

EPISODE 9: Accountable Care in Action, featuring Jeff Micklos and Leah Binder

Frank McStay (00:02):

Hello and welcome to Spotlight on Action produced by the Health Care Payment Learning and Action Network, commonly known as LAN. I'm today's host, Frank McStay, assistant research director, for Medicare Transformation and Delivery System implementation at the Duke-Margolis Center for Health Policy. The LAN is committed to transitioning more of the health system away from traditional reimbursement systems that rely on fee-for-service and are not linked to quality, toward accountable care models that are value-based and utilize alternative payment models or APMs. The LAN mobilizes payers, providers, purchasers, patients, product manufacturers, policymakers, and many other stakeholders in the shared mission to lower costs, improve patient experience and outcomes, reduce barriers to APM participation, and promote shared accountability. The Spotlight on Action series features LAN stakeholders and members discussing real-world action and provides an opportunity to highlight LAN members effectuating positive changes in our health system. From leading on APM adoption to addressing systematic changes related to access and quality, LAN stakeholders are actively engaged in improving the health system for everyone.

Frank McStay (01:12):

The focus of this Spotlight on Action episode will be the LAN's newest initiative, the Accountable Care Action Collaborative, or ACAC, whose purpose is to catalyze an accountable care landscape beyond payment reform and increased collaboration and alignment across key stakeholder groups. Today, we're speaking with the ACAC co-chairs Jeff Miklos and Leah Binder. Jeff is the executive director of the Health Care Transformation Task Force, and Leah is president and CEO of the Leapfrog Group. In particular, this episode will examine how the collaborative is driving accountable care and intends to provide tangible outcomes and support action to help LAN stakeholders achieve their own accountable care goals. This conversation will draw on Jeff and Leah's experience and important work and advancing accountable care through their respective organizations. Our hope is that this will inform how organizations can learn from their work and how their work directly impacts beneficiaries, consumers, and patients. Jeff, Leah, great to have you with me today.

Leah Binder (02:10):

Great to be here.

Jeff Micklos (02:11):

Thanks, Frank. Great to be here.

Frank McStay (02:13):

I want to kick off today's call with the same level set we had from the November Summit. Can you tell us about what the ACAC is and how it's different from other LAN initiatives? Leah, maybe I'll start with you.

Leah Binder (02:24):

Well, it has the word action in its title, and I think that is the big difference. Our goal now is to take what we've been learning over the past few years, certainly with the LAN and other initiatives, really across the country, what we've learned about opportunities for payment reform, opportunities for thinking differently about the way the economics of our health care system works to the benefit of its patients. And we've learned a lot, and now it's time to work together to make some action, to really see change. We've seen some change and I want to emphasize some of that is really heartening and really exciting, but let's bring it together now and see it happen, I think at a more dramatic level. And I think that our goal is again, is that focus on action.

Frank McStay (03:15):

And Jeff?

Jeff Micklos (03:16):

Yeah, I think Leah has said it well. I mean, we really are at a point where many health care organizations across the spectrum are doing something in value-based care, and they're at different places and really what the Action Collaborative is about is really to meet those organizations where they are and help them to progress. The LAN has been very effective over its eight years in setting forth the goals of value-based care and educating uninformed participants about what it takes. But we're now in the throes of making it happen, and this group will be different in that way, so it could aid organizations to move forward from wherever they currently sit.

Frank McStay (03:51):

Great. I hear you guys a 100% that this iteration of LAN, especially the ACAC is about action. And so, I'm curious, how is it that we're going to advance and accelerate that action? How is it that we can advance accountable care in our health care system, and how is it that the ACAC is driving action? Jeff maybe let's start with you this time.

Jeff Micklos (04:13):

Sure. As we've kicked off the ACAC here in the early part of 2023, our work is really focused on the Accountable Care Curve. And it's a really good structure for organizations to understand how you get from A to B to C to Z, right? And so, we can look at whether there's the five different measurement tracks of payment reform, quality, data and infrastructure, multi-stakeholder alignment and design, and advancing health equity, and also tracking the capabilities for the organization to progress through the four phases of advancement. So learning, which we've done and are continuing to do, but now we're investing, aligning, and transforming. And it creates a great framework and a great set of capabilities to make sure folks are finding out where they're actually doing good work, where they have some room for improvement, and how they get to the next level.

Frank McStay (05:00):

And Leah?

Leah Binder (05:01):

Yeah, I agree with Jeff, it's been interesting to work thinking through the curve. I think this curve is a really well-designed model for thinking through the vision for where we're headed, which is transformation, the final act on the curve. I think for Leapfrog and for me personally, what's exciting about this is the real central role of quality and equity, which I think of as frankly the same thing. You don't have one without the other, but quality and equity as really this pivotal element of what we're trying to achieve, because there is no good price for bad health care. We need great health care. That's the beginning of true transformation in all forms and including payment. So I think what's really exciting is we're pivoting around quality and equity, and then we're looking at these, I think, extremely exciting and very innovative models for transforming how we pay for that, how we recognize excellence, how we really begin to think about our health care system like any other industry - as one where if you're doing a great job, you get paid for that.

Leah Binder (06:22):

So that's where I'm excited about the possibilities, if we pivot around that excellence that really all Americans want and really deserve.

Frank McStay (06:31):

And I think that's a perfect segue, Leah, into our next question, which is at the end of the day, all that we're doing is for the patient and to help organizations get to that transformational spot. So, if you guys can talk to me a little bit about what is it, how will these organizations and patients benefit from the efforts of the ACAC? Jeff, maybe let's start with you again.

Jeff Micklos (06:53):

Well, I think that there's so much activity that's going on in the space, and we have around 30 members of the Accountable Care Action Collaborative that are all involved in developing resources to either support their organizations or for those that are membership organizations, their membership. And I think it's important that we help raise up and create awareness around the resources that the different organizations have developed that help people move forward. To date, the LAN has really generated some of its own original content to help with learning, but this idea that we now have some of the practical roadmaps from people that are actually supporting this at the ground level, I think will be critically important. And so, our ability to understand the resources, raise up those that we think are most useful to helping move people move forward is something I'm very excited about.

Frank McStay (07:40):

And Leah?

Leah Binder(07:42):

I think we do need to learn from each other, just as Jeff said. I think it's very easy for us to all go about our daily business and our own silos and not realize everything that's going on around us and begin to draw on lessons learned from others and not have to reinvent wheels all the time - to use several different metaphors in one sentence, <laugh>. But I think the idea is that we want to learn from each other and we're going to need to make an effort to do that because it's not sort of natural to always be

looking outside your own daily activities to see how others are doing it. So hopefully we're going to make efforts together with 30 of these amazing organizations and really learn from each other and then hopefully spread that around to everyone

Leah Binder (08:26):

So that we are all able to use these best practices that we learn. I think I will emphasize again, what I think is also very exciting is that we're going to learn from each other on quality and equity and how we keep focus on that because it's very easy, very easy to lose sight of that and to get really caught up in the complexities of the payment schemes that are out there and the payment models and the contracts, which are important, very important. But I think if we all keep our eyes on that prize, on true north, another two metaphors in one, we keep our eyes on true north, which is the wellbeing of the patient, and build from there and look at the different payment models and to what extent do they support this excellence - I think that is what we, I think that's where we will succeed together.

Frank McStay (09:17):

That's well said. And I think bridging two ideas that we keep talking about here, I want to emphasize that the ACAC is really a diverse coalition. That we're trying to meet organizations, you guys are, at where they are at currently because organizations are at different places. And in much like this equity focus you're talking about, Leah, we need to be really mindful about where all organizations are on this, and I appreciate you guys giving voice to that more broadly. To that end, I think it's really important here, as co-chairs, you guys are seen as leaders in industry, in your organizations, and you've been focusing a lot on quality and health equity - which we've talked about today. How do you feel that Leapfrog Group and the Health Care Transformation Task Force work fits into this larger umbrella of what the ACAC is trying to accomplish? And Leah, let's talk with you first.

Leah Binder (10:13):

Well, we at Leapfrog have been focused since 2000, so for 23 years, on quality and safety in particular in hospitals, now also in the ambulatory surgery centers. And we have - that's been our laser focus and we were founded by employers and other purchasers. We continue to be driven by employers and purchasers, although we are also actively involved with consumer advocates now. But employers and purchasers really want to see change in quality and safety. They also want to see payment reform, and Leapfrog has been sort of the arm of purchasers to focus on the quality and safety. But over time, we have seen an evolution among employers, but also in the broader spectrum among providers and among payers, other kinds of payers. We have seen more sophistication and more interest in applying payment to this drive for quality and safety.

Leah Binder (11:16):

And so, it has become increasingly clear that Leapfrog cannot accomplish its work of driving per quality, without also having at least a toe in the water, with the newest and most exciting innovations in payment reform, in accountable care, and finding ways to assure that there is value in the overall economics of our health care system. So that's why for us, it's been being part of ACAC for us is a journey of learning as well because we really want to learn from what the best practices are. I've already learned a lot just from Jeff, just from having the opportunity to work with Jeff and his broad knowledge of accountable care and payment reform, and various perspectives from different stakeholders. And it's been really exciting and we want to learn more, and we want to help to drive that change and bring

purchasers in particular to the table and with specific tools and ways that they can get involved in this transformation.

Frank McStay (12:20):

And Jeff, talk to me about how the Health Care Transformation Task Force work fits into what the ACAC is trying to do.

Jeff Micklos (12:28):

Well, Frank, there's been just tremendous alignment between the Task Force and the LAN for the better part of eight years now. And I will say that, really our only goal in our mission, in our organization, is to advance value-based care through aligned payment models. And so, everything that's in the Accountable Care Curve resonates with the Task Force - it's things that we work on, on a daily basis. I think in the quality realm, in the equity realm, it's really important to watch the evolution and the importance. It's clear that health equity has to be a core principle in everything we do. It's been a guiding principle of the Task Force since our inception in 2014. And over the last few years, it's really been interesting in some work we've been doing under a grant called the Raising the Bar grant, which was funded by the Robert Wood Johnson Foundation and led by the National Alliance of the Social Determinants of Health.

Jeff Micklos (13:21):

And it really took a very broad view about the role that health care organizations and practitioners can play in advancing equity. And it's not just in driving clinical care, it's obviously in clinical care, but it's employing and supporting a diverse workforce. It's partnering with community-based organizations and giving them the power to help promote better health in the communities through addressing social risk factors and social drivers of health. And of course, health organizations usually, especially health systems, they play such a prominent role in their communities and being able to share that power to be able to invest in and align with the goals of both public policy, but also investing in the resources in the community to better health equity. And so, we really see that as the foundation of everything we do. The complexity around the payment models and some of the other things, that are the nuts and bolts of value-based care, are things that providers and payers mostly worry about, but it's those bedrock health equity principles and providing quality outcomes that really are the most important things for the consumers and the patients we serve.

Frank McStay (14:24):

Great. Thank you. Leah let's turn back to you. Can you talk to us a little bit more about Leapfrog's Value-Based Purchasing Program and why it's so important, especially to patients and consumers?

Leah Binder (14:37):

Sure. We have a program that is called Value-Based Purchasing Program that we started actually quite a number of years ago. And it's grown I think in intensity and effectiveness over time. What we do is we produce composite scores for hospitals. This program applies to hospitals only, not ambulatory surgery centers yet, we'll work there. But we work with hospitals to come up with composite scores that we call their value score, which rates them on quality, overall quality, on measures of safety and quality, and outcomes in particular that are directly tied to resource utilization. So, are they both efficient and high quality? And so, an example would be c-section rate. So, we have an excellent measure of c-sections

that's on the Leapfrog Hospital Survey. Hospitals report to that and are therefore qualified to get a value score. That would be one of the measures in their value score because a lower c-section rate is a far more efficient way of running a maternity care program in addition to being a much higher quality outcome and less risky for the patient.

Leah Binder (15:51):

So, we rate hospitals, we give them an overall value score, and then we give them a value score for certain categories. And those value scores can be scaled nationally or scaled in comparison with other like hospitals. So, if you want to know, "How are rural hospitals doing on maternity care?", you can compare them all and say, these are doing the top 80th percentile nationally, and these are the 20th percentile nationally. You can scale them. What that then allows, once you have scales - which show how hospitals are doing on a composite of these important measures - you're then able to tie payment more directly to that. So, you can create incentives, you can create contract programs, et cetera, that can say, if you hit over the median on this particular domain like maternity care, then we are going to up your payment by 3%, or we're going to give you a bonus.

Leah Binder (16:47):

It becomes a far easier equation than giving a payer 500 different measures and saying, "Okay, figure something out where you can tie quality to your payment scale." This allows for at least taking the quality equation and making more benchmarks and overall scores that allow for this easier payment. So, it's being used by two different Blues plans right now, very effectively. They've all seen really remarkable improvements in the safety and quality in their populations. And we are cautiously optimistic that this program has been quite effective and it's the thing we'd like to see scaled even more.

Frank McStay (17:37):

Indeed, that'd be very valuable for patients to understand the type of value that they're getting from various health care partners, access, and whatnot.

Leah Binder (17:45):

Exactly.

Frank McStay (17:46):

Great. Jeff, I want to return to something you were just talking about, because the Health Care Transformation Task Force has the Raising the Bar resource guide, but they also have the Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support. Can you talk to me a little bit about what that is and what's included in it?

Jeff Micklos (18:07):

Sure. Yes, and the Raising the Bar framework was really the jumping-off point for us to develop our own internal resource on the business case. And where it came from was the wide acceptance among our members of the framework from Raising the Bar, but also realizing that while many, including myself, believe that health equity is a moral imperative, that's just not necessarily the case across the industry. We still have to deal with implementing policies like this in a business environment. And so, as the Biden and Harris Administration announced a number of different health equity initiatives, we set up our own health equity advisory group. And it was really made of our senior executives within our membership

who are responsible for advancing health equity within each of their organizations. And certainly, in the discussions with that group, we've raised awareness around the challenges that can pose on a day-to-day basis.

Jeff Micklos (18:59):

You think about things on the terms of return on investment. Well, health equity investments really don't pay off immediately. They are investments for outcomes that improve over time. And so, we started with the concept that you really can't think of return on investment, necessarily, in its traditional sense. Then, you think of a return on commitment, right? An organizational commitment to itself, to its community, and to the population it serves. And so, as we had that conversation, we really wanted to focus on creating a practical resource that could really help organizations understand and educate within their own organizations about the benefits of this. And so, we think of the business case based around three main puzzle pieces that really all comprise the process of addressing health equity. So, one, making the case for investment by building an evidence-based argument for what the organization should do -

Jeff Micklos (19:49):

and it's not a one size fits all, that should be tailored to the population that's being served - and the objectives that the organization is trying to achieve. And then operationalizing that investment, which includes the commitment of governance and leadership and measurable protocols from assessing those investments over time, building out necessary workforce and infrastructure to be able to do that. And then always building toward creating an environment where there is driving toward long-term success and sustainability. Quite often you hear of seed money for these types of ventures that then over time get lessened, decreased, maybe even go away altogether, and then the programs die on the vine. So, the business case really builds toward an iterative process where everyone can have ownership in actually long-term success and investment to improve the community base.

Jeff Micklos (20:42):

I will say that [it's] not within our report, just [a] reference, but the Commonwealth Fund has recently done some great work on thinking about health equity in the context of traditional ROI. And so, I would offer up for your listeners the idea that there's now a health equity calculator that they have put out there that actually is a nuts-and-bolts evaluation of what the return can be on particular health equity interventions. And so, we need to, one, create awareness, get buy-in from leadership, but also then over time be able to evaluate the success or the long-term sustainability of individual initiatives.

Leah Binder (21:18):

Can I just add something on the calculator that Commonwealth Fund is doing, and the opportunity - once we start to really understand the numbers that are involved in what we're trying to achieve - how we can start to see the progress? We are looking, for instance, at equity, quality, and safety, which is also tied to direct ROI. So, I'm going to use the maternity care analogy again, but safety and maternity care is a well-known disparity. For instance, Black women are three times more likely to die in childbirth than white women. But also, there are a number of factors in maternity care, such as c-sections that also are more common and more commonly performed unnecessarily on Black women, for instance. And so, there are many opportunities within that framework to improve that care and see ROI. I think creating a payment formula that rewards excellent care in those areas will have [a] direct impact

on the providers as well as the payers, and certainly the patients, which is of course the most important part.

Frank McStay (22:34):

Excellent. So, thank you both for your insights and the great work you're doing, not just at the ACAC but at the Leapfrog Group and the Health Care Transformation Task Force. So, before signing off today, we've covered a lot of ground. But I'd like to give you the opportunity to give us any last thoughts, and add comments that we didn't get to today, topics that we didn't get to today, so that our audience understands the value of accountable care and the value and the actionability of the ACAC. So, Jeff, maybe let's start with you.

Jeff Micklos (23:04):

Well, sure, Frank. I just would, first of all, acknowledge I think the evolution of the LAN's perspective on moving forward in value-based transformation. So much has focused, including at the Task Force, on how you measure organizational progress toward these goals. And it's at least initially focused on the spend that payers and providers were making in value-based models. I think the evolution of the curve, where how payment reform is just one of five concepts that really drive value-based care, has shifted this from a value-based payment conversation that affects payers and providers to a value-based care conversation that really affects purchasers and consumers more directly. I think that's really important because you can't have one without the other. The other observation I'll make is an opportunity I think that we all still have and that is to better educate consumers about the benefits of value-based care for them.

Jeff Micklos (23:58):

That remains, in my opinion, largely an unmet opportunity at this point. And it's really important that we kind of think about how best to focus on what that means for them. So, is it greater affordability due to reduced or waived cost sharing? Is it greater access to coordinated care so that they're not exposed to unnecessary or duplicative tests? Obviously, a lot of the efforts focus on reducing low or no value care. So those are really important. But also, many do not understand that the value-based care model really does seek to put a greater focus on social drivers of health so that people can live their healthiest lives and not access the system maybe as often as they currently do. And so, I think really talking about those as the drivers resonate with the patients. We should stay away from talking about payment models. They're complex enough for the people that are involved in them. They certainly have the ability to make the consumer's eyes gloss over very quickly. But, the Task Force is actually working on a resource we'll release later this year that's really talking about consumer engagement, really trying to meet them where they are so that we can talk about the accountable care concept in a way that will resonate with them and will better inform them so that they can ask better questions of the health care delivery system that serves them.

Frank McStay (25:14):

Wonderful. And Leah, your thoughts on how you think we can reach patients so that they understand the value of accountable care and what the ACAC can do?

Leah Binder (25:23):

The way to reach patients and purchasers, I will add, is action. And that's what we're doing and that's why this is the ACAC, we are about action. I don't think that a description of the importance is going to appeal to either purchasers or, or consumers, at least in my experience. But I think as Jeff and I have talked about many times, what will appeal to them is actually seeing the effect of this on their lives. So, my focus has always been, at Leapfrog, patient safety. And patient safety often is the best example. The third leading cause of death in this country is death from preventable errors and accidents in hospitals. We can do much better than that. We can create payment structures that actually reward those who are making the effort that it takes to reduce these errors and accidents.

Leah Binder (26:25):

And that will have an immediate impact on the lives of tens of thousands if not millions of people. That is something, for instance, that we can do when we commit to action. And that's why this is so important to me, but I think it's so important to purchasers and consumers. Once we start acting, we show them this will affect your life, this will matter. And that is what we have to be committed to because I think ultimately that is what we're all about. We have one life to live, each of us, and this is what it's about, making a change that carries a legacy to future generations. And we can do that if we commit to action.

Frank McStay (27:07):

Jeff, Leah, thank you again for joining us today, but unfortunately, we are at time. We look forward to everyone joining us here again in the future at Spotlight on Action. In the interim, please sign up for the newsletter on the HCP-LAN website where you can find out more information about the LAN and the ACAC more generally. Jeff, Leah, thanks again.