



Health Care Payment Learning & Action Network

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# Welcome!

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## We're glad to have you here!

# Goals

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

30%

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

50%

These payment reforms are expected to demonstrate **better outcomes** and **lower costs** for patients.

# Alternative Payment Model Framework & Progress Tracking Work Group

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## Leadership

**Sam Nussbaum, MD** Executive Vice President, Clinical Health Policy and Chief Medical Officer at Anthem, Inc. Work Group Chair

## Charge of the APM FTP Work Group

The group's charge is to propose an approach for measuring APM adoption across the U.S. health care system that includes clarity on what should be measured as well as a set of categories (Framework) that enable meaningful reporting.

# Newly Formed: Population Based Payment Work Group

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## Leadership



**Dana Gelb Safran, ScD**  
Senior Vice President for  
Performance Measurement  
and Improvement at Blue  
Cross Blue Shield of  
Massachusetts



**Glenn D. Steele Jr., MD,  
PhD** Chairman of xG  
Health Solutions, an  
independently operated  
venture launched by  
Geisinger Health System

## Charge of the PBP Work Group

The group will identify the most important elements of population-based payment models for which alignment across public and private payers could accelerate the adoption of these models nationally. The emphasis will be on identification of best practices. The focus is on data sharing, financial benchmarking, quality measurements and patient attribution.

# Newly Formed: Clinical Episode Payment (CEP) Work Group

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## Leadership

**Lewis G. Sandy, MD**  
Senior Vice President,  
Clinical Advancement,  
UnitedHealth Group

*Proposed Areas of Focus include:* Joint  
Replacement, Oncology and Maternity.

## Charge of the CEP Work Group

The group will identify the most important elements of clinical episode payment models for which alignment across public and private payers could accelerate the adoption of these models nationally. The emphasis will be on identification of best practices to provide guidance to organizations implementing clinical episode payment models.

# Affiliated Communities

The screenshot shows a Handshake community page. At the top, there is a navigation bar with the Handshake logo, 'My Connections' (Everybody), 'My Groups' (All Groups), and a search box. The main header identifies the community as 'Health Care Payment Learning and Action Network > Alternative Payment Model (APM) Framework and Progress Tracking Affiliated Community'. Below this is the community title 'Alternative Payment Model (APM) Framework and Progress Tracking Affiliated Community' with an 'Edit group' button. A description states: 'This subgroup is for LAN participants who are especially interested in the topic of APM Framework and Progress Tracking. This affiliated community will serve as an expanded category of experts and will be invited by the work group to provide input and feedback as the work progresses.' There are tags for 'work group, framework, progress tracking, payment reform, healthcare, affiliated community' and a note that the group type is 'Affiliation or Network - created Jul 23, 2015 - last action yesterday'. The page is divided into three main sections: Discussion, Activity, and Group blog. The Discussion section contains two posts by Jamel Morris: 'Work Group Meeting Agenda Oct. 5' (Oct 6, 2015) and 'APM FPT Work Group Requests Your Input' (Sep 24, 2015). The Activity section shows two recent actions by Jamel Morris: uploading a file 'Meeting Summary for August 27 Work Group Meeting' (yesterday) and adding a new discussion topic 'Work Group Meeting Agenda Oct. 5' (Oct 6, 2015). The right sidebar contains a search box, a group description, a note that it 'has non-MITRE members' and is an 'open group', and a list of group features like Activity, Discussion, Files, Group blog, Group calendar, and Pages. At the bottom of the sidebar, it identifies the 'Group owner' with an 'Edit' button.

# Morning Agenda

[www.lansummit.org](http://www.lansummit.org)

SESSION 1	9:00 AM – 10:00 AM	Presentation of the Alternative Payment Models (APM) Framework	<ul style="list-style-type: none"> <li>Sam R. Nussbaum – Anthem</li> <li>Shari Erickson – ACP</li> <li>James Guest</li> <li>Paul Harkaway – Trinity Health</li> <li>Rahul Rajkumar – CMS</li> </ul>	Grand Ballroom
	10:00 AM – 10:15 AM	<b>Break</b>		
SESSION 2	10:15 AM – 11:30 PM	2A: How Bundles Can Improve Quality of Care for Joint Replacements <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Tom Buckingham* – Select Medical</li> <li>Amy Bassano – CMS</li> <li>Kevin Bozic – U. of TX-Austin</li> <li>Carlos Figueroa-Rueda – Cleveland Clinic</li> </ul>	Salon I
		2B: Health Plans Build on a Foundation of Value-Based Care <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Patrick Courneya* – Kaiser Permanente</li> <li>Julie Panek – Blue Shield of CA</li> <li>Scott Sarraf – HCSC</li> </ul>	Salon II
		2C: Population-Based Payment Approaches <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Elizabeth Mitchell* - NRHI</li> <li>Robert McConville – Intermountain</li> <li>David Muhlestein – Leavitt Partners</li> <li>Kerry Snyder – Populytics</li> <li>Allison Yudit – Populytics</li> </ul>	Salon V
		2D: Building a Patient-Centered Health System <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Alan Balch* – PAF</li> <li>Shelley Fuld Nasso – NCCS</li> <li>Lauren Murray – NPWF</li> <li>Sara van Geertruyden – PIPC</li> </ul>	Salon VI
		2E: Leadership Listening Session <i>Listening Session</i>	<ul style="list-style-type: none"> <li>Karen DeSalvo – HHS</li> <li>Frank Opelka – ACS</li> <li>Meena Seshamani – HHS</li> <li>Mark Smith – Co-Chair</li> </ul>	Lee
		2F: Health Care Transformation Task Force: A Collaborative Approach to Delivery System Transformation <i>Presentation</i>	<ul style="list-style-type: none"> <li>Richard Gilfillan – HCTTF</li> <li>Charles Kennedy – Aetna</li> <li>William Kramer – PBGH</li> <li>Debra Ness – NPWF</li> <li>Stephen Rosenthal – The Care Management Company, LLC</li> </ul>	Madison
		2G: Health Care is Local: State Perspectives on APMs <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Michael Hales* –Utah Dept. of Health</li> <li>Marc Berg – KPMG</li> <li>William Golden – Arkansas</li> <li>Jason Helgeson – NY Medicaid</li> <li>Karly Schledwitz – TennCare</li> </ul>	Grand Ballroom
	11:30 PM – 12:00 PM	<b>Break to Grab Lunch</b>		



# Afternoon Agenda

[www.lansummit.org](http://www.lansummit.org)

	1:00 PM – 1:30 PM	Keynote Address	<ul style="list-style-type: none"> <li>Andy Slavitt – CMS</li> </ul>	Grand Ballroom
	1:30 PM – 1:45 PM	<b>Break</b>		
SESSION 4	1:45 PM – 3:00 PM	4A: APMs in Rural/Safety Net Populations <i>Presentation</i>	<ul style="list-style-type: none"> <li>Paul Moore* – HRSA</li> <li>Lynn Barr – NRACO</li> <li>Jason Fournier – WSCHS</li> <li>Jonathan Watson – MNACHC</li> </ul>	Salon I
		4B: Employers: Making Health a Priority <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Angelo Singpoli* – GHS</li> <li>John O'Brien – OPM</li> <li>Brynn Rubinstein – PBGC</li> </ul>	Salon II
		4C: A Comprehensive Look at Colorado's Transformation Efforts <i>Presentation</i>	<ul style="list-style-type: none"> <li>Reid Blackwelder* – AAFP</li> <li>Karen Gallegos – Wellpoint</li> <li>Patrick Gordon – RMHP</li> <li>Jean Haynes – UC Health</li> <li>Ben Miller – Univ. of Colorado</li> <li>Vatsala Pathy – State of Col.</li> <li>Michael Pramenko – FPWC</li> </ul>	Salon V
		4D: Perspectives on Specialty Bundled Payment <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Kavita Patel* – Brookings Institution</li> <li>Charles Accurso – DHC</li> <li>Francois de Brantes – HCI3</li> </ul>	Salon VI
		4E: Leadership Listening Session <i>Listening Session</i>	<ul style="list-style-type: none"> <li>Darren DeWalt – CMS</li> <li>Mark McClellan – Co-Chair</li> <li>Debra Ness – NPWF</li> </ul>	Lee
		4F: Payment Primer <i>Presentation</i>	<ul style="list-style-type: none"> <li>Von Nguyen – CMS</li> </ul>	Jefferson
		4G: LAN and MACRA: Understanding the Connection <i>Panel Discussion</i>	<ul style="list-style-type: none"> <li>Patrick Conway* – CMS</li> <li>Kate Goodrich – CMS</li> <li>Mai Pham – CMS</li> </ul>	Grand Ballroom
		3:00 PM – 3:10 PM	<b>Transition to Ballroom</b>	
3:10 PM – 3:25 PM	<b>Final Remarks</b>	<ul style="list-style-type: none"> <li>Patrick Conway – CMS</li> </ul>	Grand Ballroom	
3:25 PM – 4:00 PM	<b>Closing</b>	<ul style="list-style-type: none"> <li>Mark McClellan – Co-chair</li> <li>Mark Smith – Co-chair</li> </ul>	Grand Ballroom	

## Your Feedback is Important

### Feedback

Overall: <http://surveymonkey.com/r/summit2015overall>

Sessions: <http://surveymonkey.com/r/summit2015session>





## Proposed Alternative Payment Models Framework

October 26, 2015

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# Introductions

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## Chair



**Sam Nussbaum, MD**  
Executive Vice President,  
Clinical Health Policy and  
Chief Medical Officer at  
Anthem, Inc.  
Work Group Chair

## Work Group Members & Panelists



**Shari M. Erickson**  
Vice President,  
Governmental and  
Regulatory Affairs  
for the American  
College of  
Physicians (ACP).



**Jim Guest**  
Former President  
and CEO of  
Consumers  
Reports



**Paul Harkaway, MD**  
Senior Vice  
President, Clinical  
Integration &  
Accountable Care  
Trinity Health, Inc.



**Rahul Rajkumar,  
MD, JD**  
Deputy Director at  
Center for  
Medicare and  
Medicaid  
Innovation

# Purpose of Today's Session

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- Review the LAN Work Group's work to date, including a proposed framework for categorizing Alternative Payment Models (APMs)
- Gain your feedback on the following:
  - Overall White Paper and proposed framework
  - Descriptions associated with each category
  - Boundaries that differentiate one category from another
- Understanding where your work fits into the framework
  - Please provide additional case studies to illustrate and test each category in the framework

# Alternative Payment Models Framework and Progress Tracking (APM FPT) Work Group Overview

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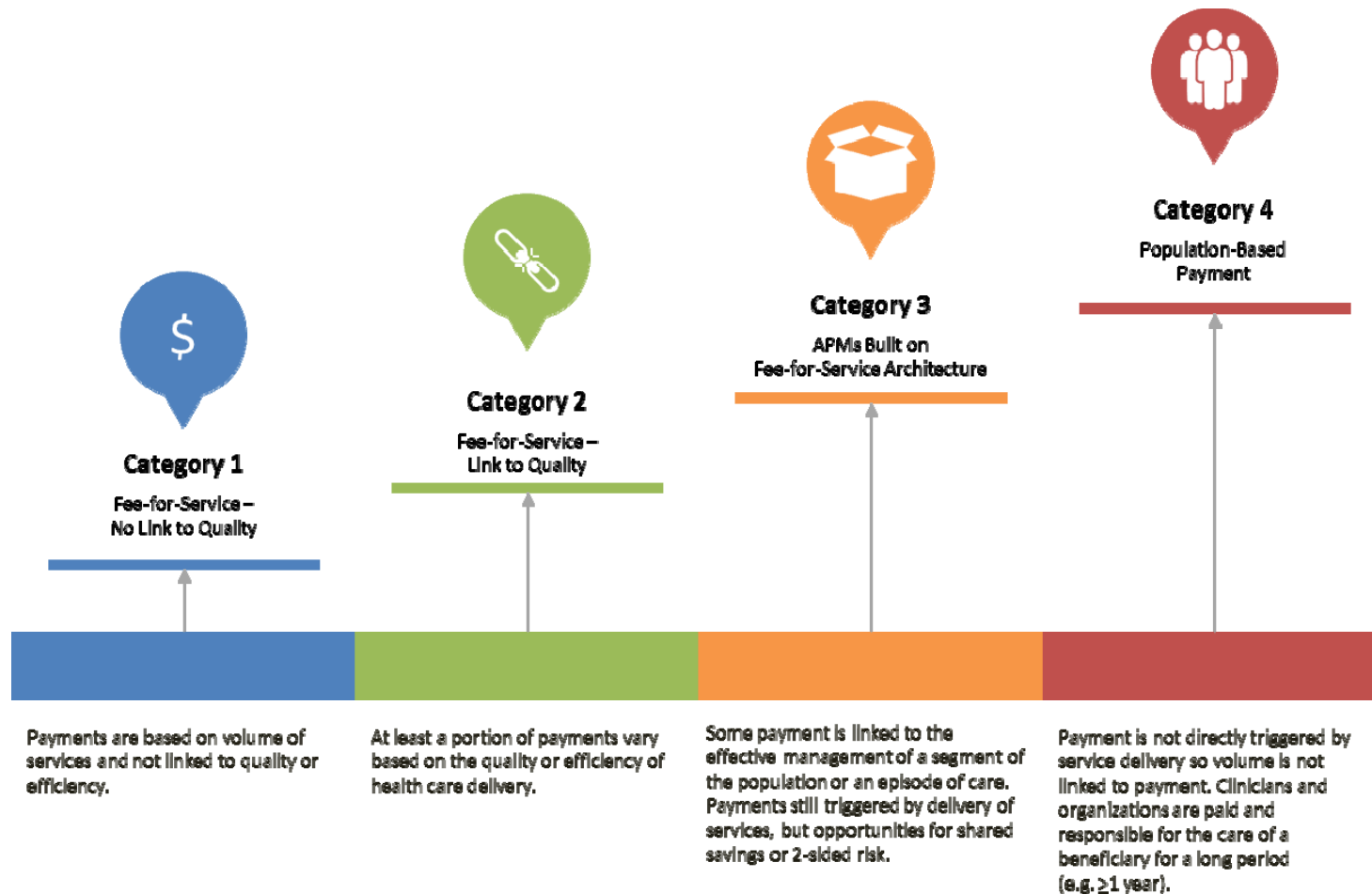
## Charge of the APM FPT Work Group

The Work Group will propose an approach for measuring APM adoption across the U.S. health care system that includes clarity on what should be measured as well as a set of categories (Framework) that enable meaningful reporting.

## APM FPT Work Group Outcomes

- ✓ Framework for Categorizing Payment Models
- ✓ Approach for Measuring Adoption of Alternative Payment Models

# CMS Payment Framework



Rajkumar R, Conway PH, Tavenner M. [CMS: Engaging multiple payers in payment reform](#). JAMA. 2014 May 21; 311(19):1967-8.

For Public Release

# Key Principles for the Draft APM Framework

## Principle One

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*The Work Group recognizes that changing the financial reward to providers is only one way to stimulate and sustain innovative approaches to the delivery of patient-centered care. In the future, the Work Group believes it will be important to monitor progress in initiatives that empower patients (via meaningful performance metrics, financial incentives, and other means) to seek care from high-value providers and become active participants in clinical and shared decision-making.*



# Key Principles for the Draft APM Framework

## Principle Two

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*As delivery systems evolve, the goal is to drive a shift towards shared-risk and population-based payment models, in order to incentivize delivery system reforms that improve the quality and efficiency of patient-centered care.*

# Key Principles for the Draft APM Framework

## Principle Three

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*To the greatest extent possible, value-based incentives should reach providers who directly deliver care.*

# Key Principles for the Draft APM Framework

## Principle Four

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*Payment models that do not take quality and value into account will be classified in the appropriate category with a designation that distinguishes them as a payment model that is not value-based. They will not be considered APMs for the purposes of tracking progress towards payment reform.*

# Key Principles for the Draft APM Framework

## Principle Five

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*In order to reach our goals for health care reform, the intensity of value-based incentives should be high enough to influence provider behaviors and it should increase over time. However, this intensity should not be a determining factor for classifying APMs in the Framework. Intensity will be included when reporting progress toward goals.*

# Key Principles for the Draft APM Framework

## Principle Six

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*When health plans adopt hybrid payment reforms that incorporate multiple APMs, the payment reform as a whole will be classified according to the more dominant APM. This will avoid double counting payments through APMs.*

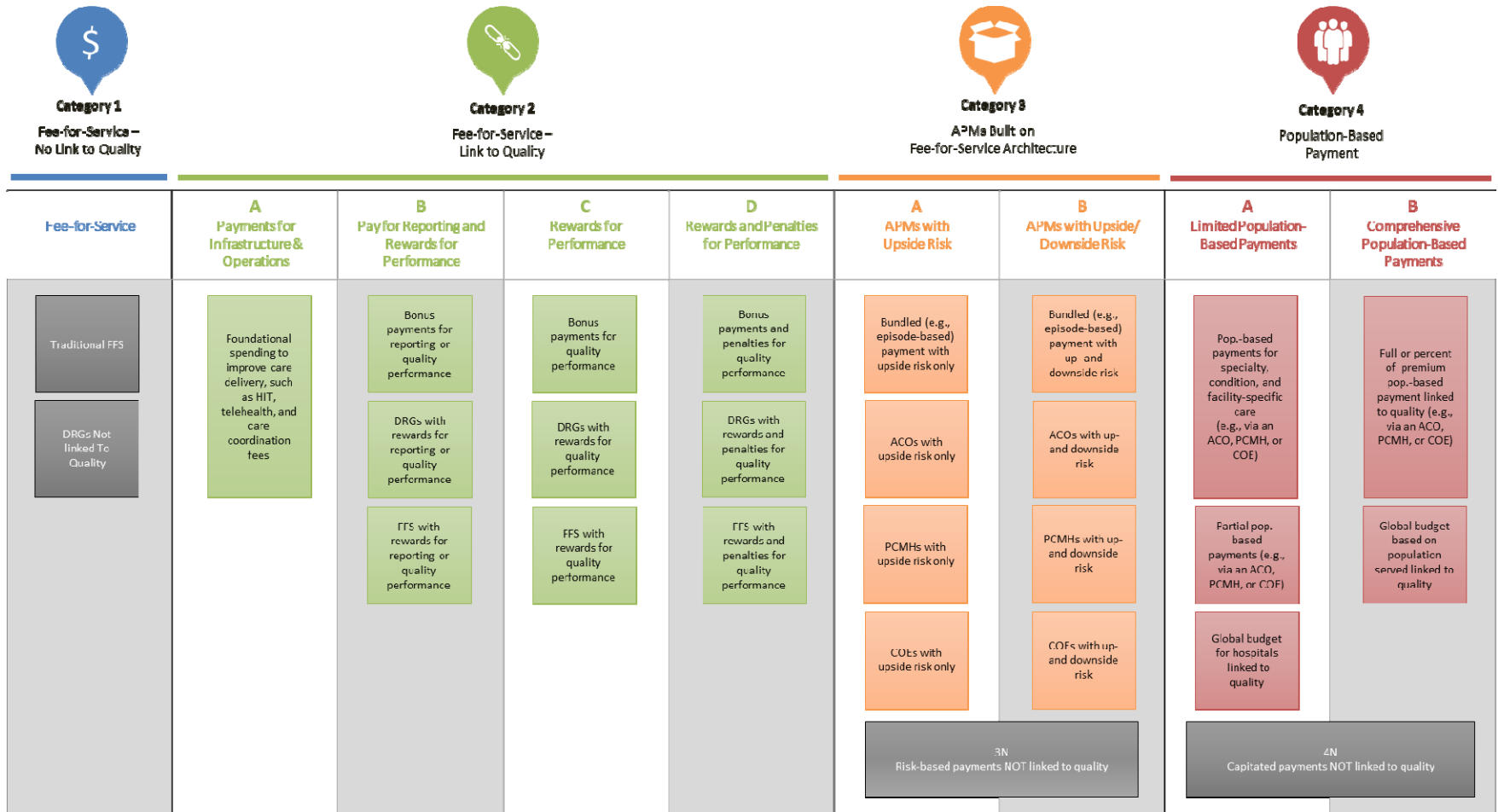
# Key Principles for the Draft APM Framework

## Principle Seven

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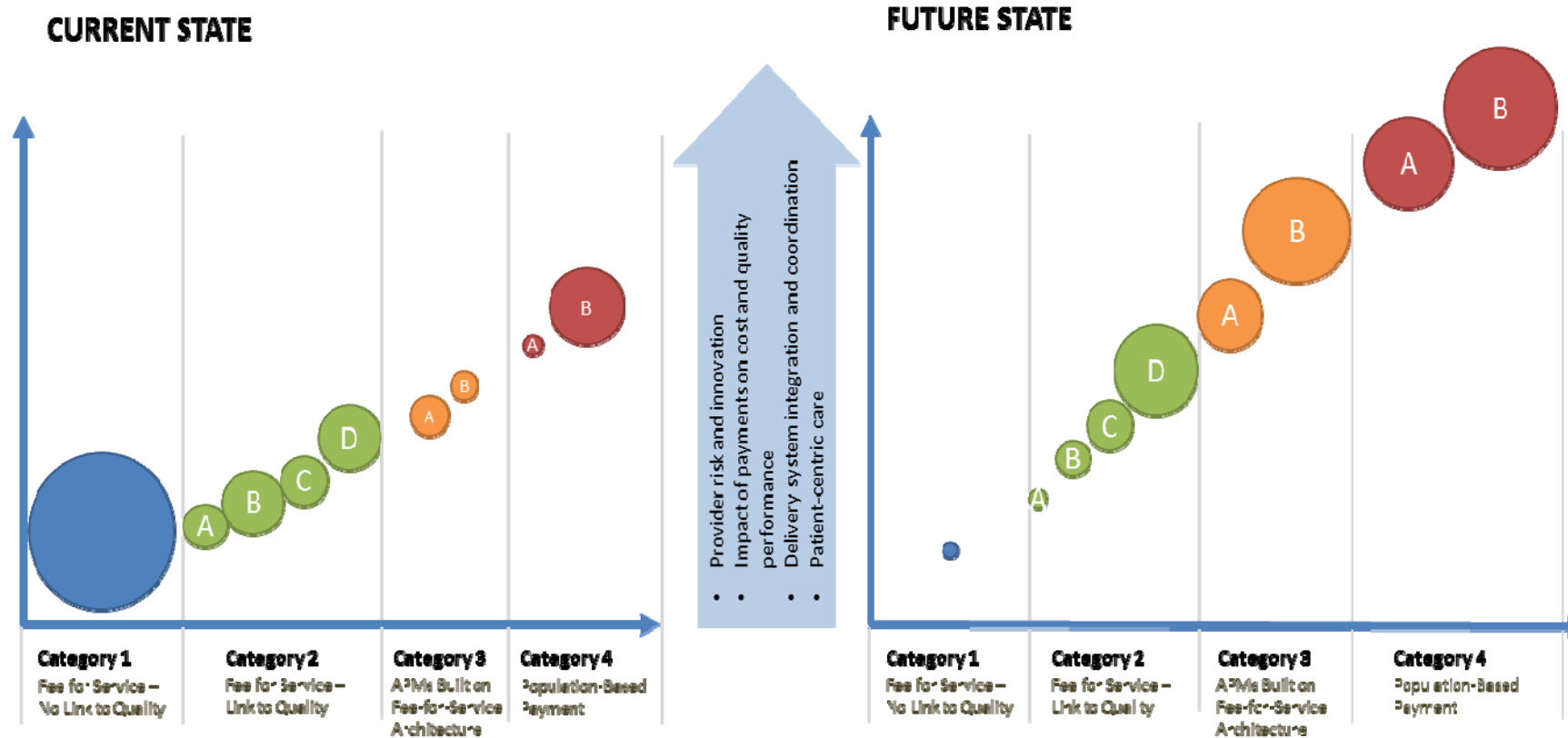
*Centers of Excellence, Patient-Centered Medical Homes, and Accountable Care Organizations are delivery models, not payment models. These delivery system models enable APMs and, in many instances, have achieved successes in advancing quality, but they should not be viewed as synonymous with a specific APM. Accordingly, they appear in multiple locations in the framework, depending on the underlying payment model that supports them.*

# Draft APM Framework



**N** = example payment models will not count toward APM goal. **N** = payment models in Categories 3 and 4 that do not have a link to quality and will not count toward the APM goal.

# Pathway to Patient-Centered Care





# Panel Discussion

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## Facilitator



**Sam Nussbaum, MD**  
Executive Vice President,  
Clinical Health Policy and  
Chief Medical Officer at  
Anthem, Inc.  
Work Group Chair

## Panelists



**Shari M. Erickson**  
Vice President,  
Governmental and  
Regulatory Affairs  
for the American  
College of  
Physicians (ACP).



**Jim Guest**  
Former President  
and CEO of  
Consumers  
Reports



**Paul Harkaway, MD**  
Senior Vice  
President, Clinical  
Integration &  
Accountable Care  
Trinity Health, Inc.



**Rahul Rajkumar,  
MD, JD**  
Deputy Director at  
Center for  
Medicare and  
Medicaid  
Innovation

# Q&A

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## How You Can Provide Input and Feedback

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- **The APM FPT Work Group will be collecting feedback through November 20**
- **Submit your comments at [HCP-LAN.org](http://HCP-LAN.org)**
- **Other opportunities to provide feedback include:**
  - via the LAN Learnings [webinar](#) Tuesday, November 10th
  - online through a discussion forum on [Handshake](#)
  - by email directly to [PaymentNetwork@MITRE.org](mailto:PaymentNetwork@MITRE.org)