

Town Hall Feedback Session



Accountable Care Definition and Commitment Curve

July 2022

HCPPLAN
Health Care Payment Learning & Action Network

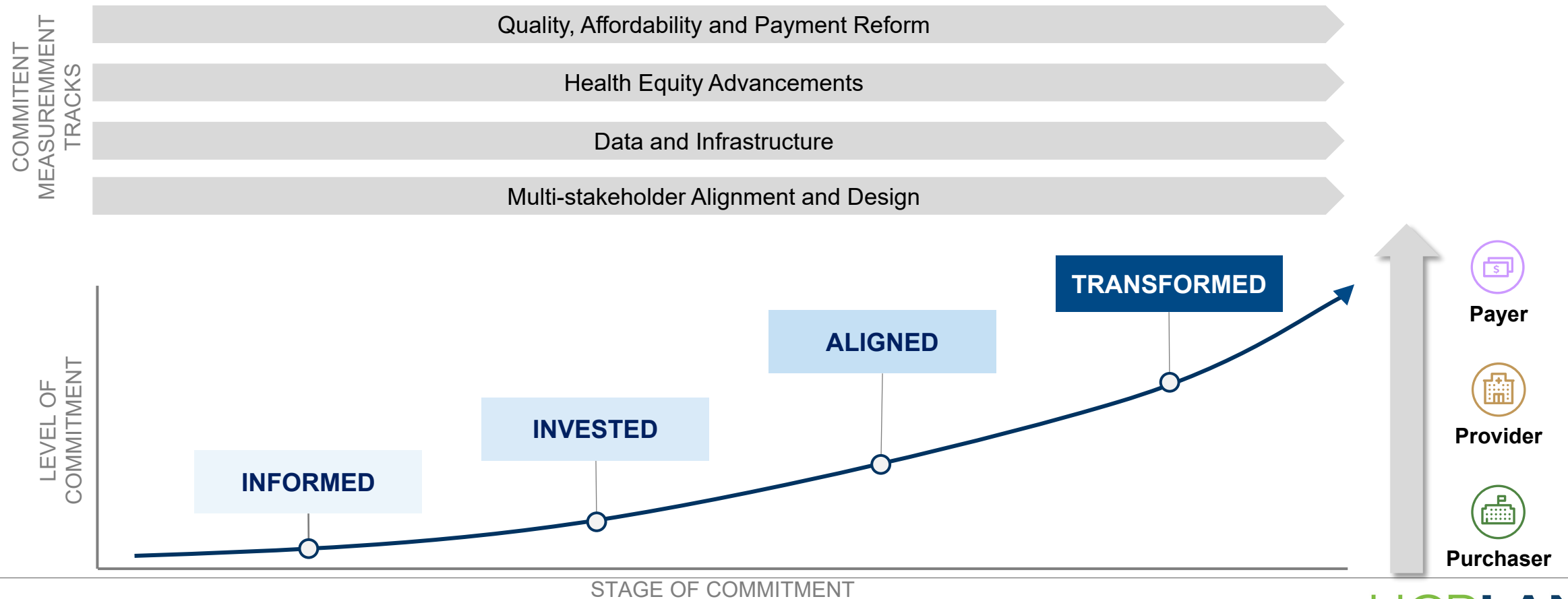
Accountable Care Definition

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.

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.**



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

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

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

Facilitation Questions

1. What is your reaction when you read the proposed definition? Do you feel there is anything missing?
2. How is the Commitment Curve useful for you to take back to your team/staff to discuss accountable care in your practice/organization?
3. Where can the LAN support organizations to move up the curve?
4. Is there anything missing/or not represented in the Commitment Curve graphic on slide 4?

Contact Us

We want to hear from you!



www.hcp-lan.org



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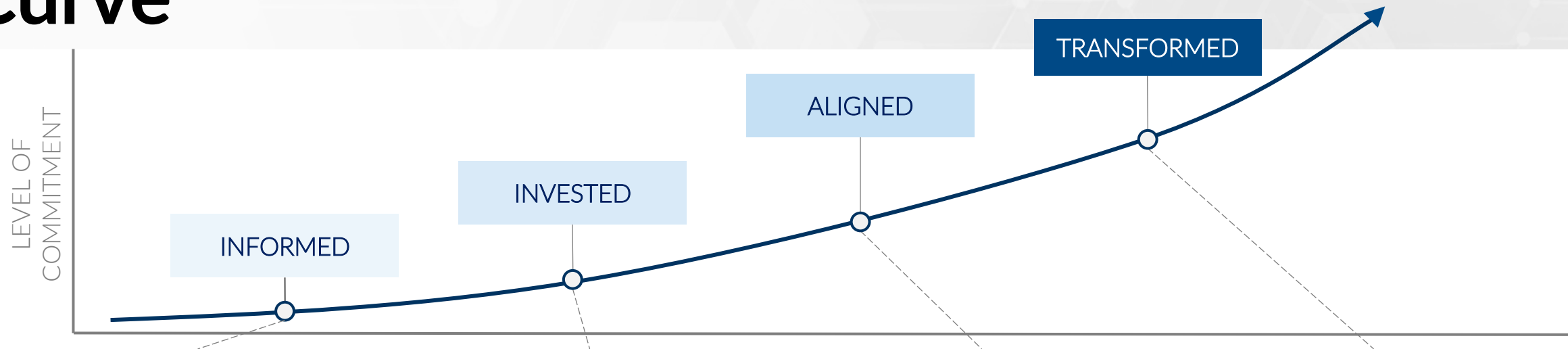
[/in/Payment-Network](https://www.linkedin.com/company/Payment-Network)



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Examples of Payers on the AC Commitment Curve



Informed Payer

Characteristics:

- Understands the characteristics of various APMs within the **APM Framework**
- Business is **primarily fee-for-service**

Invested Payer

Characteristics:

- Has **started to pursue APMs with network providers**, starting with pay for performance and shared savings (upside risk only)
- Developed a **health equity plan**
- Provides **standard claims-based reports** to providers to help show their historical cost and utilization performance

Aligned Payer

Characteristics:

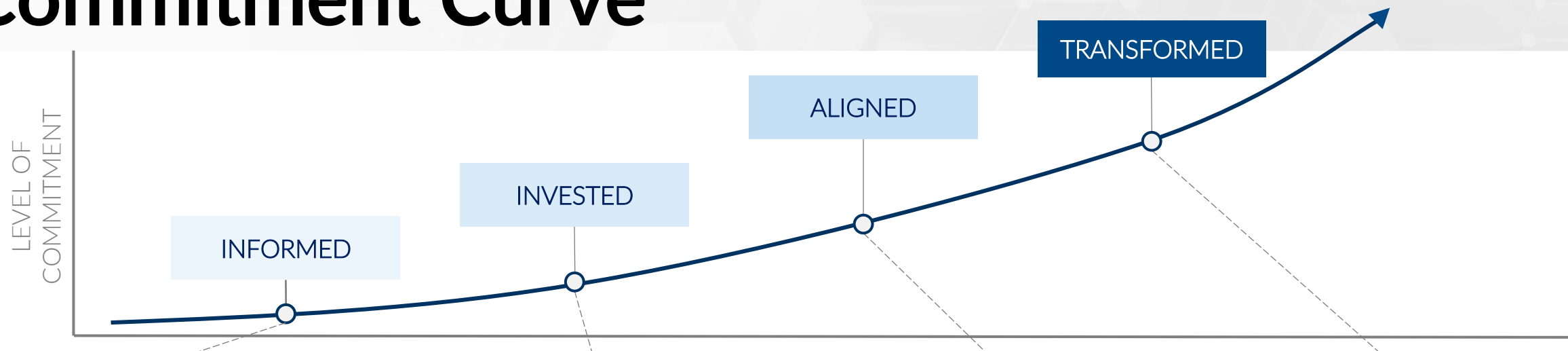
- Has progressed their APMs to incorporate **sharing risk with providers** (i.e., shared savings and downside risk)
- Aligns methodology and quality measures within APMs to similar CMS/CMMI and state Medicaid models; **requires APMs to include equity related quality measures**
- Provides **claims feeds to providers via application programming interface (API)** to support their population health efforts

Transformed Payer

Characteristics:

- **Offers a variety of APMs to providers**, across all lines of business, that align with their capability, maturity, and ability to take on risk
- Has **shown an ability to reduce disparities** through APMs and corresponding initiatives
- Able to gather **clinical data through provider's electronic medical records** and **combine** with the payer's **claims data** to create analytic insights

Examples of Providers on the AC Commitment Curve



Informed Provider

Characteristics:

- Understands the characteristics of various APMs within the **APM Framework**
- Revenue is **primarily fee-for-service driven**

Invested Provider

Characteristics:

- Contracted with payers around **pay-for-performance and shared savings** on a few selected populations
- Developed a **health equity plan**
- Has the ability to do **electronic sharing of patient information** between different EHR systems and healthcare providers

Aligned Provider

Characteristics:

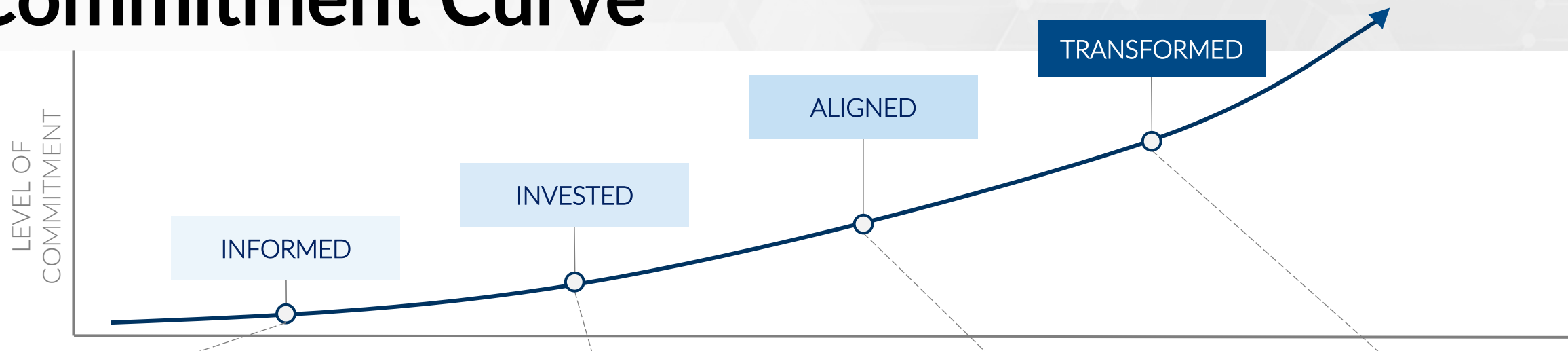
- **Established shared savings and downside risk contracts** through a clinically integrated network (CIN) that provides primary and multi-specialty care
- **Utilizes and submits data to a health information exchange (HIE)**
- **Collaborates with health plans to measure and report out on disparities** for their attributed populations

Transformed Provider

Characteristics:

- Is actively pursuing **shared savings with downside risk and population-based payment APMs** with payers
- **Integrates social risk data with other data sources** (electronic medical record, claims, etc.) to drive insights
- **Shares social risk data with community-based organizations** to better enable referrals

Examples of Purchasers on the AC Commitment Curve



Informed Purchaser

Characteristics:

- Understands the characteristics of various APMs within the **APM Framework**
- Understands the **importance of providing high-quality, affordable healthcare** to its employees / participants

Invested Purchaser

Characteristics:

- Has **started to pursue APMs with network providers**, starting with pay for performance and shared savings (upside risk only)
- Works **collectively with benefits administrator and providers** to identify opportunities around **quality, cost and equity**
- **States a commitment** to help advance **health equity efforts** via annual Environmental, Social, and Governance (ESG) report

Aligned Purchaser

Characteristics:

- **Actively pursues** APMs that incorporate **sharing risk with providers** (i.e., shared savings and downside risk)
- **Provides health / social support services to employees / participants** (e.g., telehealth visits, on-site clinics, access to mental health counseling)
- Works with providers and benefits administrator **to better understand disparities** within their employee / participant population

Transformed Purchaser

Characteristics:

- Creates **downside risk and population-based APMs direct** with providers
- Establishes **center of excellence (COEs)** with providers around specific, routine procedures
- Teams with local providers and health systems to **invests in efforts to reduce disparities** within their employees' / participants' communities