HCPLAN

Health Care Payment Learning & Action Network

Year in Review

NOVEMBER 2023-OCTOBER 2024

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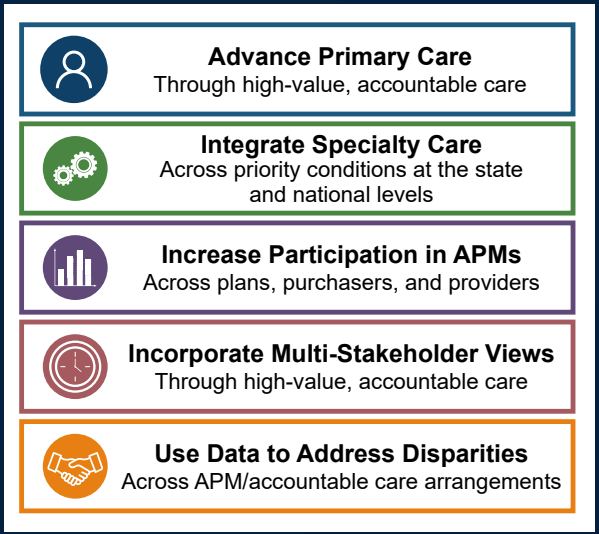
1 OVERVIEW

The Health Care Payment Learning & Action Network (HCPLAN) is an active group of public and private health care leaders dedicated to providing the thought leadership, strategic direction, and ongoing action required to accelerate the adoption of alternative payment models (APMs) and accountable care in the United States. As the growth of APMs and value-based care has continued in the industry, the HCPLAN has been at the forefront of this transformation and has recently begun widening the aperture of payment reform to place people at its core. Care delivery transformation requires key payment model design elements, such as those related to health equity and standardized data exchange, but the HCPLAN also emphasizes that growing and sustaining accountable care is about far more than payment, which is merely an enabler of care delivery reform.

The HCPLAN has engaged historic numbers of individuals and organizations in its work, as reflected in increases in event attendance and general membership as well as the deepening engagement of HCPLAN leaders. The number of organizations participating in key initiatives and workgroups has also grown. For instance, the State Transformation Collaboratives saw the number of organizations participating in their efforts increase by 63 percent this year.

This growth in commitment and engagement enabled the HCPLAN to make accomplishments in five different focus areas, as detailed in the sections of this Year in Review document: **advancing primary care, integrating specialty care, increasing participation in APMs, incorporating multi-stakeholder views,** and **using data to address disparities.**



The HCPLAN's accomplishments in each of these areas would not have been possible without the strategic guidance and oversight of the HCPLAN Executive Forum and the 36 clinical and executive health care leaders who make up its membership.

The HCPLAN would also like to thank all the members of its current initiatives and priorities:

- The Accountable Care Action Collaborative (ACAC), which convenes over 30 key partners to catalyze collaboration, scale promising practices, and drive industry movement toward increased accountable care
- The Health Equity Advisory Team (HEAT), made up of a diverse group of 27 regional and national health equity implementers and subject matter experts tasked with identifying and prioritizing opportunities to advance health equity through APMs

OVERVIEW *(CONTINUED)*

- The State Transformation Collaboratives (STCs) — in Arkansas, California, Colorado, and North Carolina — which are dedicated to transforming health care within their states while also promoting cross-state directional alignment on key elements of value-based care and providing health plans with vital input from providers, health systems, purchasers, patient advocates, and community organizations as they implement alignment initiatives
- The National Health Plan Workgroup, composed of six major national health plans — Aetna, Centene, Cigna, Elevance, Humana, and UnitedHealthcare — along with the Centers for Medicare & Medicaid Services (CMS), and which is focused on operationalizing multi-payer alignment across primary and specialty care
- The Person Perspectives Council, which amplifies the voices of organizations representing individuals, patients, and caregivers, with the goal of encouraging health care professionals to treat patients holistically, addressing their overall health rather than focusing on isolated symptoms

The HCPLAN also thanks all of those who contributed to the success of the 2024 Measurement Effort, including the HCPLAN's dedicated trade association partners, AHIP and the Blue Cross Blue Shield Association, as well as our thousands of members advancing value-based care in their work every day.

As the HCPLAN heads toward its 10th anniversary in 2025, the network will continue to strategize new, innovative methods for promoting payment and delivery reform and making American health care more accessible, equitable, and affordable. Specifically, the HCPLAN will continue to accelerate industry movement to adopt HCPLAN principles centered on person-centered care, multi-payer alignment, and health equity. We will continue to seek out real-life examples of promising practices and use cases with the potential for scale, and we will use the expertise and experience of our leaders and general membership to address persistent challenges.

2 ADVANCING PRIMARY CARE

Key Accomplishments of the National Health Plan Workgroup

- **The National Health Plan Workgroup was instrumental in bringing national health plans into alignment with the Making Care Primary Model.** Multiple national health plans that are members of the workgroup — Aetna, Centene, Cigna, Elevance, and UnitedHealthcare — agreed to participate in the Making Care Primary Model developed by CMS. Their participation will give beneficiaries access to more seamless, high-quality, whole-person care, and these plans will be set up to expand the model's benefits across all their members through a concerted multi-payer alignment strategy.

The **National Health Plan Workgroup** agreed in principle to align on five primary care measures:

1. Controlling high blood pressure
2. Breast cancer screening
3. Colorectal cancer screening
4. Hemoglobin A1c (HbA1c) control for patients with diabetes
5. Well-child visits (aligned to the Medicaid Core Set)

Key Accomplishments of the STCs

- **The STCs identified adult and pediatric primary care quality measures ripe for cross-state alignment.** As part of this work, the STCs conducted a crosswalk analysis of existing primary care APM quality measures across various payers and programs. The exercise revealed a number of measures that were largely aligned across lines of business. The National Health Plan Workgroup built on the STCs' work by taking steps to operationalize a simplified set of aligned primary care measures at a national scale (see inset box above). Greater quality measure alignment will help to further align care delivery and quality improvement efforts as well as reduce administrative burden for providers.

In addition to cross-state efforts:

- **The Arkansas STC mapped Arkansas's quality measure alignment landscape.** This effort collected over 100 value-based care program measures from seven STC members to visualize where measures are aligned, where future alignment efforts should focus, and which clinical areas have measure gaps. The Arkansas STC chose to focus on integrating behavioral health care into advanced primary care, including how to implement a shared Collaborative Care Model (CoCM).

- **The Colorado STC analyzed industry feedback on Colorado's proposed APM alignment regulation and convened statewide insurance carriers to clarify new reporting requirements.** The Colorado STC analyzed input from 10 STC convenings with 68 individuals across 35 organizations — including payers, providers, and community organizations — to distill the alignment elements that Colorado's regulation should prioritize. Once the alignment regulation was finalized, the Colorado STC convened payers to provide them an opportunity to ask questions about the reporting template that they will be required to use for submitting information on quality measures, patient attribution, risk adjustment, and competencies for whole-person care delivery.

2 ADVANCING PRIMARY CARE *(CONTINUED)*

- **The North Carolina STC:**
  - **Released its Alignment Proposal:** a set of proposed actions designed to address the challenges faced in aligning performance measures, improving data-sharing infrastructure, and enhancing health equity-related data, all with the goal of enabling advanced, coordinated care models, beginning with primary care. To inform the proposal's direction, the North Carolina STC convened multiple working groups and held approximately 50 interviews and learning calls with interested parties to obtain feedback on priority areas. After releasing the proposal in May 2024, the North Carolina STC solicited feedback through a hybrid public meeting with 600 registrants. Moving forward, the North Carolina STC will continue engaging interested parties on alignment opportunities within each of its three key strategy areas (aligning performance measures, improving data-sharing infrastructure, and enhancing health disparities data) and work toward getting voluntary commitments on the Alignment Proposal for the North Carolina STC over the next year.
  - **Convened the North Carolina Health Care Transformation Workgroup.** The workgroup expressed strong support for streamlining the performance measurement process and consistently applying the Healthcare Effectiveness Data and Information Set (HEDIS) to reduce performance measurement burden, starting with three priority, evidence-based measures: Childhood Immunization Status (CBE #0038), Glycemic Status Assessment for Patients with Diabetes (CBE #0575), and Controlling High Blood Pressure (CBE #0018). By focusing on a few key measures, the North Carolina STC can apply learnings across other measures to reduce administrative burden associated with measure reporting and focus on population
    health improvement.
  - **Convened the Data Sharing Workgroup.** This new technical workgroup identified potential pain points in implementing the starter measure set selected by the Health Care Transformation Workgroup (see preceding bullet) and discussed potential alignment actions, such as establishing standard data-sharing formats, strategies to enhance automated reports within the North Carolina Health Information Exchange Authority, and approaches to improving data sharing among practices, labs, pharmacies, and payers using bulk Fast Healthcare Interoperability Resources (FHIR) standards. The workgroup proposed short-term (6 months-2 years) and long-term (2-5 years) steps to reflect the range of organizational readiness to implement national interoperability standards and reduce burden for all organizations.

3 INTEGRATING SPECIALTY CARE

Key Accomplishments of the STCs

- **The STCs began specialty care integration efforts with a focus on behavioral health,** because of behavioral health's central importance in developing a whole-person, coordinated health system. The STCs identified measure gaps, determined where integration matters, and identified steps required for alignment. The North Carolina STC shared with the Arkansas STC lessons on how they have implemented a shared CoCM.

In addition to cross-state efforts:

- **The Arkansas STC disseminated successes from Project Arkansas eConsultation across states.** Project Arkansas eConsultation aims to expand access to specialty care while reducing costs and connecting patients in this predominantly rural state.

4 INCREASING PARTICIPATION IN APMs

Key Accomplishments

- **The 2024 Measurement Effort revealed increases in the percentages of lives and health care payments covered by APMs.** Each year, the HCPLAN assesses the nation's recent progress toward accountable care. The HCPLAN's rigorous measurement process employs data provided by 73 health plans, four state governments, and Traditional Medicare, representing in all more than 93 percent of covered Americans, with nine new health plans contributing data this year. This effort serves as the nation's most comprehensive measurement of progress on payment reform. The results of the 2024 Measurement Effort revealed that 28.5 percent of U.S. health care payments in 2023 flowed through APM contracts that included downside financial risk — up from 24.5 percent in 2022. A covered lives metric was added to the HCPLAN survey in 2023 and focuses on longitudinal, patient-driven care. The full results, unveiled at the 2024 HCPLAN Summit, break out the data by line of business where possible, to allow for comparison of progress in accountable care adoption among markets, including the progress of CMS and Traditional Medicare toward the HCPLAN's 2030 accountable care goals.

Key Accomplishments of the STCs

- **The STCs published the Alignment Landscape.** This web-based tool offers a consolidated view of opportunities and resources related to multi-stakeholder alignment across the health care industry. The Landscape provides a "one-stop shop" of alignment initiatives that aims to grow existing alignment efforts, including by making it easier for organizations to align and/or get involved with their peers. The Landscape also aims to reduce the administrative burden placed on health plans, providers, purchasers, and community organizations forced to contend with multiple value-based care arrangements.

5 INCORPORATING MULTI-STAKEHOLDER VIEWS

Key Accomplishments

- **The HCPLAN brought together 112 representatives across 99 organizations in various forums for discourse, collaboration, and action.** HCPLAN leadership includes 39 payers, 21 providers, and 19 consumer and beneficiary representatives, among others. The larger HCPLAN membership network includes more than 9,607 members representing over 3,691 organizations.

Key Accomplishments of the HEAT

- **The HEAT employed interviews to seek out the opinions of a wide range of health care stakeholders** — payers, providers, patients, community members, and community-based organizations (CBOs) — to inform its new grounding document for social return on investment in the health care sector.

Key Accomplishments of the Person Perspectives Council

- **The Person Perspectives Council produced industry guidance on the health care needs and preferences of patients, caregivers, and their communities.** Through a landscape analysis and extensive interviews, the council developed a guidance document designed to help health plans and providers prioritize the elements that people value most in their health care. The document identifies three core dimensions of need — affordability, access, and experience — and discusses which value factors in each dimension deserve priority attention as plans and providers work toward improvement.
- **The Person Perspectives Council championed the person perspective in HCPLAN activities.** Council members helped infuse HCPLAN strategic initiatives with the needs and lived experiences of patients, caregivers, and their communities. For example, they advised the STCs on the person perspective around race, ethnicity, and language data collection completeness.

6 USING DATA TO ADDRESS DISPARITIES

Key Accomplishments

- **The HCPLAN Measurement Effort continued to track its national, longitudinal APM dataset related to health equity.** The HCPLAN collects data to understand how APMs address disparities in care and to highlight strategies health plans and states employ in value-based payments, such as the collection of sexual orientation and gender identity (SOGI) data and referrals to CBOs.

Key Accomplishments of the HEAT

- **The HEAT published a grounding document regarding social return on investment (ROI) and its relevance to health care.** Sustaining health equity interventions depends on demonstrating value, and the concept of social ROI promoted by this new HEAT document helps demonstrate the value of health equity interventions not captured by traditional financial or clinical metrics.[1]

Social ROI: a framework for measuring non-financial value — particularly social and environmental impact — relative to resources invested

- **The HEAT spotlighted the health equity work of individual CBOs.** The HEAT launched a regular CBO feature in the HCPLAN's quarterly newsletter that illustrates the recommendations of the HEAT's CBO guidance document with real-life examples from the health equity work of specific organizations.

Key Accomplishments of the ACAC

- **The ACAC launched the inaugural Incentives for Health Equity Workgroup.** Convened in April 2024, this workgroup comprising representatives from the ACAC, the HEAT, and the Executive Forum identified and conducted interviews with key groups across the industry to identify, promote, and scale promising practices that incorporate incentives for health equity into accountable care arrangements.
- **The ACAC developed guidance for incorporating health equity incentives into APM contracts.** This guidance identifies promising practices that can be scaled across organizations to promote health equity through APM contracts. Drawing from real-world observations, the document outlines tactical steps for operationalizing accountable care initiatives that explicitly integrate financial and non-financial incentives for health equity. The document gears its recommendations to the groups who play a significant role in the design and negotiation of APM contracts: providers, health plans, and purchasers.

[1] Jeremy Nicholls, Eilis Lawlor, Eva Neitzert, and Tim Goodspeed, A Guide to Social Return on Investment (The SROI Network, 2012), https://www.socialvaluelab.org.uk/wp-content/uploads/2016/09/SROI-a-guide-to-social-return-on-investment.pdf

USING DATA TO ADDRESS DISPARITIES
(CONTINUED)

Key Accomplishments of the STCs

- **The North Carolina STC convened the Health Disparities Data Workgroup** This new strategic and technical workgroup developed guiding principles for the collection, sharing, and use of health equity-related data and agreed on practices for identifying and addressing long-standing disparities. North Carolina is also working to address workforce capacity to collect data on health-related social needs (HRSNs), and to determine how to address HRSNs by collaborating with CBOs.
- **The California STC:**
  - **Synthesized successful approaches to collecting race, ethnicity, and language (REL) data from interviews for shared adoption across organizations.** To understand the most successful approaches to achieving high rates of self-attested REL data collection, the California STC conducted interviews with HCPLAN members and researched the relevant literature, including academic meta-analyses. Health plans refer to the REL synthesis created by the California STC as a starting point for discussing how, when, and where to collect and use REL data before ultimately aligning to a collective approach, and for discussing how health plans can increase the completeness of reliable REL data.
  - **Supported public purchasers in reviewing their disparity reduction methodology.** The California STC convened four health care statisticians and health equity experts — including Executive Forum and HEAT members — to support public purchasers in reviewing their methodology for measuring and paying for disparities reduction on stratified quality measures. This innovative work is paving the way for other states and organizations to implement shared approaches.