

2018 LAN SUMMIT: THEMES AND TAKEAWAYS

ABOUT THE LAN SUMMIT

The 2018 Health Care Payment Learning & Action Network (LAN) Summit focused on the theme of “**Partnering for the Future.**” It brought together stakeholders from across the health care system to collaborate on innovative strategies to more rapidly advance adoption of promising Alternative Payment Models (APMs). The Summit was organized around three topical areas:

1 *Addressing Clinician Challenges in APMs*

Explored the clinical community’s perspectives on opportunities and challenges in operationalizing APMs. Topics and sessions focused on the pain points of achieving transformation, identification of gap areas for infrastructure and other supports, and near-term and long-term solutions.

2 *Integrating Patient and Consumer Perspectives Into APMs*

Created a forum for dialogue and collaboration between patient and consumer advocates and those who design and implement APMs. Sessions focused on strategies and promising practices for putting consumers at the center of the APM adoption process, aligning APM efforts with the reality of patient health care disparities, and identifying nonclinical factors that affect access to care and outcomes.

3 *Accelerating Adoption of Successful APMs*

Highlighted innovative alternative payment models, operationalized across various health care settings, by health plans and payers in the commercial and public sectors as well as emerging models in which stakeholders, such as pharmaceutical companies and device manufacturers, are engaging in risk-based partnerships with payers and providers. Sessions focused on sharing promising practices, strategies, and lessons learned in their journeys to move payment from traditional fee-for-service to value-based payment.

SUMMIT AGENDA

The Summit agenda addressed a broad array of topics, including :

- ✓ Transformation of clinical practices from a fee-for-service model to alternative payment
- ✓ Strategies for achieving success in downside-risk APMs
- ✓ Management of health equity and health disparities via payment reform
- ✓ Safety net care in the age of APMs
- ✓ Quality measurement and the evolution of APMs
- ✓ Specialty care and post-acute care approaches to value payment
- ✓ Integration of clinical and behavioral health care; payment models that address opioid overuse
- ✓ Purchaser-led innovations in APMs

SUMMIT HIGHLIGHTS

Throughout the Summit, ideas flowed around how providers and payers could work together to improve the acceleration toward alternative payment.

Highlights included the following:

Sharing of Promising Practices to Scale APM Adoption

Identify early adopters and ask them to lead the way. Create avenues to support early adopters in going door to door, practice to practice, and person to person to share promising practices and address pain points and challenges.

Ingredients for APM Adoption

Elements critical to APM adoption include culture change in the provider community (including leadership that is actively committed to change and taking on accountability); significant investment in IT, data infrastructure, and staff time; and patient engagement in the process.

Ingredients for APM Adoption

Market and geography both have a significant influence on whether APM adoption (categories 3 or 4) is successful. This can be traced to—among other factors—variation in provider experience with working within a value-based care system as well as variation in access to transportation and other supports.

Measurement of Quality and Performance

Quality and performance measures are important to supporting APMs, but they need to be operationalized in a flexible environment that allows providers to balance reporting requirements with doing what is best for the patient and with an eye toward resources. One example would be offering providers the flexibility to go six months between A1c tests if a patient with diabetes is exhibiting positive health status, rather than expending resources on a test every three months, as a payer may require.

Adaptation of Workflows

Providers seeking—or struggling—to make the leap from fee-for-service to alternative payment are often challenged by how to transform their practices and workflows to meet quality and cost targets, while still providing high-value care for patients. A concept that was discussed at the Summit was for providers to ask the simple question of “what is driving us crazy/making it difficult for us to provide the highest quality care to our patients?” and subsequently to identify workflow changes that can solve those challenges. Clinicians can make an enormous difference in workflow, cost, quality, and outcomes by intervening with just a small percentage of their patient population.

Interventions for High-Risk Patients

One set of tactics revolved around clinicians identifying their highest-risk/highest-cost patients and providing them with longer visits and/or ability to schedule multiple consecutive visits to ensure continuity of care; after-hours care plans, designed together with the patient and family caregivers; and intensive medication reconciliation.

Data Sharing and Infrastructure

Infrastructure that supports interoperability and more efficient workflows is critical. Summit participants spoke to the need for well-designed patient portals that allow patients to take on a more active role in providing their data as well as the need for EMRs that include the members of each patient’s care team and automate the processes of sharing patient information with the relevant care team members whenever appropriate. Final note: move away from EMRs that charge clinicians to extract patient data!

The Summit program addressed a wide array of challenges, and in response, Summit speakers and audience members contributed ideas and approaches that are being used to address these challenges...

GENERAL

Challenges:

- How do we strike the balance between making incremental change and taking a big leap that will drive measurable results?
- How can providers adapt during this transition period when “their feet are in two canoes” (i.e., FFS and APMs), which creates significant discomfort and concern?

DATA

Challenges:

- Providers are being bombarded by data, but the data are often not in a format or at a time that is useful to their effort to improve care delivery for patients.
- It is difficult to draw conclusions from available data.
- Payers are overreliant on claims data, which typically are provided at such a time lag that remedies are not actionable.



Approaches for Consideration:

- Payers should give providers timely and actionable data
- Payers and providers should improve infrastructure to support efficient and meaningful interoperability
- Payers should provide clinicians with visual data that allows for more rapid action

SOCIAL DETERMINANTS OF HEALTH

Challenges:

- In addition to the lack of access to clinical care, the field needs to recognize that having access to clinical care is not enough by itself. Lack of transportation, child care, home-based services and supports, and other wrap-around care that is needed outside of a clinical setting (and/or is critical to accessing clinical care) is an enormous challenge.
- Care strategies must reflect patients’ cultural preferences, which requires a strong commitment by providers to understanding cultural differences and building trust with their patient population.



Approaches for Consideration:

- Academic institutions: Integrate timely information about payment reform in medical school curricula.
- Payers: Create models that are financially meaningful to the provider.
- Providers:
 - Cocreate goals with patients
 - Demonstrate knowledge of the target population
 - Create one care team per patient that includes all those who are involved in care and administrative support
 - Empower front-line office staff to be part of the patient’s care team to identify pain points from all perspectives



QUALITY MEASUREMENT

Challenges:

- How can quality measurement keep pace with changes in patient demographics (a rapidly aging and multimorbidity population)?
- How can quality measurement requirements adjust to reflect patient outcomes (e.g., reducing the frequency of A1c testing for patients who are experiencing positive health outcomes)?



Approaches for Consideration:

- Payers: Align around quality measures and reporting to reduce the time and resources needed to meet reporting requirements.

Approaches for Consideration:

- Payers:
 - Use predictive tools to identify vulnerable members of the community
 - Glean data and create intervention plans
 - Focus on subpopulation analysis
 - Payers and providers: Explore community resources or wrap-around services that address issues.
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It is impossible to capture all of the content and nuance from the full day’s program. For more content from the Summit, please check out slides and other materials developed for the Summit at www.lansummit.org

ABOUT THE LAN

Launched in 2015, the Health Care Payment Learning & Action Network (LAN) was created to bring together partners in the private, public, and nonprofit sectors to transform the nation's health system to emphasize high-quality, efficient, and affordable care via APMs. Since its inception, decision-makers from these stakeholder groups have worked together through the LAN to align efforts, capture best practices, disseminate information, and apply lessons learned. The shift from fee for service to paying for quality and value via APMs is aimed at creating a system that pays providers and hospitals for quality care, rather than quantity, while at the same time improving health and health outcomes and lowering costs.

The goals of the LAN include:

- Linking 50% of all healthcare payment in the U.S. to quality and value through APMs by 2018
- Increasing alignment by payers across the public and private sectors in the areas of data collection and quality measurement to reduce provider burden in APM implementation
- Diffusing cutting-edge knowledge and promising practices on operationalizing APMs to accelerate the design, testing, and implementation of APMs

