



Accelerating to Value

LAN SUMMIT

Health Care Payment Learning & Action Network

**Supporting the Triple Aim: Stakeholder Perspectives on
Population-Based Payments Models**

April 25, 2016

1:35pm-2:30pm

WELCOME & OBJECTIVES

- Provide an overview of the LAN's Population-Based Payment (PBP) Work Group's objectives and progress, specifically highlighting the four foundational areas of population-based payment models.
- Discuss PBP model from the perspectives of a health plan, public payer, large purchaser, and consumer/patients.
- Offer an opportunity for audience questions and facilitated discussion

AGENDA

Time (ET)	Topic & Speaker
1:35-1:40 pm	Welcome <ul style="list-style-type: none">• Objectives• Introduction to Panelists
1:40-1:50 pm	PBP Work Group Overview - Dana Gelb Safran
1:50-2:15 pm	Panel Presentations - Mai Pham, David Lansky and Ann Hwang
2:15-2:30 pm	Facilitated Discussion

PBP MODEL PANELISTS



Dana Gelb Safran,
ScD

Work Group co-chair
PBP Work Group

Chief Performance
Measurement &
Improvement Officer and
Senior Vice President,
Enterprise Analytics

*Blue Cross Blue Shield of
Massachusetts*



Mai Pham, MD

Member
PBP Work Group

Chief Innovation Officer
*Center for Medicare &
Medicaid Innovation*



Ann Hwang, MD

Director

Center for Consumer
Engagement in Health
Innovation

Community Catalyst



David Lansky, PhD

Member

Guiding Committee

Chief Executive Officer

*Pacific Business Group
on Health*

PBP Work Group

Population-Based Payment (PBP)

16 Members



Chairs



Dana Gelb Safran

Senior Vice President, Performance Measurement and Improvements, Blue Cross Blue Shield of Massachusetts



Glenn Steele, Jr.

Chairman, xG Health System



This group is identifying the most important elements of population-based payment models for which alignment across public and private payers could accelerate their adoption nationally, with a focus on data sharing, financial benchmarking, quality measurements, and patient attribution.

Key Activities

- ✓ Establishing patient attribution and financial benchmarking standards
- ✓ Developing performance measurement guidelines
- ✓ Identifying data sharing requirements

PBP MEMBERS

Member Roster



Dana Gelb Safran, ScD

Chief Performance Measurement & Improvement Officer and Senior Vice President, Enterprise Analytics, Blue Cross Blue Shield of Massachusetts



Glenn Steele, Jr., MD, PhD

Chairman, Geisinger Health System

Andrew Baskin, MD

National Medical Director Clinical Professor of Health Care Policy, Aetna

Michael Chernew, PhD

Leonard D. Schaeffer Professor of Health Care Policy, Harvard Medical School

Pamela French

Vice President, Compensation and Benefits, The Boeing Company

Gretchen Hammer

Director, Medicaid for Colorado

Steve Hamman, MBA

Senior Vice President, Provider Engagement and Enterprise Network Solutions, Health Care Service Corporation

Amy Nguyen Howell, MD, MBA

Chief Medical Officer, CAPG

Kathleen Kinslow, CRNA, EdD, MBA

President and Chief Executive Officer, Aria Health System

Sanne Magnan, MD, PhD

President and Chief Executive Officer, Institute for Clinical Systems Improvement

Elizabeth Mitchell

President and CEO, Network for Regional Healthcare Improvement

David Muhlestein, PhD, JD

Senior Director of Research and Development, Leavitt Partners, LLC

Hoangmai Pham, MD, MPH

Chief Innovation Officer, Center for Medicare & Medicaid Innovation

Thomas Raskauskas, MD, MMM, CHCQM

Consultant, Population Health and Practice Transformation, Former President and CEO of St. Vincent's Health Partners

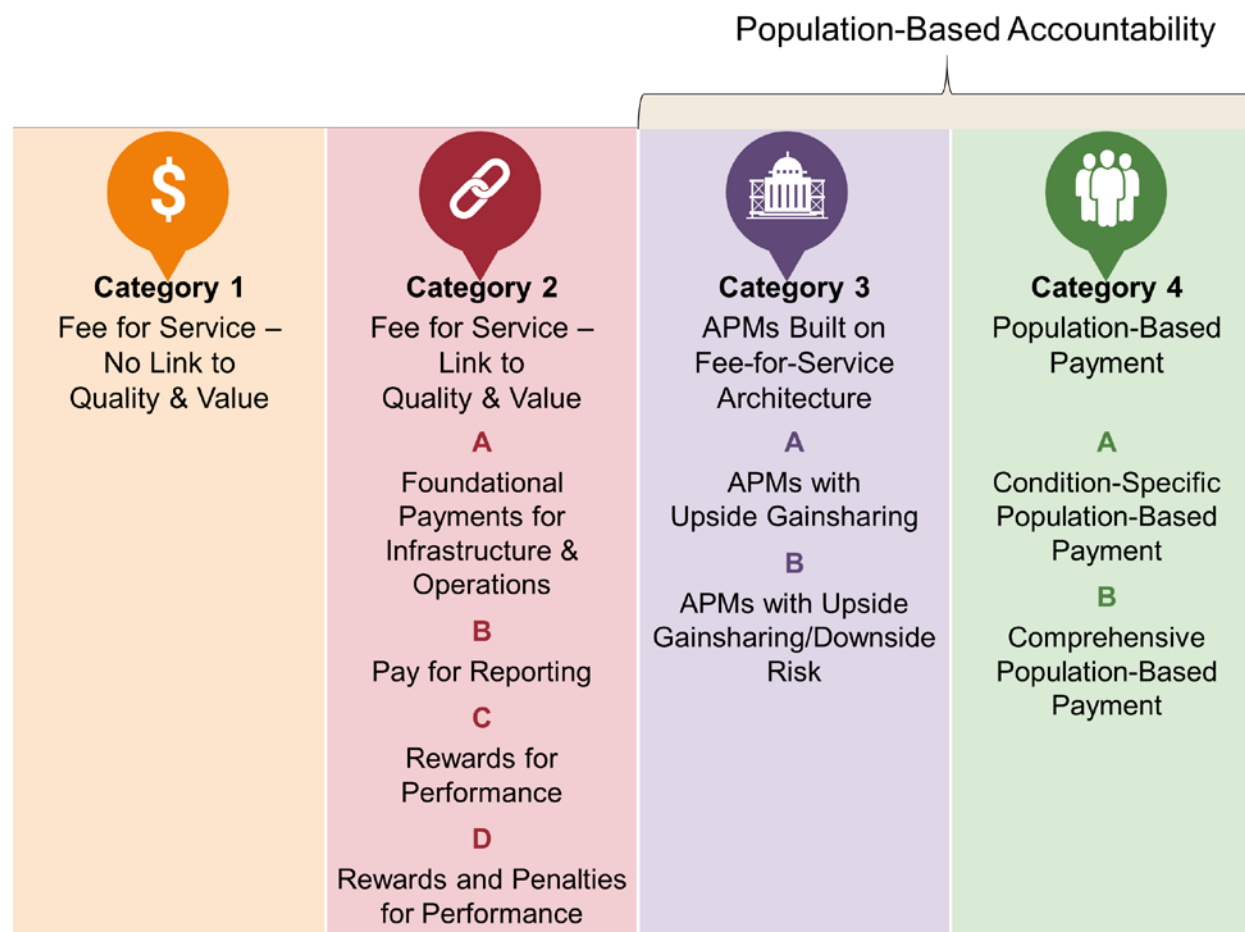
Andrew Sperling, JD

Director of Federal Legislative Advocacy, National Alliance on Mental Illness

Jeff White, MBA/MS

Director, Health Care Strategy and Policy, The Boeing Company

APM FRAMEWORK



- The LAN's Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group was successful in developing a Framework for categorizing APMs.
- Within the APM framework, population-based-payment models fall into categories some of 3 and 4.

PBP WORK GROUP PRIORITY AREAS

Patient Attribution	Patient attribution identifies the patient-provider relationship and forms the basis for performance measurement reporting and payment in a PBP model.
Financial Benchmarking	Financial benchmarks are set to help providers and payers to manage resources, plan investments in delivery support infrastructure, and identify inefficiencies.
Data Sharing	Data sharing refers to the exchange of information among payers, providers, purchasers and patients to successfully manage total cost of care, quality and outcomes for a patient population.
Performance Measurement	Performance measurement is foundational to success of PBP models to advance better outcomes for patients and populations. PBP models require a measurement system to monitor performance and reward outcomes.

PURCHASER EXPERIENCE WITH PBP

- Context: PBGH members' experience
- Purchaser reactions to:
 - APM Framework
 - Financial benchmarking
 - Patient attribution
 - Data sharing
 - Performance measurement

LARGE PURCHASER THINKING ABOUT PBP MODELS

- Few ACOs can deliver on cost and quality today.
- Purchasers' role is to raise the bar, and simplify the performance requirements.
- Keep the focus on these principles:
 - ACOs must be transparent.
 - ACOs must be outcomes-focused.
 - ACOs must be patient-centered.
 - ACOs must pay providers for quality, not quantity.
 - ACOs must address affordability and contain costs.
 - ACOs must support a competitive marketplace.
 - ACOs must demonstrate meaningful use of health information technology.
- To get desired results will require intense collaboration, leadership, and perseverance.
- Commit to multi-year transition to global payment and provider full risk for a population.

ASSESSING ACO VALUE (1 OF 2)

Process Reviews in the Field

- **Patient identification:** how does health plan data support patient identification?
- **Incentives:** How are savings shared with participating providers?
- **Data sharing:** Does ACO receive behavioral health and Rx claims data? How is ACO notified of ED use & hospital admissions?
- **Performance measurement:** How does plan support provider feedback and improvement?
- **Feedback loop** between care coordinator, PCP, specialists, and health plan. Are attributed patients easily identified in the EMR?

ASSESSING ACO VALUE (2 OF 2)

Process Reviews in the Field

- **Team make-up:** Use of non-physician clinical team.
- **Patient centeredness:** Do patients opt in? Is there a face-to-face meeting? Are personal goals established? Readiness to change? Motivational interviewing? Shared decision making? Depression screening?
- **Outreach process:** Frequency standards? Communication options?
- **Referral process:** How does ACO select and support referrals to high performing specialists?

PURCHASER EXPERIENCE WITH PBP

Purchaser reactions to:

- APM Framework
- Financial benchmarking
- Patient attribution
- Data sharing
- Performance measurement

LINKING POPULATION-BASED PAYMENT TO CONSUMER-CENTERED CARE



CONSUMER CHECKLIST

Enrollment choices

Broad benefits

Robust networks

Integration

Promotion of home and community
based services

Consumer protection

Consumer direction

Quality

Care coordination

Cultural competence

WHAT CAN I PROVIDE?



WHAT IS NEEDED?



DON'T ASSUME: ASK!

3 levels of engagement

Clinical Setting

- Patients as partners
- Care matched to needs

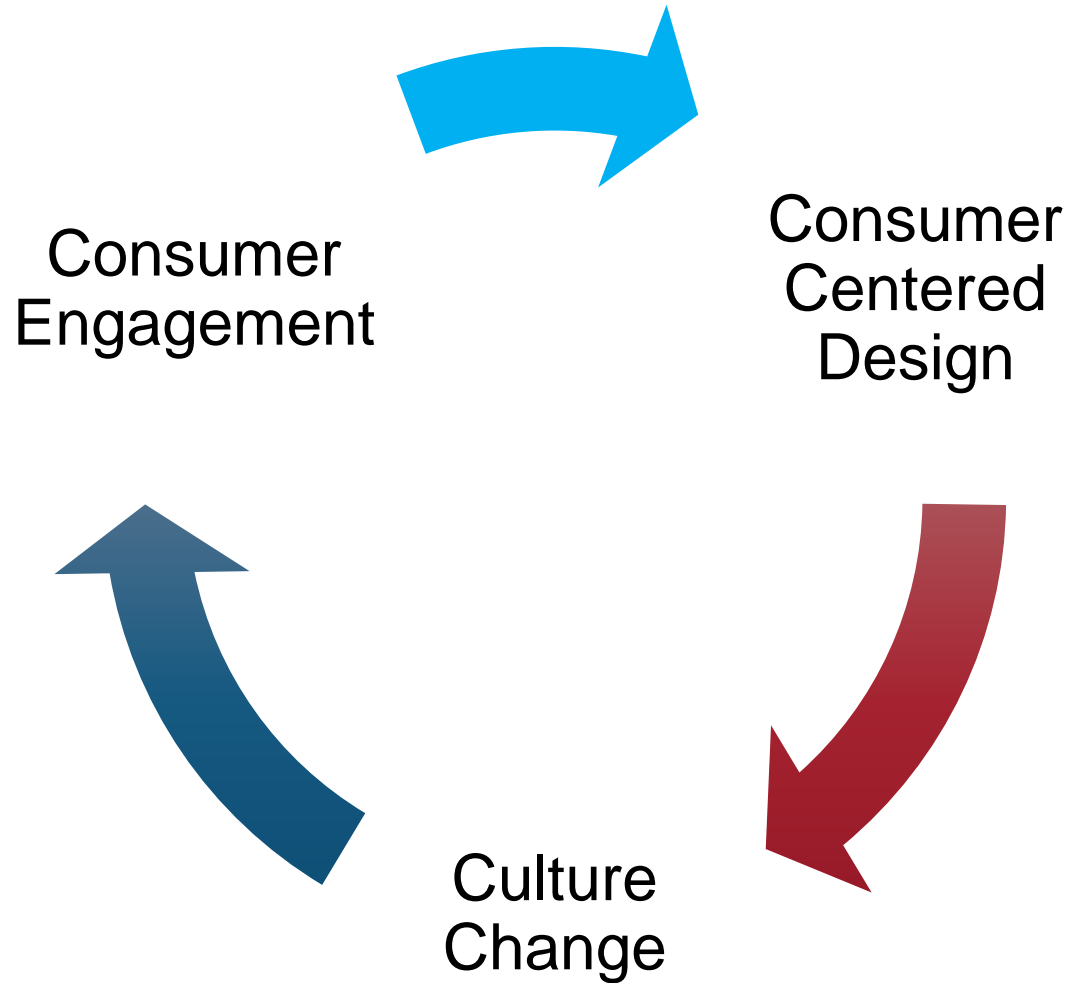
Health Care Organization

- Governing Boards
- Advisory Councils
- Shape design, implementation, evaluation of programs

State/ Federal Policymaking

- Participate in key stakeholder tables
- Shape design, implementation, evaluation of programs

HOW PBP CAN SUPPORT CONSUMER-CENTERED CARE





Facilitated Discussion

SURVEY

We want your feedback!

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We want to hear from you!



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