



# Opening Remarks





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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

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

# Accountable Care Definition



## Accountable Care

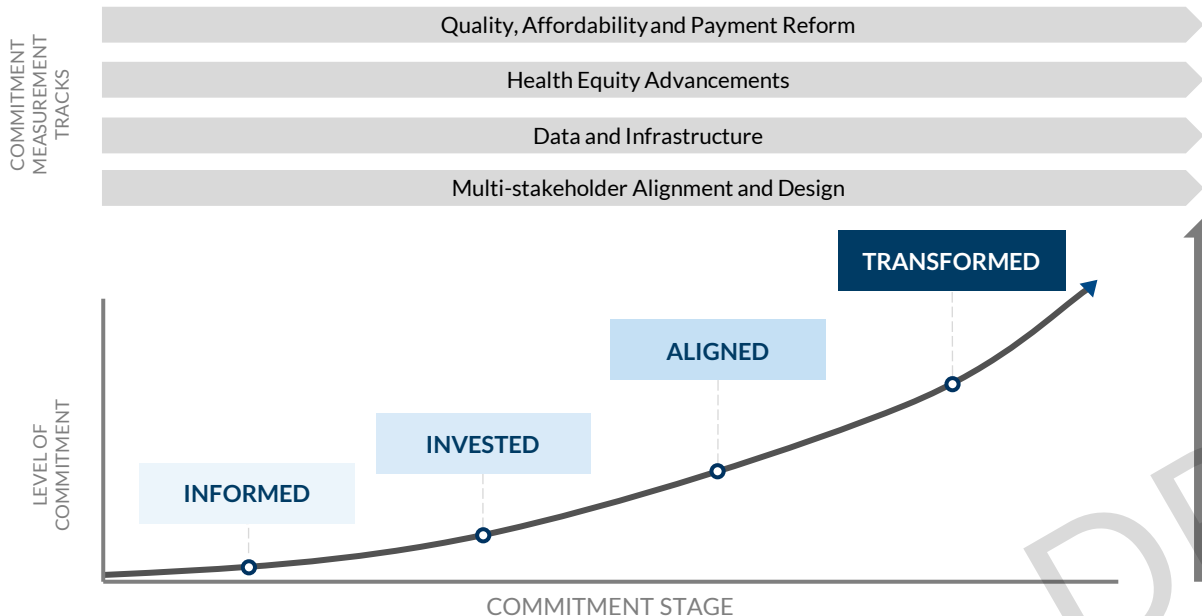
"Accountable care" aligns care teams to help realize the best achievable health outcomes for all through comprehensive, high-value, affordable, longitudinal, person-centered care.

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# Encouraging Greater Commitment



The Accountable Care Commitment Curve will inform a tailored approach to enhance stakeholder capabilities to drive accountable care.



*The LAN will pursue targeted tactics to leverage stakeholder progress along the curve. By understanding key priorities for each stakeholder and opportunities to help them accelerate overall progress, the LAN can tailor its engagement activities to have the greatest impact.*

# Moving Along the Commitment Curve – Implementing Person-Centered Care\*



COMMITMENT TRACKS	INFORMED	INVESTED	ALIGNED	TRANSFORMED
<b>Payment Reform and Care Quality &amp; Affordability</b>		<ul style="list-style-type: none"> <li>Participates in, administers, or covers shared savings arrangements (Category 3A)</li> </ul>	<ul style="list-style-type: none"> <li>Grows participation in downside risk arrangement(s) that support accountable care, with links to quality, affordability, and well-coordinated specialized care (CMMI model, Category 3B)</li> </ul>	<ul style="list-style-type: none"> <li>Population-based payment or shared savings options that support accountable care with downside risk arrangements (Category 3B or 4), to strengthen primary care and well-coordinated specialized care</li> </ul>
<b>Health Equity Advancements</b>	<ul style="list-style-type: none"> <li>Engages with LAN:                             <ul style="list-style-type: none"> <li>Signed up for the LAN listserv</li> <li>Attended LAN Summit or other LAN event(s)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Commits to improving equity (e.g., publicly announcing equity goals or commitment, commitment to HEAT guidance)</li> <li>Develops a plan for health equity</li> </ul>	<ul style="list-style-type: none"> <li>Significantly invests in equity (e.g., measures or targets initiatives to improve equity, industry equity accreditation or similar, implementation of HEAT recommendations)</li> <li>Measures and reports outcomes disparities</li> </ul>	<ul style="list-style-type: none"> <li>Embeds accountability for improving equity in organizational mission, through governance/op model (e.g., payments to support equity) and sustained investments</li> <li>Measurable reduction in disparities, improved outcomes across populations</li> </ul>
<b>Data and Infrastructure</b>		<ul style="list-style-type: none"> <li>Invests in improved data/infrastructure (e.g., interoperability, advanced EMRs, modernized systems, participation in APM Measurement Effort)</li> </ul>	<ul style="list-style-type: none"> <li>Significantly invests in data sharing that enables measurable progress on payment reform, quality, affordability, and equity (e.g., participation in HIE)</li> </ul>	<ul style="list-style-type: none"> <li>Implements advanced data sharing infrastructure, activities (interoperable data collection, use, and sharing) to measure progress on payment reform, quality, affordability, and equity</li> </ul>
<b>Multi-stakeholder Alignment and Design</b>			<ul style="list-style-type: none"> <li>Participates in multi-stakeholder efforts to advance accountable care or multi-stakeholder models/arrangements for measurable progress in system-wide regional, state, or national goals</li> </ul>	<ul style="list-style-type: none"> <li>Leads multi-stakeholder efforts to advance accountable care or multi-stakeholder models/arrangements for measurable progress in system-wide regional, state, or national goals</li> </ul>

★ = criteria is required for stakeholder to move to Commitment Curve stage that star is located in