

Health Care Payment Learning & Action Network

OVERVIEW



UPDATED SEPTEMBER 13, 2021

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LAN Mission, Vision, & Goals

Formation & Purpose of the LAN



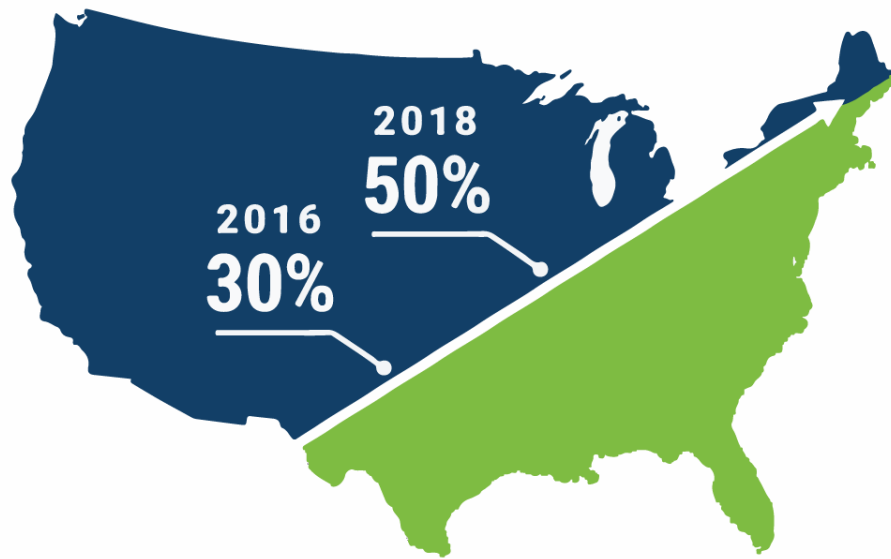
Launched by the U.S. Department of Health and Human Services (HHS) in 2015, the LAN was created to bring together partners in the private, public, and non-profit sectors to transform the nation's health care system to emphasize high quality, efficient, and affordable care via alternative payment models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

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

The graphic features a light gray background with a subtle network of white dots and lines. Two dark blue, shield-shaped boxes are positioned side-by-side in the center. Each box contains white text for its respective section: 'MISSION' and 'VISION'. The 'MISSION' box also features a large, faint blue cross on the left side. The 'VISION' box has a similar faint blue cross on the left. The overall design is clean and professional, with a focus on the text within the blue boxes.

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.

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.

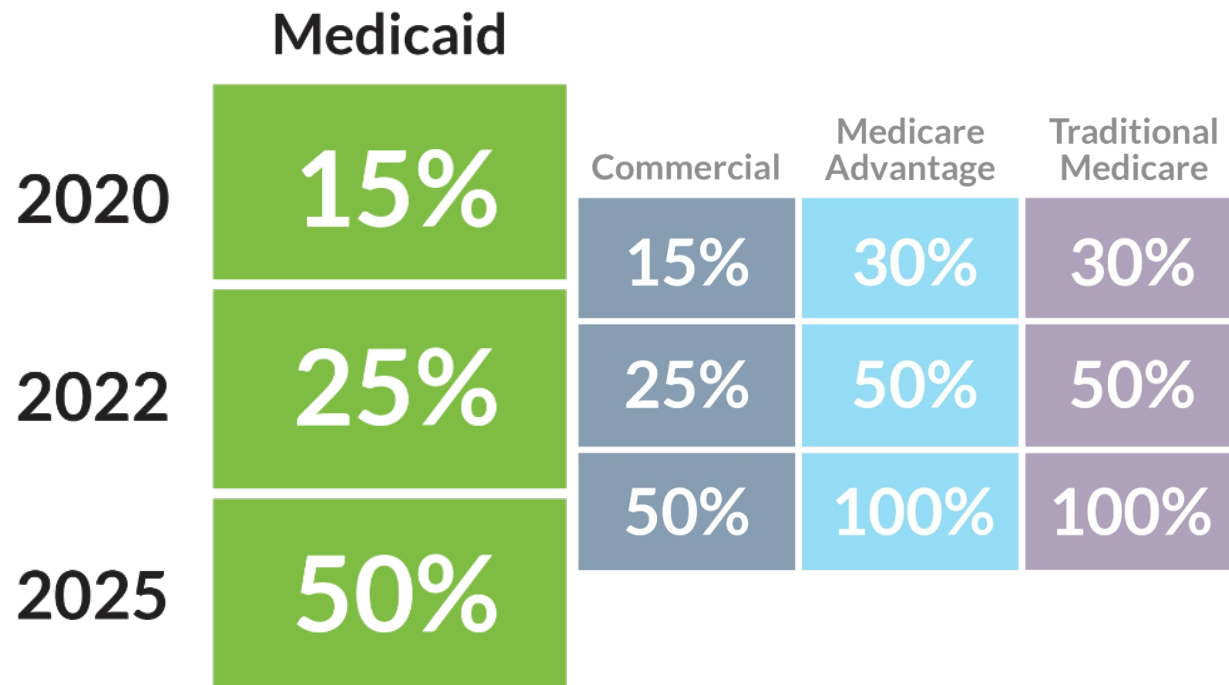
	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2020	15%	15%	30%	30%
2022	25%	25%	50%	50%
2025	50%	50%	100%	100%

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

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

LAN Goals: Medicaid



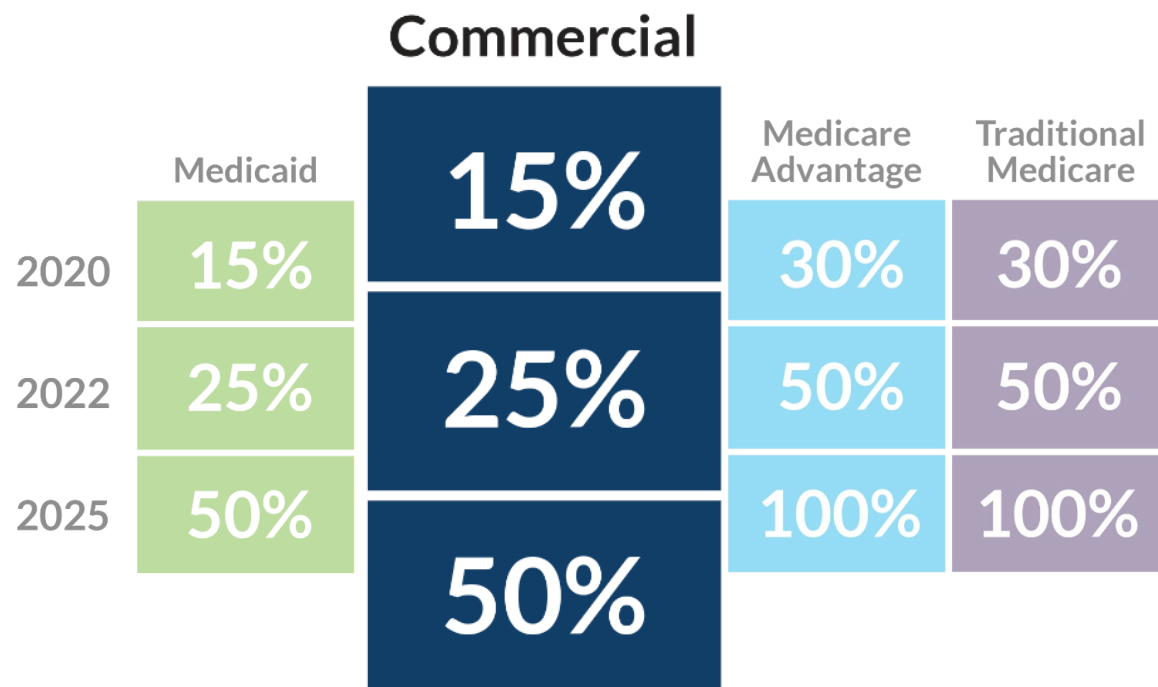
Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2017 7.4%

2018 8.3%

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

LAN Goals: Commercial



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

2017

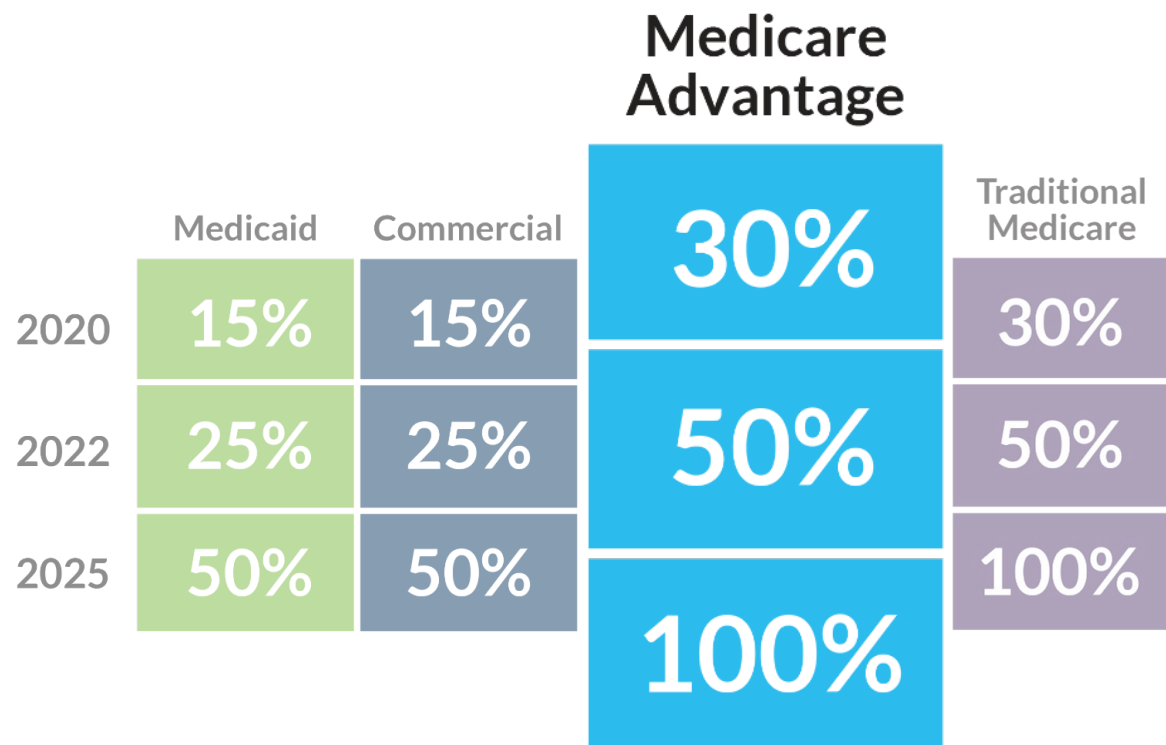
9.9%

2018

10.6%

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

LAN Goals: Medicare Advantage



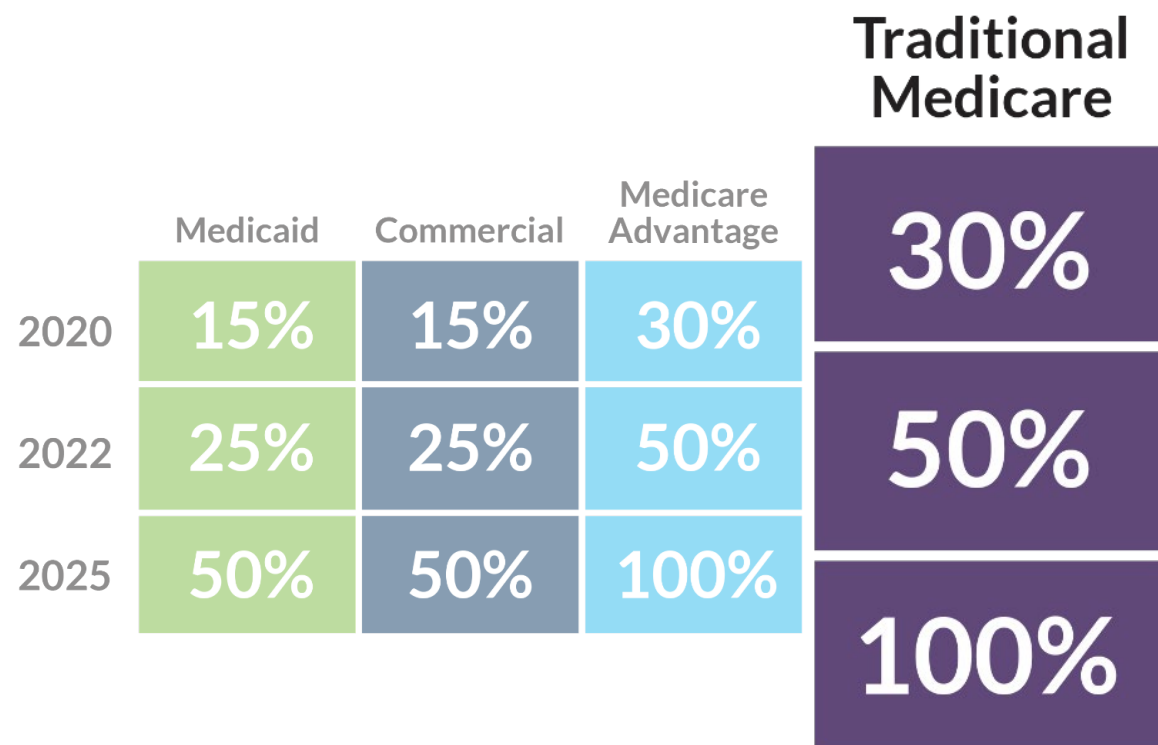
Percentage of payments flowing through two-sided risk models (Categories 3B & 4* in the LAN APM Framework)

2017 24.2%

2018 24.3%

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

LAN Goals: Traditional Medicare



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

Organizations Supporting New LAN Goals



LAN Structure & Workflow

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

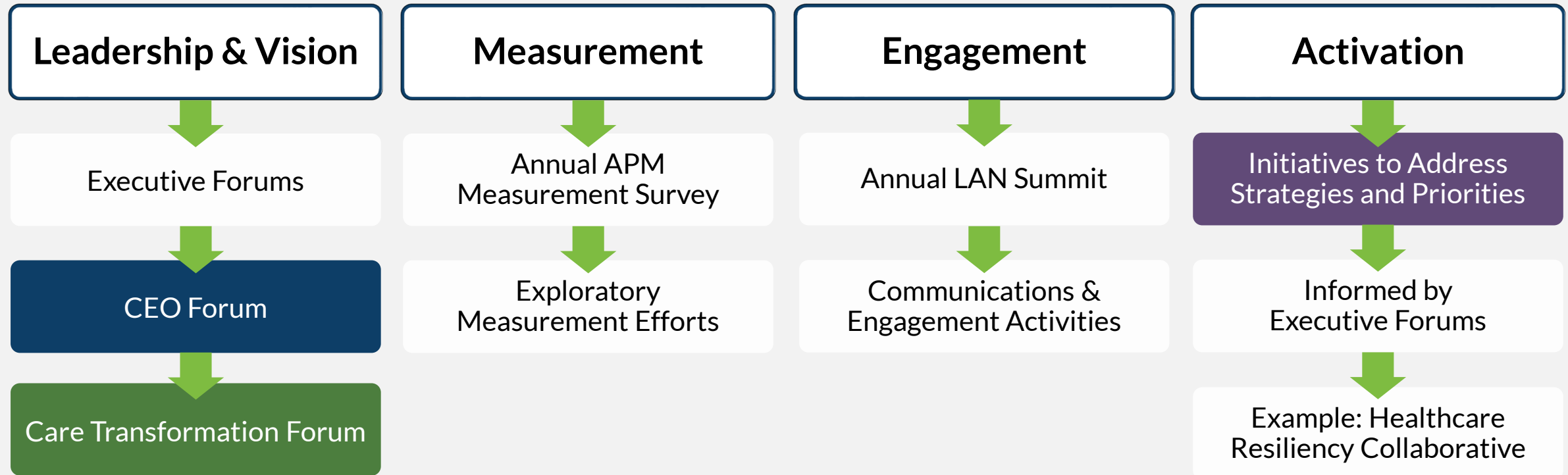
- Set strategy for the LAN within scope of LAN goals
- Serve as the primary collaborative bodies of the network
- Provide critical guidance and input into LAN initiatives and LAN work groups



- CMS 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.

LAN Structure to Accelerate Progress



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.

LAN Executive Forums

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**

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

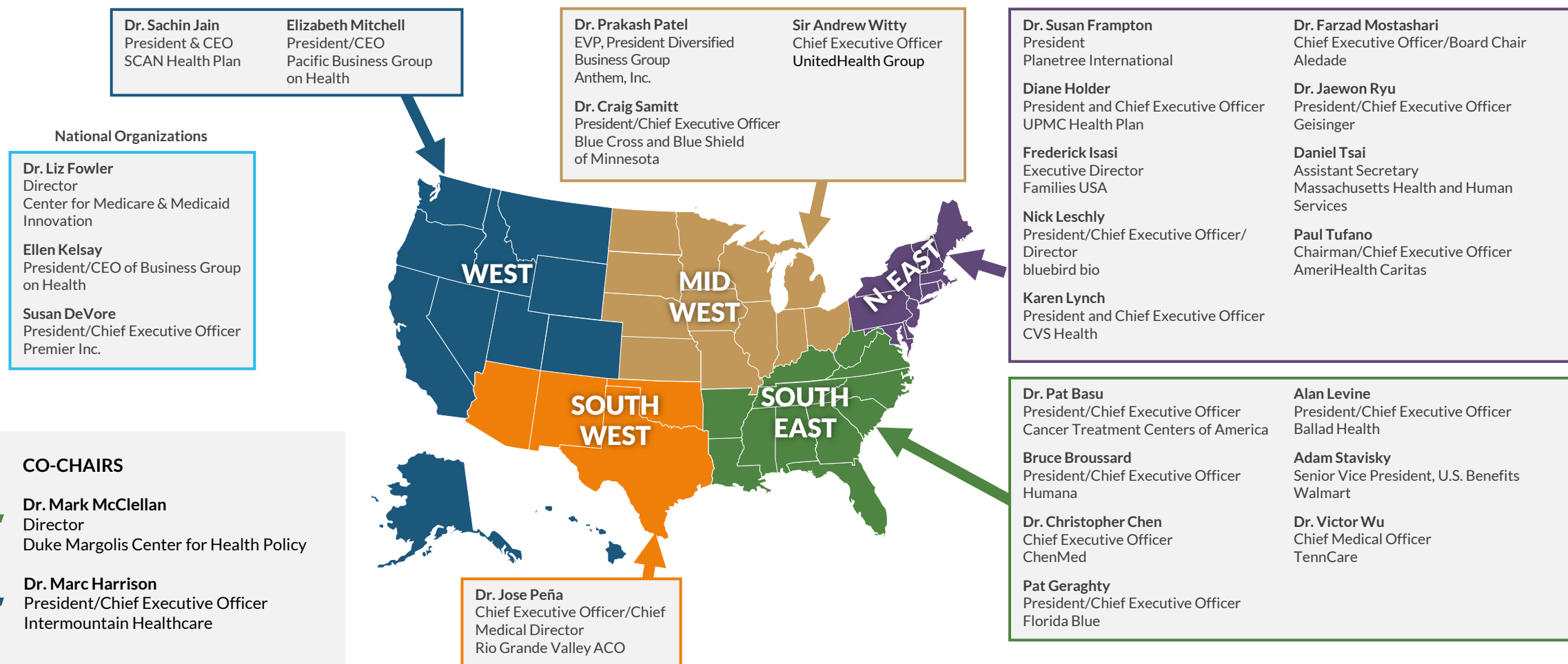
Senior Vice President
of Clinical Integration
and Physician Services
Trinity Health



Dr. William Shrank

Chief Medical Officer
Humana

CEO Forum Participants



Care Transformation Forum Participants

Libby Hoy
Founder/Chief Executive Officer
PFCC Partners

Dr. Dana Lustbader
Chief Medical Officer/Medical Director
ProHEALTH

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

Dr. Henry Wei
Medical Director for Benefits
Google

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

Tim Gronniger
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Caravan Health

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Oak Street Health

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Health Officer
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& Chief Executive Officer
Council of Medical Specialty Societies

Dr. Ken Cohen
Chief Medical Officer
New West Physicians

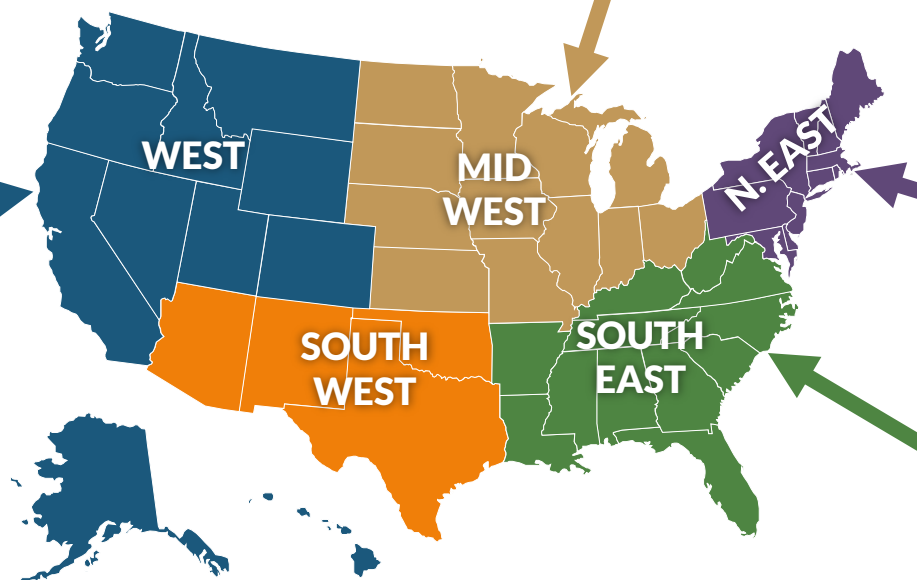
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HCA Healthcare

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

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

LAN Healthcare Resiliency Collaborative



LAN Healthcare Resiliency Collaborative

The most effective APMs for resiliency are those that deliver on quality and cost for a population, while also supporting financial stability, even during a major crisis in the healthcare system.

MISSION

- 1 Identify and disseminate best practices for payer supports and payer-provider collaboration to help providers recover from the impact of the public health emergency;
- 2 Facilitate the transition into the most effective alternative payment models possible, as providers build on innovative care models to recover from the pandemic; and
- 3 Support further actions to identify, scale, and evolve effective alternative payment models.

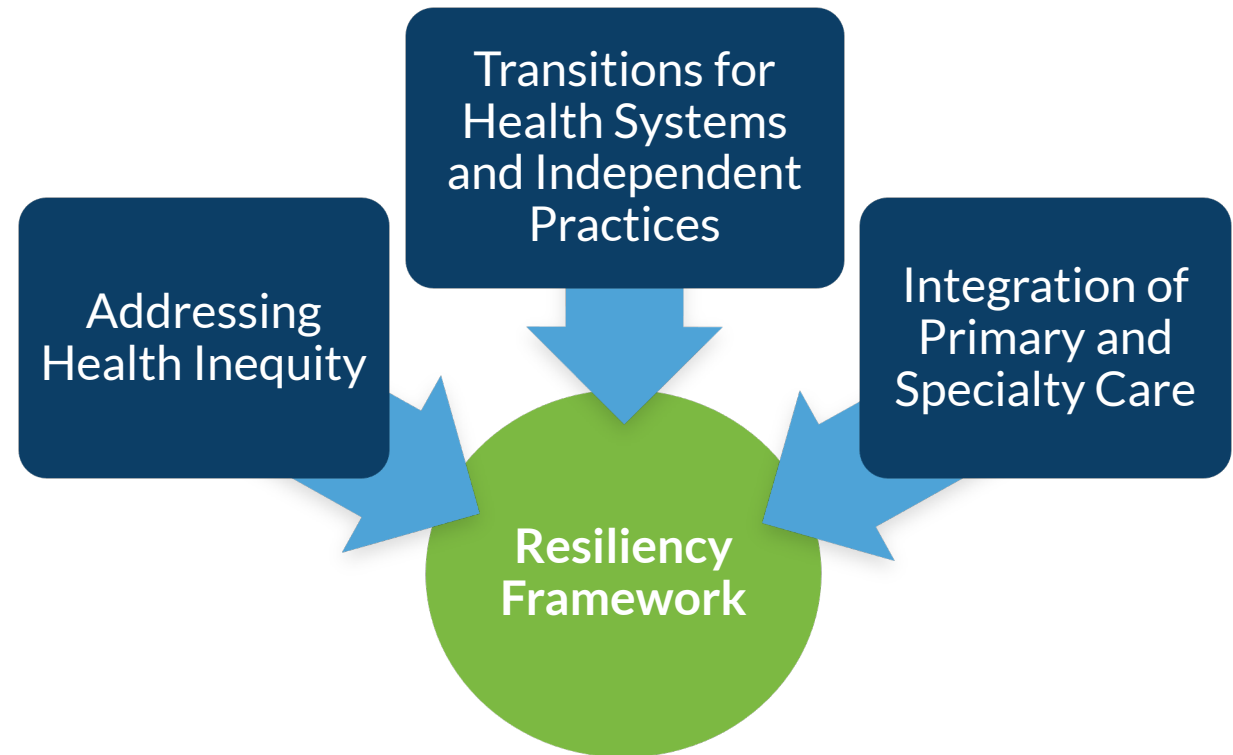
View the LAN Healthcare Resiliency Collaborative webpage at <https://hcp-lan.org/resiliency-collaborative/>

Healthcare Resiliency Collaborative

VISION

A healthcare system that is responsive and resilient to events such as the unprecedented PHE and achieves improved patient experiences and outcomes, reduced disparities, and greater affordability and accessibility – NOT just a system that recovers to previous models of care and payment. In collaboration, payers and providers can lead the way through actions that shift payments from FFS approaches that have not worked well in the PHE and into effective APMs.

CORE COMPONENTS OF THE FRAMEWORK



Healthcare Resiliency Framework

WHO	Payers, Providers & Multi-stakeholders
WHY	FFS payment approaches have not worked well in the pandemic. Payers, providers and other stakeholders can lead the way through actions that shift payments into more resilient, effective APMs
WHEN	Short-term and medium- to long-term
HOW	The framework describes key actions that payers, providers, and multi-stakeholder groups can take. The actions are inter-related and an organization's strategy for resiliency is likely to involve a combination of the actions.

View the LAN Healthcare Resiliency Framework webpage at <https://hcp-lan.org/resiliency-collaborative/framework/>



Payer Medium to Long-Term Actions



Provider Medium to Long-Term Actions



Transition to effective APMs



Promote equity in health care



Calibrate APMs to account for varying provider needs



Advance whole person care through increased clinical integration



Multi-Stakeholder Medium to Long-Term Actions



Engage in partnerships to support transition to effective APMs

Shared Commitment Statement



Our organization is committed to a healthcare system that is responsive and resilient to events such as the unprecedented COVID-19 public health emergency. We commit to achieving better patient experience, access, health outcomes, equity, quality, appropriateness, and affordability in the recovery from the crisis – not just a return to previous models of care and payment. In collaboration with other payers, providers, employers, and patient/consumer groups, we will lead the way through actions that help sustain and accelerate our transition to effective APMs, including those that incorporate population-based payments with prospective cash flows. In doing so, we will prioritize **three resiliency areas**:

1.

Recognizing that resiliency is dependent on addressing root causes that contribute to poorer health outcomes for at-risk populations, promoting equity in healthcare through intentionality in APM design and implementation that emphasizes measurement, adequacy in payment, addressing social determinants of health, and implementing other evidence-based interventions

2.

Calibrating population-based APMs to account for varying needs for capital and other non-financial supports among differing types of providers with differing levels of resources and capacity, while ensuring comparable and transparent information on quality and costs at the provider level

3.

Advancing whole-person, person-centered care through increased clinical integration of primary, specialty and other care into accountable primary care, with a particular emphasis on behavioral health and the use of virtual care and other novel care delivery modalities.

Our organization is committed to authentic patient and family participation in APM design and implementation.



View the Shared Commitment Statement at <https://hcp-lan.org/resiliency-collaborative/shared-commitment/>

Shared Commitment Statement Organizations



Last updated 9/13/2021

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Individual Commitments

Some organizations have gone a step further and made individual specific commitments...



View the Shared Commitment Statement at <https://hcp-lan.org/resiliency-collaborative/individual-commitments/>

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Join Us and Make the Commitment Today!



<https://hcp-lan.org/resiliency-collaborative/>



[Shared Commitments](#)



[Individual Commitments](#)



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



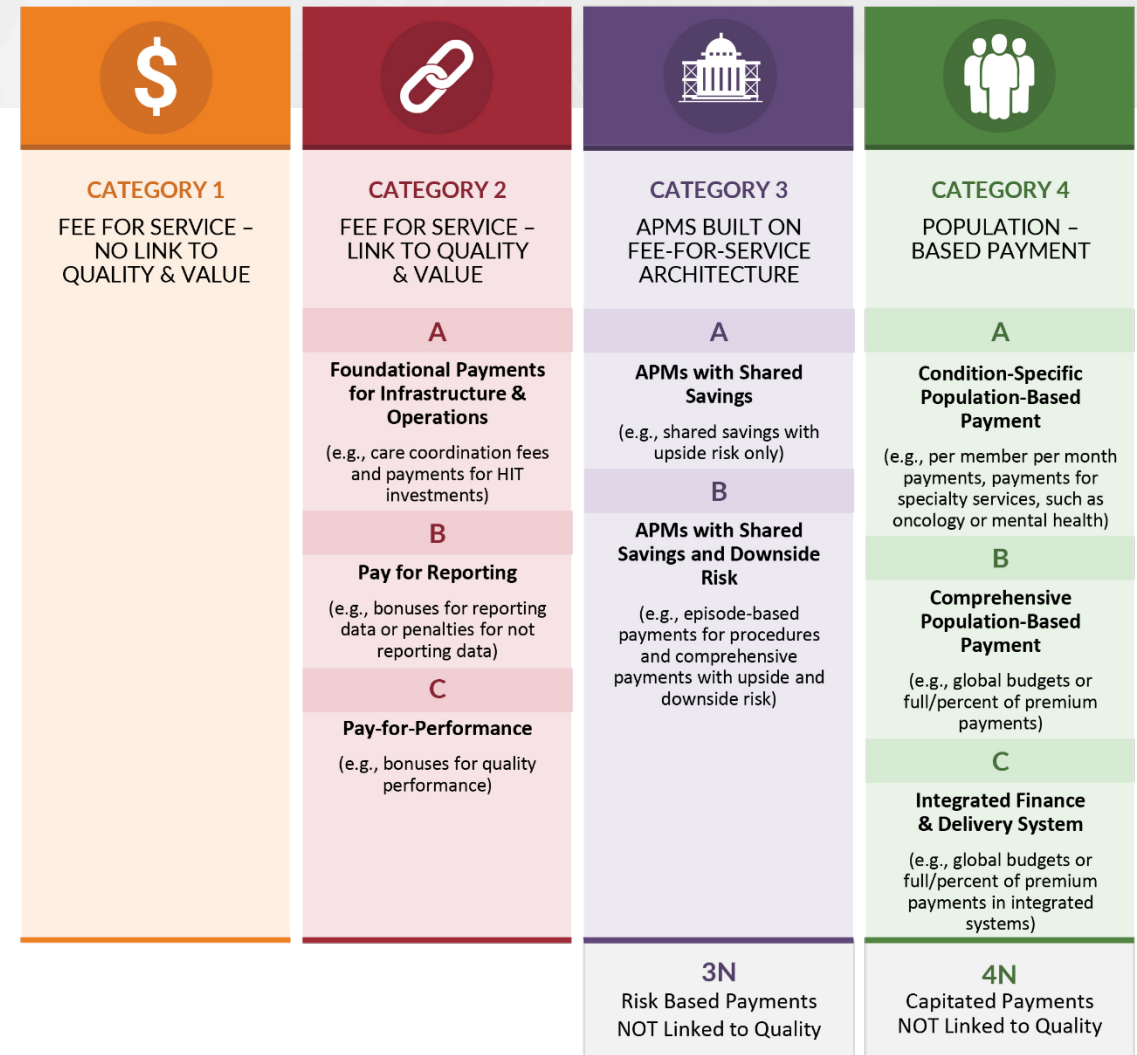
MEASURE



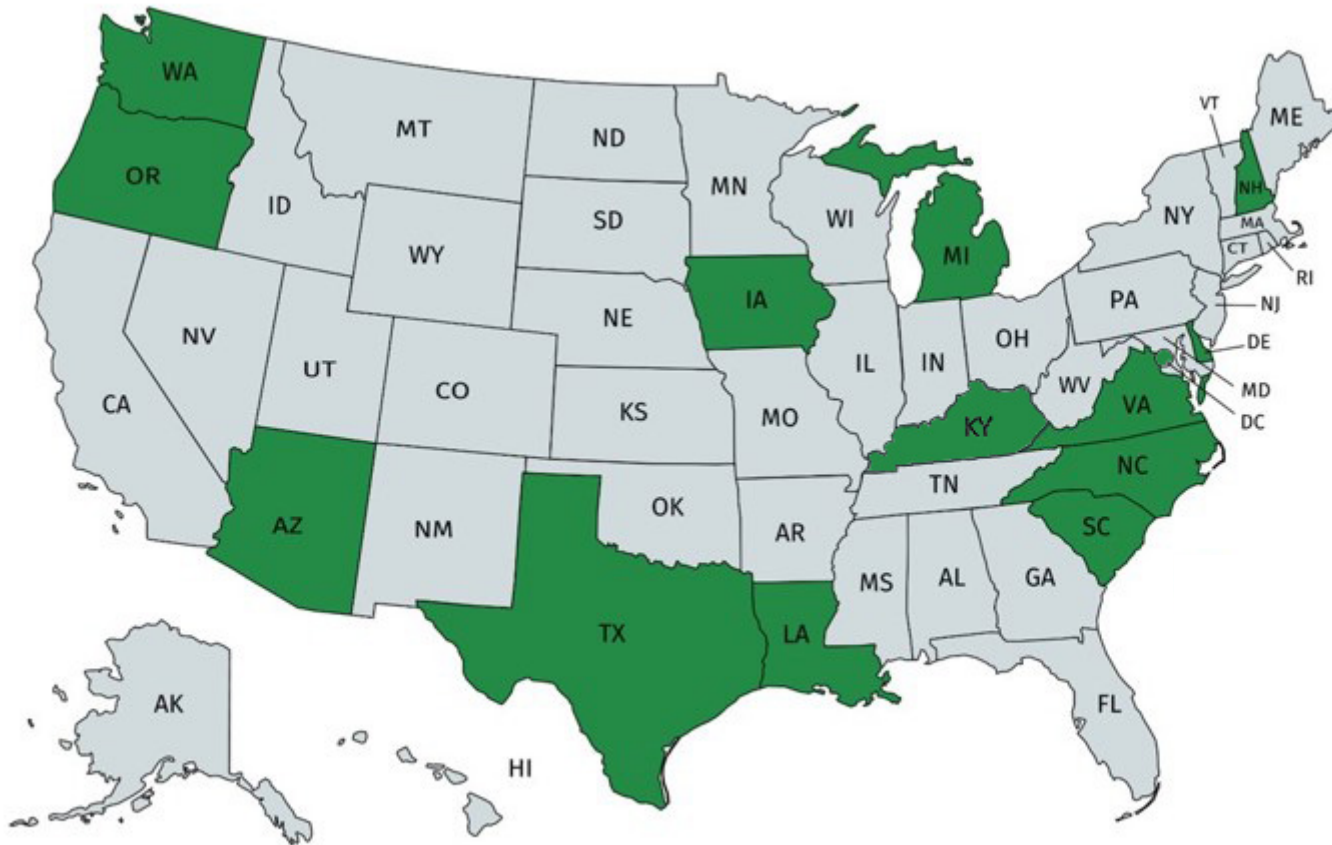
ENGAGE

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

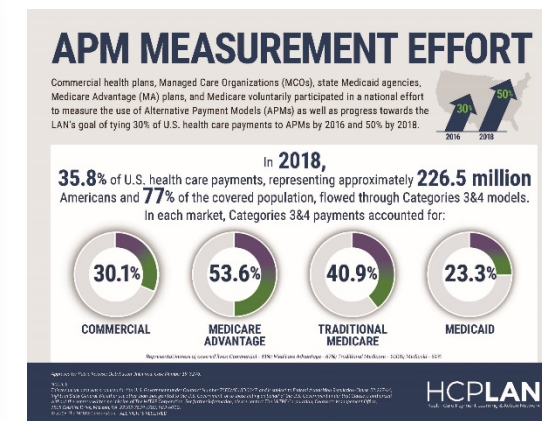
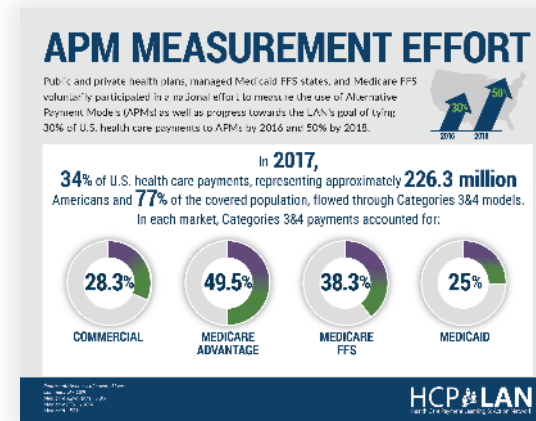
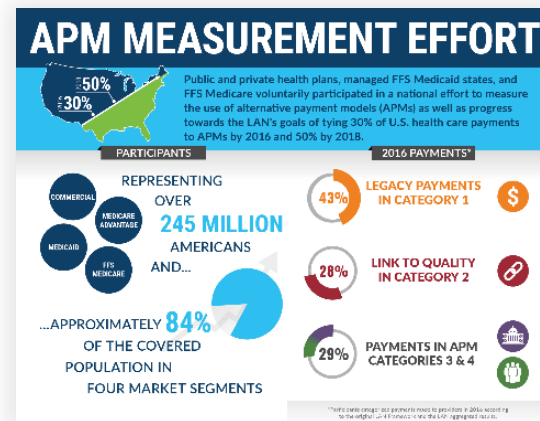
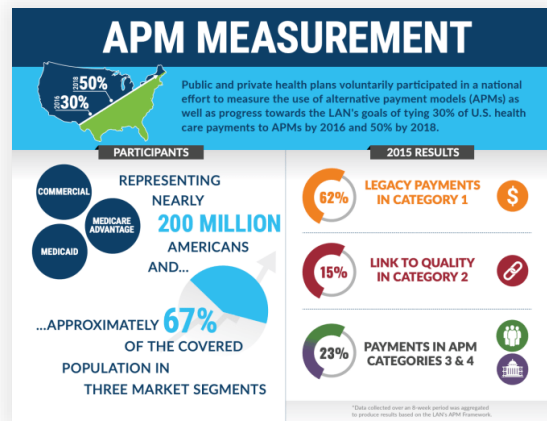


State of LAN APM Framework Adoption

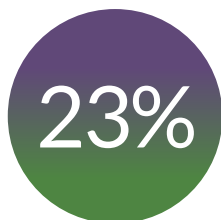


At least 13 States and the District of Columbia are Using the LAN APM Framework to Set Requirements for Value-Based Payment.

LAN APM Measurement Through the Years



2015



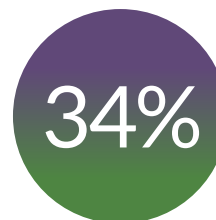
Category
3 & 4 combined

2016



Category
3 & 4 combined

2017



Category
3 & 4 combined

2018



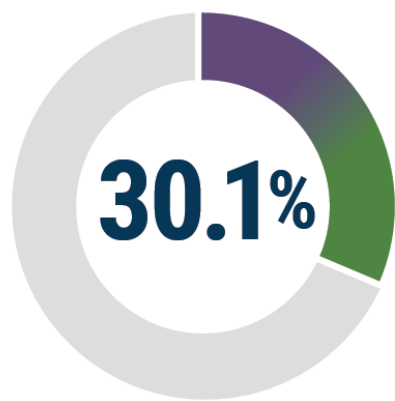
Category
3 & 4 combined

LAN 2018 APM Measurement Results

[Read the APM Measurement Report](#)

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:



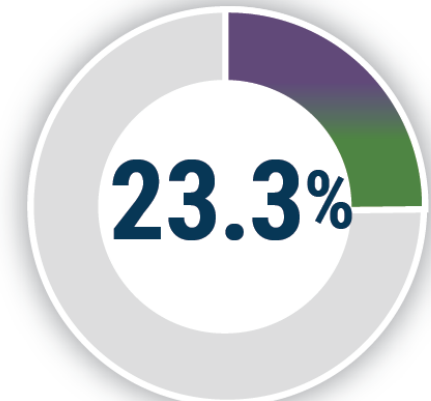
COMMERCIAL



**MEDICARE
ADVANTAGE**



**TRADITIONAL
MEDICARE**

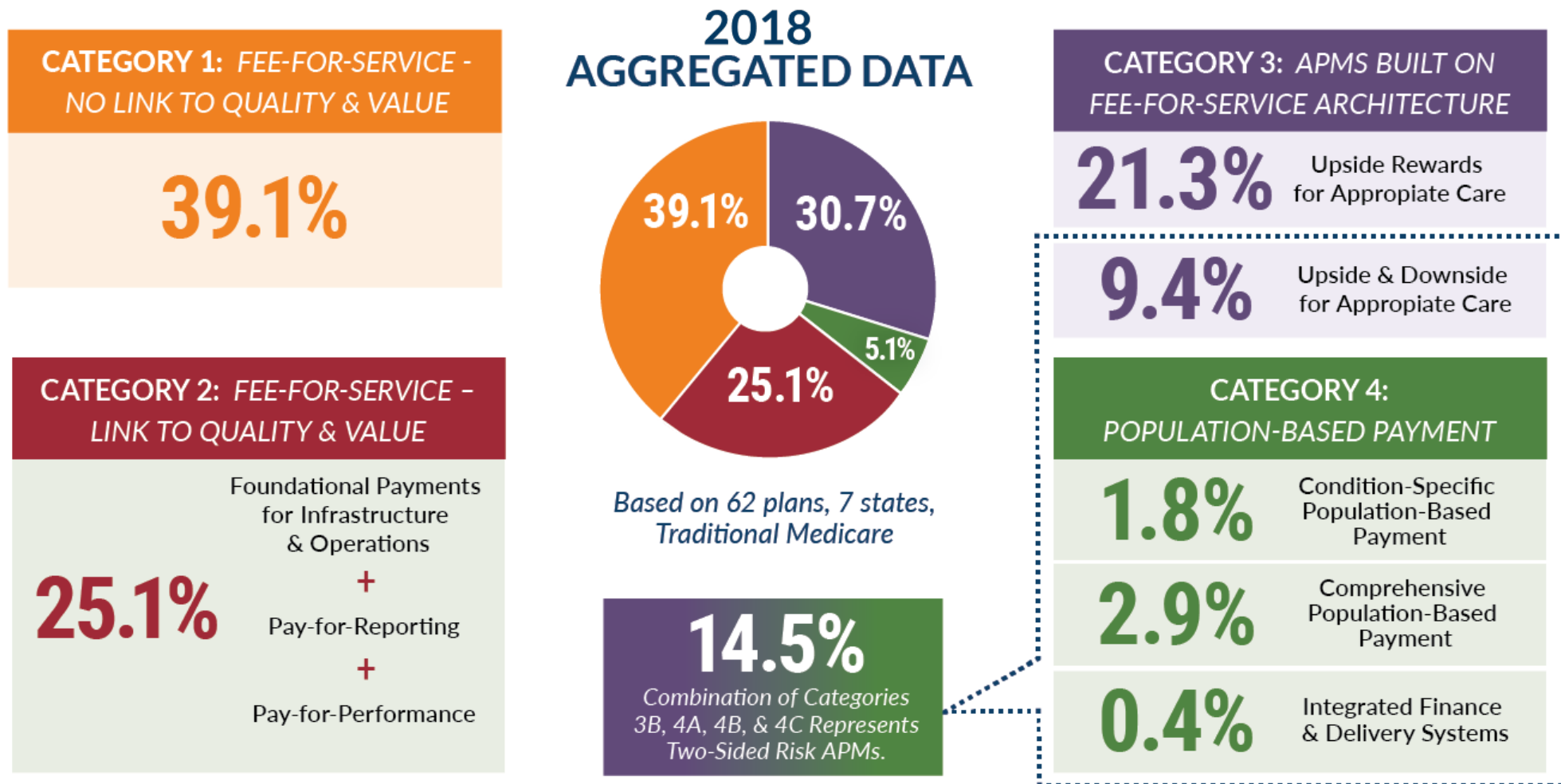


MEDICAID

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

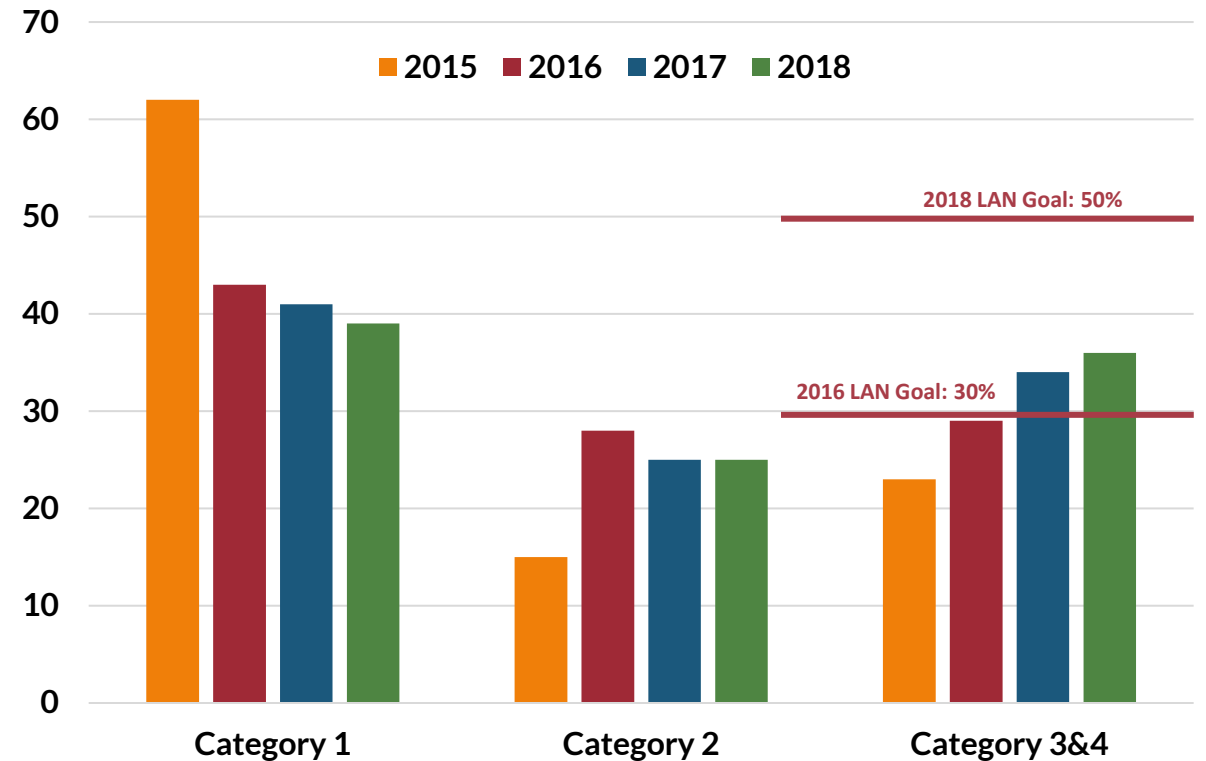
LAN 2018 APM Measurement Results

[Read the APM Measurement Report](#)



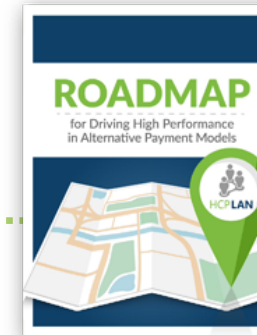
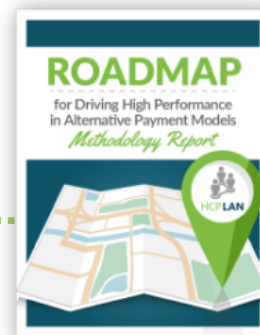
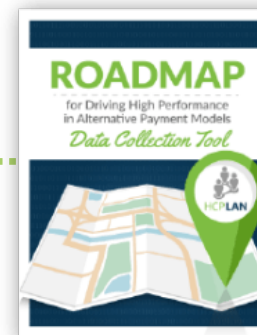
Comparing LAN Measurement Results Across the Years

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>

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](#):

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



Download your copy of
Foundational Resources
from our website!

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/>

Visit the LAN Website

<https://hcp-lan.org>



LAN Summit

Platform for Learning & Collaboration

Each year, a multitude of payers, providers, purchasers, patients, industry leaders and other stakeholders attend the LAN Summit to 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 2020, LAN Summit attendees collaborated online at the first fully virtually event.



LAN Summit Press Coverage

2020

- 6 media stories
- 12 journalists registered for the Summit
- More than 19,600 Twitter impressions and 31 new followers on social media sites

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

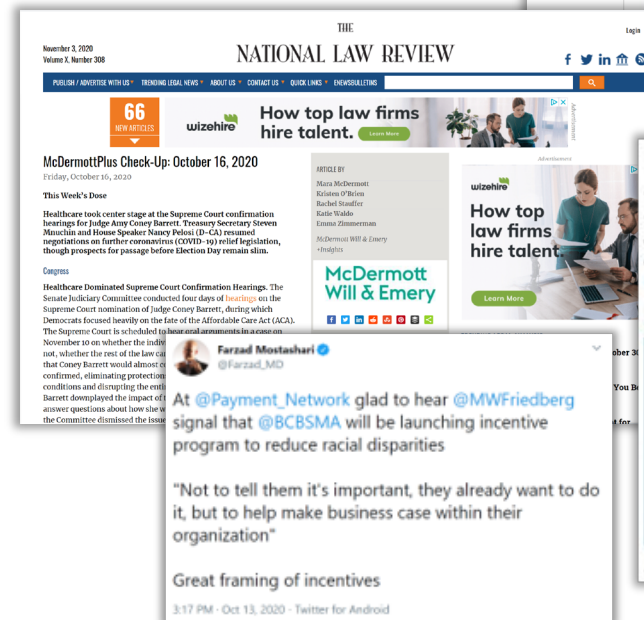
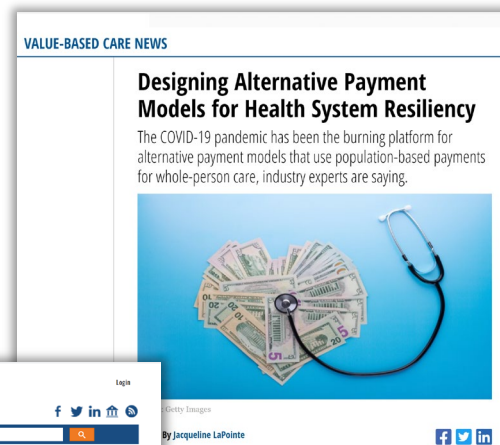
- 14 original media stories
- 5 press outlets on site
- 247 press release pick-ups for a total potential audience of 83.9 million

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



LAN Contacts

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- Current Advisors:
 - Catalyst for Payment Reform
 - Ripple Effect
 - Independent: Dr. Mark McClellan; Aparna Higgins; Mary Jo Deering

Contact Us

We want to hear from you!



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