pop health LEARNING CENTER

June 2026 Learning Communities

Sustainability in a Changing Landscape:
Value-Based Payment and Post-Program Readiness

PART 2 of 2

June 10 – June 11, 2026 • 2 hours

Welcome

While we're waiting, please rename yourself.

We'll begin at 2 minutes past the hour.

RENAME YOURSELF

1. **Click** the Participants icon
2. **Hover** over your name & click Rename
3. **Add** your name, pronouns, and organization
   Please do not use acronyms
4. **Click** OK

ON PHONE AUDIO?

Here's how to connect:

1 Find your participant ID in the top-left of your Zoom window.

2 Press #number# (e.g., #24321#) to connect.

3 You'll see: “You are now using your audio for your meeting.”

Housekeeping Reminders

	**Mute**	We'll mute lines during the presentation to prevent background noise.
	**Questions**	Submit questions using the chat feature.
	**Slides + Recording**	Slides and recording will be posted to PopHealth+ after the session.
	**Tech Issues**	Private chat **Kathleen Figoni** for assistance.

Agenda

- **Welcome & Framing**
  Building Toward VBP Readiness
- **A Practice's VBP Journey**
- **Tailored Learning Breakouts**
  VBP Learning That Meets You Where You Are
- **Large Harvest**
- **Close & Next Steps**

Continuing Education Credits

In support of improving patient care, the Learning Center has partnered with the California Primary Care Association to provide continuing education for the healthcare team by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).

To receive credit, you will need to fill out the evaluation.

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Introduce Yourself in the Chat

1	**Your Name**	Type your first and last name
2	**Your Role**	E.g. Medical Director, Care Manager, Medical Assistant
3	**Your Organization**	Practice Name
4	**What's one thing your practice knows now that you didn't when EPT started?**	Share an insight, a gap you uncovered, or something that surprised you.

Meet Your Program Team

PopHealth LEARNING CENTER

The people running today's session – and walking alongside you through the final stretch of EPT.

We're here to help you finish strong!

Tammy Fisher
MPH

Chief Program Officer

Mary Deane
MPH

Director of Programs

Monica Dedhia
LCSW

Senior Program Manager

Kathleen Figoni
~~MS-HCA~~

Senior Program Manager

Ray Ilyn

Administrative Assistant

Rima Sheehab

Consultant

Today’s Facilitators

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Tammy Fisher
MPH

Chief Program Officer

Mary Deane
MPH

Director of Programs

Katie Colman
MSPH

Consultant

Mary Beth Dyer
MPP

Consultant

Sandy Newman
MPH

Consultant

Meet Your Subject Matter Experts

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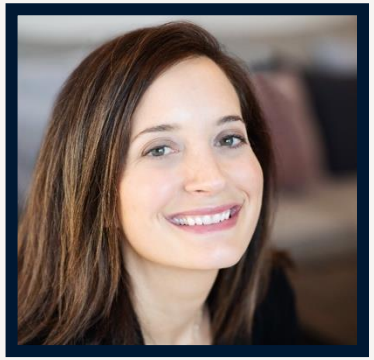
These clinicians are supporting this learning community –
and we're so deeply grateful for their expertise & partnership!



Elizabeth Horevitz
PhD, LCSW

Behavioral Health

Marianna Kong
MD

Adults with Chronic Conditions & Preventative Needs

Nathana Lurvey
MD

Pregnant People

Neha Gupta
MD

Adults with Chronic Conditions & Preventative Needs

Roberto Rodriguez
MD, MPH

Children & Youth

Learning Objectives

1	**Advance Progress**	Advance progress on the VBP milestone, gap analysis, and action planning based on each organization's current stage of readiness.
2	**Common Gaps & Prioritization**	Explore the gaps organizations most commonly encounter as they move toward VBP, how they are prioritizing action plans to address them, and strategies for building leadership and staff buy-in to support VBP transformation and culture change.
3	**Real-World Examples**	Hear how peer practices are approaching VBP implementation and organizational change – and connect their experience to your own practice context.
4	**Practical Strategies**	Learn practical strategies and approaches from peers working through similar stages of VBP transformation.
5	**Peer Collaboration**	Collaborate with peers to troubleshoot challenges, exchange ideas, and strengthen strategies for advancing VBP work before the November 2026 submission cycle.

Welcome & Framing

Building Toward VBP Readiness

WELCOME BACK

Building VBP Readiness & Action

WHERE WE'VE BEEN

- Built foundational VBP knowledge
- Assessed capabilities
- Identified gaps
- Developed action plans

TODAY

Practices are at different levels of readiness. Today is about advancing from where you are. Together we will:

- Support milestone progress and strengthen gap analysis and action plan
- Share strategies and learn from peers
- Problem-solve challenges in breakout discussions

Let's take a quick pulse check first.

POLL

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Where are you with the VBP Milestone?

1

Assessing Capabilities & Gaps

Working on the Value-Based Pay Capability Assessment (VaPCAT) and Gap Analysis.

2

Action Plan

VaPCAT & Gap Analysis complete – now building or refining your action plan before November 2026.

3

Looking Ahead

Submitted the VBP milestone – focused on implementation and what comes next after EPT.

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Where You Are Shapes What You'll Get Today

Later we'll split you into three groups. Each one opens with tailored mini teaching.

GROUP A

Assessing Capabilities & Gaps

You'll hear from a practice with a strong gap analysis, then dig into what your findings mean for your action plan priorities.

GROUP B

Action Plan

You'll hear from a practice that translated their findings from the gap analysis into a concrete action plan – then identify your own next step before November 2026.

GROUP C

Looking Ahead

You'll hear from a practice further along – including a leadership perspective on VBP – and explore what sustainability and next steps look like after EPT ends.

Value-Based Pay Capability Assessment Tool (VaPCAT)

129

VaPCAT submissions from EPT practices

Practice Size
of these 129 submissions:

40% smaller than 5,000 patients

57% smaller than 10,000 patients (incl. 40% < 5,000)

84% smaller than 25,000 patients

76%

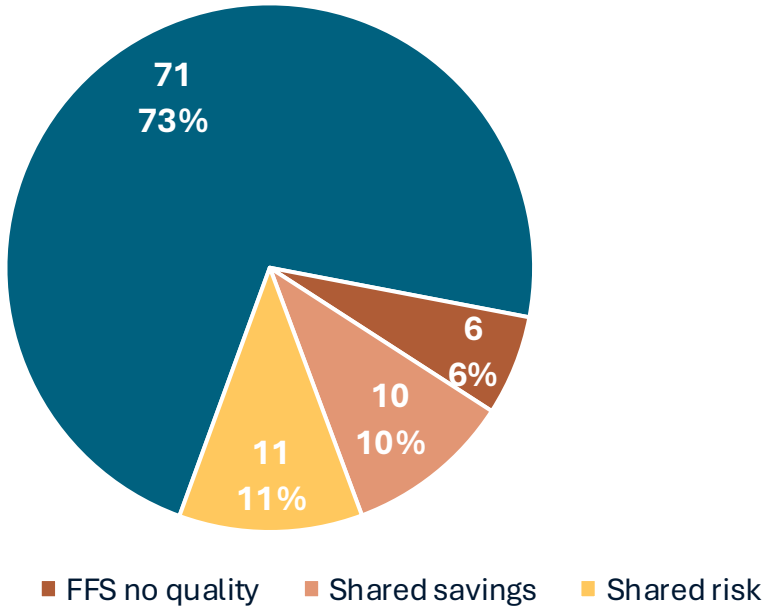
of EPT respondents are active or interested in VBP

Of which:

48% active in VBP

28% interested in VBP

Proficiency with VBP Among Those Who are "Active" or "Interested" (n=98)



Value-Based Pay Capability Assessment Tool (VaPCAT)

Biggest Strength

Dashboard reports to monitor quality performance

Most Often Not Available

Funding of capital reserves*

Most Often Provided by Partner

Ability to contract with clinicians outside of the organization to take risk contracts*

Most Often in Development

Functional data sharing capabilities with key partners like hospitals, specialists, behavioral health providers, community organizations, etc.

**Capability may be more relevant for those who wish to participate in shared risk arrangements, e.g., large practices or those participating in a group that negotiates contracts together through an accountable care entity.*

A Practice’s VBP Journey

As Provident Primary Care presents, listen for:

One thing you can use and apply to your own practice.

Their current state

What they learned through the VaPCAT and how they engaged leadership and cross-functional teams

How they built their action plan

Which actions were most critical and how they will impact success in a VBP arrangement

How their gap analysis helped to prioritize capability building

How the process helped focus priorities, surface opportunities, and move action planning forward

How they created momentum for VBP

How they engaged leadership and staff to prioritize and support this work, and what they're still figuring out

Provident Primary Care

ABOUT US

Practice type:

Independent · Physician-owned · Community-based primary care located in Merced County, CA

Patients served:

2,000+ active patients · 1,500 Medi-Cal · 500 Medicare (Aledade ACO) · 100+ AllCare IPA · Anthem & commercial plans

VBP milestone status:

- Submitted May 2026 · VaPCAT completed April 2026
- Action plan phase through Dec 2026

What we'll walk you through:

- VaPCAT process & findings · 3 prioritized capability gaps
- Action plans · Honest lessons learned

How We Approached the VaPCAT

OUR APPROACH

- **Led by COO** — expanded leadership scope
- **Clinical champion:** Lead FNP + Supervising MD
- **Team:** Lead MA, Quality Coordinator, Referrals Coordinator, In-house Billers & Front desk team
- Completed April 2026 via multiple working sessions
- Guidance from Aledade ACO, CCAH & EPT Learning Community
- Scored against actual evidence — not aspirations

WHAT WE FOUND

- Foundational gaps were larger than expected
- No formally designated VBP lead or accountability
- Internal EHR reporting in IMS not built out
- No financial modeling or HCC risk-adjustment capacity
- **Confirmed:** Aledade ACO + CCAH steps already moving in the right direction

Gap Analysis

THE STORY

How did your Gap Analysis inform your VBP Priorities?

Foundation first — advanced VBP requires operational basics

- **Lean team:** Couldn't prioritize everything
- **Asked:** What gaps most limit our VBP participation?

Three non-negotiable building blocks emerged:

1. Accountability
2. Data visibility
3. Financial modeling

Capabilities

VBP Operations Lead & Staff Education

Rationale: No designated VBP owner = no traction. Formalizing accountability creates the operational backbone our VBP readiness depends on.

Internal Performance Reporting & EHR

Rationale: We relied too heavily on external partner reports. Internal real-time data in IMS lets us manage performance proactively — not reactively.

VBP Financial Modeling & HCC Coding

Rationale: To sustain VBP, we must understand shared savings potential, infrastructure costs, and patient complexity through accurate HCC coding.

Our Action Plan: Building Capabilities

THE STORY

What is the future state you are building toward?

- VBP participation embedded into daily operations — not a side project
- Phased, realistic approach respecting our lean team capacity
- One capability at a time, building the right foundation so we can say *yes* to VBP with confidence

Gap → Action

Capability 1: VBP Operations Lead & Staff Education

Designate COO as VBP Lead (Jul) · VBP 101 staff session (Sep) · Quarterly reviews with Aledade & CCAH (Oct) · VBP onboarding checklist (Nov)

VBP Lead role documented · 1+ education session completed · Quarterly review cadence active

Capability 2: Internal Performance Reporting & EHR

IMS reporting requirements (Jul) · Pilot depression screening report (Sep) · CCAH portal monitoring (Oct) · IMS vs. athenahealth cost-benefit (Oct–Nov) · EHR decision to Board of Directors (Dec)

First internal quality report live in IMS · Cost-benefit analysis completed · EHR decision timeline established

Capability 3: VBP Financial Modeling & HCC Coding

HCC coding capture review w/ billing (Aug) · Provider HCC documentation reminders (Sep) · VBP financial model worksheet (Oct) · Gain/loss allocation methodology (Nov)

HCC coding review completed · VBP financial model drafted · Gain/loss methodology documented

What We Learned

THE CHALLENGE

What was hard about completing the milestone?

- **Hardest part:** being honest with ourselves
- Separating what we wish we built from what we actually have
- Lean team — COO covering multiple roles, FNP managing full panel
- Scoring partially-implemented capabilities was genuinely difficult

THE SOLUTIONS

What helped you move forward? What would you do differently?

- Anchored in existing EPT work — not starting from zero
- Collaborated with billing staff, Lead MA, and PCPs
- Leaned on Aledade ACO, CCAH Provider Relations & CBI team, EPT Learning Community
- Stopped waiting for 'perfect' — progress counts. Partnerships count.

RECOMMENDATIONS

What would be helpful to other EPT practices?

- Start earlier than you think
- Use VaPCAT as a strategic planning tool — not just a checkbox
- Don't let the gap discourage you — being here already puts you ahead
- **K.E.Y.** — **K**eep **E**ducating **Y**ourself
- In value-based care, those who lead are not those who have all the answers — but those who never stop seeking them.

CHAT ACTIVITY

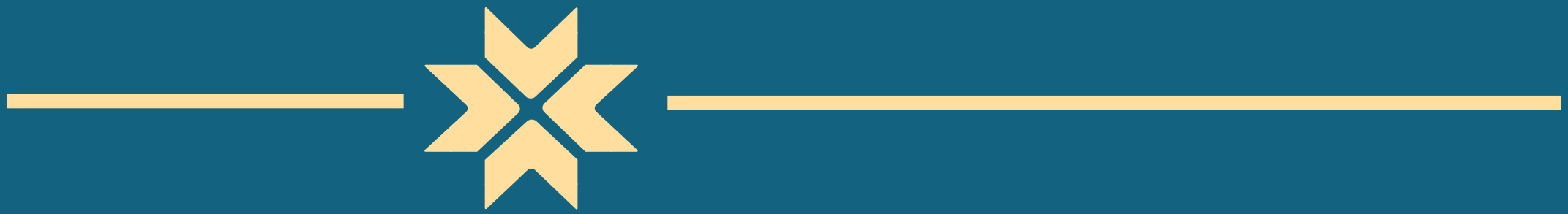
Drop in the chat:

What is one key insight you gained from Bong's presentation?

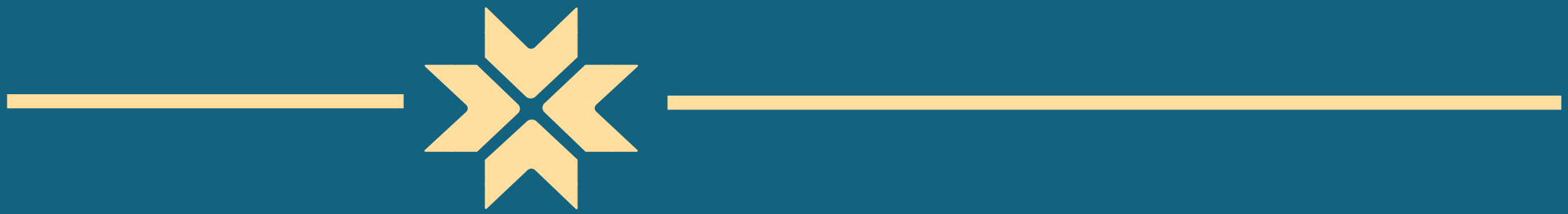
NO WRONG ANSWERS.

This is for you – a moment to name something concrete.

Stretch Break



Tailored Learning
Breakouts



Breakouts

45 minutes · 3 breakout groups · Here's what to expect.

Split into groups based on your poll answer at the start of the session.

THE STRUCTURE

1. **Tailored Learning** 10 minutes
   Content calibrated to where your group actually is with the VBP Milestone.
2. **Fireside Chat** 10 minutes
   A practice shares first — what they did, what they found, what they'd pass on. Their story will set the stage for a facilitated group discussion.
3. **Guided Discussion** 20 minutes
   A facilitated group discussion using group-specific prompts to draw out themes.
4. **Share-Out Prep** 5 minutes
   We regroup as a full cohort. Facilitators will surface the themes and insights with the large group. We may invite you to speak! Be ready.

YOUR ASSIGNMENT

You will choose your own breakout room based on your poll answer.

Instructions:

- Click **"Breakout Rooms"** at the bottom of your Zoom screen
- Find your group based on your poll answer:
  - **Room A** Gap Analysis
  - **Room B** Action Plan
  - **Room C** Looking Ahead
- Click **"Join"** next to your room

Not sure which group you're in? Stay here and we'll assign you!

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Group A
Gap Analysis

EPT Value-Based Payment (VBP) Milestone Overview

Milestone Description

Conduct assessment of VBP capabilities, identify gaps, and develop an action plan to improve readiness for VBP contracting.

Milestone Components

1	Complete a 36-item assessment to understand VBP core capabilities: leadership, operations, data, financial, and partnerships
2	Use the results to identify gaps
3	Based on gap analysis, identify a plan for improvement

Note: *The milestone* ***does not require*** *EPT practices to enter into a new VBP contract.*

VaPCAT Overview

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The Assessment	36 questions covering 5 competency domains needed for success with value-based payment. Domains include: leadership, governance & legal; operations; data analytics & technology; financial; and payer & partner relationships.
Who Completes It	To be completed by a senior leader(s) at the organization with visibility into financial, operational, and data assets of the organization.
Companion to PhmCAT	Intended to supplement clinical capabilities needed for value-based care as assessed by the Population Health Management Capabilities Assessment Tool (PhmCAT).
Quick to Complete	Takes less than 30 minutes to complete with limited need to access other data.

GROUP A · TAILORED LEARNING · 10 MINUTES

VBP Deliverable – Gap Analysis

VBP Gap Analysis					
Domains	**Current State** (brief description of existing capabilities)	**VBP Domain Maturity** (scale of 0 – 5)	**Specific Capability Gaps**	**Priority for Action** (high, medium, low)	**Rationale**
Leadership, Governance, and Legal (e.g., organizational alignment & VBP implementation, governance & oversight, risk assessment)					
Operations (e.g., educate staff on VBP, dedicated staff responsible for and skilled in negotiating VBP contracts, care management approach, contracting/credentialing/ grievance/utilization review functions)					
Data, Analytics, and Technology (e.g., performance measurement, track quality & cost, data-driven decision making, QHIO connection, tracking rising risk)					
Financial (e.g., model risk & potential payments, possess sufficient billing and coding expertise, dashboards, reserves)					
Payer and Partner Relations (e.g., productive relationships with clinical and community partners, functional data exchange, shared accountability for quality/cost)					

VBP Deliverable – Gap Analysis *cont.*

Based on the gap analysis, define **three capabilities your practice will address** to improve readiness for VBP.
In your description, include:

1	The specific capability you want to develop or improve.
2	Why this is a priority for your practice.
3	If the capability is best developed/improved internally or provided by a partner (e.g., IPA, MCP, ACO).

These three areas of improvement will become the basis of your VBP action plan.

Note
Different VBP models require different organizational capabilities.
Numerous VaPCAT items are marked with an asterisk (*). These items are most relevant to large practices or Accountable Care Entities participating in advanced VBP models.
While practices will respond to all questions in the VaPCAT, smaller practices and clinics are more likely to have gaps in items with an asterisk; they may not prioritize these items for capability-building work reflected in the action plan.

GROUP A · TAILORED LEARNING · 10 MINUTES

VBP Deliverable – Action Plan

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Action Plan Overview

The action plan describes the work to improve the three capabilities that practices identified in the gap analysis. This section also describes activities that practices engaged in to develop the plan.

Describe Your Action Plan Process

Summarize the process your practice used to develop your action plan, including:

1	A brief overview of your activities and approach
2	The leadership and staff involved in the discussions
3	How this aligns with other priorities you have

GROUP A · TAILORED LEARNING · 10 MINUTES

VBP Deliverable – Action Plan

Practices identified these 3 capabilities in the Gap Analysis

VBP Action Plan							
Area of Improvement	**Goals**	**Major Activities & Timeline**	**Key Decisions**	**Structural Changes**	**Staffing**	**Leadership Engagement**	**Measuring Progress**
[list the 1st improvement opportunity]							
[list the 2nd improvement opportunity]							
[list the 3rd improvement opportunity]							

VBP Deliverable – Action Plan: Risk & Mitigation Strategies

1 **Identify the Risks**

Identify the **two** most likely implementation risks your practice will face and describe why you think you are likely to encounter them.

2 **Describe the Mitigation**

For each risk, provide **at least one** mitigation strategy – a concrete step your practice will take to reduce or manage that risk.

	RISK	MITIGATION STRATEGY
Risk 1	*[Describe the risk and why your practice is likely to face it]*	*[Describe at least one mitigation strategy]*
Risk 2	*[Describe the risk and why your practice is likely to face it]*	*[Describe at least one mitigation strategy]*

GROUP A · TAILORED LEARNING · 10 MINUTES

GROUP A · TAILORED LEARNING · 10 MINUTES

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Demystifying the Gap Analysis

Deliverable Components are Connected	The VapCAT, Gap Analysis, and Action Plan are three connected pieces of work. How did the VaPCAT inform the Gap Analysis? Consider how what you learned about your existing capabilities can help you identify the gaps you will address. Consider how the Action Plan lays out next steps to build capabilities.
Be Specific	For example, when describing your current state, instead of writing “limited data capacity,” describe what data you currently track, how data are used, your QHIO connection, and what’s missing. If data is a capability you will build, describe the specific components you will focus on.
Be Curious	Use Domain Maturity and Priority Ratings as conversation starters about where to focus capability building. The Current State description and Rationale provide important context for what capabilities are important and why addressing some gaps may not be a near-term priority.
You're Not Starting from Zero	Your EPT work on quality measures, stratification, care teams, and data sharing directly connect to the milestone. Look for alignment with your existing work and build from there.

Fireside Chat

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1

When you reviewed your VaPCAT results, what were the clearest gaps or themes that stood out for your practice?

- Did anything surprise you or your team about your existing capabilities/current state?

2

Tell us about your process to translate your VaPCAT results to the gap analysis:

- Who was involved in interpreting VaPCAT results and completing the gap analysis?
- How did you make sure the gap analysis reflected financial, operational, data/analytics, clinical, and leadership perspectives?
- Were there differing perspectives on your current state or practice priorities you needed to reconcile?

3

Of the three capabilities you selected for action, what made each one rise to the top? For example, did you consider criteria like:

- Biggest barriers to success in VBP arrangement
- Alignment with existing practice priorities and/or with current EPT work
- Availability of a partner with capabilities you could leverage
- Short-term feasibility

4

What advice do you have for EPT practices just starting the VaPCAT or gap analysis, especially if they aren't sure of the best process to get input from team members or feel overwhelmed by the number of capabilities they could work on?

GROUP A · PEER LEARNING · 10 MINUTES

GROUP A · GUIDED DISCUSSION · 20 MINUTES

Group A: Discussion Prompts

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Quick intros (5 minutes): Name, organization, one thing from the practice spotlight that resonated.

1	What has kept your practice from starting the VBP milestone or from making the progress you would like to see? Time, capacity, uncertainty about what it asks for, something else?
2	What capabilities are “low hanging fruit”? For example, where can you build infrastructure in the near term that advances VBP readiness and that aligns EPT activities or other strategic initiatives?
3	How can you make your capabilities specific and actionable? Who in the practice needs to weigh in and how will you consider different perspectives?
4	What partner(s) do you have (e.g., IPA, MCP) that you can work with to help augment existing capabilities?
5	What support from PHLC, your MCP, or another partner would help you get started before November?

Share-Out Prep

You'll have 3 minutes to share back with the full cohort. Align on two things:

1

One *aha* from the Fireside Chat

2

One insight from your group discussion the full cohort needs to hear

GROUP A · SHARE-OUT · 5 MINUTES

Group B
Action Plan

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GROUP B · TAILORED LEARNING · 10 MINUTES

VBP Deliverable – Action Plan

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GROUP B · TAILORED LEARNING · 10 MINUTES

VBP Deliverable – Action Plan

Practices identified these 3 capabilities in the Gap Analysis

VBP Action Plan							
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Risk 2	*[Describe the risk and why your practice is likely to face it]*	*[Describe at least one mitigation strategy]*

GROUP B · TAILORED LEARNING · 10 MINUTES

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Making Your Action Plan Practical

Start with meaningful goals & work backward	Consider (1) which capabilities set up your practice for success in a VBP arrangement, (2) what is most meaningful for VBP *and* other care transformation work, and (3) what you hope this investment of effort will result in. Once goals are clear, work backward to identify implementation activities, staffing, leadership engagement, and measures of progress.
Be Specific	Each capability should address a specific improvement related to VBP. For example, "improve data capacity" is not specific and is not connected to VBP. "Create a monthly dashboard to monitor three VBP quality measures" is a clear and actionable goal that's easier to break down into concrete implementation steps. This also connects your work directly to desired improvements in VBP.
Use simple, measurable indicators	Each capability needs one practical progress indicator. It can be process-based, for example "dashboard reviewed monthly by leadership" or "attributed patient roster reconciled quarterly." Indicators can also be performance-based, for example: "75% of care gaps closed for the target population."
You're Not Starting from Zero	Data implementation work, tracking performance on quality measures, care team assessments — these are some EPT domains that overlap with areas for capability building. Look for alignment with your existing work and build from there.

Fireside Chat

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Anchor Question: When you looked at your completed VaPCAT & Gap Analysis, what did you learn about your practice's readiness for VBP that most shaped your Action Plan?

1 Of the capabilities you chose to focus on, which are most critical to improving your preparedness for VBP?

2 How did you translate those priority capabilities into concrete Action Plan elements (e.g., major activities, key decisions, structural changes and progress indicators)?

- What team members were involved in the discussions?
- What different perspectives arose?

3 How did you make sure the Action Plan was realistic for your practice's current capacity?

4 How does your Action Plan align with other care transformation work your practice is already doing, such as addressing care gaps, improving data sharing, and addressing social and behavioral health needs?

GROUP B · PEER LEARNING · 10 MINUTES

GROUP B · GUIDED DISCUSSION · 20 MINUTES

Group B: Discussion Prompts

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Quick intros (5 minutes): Name, organization, one thing from the practice spotlight that resonated.

1	What has the milestone work surfaced as your biggest challenge so far?
2	Looking at your VaPCAT results and Gap Analysis, which capability is emerging as a likely priority for your practice? How would strengthening this capability help your practice be more successful with VBP?
3	Looking at the Action Plan template, what feels doable for your practice and what feels harder? Where do you need more support?
4	What are some implementation challenges you expect to encounter? How can you design your Action Plan to address these challenges?
5	What is a critical decision your practice would need to make before moving forward? Who needs to be involved in the discussion and what information is needed to take action?

Share-Out Prep

You'll have 3 minutes to share back with the full cohort. Align on two things:

1

One *aha* from the Fireside Chat

2

One insight from your group discussion the full cohort needs to hear

GROUP B · SHARE-OUT · 5 MINUTES

Group C
Looking Ahead

EPT Value-Based Payment (VBP) Milestone Overview

Milestone Description

Conduct assessment of VBP capabilities, identify gaps, and develop an action plan to improve readiness for VBP contracting.

Milestone Components

1	Complete a 36-item assessment to understand VBP core capabilities: leadership, operations, data, financial, and partnerships
2	Use the results to identify gaps
3	Based on gap analysis, identify a plan for improvement

Note: *The milestone* ***does not require*** *EPT practices to enter into a new VBP contract.*

California is Advancing Population Health Management & VBP

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Many state policy and regulatory changes align to support improved population health management (PHM)

Primary Care Spend

Office of Health Care Affordability set benchmarks for primary care spending:

1. Allocate of 15% of total medical expenses to primary care for all payers by 2034.
2. Increase primary care spending as a share of total medical expense by 0.5% to 1% per year starting in 2024.

*public reporting starts 2026

Value-Based Contracts

Office of Health Care Affordability set benchmarks for the proportion of value-based contracts* plans to have in place starting 2026 -> 2034:

- Commercial HMO: 65% -> 95%
- Commercial PPO: 25% ->60%
- Medi-Cal: 55% ->75%
- Medicare Advantage: 55% ->95%

*HCP-LAN categories 3 & 4

Quality

Dept. Health Care Services Medi-Cal Quality and Withhold Incentive program in 2024. Withholds up to 1% capitation rate in 2026.

Covered CA Quality Transformation Initiative in 2023. MCPs must pay up to 2.8% of premiums for low quality in 2026.

Data Sharing

Dept. of Health Care Access and Information implements the Data Exchange Framework (DxF). Most healthcare orgs are required by law to sign the statewide Data Sharing Agreement by 2023 and exchange data by 2023.

Medi-Cal Connect launches to aggregate health information for MCPs in 2025. Includes member level record, dashboards, risk tiering tool.

EPT Lessons Learned

Informing VBP and Primary Care Investment

Small independent practices need support such as shared services to have robust team-based care models (e.g., shared CHW or social worker)

Small independent practices need adaptive, flexible TA that reflects the realities of delivering care in small settings (e.g., limited time and staffing for collaboratives)

Need for a sustainable funding stream to support initial and ongoing investment in primary care

High quality, coordinated TA support paired with predictable revenue, ongoing incentives, and infrastructure investment is critical to drive and sustain change

Actionable data remains a major challenge, particularly for small independent practices and clinics

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VBP Models Being Explored

- Builds on a foundation of **enhanced primary care investment**
- Includes a **population health payment** to support proactive, team-based care
- Creates a pathway toward accountability for **quality, equity, and total cost of care**
- Provides opportunities for **shared savings and, over time, greater levels of risk**
- Includes optional **enhanced service payments** (e.g., behavioral health integration, MAT, eConsults)
- Supported by shared infrastructure and implementation support to help practices succeed

These draft concepts emerged from a statewide stakeholder process convened with DHCS and are intended to inform discussion. They are not final recommendations or endorsed models.

California's VBP Approach

- California is making progress on designing and implementing Medi-Cal VBP models.
- Models are in development, They focus initially on increased investment in primary care and layer on Shared Savings and Shared Risk for practices and organizations that are ready.
- Participation is voluntary and will begin with regional implementations.
- The model will provide support to participating practices to be successful with implementing new capabilities.

Advanced Primary Care (Base Model)

- Base payment: PPS or primary care capitation
- PHM payment: Activities not otherwise compensated that transform care delivery (e.g., care coordination, care planning, QHIO connection, etc.)
- Add-on payments: For behavioral health integration, MAT, eConsult, etc.
- Quality incentives

Shared Savings or Shared Risk

- Advanced Primary Care (Base Model)

AND

- Shared savings based on total cost of care (TCOC) and quality & equity

OR

- Shared risk based on total cost of care (TCOC) and quality & equity

These draft concepts emerged from a statewide stakeholder process convened with DHCS and are intended to inform discussion. They are not final recommendations or endorsed models.

Fireside Chat

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1	What types of VBP contracts are you currently participating in (e.g., shared savings, shared risk, ACO arrangements)?
2	What made your organization feel like it needed to start moving toward VBP, what would have happened if you didn't, and how did you get leaders and staff on board?
3	In what ways does VBP shift organizations from focusing on volume to creating value and improving outcomes, and what culture shifts, capabilities, infrastructure, and skill sets are needed to support that transformation?
4	Looking ahead, what partnerships will become most critical for organizations to succeed in VBP, and why?

GROUP C · FIRESIDE CHAT · 10 MINUTES

GROUP C · GUIDED DISCUSSION · 20 MINUTES

Group C: Discussion Prompts

Quick intros (5 minutes): Name, organization, one thing from the practice spotlight that resonated.

1	What challenges do you anticipate in advancing your VBP action plan?
2	Where do you have the biggest gaps today (e.g., reconciling patient attribution/assignment lists, data sharing, care management approach, coding, dashboards, risk stratification)? How is this addressed in your Action Plan?
3	What VBP arrangements are you currently participating in and what performance expectations matter most in those arrangements?
4	What VBP arrangements are realistic for your practice in the next 12–18 months?
5	What would you need from partners (e.g., health plans, ACO-enablement orgs, IPAs, clinical partners) to perform better under VBP?

Share-Out Prep

You'll have 3 minutes to share back with the full cohort. Align on two things:

1

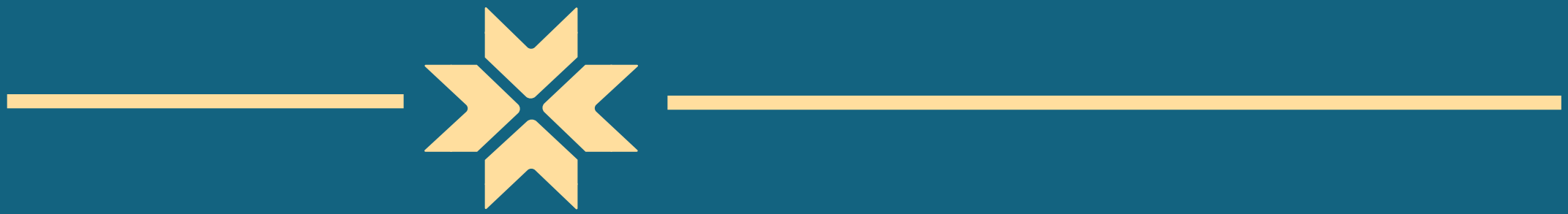
One *aha* from the Fireside Chat

2

One insight from your group discussion the full cohort needs to hear

GROUP C · SHARE-OUT · 5 MINUTES

Large Harvest



SHARE OUT

One share-out from each group — so the whole room hears all three perspectives

EACH GROUP WILL SHARE

1. One *aha* from the fireside chat
2. One insight from your group discussion the full cohort needs to hear

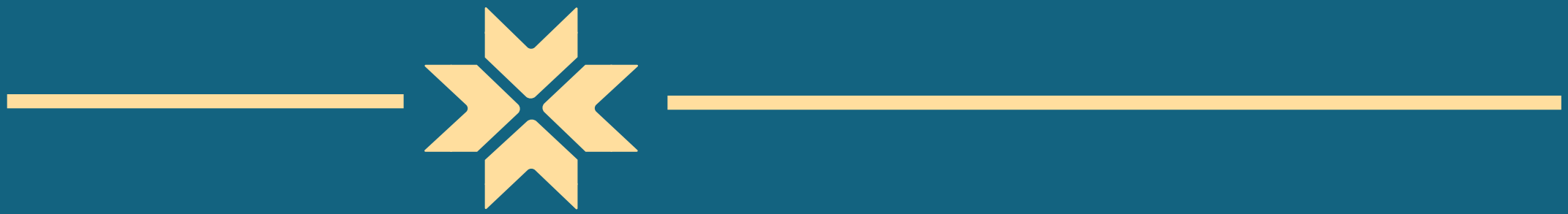
IF WE CALL ON YOU

Share your group's one *aha* from the practice spotlight and the one insight your group wants the full cohort to hear. Keep it to a minute or two — no need to be polished.

WHEN YOU'RE LISTENING

Every group is at a different stage — listen for what's already true for your practice and what's just around the corner.

Close & Next Steps



CHAT ACTIVITY

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Drop in the chat:

What's one thing you learned today that you'll take back and apply in your organization?

NO WRONG ANSWERS. NO ONE'S COLLECTING THIS FORMALLY.

This is for you – a moment to name something concrete before you leave.

Evaluation

Please fill out the evaluation - choose June 11 as the date.

If you would like CECs, you will need to click "Yes" on Question 9 and fill out the appropriate information.

The link will be posted in the chat and shared in the follow up email.

GROUP C · SHARE-OUT · 5 MINUTES

BEFORE YOU GO · 2 MINUTES

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Key reminders and where to find what you need

1

Follow Up Email and Newsletter

Resource sharing, information updates, and more to be able to move forward in EPT.

2

KPI and PhmCAT Submissions

If your organization has been contacted to complete your KPI submissions and/or PhmCAT, please submit before the due date!

3

Submission Cycle Timeline

Use this session's materials to strengthen your submission when you either receive feedback by June 5th or submit next cycle.

4

Reach out to us!

The Learning Center is here to help!
If you have any questions, you can email us at info@pophealthlc.org