FOUNDATIONAL RESOURCES

Explore our collection of fact sheets, reports, infographics, white papers and more that form the foundations for understanding payment model reform.

Roadmap for Driving High Performance in Alternative Payment Models

Now available, the Roadmap for Driving High Performance in Alternative Payment Models is a landmark tool designed to help health care stakeholders navigate the inherent challenges and opportunities in APM implementation. The Roadmap contains key insights, promising practices, and the most current strategies for designing and implementing successful APMs, delivered via an interactive, intuitive web experience. Health care decision makers at all stages of APM implementation will find value in the Roadmap’s real-world perspectives and lessons learned from both payers and providers—insights that can help accelerate the shift towards a value-based payment system that improves patient care quality while reducing costs.

Clinical Episode Payment Models White Papers

The Clinical Episodes Payment Models white paper collection introduces readers to clinical episode payments and offers design and operational recommendations for three select areas: elective joint replacement, maternity care, and coronary heart disease. Each clinical area features its own dedicated white paper.

Population-Based Payment Models White Papers

This collection of white papers introduces readers to population-based payment models and their essential components: data sharing, financial benchmarking, patient attribution, and performance measurement. Each component features its own dedicated white paper.
Primary Care Payment Models

Primary care is a critical link in health care delivery. Often patient’s first point of contact with the health care system, primary care practitioners make decisions that broadly impact both patient health and total health care spending. This Primary Care Payment Model (PCPM) white paper views primary care teams as uniquely positioned to serve as catalysts for innovative care as well as effective stewards of health care resources. The paper offers principles and recommendations for implementing PCPMs that can help overcome the barriers to effective primary care tied to traditional fee-for-service payments based on the volume of services provided rather than the quality and value of care.

Data Sharing Requirements Initiative

The goal of this report is to assist individual organizations in making strategic decisions about data sharing. However, doing so requires going beyond their organization’s walls and assessing community and regional assets and potentially national vendor options. Local efforts will be greatly enhanced by national alignment on foundational aspects of data sharing. These three levels—the individual organization, key community and regional partnerships, and system-wide infrastructure support—are all necessary. This paper explains how additional functionality can be acquired commercially, rather than built, by either organizations implementing value-based payments or third party entities supporting them.

Maternity Episode Payment Model Online Resource Bank

Maternity care costs vary significantly by payer (commercial or Medicaid), by type of birth (vaginal or cesarean section), and by setting (hospital or birth center). Prenatal care, labor and birth, and postpartum care are often paid for and delivered as three distinct periods when, in reality, they are all three phases of one episode in a woman’s life. To incentivize coordination across the practitioners and settings where the full spectrum of maternity services are provided, episode payment can be used with the goals of improving patient care, increasing coordination across services and providers, and lowering health care costs.

Primary Care Payer Resource Bank

The Health Care Payment Learning and Action Network (LAN) launched the Primary Care Payer Action Collaborative (PAC) in October 2016 as a forum for public and private payers in Comprehensive Primary Care Plus (CPC+) to work together across regions on the shared goal of improving primary care.