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# Improving the Health of Nebraskans through Value-Based Healthcare: From Nebraska’s First Medicaid PCMH Pilot, to ACOs and ALIGN



By Bob Rauner, MD, MPH, FAFP  
Chief Medical Officer, OneHealth Nebraska ACO

The first major step forward to “value-based healthcare” in Nebraska began in 2009 with LB 396 sponsored by Grand Island State Senator Mike Gloor. The bill launched two community-scale Medicaid Patient-Centered Medical Home (PCMH) pilots in Lexington and Kearney. Both projects were

successful showing improved quality of care and lower healthcare costs. More volume was the biggest incentive in healthcare payments for decades. For some, “value-based healthcare” comes across as a buzzword, but the basic concept is not to just pay more money for more stuff, meaning more health care services whether needed or not with no attention to the actual quality of care provided. To counter this, value-based healthcare attempts to pay for higher quality of care resulting in both improved health and lower healthcare costs. The first steps in this movement were PCMH contracts that included a per member per month payment to help fund clinic-based care coordination, quality improvement planning, and the team-based care that happens outside of the classic office visit and help patients remove barriers to care.

across Nebraska on the first commercial PCMH pilots. Steve Lazoritz, MD at Arbor Health and Deb Esser, MD at Coventry (later Aetna Better Health) helped facilitate the roll out of many Medicaid Managed-Care Program PCMH contracts in 2012 and 2013. Following those PCMH efforts came Nebraska’s first Accountable Care Organization (ACO) contracts with the Medicare-Shared Savings Program pioneered by Nebraska’s first two ACOs in 2013 – Alegent Health Partners and SERPA ACO (South East Rural Physicians Alliance).

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## ALIGN – Nebraskans for Better Health

Updated after discussion with the Measures Subcommittee

Category	ALIGN Measure	NQF*	HEDIS
Adult	Diabetes: Hemoglobin A1c (HbA1c) Poor control (>9%)	0059	CDC 2
	Hypertension Control <140/90	0018	CBP
	Colorectal Cancer Screening	0034	COL
	Breast Cancer Screening	2372	BCS
Pediatric	Immunizations 0-2 years, Combo 10 (DtaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Flu)	0038	CIS
	Immunizations Adolescents, Combo 2 (HPV, Tdap, Meningitis)	1407	IM A
	Well Child Checks (0-30 months)	1392	W30
Maternal	Prenatal and Postpartum Care	α 1517	α PPC
	Perinatal Depression Screening	+1401	β
Behavioral Health	Unhealthy Alcohol Use: Screening and Brief Counseling	2152	β Link
	Depression Screening (ages 12+)	0418	β DSF

NQF = National Quality Forum; HEDIS = Healthcare Effectiveness Data and Information Set

\* NQF definitions are in use by federal programs like Medicare/Medicaid unless otherwise noted  
The Centers for Medicare and Medicaid Services (CMS) measure is still for Well child checks 0-15 months. The HEDIS W30 measure is on pg 14 of the document linked in the table above.

α This is a combination measure with two components: Timeliness of prenatal care, and postpartum care follow-up. Both CMS and HEDIS use this combined definition.

+ Not currently in use by any federal programs

∫ There are two separate HEDIS measures for perinatal depression, prenatal (PND) & postpartum (PDS) β The HEDIS behavioral health measures are part of the “measures reported using electronic clinical data systems” that are being introduced (but not fully implemented yet)

After those first two successful pilots came commercial and Medicaid PMCH contracts facilitated by several Nebraska physicians who worked with Nebraska payers at the time. Dave Filipi, MD at Blue Cross Blue Shield of Nebraska, starting in 2011, worked with many clinics

The next major step was multi-payer collaboration on value-based purchasing when Blue Cross Blue Shield of Nebraska partnered with the Centers for Medicare and Medicaid Innovation (CMMI) on the Comprehensive Primary Care (CPC+)

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program in 2018. Unfortunately, at the time there were no other payers in Nebraska willing to participate in the program and Medicaid was no longer at the table due to the changes in Medicaid Managed Care brought on by Heritage Health.

The ACO programs have been one of Medicare's most successful initiatives in value-based healthcare, showing significant improvements in quality of care while also showing greater savings year after year. Each year savings have increased to Medicare with the 2020 contract year savings increasing to \$1.9 billion (<https://www.cms.gov/newsroom/press-releases/affordable-care-acts-shared-savings-program-continues-improve-quality-care-while-saving-medicare>). We should have 2021 data in August, and we are optimistic we will see increased savings for OneHealth Nebraska ACO for 2021 just like last year.

Today there are multiple Nebraska-based ACOs that together care for the majority of Nebraskans and a growing collaboration between ACOs and insurers the past 3 years under ALIGN, a voluntary collaboration of chief medical officers and public health experts. The group has been meeting quarterly at the University of Nebraska Medical Center College of Public Health and facilitated with the help of Dean Ali Khan, MD, MPH, MBA and Dave Palm, PhD.

The goal of ALIGN is to "align" Nebraska's insurers and primary care clinics around a common set of quality measures to reverse Nebraska's multi-decade slide in America's Health Rankings. The list of quality measures was chosen from commonly used measures in value-based purchasing contracts (both PCMH and ACO) as well as the core set of measures used by Nebraska's Federally Qualified Health Centers. These 11 measures agreed upon by the collaborative would make a significant impact on adult, pediatric, obstetric, and mental health. More than half of the measures are already included in Medicare contracts (both Medicare Shared Savings Program and Primary Care First) and Blue Cross Blue Shield of Nebraska's PCMH and ACO contracts.

Our hope is that these measures would also be included in the upcoming revisions of Heritage Health, Nebraska's Medicaid Managed Care Program, and commercial or direct to employer contracts with other commercial health plans.

If this could be accomplished, we would be well on our way to reversing Nebraska's multi-decade slide in America's Health Rankings!

So, what can you do? First start by working on these quality measures in your own clinic. Second, consider working with other community health efforts or primary care networks in your community to make community-level progress on these measures. And third, talk to your local employers or state senator about how making the ALIGN goals a state effort could make Nebraska one of the healthiest states in the country again while lowering our healthcare costs.