June 8 – Primary Care's Role in Advancing High-Quality Accountable Care

Megan Kaiko (00:00:02):

Without further delay, please welcome Dr. Mark McClellan.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:00:09):

Hello and good morning. I'd like to add my thanks to all of you for being with us here today. I'm Mark McClellan. I'm the director of the Margolis Center for Health Policy at Duke University, and one of the co-chairs of the Health Care Payment Learning and Action Network. In addition, I'm an independent director at Alignment Healthcare, Cigna, and Johnson & Johnson. I want to thank, not only all of you for joining, but for all of our participants in the webinar who you'll be hearing from about the role of primary care in advancing high quality, accountable person-focused care. As many of you know, primary care has played an important role in advancing these reforms and care to center on the patient, coordinate care, and provide longitudinal help for people to stay well, manage their conditions, and live a better, healthier life. Primary care plays a foundation in these activities, and also for further steps towards health care transformation. As our nation continues to work towards achieving more affordable, equitable, whole-person health care, we're seeing increased interest at the federal level at CMS, across many states, and in many employers and other purchasers of health care and health plans, in advancing the central role of primary care as a coordinator and a doctor of some of the technologies that can make care even more person-centered, home-based, and convenient.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:01:40):

Reflecting all this, CMS has set an ambitious goal of 100% of Medicare beneficiaries and accountable relationships, meaning two-sided risk but also some other key characteristics, by 2030. And the Health Care Payment Learning and Action Network, this collaboration across health plan, states, other stakeholders, consumer groups, has set goals of 50% of commercial lives in these arrangements by 2030 as well. We've been working on these issues at the Health Care Payment Learning and Action Network for a number of years. These efforts are continuing to evolve with our learnings and our capabilities for delivering person-centered care, including additional steps around how different payers and different stakeholders in health care can align. During our November 2022 Summit, we provided an update on these goals. The pandemic created some real challenges for transformation on the one hand, but also provided some examples of how more accountable programs, including the adoption of alternative payment models and other steps, could help lead to better care for individuals at home, in the prevention of complications, not only infectious diseases, but other care that could be hard for people to access through traditional means. So, in the current work of the LAN, our public private partnership is trying to take further steps around thought leadership, strategic direction, and ongoing practical support to accelerate progress in moving towards accountable care reforms. Now, the LAN has always put an emphasis on population-focused accountable alternative payment models - paying more for better health, not just for medical services. But what we've seen in this progress is that it's not just the payment models, important and foundational as those can be to provide more flexibility, to deliver the care that each person needs, we also need to take steps to make it easier to change care and adopt the care models that go along with that. That means paying attention to performance measurement and support for quality improvements. It means paying attention to better data systems and data sharing. It means sharing lessons, technical insights about how to deliver care better.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:04:11):

So, with those steps in mind, today is a really important webinar on further activities to advance accountable care through stronger primary care systems that are embedded with these additional supports and additional steps towards alignment across the different payers and stakeholders included in the LAN.

With that, I'm very pleased to just walk through our agenda quickly. We're going to start out with remarks from CMS Administrator Chiquita Brooks-LaSure who will be providing some opening framing comments about new developments and reflections on CMS strategy here. After that, I'm very pleased that we're going to hear from Deputy Administrator and Director of the Center for Medicare and Medicaid Innovation Liz Fowler to discuss CMMI's commitment to the intersection of accountable care and advanced primary care, and some new developments in that space that you'll hear about for the first time today. We're then going to shift to a panel discussion with state leaders who are on the front lines of bringing together these different perspectives for innovative work to advance primary care, to do it across payers, and to pay attention to these additional dimensions to support faster progress on effective accountable care that improves outcomes, lowers costs, and advances health equity. And then we're going to close with a discussion of the new Accountable Care Curve, a new tool that the LAN is making available and aims to continue to improve with all of you, to help support faster progress. We're very pleased to have ACAC, our Accountable Care Action Collaborative Co-chair Jeff Micklos and another of our Executive Forum Co-chairs Judy Zerzan-Thul leading that discussion. So, without further ado, I'd like to turn to Chiquita Brooks-LaSure for some opening comments for today's session. Chiquita?

Chiquita Brooks-LaSure, Centers for Medicare & Medicaid Services (00:06:12):

Thank you so much, Mark. It is such a pleasure to join all of you today to discuss our priorities and strategies for advancing accountable care. It's hard to believe, but CMS now oversees the health care coverage of more than 160 million people. And they are the focal point for everything we do. It is our mission to ensure that each of them has a just opportunity to obtain their optimal health regardless of how they look, where they live, or how much money they make. Health equity is the cornerstone for all of our programs. In fact, we're also today hosting our first ever Health Equity Conference. It's at full capacity. That truly speaks to our commitment to delivering better health care to all people. Alongside all of our partners, we're working hard to tangibly transform the health care system into one that puts people at the center of their care. Treating the whole person, not just as a set of symptoms. And giving health care providers the tools and the flexibility that they need to meet the needs of their patients.

In 2023, our three accountable care initiatives - the Medicare Shared Savings Program, ACO REACH, and the Kidney Care Choice Model - are providing higher quality, person-centered care to 13.2 million people in the Medicare program. We are making incredible strides through efforts focused on advancing health equity and improving the health care experience. And we all know, there is still much work to be done. At CMS, we strongly believe that the health care experience, and the path to better health, must be paved by a primary care clinician. For everyone we serve, the relationship with a primary care clinician is the foundation for a better health care experience. A strong primary care relationship ensures preventive care, like routine vaccines and screenings, and enhances healthy lifestyle choices. And for people with complex health concerns, their primary care clinician coordinates the care that they need. Helping them to navigate specialists and labs. Their primary care clinician is the foundation and the hub for their health care experience.

Chiquita Brooks-LaSure, Centers for Medicare & Medicaid Services (00:08:40):

You know, I was thinking about something that so many of our beneficiaries in the Medicare and Medicaid programs deal with, and that's diabetes. The example of a person with a diabetic infection. Without a primary care clinician, they may bounce around the health care system. They may see multiple clinicians and take many tests without actually getting better. They need primary care. A doctor that knows their baseline and helps them manage everything related to their health. It's their primary care physician who will be in a place to be able to see the big picture, and thus coordinate their specialist appointments, review all the lab results, and the care that they need to be healthy.

That's why CMS is committed to supporting primary care. Strengthening and advancing primary care is a critical priority in our vision for meaningful health care for everyone we serve. Today, alongside all of you, we're taking a big step towards that goal.

Chiquita Brooks-LaSure, Centers for Medicare & Medicaid Services (00:09:45):

I'm excited to announce our new primary care model which we're calling Making Care Primary Model. The Making Care Primary Model focuses on ensuring that patients receive coordinated, person-centered primary care and integrating primary and specialty care. With a focus on dismantling barriers to care, the model will help primary care participants build partnerships with community-based organizations and will include a pathway for small, independent, rural, and safety net organizations to participate.

We think it's important to offer multiple opportunities for primary care practices to deliver high-quality primary care, especially those who have not participated in our models previously. And for the alignment with state Medicaid agencies to make sure that organizations serving people with Medicaid are also included in this model.

We are so pleased to have eight states committed to participating and I want to especially acknowledge Colorado, Massachusetts, and New Mexico, who are here on the panel today to discuss the groundbreaking work we have ahead.

Our Innovation Center Director Liz Fowler will be speaking next to share more about this new, exciting model. But before I close, I want to take a moment to thank you all for all of your hard work and your ongoing partnership.

We truly appreciate your efforts towards our collective mission, and I'm excited for the work we have ahead of us. I'm also just so proud and pleased for the Innovation Center staff, and for the CMCS Center staff, that have worked so hard to make sure that this model was one that worked for such a variety of our partners, particularly those who serve the underserved. Thank you so much, and I'll now turn it over to Dr. Fowler.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:11:52):

Thank you, Administrator Brooks-LaSure. I share your enthusiasm for this new model, the Making Care Primary or MCP, and I'm so pleased to be here today before diving in. I also want to thank the LAN for all the work that you're doing to advance accountable care and for the opportunity to showcase the new Innovation Center model, which we believe will play a very significant role in strengthening primary care and creating a system of care that is truly person-centered. As I think many of you know, in 2021, the Innovation Center announced a strategic refresh building on what we learned over the last 10 years to

set the stage for the next decade, and the purpose of the strategy was also to give the health system a clear signal of where we're heading and how we plan to get there.

Our vision is a health care system that achieves equitable outcomes through high quality, affordable person-centered care and primary care is the cornerstone of that strategy. In fact, a strong primary care base is the cornerstone of any high-performing health system, and that's because integrated, team-based, coordinated care is the lynchpin of driving better outcome and hopefully bending the health care cost curve.

Despite the well-documented benefits of primary care. The amount we spend in the U.S on primary care remains low when looking at our total health care, spending and compared to other countries and fewer people in the U.S. report a regular source of primary care, particularly among underserved populations compared to countries with better health outcomes.

And, what's more, by many accounts, primary care is in urgent need of investment and support. Care delivery has become much more complex for primary care providers, and also for their patients.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:13:32):

The proportion of Medicare beneficiaries seeing five or more physicians each year has nearly doubled over the past decade, two decades, from 18% to 30%, and providers must now coordinate with 80% more physicians than they did 20 years ago. COVID-19 has only exacerbated these challenges. Taken together, decades of inadequate payments, increasingly complex delivery of care, and growing administrative burden, have all taken a toll on primary care. So, what can we do to support and advance high-quality, primary care? According to a survey of primary care physicians last year, the top three recommendations to policymakers were number one, protect primary care as a common good; number two, change the financing; and number three, move away from fee-for-service toward alternative payment models.

And that's where the CMS Innovation Center comes in and the Making Care of Primary Model. CMS Innovation Center has a role in achieving these goals and supporting primary care in order to drive a better health care system that works better for patients.

In our 2021 strategy, we set a bold goal of having 100% of Medicare beneficiaries and the vast majority of Medicaid beneficiaries in an accountable care relationship with a clinician who's responsible for their total cost of care and quality by 2030. That includes accountable care organizations and advanced primary care.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:14:57):

We have a decade of history testing primary care models, including the Comprehensive Primary Care Initiative or CPC, it's successor CPC+, and most recently, the Primary Care First Model. And, we also have experience testing ACO innovations to inform the Medicare Shared Savings Program.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:15:14):

We know these strategies and models and programs make a difference. CPC+ practices said that prospective, reliable, population-based payments help them whether the financial shocks of the COVID-

19 pandemic and help them maintain key staff and activities such as care, management, and coordination.

And despite the promise of these financing approaches, and the desire to move in this direction, according to that survey I just mentioned, fewer than half of primary care practices are receiving any form of value-based care and three quarters of primary care practices are not in an ACO or in our current Primary Care First Model.

So, more needs to be done to create pathways for primary care, providers, and practices to join value-based care. And that's where this model comes in as an important next step.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:16:04):

Making Care Primary builds on that CPC, CPC+, and Primary Care First experience to support primary care practitioners and make advanced primary care available and sustainable for more comprehensive pool of participants serving a broader and more diverse set of patients to improve quality, health, equity, and overall patient care.

So, I know many of you are probably asking what's different about this model, and I'll point to four factors. Number one, it provides an on-ramp for safety net providers and small or independent primary care practices with an explicit focus on underserved populations by making it possible for more safety net providers to participate, including federally qualified health centers, and significantly, Making Care Primary provides upfront infrastructure payments to eligible safety net providers and will adjust payments to better support providers caring for underserved populations.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:16:57):

The second is state partnerships. Previous models have had a broad geographic scope. With this model, we're focused on fewer states and greater depth.

We're launching Making Care Primary, as the Administrator said, in eight states: Colorado, North Carolina, New Jersey, New Mexico, New York, Minnesota, Massachusetts, and Washington, where we are actively working with State Medicaid agencies and collaborating with our colleagues at Medicaid—as you'll hear from my colleague, Dan Tsai, who runs the Center for Medicaid and CHIP Services—in order to achieve meaningful multi-payer alignment. The alignment approach in Making Care Primary starts by directionally aligning support for primary care across Medicare and Medicaid in all participating states.

The third factor is a longer model test. It takes time to demonstrate results and achieve transformation, particularly in parts of the system that have been historically under resourced. For that reason, Making Care Primary is set to run for 10 years instead of our usual five years.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:18:00):

And then finally, integration of primary care and specialty care. The model includes elements and strategies to drive better integration of primary and specialty care to better serve those with chronic or serious health conditions. This includes supporting electronic consultations between primary and specialty care providers and co-management for those with chronic conditions that require primary and specialty care working together. And MCP also includes strategies to drive-sorry-there's more details to share, of course, but I'll let the next panel provide more context. Let me just say that we're really excited

about the new model and the ground we're continuing to pave to support and sustain a strong primary care infrastructure.

We anticipate releasing a request for application later this summer and will open the application period around the same time. The model itself will launch July 1, 2024.

Liz Fowler, Center for Medicare & Medicaid Innovation (00:18:55):

In the meantime, for [the] purposes of today's meeting, you'll hear from state leaders. We'll hear from my colleague, as I mentioned, Dan Tsai, and former Medicaid Director of Massachusetts, as well as leading the CMS Center for Medicaid and CHIP services. We'll also have an important discussion of the LAN's Accountable Care Curve.

Thanks for your time and your continued partnership. I look forward to sharing future model announcements that drive an accelerated health system transformation for all. And with that I will turn the virtual mic back over to Mark. Thanks very much.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:19:30):

Thanks, Liz, for an important announcement and a lot of information you packed in there. For those of you, we've seen some questions in the Q&A already about this. For those who want to know more in the near term, there is going to be more information available on the CMS website, and we'll discuss some of these issues, too, in the time that we have together today.

I do want [to place] emphasis, introducing this next panel, [on] the importance of multi-payer alignment as you heard from the Administrator, Deputy Administrator, states, and the Medicare and CMS working together, and also engaging employers and other important stakeholders. Each state is a critical part of getting the health care transformation.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:20:14):

At the same time, it doesn't happen overnight. We, I think, on the next slide, we talk a little bit about some of this. What we're seeing in what multi-payer alignment can do and why it's important. This is a good way to bring down administrative costs to leverage investments and activities and shared goals around improving health and important areas like behavioral health care and access to conditions where good primary care interventions can make a big difference, like diabetes, as Administrator Brooks-LaSure mentioned, and reducing the cost of care overall. But each of the payers and each of the participants in our health care system has somewhat different objectives and different starting points. And so, we want to recognize that.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:21:03):

In a Duke-Margolis multi-payer framework analysis that reflected reviews and interactions with a lot of multi-payer activities in states around the country, we've identified some steps that were important to help make progress on accelerating the adoption of effective alternative payment models with more accountability and reducing administrative burden to the health care providers and payers involved in these activities, and again leveraging those resources that could be used to improve health system capabilities and infrastructure, to make it possible for health care providers and their patients to do better in these alternative payment models and framework. And if you go to the next slide, we highlight

the point here of directional alignment. So, these organizations, payers, [and] others are starting out in different places. They have shared goals. So, this is a process, as Liz Fowler, emphasized, and this being perhaps a 10-year model. There's steps that can be taken now that can be built on over time by working together, identifying those common goals, identifying short to medium opportunities to make progress on them and go further. In fact, if you look across different states, many of them are undertaking activities to align and improve on performance measurement, both for quality improvement activities, and to help with accountability around what really matters to patients. Explicit steps working on health equity, common data, common goals, common infrastructure support. Explicit steps around making the elements of payment models more aligned, similar benchmarking methods, similar ways of providing more resources and accountability to advance primary care groups, for example, and of course, supporting data. So important in getting to person-centered care and understanding where a community or a state is in making progress on these goals, and so much is being learned in different activities around how to do this well.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:23:18):

Finding better ways to share all of that makes a big difference. And I think what you're seeing now, that perhaps, is another step beyond all of that is the active CMS engagement. Starting with a limited number of pilot states, hopefully expanding quickly, working more with those on national employers and others who take a national perspective to make steady progress, measurable progress towards these shared goals. So, I'm really pleased to have a number of leaders in the state-driven collaborative efforts with us today. I'm going to turn to them now. First, and in no particular order, they're all doing great work, Dr. Peter Walsh, he's Chief Medical Officer in the Colorado Department of Health Care Policy & Financing. Also Ryan Schwarz, who's Chief of Payment and Care Delivery Innovation for MassHealth. And Elisa Wrede, who's Project Manager for Primary Care in the Office of the Secretary in New Mexico, Health and Human Services [Department]. And for each of you I'd like you to start, I know you know the Making Care Primary announcement is a new one, but it's something that all of you are thinking about participating. It's yet another new step to help support advancing high quality, accountable care in your state.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:24:39):

Maybe just for getting us going, if each of you could say a little bit about what your vision is, where you're aiming for, and some of the things that you're focusing on to help get to those longer-term major goals. And maybe, Peter, I could start with you?

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:24:56):

Thank you. Appreciate the opportunity to speak today. First of all, I'd like to begin by saying that we're very pleased, from Colorado's perspective, having the opportunity to partner with CMMI and rolling out this program and the potential it represents. I'd also say, much of what's already been said, we have the same challenges in Colorado regarding all the things you just reviewed, Mark.

But regarding your vision, first and foremost, in our vision is the fact that we believe that a robust primary care system is essential to an effective health care system. And so, from Colorado Medicaid's perspective, we've been continually focused on that and we think it's very critical. Elements then include

care, transformation supporting those efforts, as well as frankly adequate compensation for the services they provide.

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:25:44):

And to that point in the last legislature, we got an approval to increase our primary care rates to 100% of Medicare in the next fiscal year. And we also got support to actually begin what I would call automatic enrollment of primary care providers in our new, or our APM program, to make sure they have the opportunity to capture those increases in reimbursement rates, as well as to help them in continuing the transformation forward.

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:26:14):

Another key element of our approach has been one of synergy, and I'll say alignment. And so we're very, very interested in aligning all of our programs [including] our accountable care collaborative, which is how we contract it in terms of our contractors regarding managing the care that our providers provide, synchronizing that with our Health Equity plan, and synchronizing that with all of our other APM programs that exist. And finally, it's been very, very important, is aligning it with the multi-payer collaborative work going on in the state.

So, there is some legislation I might speak to later, if we get to that, it speaks to our efforts around that. But the short of it is our objective is to focus on important things, to measure them accurately when possible, and to essentially decrease provider burden by having alignment between all programs. So, this is very, very, very appealing to us because it does provide the ability to create synergy, alignment, and potentially also a decrease provider burden at the same time. And that's all I have to comment on Mark.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:27:20):

Well, Peter, we're going to follow up on some of that, I'm sure. Thank you very much. And next I'd like to turn to Ryan.

Dr. Ryan Schwarz, MassHealth (00:27:27)

Thanks, Mark, and thanks to everybody for having us here today. We're very excited to be participating. In Massachusetts, we've been working on delivery system reforms for several decades, much of which has built the foundation for a lot of state and federal health policy reform. And most recently, through our most recent 1115 demonstration, MassHealth, our Medicaid and CHIP program in Massachusetts, has committed to capitating primary care through our accountable care organization program. So, we've had about 85 to 90% of our managed care eligible lives enrolled in value-based accountable care organizations since 2018. CMCS Director Dan Tsai and I helped lead that transformation several years ago, and we now have over 1.3 million members in accountable care organizations throughout the state. And as of April 1st, we are very excited to share that we have about a thousand primary care practices receiving prospective, capitated primary care payments.

Dr. Ryan Schwarz, MassHealth (00:28:31):

And the goal here is, Mark, much of what should be referred to earlier is to change the actual payment of primary care, so that we can start to better support primary care providers to provide the right care at the right time in the right place and really shift the focus more towards team-based care in the primary

care setting with a focus on behavioral health integration, with a focus on the whole family as an unit. We're Medicaid, so we take care of the whole family unit, and over 30 of our state residents are currently on Medicaid receiving services in this way.

Dr. Ryan Schwarz, MassHealth (00:29:05):

So, as we look ahead, we're very excited to be partnering with CMMI on this new initiative. As, excuse me, as Peter was saying multi-payer alignment is really going to be critical to our own success. When we think about providers like myself in my health center, I know that my payer mix is really what dictates how I behave as a provider, and in a multi-payer world, some providers have one foot in the fee-for-service canoe going in one direction and one foot in the capitated canoe going in the other direction. For Medicaid, we have about 30-35% of our state residents, but for no single provider at the bedside is that anywhere near 100% of their payer mix. And so for us to really be successful in starting to transform how providers act, and how they are able to look towards a future of more team-based primary care, we really need to influence that overall payer mix which is one of the reasons we're very excited to be here today, and partnering with CMMI on this new initiative.

Dr. Ryan Schwarz, MassHealth (00:30:10):

Our hope is that with Medicare and Medicaid at the table, and hopefully, some of our commercial colleagues here in Massachusetts, we can start to really get to a percentage of the payer mix where primary care providers have the support they need to really shift more towards a team-based environment where they can focus on that broader primary care aspiration that we that we all look towards. I'll pause there, Mark, but happy to talk more.

Elisa Wrede, Primary Care Office of the Secretary New Mexico Human Services Department (00:30:37):

Yeah, absolutely. Thank you. And I share the sentiments of really appreciating CMS and partnerships that we're developing here in New Mexico. New Mexico has really been following the path of Colorado and Massachusetts, and building an alternative payment model for our states. In 2021, the New Mexico Legislature established the Primary Care Council, and that Council has been working for the last year plus on developing a payment model that will move us away from those fee-for-service, volume-based payments to value-based payments. And, we plan to launch that for Medicaid here in New Mexico, sometime in 2024. Those models really have been designed by and for providers and communities here in New Mexico.

Elisa Wrede, Primary Care Office of the Secretary New Mexico Human Services Department (00:31:31):

We serve over, or just about 50% of the state's population, so we have a really great opportunity in New Mexico to affect change.

We are also working on how we can change care delivery through these models, and similar to what Ryan was talking about, we're really focused on those team-based interprofessional models that help really move on health equity and whole-person health for New Mexicans.

We are really looking forward to this partnership because we also know that multi-payer alignment is really going to provide success for all of the providers [who] participate in these programs. We've heard, you know, it's challenging to have kind of one foot in and one out in value-based and volume-based

payments. So, as we begin to work on aligning with commercial and with Medicare that will really help folks be able to adopt these models.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:32:43):

Elisa, thanks very much. Thanks all three of you for introducing and providing an overview of where you're headed, and some of the steps you're taking to get there, and how this some new model can potentially help. There are a few questions in the chat about the fact that CMS announced eight states that are participating at this stage, and just to recap those for you, it's the states represented here. So, New Mexico, Colorado, Massachusetts, also North Carolina and New Jersey, New York, Minnesota, and Washington.

So, you all talked about the goals and talked about some of the steps that you're taking now.

Any key challenges that you're facing right now that you'd particularly like to highlight in terms of early experiences working with payers, providers, and other stakeholders that other states that are potentially interested in going down this road, but maybe benefiting from your early experiences, things that they can learn from?

Maybe one thing you know, feel free to take this in any direction you want based on your own experiences, but one thing I'd point out from the Q&As is that this seems like, based on what's been emphasized, emphasis on payers - so the state is a payer, Medicare is a payer, maybe employer commercial insurance is a payer - but your efforts I think are broader than that in terms of including perspectives from health care providers, community organizations, patient groups, etc. So, as you make progress on alignment, what are some of the things that you're learning that that states, and others interested in multi-payer alignment, could learn from as well? And maybe I'll go in reverse order this time. Elisa?

Elisa Wrede, Primary Care Office of the Secretary New Mexico Human Services Department (00:35:36):

Yeah, thanks for that, Mark. We spent quite a lot of time with stakeholder engagement in New Mexico. We actually had talked to our partners in Colorado prior to getting going on this work, and that was the suggestion that they had made for our state, and that's really helped us be able to get providers excited about moving to capitation rates.

But also has really enlightened to us as far as what the challenges are in New Mexico. In particular, we have a lot of rural areas and the providers in rural areas are struggling already with workforce, [and] with having resources. And so, this has given us an opportunity to think about what are some creative ways we can support, especially our rural providers, in being able to adopt payment reforms and to be able to deliver that kind of care that they want to deliver in those areas, and that the communities need. So that's one of many things that we've really been able to help with and identify as a need in our state.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:36:42):

Great. Thank you. Ryan, any particular areas you'd like to focus on, tips for other states, and stakeholders in other states, as they try to make progress to?

Dr. Ryan Schwarz, MassHealth (00:36:53):

Thanks, Mark. I'll highlight two. One, I saw a note in the chat on lessons learned from previous capitation arrangements, and so I think many of us on the provider side [and] on the payer side have a lot of experience with capitation in the past, and it didn't always go well. And I think one of the things that we thought a lot about as we were building out our program was making sure that if we are capitating, we are also holding providers, myself in this case, accountable to quality, to member experience, and to driving forward an equity agenda. And, without those precepts built into the contract, capitating payment can go potentially in the wrong way. And so, we thought a lot about how we developed the contractual arrangements with our provider systems to ensure some of those basic principles: maintaining high quality and improving quality, maintaining a positive member experience, and focusing on closing disparities will build into our contractual arrangements.

The other side of the coin that I'll just quickly mention is operations. And I think I would just say, our big lesson learned here is do not underestimate the importance and the challenge of operations, both on the payer side, as well as working with your provider partners to build out the infrastructure and the systems necessary to develop good accountable care delivery systems. It has taken us years and we're, I think, still very much on that journey. Our own IT systems at the state have been very challenging to work with, and we've heard again and again from our provider partners about the importance of time and investment to build out EHR systems, to build up top health management systems, to build up payment systems, to be able to engage in these system, excuse me, engage in these accountable care programs in a meaningful way.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:38:50):

And could you say a little bit more about that? As you started out by emphasizing accountability for things like patient experience, and longitudinal outcomes, and improvements in equity outcomes in the in the population. So that, you know, clearly implies some efforts around alignment on measures and maybe making them more meaningful over time as you move away from fee-for-service, and are paying for better health in conjunction with the capitation shifts. But to make it possible to succeed in that, like you said, you need EMRs that are not just, you know, capturing information that's relevant for fee-for-service billing, but helping to support longitudinal care. You need data sharing, you need some efforts, probably around aligning these improvements in the underlying infrastructure that, as you said, hasn't been built for this in the past. Any additional lessons there, or comments, about what's helping, keeping people at the table, and continuing to work together on this? As you said, it's not an overnight thing.

Dr. Ryan Schwarz, MassHealth (00:39:56):

Yeah, thanks, Mark. So, I'll go back a little bit to say that this, our new primary care program, is very much standing on the shoulder of years and years of previous work, and I think the most important transition was a commitment by the state, excuse me, to transition much of our managed care lives into accountable care organizations. And that really built a backbone for accountability to a quality slate that is shared across the delivery system.

We've worked with other payers to try and bring that quality slate into alignment with other payers. We're not there yet 100%. I'm sure we have some Massachusetts colleagues on the line today who would have some comments on that, but we are working towards that alignment. But also, as a part of building out those ACOs, we enabled through some federal investment, through CMS as well, infrastructure development and financing to help our delivery system, but also us as the state, to start to

build out some of these systems. It takes a lot of time and a lot of money to build out the necessary EHR backend and modules on the provider side. And similarly, on the state side, we've spent years trying to improve our systems and we still have a ways to go. The other thing I do want to call out is you mentioned systems on, and data collection, on the equity side of things. And this is an area that I think we should all be humble in we are. We are still very much starting down that path in most, excuse me, most environments, and I [don't] want to speak for all states because I'm not sure, but I know at least in Massachusetts, we don't have good race, ethnicity, language, disability, sexual orientation or gender identity data, either on the state side or in many of our providers. We are starting down that dream, but standardizing the variables and what we collect for each of those, and then being able to collect it in a routine and regular fashion so that we can then stratify our quality measures, as well as our populations for our providers, is an important journey if we are going to be able to close those disparities. But that has to start just by having the basic infrastructure and data systems in place and in alignment, both at the federal level as well as at state level, of what the variables are that we are collecting and how those are standardized across the system. We could go for a while down a wonky rabbit hole, but even thinking about data management systems, like TMS that we have to report into, if our variables that we get from our providers aren't aligned with what needs to go to our federal partners, it creates a lot of challenges. And so, these are years-long processes but really important if we're thinking about moving towards a more accountable and equitable system.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:42:46):

And [they] may be years-long processes but once we're [there] by working together, you're able to show some important progress along the way that you can keep building on. And to the point that Liz Fowler made in announcing Making Care Primary, more upfront resources, especially for smaller practices, FQHCs, etc. serving really common traditionally underserved population. So, hopefully between that experience and some of these new multi-payer programs, [we'll have] the opportunity move faster. Peter, I know you've thought about taking a lot of steps in these areas, too.

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:43:24):

Yeah, so, I'm not sure I'm going to give really unique lessons. I think the key lesson, I think that we all know is, we need to continue to learn from the programs we're implementing and continue to improve them. And we need to get input from, I'll say, all stakeholders. In particular, providers for us to get the practice transformation we'd like.

I do want to point out one of the key things that has not been led by our department, but we played an important role in, our department of insurance has worked, I'll say vigorously and extensively, with the primary care community to try to understand their interest, their concerns, and to essentially increase the viability of primary care in our state. And so, I do need to acknowledge our DOI. And to that point, last year when HB 22-1325 bill passed, which essentially sets, requires that department to develop a primary care alternative payment model that would apply across all payers. We are very, very interested in this. We're very actively engaged, but that will lead to a set of rules that form a framework which Medicaid, as well as other insurers in our state, will design basically alternative payment models. I mentioned before how important we thought alignment is. And one of the key messages we've heard from primary care providers, in multiple forms, is the extent to which different payers to include Medicaid can use the same metrics, and can to the extent possible align risk stratification or risk adjustment strategies, as well as essentially assignment of patients and issues of that nature can have an

attribution, or is important to simplifying this for providers. It's not necessarily eliminating multiple canoes, but it might simplify and make the canoes more similar. And so, I think the big thing we've learned in this state from our primary care, I'll say, providers who've advised us, is alignment is really critical. And I'll turn it back to you, Mark.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:45:35):

Great. Thanks, Peter. And you know, there were some questions in the Q&A generally related to the topic of, well, how do private insurers participate in this? How do all the organizations that work with private insurers and private companies, and trying to get to some of these same goals participate? Clearly, we've heard, and this is something we found when we did our national review of the alignment efforts and in different states, common ground around reducing the burden on primary care practices through more similar performance measures, as you said, risk adjustment, benchmarking approaches, etc. So, those things don't happen overnight, but we are learning more about how to do it. Anything that any of you would like to add? Particularly from the standpoint of approaches that you found effective to getting private insurers and employers involved in these efforts. Now we're hearing from more employers, too, about this common ground around strong, accountable primary care as a basis for comprehensive care. I think Morgan Health has an announcement today about further steps that they're taking in that regard. For example, many states are moving the same direction. Any additional advice you'd have, or experiences about helping to engage the private insurers and those who work with them, and the employers?

Dr. Ryan Schwarz, MassHealth (00:47:09):

I can. I can start with a few thoughts, Mark. I think we've had some positive experience in Massachusetts by getting, we have a quality measure alignment task force, which is a state convened entity that has brought multiple payers as well as provider systems around the table to talk about some of the quality measure alignment that Peter is talking about.

We haven't yet achieved 100% alignment and I don't want to oversell this. But I think even having a venue to have this discussion and to have multiple voices from across the health care system convened and able to start these discussions has been a very catalytic for us as a state, and starting to move further towards this direction. And it's also enabled a venue in which we, and Medicaid, can start talking more and more regularly with our commercial partners, and similarly our, the payers and the providers, having that venue to have these discussions.

I think the last thing I'll say is that with increasing consolidation across the market there are, for there are pros and cons to that, of course, but there is also much more of a value proposition for alignment for these measures and for these payment mechanisms, and increasingly, if we can harness just a few of these entities, we really start to tip the scales in terms of that percentage of the payer mix or that percentage of the quality measures that Peter was talking about that are aligned, and that makes a very real difference for providers, especially at a time when the primary care workforce is just experiencing significant and really substantial constraints.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:48:46):

Yeah, that notion of having a clear path to getting a critical mass, and then being able to accelerate progress, that seems very important. Other comments on this?

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:48:57):

This is Pete here. I just say that we're in the, we're in the process of implementing now. So, the next year, over the next year, DOI will work with all of the stakeholders, including major insurers, to essentially publish the rules which the legislation requires.

And so, it's, we're we are evolving. So, for me to say, here are the lessons learned—I don't have them, but I can tell you we're actively engaged in a on that on that journey right now and insurers have been engaged with us. And again with DOI, because this is DOI led.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:49:33):

Yeah, you mentioned the DOI process and also legislation to kind of reinforce that. Colorado is a famously purple state, and this is an era when there's a lot of philosophical differences that complicate many health care issues. But it sounds like, Peter, you all have been able to find a way to get past some of the politics. Any particular comment there on how you've gotten the employer community engaged, you know, it's not a group that regularly asks for standards and what could be perceived as more regulation.

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:50:09):

I, again, just my opinion. I think we've had a set of articulate providers, who are able, who are thought leaders, who have created the forms for those conversations to occur, but able to drive and encourage the legislation that you see that we have. And so, I don't have any secret sauce, Mark. I think we need to attribute it to the forward thinkers and basically the DOI as well as the provider community, because I think that that legislation wouldn't have been possible without them, I think, really supporting it and contributing to it.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:50:45):

Yeah, I think, build trust through your multi-stakeholder process and the involvement of primary care and other providers. You know, the era of when a lot of trust is gone down the country, those are groups that still possess it, especially when it comes to health care. So, I think a lot of lessons there. There are so many other good questions that have come up in the chat. I do want to encourage everyone who is interested in these topics to stay engaged with the Health Care Payment Learning and Action Network. We are going to try to do some follow-up answers for questions that we don't have time to get to. And again, a lot more information is going to be available on the Making Care Primary program in particular, for CMS now and in the coming days.

One topic that did come up in a number of questions was the issue of behavioral health, and how that can get integrated more effectively into strong primary care. And I'd appreciate thoughts that you all have about that. I have to say in my discussions with employers, that's one of the things on the very top of their list given the extent of issues that have come up during and now emerging from the pandemic, stresses on families, economically and otherwise. And historically, these conditions have been undertreated, inconveniently treated, inequitably treated. So, I know they're part of all of your strategies because they're such a motivator across different stakeholders. Anyone want to comment briefly on that?

Elisa Wrede, Primary Care Office of the Secretary New Mexico Human Services Department (00:52:18):

Yeah, I can comment really quickly. Behavioral health access is particularly important here in New Mexico. We have one of the highest disparities in the country for our population. And so, we're really prioritizing integration with behavioral health in our payment model. We're really starting there with talking about how to integrate, talking with behavioral health providers, talking about how to build those partnerships and relationships to support each other. So, that's where we're starting here in New Mexico. We hope to have a variety of forums for behavioral health and provide—primary care providers to talk to each other and learn about team-based, integrated care to really move that forward.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:53:11):

Thank you. Any other comments on this?

Dr. Ryan Schwarz, MassHealth (00:53:15):

I'll say two things. The first is, I think we all would agree, and this is a cross-aisle issue. Bipartisan behavioral health and primary care have been historically underinvested in, and we have not put the necessary financing into either the workforce or the actual rates that pay for services, and accordingly we've seen growing disparities, to exactly what Elisa just mentioned, and we see those same disparities and significant constraints in the system in Massachusetts as well.

We've thought about this in a variety of ways, but with regards to the MCP model today, one thing I think is that moving towards capitation in the primary care setting enables primary care providers and practices to think more creatively about how we staff teams and how we bring in LICSWs and care managers and psychologists and psychiatrists to further integrate behavioral health into the primary care setting. And when we continue to be in the fee-for-service world, that just does not work nearly as well. And so that's the first thing.

The second thing I'll say is that I think historically and especially in the last five to ten years, we have been, all states have been, the beneficiary of a lot of federal financing going into workforce, and to the extent that we can continue to invest in the pipeline upfront, we will be starting to address the problem that hopefully we won't have in five to ten years, and we've had a lot of success in Massachusetts and starting to develop loan repayment programs, mentorship programs, residency programs, and training programs for mid-level practitioners to be in the primary care setting specifically in community-based settings so that hopefully, five years from now, we're having a different discussion. But, I think it's both payment reform now, as well as workforce pipeline development for the future.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:55:07):

Great, thanks. And we're about out of time, any final quick thoughts that you'd like to leave the group with? I think they're going to come—I think many of our participants today are going to come away thinking, 'boy, there's a lot of potential here, but this is a hard work.' I know the goal of the LAN is to make it as easy as possible to build on, to make progress by building on prior learnings and proven practices for making progress. Any final thoughts you'd like to add?

Dr. Ryan Schwarz, MassHealth (00:55:40):

I'll say it is hard work, but it's hard work, because it's worthwhile. And we need to be thinking about what the future looks like in a time when primary care and behavioral health are not as constrained as

they are right now, and this, today's announcement, is an important step in this direction. Thanks so much for having us.

Dr. Peter Walsh, Colorado Department of Health Care Policy & Financing (00:55:58):

Mark, final thing I'll say is, it's hard work, but it's work that has to be done, because the status quo is not acceptable, and we're excited about the new program and continuing to learn from other states.

Elisa Wrede, Primary Care Office of the Secretary New Mexico Human Services Department (00:56:14):

And yeah, I'll just reflect [on] those comments as well, and something that somebody said to me as we were having stakeholder conversations was that they felt like this was going to bring back the joy of practice for them. And that really struck me, that physicians will be able to have a lot more flexibility and opportunity to practice in the way that they trained, the way that their patients need. And so, I think all of this hard work is so worthwhile, and I'm really happy to, you know, be participating in the Making Care Primary and being able to work towards that multi-payer alignment as well. So, thank you.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (0:56:56):

I want to thank all of you, multi-payer alignment [is] hard work, but essential work. And we've learned a lot about critical areas where you can make real progress and build a foundation for further steps. So, we're trying to make that hard work easier. I really encourage everyone who's joining us today to keep in touch with us. Just because we've started with a few pilot states doesn't mean that's where these efforts are going to stop. But we're trying to generalize these learnings and ability to collaborate to help more states and multi-payer efforts along, so stay tuned. The LAN is going to be focusing on a lot of other issues that relate to this. We, for example, didn't have much time to follow up on Liz Fowler, Center for Medicare & Medicaid Innovation's comments earlier about including steps for specialty care engagement and participation in whole-person models. There are a lot of interesting and important developments happening there where multi-payer alignment can help. That's going to be a big focus area for the LAN going forward in these multi-payer alignment, multi-stakeholder alignment efforts going forward. But right now, I want to thank you all for joining us, and is my pleasure to introduce Dan Tsai, who is currently CMS Deputy Administrator and Director of the Center for Medicaid and CHIP Services.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (00:58:14):

As a career of being committed to care transformation in Medicaid and affecting people, from vulnerable populations, typically left out of these kinds of models, even though they are populations that probably have the most to gain from better coordinated whole-person, community-oriented care. And Dan's going to hopefully tell us some more about the new steps that he is taking and that Medicaid and CMCS is taking to help support these efforts. Dan?

Daniel Tsai, Center for Medicaid and CHIP Services (00:58:44):

Thanks, Mark, thanks for having me, and [to] our colleagues for organizing this. It's nice to see state colleagues from just before, and what Ryan was talking about, and MassHealth in Massachusetts is obviously extremely close to my heart on that, so I think this is just a really exciting moment, as you all know. We—and CMS under the Administrator's direction—we've spent a lot of time between CMMI and CMCS, so Medicaid and the Innovation Center, trying to figure out how we do more on delivery system reform in a way that really speaks to the safety net and we have had, as in a special emphasis, also on

moving upstream and focusing on strengthening primary care, on mental health services, and the like. And so, Making Care Primary is a really exciting example of that. All coming together. We've got alignment for how we think about Medicaid and Medicare, which has not always been how we have figured things out at the federal level with Innovation Center models. It is exciting to think about how to really bolster and focus primary care in a way that builds on a lot of what states are already thinking about and really allows us to push towards a value-based world that has a strong primary care emphasis when you think about population health.

Daniel Tsai, Center for Medicaid and CHIP Services (01:00:07):

So, we're really excited about that. We're really excited for the states that have stepped up and already have a range of exciting activities under way. This allows us to gather and build on that. Making Care Primary is already factoring into how we think about specific states, 1115 demonstration negotiations, and how we bring many parts of investing in the system, making sure there's sufficient funding for the Medicaid, and safety net world with accountability and thinking about how to empower and support primary care. What's the way to move Medicaid toward more value-based payments in a way that's aligned from a multi-payer standpoint with Medicare? And hopefully with some of the private market world as well. So, we're terrifically excited about this. We're looking forward to partnering with states [and] our Innovation Center colleagues. And we are trying to work together in a new way. And it's both exciting and frankly, really challenging when you intersect how Medicaid authorities work with the Innovation Center historically has been able to do with Medicare. Those are the right growing pains in order for us to really think about value-based care and empowering primary care in a way that really encompasses Medicaid and safety.

Daniel Tsai, Center for Medicaid and CHIP Services (01:01:22):

So for all of you that are engaged on this, we're excited. We hope to see these sorts of things kind of expand out more broadly, and how we approach things and the Medicaid space as well. So, I think that's really what I wanted to jump on to say. And I would also be remiss if I didn't note, for anyone listening, we are spending an intensive amount of time on unwinding from the PHE [Public Health Emergency], making sure people stay covered in Medicaid or marketplace for employers. Sponsored coverage is the foundation for thinking about access and delivery system reform. If we don't have folks covered eligible people covered, you know, all the wonderful value-based care in the world doesn't matter. If people don't have coverage, you can't access services. That remains one of our paramount areas of focus at CMS and the federal government. So, with that Mark, I think that was my five minutes. I appreciate you having us, and it's really nice to hear from our state colleagues as well. Thanks so much.

Dr. Mark McClellan, LAN Executive Forum Co-Chair (01:02:27):

Dan, thank you very much. I really appreciate that the strong engagement there, and I'd like to transition to—my co-chair on the Executive Forum of the Health Care Payment Learning and Action Network—Dr. Judy Zerzan-Thul. [She] leads the multi-payer efforts at the Washington Health Authority. Judy, thanks for joining us early this morning your time.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:02:48):

Not too early, and thanks, Mark. This is a great reason to be on early, and I am so excited about Making Care Primary, so that will be really fun. I think I also really resonated with Liz's earlier remarks, that

accountable care is so much more than payment reform. It's not just that, because, despite steady growth of industry, investment, and payment models linked to quality and value over time, there is still significant room for improvement, especially for historically underserved populations, and those with disparities. So, as we continue to strive to improve patient outcomes, affordability, and experience for all the LAN acknowledges that payment reform alone is not going to suffice. As an industry, we must move collectively toward accountable care.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:03:4):

Therefore, the LAN recognizes that accountable care is a multi-dimensional concept of which payment and financial incentives are just one enabler. Accountability care must also consider quality, equity, efficiency, care coordination, patient engagement and empowerment, and population health management.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:04:08):

Last year, the LAN released an updated definition of accountable care: “Accountable care centers on the patient and aligns their care team to support shared decision making and help realize the best achievable health outcomes for all through equitable, comprehensive, high-quality, affordable longitudinal care.”

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:04:30):

With this definition, the LAN recognizes that the movement towards accountable care isn't just a static journey, and health care organizations are at varying points all along that journey. In 2022, the LAN released a first draft of the Accountable Care Curve to support the operationalization of industry-wide, high-quality, cost-effective, accountable care. The Accountable Care Curve is an interactive learning tool that health industry organizations can use as a guide to inform their journey toward accountable care.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:05:04):

The curve identifies and defines the stages that organizations may pass through on that journey, as well as the key components, capabilities, and resources that can support an organization's evolution. It's meant to help organizations envision, plan, and prepare for accountable care transformation. While the LAN acknowledges that each organization's journey may look somewhat different, the curve aims to promote industry-wide adoption of promising practices, investment in certain capabilities, and establish resources, such as core quality measure sets, to move in an aligned direction.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:05:43):

It's also important to note that the curve is intended to be used alongside, not in lieu of, complementary LAN resources, such as the APM Framework, the Theory of Change to advance health equity and APMS, and other guidance from LAN’s Health Equity Advisory Team (HEAT). When taken collectively and combined with other useful industry resources, the LAN intends for these resources to form a useful toolkit for organizational change and transformation.

So, with that, I'd like to introduce the ACAC [Accountable Care Action Collaborative] Co-Chair Jeff Micklos to share more about the curve and the ACAC's role in its development. Jeff, take it away.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:06:28):

Thanks, Judy, and I just want to add my congratulations to the CMS team for the great announcement today. Really exciting to see the model and to see your vision move forward and look forward to working with you on that. I'm also excited to represent the Accountable Care Action Collaborative today, and my Co-Chair Leah Binder from The Leapfrog Group to be able to talk more about the background of the Accountable Care Curve, where it was derived from, and also share a live demonstration of the resources that are now available to you.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:06:58):

So, to develop a tool that would support organizations to advance accountable care, the LAN formed and convened the Accountable Care Curve sprint work group from January of 2023 to March of 2023. Comprised of members from across LAN, strategic initiatives and representing a variety of stakeholder types, including payers, providers, community organizations and associations, the work group sought to reflect a variety of organizational perspectives, experiences, and populations served. Members offered ideas and feedback based on their experience, and when appropriate, experience of their member organizations.

Therefore, with the curve, the LAN seeks to provide a framework, knowledge, and resources to supporting organizations already moving toward accountable care to continue advancing, to support new organizations to begin their journey toward accountable care, and to support all organizations to move in an aligned fashion toward a unified vision of accountable care, partnering to do so when necessary.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:08:00):

While the curve is meant to be a helpful tool in achieving the above outcomes, the LAN understands that there are several factors that can influence or constrain an organization's ability to advance accountable care outside of organization capabilities and change, including workforce shortages and resource constraints.

And now we'd like to switch to a live demonstration of the new website.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:08:32):

Great thanks, John. So first, again, we'd like to start with the graphic of the curve itself. As referenced earlier, the curve is composed of levels of transformation, measurement tracks, elements, organizational capabilities, and resources which are all interactive in nature.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:08:50):

The four levels of transformation: learning, investing, aligning, and transforming, define the progressive stages that an organization may pass through on its journey toward accountable care over time that reflect an increasing level of organizational commitment, investment, and change.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:09:08):

What does this mean?

Learning organizations recognize the need for accountable care, understand the role they could play, and plan to act.

Investing organizations commit resources to achieving accountable care and demonstrate public support for industry promising practices.

Aligning organizations take action to align with industry, promising practices and accountable care, and consistently invest resources into achieving advanced accountable care. And transforming organizations are successfully shifting their drivers and incentives toward advanced accountable care and become champions for accountable care adoption in their industry or region, and/or nationally.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:09:52):

Each definition is interactive, so you can see you are able to click on any stage of transformation to see its associated definition. Additionally, the five membership tracks reflect the key pillars that enable accountable care at any point, including, but not limited to payment reform, and reflect the need for organizations to consider and be responsive to efficiency, equity, care coordination, patient engagement and empowerment, and population health management at each stage of their journey.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:10:29):

It's important to note that each measurement track has some level of interdependency with the others, as well as the capabilities, and may play more prominent roles at certain stages of transformation, as no single component will enable adoption of accountable care on its own. For [the] purposes of today's display, we will take payment reform as an example. Organizations aren't considered 'investing' unless they're working on the implementation of a shared savings model.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:10:58):

Now, we'd like to turn to the milestones table on the website. The curve milestones illustrate activities that an organization in the respective stage may be undertaking across each measurement track. Furthermore, these milestones are connective factors between the broader stages of transformation of the curve and the granular organizational capabilities. To continue with our example using the payment reform measurement track, the table indicates the specific milestones indicative at each stage of transformation for payment reform related efforts.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:11:36):

We would like to now turn to the capabilities page of the website. Organizational capabilities on the screen list the practices, processes, and structures present in organizations at a respective level of transformation by measurement track. Continuing to look at the payment as an example, you can see its associated capabilities on the screen. In thinking about organizational transformation, be cognizant of whether change is happening in a localized or isolated area or across lines of business and services, since it is important to evaluate the breadth of impact of accountable care efforts.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:12:22):

We emphasize that the LAN views these capabilities as foundational and are not meant to reflect a comprehensive list of capabilities that an organization may possess. While foundational, the list of capabilities is not comprehensive, and subsequent capabilities may be included in future iterations of the curve as accountable care adoption continues to evolve in the market. In terms of the tool, you can see

that each capability is clickable and has its own definition that applies to a specific stakeholder group, whether it applies to payer, provider, purchaser, or all three.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:13:07):

We'd like to now shift to the curve's resources. A key component of the curve is that it also includes resources submitted and used by fellow LAN members to advance accountable care. I'd like to thank the members of the Accountable Care Action Collaborative for providing an initial set of resources, and any additional resources will be added over time. These resources have been mapped to specific capabilities, so that as you're exploring the curve, you can draw from the specific tool kits, papers, and resources that your peers have used. As I indicated, the LAN plans to add to [these] relevant resources and examples as more become available.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:13:53):

As we scroll back up to the Accountable Care Curve image, we'll see that, as you can see, to accelerate toward accountable value-based care, organizations can use the curve as a learning tool guide to answer critical questions that support overall strategy and tactical implementation including, but not limited to, the following questions: What is our vision, organizational priorities, and/or goals? And how does movement toward accountable care support those? Which measurement tracks will have the greatest impact on our organization's movement toward accountable care, based on investment or change realized to date? And a third question, what transformation stage—again, learning, investing, aligning, or transforming—on the curve is our organization in today? How do we believe this compares to our industry peers?

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:14:48):

In addition to those questions, to put the curve into practice, we believe some use cases that illustrate how the framework could be applied [for]organizations are important. Such use cases include using the curve as an internal learning tool to promote discussion and awareness among its own employees; the tool may be used as a guide for strategic planning and/or goal setting, and to inform workforce development and/or training. Another use case is using the curve to foster multi-stakeholder discussions within its network, for example, providers within a large health system, accountable care organizations members, private and public payers at a state level, or across states. This may include discussions that facilitate stakeholder alignment across or in specific areas.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:15:37):

A use case similar to the Health Care Transformation Task Force, which I lead, is an organization promoting the curve to its membership or its constituency. In the case of associations, advocacy organizations, and those similarly structured, it likely does not make sense for these organizations to use the curve for internal guidance and reflection. Rather, these organizations have a role to play in amplifying the curve, and it's included [in] resources among membership to promote industry alignment. Reflecting on the curve's applicability and its value to its membership and providing feedback and resources that can be used in conjunction with the curve to advance accountable care.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:16:14):

We also believe it's appropriate to accelerate the transformation of advanced accountable care by encouraging its members to directionally align with the principles and resources in the curve.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:16:26):

A few things to consider as you explore how your organization can apply the framework to advance your specific goals related to accountable care. The LAN urges against the use of the curve as a checklist to accountable care transformation based on previous points that the curve reflects foundational, but not comprehensive, organization capabilities for achieving accountable care. It cannot be overstated about the importance of leadership buy-in. When leaders and boards invest their time, energy, and resources in value-based care movement, they signal to their organization and peers the business imperative and potential return resulting from improved outcomes, cost efficiency, and greater accountability.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:17:10):

The influence of external environmental factors, like workforce shortages, is critical to be thinking about as you plot your journey along the curve. And there's a need to continuously evaluate whether changes we make as an organization are making a difference on outpatient outcomes, affordability, and experience. The success metrics that are employed over time are really important and need to be dynamic and responsive to the learning environment that you'll be operating in. And in line with this, the mere existence of any one capability may not be sufficient to drive or influence accountable care.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:17:46):

Organizations should also consider the extent to which capabilities are present across the organization. So, we've given you a lot of information here, we definitely encourage you to take time with you and your teams to explore the interactive website and get to know it more closely. [We] also want to flag for you that there is a user guide in development that will help LAN members use and navigate the curve. It's been created to provide a detailed user guide that includes all the information that's been shared today, as well as key considerations for use, guiding questions, and illustrative examples.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (01:18:22):

Such examples and such use cases include, in talking with organizations engaged with the LAN, it's become clear that use cases are incredibly valuable, and they allow others to see the aims, actions, and lessons from others in the past. So, we welcome you to share your own examples of transformation toward accountable care with the LAN via their inbox of HCPLAN@Deloitte.com.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (1:18:51):

We'd now like to shift to ask you to share your experience. It's important that the Accountable Care Curve be both actionable for you all as part of the LAN, and that it represent your experiences in advancing toward accountable care.

After this call we encourage everyone to explore the interactive Accountable Care Curve for themselves and assess where you are.

Share the tool to promote discussion within your organization, and if you're an association or attending on behalf of a group of organizations, we encourage you to share the interactive curve with your membership.

Again, the curve is a living resource, revisiting the curve as data and feedback warrants, as you rely upon the movement and as you guide your journey along the curve. The curve has already undergone a considerable amount of revision and feedback based on member input, but it's important that the curve be periodically revised to improve its usability, resources, and capabilities.

As you explore the curve and continue your own organizational journeys toward accountable care. We again encourage you to share your experiences with the LAN by sending them to the HCPLAN@deloitte.com inbox.

Jeff Micklos, Accountable Care Action Collaborative Co-Chair (1:20:01):

I believe we may have a minute or two here to do a poll for the audience? Do we have the poll question available?

So, our [first] poll question is: which measurement track have you made the most progress on?

Do we have results on the question?

Payment and reform topping the quality. But again, the reiteration of the curve here that payment and reform is not in and of itself achieving accountable care. So, certainly work to do on some of the other areas.

Our second poll question: which measurement track do you have the most opportunity to progress?

Do we have results on the question?

Kind of the inverse of the results of poll question one, not surprisingly.

Well, thank you for taking the time to participate in our poll questions. And with that, I'm going to turn it back to Judy to wrap things up. Judy?

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:21:33):

Great. Thank you, Jeff, and thank you everyone for joining us today. I hope you learned some good stuff. We had two topics today.

First, I'm delighted that Making Care Primary is announced and that it's been developed. I think it's a great mechanism to advance not only primary care, but to integrate specialty care and provide an on-ramp for safety net providers to increase APM and adoption and equitable coverage in the process.

Washington State is a site, and I am very excited about that, and looking forward to talking to folks in my state about how we might use this model to advance primary care here.

Second, thanks to Jeff and others at the LAN. I'm excited that we've launched the curve and to support organizational journeys toward adoption and advancement of accountable care in all its aspects. So, we have one more closing poll for you, at least I think we do.

Oh, the poll will pop up when you log off to do your closing survey of what you thought about this. So, it shows up after you close the browser window, so don't be afraid to do that. We have a couple more slides to show. First is there's another STC event coming up on July 27, so save the date for that. And, our

spring event, this is the last event in our spring summer series, the May spring event has been uploaded to the HCPLAN website, and this webinar will be posted there in about a week, so look for that.

Dr. Judy Zerzan-Thul, LAN Executive Forum Co-Chair (01:23:34):

And then I also want to call attention on the next slide to the LAN Summit. We are back in person in D.C. [on] October 30. For those of you that are subscribed to our emails, you should have gotten this invite. But please mark your calendars and join me there. I am really looking forward to it. So, thank you again and we'll talk soon. Have a great day.