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

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The “Four P’s”

Patients

Payers

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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