgroup recommendations, we question its inclusion in the report without further explanation of considerations, deliberations and recommendations.

In closing, we feel it is important going forward to prioritize communication between the members of the Children's VBP Advisory Group and the members of the Children's BH MRT. To this point there has been minimal consultation between the two groups. It would be in the best interest of New York's children to ensure these two groups are brought together for purposes of briefing one another and engaging in structured conversations designed to ensure everyone is moving in the same direction towards better care for New York's children and youth.

Again, thank you for this additional opportunity to share our comments with the Workgroup. We look forward to working with you to ensure the very best for New York's children and youth.

Sincerely,

James Purcell, Council of Family and Child Caring Agencies

Andrea Smyth, NYS Coalition for Children's Behavioral Health

Lauri Cole, NYS Council for Community Behavioral Healthcare

Christy Parque, The Coalition for Behavioral Health