

*Aligning for Action*

# LAN SUMMIT

Health Care Payment Learning & Action Network

## Primary Care Payment Model (PCPM) Recommendations

# Welcome



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# PCPM Panelists



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Chief Medical Officer  
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# PCPM Multi-Stakeholder Work Group

The LAN received over 130 nominations from highly qualified experts to serve on this work group



## Work Group members:

- Drawn from across the nation
- Represent diverse clinical backgrounds and a wide range of experiences
- Serve many populations
- Work in a variety of settings (i.e., size, location & structure)

# Our Goal

Goals for U.S. Health Care

2016

30%

In 2016, at least 30% of U.S. health care payments are linked to quality and value through APMs.

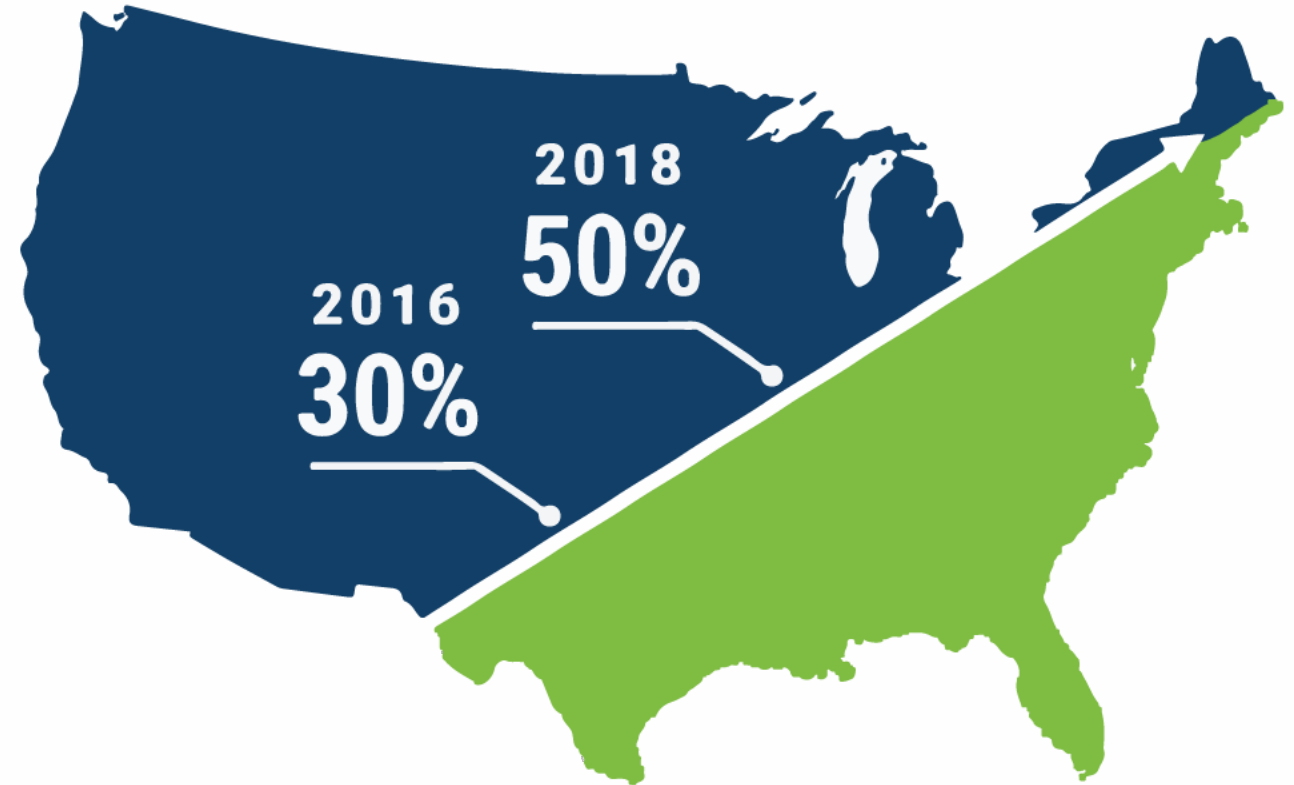
2018

50%

In 2018, at least 50% of U.S. health care payments are so linked.

These payment reforms are expected to demonstrate *better outcomes* and *smarter spending* for patients.

Adoption of Alternative Payment Models (APMs)



*Better Care, Smarter Spending, Healthier People*

# PCPM Work Group Charge

In support of achieving the LAN's goal of 50% adoption of APMs across the U.S. by 2018, the Work Group will:

- Drive consensus on the best way to pay for primary care services using category 3 or 4 APMs
- Make practical recommendations for accelerating primary care APM adoption
- Encourage implementation of primary care payment models

**Principle 1: PCPMs will support the effective delivery of high-value primary care for all patients.**

**Recommendation 1:** PCPMs will be team-based, population-focused, and patient-centered.

**Recommendation 2:** PCPMs will take into account patient case mix.

**Principle 2: PCPMs will enable primary care to focus on work that benefits patients.**

**Recommendation 3:** Prospective population-based payment (PBP) that is risk-adjusted will constitute the dominant payment in PCPMs.

**Recommendation 4:** PCPMs will be multi-payer and participating practices should mainly serve patients in PCPMs.

**Recommendation 5:** PBP will be in excess of historical primary care payments to support additional expectations.

**Recommendation 6:** PBP will incentivize infrastructure investments.

**Recommendation 7:** Fee-for-service will continue to play a limited role in PCPMs.

**Principle 3: PCPMs will encourage collaboration with other health care professionals.**

**Recommendation 8:** Continued participation in PCPMs will be contingent on the ability of care teams to coordinate care.

**Recommendation 9:** Financial incentives in PCPMs will be transparent to all health care stakeholders.

**Principle 4: Performance measurement in PCPMs will promote excellent clinical and patient experience outcomes that reflect patient goals and support partnership with health care professionals.**

**Recommendation 10:** Performance measurement in PCPMs will be designed to eliminate unintended consequences.

**Recommendation 11:** Performance measurement in PCPMs will use aligned sets of comprehensive measures.



**Principle 5: PCPMs will support integration with behavioral health and linkages to community services.**

**Recommendation 12:** PCPMs will hold care teams responsible for behavioral health management.

**Recommendation 13:** PCPMs will allow flexibility for establishing linkages to community services.

**Principle 6: PCPMs will support efforts to make caregivers and patients partners in health care delivery.**

**Recommendation 14:** PCPMs will ensure that patient goals are reflected in care plans.

**Recommendation 15:** PCPMs will ensure that patient input is reflected in payment and delivery system planning and oversight.

## Principle 7: Payers and primary care teams will collaborate to ensure the success of PCPMs.

**Recommendation 16:** Continued participation in PCPMs will be contingent on adequate performance.

**Recommendation 17:** PCPMs will foster data sharing and interpretation.

**Recommendation 18:** Primary care teams will receive the technical assistance they need to succeed in PCPMs.

**Recommendation 19:** PCPMs will not be expected to deliver a return on investment in the short term.



## Stacy Sanders

Federal Policy Director

*Medicare Rights Center*