



HCP LAN

Health Care Payment Learning & Action Network

Overview Slide Deck

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1. LAN Mission: Role, Goals, and Success

LAN Mission

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 the following:



BETTER CARE

The LAN seeks to shift our health care system from the current fee-for-service payment model to a model that pays providers and hospitals for quality care and improved health.



SMARTER SPENDING

In order to achieve this, we need to shift our payment structure to pay for quality of care over quantity of services.

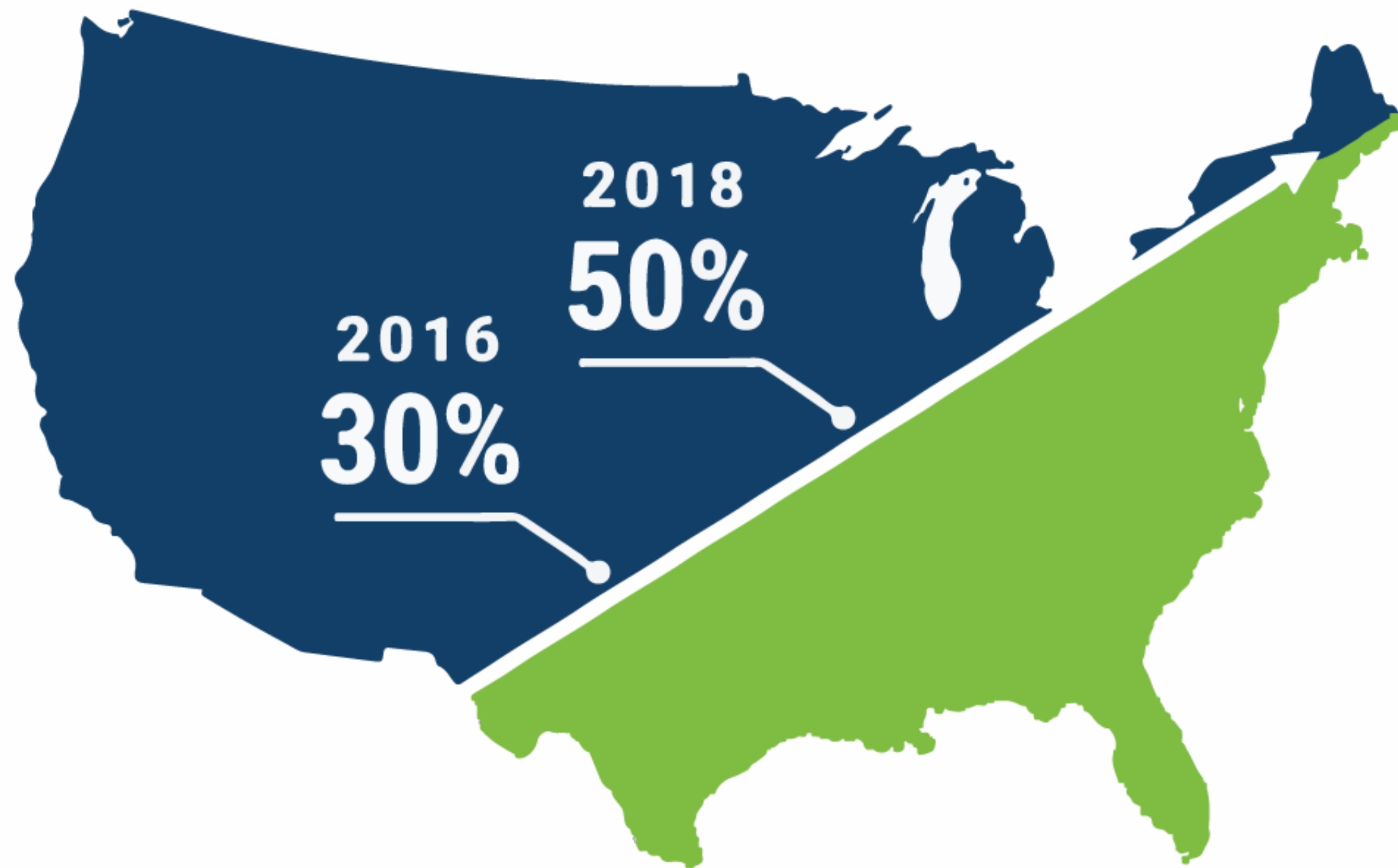


HEALTHIER PEOPLE

Such alignment requires the participation of the entire health care community. The LAN is a collaborative network of public and private stakeholders.

Our Goal

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GOALS

Goal of U.S. health care payments linked to quality and value through APMs.

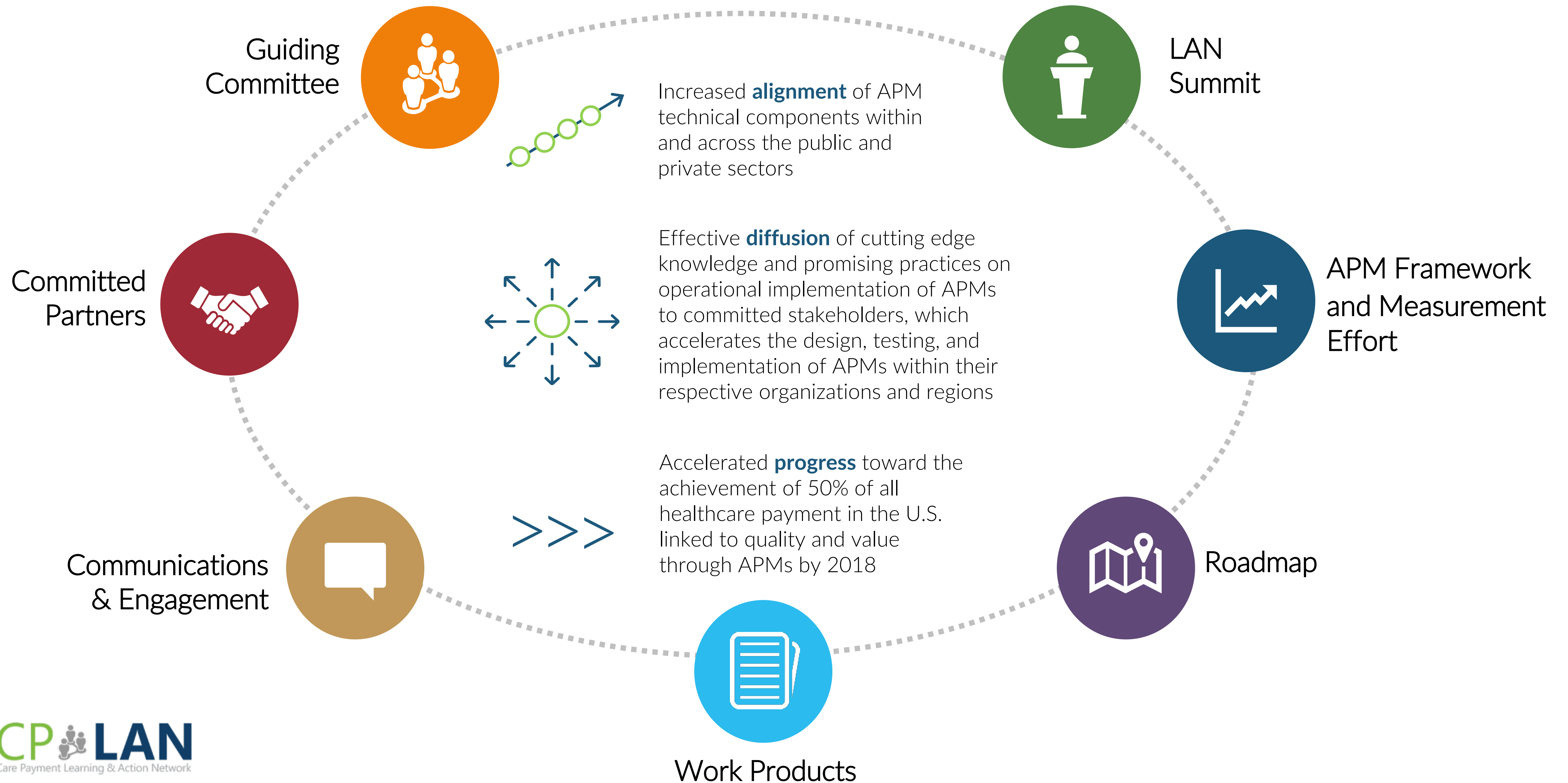
RESULTS

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

2. How Does the LAN Accomplish its Work?

LAN Objectives and Tactics

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3. Guiding Committee

Guiding Committee

Member Roster



Mark McClellan, MD, PhD

Robert Margolis Professor of Business, Medicine, and Policy Director of the Robert J. Margolis Center for Health Policy at Duke



Mark Smith, MD, MBA

Visiting Professor, University of California at Berkeley and Clinical Professor of Medicine, University of California at San Francisco

Tom Betlach, MPA

Director, Arizona Health Care Cost Containment System

Roy Beveridge, MD

SVP and CMO, Humana

Reid Blackwelder, MD, FAAFP

Past President, American Academy of Family Physicians

Craig Brammer

Chief Executive Officer, The Health Collaborative

Thomas Buckingham, BSN, MBA

EVP, Select Medical

Alex Clyde

Vice President, Global Health Policy, Reimbursement, and Health Economics, Medtronic Inc.

Kenneth Cohen, MD

Chief Medical Officer, New West Physicians

Patrick Courneya, MD

EVP and CMO, Kaiser Foundation Hospitals and Health Plan, Inc.

Charles Fazio, MD, MS

SVP and Medical Director, HealthPartners, Inc.

Andrea Gelzer, MD

SVP and Corporate Chief Medical Officer, Amerihealth Caritas

Bill Hazel, MD

Former Secretary of Health and Human Resources, Commonwealth of Virginia

David Lansky, PhD

CEO, Pacific Business Group on Health

Renee McLaughlin, MD

Senior Medical Officer, Cigna

Debra Ness, MS

President, National Partnership for Women & Families

Henry Pitt, MD

Chief Quality Officer at Temple University Health System

Kyu Rhee, MD, MPP

VP and CHO, IBM Watson Health

Joshua J. Ofman, MD, MSHS

SVP, Global Value, Access and Policy, Amgen Inc.

Frank Opelka, MD, FACS

EVP, Louisiana State University System; Medical Director, Quality and Health Policy, American College of Surgeons

Craig Samitt, MD

President and CEO, Blue Cross and Blue Shield of Minnesota

Lewis Sandy, MD, MBA

SVP, Clinical Advancement, UnitedHealth Group

Susan Sherry

Deputy Director, Community Catalyst

Angelo Sinopoli, MD

Chief Medical Officer
Prisma Health System

Sara Van Geertruyden, JD

Executive Director, Partnership to Improve Patient Care

Judy Zerzan, MD, MPH

Chief Medical Officer,
Washington State Health Care Authority

4. Governance

LAN Governance

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- As a not-for-profit organization chartered to work in the public interest, MITRE operates federally funded research and development centers (FFRDC) for the federal government and serves as an objective, independent advisor to CMS and other HHS operating divisions
- The MITRE-managed FFRDC is named the CMS Alliance to Modernize Healthcare (CAMH)
- CAMH serves as the independent convener of the LAN

GUIDING COMMITTEE

- Sets strategy for the LAN within scope of LAN goals
- Serves as the primary collaborative body of the network
- Provides critical guidance and input into LAN initiatives

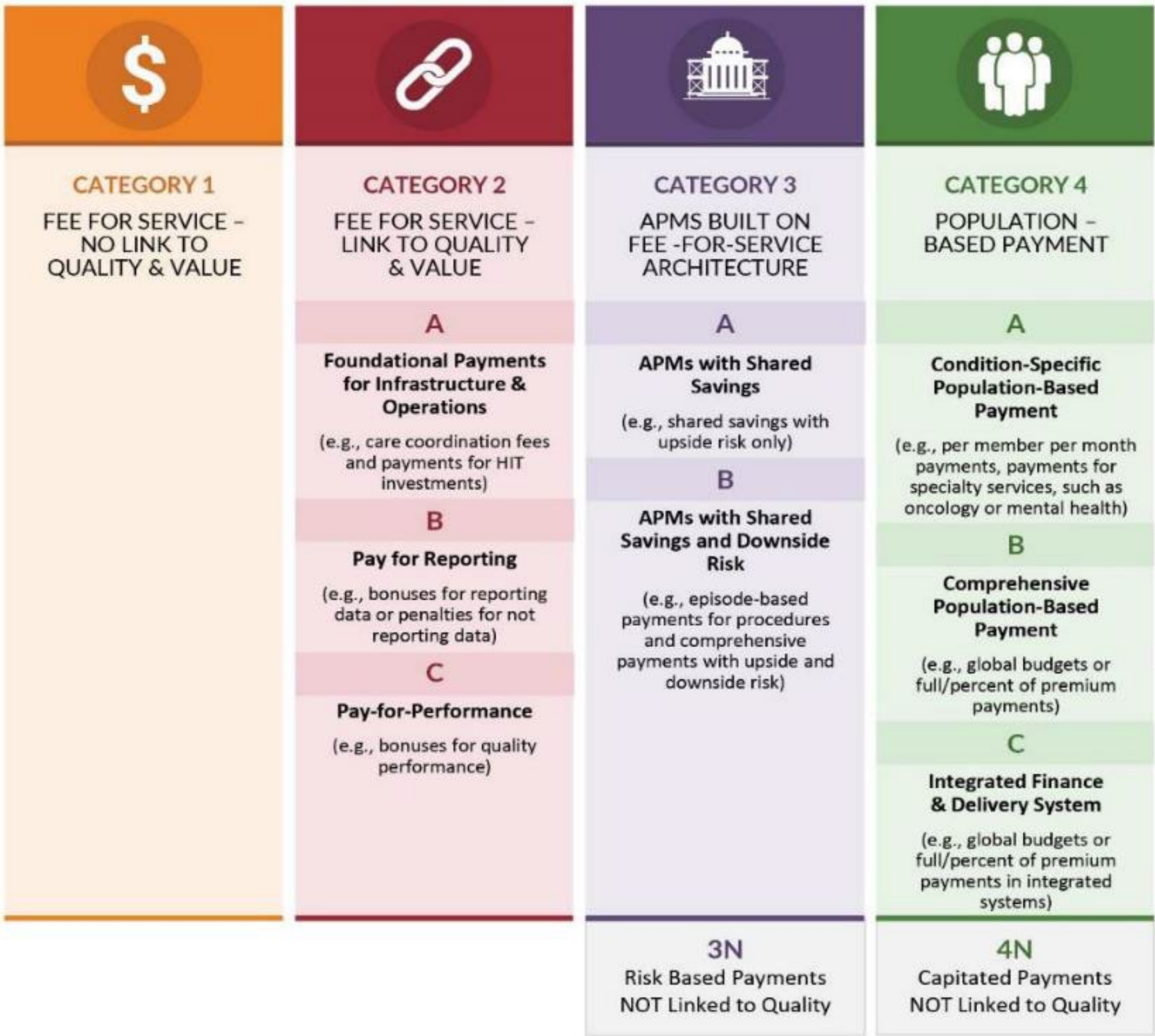
- CMS funds CAMH to independently operate the LAN public-private partnership for a specific period of time.
- CMS is represented on both the LAN Guiding Committee and each LAN Work Group as an equal partner with an equal voice in deliberations.

5. Outputs and Accomplishments

APM Framework

In addition to serving as the framework for the LAN’s measurement effort, the APM Framework is being used by states to collect data and encourage APM adoption:

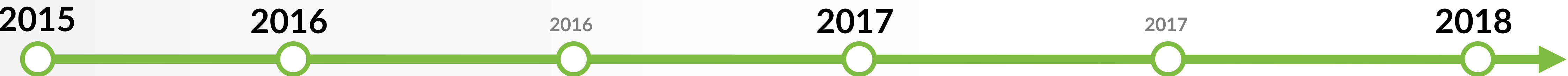
- AZ, CA, NY, SC, VA, TX, OR, and WA use the framework in their Medicaid MCO contracts to require MCOs to focus APM implementation on particular models ¹
- Arizona and Washington State use the framework categories to identify an overall benchmark for provider payments through APMs ¹
- Michigan requires its MCOs to increase the use of APMs, and to report on an annual basis to the state using the APM Framework as a data collection tool, with modifications



¹ <https://www.shvs.org/resource/?topic=data-evaluation,payment-reform&type>

Portfolio of Products

Serving as vehicles for learning and diffusion of information for the broad adoption of APMs



2015

APM Framework increasingly seen as industry standard

- Used by 75 commercial payers and CMS
- Adopted by at least 10 states,

2016

- Clinical Episode Payment Models White Papers
- Population-based Payment Model White Papers.
- First Measurement Effort

2016

LAN work on performance measurement foundational in informing the CMS MM initiative and formally acknowledged by CMS

2017

MAC Resource Bank, online resource bank built on the Clinical Episode Payment work group design elements.

2017

Measurement Reports, a compilation of data collected regarding APM adoption. The largest and most comprehensive of its kind at the national level.

2018

LAN Roadmap, a collection of best practices and implementation steps for APMs.



Online Resource Banks

Maternity Episode Payment and 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 Episode Payment Models: Experiences from Ohio and Tennessee”

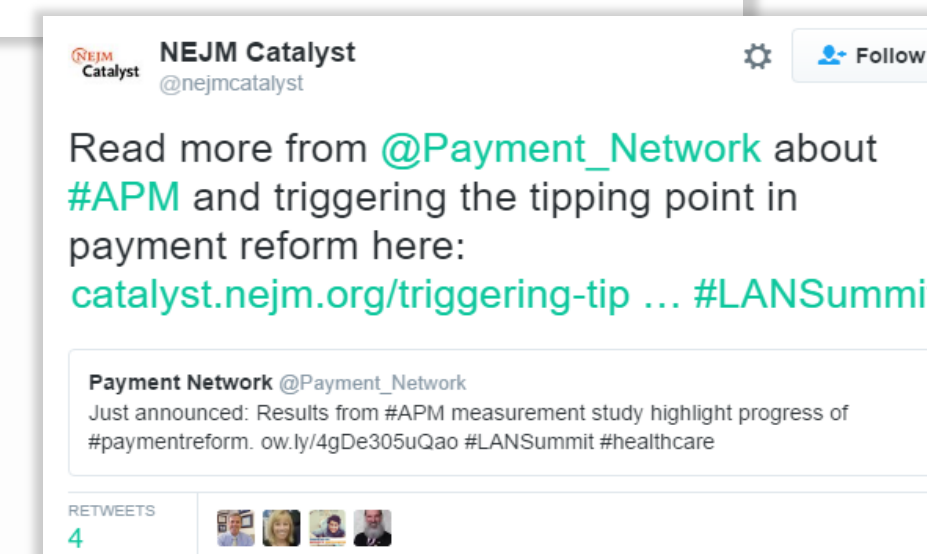
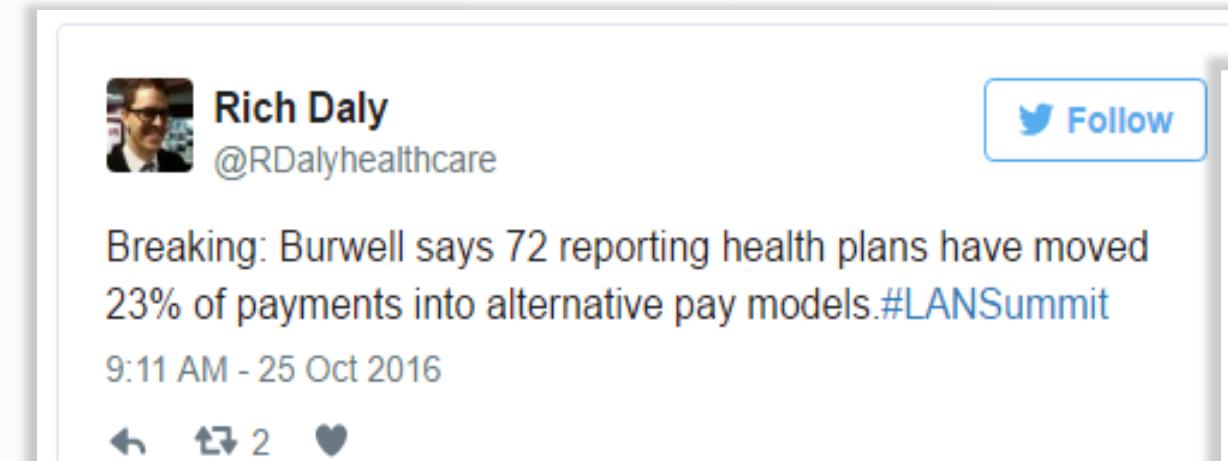
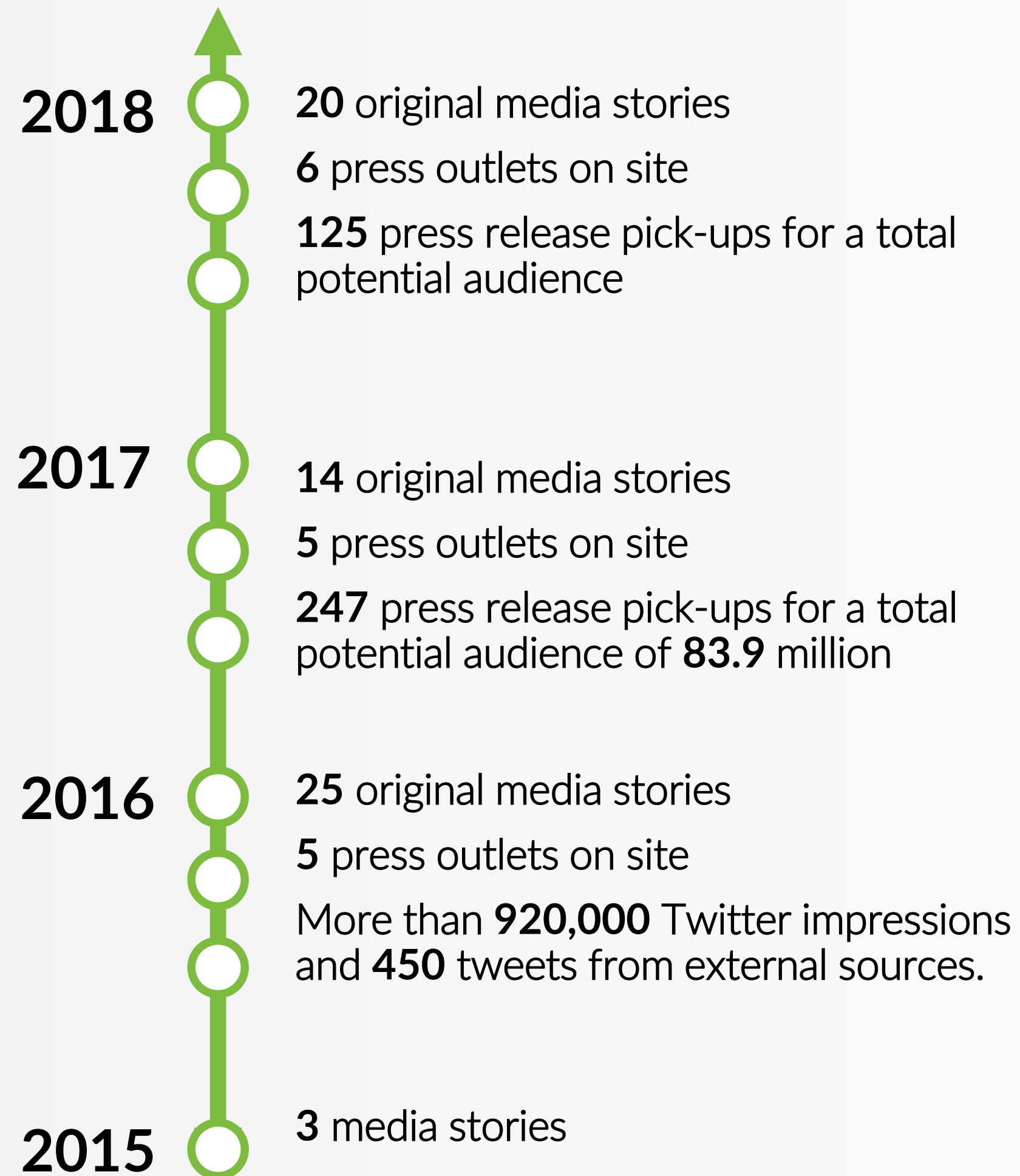


The PAC Resource Bank provides content to support payers as they operationalize alternatives to fee-for-service payment specifically in “CPC+ Track 2,” including:

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

LAN Press coverage

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6. Measurement Effort

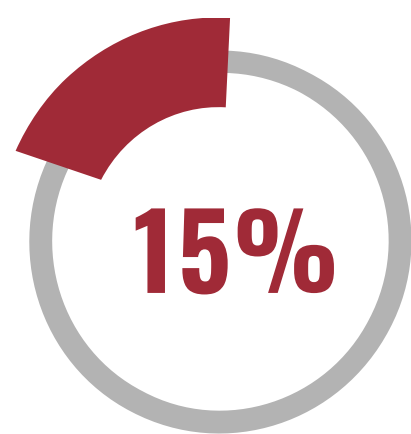
2016 & 2017 Measurement Effort Results 18

2016 Results (based on 2015 data)

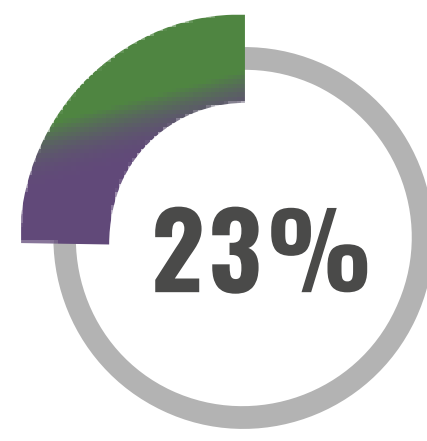
Representing nearly **200 MILLION** Americans and **67%** of the covered population in three market segments



LEGACY PAYMENTS
IN CATEGORY 1



LINK TO QUALITY
IN CATEGORY 2

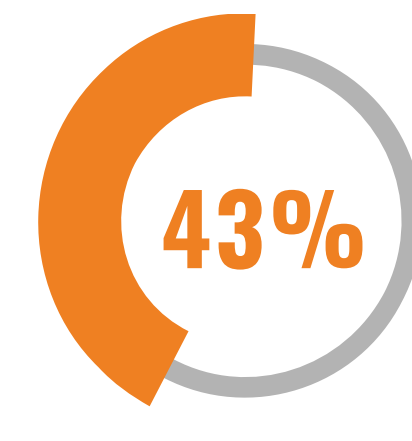


IN APM'S
CATEGORY 3 & 4

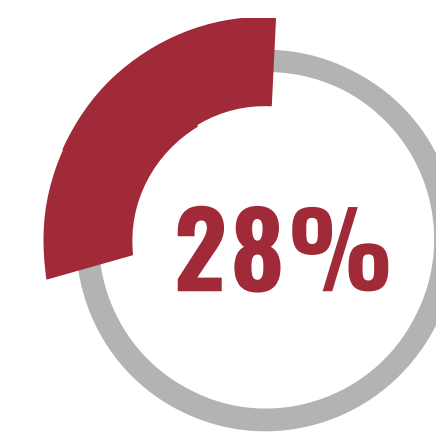


2017 Results (based on 2016 data)

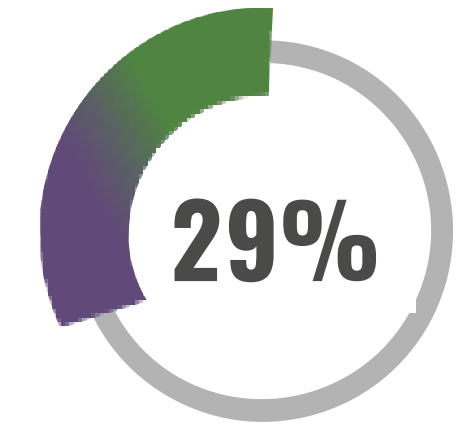
Representing nearly **245 MILLION** Americans and **84%** of the covered population in three market segments



LEGACY PAYMENTS
IN CATEGORY 1



LINK TO QUALITY
IN CATEGORY 2

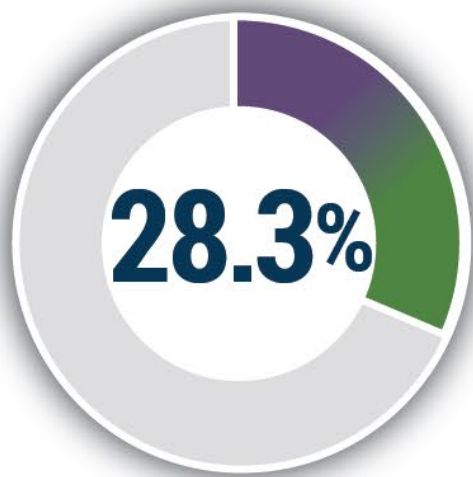


IN APM'S
CATEGORY 3 & 4

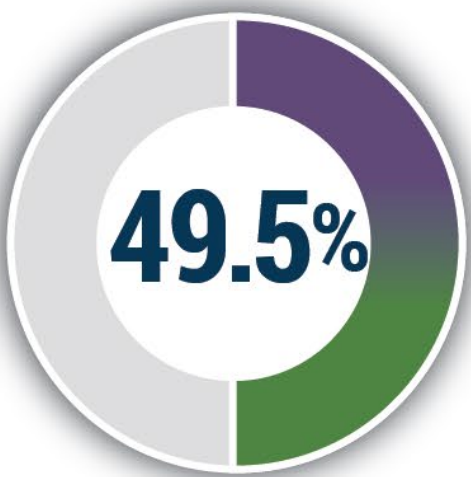


2018 Measurement Effort Results

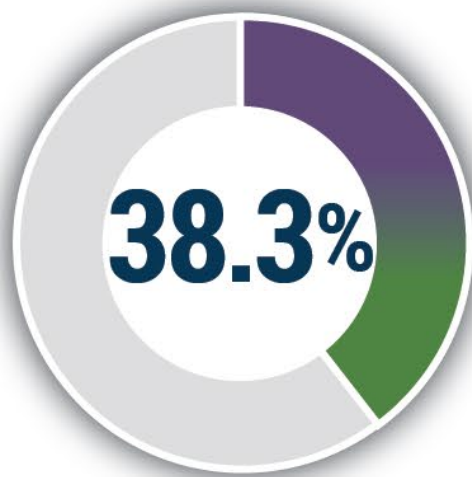
Based on 2017 data, 34% of U.S. health care payments flowed through Categories 3&4 Models. The data represent approximately 226.3 million Americans and 77% of the covered population. In each market, Categories 3&4 payments accounted for:



COMMERCIAL



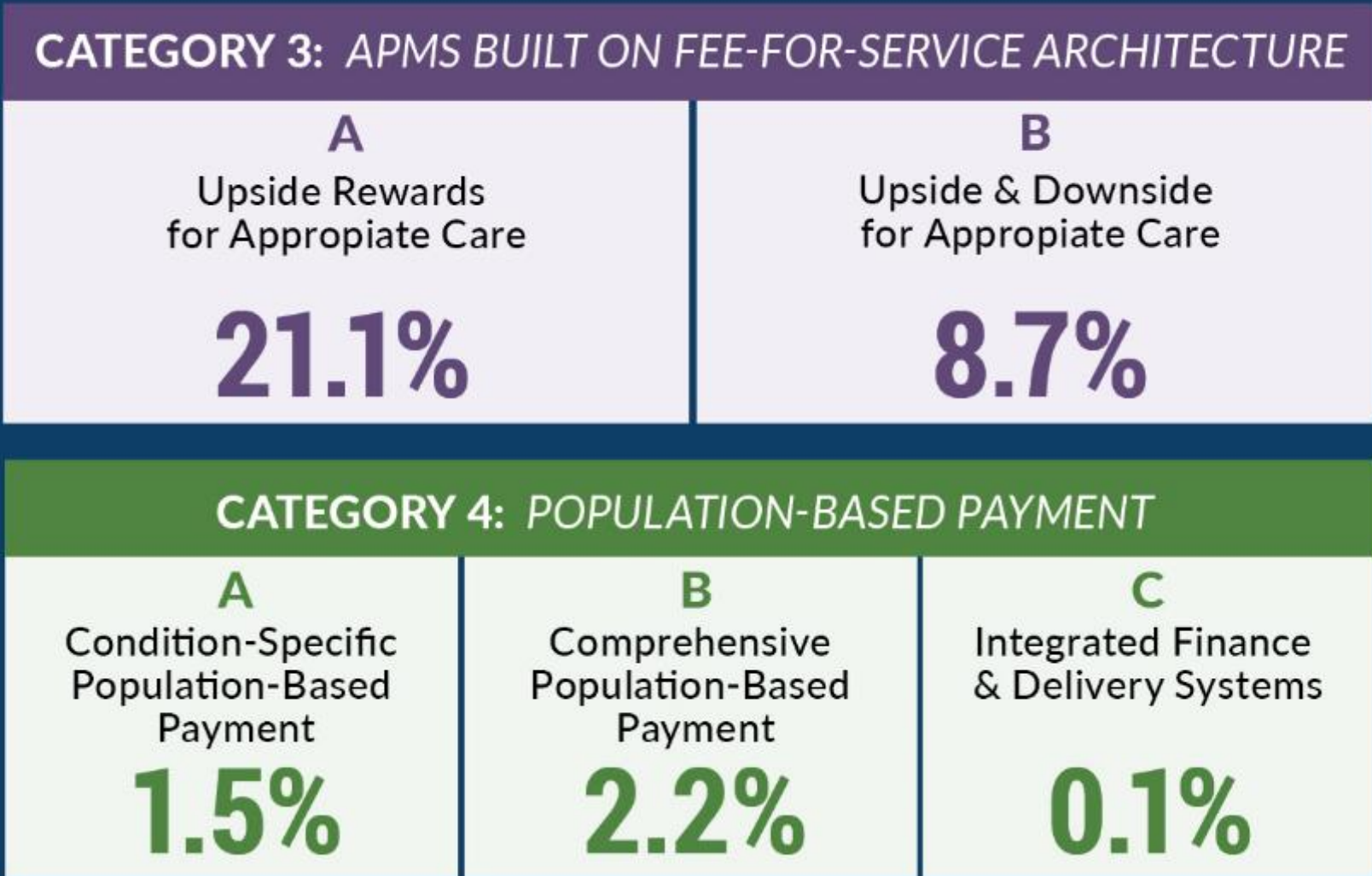
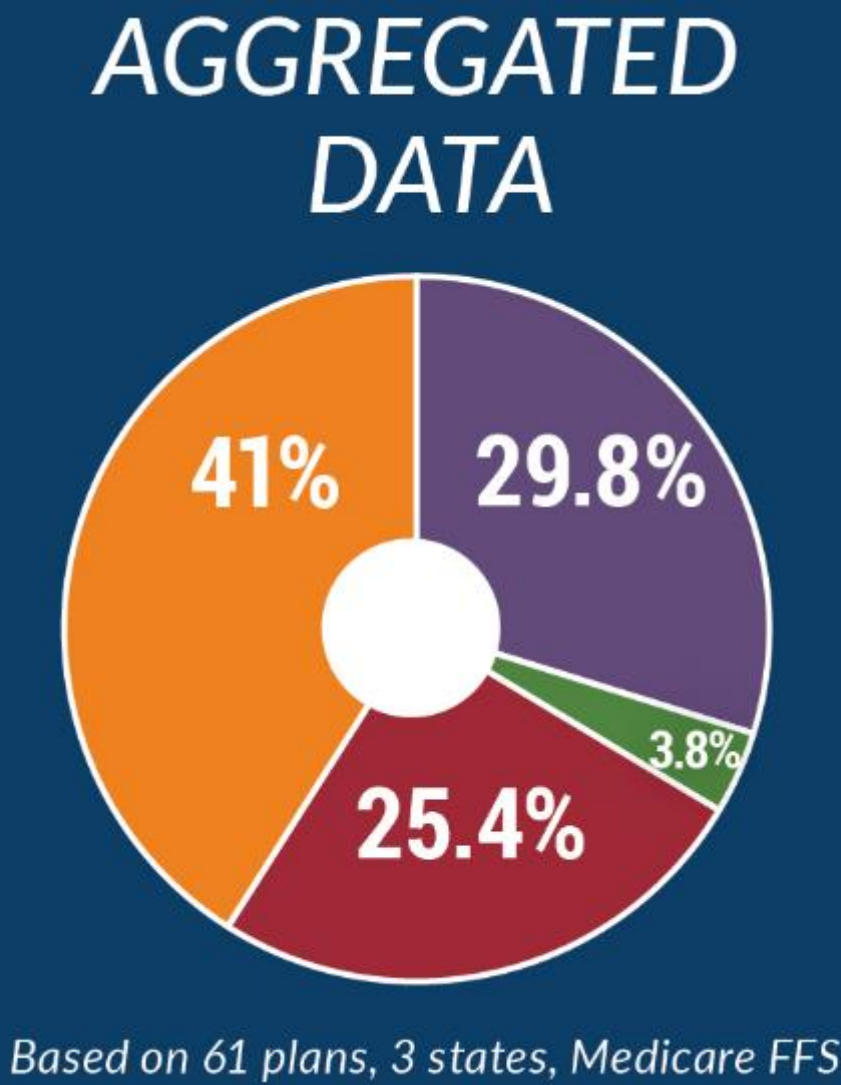
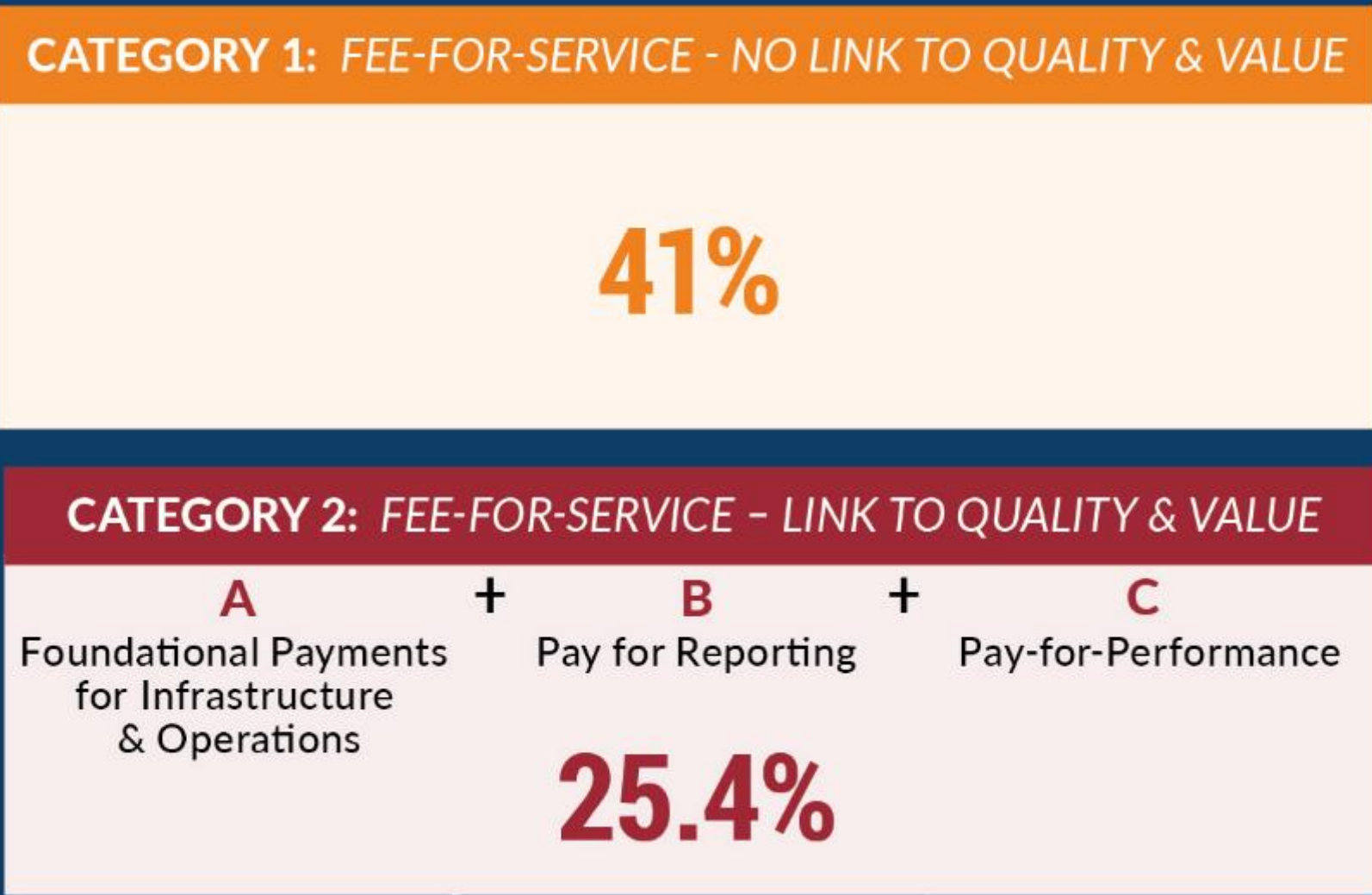
MEDICARE
ADVANTAGE



MEDICARE
FFS



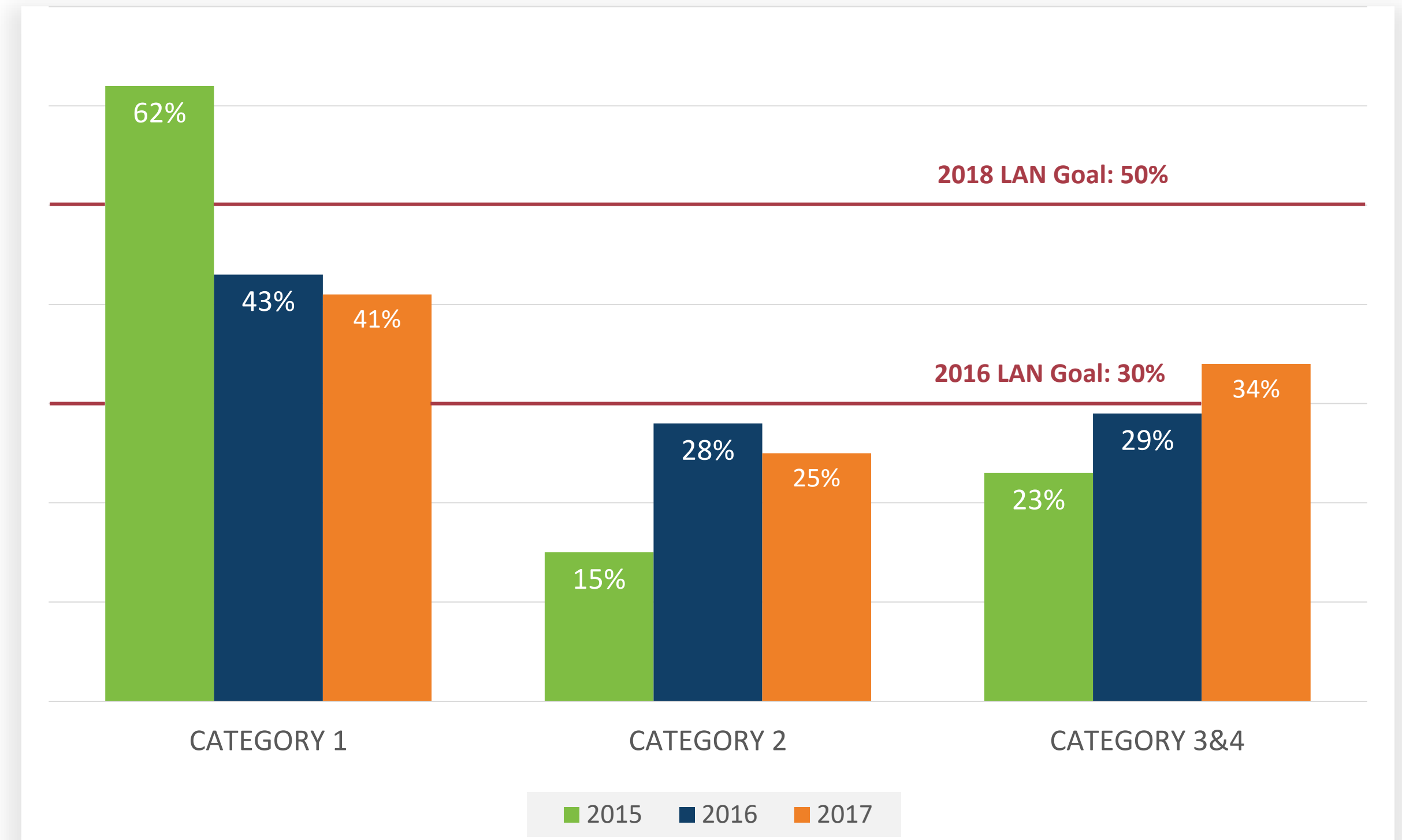
MEDICAID



Comparing Results Across the Years

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Area	2016 (2015 Data)	2017 (2016 Data)	2018 (2017 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
Covered Lives	198.9 M	245.4 M	226.3 M
Proportion of Covered Lives	67%	84%*	77%



6. Current Initiatives

LAN Summit

2018



Alex M. Azar II, HHS Secretary (virtual)

Seema Verma, CMS Administrator (virtual)

Adam Boehler, Senior Advisor to the Secretary, Deputy Administrator, Director of the CMS Innovation Center

Patrick Conway, President & CEO BCBS of North Carolina
Former Director CMMI

2017



Seema Verma, CMS Administrator

Tom Daschle, Founder and CEO, The Daschle Group
Former US Senator, South Dakota

Senator Bill Cassidy, US Senator, Louisiana

2016

(Fall)



Sylvia Matthews Burwell, HHS Secretary

Governor Mike Leavitt, Founder and Chairman, Leavitt Partners
Former Secretary of the U.S. Department of Health and Human Services

2016

(Spring)



Sylvia Matthews Burwell, HHS Secretary

2015



Andy Slavitt, CMS Administrator



Platform for Learning and Collaboration

Each year, nearly 650 attendees participate at 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 2018, LAN Summit attendees collaborated in facilitated workshops designed for specific stakeholder groups which focused on vital areas of interest — and challenges — surrounding the design and implementation of APMs.

Summit 2018: *Partnering for the Future*

The Summit continues to provide a unique opportunity to connect with industry stakeholders across an array of focus areas including:

- Innovations in payment reform
- Patient-focused approaches
- Implementation tactics
- Lessons learned and promising practices
- Public/private collaboration

Within these focus areas, the Summit targeted topics of critical interest to consumers, patients, payers, clinical community representatives, purchasers, and policymakers

- Health equity and health disparities
- Safety net care in the age of APMs
- Quality measurement and the evolution of APMs
- Specialty care and post-acute care approaches to value payment
- Integration of clinical and behavioral health care
- Payment models that address opioid overuse
- Purchaser-led innovations

Partnering for the Future



The Role Of The PAC

The Intersection of the PAC and CPC+

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CPC+

Multi-payer primary care APM designed to support practice-level transformation in 18 regions by encouraging regional payers to align alternative payment model, data sharing, and quality measure approaches

REGIONAL

SHARED MILESTONES

Seeking solutions that enable better care to multi-payer primary care APM implementation challenges, such as:

- Aggregating multi-payer data
- Aligning quality measures
- APM payment issues
- TCOC considerations

NATIONAL

PAC

Establishes a national table for regional payers to collaboratively identify and implement solutions, share promising practices, and accelerate progress towards the successful implementation of multi-payer primary care APMs, such as CPC+, resulting in better care to patients and smarter spending

Strengthening collaboration and empowering participants to take action to advance APM adoption as part of improving primary care delivery and outcomes

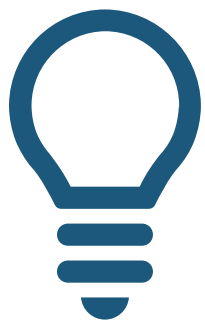
Learning Labs 1-10

Participant Feedback

PARTICIPANT ENGAGEMENT IN LABS 1-10					
1	Introduction to Designing and Implementing Alternatives to FFS in CPC+ Track 2	98 Total Participants 79 CPC+ payers	6	Risk Adjustment and Year-End Reconciliation	108 Total Participants 86 CPC+ payers
2	Design Work Flow	101 Total Participants 82 CPC+ payers	7	Constructing the Alternative-to-Fee for Service Payment	82 Total Participants 75 CPC+ payers
3	Implementation	85 Total Participants 72 CPC+ payers	8	Designing Payment to Support Advanced Team-based Care at the Practice Site	104 Total Participants 82 CPC+ payers
4	Implementation: Practice Engagement	108 Total Participants 65 CPC+ payers	9	Aligning on CPC+ Quality Measurement from a Medicaid Perspective	80 Total Participants 59 CPC+ payers
5	Implementing Primary Care Population-based Payments in Medicaid	119 Total Participants 50 CPC+ payers	10	Claims Processing for the Alternative to FFS Payment: Practice Engagement	71 Total Participants 59 CPC+ payers



Majority of participants indicated PAC Labs are helping their organizations/regions **make progress** towards their goals



Of implementation issues discussed, participants felt their **knowledge of risk adjustment was most enhanced**



Over **80%** of participants indicated their organization would take action based on these labs. Specifically, participants felt **best equipped** to take action in the following areas:

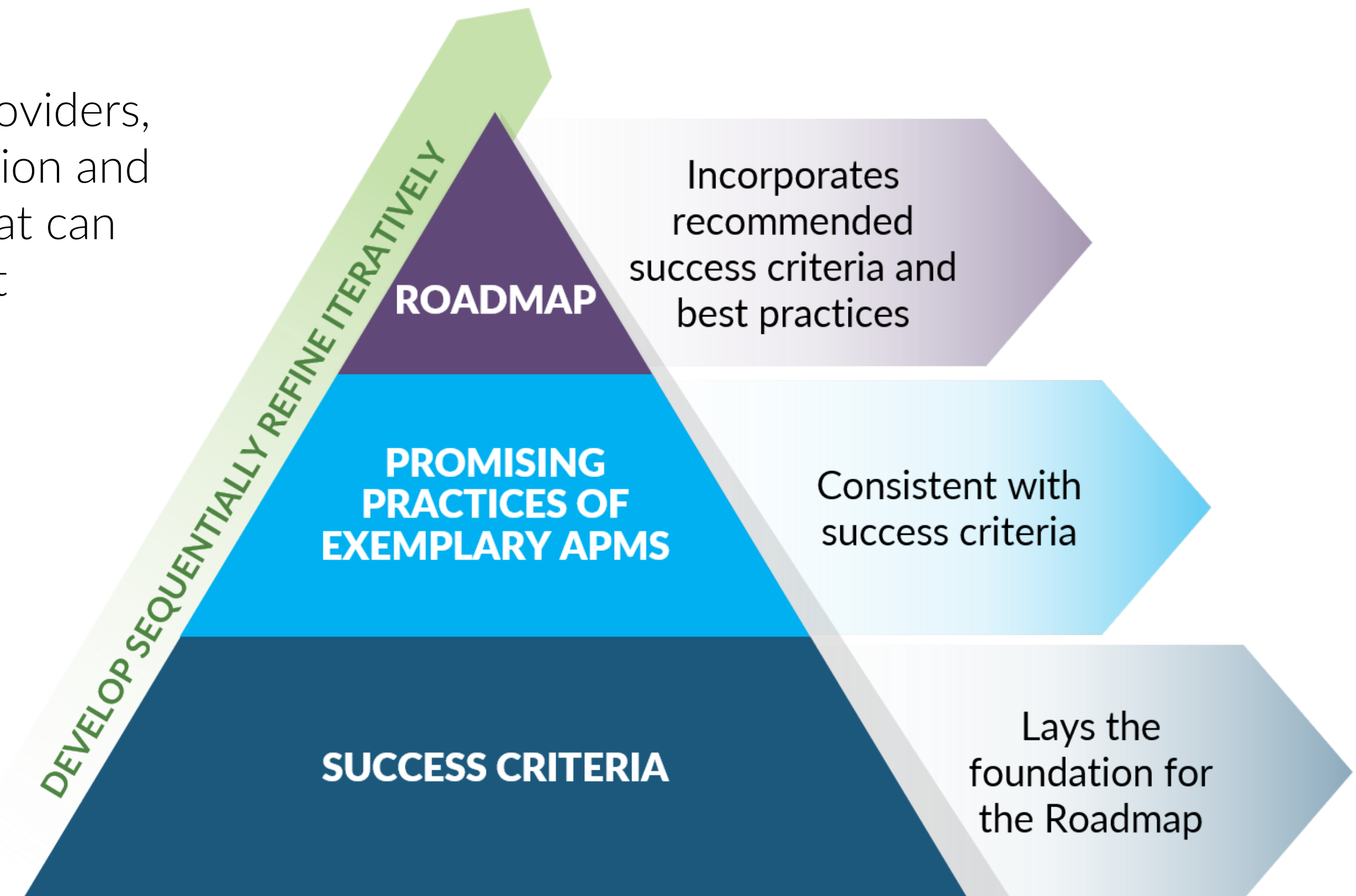
- Identifying which services to include in alternative-to-FFS payments
- Involving practices in model design

APM Roadmap

Payers can use this implementation guide to work with providers, purchasers, consumers, and others to accelerate the creation and adoption of high-performing APMs by diffusing criteria that can be used to evaluate the success of APMs and sharing best practices from APMs that drive high performance.

GOALS

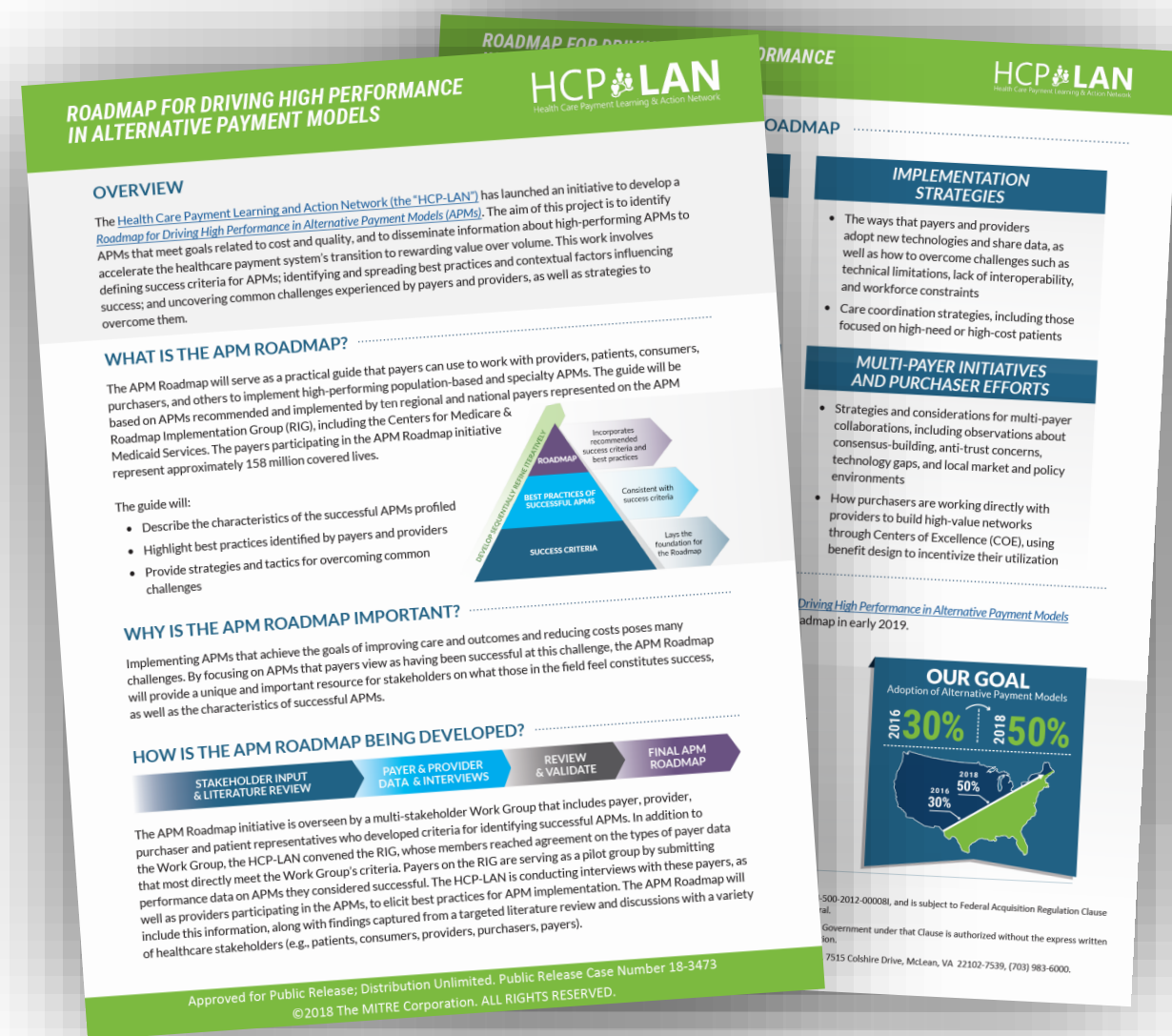
- Accelerate the adoption of successful APMs by diffusing information about success criteria
- Identify best practices (drawn from multi-payer and other exemplary APMs)
- Develop a Roadmap for implementation.



10 regional and national
payers are participating in the initiative,
including The Centers for Medicare and
Medicaid Services

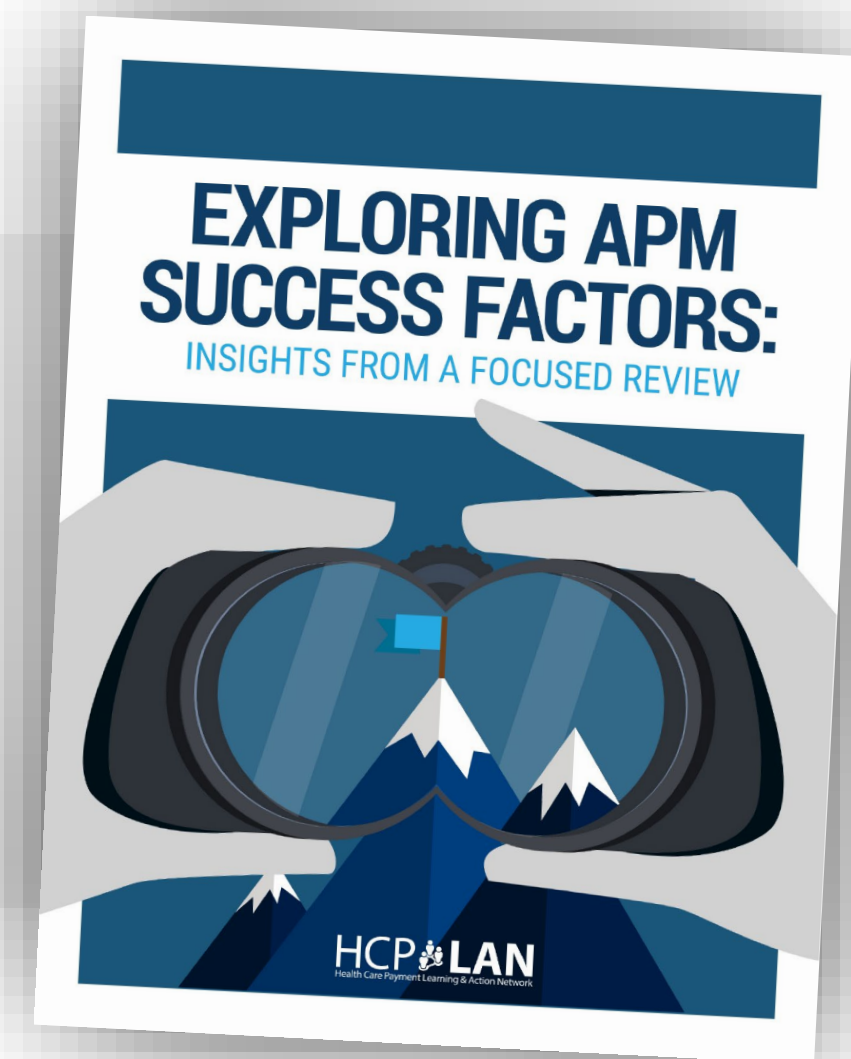
These participating payers represent approximately
158 million covered lives

APM Roadmap Resources



Read the APM Roadmap Initiative Overview
Feel free to share and as always we welcome your feedback and questions!

Exploring APM Success Factors:
Insights from a Focused Review
Download a copy to read about the progress
of the APM Roadmap Initiative.



Appendix

CAMH LAN Staff

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Project Director: Wendy Prins

Associate Project Director: Tanya Alteras

Associate Director for Action Collaboratives/Learning: Jennifer Sulkin

Technical Integrator: Grischa Metlay

Researcher/Writer/Analyst: Evelyn Knolle, Joe Reategui

Project Manager: Sarah Choe

Coordinator: Seth Wineland

Delivery Managers: Farrell Bowen, Karen Adams

Current Subcontractors:

- Catalyst for Payment Reform
- Manatt Health
- Ripple Effect Communications
- Independent: Mark McLellan (Duke Margolis), Mark Smith, Aparna Higgins

Success Through Partnerships

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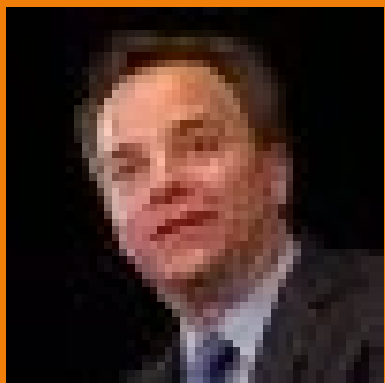
Guiding Committee

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27 Members



Chairs



Mark McClellan, MD, PhD

Robert Margolis Professor of Business, Medicine, and Policy Director of the Robert J. Margolis Center for Health Policy at Duke University



Mark Smith, MD, MBA

Visiting Professor, University of California at Berkeley and Clinical Professor of Medicine, University of California at San Francisco



The Guiding Committee (GC) is the primary leadership body of the LAN. The GC meets monthly and carries out its responsibilities by establishing and overseeing critical LAN initiatives and by actively engaging stakeholders across the LAN to encourage commitments, share and disseminate results, and accelerate learning.

Key Activities

- ✓ Setting LAN priorities
- ✓ Establishing and overseeing action collaboratives
- ✓ Engaging stakeholders

Guiding Committee by Region

Kenneth Cohen, MD
Chief Medical Officer, New West Physicians

Patrick Courneya, MD
EVP and CMO, Kaiser Foundation Hospitals and Health Plan, Inc.

David Lansky, PhD CEO, Pacific Business Group on Health

Joshua J. Ofman, MD, MSHS
SVP, Global Value, Access and Policy, Amgen Inc.

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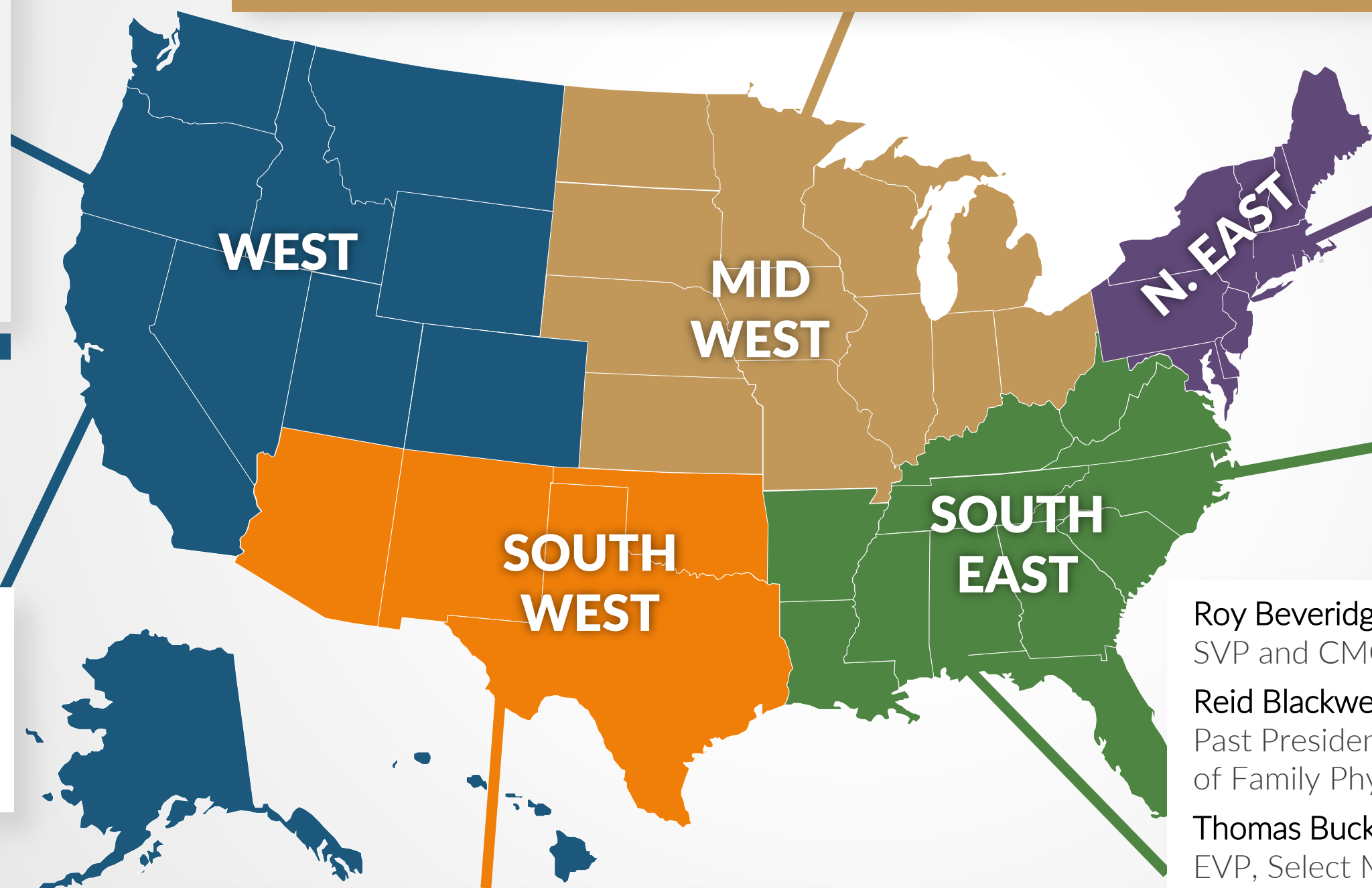
Susan Sherry
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EVP, Louisiana State University System; Medical Director, Quality and Health Policy, American College of Surgeons

Angelo Sinopoli, MD
Chief Medical Officer
Prisma Health System

Sara Van Geertruyden, JD
Executive Director, Partnership to Improve Patient Care

Guiding Committee Role

- “...establishes the Guiding Committee as the primary collaborative body of the LAN, serving in an advisory role to CAMH.” (excerpted from GC charter)
- Provide stakeholder-specific advice and guidance to CAMH in operation of LAN, serving as representative of employing organization
- External knowledge and awareness of evolving policy and political context such that members are able to identify opportunities for possible convergence with other public policy activities
- Complements MITRE’s public footprint by championing LAN among external partners
- Understands prohibition against advocating to Federal bodies through LAN

Committed Partners (part 1)

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These organizations are recognized for establishing their own goals in support of APM adoption and sharing them with the LAN.



Committed Partners (part 2)

35

These organizations are recognized for establishing their own goals in support of APM adoption and sharing them with the LAN.



Evolution of the Measurement Effort

NEW ITEMS	2017	2018
Line of Business	Collected, but not reported	Collected and reported
New Subcategories and Definitions	N/A	3A: Utilization-based Shared Savings 4C: Integrated Finance & Delivery Payments
Category and Subcategory	Collected, but only reported category-level	Collected and reported category and subcategory-level*
Informational Questions	N/A	Adding 5 informational questions to provide context to the quantitative data (<i>see next slide</i>)

* Public reporting is contingent on a minimum of 5 responses per category, subcategory, and line of business

Measurement Informational Questions

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1. From health plan's perspective, what do you think will be the trend in APMs over the **next 24 months**?
2. Which APM subcategory do you think will be most impacted?
3. From health plan's perspective, what are the **top barriers** to APM adoption?
4. From health plan's perspective, what are the **top facilitators** of APM adoption?
5. From health plan's perspective, please indicate to what extent you agree or disagree that APM adoption will result in each of the following outcomes [**better quality of care, more affordable care, improved care coordination, more consolidation among health care providers and higher unit prices**]

APM RoadMap Work Group Members

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***Thomas Buckingham, BSN, MBA**
Executive Vice President
Select Medical



Craig Samitt, MD
President & CEO
Blue Cross Blue Shield of Minnesota



Craig Brammer
Chief Executive Officer
The Health Collaborative



Steve Farmer, MD
Senior Advisor
and Medical Officer
CMMI



JD Fischer
Senior Health Policy Analyst
Washington State Health Care
Authority



Susan Frampton, Ph.D.
President
Planetree International



Andrea Gelzer, MD
Senior Vice President &
Corporate Chief Medical Officer
Amerihealth Caritas



David Kendrick, MD
Chief Executive Officer
MyHealth Access Network



Angelo Sinopoli, MD
Chief Medical Officer
Prisma Health



Steve Hussey
Senior Vice President, Compensation
& Benefits
Western & Southern Financial Group

* Denotes Chair