



Person-Centered Accountable Care

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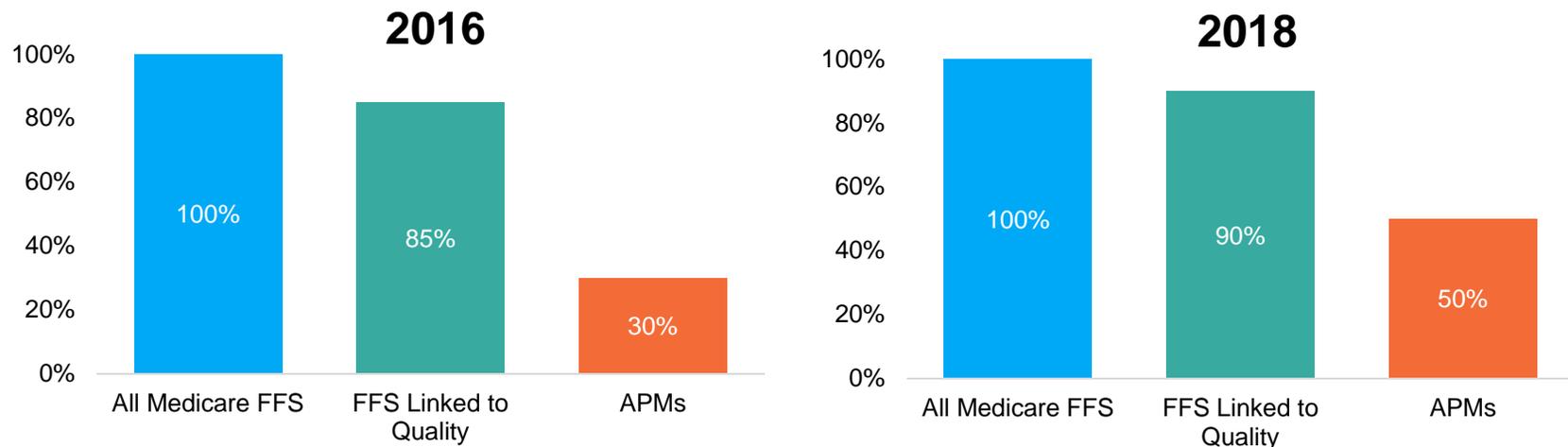
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Despite Potential ACA Changes, Transition to Value Will Continue

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

Source: 1. Better, Smarter, Healthier: In historic announcement, HHS sets clear goals and timeline for shifting Medicare reimbursements from volume to value. HHS Press Release, Jan. 26, 2015.

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

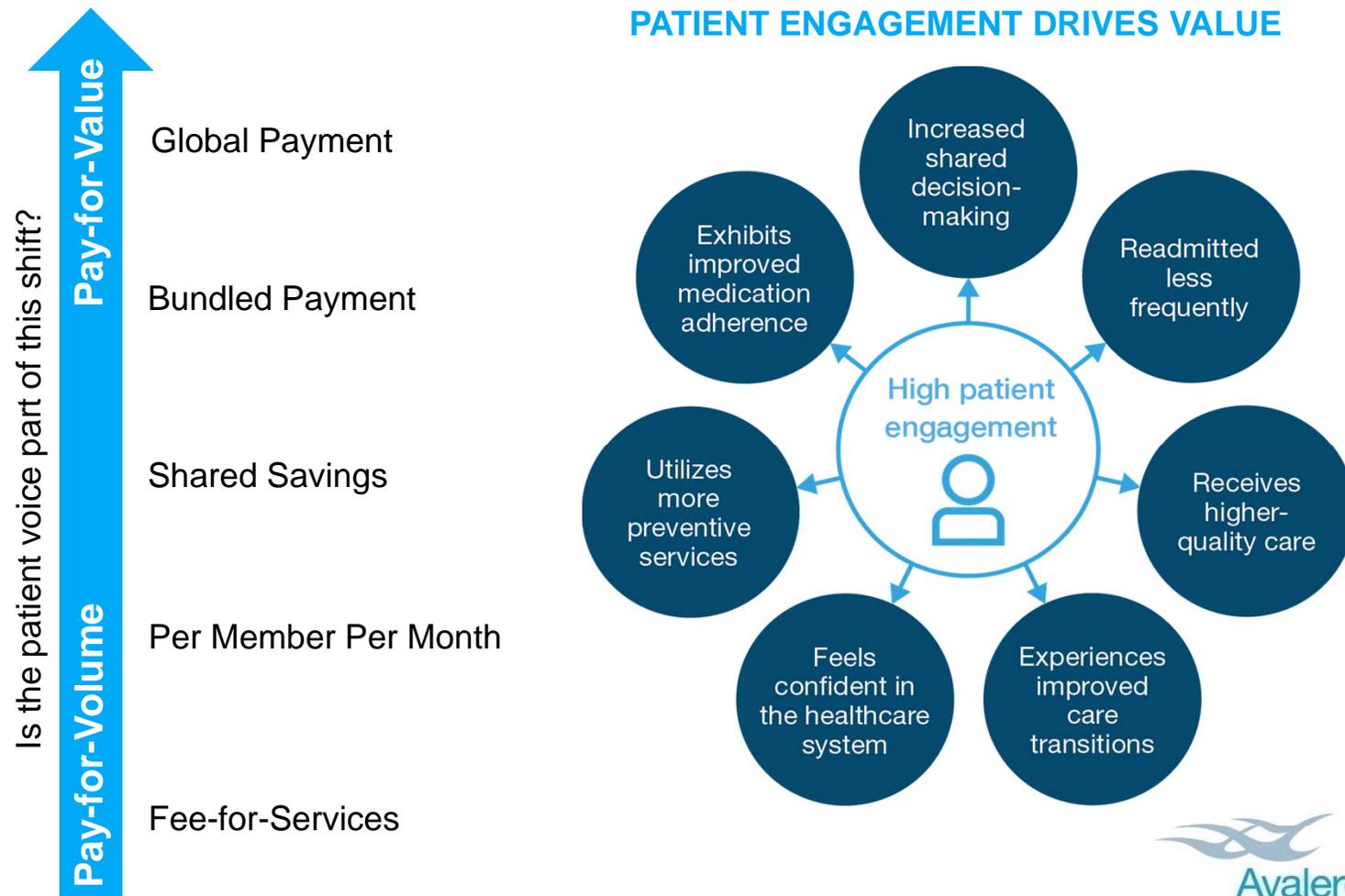


Life Science Companies

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



A Shift From Process to Outcomes Measures Has the Potential to Increase Patient Engagement

QUALITY MEASURES NEED TO TRANSITION FROM SETTING-SPECIFIC, NARROW SNAPSHOT (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

CAHPS: Consumer Assessment of Healthcare Providers and System; NQS: National Quality Strategy
Source: Conway PH, Mostahsari F, Clancy C. The Future of Quality Measurement for Improvement and Accountability. *JAMA*. June 2013. Vol. 309, No. 21. pp. 2215-2216

*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

Many Stakeholders Can Benefit from the Inclusion of Patient-Centered Measurement

| Stakeholder | Goal |
|---------------------|---|
| Patient | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• Identify opportunities to improve patient experience and care at-home• Educate the caregiver and patients they care for on aspects of optimal care |
| Provider | <ul style="list-style-type: none">• Identify patient-related targets for improvement• Enhance shared decision-making between the provider and the patient |
| Payer | <ul style="list-style-type: none">• Hold programs accountable for patient experience and outcomes• Align coverage and reimbursement with patient preference• Benchmark different hospital and health system customers |
| Manufacturer | <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• Incorporate aspects of health that are important to patients in the evaluation of risks and benefits |

*Not an exhaustive list

Avalere Health. A Multi-Stakeholder Vision for Patient-Centered Measurement in New Payment and Delivery Models. January 2015. <http://avalere.com/expertise/life-sciences/insights/avalere-white-paper-facilitating-a-transition-to-using-pros-to-measure-perf>

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

