

WHAT IS THE HEALTH CARE PAYMENT LEARNING & ACTION NETWORK?

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 payment.

OUR VISION

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

OUR 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. Together, the LAN's efforts have helped lead the movement to transform health care payment.



INSPIRE

LAN Executive Forums connect influential public and private sector leaders committed to aligning their efforts, sharing insights, and providing guidance on how to accelerate payment reform.



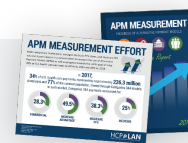
STANDARDIZE

The APM Framework establishes a common vocabulary categorizing payment models, and helps stakeholders track progress on payment reform.



EMPOWER

The Roadmap contains key insights, and promising practices and strategies for designing and implementing successful APMs, delivered via an interactive, intuitive web experience.



MEASURE

Since 2016, the LAN has conducted a robust annual APM Measurement Effort to assess nationwide adoption of APMs and progress toward payment reform goals.



ENGAGE

The LAN Summit is the landmark payment reform event that brings stakeholders from across the health care landscape together to network, learn, and share strategies to transform payment.

OUR GOAL STATEMENT

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

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

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.

Charged with advancing and accelerating APM adoption, the CEO Forum provides guidance on opportunities for strengthening incentives and capacity to accelerate the transition to two-sided risk models across markets. Launched alongside the CEO Forum, the Care Transformation Forum (CTF) is designed to influence and shape care delivery transformation necessary for the success of value-based health care and payment. Comprised of clinical executive health care leaders, the CTF’s primary focus is identifying the tools and strategies that prepare clinicians for success in delivering high-quality care that improves patient outcomes and reduces costs across a multi-payer environment.



ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH)

Reducing disparities and improving health equity through reallocation of resources to address SDOH (e.g., housing, food insecurity, transportation).



REDUCING INEFFECTIVE CARE AND INAPPROPRIATE UTILIZATION OF SERVICES

Focusing on appropriateness, care variation, and person-centered care for all patients through dissemination of best practices.



INCREASING DATA TRANSPARENCY AND INTEROPERABILITY

Providing patients and caregivers with cost, quality, and appropriateness of care data in an actionable, easily understood, and accessible manner. Ensuring that electronic data can be easily shared meeting advanced technology standards (e.g., HL7 FHIR) to improve care delivery.



ENSURING TIMELY DATA AND ANALYTICS CAPABILITIES

Ensuring providers adopt timely data and analytics capabilities, combining multiple data sources (e.g., electronic health record and claims data), to enable successful participation in value-based payment models.



FACILITATING MARKET SHIFTS TO VALUE

Providers who are successful in FFS may lack a compelling reason to transition to APMs, but may be unable to compete with the person-centered care delivered by providers in APMs. Introducing APMs through multi-payer pilots in these markets (particularly for independent and smaller providers) may increase competition and reduce FFS entrenchment.



PROMOTING POPULATION-SPECIFIC APPROACHES

Improving predictability for providers through improved risk adjustment for complex patients, offering stronger incentive structures for Medicaid beneficiaries, and flexibility on waivers.