Accountable Care: From Planning to Action

LAN SUMMIT

Health Care Payment Learning & Action Network

Reflecting on Action

2023 APM Measurement Effort: Advancement in APM Adoptions and the Impact on Covered Lives

Welcome & Opening Remarks

Andréa Caballero, MPA

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LAN APM Measurement Effort

Program Director

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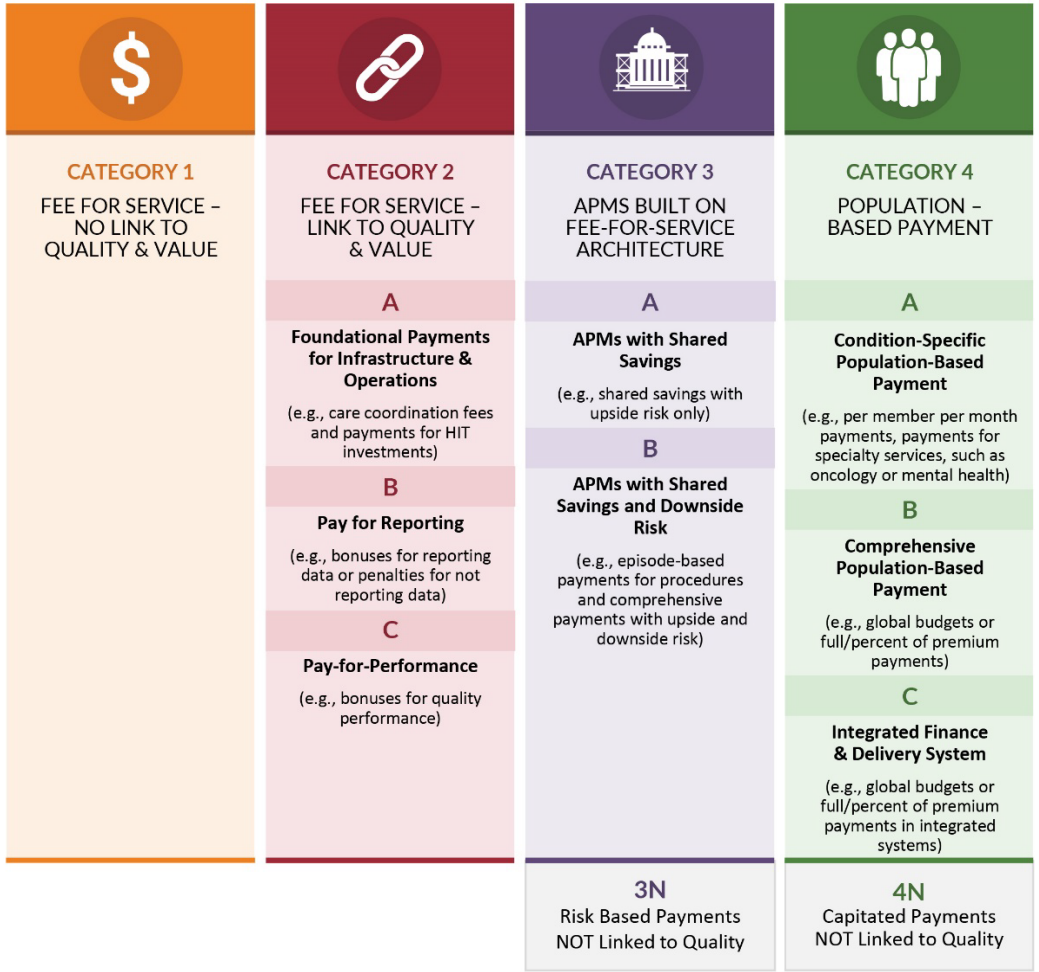
HCP-LAN APM Framework

Refreshed LAN APM Framework



The APM Measurement Process

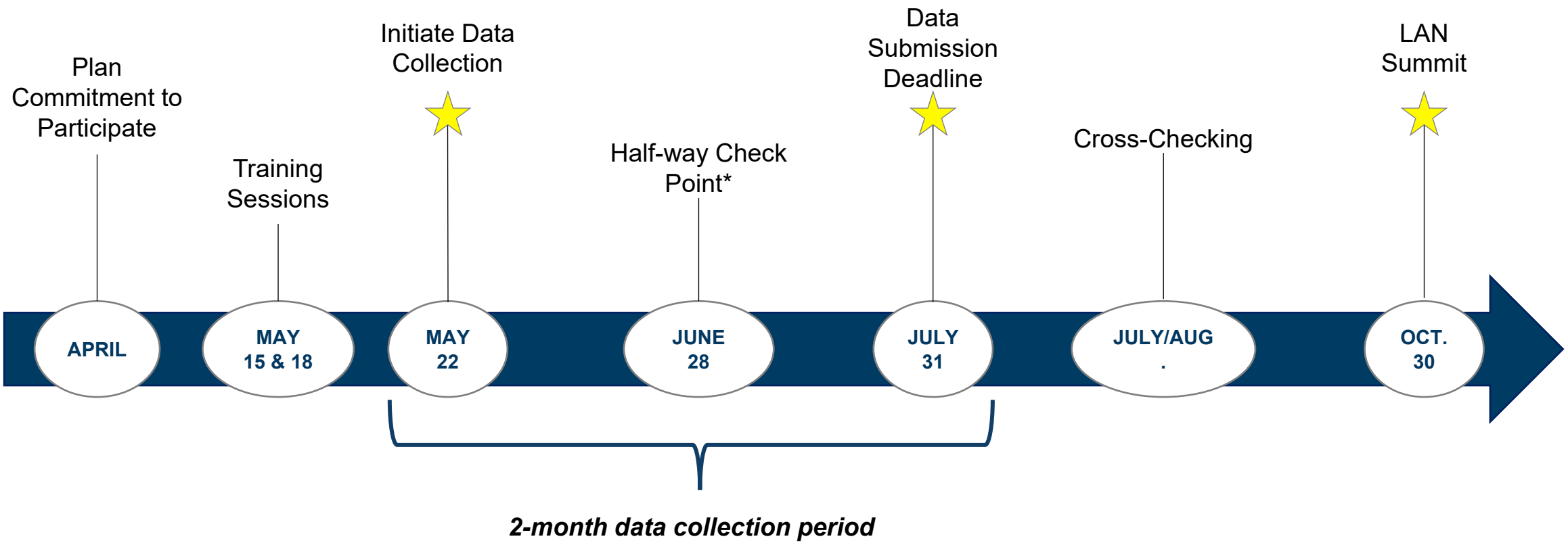
Look back on 2022 data

Refreshed LAN APM Framework

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	FEE FOR SERVICE – LINK TO QUALITY & VALUE	APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE	POPULATION – BASED PAYMENT
	A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)	**A** APMs with Shared Savings (e.g., shared savings with upside risk only)	**A** Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	**B** APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	**B** Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C Pay-for-Performance (e.g., bonuses for quality performance)		**C** Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	4N Capitated Payments NOT Linked to Quality

AHIP · BlueCross BlueShield Association · HCP LAN · CMS Centers for Medicare & Medicaid Services

2023 APM Measurement Timeline



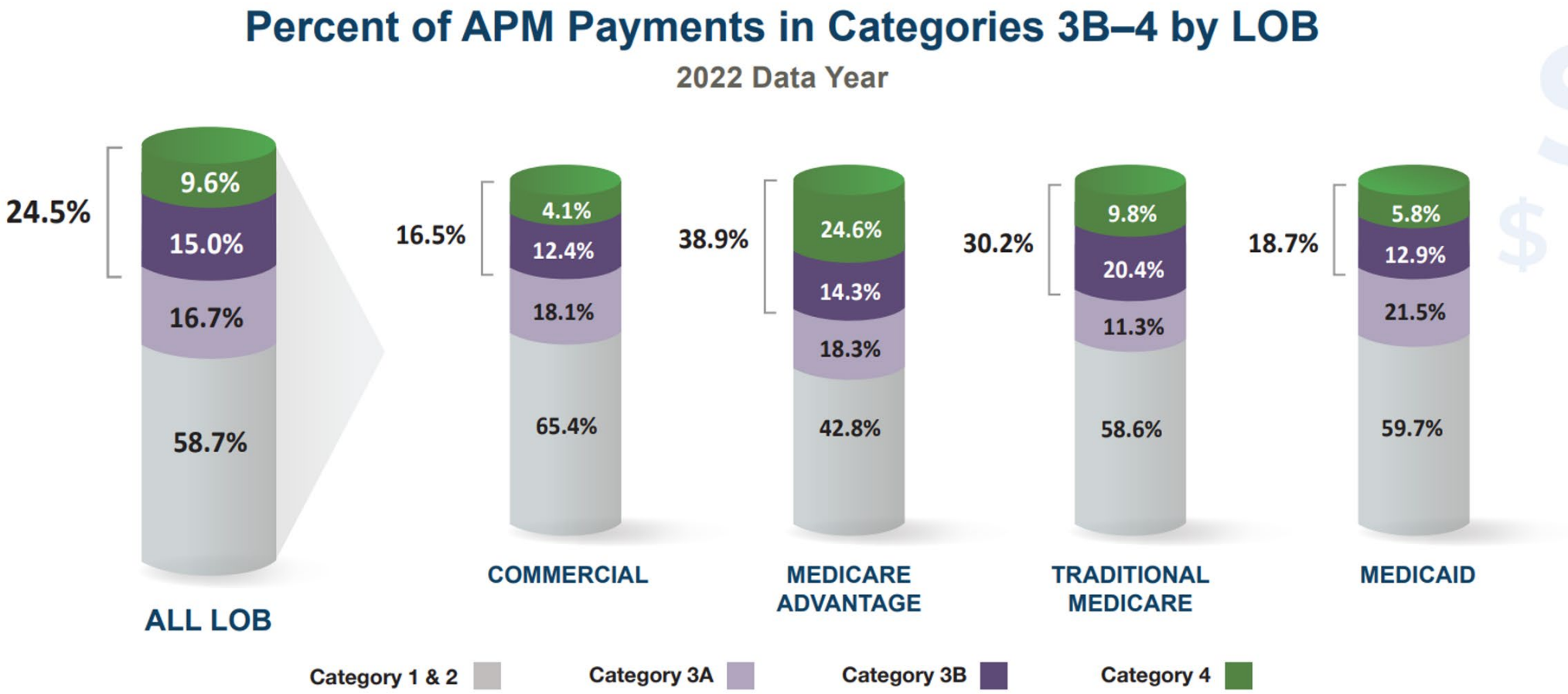
LAN APM Goal Statement

GOAL STATEMENT

Accelerate the percentage of U.S. health care payments tied to quality and value in each market segment through the adoption of two-sided risk alternative payment models (Categories 3B-4).

	Medicaid	Commercial	Medicare Advantage	Traditional Medicare
2024	25%	25%	55%	50%
2025	30%	30%	65%	60%
2030	50%	50%	100%	100%

Results from 2023 Measurement Effort: APM Progress



Results from 2023 Measurement Effort: Health Equity

Health Equity

Top 5 Health Equity Strategies to Incentivize Providers in Value-Based Care Arrangements

- Collection of standardized race, ethnicity, and language data
- Participation in quality improvement collaboratives
- Reporting performance measures by race, ethnicity, and language
- Measurement of clinical outcome inequities among member groups
- Collection of sexual orientation, gender, and identity data

Top 5 Social Determinants of Health Strategies to Improve Health Equity and Outcomes

- Screening for socioeconomic barriers known to impact health or health outcomes
- Referrals to community-based organizations to address socioeconomic barriers
- Multidisciplinary team models (e.g., social worker, community health worker, medical staff, doulas, etc.)
- Care coordination for services that address socioeconomic barriers
- Safe transportation (e.g., incentives or partnerships in ride sharing programs)

Measuring Lives in Accountable Care Arrangements

LAN's Accountable Care Definition:

"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 comprehensive, high quality, affordable, equitable, longitudinal care."

Lives in accountable care arrangements must include two elements:

- The care is **longitudinal with a duration of at least 6 months** or longer; and
- The payment model incorporates **accountability for total cost of care (TCOC)** for attributed patients

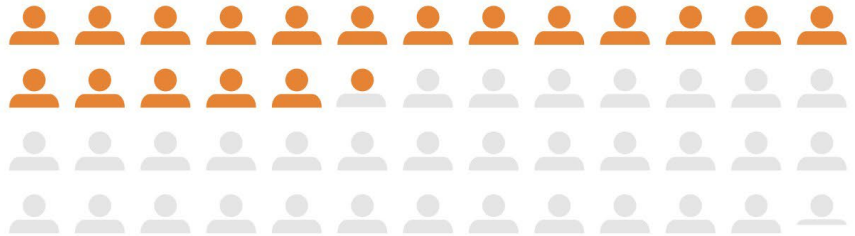
Results from 2023 Measurement Effort: Lives in Accountable Care Arrangements

Percent of Lives in Accountable Care Arrangements by LOB

2022 Data Year

In 2022, 36.1% of the lives represented by data contributors were covered in accountable care arrangements, across all LOBs.

= 5 Million Lives



All LOBs 36.1%

93.1M Lives

84.9% of the market represented in the survey

Traditional Medicare 46.6%

13.7M Lives

100% of the eligible market represented in the survey*

*Partial benefit members were not included in the covered lives analysis.

Panel Discussion

Andréa Caballero, MPA
(Moderator)

Program Director

Catalyst for Payment Reform

Abby Milloy

Staff Vice President of Value Based Solutions

Elevance Health

Ellen Lukens

Deputy Director

Center for Medicare and Medicaid Innovation

Olivia Alford

Director, Delivery System Reform

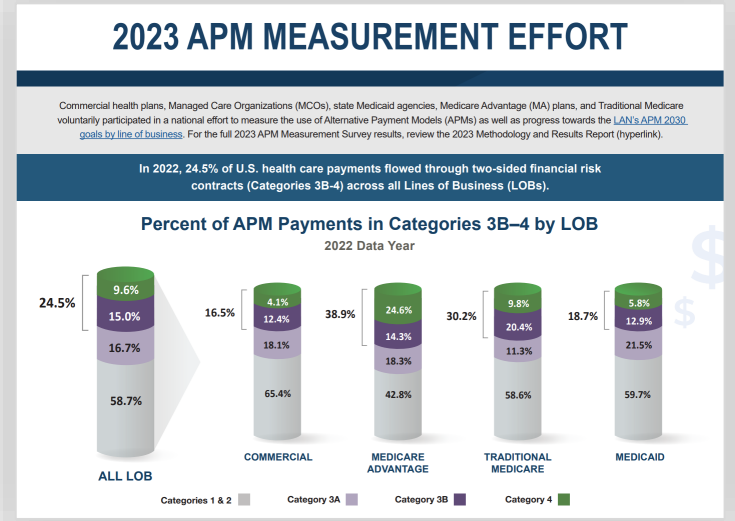
Office of MaineCare Services

Laura Fox

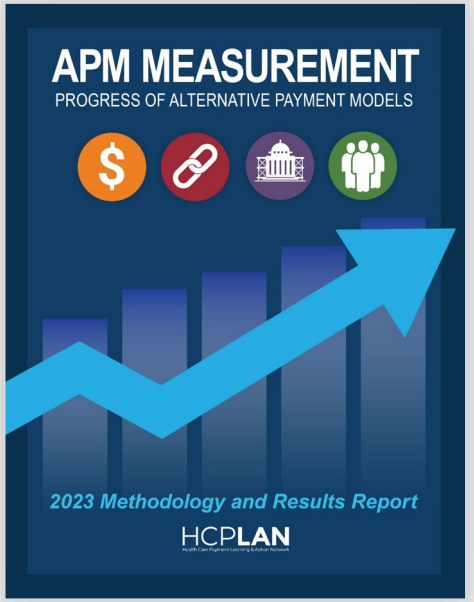
Director of Payment Innovation

Blue Shield of California

Closing Remarks & Links to Resources



2023 Infographic



2023 Methodology Report

HCP-LAN.ORG/APM-MEASUREMENT-EFFORT