



Primary Care Payment Model Work Group Charter

I. Preamble:

The MITRE Corporation, a not-for-profit organization chartered to work in the public interest, operates federally funded research and development centers (FFRDC) for the federal government and serves as an objective, independent advisor to CMS and other Health and Human Services (HHS) operating Divisions. More information on MITRE-managed FFRDCs can be found at <http://www.mitre.org/centers/we-operate-ffrdcs>. The MITRE-managed FFRDC is named the CMS Alliance to Modernize Healthcare (CAMH). CAMH leads the Health Care Payment Learning & Action Network (LAN) project. The LAN is a public private partnership established and launched as a collaborative network of stakeholders, including payers, employers, providers, patients, and consumers; federal, regional, and state agencies; and other partners within the health care community.

The LAN Guiding Committee serves in an advisory role to CAMH and is the primary collaborative body of the network. As stated in the LAN Guiding Committee Charter, the Committee is responsible for recommending Work Group topics and areas of focus to help drive the transition towards alternative payment models (APMs); collaborating with CAMH to develop a strategy that includes setting the objectives and scope for each LAN Work Group, topics for studies and analysis, and strategic communications; and providing on-going guidance and direction to the LAN Work Groups.

LAN Work Groups provide their recommendations on the requested topics to the Guiding Committee. The recommendations are intended to guide, support, and influence the actions of stakeholders across the health care ecosystem in order to advance alignment and adoption of effective health care payment models, intended to achieve the ultimate goals of better care, smarter spending, and healthier people. Neither the LAN Work Groups nor the Guiding Committee make policy recommendations directly to CMS or any other government entity.

CMS funds CAMH to independently operate the LAN public-private partnership for a specific period of time. CMS is represented on both the LAN Guiding Committee and each LAN Work Group as an equal partner with an equal voice in deliberations. All members speak on behalf of themselves as individuals and not their organizations.

The Guiding Committee commissioned the LAN Primary Care Payment Model (PCPM) Work Group, with the charge described herein.

II. Purpose of Work Group:

The PCPM Work Group's ultimate purpose is to support the LAN's goal of enabling the health care sector nationwide to achieve adoption of APMs identified by the LAN Guiding Committee, namely:

- By 2016, to link at least 30% of U.S. health care payments to quality and value through APMs.
- By 2018, to link at least 50% of U.S. health care payments to quality and value through APMs.

The Guiding Committee charged the PCPM Work Group to do the following:

1. Develop practical recommendations for the Guiding Committee on the best way to pay primary care or services using alternative payment models
2. Make recommendations on how the Guiding Committee, the Primary Care Payer Action Collaborative, and the LAN more generally, should work with partners to use and adopt the Work Group's recommendations to quickly catalyze adoption and drive alignment in the field.
3. Make recommendations on future work that might be needed to support the continued progression to value based payment models.
4. Make recommendations that create a strong connection to the Primary Care Payment Action Collaborative (PAC) and future PAC work.

III. Expected Deliverables:

The PCPM Work Group will develop a white paper that clearly communicates its recommendations to the Guiding Committee and to the LAN, per its purpose as described above.

The White Paper should reflect an analysis of primary care payment models and make a case for why primary care payment reform is necessary. It will present a set of guiding principles for primary care payment. The deliverable should include the following:

- Recommendations on payment approaches, including the key APM technical components, an adaptation of the recommendations proposed by the Population-Based Payment Work Group (i.e., patient attribution, performance measurement, data sharing, and financial benchmarking) and the Clinical Episode Payment Work Group (i.e., bundled payment) in the context of primary care as well as other primary care payment models, such as capitated primary care, PMPM payment structure, etc.
- Address how payment models will allow care providers to effectively coordinate with specialists, such as cardiologists and behavioral health.
- Reflect the Principles of Patient- and Family-Centered Payment, produced by the Consumer Patient Affinity Group.
- Importance of multi-payer alignment and practical steps required to achieve it.
- Offer recommendations on what primary care payment models the PAC should be prioritize in future phases of work.
- Identification of highest priorities to be implemented and tested in the next 12-24 months following conclusion of the group's work.

- Considering designs that support alternative sites of care (e.g., more virtual, beyond home health).
- Participating in webinars to help spread the Work Group recommendations and gain feedback from the stakeholder community.

IV. Timeline:

Launch Date: June 2016
End Date: January 2017

V. Mechanism(s) for Meeting:

- Conference Calls – Frequency: Approximately every other week. Ad hoc calls are likely to be scheduled periodically in addition to bi-weekly calls.
- Face-to-Face Meetings – Frequency: At least one in-person meeting. A second meeting may be scheduled as determined useful by the Co-Chairs.

VI. Roles, Responsibilities, and Authorities

The responsibilities of the PCPM Work Group’s Co-Chairs are as follows:

- A. Collaborate with CAMH and the Guiding Committee in setting the strategy and direction of the Group.
- B. Ensure the work of the group is appropriately shared with LAN participants and stakeholders, consistent with the overall LAN commitment to public transparency. Work Group Co-Chairs will approve documents prior to their release to the broader LAN and public.
- C. Lead in-person meeting(s) and conference calls for the term of the Work Group.
- D. Ensure that the PCPM Work Group functions properly, including but not limited to engaging full participation of members during meetings, promoting discussion of relevant matters, and assuring the completion of agreements and actions.
- E. Represent the PCPM Work Group to the Guiding Committee and to the LAN as a whole. This includes, for example, regularly updating and discussing key issues with the Guiding Committee, leading sessions at LAN Summits, facilitating listening sessions, and discussing key issues with the LAN Affinity Groups.
- F. Affirmatively disclose any potential perceived or real conflict of interest (COI) to CAMH. For example, a COI may arise from the singular pursuit of individual personal interests in contravention to the purposes of the PCPM Work Group as described in Section III above. A COI could also include financial or other relationships that potentially or apparently might impair an individual’s objective judgment or result in the use of non-public information for personal gain.

The responsibilities of each PCPM Work Group Member are as follows:

- A. Participate in meetings over the duration of the PCPM Work Group’s collaborations. The views expressed by members will be their own (i.e., members speak as individuals and not on behalf of their organizations).
- B. Dedicate the time and energy to participate in and contribute to the work of the PCPM Work Group, including but not limited to reviewing materials, contributing to the development of documents and reports, and leading LAN efforts to enhance sharing and learning.
- C. Engage with own stakeholder community to advance the goals of the LAN and at LAN sponsored events at the request of the GC or PCPM Co-Chairs (e.g., at the LAN Summit, at listening sessions, in discussions with LAN Affinity Groups, etc.). Members will receive collateral material to support their stakeholder engagement efforts.
- D. Affirmatively disclose any potential perceived or real COI to CAMH.

VII. Reporting and Communications

The PCPM Work Group, via the Co-Chairs, will provide the Guiding Committee regular updates. CAMH will support the PCPM Work Group, including sharing PCPM Work Group meeting proceedings and progress via the LAN website, the LAN newsletter, and other mechanisms as appropriate. CAMH will maintain detailed notes as part of staff records and will be shared with Work Group members as appropriate for reference.

VIII. Membership

CAMH identified Work Group candidates from a variety of sources and carefully selected members using an established set of criteria. The criteria helped ensure that the Group’s membership represents the breadth of perspectives and expertise needed to accomplish the Group’s work. It includes members from health plans, provider organizations, CMS, states, private employers and a patient/consumer advocate across various geographies and settings of care.

IX. Approval

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| Mark Smith, MD, MBA, Guiding Committee Co-Chair | Date |
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| Mark McClellan, MD, PhD, Guiding Committee Co-Chair | Date |
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| Anne Gauthier, MS, CAMH Project Leader | Date |
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| Susan Edgman-Levitan, PA, Work Group Co-Chairperson | Date |
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| Bill Golden, MD, MCP, Work Group Co-Chairperson | Date |
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| Debbie Boccuzzi, Group Member | Date |
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| Aaron Carroll, MD, Group Member | Date |
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| Paul Casale, MD, MPH, Group Member | Date |
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| Toni DiChiacchio, DNP, APRN, CEN, Group Member | Date |
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| Ingrid Gerbino, MD, Group Member | Date |
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| Kevin Grumbach, MD, Group Member | Date |
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| Rodney Hood, MD, Group Member | Date |
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| Chip Howard, Group Member | Date |
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| Rishi Manchanda, MD, Group Member | Date |
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Lee Mills, MD, Group Member Date

Claire Neely, MD, Group Member Date

Steven Phillips, MD, Group Member Date

Harold Pincus, MD, Group Member Date

Karen Remley, MD, MBA, MPH, Group Member Date

Stacy Sanders, MSW, Group Member Date

Julie Schilz, BSN, MBA, Group Member Date

Martin Serota, MD, Group Member Date

Laura Sessums, JD, MD, Group Member Date

Bruce Williams, DO, Group Member Date

Judy Zerzan, MD, MPH, Group Member Date