

Accountable Care Curve Overview and User Guide

Table of Contents

1.0 Background	3
2.0 Accountable Care Curve Overview	3
2.1 Definition and Purpose	3
2.2 Intended Outcomes	4
2.3 Curve Components.....	4
2.4 Development Process	7
3.0 Using the Accountable Care Curve	7
3.1 Obtaining Organizational Buy-In.....	7
3.2 Questions to Guide Organizational Use of the Accountable Care Curve.....	7
3.3 Organizational Use: Key Consideration.....	8
3.4 Illustrative Uses Cases.....	8
4.0 Looking Ahead: Curve Evolution	8
Acknowledgements.....	9

1.0 Background

The Health Care Payment Learning and Action Network (LAN) was founded in 2015 upon the premise that health care payment reform – the design, implementation, and measurement of payment models that shift the system’s economic drivers away from fee-for-service and toward high-value care – has the power to dramatically improve population health outcomes and reduce total cost. Indeed, population-focused, alternative payment models have demonstrated savings, and pro-value sentiment is pervasive.¹ However, despite steady growth of industry investment in payment models linked to quality and value over time², outcomes still demonstrate significant room for improvement, especially for historically underserved populations, with disparities experienced by these groups widening in the wake of the COVID-19 pandemic³. As we continue to strive to improve patient outcomes, affordability, and experience for all, the LAN acknowledges that payment reform alone will not suffice. As an industry, we must collectively move toward accountable care.

The LAN recognizes that accountable care is a multi-dimensional concept, of which payment and financial incentives represent only one enabler. Accountable care must also consider quality, equity, efficiency, care coordination, patient engagement and empowerment, and population health management. In response, the LAN released an updated definition of accountable care to align behind:

*“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.*⁴

At the same time, the LAN knows that realization of accountable care does not happen overnight; accountable care may be the end goal but is not a static state. The movement toward accountable care is a journey, and health care organizations are at varying points in that journey. **To support organizations to advance accountable care in the context of their respective roles and move toward industry-wide transformation in an aligned way, the LAN developed the Accountable Care Curve (“the Curve”) to provide a framework for an organization’s transformation.**

This user guide provides an overview of the Curve, its components, and how different industry stakeholders may use it.

2.0 Accountable Care Curve Overview

2.1 Definition and Purpose

In 2022, the LAN released a first draft of the Accountable Care Curve to support the operationalization of industry-wide, high-quality, and cost-effective accountable care. **The Accountable Care Curve is an interactive learning tool that health care industry organizations can use as a guide to inform their**

¹ Gaus, C. et al. “Evaluation Of Medicare Alternative Payment Models: What The Data Show.” November 12, 2020. Health Affairs. <https://www.healthaffairs.org/doi/10.1377/hblog20201106.971990/full/>

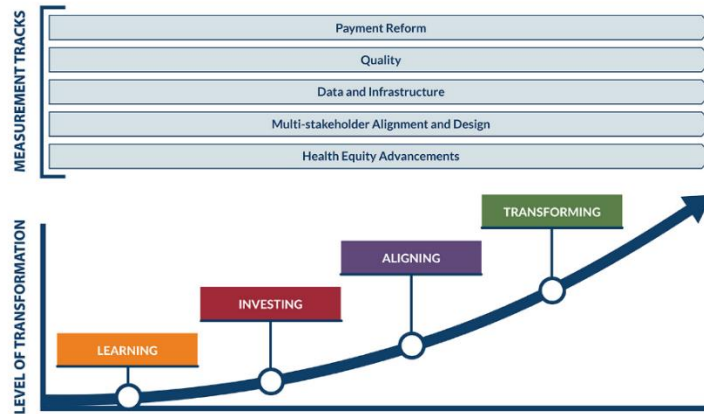
² [2022 APM Measurement Infographic - Health Care Payment Learning & Action Network \(hcp-lan.org\)](#)

³ Hill, Latoya, and Samantha Artiga. “What Is Driving Widening Racial Disparities in Life Expectancy?” Kaiser Family Foundation, 23 May 2023, www.kff.org/racial-equity-and-health-policy/issue-brief/what-is-driving-widening-racial-disparities-in-life-expectancy/.

⁴ [2030 APM Goals.pdf \(hcp-lan.org\)](#)

journey toward accountable care.

The Curve identifies and defines the stages that organizations may pass through on that journey, as well as the key components, organizational capabilities, and resources that can support an organization’s evolution. It is 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 established resources (such as those that define core quality measure sets) to move in an aligned direction.



The Accountable Care Curve (shown above) expands upon certain elements addressed in the APM Framework and realizes that while accountable care arrangements are often built in tandem with APM structures, true accountable care expands on elements necessary for accountable care not addressed in the APM Framework.

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 in APMs](#), and [other guidance](#) from the LAN’s Health Equity Advisory Team (HEAT). When taken collectively and combined with other useful industry resources, the LAN intends for its resources to form a useful toolkit for organizational change and transformation.

2.2 Intended Outcomes

The Curve aims to provide a framework, knowledge, and resources to:

- Support organizations already moving toward accountable care to continue advancing;
- Support new organizations to begin their journey toward accountable care;
- Support all organizations to move in an aligned fashion toward a unified vision of accountable care, partnering to do so when necessary.

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 organizational capabilities and change, including workforce shortages and resource constraints.

2.3 Curve Components

As mentioned above, the Curve is composed of **levels of transformation, measurement tracks, milestones, organizational capabilities, and resources**. Each of these components are defined below.

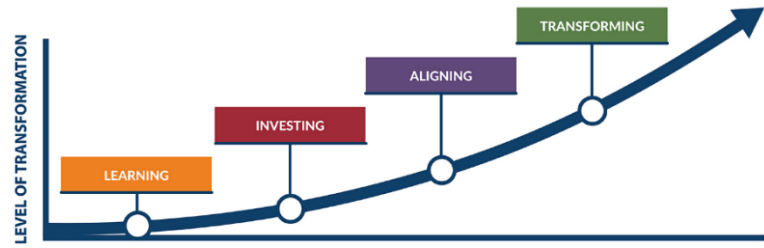
Levels of transformation define the progressive stages that an organization may pass through on its journey toward accountable care over time. They reflect an increasing level of organizational

commitment, investment, and change. **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.

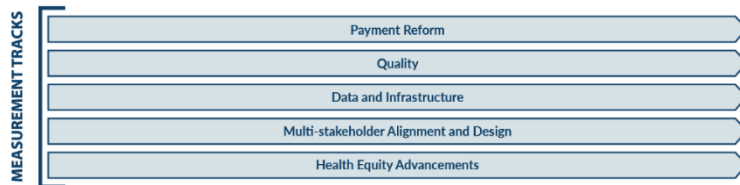
Aligning organizations take action to align with industry promising practices in accountable care, and consistently invest resources into achieving advanced accountable care. **Transforming** organizations successfully shift their drivers and incentives toward advanced accountable care and become a champion for accountable care adoption in their industry/region and/or nationally.

Measurement 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 journey⁵.

Measurement tracks are shown at right and defined in the table below.



LAN Accountable Care Curve Levels of Transformation



LAN Accountable Care Curve Measurement Tracks

Accountable Care Curve measurement track definitions.

Measurement Tracks	Description/Definition
Payment Reform	Informs development and adoption of models and contracts that enable organizations to move from fee for service (FFS) to performance-based payment (LAN APM Framework Category 3A) and ultimately, two-sided risk arrangements (LAN APM Framework Category 3B and 4)
Quality	Informs development and use of measures that enhance patient experience to drive high-quality, high-value care for all
Health Equity Advancements	Informs development and alignment of initiatives designed to reduce health disparities by working with community-based organizations (CBOs) and other partners to collect, measure, and report on related outcomes
Data and Infrastructure	Informs development and alignment of technical components to enable sharing and receiving of timely healthcare-relevant data, including adoption of interoperable data exchanges
Multi-Stakeholder Alignment and Design	Encourages collective use of promising practices and other industry standards to promote collaboration and partnerships that advance accountable care, whether at the local, regional, state, and/or national levels

Each measurement track has some level of interdependency with the others, as well as the capabilities, as no single component will enable adoption of accountable care on its own. In certain situations,

⁵ Finke, Bruce, et al. "https://jamanetwork.com/Journals/Jama-Health-Forum/Fullarticle/2795471." JAMA Health Forum, 19 Aug. 2022, jamanetwork.com/journals/jama-health-forum/fullarticle/2795471.

specific tracks may play a more prominent role at certain stages of transformation. Examples of this are seen in the *Health Equity Advancements* measurement track, where organizations aren't considered Transforming unless health equity has been explicitly embedded into an organization's culture, and the *Payment Reform* measurement track, which is often seen as a necessary precursor in the earlier stages of transformation to encourage financial incentives as a mean to adopt accountable care.

Curve milestones (shown below) illustrate activities that an organization in the respective stage may be undertaking across each measurement track.

Accountable Care Curve milestones.

Measurement Track	LEARNING	INVESTING	ALIGNING	TRANSFORMING
Payment Reform		<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- that support accountable care, with links to quality, and well-coordinated specialized care (CMMI model, Category 3B). Begin to see shifts in affordability 	<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, well-coordinated specialized care, and more affordable care for both patients and purchasers
Quality	<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"> Establishes quality goals and supports necessary data collection to measure progress toward goals 	<ul style="list-style-type: none"> Uses evidence-based care and shared-decision making to achieve better outcomes and person-centered care 	<ul style="list-style-type: none"> Uses standardized system-wide processes to improve patient experience and drive high-quality, predictable outcomes for all
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) Relevant members of the care team have access to data for purpose of care coordination 	<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"> Uses industry best practices and lessons learned to support movement toward accountable care 	<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"> Initiates, sets priorities, provides the infrastructure for multi-stakeholder efforts to advance accountable care or multi-stakeholder models/arrangements for measurable progress in system-wide regional, state, or national goals
Health Equity Advancements		<ul style="list-style-type: none"> Commits to improving equity (e.g., publicly announcing equity goals or commitment, commitment to HEAT guidance) 	<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 and affordability

Organizational capabilities list the practices, processes, and structures present in organizations at a respective level of transformation, by measurement track. Each capability is clickable and has its own definition that applies to a specific stakeholder group. The LAN views included capabilities as foundational but are not meant to reflect a comprehensive list of capabilities that an organization may possess. Additional capabilities may be identified and included in future iterations of this work as continued advancements of accountable care generates a larger evidence base and greater number of published use cases.

The screenshot displays the 'Payment Reform Capability Examples' dashboard. At the top, there are tabs for 'Payment Reform', 'Quality', 'Data and Infrastructure', 'Multi-Stakeholder Alignment and Design', and 'Health Equity Advancements'. Below the tabs is a legend for 'Purchase', 'Hacker', and 'Peer'. The main content is organized into a grid with columns for 'Learning', 'Investing', 'Aligning', and 'Transforming'. Two sub-sections are visible: 'Contracting Methodologies' and 'Performance to Contracts'. Each cell in the grid contains a list of capabilities with their respective progress indicators (represented by colored circles and numbers).

Resources are included as additional reference for select capabilities and may offer greater guidance or specificity. If included, they will appear in the dialogue box with the capability definition. Resources have been sourced from industry and from the LAN body of work.

2.4 Development Process

To develop a tool that would support organizations to advance accountable care, the LAN formed and convened the *Accountable Care Curve Sprint Workgroup* from January 2023 to March 2023. Comprised of members from across the LAN's Strategic Initiatives and representing a variety of stakeholder types including payers, providers, community organizations, and associations, the workgroup 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.

3.0 Using the Accountable Care Curve

3.1 Obtaining Organizational Buy-In

Visible and demonstrated leadership commitment and support is paramount to any organizational transformation, including the movement toward accountable care. When leaders and boards invest their time, energy, and resources in the value-based care movement, they signal to their organizations and peers the business imperative and potential return resulting from improved outcomes, cost efficiency, and greater accountability. Movement toward accountable care and adoption of supporting tools like the Curve is dependent upon leadership buy-in and amplification of the accountable care movement.

3.2 Questions to Guide Organizational Use of the Accountable Care Curve

To accelerate toward accountable, value-based care, organizations can use the curve as a learning tool or guide to answer critical questions that support overall strategy and tactical implementation, including:

1. What is our vision, organizational priorities, and/or goals, and how does movement toward accountable care support those?
2. Which measurement tracks will have the greatest impact on our organization's movement toward accountable care, based on investment or change realized to date?
3. What transformation stage (i.e., Learning, Investing, Aligning, Transforming) on the Curve is our organization in today? How do we believe this compares to industry peers?
4. What capabilities will we need to consider or develop as an organization to advance accountable care?
 - a. How are we investing in these capabilities? Are we investing across our organization, or only for certain parts of our organization?
 - b. What capabilities do we have as an organization that support/depend on one another?
5. What industry resources are available as a starting point or reference point for certain capabilities?
 - a. How can we build upon these resources/references?
6. In what ways are our industry peers aligning to advance accountable care (as reflected by available resources)?

- a. How can we promote similar alignment by our organization?
7. How can I promote the Curve and/or its resources to others in my network, to decrease burden on other health care ecosystem participants and further alignment across the industry?

3.3 Organizational Use: Key Consideration

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, organizational capabilities for achieving accountable care; the aforementioned importance of leadership buy-in; the influence of external or environmental factors (e.g., workforce shortages); and the need to continuously evaluate whether changes we make as organizations are making a difference on patient outcomes, affordability, and experience. In line with this, the mere existence of any one capability may not be sufficient to drive or influence accountable care; organizations should also consider the extent to which capabilities are present across their organization.

3.4 Illustrative Uses Cases

The below use cases demonstrate examples of what organizational use may look like in practice. They are not intended to reflect all potential use cases.

- **An organization uses 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. The tool may be used to inform workforce development and/or training.
- **An organization uses the Curve to foster multi-stakeholder discussions within its network** (e.g., providers within a larger health system, Accountable Care Organization 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.
- **An organization promotes the Curve to its membership or constituency.** In the case of associations, advocacy organizations, and those similar 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 its included resources among membership to promote industry alignment; **reflecting** on the Curve’s applicability/value to its membership and providing feedback and resources that can be used in conjunction with the Curve to advance accountable care; and **accelerating** the transformation of advanced accountable care by encouraging its membership to directionally align to the principles and resources included in the Curve.

4.0 Looking Ahead: Curve Evolution

The LAN understands that the healthcare industry is not static and continues to evolve as new efforts to innovate, advance, and promote accountable care are introduced. For this reason, updates to the Curve will be evaluated in the future based on stakeholder feedback and available data.

Acknowledgements

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Aditya Mahalingam-Dhingra
Chief Business Officer
Community Care Cooperative

Jennifer Nowak
Clinical Project Manager
Blue Cross Blue Shield Association

Ben Money
Senior Vice President, Public Health Priorities
National Association of Community Health Centers

Dr. Jessica Bartell
Executive Vice President & Chief Medical Officer
Population Health & Value-Based Care
UnitedHealthcare

Craig Jones
Principal
Capitol Health Associates

Dr. Mark Friedberg
Senior Vice President, Performance Measurement
& Improvement
Blue Cross Blue Shield of Massachusetts

Chris DeMars
Director, Delivery Systems Innovation
Oregon Health Authority

Dr. Mark McClellan
Director
Duke Margolis Center for Health Policy

Danielle Lloyd
Senior Vice President, Private Market Innovations
& Quality Initiatives
America's Health Insurance Plans

Dr. Rhonda Medows
President, Population Health Management
Providence Health & Services

Erin Barney
Vice President, Network Solutions
Blue Cross Blue Shield Association

Samantha Holcombe
Senior Director, Practice Improvement
National Council on Mental Wellbeing

Dr. Helen Burstin
Executive Vice President & Chief Executive Officer
Council of Medical Specialty Societies

Dr. Will Borden
Chief Quality and Population Health Officer
George Washington University Medical Faculty
Associates