

HCPPLAN

Health Care Payment Learning & Action Network

Year in Review

November 2022-October 2023



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Year In Review

The Health Care Payment Learning & Action Network (HCPLAN or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate the adoption of alternative payment models (APMs) and accountable care in the U.S. This Year in Review presents the LAN's priorities between November 2022 and October 2023 and demonstrates the LAN's progress towards achieving better health outcomes, health equity, and affordability for patients through payment and delivery system reform.


This year, the LAN Executive Forum continued to guide strategic direction for an expanding network of partners. Three health plans that collectively represent more than 32 million beneficiaries became LAN members, while other health plans deepened their participation by joining additional LAN initiatives. With the launch of the National Health Plan Workgroup and the Person Perspectives Council, the Executive Forum established platforms for fostering alignment on key components of payment reform to achieve affordable, high-quality, person-centered care.

Working toward shared goals, the LAN's strategic initiatives generated a suite of new resources that promote action. The newly launched Accountable Care Action Collaborative rolled out the Accountable Care Curve, a learning tool for organizations across the health care landscape looking to invest and advance in their journey towards accountable care. Additionally, after extensive interviews with community-based organizations (CBOs) and other partners, the LAN's Health Equity Advisory Team released guidance for health care entities on partnering with CBOs, which increases the understanding of the potential for health plan-CBO partnerships to address inequities in health through payment reform.

At the state level, all four of the states participating in the LAN's State Transformation Collaboratives — Arkansas, California, Colorado, and North Carolina — achieved meaningful progress in their efforts to advance accountable care. Notably, the states advanced shared learning and action on social determinants of health data collection and quality measure alignment and published an extensive guide for multi-payer alignment strategies. They also welcomed seven new participants who will further help promote collective action at the national and state levels.

The LAN also took important steps forward in measuring progress. In addition to continuing annual data collection and analysis of the most comprehensive and robust set of APM adoption data available in the U.S., the LAN also introduced a new covered lives metric. This metric allows the LAN to demonstrate shifts in health care payments over time and the impact APM adoption is having on the number of individuals in accountable care arrangements.

With thoughtful reflection on progress and awareness of the momentous challenges ahead, the LAN will continue its journey to actively promote payment and delivery system reform. This Year in Review showcases concrete progress the LAN has made over the past year, and the plans the LAN has for 2023-2024 to test innovative ideas, accelerate the advancement of accountable care, and achieve cross-cutting priorities with its partners.



EXECUTIVE FORUM

The LAN's Executive Forum is comprised of clinical and executive health care leaders and provides strategic guidance and oversight to steer the strategic initiatives towards the LAN's mission: advancing multi-stakeholder payment reforms to enable coordinated health care that achieves better health, equity, and affordability. The Executive Forum provides a leadership-level platform for identifying tools and strategies to prepare clinicians and others for success in delivering high-quality, high-value care that improves patient outcomes and reduces costs across a multi-payer environment.

Executive Forum Co-Chairs:



Dr. Alice Chen
Chief Health Officer
Centene



Dr. Mark McClellan
Director, Duke-Margolis
Center for Health Policy



Dr. Judy Zerzan-Thul
Chief Medical Officer, Washington
State Health Care Authority

Dr. Rhonda Medows served on the Executive Forum before retiring in June 2023. Thank you Dr. Medows for your years of leadership and dedication to the LAN!

Accomplishments

- **Established the National Health Plan Workgroup.** The National Health Plan Workgroup accelerates payment reform at the national and local levels by convening six large national health plans and CMS to foster directional alignment across key components of accountable care, such as an aligned approach to data and infrastructure. The workgroup is focused on advancing discussions on integrating specialty care into value-based care contract arrangements to enable seamless care delivery.
- **Launched the Person Perspectives Council.** The Person Perspectives Council amplifies the perspectives of organizations that represents individuals, patients, and their caregivers to promote whole-person care.

Looking Ahead to 2023-2024

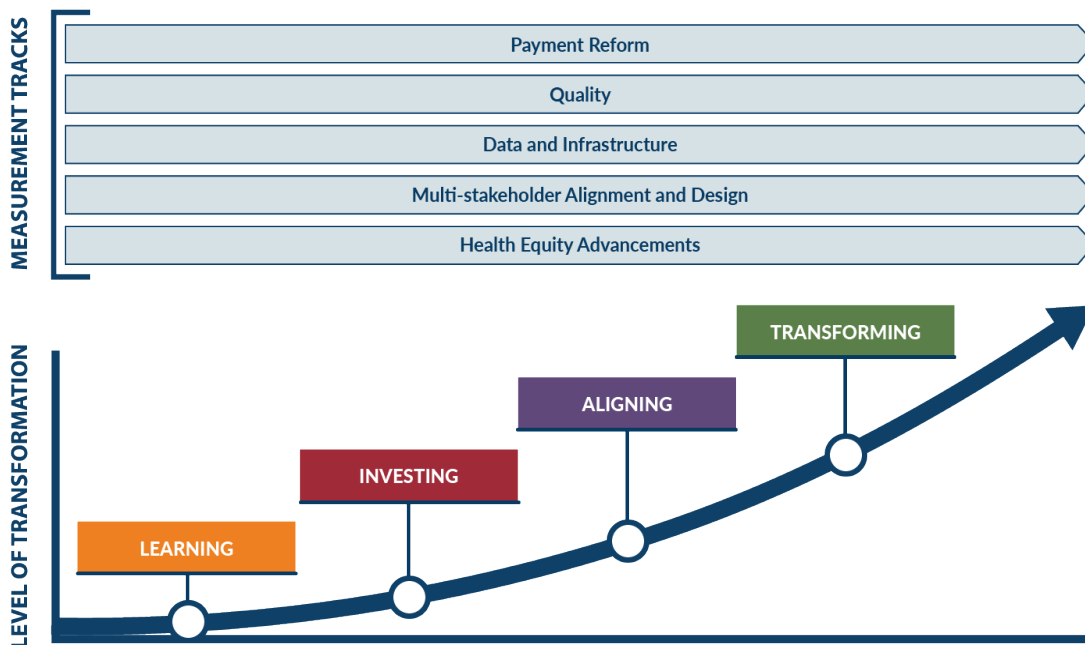
- **Prioritize specialty areas for workgroup project development.** Identify opportunities to align on an approach to specialty care integration in order to advance accountable care, reduce health care system costs, and/or increase value.
- **Finalize strategic planning for the Person Perspectives Council.** Further define the Person Perspectives Council's goals and identify priority projects that can help achieve those goals. Also look for opportunities to expand membership in the council.

ACCOUNTABLE CARE ACTION COLLABORATIVE

The Accountable Care Action Collaborative (ACAC) officially launched in January 2023 with over 30 key partners to catalyze collaboration and alignment across key stakeholder groups and drive industry movement towards increased accountable care. The ACAC serves as a force multiplier for the LAN and is critical to increasing the reach and impact of industry-wide efforts to advance value-based, accountable care.

Accomplishments

- **Launched the ACAC.** The LAN launched the ACAC in January 2023. The collaborative convenes over 30 industry organizations actively working to advance APM adoption and accountable care and extends the reach of the LAN exponentially.
- **Released the [Accountable Care Curve](#).** The Accountable Care Curve serves as a learning tool for organizations across the health care landscape looking to invest in their journey towards accountable care. It includes the resources, articles, and papers that ACAC members used to guide their own transformation towards increased accountable care and can help inform a tailored approach to enhancing stakeholder capabilities for driving accountable care.



Looking Ahead to 2023-2024

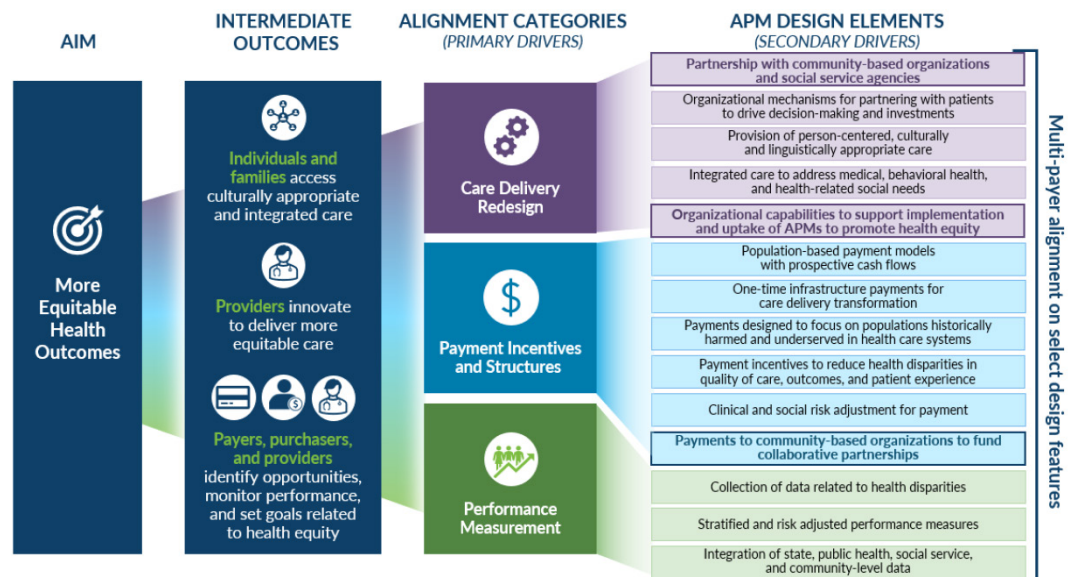
- **Identify, amplify, and accelerate high-value ideas and initiatives.** Increase the reach and impact of industry-wide efforts to advance value-based accountable care by identifying and accelerating promising initiatives, and amplifying key industry messages, materials, and events.

HEALTH EQUITY ADVISORY TEAM

Comprised of a diverse group of regional and national health equity implementers and subject matter experts, the Health Equity Advisory Team (HEAT) is tasked with identifying and prioritizing opportunities to advance health equity through APMs. The HEAT explores crucial topics such as patient experiences, priorities, and perceptions to help inform the LAN's yearly priorities and initiatives and to provide needed resources to the broader payment reform and value-based care community.

Accomplishments

- Conducted research on collaborating with CBOs.** The HEAT conducted semi-structured panel sessions and interviews with 14 CBOs and community care hubs to elevate the voice of the CBOs and better understand their priorities, what has worked well in past partnerships, how they ensure the community voice is represented, and the barriers and strategies for engaging with health plans and APMs.
- Developed guidance for health care entities on partnering with CBOs.** The guidance fills a foundational resource gap and aims to strengthen community partnerships, elevate the lived experience of CBOs in payment reform, and provide actionable APM design elements for payers and CBOs. The guidance specifically focuses on the three bolded elements in the HEAT's [APMs that Advance Health Equity Theory of Change](#).



Looking Ahead to 2023-2024

- Implement the CBO partnership guidance with an emphasis on action.** Amplify the guidance and learnings generated through the HEAT's ongoing work on equity.
- Assess health equity performance standards and quality metrics for accountable care.** Deepen understanding of data challenges specific to health equity in accountable care and explore meaningful measurement opportunities that incorporate a broad range of improved health, societal, and financial outcomes in underserved communities.
- Explore financial barriers.** Identify the financial barriers prohibiting meaningful CBO and health system engagement with the goal of identifying pathways to sustainable financing.

STATE TRANSFORMATION COLLABORATIVES

The State Transformation Collaboratives (STCs) — Arkansas, California, Colorado, and North Carolina — are dedicated to transforming health care in their states by shifting economic drivers away from fee-for-service and toward high-value care. The 13 health plans participating in the STCs — including seven new to the STCs this year — receive additional input from providers, health systems, purchasers, patient advocates, and community organizations. The STCs provide a mechanism to foster and test approaches to multi-payer alignment that have potential for regional or national application, with local priorities at top of mind.

Accomplishments

- **Published the [Multi-Payer Alignment Blueprint](#).** The STCs developed a detailed guide that includes 70+ pages of real-world case studies in multi-payer and multi-stakeholder alignment initiatives that vary in scope and complexity and have examples that can be applied, adapted, and scaled in other geographic areas.
- **Advanced understanding of social determinants of health (SDOH) data in Arkansas.** The Arkansas collaborative supported the cross-state diffusion of best practices for collecting, documenting, using, and reporting SDOH data (e.g. food insecurity, housing, and transportation) by hosting a roundtable on using diagnosis codes to document SDOH to help Arkansas advance towards its goal of building provider reporting programs.
- **Provided guidance on measuring progress towards reducing disparities in California.** The California collaborative helped its STC members define and implement a disparities methodology to stratify measures by race and ethnicity, enabling improved tracking of progress towards equity goals.
- **Facilitated APM parameter alignment in Colorado.** The Colorado collaborative helped the Colorado Division of Insurance align the parameters for all primary care APMs in Colorado across payers, providers, and community organizations by convening 10 engagement sessions with diverse stakeholder participation, culminating in the release of a draft rule in September 2023.
- **Set goals for alignment in North Carolina.** The North Carolina collaborative identified a diverse set of 200 stakeholders to participate in its alignment efforts. It determined the collaborative's focus areas, which include aligning on quality measurement, strengthening coordinated and accountable primary care, enhancing health equity data, and improving data sharing.
- **Added STC partners to impact more lives.** The STCs now include representatives from seven new health plans that joined the collaboratives this year. Their inclusion in STCs alignment conversations promotes collective action at the national and state levels. New members are acknowledged in the LAN Contributors section.



Looking Ahead to 2023-2024

- **Improve quality measure alignment.** Facilitate quality measure alignment at the state and national levels to reduce provider administrative burden and support effective care improvement.
- **Establish data collection standards.** Identify and promote shared data collection standards at the state and national levels, particularly related to health equity-related data.

APM MEASUREMENT EFFORT

Through a rigorous measurement process that uses data collected from AHIP, Blue Cross Blue Shield Association (BCBSA), CMS, and direct health plan and state submissions, the LAN assesses the adoption of APMs over time and the advancement and achievement of accountable care across the U.S. Since its start in 2015, the LAN's measurement work has evolved to incorporate data from health plans that represents more than 80% of covered Americans, and now serves as the most comprehensive snapshot available for measuring progress on payment reform.

Accomplishments

- **Enhanced annual survey to include new Covered Lives metric.** The 2023 survey can now be used to estimate the number of lives covered through accountable care programs to align with the CMS Innovation Center's [Strategy Refresh](#). By focusing on the impact of health care payment and delivery reform on people, this data complements current measurement of APM adoption, which monitors progress in shifting spending towards shared-risk models.
- **Updated 2030 APM goals by line of business.** The LAN updated two-sided risk APM spending goals (categories 3B and 4) across four "lines of business" for health care third-party payment in the U.S. health system: state Medicaid agencies, commercial health plans, Medicare Advantage plans, and Traditional Medicare. Each year, payers voluntarily participate in the LAN's national effort to measure the use of APMs and progress towards these goals.

Our Goal Statement

Accelerate the percentage of U.S. health care payments tied to quality and value across the four lines of business through the adoption of two-sided risk alternative payment models.

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2024	25%	25%	55%	50%
2025	30%	30%	65%	60%
2030	50%	50%	100%	100%

- **Enhanced industry collaboration and increased survey participation.** The LAN continued to strengthen its industry partnerships, including with AHIP and BCBSA, for voluntary participation in the APM Measurement data collection process. Progress this year enabled the LAN to expand representation of the health care market among LAN partners and thus report on a greater percentage of covered lives in APM arrangements.

Looking Ahead to 2023-2024

- **Launch the 2024 APM Measurement Survey.** Continue to hold the health care industry accountable by measuring accountable care and APM adoption.
- **Optimize the APM Measurement Survey.** Assess the need for updates to the APM Measurement Survey and increase representation across all lines of business.

LAN CONTRIBUTORS

Executive Forum

EF Co-Chairs

Dr. Alice Chen
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Centene Corporation

Dr. Mark McClellan
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Dr. Judy Zerzan-Thul
Chief Medical Officer,
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Dr. Rhonda Medows served on the Executive Forum before retiring in June 2023.
Thank you Dr. Medows for your years of leadership and dedication to the LAN!

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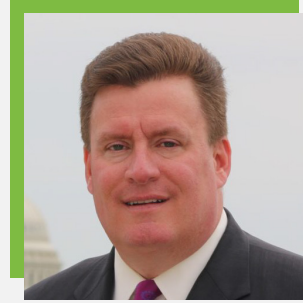
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Health Care Transformation Task Force

ACAC Members

Accountable for Health

Alliance for Community Health Plans

American Academy of Family Physicians

American Academy of Orthopaedic Surgeons

American Heart Association

American Hospital Association

American Medical Association

AHIP

America's Physician Groups

Arnold Ventures

Association for Community Affiliated Plans

Association of State and Territorial Health Officials

Blue Cross Blue Shield Association

Civitas Networks for Health

Commonwealth Fund

Community Catalyst

Families USA

Health Evolution

Health Care Transformation Task Force

Healthcare Leadership Council

National Academy for State Health Policy

National Alliance of Healthcare Purchasers

National Association of ACOs

National Association of Community Health Centers

National Association of Medicaid Directors

National Committee for Quality Assurance

National Council on Mental Wellbeing

National Quality Forum

Partnership to Align Social Care

Premier Inc.

Robert Wood Johnson Foundation

The Leapfrog Group

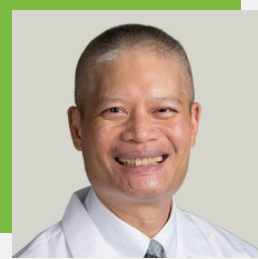
United States of Care

LAN CONTRIBUTORS

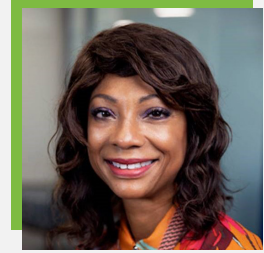
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Deputy Director, Delivery Systems
Innovation Office, Oregon Health
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Medicaid Services

STC Participating States



Arkansas



California



Colorado



North Carolina

STC Participants

Aetna*

Arkansas Blue Cross and Blue Shield

Arkansas Department of Human Services (Arkansas Medicaid)

Arkansas State Health Alliance for Records Exchange (SHARE)*

Blue Shield of California*

California Public Employees' Retirement System (CalPERS)

Centene*

Cigna*

Covered California

Medi-Cal (California Medicaid)

Colorado Department of Health Care Policy and Financing (HCPF)

Colorado Division of Insurance

Elevance*

Humana*

North Carolina Medicaid

United Healthcare*

*Joined November 2022-October 2023

About the LAN

The Health Care Payment Learning & Action Network (HCPLAN or LAN) is an active group of public and private health care leaders dedicated to providing thought leadership, strategic direction, and ongoing support to accelerate our care system's adoption of alternative payment models (APMs). The LAN mobilizes payers, providers, purchasers, patients, product manufacturers, policymakers, and others in a shared mission to lower care costs, improve patient experiences and outcomes, reduce the barriers to APM participation, and promote shared accountability.

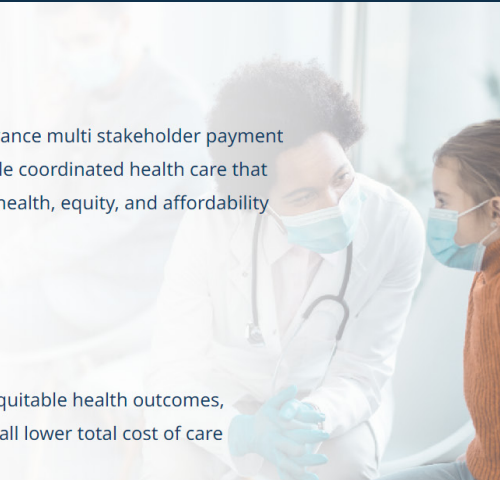
Since 2015, health care stakeholders have relied on the LAN to align them around core APM design components, host forums and summits to share information and inspire action, build consensus among leaders, and measure the progress of APM adoption. The LAN will continue to be a trusted partner that connects the public and private sectors, identifies and shares best practices, and guides the field in rapidly moving to value-based care.

MISSION

The LAN will advance multi stakeholder payment reforms to enable coordinated health care that achieves better health, equity, and affordability

VISION

Improved and equitable health outcomes, resulting in overall lower total cost of care



GOALS



INCREASED ADOPTION:

Greater investment in and adoption of effective accountable care arrangements and increased number of individuals attributed to accountable care relationships across lines of business



EQUITABLE MODELS:

Development and scaling of payment structures and design elements to promote care models that deliver improved and equitable outcomes



MULTI STAKEHOLDER ALIGNMENT:

Scaled adoption of shared APM design elements across stakeholders (including purchasers, payers, providers, and patients)