Health Care Payment Learning & Action Network

OVERVIEW

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HCPLAN
Health Care Payment Learning & Action Network

LAN Mission, Vision, & Goals

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Formation & Purpose of the LAN

HCPLAN
Health Care Payment Learning & Action Network

Launched by the U.S. Department of Health and Human Services (HHS) in 2015, the LAN was created to bring together partners in the private, public, and non-profit sectors to transform the nation's health care system to emphasize high quality, efficient, and affordable care via alternative payment models (APMs).

Since its inception, decision makers from these stakeholder groups have worked together through the LAN to align efforts, capture best practices, disseminate information, and apply lessons learned.

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History of the LAN

Original Mission & Goals

To accelerate the health care system's transition to alternative payment models (APMs) by combining the innovation, power, and reach of the private and public sectors. The shift from fee-for-service to paying for quality via APMs is aimed at achieving better quality, better health, and lower cost.
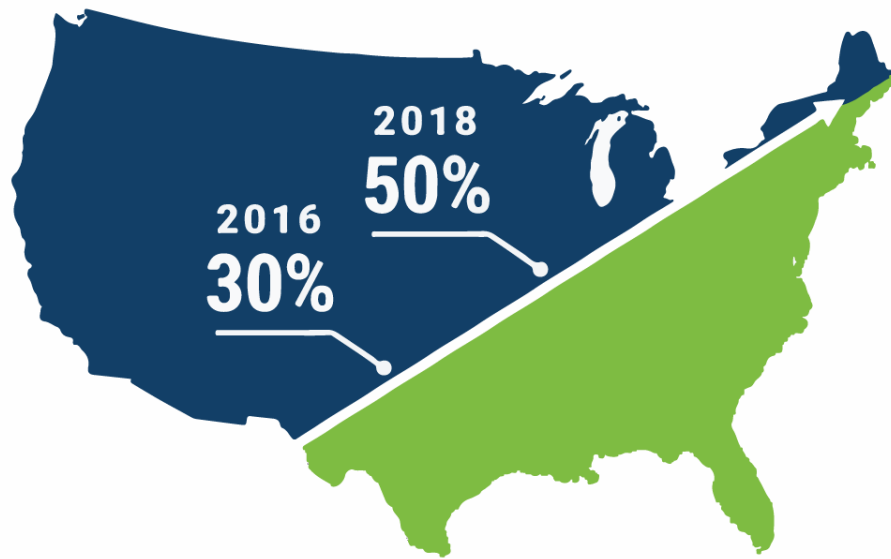
GOALS

Goal of U.S. health care payments linked to quality and value through APMs in **Categories 3 & 4*** of the APM Framework.

RESULTS

2015 Data: 23%
2016 Data: 29%
2017 Data: 34%
2018 Data: 36%

*Category 3: APMs Built on Fee-for-Service Architecture
Category 4: Population-Based Payments

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LAN Mission & Vision

MISSION

To accelerate the shift to value-based care in order to achieve better outcomes at lower cost.

VISION

An American health care system that pays for value to the benefit of our patients and communities.

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LAN Goals

GOAL STATEMENT

Accelerate the percentage of U.S. health care payments tied to quality and value in each market segment through the adoption of two-sided risk models.

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

Percentage of payments flowing through **two-sided risk models**
(**Categories 3B & 4*** in the LAN APM Framework)

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2017	7.4%	9.9%	24.2%	13.7%
2018	8.3%	10.6%	24.3%	18.2%

*Category 3B: APMs with Shared Savings
and Downside Risk
Category 4: Population-Based Payments

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LAN Goals: Medicaid

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%
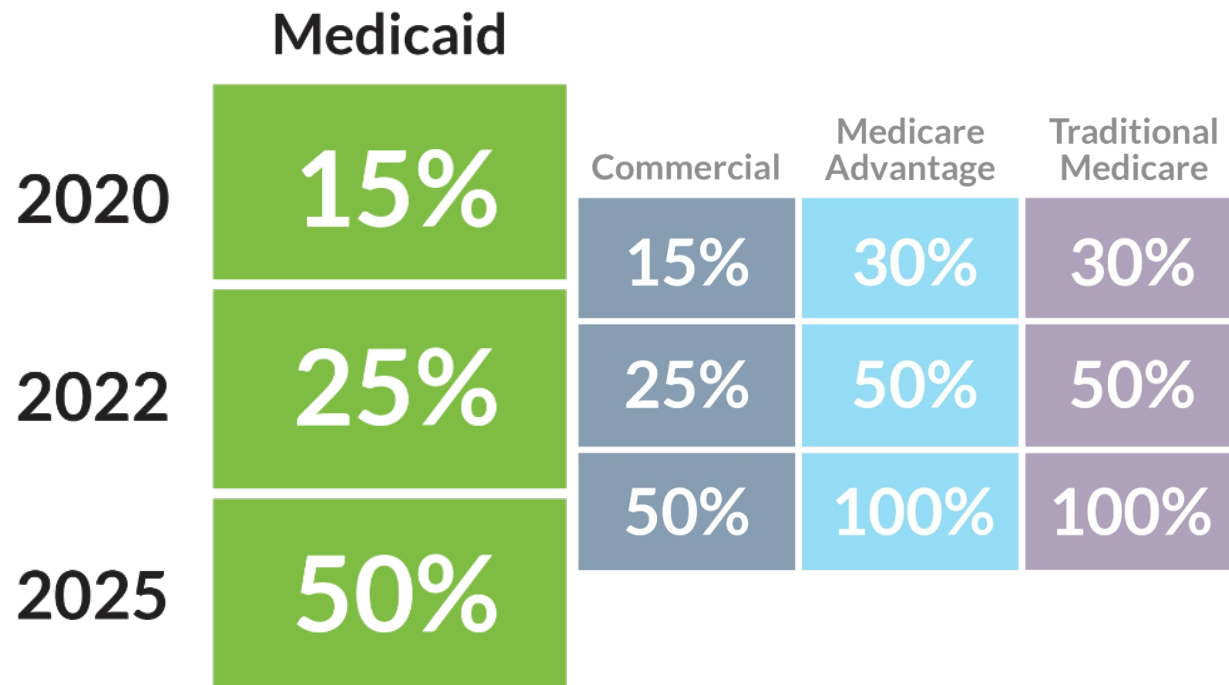
Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2017	7.4%
2018	8.3%

*Category 3B: APMs with Shared Savings and Downside Risk
Category 4: Population-Based Payments

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LAN Goals: Commercial

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%
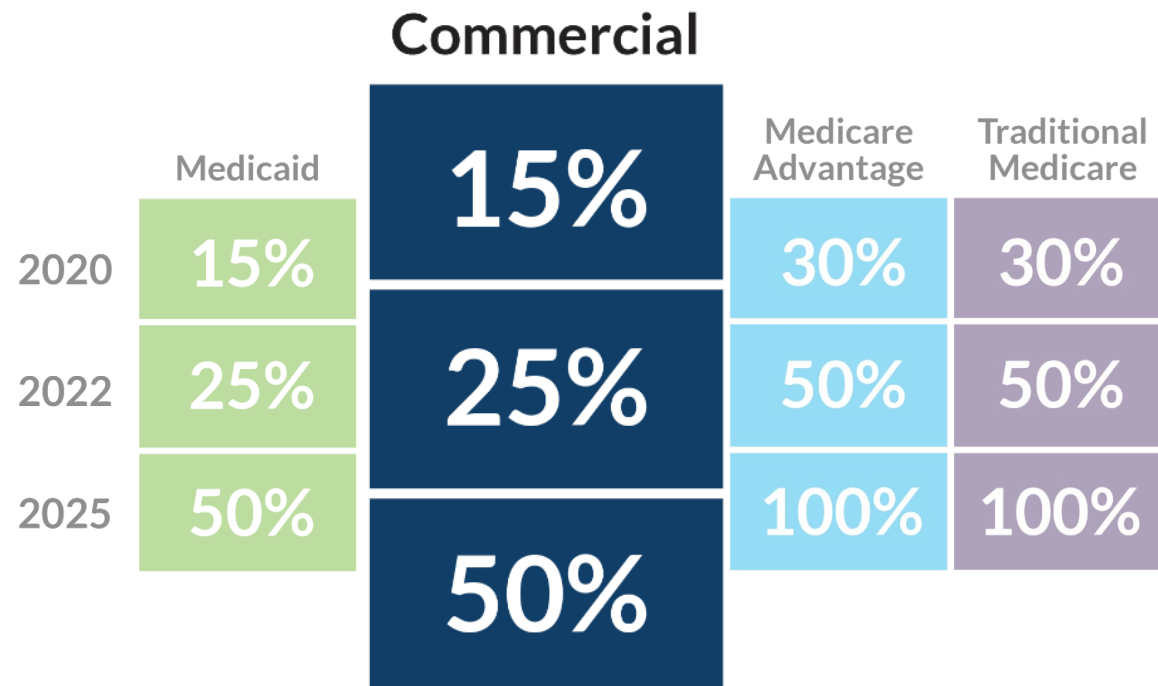
Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2017	9.9%
2018	10.6%

*Category 3B: APMs with Shared Savings and Downside Risk
Category 4: Population-Based Payments

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LAN Goals: Medicare Advantage
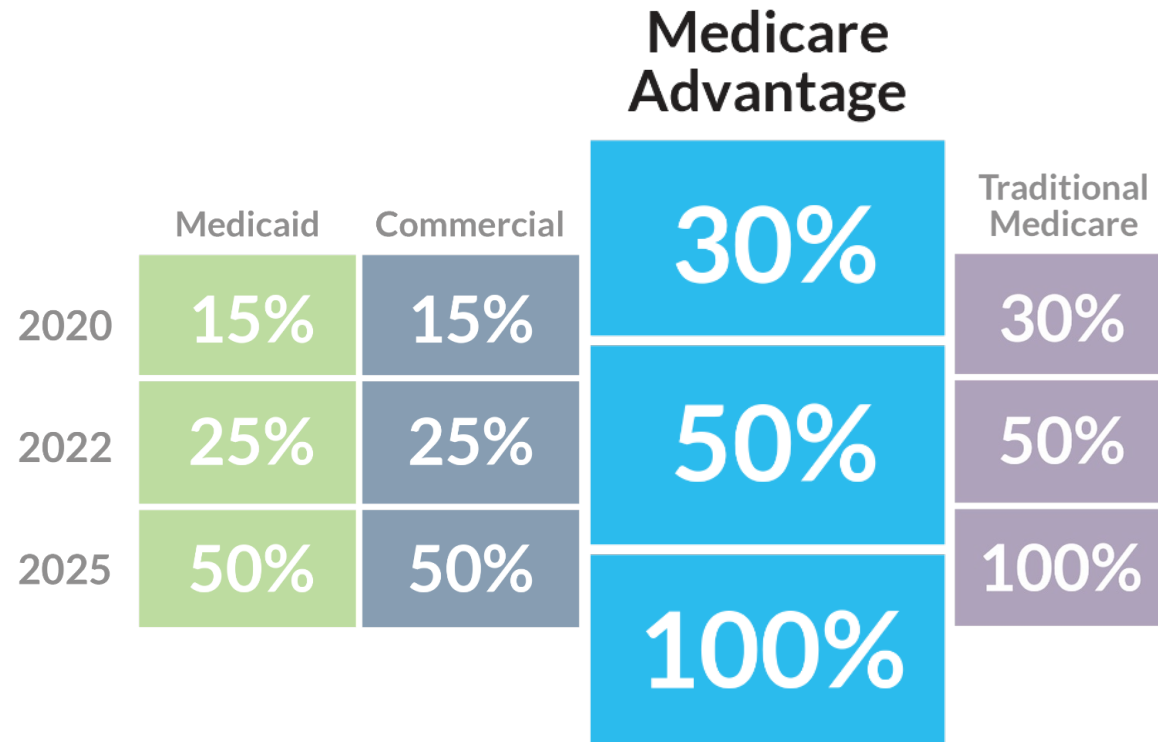
	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2017	24.2%
2018	24.3%

*Category 3B: APMs with Shared Savings and Downside Risk
Category 4: Population-Based Payments

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LAN Goals: Traditional Medicare

	Medicaid	Commercial	Medicare Advantage
2020	15%	15%	30%
2022	25%	25%	50%
2025	50%	50%	100%

Traditional Medicare

30%

50%

100%

Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)
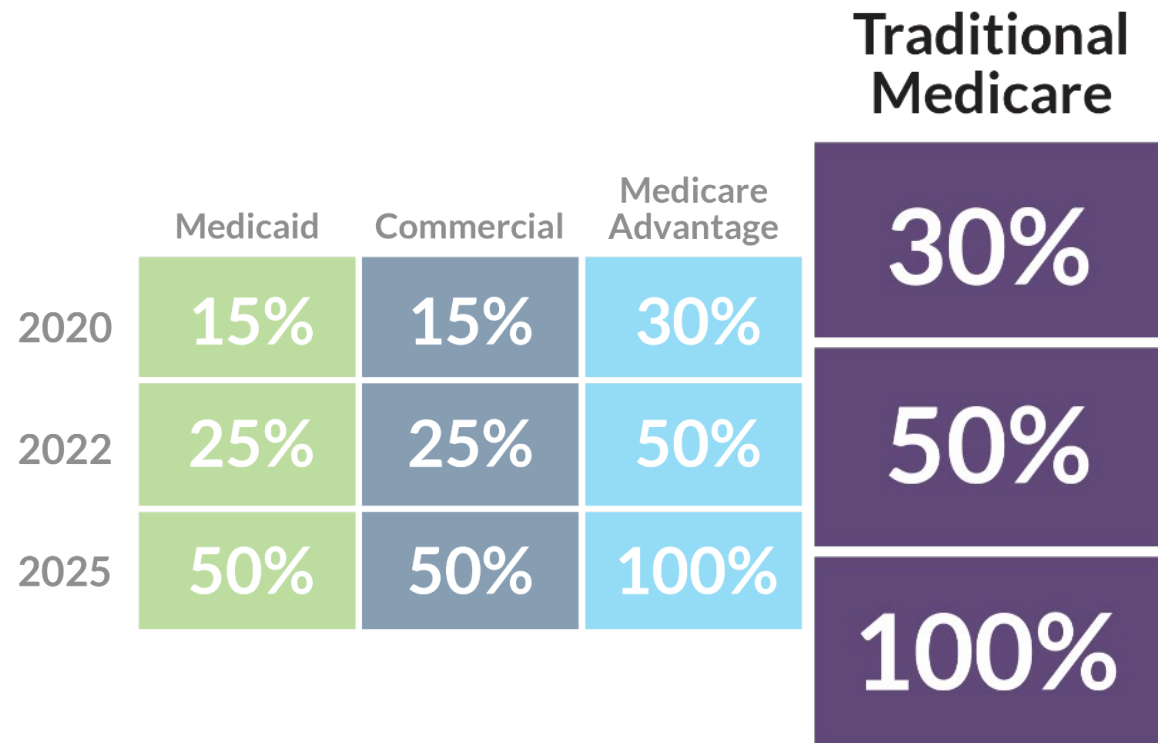
2017	13.7%
2018	18.2%

***Category 3B:** APMs with Shared Savings and Downside Risk
Category 4: Population-Based Payments

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Organizations Supporting New LAN Goals

LAN Structure & Workflow

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LAN Governance

MITRE

- As a not-for-profit organization chartered to work in the public interest, MITRE operates federally funded research and development centers (FFRDCs) for the federal government and serves as an objective, independent advisor to CMS and other HHS operating divisions.

- The MITRE-operated FFRDC dedicated to health and well being is the CMS Alliance to Modernize Healthcare (Health FFRDC).

- The Health FFRDC serves as the independent convener of the LAN.
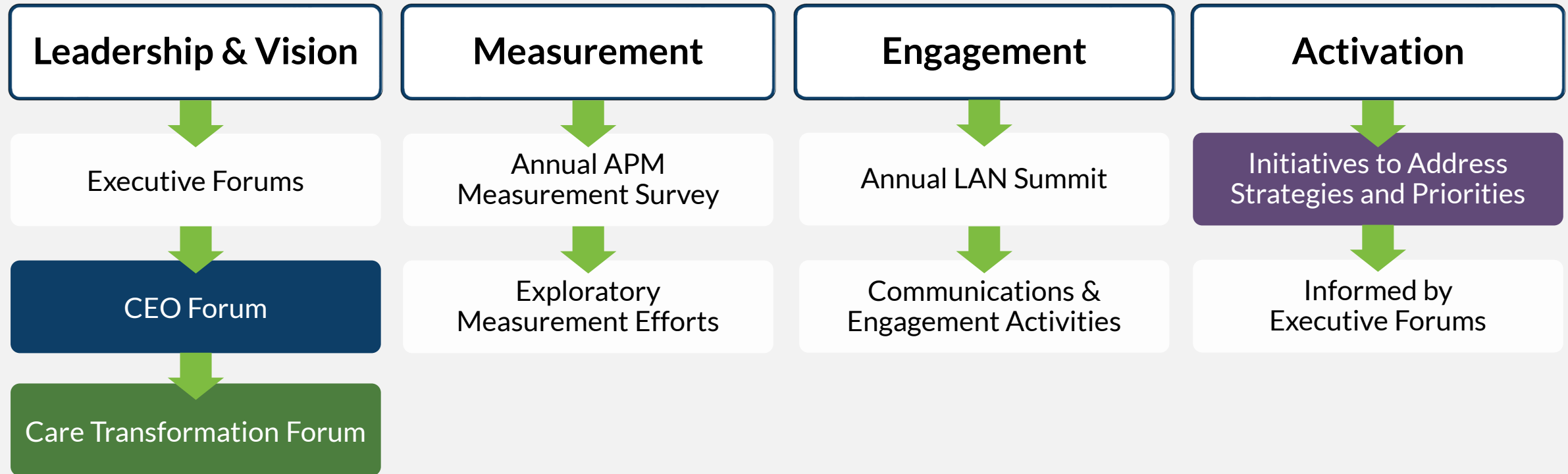
EXECUTIVE FORUMS

- Set strategy for the LAN within scope of LAN goals

- Serve as the primary collaborative bodies of the network

- Provide critical guidance and input into LAN initiatives and LAN work groups

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

- CMS funds the Health FFRDC to independently operate the LAN public-private partnership for a specific period of time.

- CMS is represented on the LAN Executive Forums as an equal partner with an equal voice in deliberations.

The LAN Executive Forums do not make policy recommendations directly to CMS or any other government entity.

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LAN Structure to Accelerate Progress

Leadership & Vision	Measurement	Engagement	Activation
↓	↓	↓	↓
Executive Forums	Annual APM Measurement Survey	Annual LAN Summit	Initiatives to Address Strategies and Priorities
↓	↓	↓	↓
CEO Forum	Exploratory Measurement Efforts	Communications & Engagement Activities	Informed by Executive Forums
↓			
Care Transformation Forum			

The LAN's Executive Forums—the CEO Forum and the Care Transformation Forum—convene health care leaders committed to shaping the strategic direction for value-based payment in the U.S.

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LAN Executive Forums

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Executive Forums

CEO Forum

Influences LAN strategic direction and provides guidance on opportunities for action, alignment, and strengthening incentives and capacity to accelerate the transition to two-sided risk payment models across markets

- Chief Executives/Presidents
- Meets twice/year (Summer/Winter)

Care Transformation Forum (CTF)

Influences and shapes care delivery transformation by identifying the tools and strategies to prepare providers and clinicians for success in improving patient outcomes and reducing costs in two-sided risk payment models

- Clinical Executives (CMO/CQO/CNO/CTO)
- Meets twice/year (Fall/Spring)

FOCUS AREAS

Addressing Social Determinants of Health (SDOH)

Reducing Ineffective Care and Inappropriate Utilization of Services

Increasing Data Transparency and Interoperability

Ensuring Timely Data and Analytics Capabilities

Facilitating Market-Based Solutions

Promoting Population-Specific Approaches

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Executive Forum Chairs

CEO Forum

Dr. Mark McClellan

Director

Duke Margolis Center for Health Policy

Dr. Marc Harrison

President/Chief Executive Officer

Intermountain Healthcare

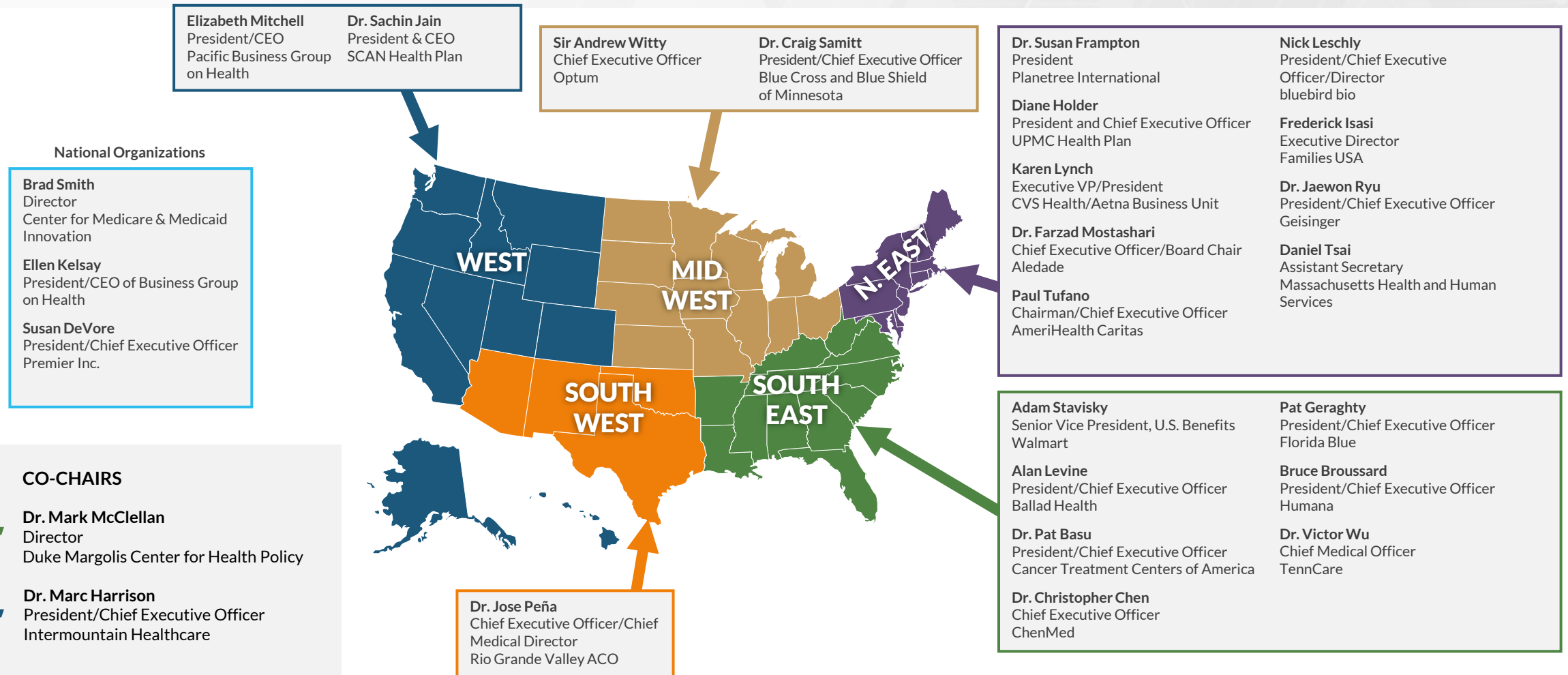## Care Transformation Forum

Ms. Emily Brower

Senior Vice President of Clinical Integration and Physician Services

Trinity Health

Dr. William Shrank

Chief Medical Officer

Humana

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CEO Forum Participants

Elizabeth Mitchell
President/CEO
Pacific Business Group
on Health

Dr. Sachin Jain
President & CEO
SCAN Health Plan

Sir Andrew Witty
Chief Executive Officer
Optum

Dr. Craig Samitt
President/Chief Executive Officer
Blue Cross and Blue Shield
of Minnesota

National Organizations

Brad Smith
Director
Center for Medicare & Medicaid
Innovation

Ellen Kelsay
President/CEO of Business Group
on Health

Susan DeVore
President/Chief Executive Officer
Premier Inc.

WEST

MID WEST

N. EAST

SOUTH WEST

SOUTH EAST

CO-CHAIRS

Dr. Mark McClellan
Director
Duke Margolis Center for Health Policy

Dr. Marc Harrison
President/Chief Executive Officer
Intermountain Healthcare

Dr. Jose Peña
Chief Executive Officer/Chief
Medical Director
Rio Grande Valley ACO

Dr. Susan Frampton
President
Planetree International

Diane Holder
President and Chief Executive Officer
UPMC Health Plan

Karen Lynch
Executive VP/President
CVS Health/Aetna Business Unit

Dr. Farzad Mostashari
Chief Executive Officer/Board Chair
Aledade

Paul Tufano
Chairman/Chief Executive Officer
AmeriHealth Caritas

Nick Leschly
President/Chief Executive
Officer/Director
bluebird bio

Frederick Isasi
Executive Director
Families USA

Dr. Jaewon Ryu
President/Chief Executive Officer
Geisinger

Daniel Tsai
Assistant Secretary
Massachusetts Health and Human
Services

Adam Stavisky
Senior Vice President, U.S. Benefits
Walmart

Alan Levine
President/Chief Executive Officer
Ballad Health

Dr. Pat Basu
President/Chief Executive Officer
Cancer Treatment Centers of America

Dr. Christopher Chen
Chief Executive Officer
ChenMed

Pat Geraghty
President/Chief Executive Officer
Florida Blue

Bruce Broussard
President/Chief Executive Officer
Humana

Dr. Victor Wu
Chief Medical Officer
TennCare

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Care Transformation Forum Participants

Tim Gronniger
President
Caravan Health

Dr. Marshall Chin
Richard Parrillo Family Professor of Healthcare Ethics in the Dept. of Medicine
UChicago Medicine

Dr. Lew Sandy
Executive Vice President, Clinical Advancement
UnitedHealth Group

Dr. William Melms
Chief Medical Officer
Marshfield Clinic Health System

Dr. Griffin Myers
Chief Medical Officer
Oak Street Health

Dr. Andrea Gelzer
Senior Vice President & Corporate Chief Medical Officer
AmeriHealth Caritas

Dr. Joseph Kimura
Chief Medical Officer
Atrius Health

Dr. Mark Friedberg
Senior Vice President, Performance Measurement and Improvement
Blue Cross Blue Shield of Massachusetts

Dr. Michael Lipp
Chief Medical Officer
Center for Medicare and Medicaid Innovation

Dr. Helen Burstin
Executive Vice President & Chief Executive Officer
Council of Medical Specialty Societies

Dr. William Borden
Chief Quality and Population Health Officer
George Washington University Medical Faculty Associates

Dr. Lee Fleisher
Professor and Chair of Anesthesiology and Critical Care/Professor of Medicine
University of Pennsylvania Health System

Dr. Thomas Schenk
Senior Vice President, Chief Medical Officer
HealthNow

Dr. Ken Cohen
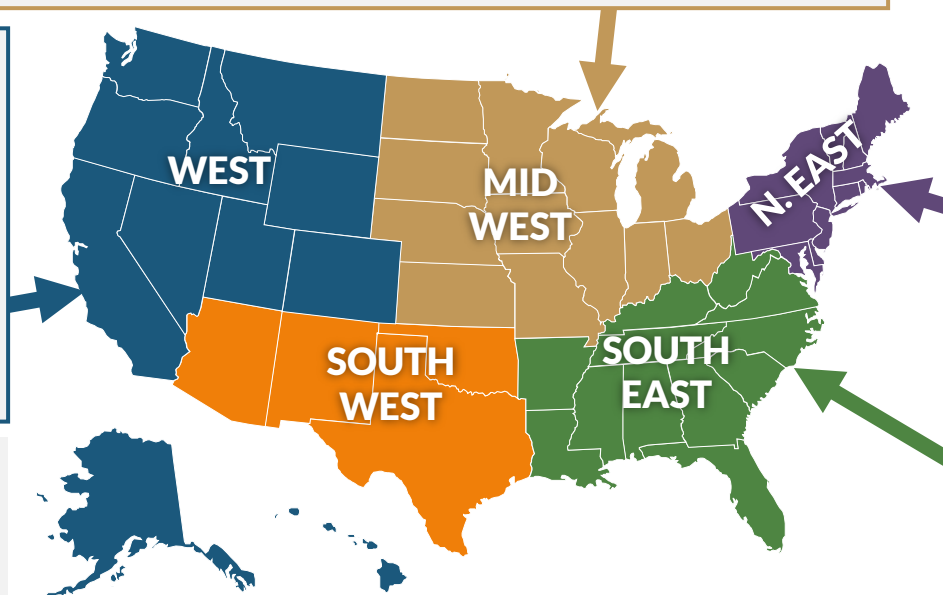Chief Medical Officer
New West Physicians

Thomas Buckingham
Executive Vice President, Select Medical
President, Allevant Solutions

Dr. Judy Zerzan
Chief Medical Officer
Washington Health Care Authority

Dr. Henry Wei
Medical Director for Benefits
Google

Libby Hoy
Founder/Chief Executive Officer
PFCC Partners

Dr. Dana Lustbader
Chief Medical Officer/Medical Director
ProHEALTH

WEST

MID WEST

N. EAST

SOUTH WEST

SOUTH EAST

CO-CHAIRS

Emily Brower
Senior Vice President, Clinical Integration & Physician Services
Trinity Health

Dr. William Shrank
Chief Medical Officer
Humana

Dr. Von Nguyen
Vice President for Clinical Operations and Innovation
Blue Cross and Blue Shield of North Carolina

Aneesh Chopra
Chief Executive Officer
CareJourney

Dr. Scott Josephs
Senior Vice President & Chief Medical Officer
Cigna

Ann Laseter
Vice President, Clinical Alignment
HCA Healthcare

Kelly Crosbie
Deputy Director, Quality and Population Health, NC Medicaid
NC Department of Health & Human Services

Dr. Angelo Sinopoli
Chief Clinical Officer, Prisma Health
President, CEO & Founder, Care Coordination Institute

LAN Accomplishments

LAN Overview

VISION

An American health care system that pays for value to the benefit of our patients and communities.

MISSION

To accelerate the shift to value-based care in order to achieve better outcomes at lower cost.

HOW WE ACHIEVE OUR MISSION

Since 2015, the LAN has empowered the public and private sectors with a common framework for classifying APMs, published an interactive tool for designing APMs, measured the annual progress of adoption, and hosted annual summits to connect stakeholders. Please explore the modules below to learn more about how we have led the movement to transform health care payment.
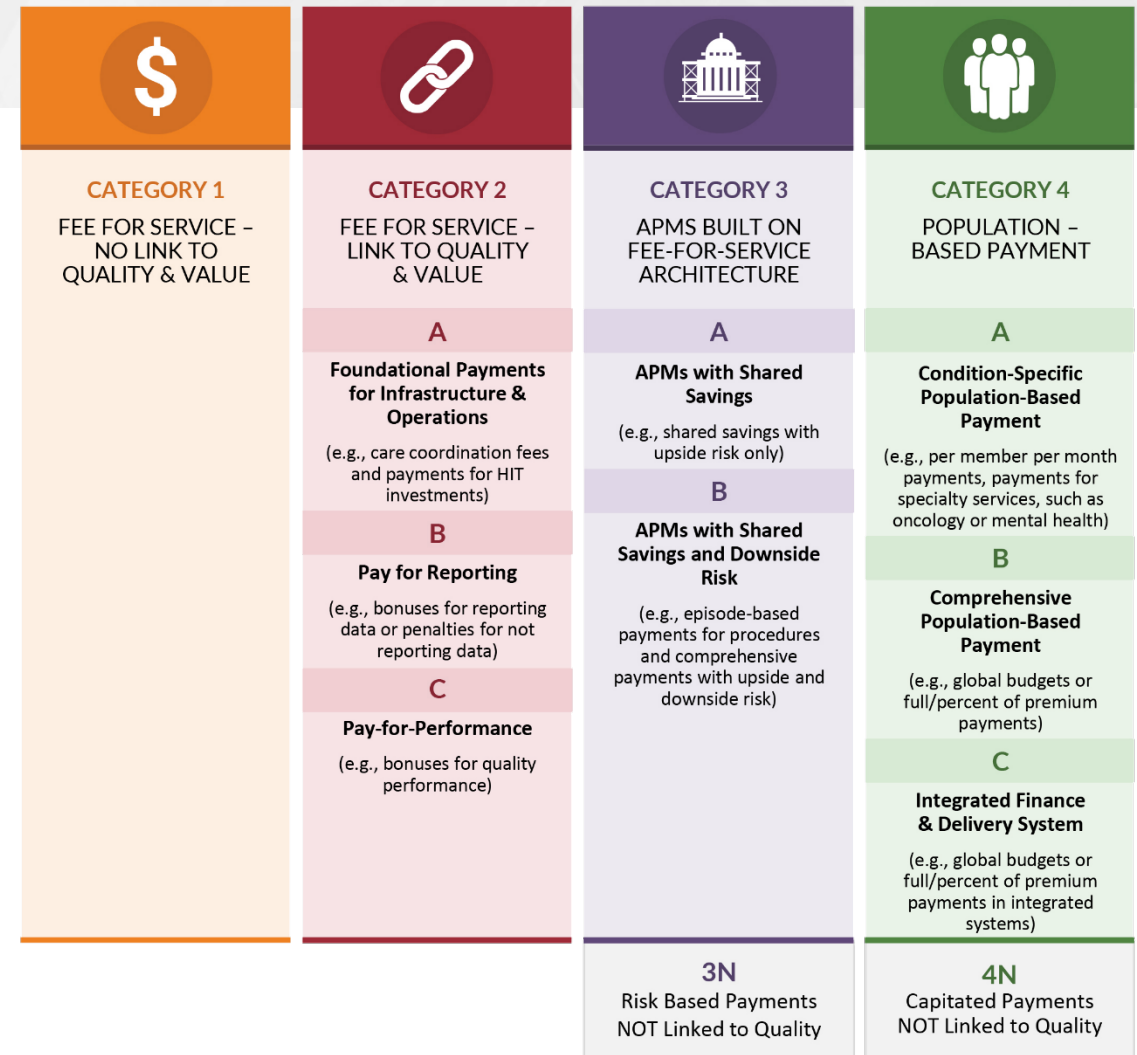
INSPIRE   **STANDARDIZE**   **EMPOWER**   **MEASURE**   **ENGAGE**
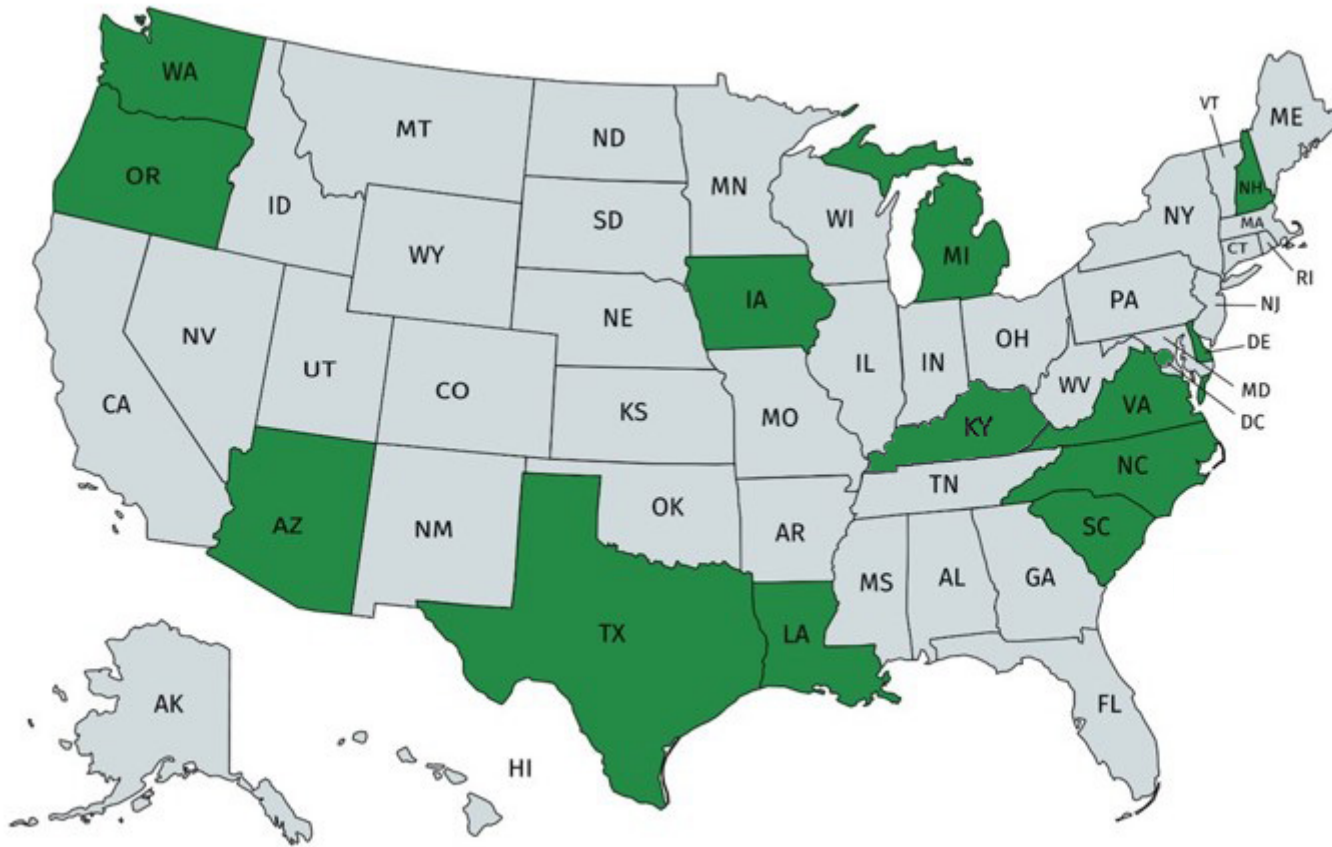
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LAN APM Framework

- First published in 2016 and then refreshed in 2017, the APM Framework established a common vocabulary and pathway for measuring and sharing successful payment models

- 4 Categories & 8 Subcategories

- Has become the foundation for implementing APMs

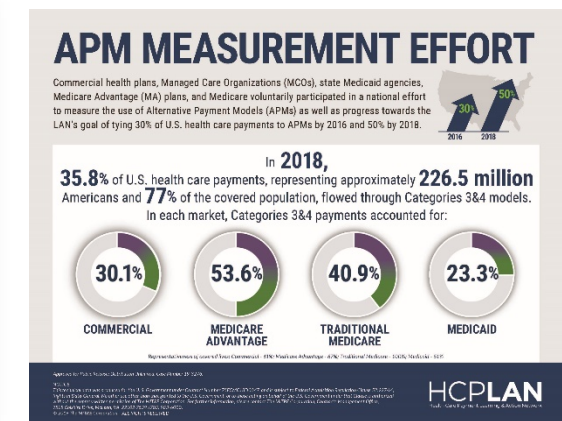| CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	**FEE FOR SERVICE – LINK TO QUALITY & VALUE**	**APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE**	**POPULATION – BASED PAYMENT**
	A **Foundational Payments for Infrastructure & Operations** (e.g., care coordination fees and payments for HIT investments)	**A** **APMs with Shared Savings** (e.g., shared savings with upside risk only)	**A** **Condition-Specific Population-Based Payment** (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B **Pay for Reporting** (e.g., bonuses for reporting data or penalties for not reporting data)	**B** **APMs with Shared Savings and Downside Risk** (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	**B** **Comprehensive Population-Based Payment** (e.g., global budgets or full/percent of premium payments)
	C **Pay-for-Performance** (e.g., bonuses for quality performance)		**C** **Integrated Finance & Delivery System** (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	**4N** Capitated Payments NOT Linked to Quality

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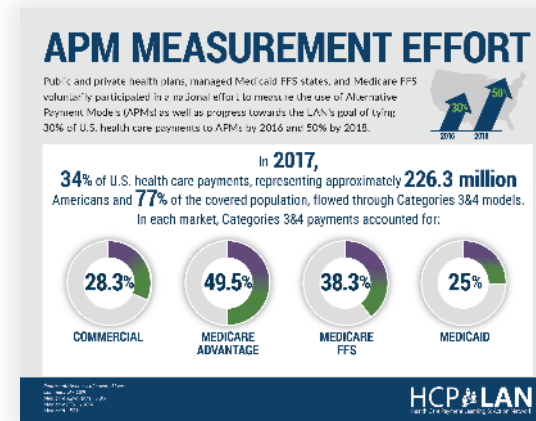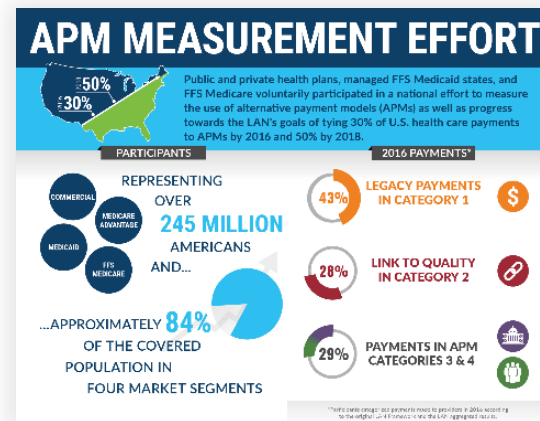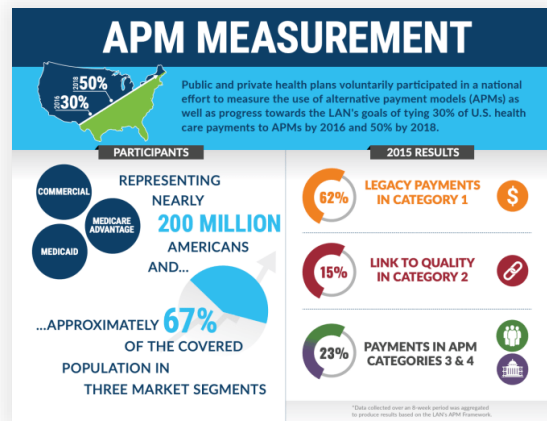Health Care Payment Learning & Action Network
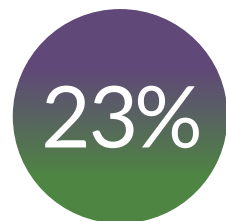
State of LAN APM Framework Adoption

13 States and the District of Columbia are Using the LAN APM Framework to Set Requirements for Value-Based Payment.

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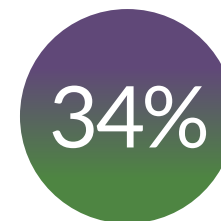
LAN APM Measurement Through the Years

2015 — **23%** — Category 3 & 4 combined

2016 — **29%** — Category 3 & 4 combined

2017 — **34%** — Category 3 & 4 combined

2018 — **36%** — Category 3 & 4 combined
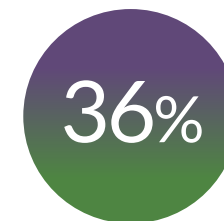
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LAN 2018 APM Measurement Results

In **2018,**

35.8% of U.S. health care payments, representing approximately **226.5 million** Americans and **77**% of the covered population, flowed through Categories 3&4 models.

In each market, Categories 3&4 payments accounted for:

30.1%

COMMERCIAL

53.6%

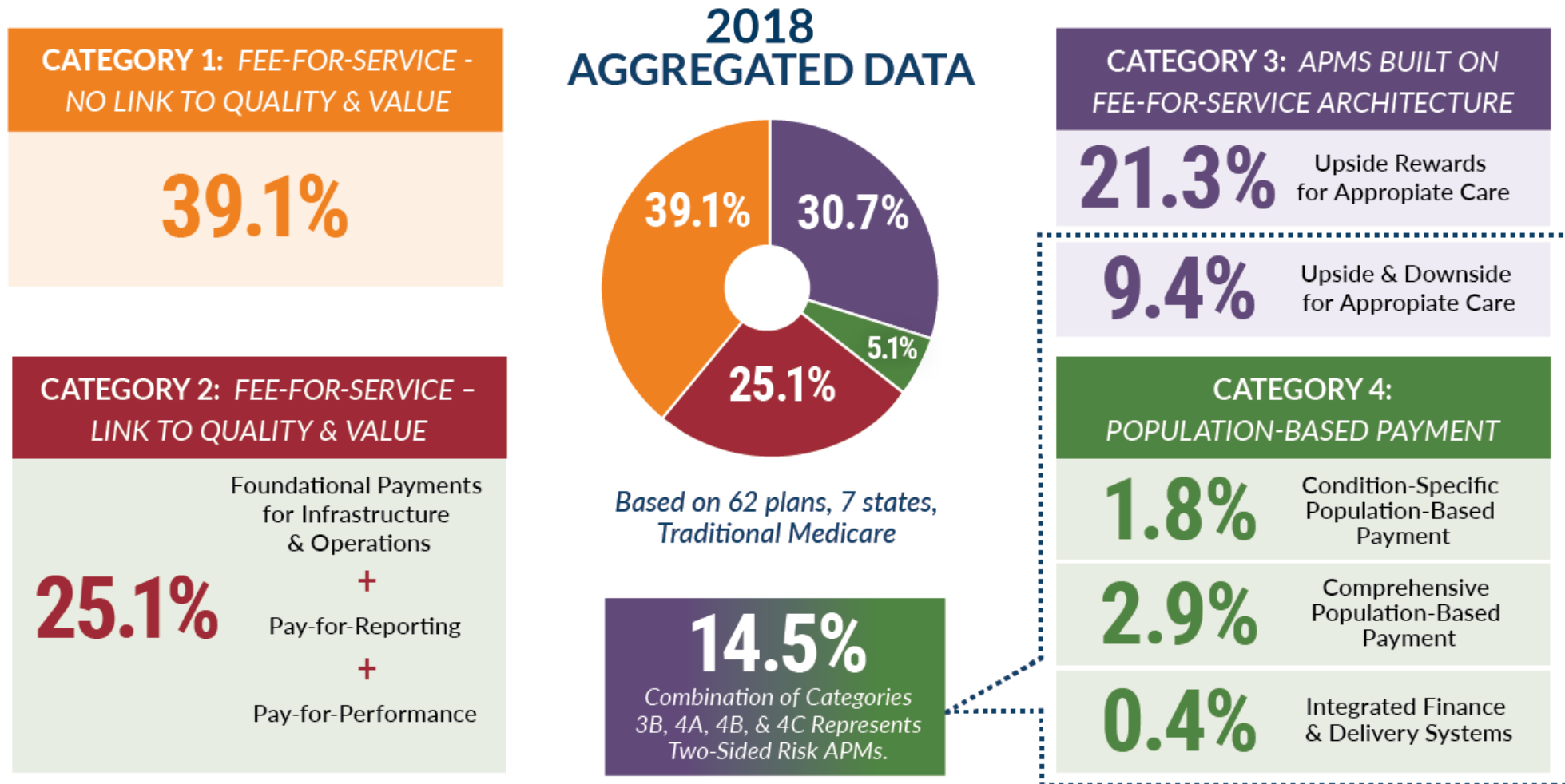**MEDICARE ADVANTAGE**

40.9%

TRADITIONAL MEDICARE

23.3%
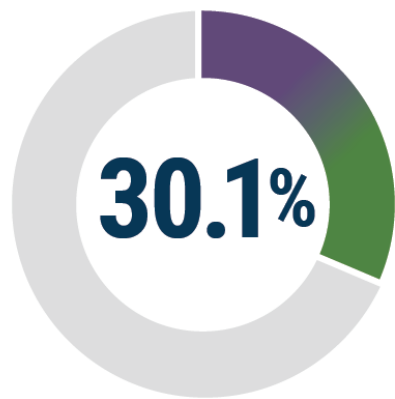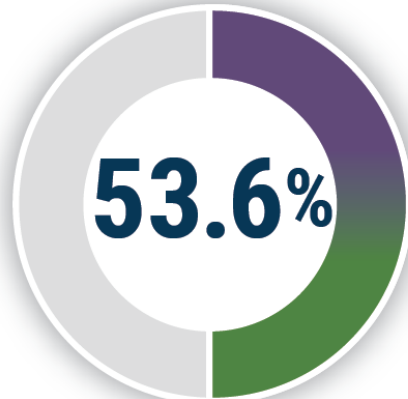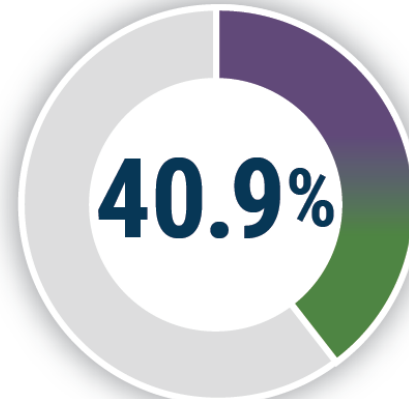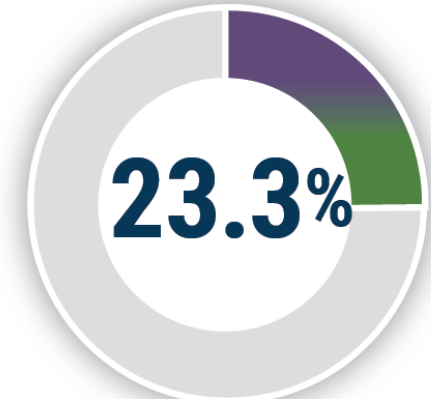
MEDICAID

Representativeness of covered lives: Commercial - 61%; Medicare Advantage - 67%; Traditional Medicare - 100%; Medicaid - 51%

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LAN 2018 APM Measurement Results

2018 AGGREGATED DATA

CATEGORY 1: *FEE-FOR-SERVICE - NO LINK TO QUALITY & VALUE*

39.1%

CATEGORY 2: *FEE-FOR-SERVICE – LINK TO QUALITY & VALUE*

25.1%

Foundational Payments for Infrastructure & Operations
+
Pay-for-Reporting
+
Pay-for-Performance

Pie chart: 39.1%, 30.7%, 5.1%, 25.1%

Based on 62 plans, 7 states, Traditional Medicare

14.5%
Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs.

CATEGORY 3: *APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE*

21.3% Upside Rewards for Appropiate Care

9.4% Upside & Downside for Appropiate Care

CATEGORY 4: POPULATION-BASED PAYMENT

1.8% Condition-Specific Population-Based Payment

2.9% Comprehensive Population-Based Payment

0.4% Integrated Finance & Delivery Systems

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Comparing LAN Measurement Results Across the Years

Area	2015 Data	2016 Data	2017 Data	2018 Data
Data set	70 health plans 2 FFS Medicaid states	78 health plans 3 FFS Medicaid states Medicare FFS	61 health plans 3 FFS Medicaid states Medicare FFS	62 health plans 7 states Traditional Medicare
Covered Lives	198.9 M	245.4 M	226.3 M	226.5 M
Proportion of Covered Lives	67%	84%*	77%	77%
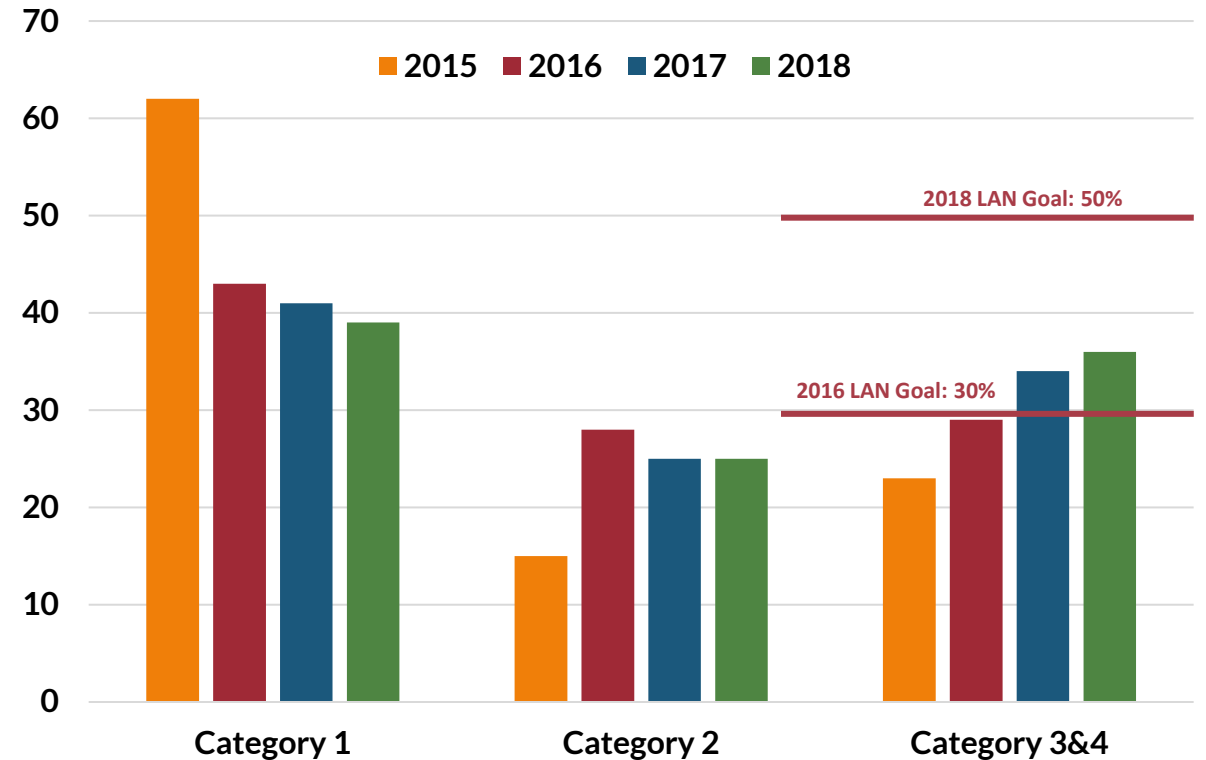
* Denominator is 294,613,000, from *Health Insurance Coverage in the United States: 2017*
https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf

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The LAN APM Roadmap
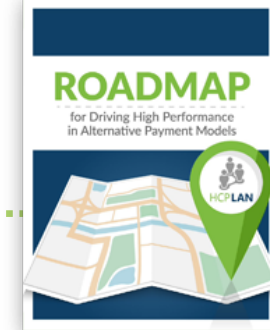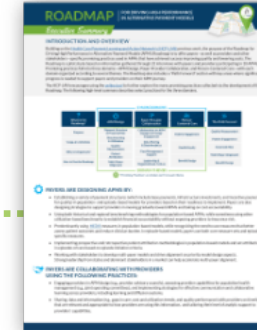
Visit https://hcp-lan.org/apm-roadmap/ to explore the Roadmap which highlights key insights, promising practices, and the most current strategies for designing and implementing successful APMs

Suite of LAN Resources

Visit our online resources page:
hcp-lan.org/foundational-resources

- White Papers
- Fact Sheets
- Infographics
- Toolkits
- Reports
- Videos

Download your copy of Foundational Resources from our website!

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Online Resource Banks

Maternity Episode Payment & Primary Care Payer Action Collaboratives

Maternity Episode Payment Online Resource Bank is a "one-stop shop" for the LAN's efforts related to Maternity APMs, including:

- The LAN Clinical Episode Payment white paper maternity recommendations

- Slides, e-books, and summaries from the nine virtual meetings of the Maternity Multi-Stakeholder Action Collaborative (MAC), which the LAN operated from December 2016 to September 2017

- Report "Establishing Maternity Episode Payment Models: Experiences from Ohio and Tennessee"

https://hcp-lan.org/maternity-resource-bank/

The PAC Resource Bank provides content to support payers as they operationalize alternatives to fee-for-service payment specifically in "CPC+ Track 2," including:

- Slide presentations and meeting highlights from the PAC virtual collaborative sessions

- Additional CMS resources

https://hcp-lan.org/pac-portal/

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Visit the New LAN Website
https://hcp-lan.org

LAN Summit

Platform for Learning & Collaboration

2019
- Alex M. Azar II, *HHS Secretary*
- Amy Bassano, *Acting Director & Deputy Director, CMMI*
- Bruce Broussard, *CEO, Humana*
- Christopher Chen, *CEO, ChenMed*
- Susan Frampton, *President, Planetree International*
- Adam Stavisky, *Senior Vice President, U.S. Benefits of Walmart*
- Nick Leschly, *CEO, bluebird bio*

2018
- Alex M. Azar II, *HHS Secretary (virtual)*
- Seema Verma, *CMS Administrator (virtual)*
- Adam Boehler, *Senior Advisor to the Secretary, Deputy Administrator; Director, CMMI*
- Patrick Conway, *President & CEO. BCBS of North Carolina; Former Director, CMMI*

2017
- Seema Verma, *CMS Administrator*
- Tom Daschle, *Founder & CEO, The Daschle Group; Former U.S. Senator, South Dakota*
- Senator Bill Cassidy, *Louisiana*

2016 (Fall)
- Sylvia Matthews Burwell, *HHS Secretary*
- Governor Mike Leavitt, *Founder & Chairman, Leavitt Partners; Former HHS Secretary*

2016 (Spring)
- Sylvia Matthews Burwell, *HHS Secretary*

2015
- Andy Slavitt, *CMS Administrator*

Each year, nearly 650 attendees participate in the LAN Summit. Industry leaders discuss an array of innovations in payment reform, touching on implementation methods and lessons learned.

Federal and state health care purchasers describe how they are addressing the challenges of current and future health care delivery via new payment models that put the patient first.

In October 2019, LAN Summit attendees collaborated in facilitated sessions designed for specific stakeholder groups which focused on vital areas of interest — and challenges — surrounding the design and implementation of APMs.

LAN Summit Press Coverage

2019
- **18** media stories
- **6** press outlets on site
- More than **10,200** Twitter impressions and **123** new followers on social media sites, **29** retweets, and **88** likes

2018
- **20** original media stories
- **6** press outlets on site
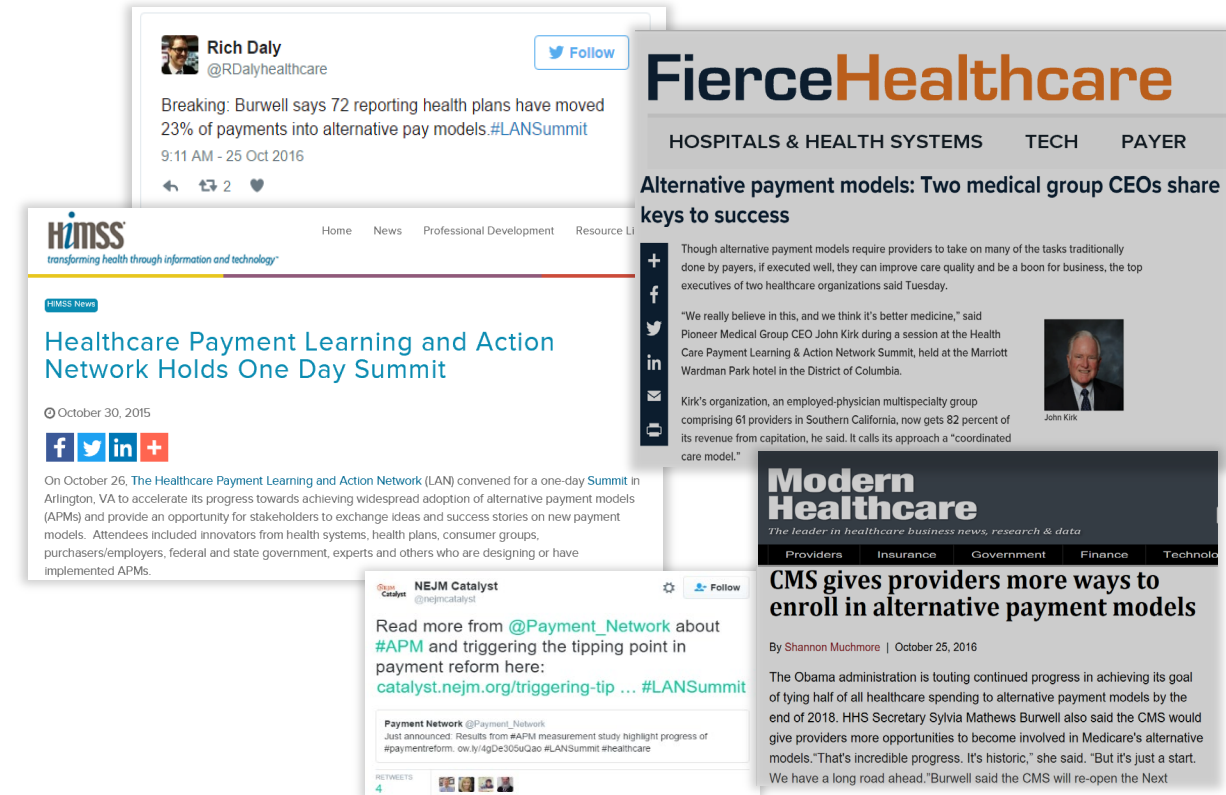- **125** press release pick-ups for a total potential audience

2017
- **14** original media stories
- **5** press outlets on site
- **247** press release pick-ups for a total potential audience of 83.9 million

2016
- **25** original media stories
- **5** press outlets on site
- More than **920,000** Twitter impressions and **450** tweets from external sources.

2015
- **3** media stories

Rich Daly
@RDalyhealthcare
Follow

Breaking: Burwell says 72 reporting health plans have moved 23% of payments into alternative pay models.#LANSummit
9:11 AM - 25 Oct 2016

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HIMSS News

Healthcare Payment Learning and Action Network Holds One Day Summit

October 30, 2015

On October 26, The Healthcare Payment Learning and Action Network (LAN) convened for a one-day Summit in Arlington, VA to accelerate its progress towards achieving widespread adoption of alternative payment models (APMs) and provide an opportunity for stakeholders to exchange ideas and success stories on new payment models. Attendees included innovators from health systems, health plans, consumer groups, purchasers/employers, federal and state government, experts and others who are designing or have implemented APMs.

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Alternative payment models: Two medical group CEOs share keys to success

Though alternative payment models require providers to take on many of the tasks traditionally done by payers, if executed well, they can improve care quality and be a boon for business, the top executives of two healthcare organizations said Tuesday.

"We really believe in this, and we think it's better medicine," said Pioneer Medical Group CEO John Kirk during a session at the Health Care Payment Learning & Action Network Summit, held at the Marriott Wardman Park hotel in the District of Columbia.

Kirk's organization, an employed-physician multispecialty group comprising 61 providers in Southern California, now gets 82 percent of its revenue from capitation, he said. It calls its approach a "coordinated care model."

John Kirk

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CMS gives providers more ways to enroll in alternative payment models

By Shannon Muchmore | October 25, 2016

The Obama administration is touting continued progress in achieving its goal of tying half of all healthcare spending to alternative payment models by the end of 2018. HHS Secretary Sylvia Mathews Burwell also said the CMS would give providers more opportunities to become involved in Medicare's alternative models."That's incredible progress. It's historic," she said. "But it's just a start. We have a long road ahead."Burwell said the CMS will re-open the Next

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