

LEADERSHIP CONSORTIUM FOR VALUE & SCIENCE-DRIVEN HEALTH CARE

VALUE INCENTIVES & SYSTEMS INNOVATION COLLABORATIVE

The Shift toward Value-Based Care: A Perspective from the Health Care Transformation Task Force

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HCTTF MEMBERSHIP GROUPS

Patients

Payers

The “Four P’s”

Purchasers

Providers

HEALTH CARE TRANSFORMATION TASK FORCE

Committed to 75% of all business activity in value-based contracts by 2020

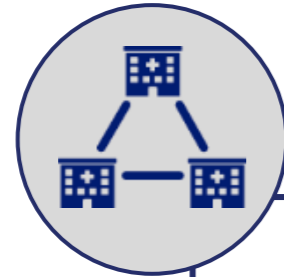


Patients, Payers, Providers and Purchasers:
Committed to Better Value Now

The Task Force's guiding principles outline a financially and operationally viable and sustainable approach

-  Shift 75% of our respective businesses to be under value-based care contracts by 2020
-  Design programs that provide reasonable returns to deliver the triple aim of better health, better care and reduced total cost of care at or below GDP growth
-  Equip market players with all tools necessary to compete in new market focused on people-centered primary care
-  Encourage multi-payer participation and alignment to create common targets, metrics, and incentives
-  Share cost savings with patients, payers, and providers to ensure adequate investment in new care models
-  Foster transparency of quality and cost metrics in a manner that is accessible to, and easily understood by, consumers
-  Support the needs of disadvantaged populations and help strengthen the safety net providers who serve them

TF Work Groups are driving rapid-cycle product development, starting with improving the ACO model and transforming payment models for caring for high-cost patients



Improve the ACO Model

Develop aligned public-private action-steps and recommendations to improve the design and implementation of the ACO model



Develop Common Bundled Payment Framework

Create detailed principles and tools to align and evaluate episode definitions/pricing for public/private payer bundled payment programs.



New Model Development - Improving Care for High-cost Patients

Create, test and recommend a delivery/payment model that allows a wide range of provider organizations, including in rural areas with little to no current MA/ACO penetration, to engage in population health by starting with highest-cost patients (top 5%).

HCTTF: Moving Transformation Forward

Accountable care

- Principles for Improving ACOs
- Key Elements in ACO Contracts
- Comments on four CMS policy initiatives

Bundled Payments

- Bundled Payment Grouper Evaluation Criteria
- Comments on three CMS policy initiatives

Improving Care to High Cost Patients

- Paper: *Proactively Identifying the High-Cost Patient Population*
- Paper: *Developing Care Management Programs to Serve High-Need, High-Cost Patients*
- Comments on three CMS policy initiatives

HCTTF: LOOKING AHEAD

Support Existing APMs

- Continued improvement to current models
- Address overlap issues to promote multi-model transformation

The Path to Transformation

- Address landscape/operational challenges to broad transformation
- Assess marketplace dynamics that affect APM adoption



Health Care Transformation Task Force

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