Person-Centered Accountable Care

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October 12, 2017
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Despite Potential ACA Changes, Transition to Value Will Continue

In January 2015, HHS announced unprecedented goals to migrate FFS payments to APMs and value-based payments. HHS achieved its 2016 goals, but included several upside-only models in its calculation, which are not considered Advanced APMs under the QPP.

All Medicare FFS
Includes Medicare Parts A and B spending. In 2018, HHS projects combined Parts A and B spending to be $405 billion

FFS Linked to Quality
At least a portion of payments vary based on the quality or efficiency of health care delivery (e.g., Hospital Value-Based Purchasing program, Physician Value-Based Modifier)

Alternative Payment Models
Some or all payment linked to effective management of a population or episode of care (e.g., ACOs and bundled payments)

HHS: U.S. Department of Health & Human Services; FFS: Fee-for-Service; APMs: Alternative Payment Models; ACO: Accountable Care Organization; ACA: Affordable Care Act; QPP: Quality Payment Program
Value and Quality Mean Different Things to Different Stakeholders

Perceptions of value in the healthcare context vary:

- **Patients**
  Define value individually, but usually encompass outcomes meaningful to them and cost/cost-sharing

- **Providers**
  Define value primarily around clinical effectiveness

- **Payers**
  Define value in terms of total cost of care for the current year relative to evidence for effectiveness

- **Life Science Companies**
  Defines value as the right patient having the right medicine at the right time
Healthcare Reform Reminds Us to Think About Getting “Value” Right

WITH AN INCREASE IN ACCOUNTABILITY, THE EVOLVING PAYMENT AND DELIVERY LANDSCAPE, CHANGES TO THE REIMBURSEMENT LANDSCAPE, AND THE NEED FOR GREATER TRANSPARENCY, IT IS IMPERATIVE TO UNDERSTAND VALUE FROM THE PATIENT’S PERSPECTIVE

PATIENT ENGAGEMENT DRIVES VALUE

Global Payment
Bundled Payment
Shared Savings
Per Member Per Month
Fee-for-Services

Increased shared decision-making
Readmitted less frequently
Receives higher-quality care
Experiences improved care transitions
Feels confident in the healthcare system
Utilizes more preventive services
Exhibits improved medication adherence
High patient engagement

Is the patient voice part of this shift?
## A Shift From Process to Outcomes Measures Has the Potential to Increase Patient Engagement

Quality measures need to transition from setting-specific, narrow snapshots (e.g., angiotensin receptor blockers for patients with congestive heart failure), to assessments that are broad based, meaningful, and patient-centered in the continuum of time in which care is delivered.

### Current Measures

- Central-line infections and claims-based healthcare-acquired conditions
- Care transitions measure (3-item patient report) and readmissions
- Setting-specific clinical process of care measures by condition
- Smoking cessation and immunizations
- CAHPS surveys assessing patient experience

### Future Measures

- All-cause patient harm including clinical data
- Readmissions across settings; care transition composite; patient-reported care coordination across settings
- Patient-centered and patient-reported outcome measures; outcome measures for patients with multiple chronic conditions
- Determinants of health; reduction in disparities
- Multimodal collection of patient experience; shared decision-making and engagement

*Adapted from Department of Health and Human Services
**Illustrative, not comprehensive
Example: Medicare Recently Released an RFI Seeking Input on Potential New Directions for CMMI

CMS Administrator Verma noted that the agency is analyzing all existing CMMI models to determine whether they should be continued; CMMI will approach new model design through the following principles:

| Market Choice and Competition | Promote competition, based on quality, outcomes, and costs |
| Provider Choice and Incentives | Focus on voluntary models with control groups or comparison populations, reduce burdensome requirements for physicians, and provide physicians with tools and information to make informed decisions |
| Patient-Centered Care | Empower beneficiaries and their families to take ownership of their health and ensure that patients have the flexibility to make informed decisions |
| Benefit Design and Price Transparency | Use data-driven insights to ensure cost-effective care that can improve patient outcomes |
| Transparent Model Design and Evaluation | Leverage partnerships and collaborations with public stakeholders to harness ideas from different organizations and individuals |
| Small Scale Testing | Test smaller-scale models that can later be expanded under the ACA and focus on payment interventions rather than specific devices or equipment |

CMS: Centers for Medicare & Medicaid Services; RFI: Request for Information; ACA: Affordable Care Act; CMMI: Center for Medicare & Medicaid Innovation
Many Stakeholders Can Benefit from the Inclusion of Patient-Centered Measurement

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<tr>
<th>Stakeholder</th>
<th>Goal</th>
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| Patient     | • Increase engagement in personal health, including treatment options and care plans (i.e., shared decision-making)  
              • Maintain active relationship with provider to collaboratively track progress (both improvements and declines) against personal health goals  
              • Help other population health decision makers understand what is important to patients |
| Caregiver   | • Identify opportunities to improve patient experience and care at-home  
              • Educate the caregiver and patients they care for on aspects of optimal care |
| Provider    | • Identify patient-related targets for improvement  
              • Enhance shared decision-making between the provider and the patient |
| Payer       | • Hold programs accountable for patient experience and outcomes  
              • Align coverage and reimbursement with patient preference  
              •Benchmark different hospital and health system customers |
| Manufacturer| • Incorporate patient-reported outcomes into clinical trials for product approval and labeling  
              • Align delivery system incentives with patient reported performance measures to encourage patient-centered care and holistic value incentives |
| Regulator   | • Incorporate aspects of health that are important to patients in the evaluation of risks and benefits |

*Not an exhaustive list*  
Trends in Healthcare Quality and Value Will Continue to Have an Impact on Patient Care

TRENDS WILL CONTINUE TO DEVELOP AS HEALTH REFORM IMPLEMENTATION MATURES

- Expansion of quality reporting
- New payment and delivery models
- Emphasis on patient-centered and coordinated care
- Growth in data infrastructure and real-world data
- Development and Use of New Quality Measures in Quality Programs
- Innovative strategic partnerships
- Generation of new types of evidence
- Shift of decision-making to the local level
- Ongoing legislative changes to quality programs