

# VBP/VBC Capability – Policy/Advocacy

## DESCRIPTION

---

The Policy and Advocacy domain addresses the health center’s ability to track and understand how local, state and national policies can impact, positively or negatively, its VBP and VBC efforts. This domain also addresses the HC’s participation in advocacy efforts that influence local, state and national policies that impact VBP and VBC.

## RATING YOUR HC LOW, MEDIUM, OR HIGH

---

Attributes of HCs that are rated low, medium, or high.

This question can assess both the HC’s understanding of VBP/VBC policy as well as their advocacy efforts (made revisions to question from NACHC VTF 2.0 Assessment).

1. HC participation in shaping a VBP policy-focused landscape
  - a. Low - Health center leaders, staff and advocates participate in monthly LPCA Advocacy Branch Committee Meeting Committee(s)
  - b. Medium - Health center leaders are aware of the importance of policy and the changing policy landscape (e.g., payment reform, integrated delivery models) and how they relate to quality and value-driven care.
  - c. High - Health center leaders participate in the LPCA Policy and Legislative Committee monthly meetings and engage with local, state, and national, policy committees or groups in collaboration with LPCA Policy and Legislative Committee.
    - Health center has a written policy strategy that reflects coordination with local, state, and national efforts. Strategies include beginning engagement in successful VBC arrangements and include messaging that HC should not be penalized by any new federal or state policy. HC has prioritized health equity, including elimination of health disparities as well as a culture of equity in all health centers.
    - Health center leaders have a written business case outlining the value of health centers focused on a population health approach that rewards value, not volume.
    - The HC is focused on their service area(s), including clinical care and services to address the non-clinical drivers of health, social drivers of health and facilitates team-based care that leverages all types of providers proven to deliver effective services.
    - Health center has achieved “Gold” status in NACHC’s Advocacy Center of Excellence Program. Health center’s policy and advocacy message reinforces health center value by demonstrating performance in Quintuple Aim goals.

If you are interested in your HC taking a more comprehensive VBP assessment, below are some options:

- Delta Center’s MAHP 2.0 Assessment Tool <https://deltacenter.jsi.com/resources/road-ahead-model-advancing-high-performance-primary-care-and-behavioral-health-under>
- NACHC Payment Reform Readiness Assessment Tool <https://www.nachc.org/resource/payment-reform-readiness-assessment-tool/>

## RESOURCES FOR CHCs TO IMPROVE THIS CAPABILITY

---

### LPCA, HCCN and/or LPCACO programs/support

- LPCA is addressing PPS payment disparities with LDH and the Governor.
- LPCA is the lead organization on Medicaid Redetermination and Unwind in Louisiana.
- LPCA is developing and implementing a longer-term strategy to address FQHC Medicaid rates.
- LPCA will collaborate with CHCs to develop an APM to align FQHC Medicaid payment with VBP.
- LPCA will hold payment reform forums inclusive of legislative action opportunity focus.
- LPCA is influencing telehealth payment post-PHE.
- LPCA will advance post-COVID VBP priorities in its policy platform.
- LPCA will advocate for payment for non-billable members of the VBC provider team (e.g., peer support specialists).
- LPCA is discussing state and local VBP/VBC environments at conferences and LPCA's Payment Reform Work Group and Board meetings.
- LPCA is meeting with the State to determine and influence their VBP goals.
- LPCA will meet with legislators, the hospital association, and rural health association to determine and influence their VBP goals.
- LPCA holds an Annual Legislative Day in Baton Rouge and facilitates meetings with Congressional Representatives and Senators in DC and Louisiana.
- LPCA supports state and federal legislative visits at health centers during National Health Center week and other times during the year.
- LPCA provides grassroots advocacy training for members.
- LPCA develops an annual list of Policy Priorities which influences and guides the Legislative and Policy goals and objectives for each year.

### Other partners that can help CHCs improve this capability.

- National Association of Community Health Centers (NACHC)
- Health Center Advocacy Network (NACHC)

### Links to resources for this capability.

- Getting involved in advocacy through LPCA: <https://lpca.net/policy-advocacy/overview>
- Getting involved in the national Health Center Advocacy Network: <https://www.hcadvocacy.org>
- National advocacy tools: <https://www.hcadvocacy.org/advocacy-tools/>
- How to become a NACHC Advocacy Center of Excellence: <https://www.hcadvocacy.org/advocacy-center-of-excellence-ace-program/>
- Advocacy vs. lobbying: <https://www.preventcoalition.org/wp-content/uploads/Advocacy-vs-Lobbying-1-28-14-final.pdf>
- Grassroots advocacy: [https://www.gih.org/files/usrdoc/Grassroots\\_Advocacy\\_Sunflower\\_Foundation\\_November\\_2010.pdf](https://www.gih.org/files/usrdoc/Grassroots_Advocacy_Sunflower_Foundation_November_2010.pdf)
- Grassroots vs. grasstops advocacy: <https://www.quorum.us/blog/grassroots-vs-grasstops/>