



Update on the AMA-AHIP-NAACOS VBC Collaborative

Carol Vargo, MHS, Vice President, Practice Sustainability

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Practice Sustainability

Objective: Physicians are provided with workforce and professional development resources, and sustainable value-based payment and care delivery models are advanced across all practice settings to ensure they can learn, adapt, thrive, and lead in forming healthy communities for their patients.



Integrated Physician Practice Section: *Top Policy Priorities in 2024*

- 1) Promoting Sustainable Payment Models that Enhance Healthcare Delivery
- 2) Ensuring Quality Health Outcomes for Patients
- 3) Securing the Future of the Physician Workforce
- 4) * *NEW* * Physician Involvement in AI and New Technologies

Policy Priorities drive the IPPS Agenda

Education
Policy efforts
Thought leadership
Resource development
Communication

AMA-AHIP-NAACOS Collaborative

Goal: AHIP, AMA, and NAACOS collaborated to advance voluntary adoption of value-based care (VBC) arrangements in a manner that eases participation by creating an appropriate foundation for alignment.

By sharing what works, health plans, participating practices, and VBC entities (among other stakeholders) will have access to best practices that are informed by real-world experiences to voluntarily consider during the future design, implementation, and evaluation of their own VBC participation.

Audience: Those offering or currently active in VBC arrangements, as well as those seeking to offer or implement them in the future.



Collaborative Strategic Approach

Playbooks represents findings from:

- Advisory workgroups comprised of members from each partner association,
- Managing committees of association leaders,
- Literature reviews,
- Environmental scans, and
- Interviews with subject matter experts.

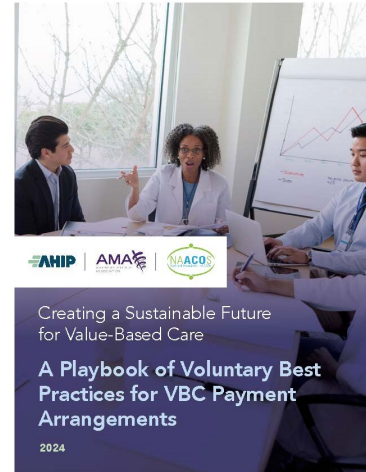
Workgroup members and subject matter experts were selected through an intentional process to ensure diverse representation; they include national and regional health plans; large, small, rural, integrated, and independent physician practices; and VBC entities, such as accountable care organizations (ACOs), including those with substantial experience and those that are newer to VBC arrangements.



Phase I (July '23): Data Sharing



Phase II (April '24): Payment Arrangements



Data Sharing Best Practices

1. Create an Interoperable Data Ecosystem
2. Share More Complete Data
3. Improve Data Collection and Use to Advance Health Equity
4. Share Timely and Actionable Data
5. Share Data Methodologies, Calculations, and Context

COMMON THEMES:

- *Data Privacy*
- *Lack of Data Standards*
- *Varying Data Infrastructure*
- *Potential VBC Participant Readiness*
- *Federal Health IT Requirements*
- *Financial Investment*

Voluntary Best Practice	HP	VBC	PP
Limit data at the point of care to relevant, actionable information to improve clinical decision-making.	✓	✓	✓
Build dynamic dashboards displaying quality, cost, and utilization data with helpful contextual or comparative information and actionable data-driven insights for participating practices to easily and quickly monitor performance and identify areas for improvement (e.g., provide drill-down capabilities within to view attributed patients and populations).	✓	✓	
Shift away from proprietary portals to standardized data measures and processes for data sharing.	✓		
Leverage existing data sharing networks (i.e., automated admission, discharge, and transfer feeds) to share real-time information or alerts regarding patient admission and discharge. Make participation free of charge to participating practices.	✓	✓	✓
Automate data sharing wherever possible to accelerate performance feedback.	✓		
Share attribution updates on a regular basis, ideally monthly, to support active rosters and performance monitoring.	✓		
Regularly, ideally monthly, share utilization and cost data for attributed members throughout the performance period to help participating practices understand point in time progress regarding financial performance. This may require technical assistance, or modeling templates for some participating practices.	✓		
<i>In the long-term, VBC participants will benefit from efforts to move toward real time data exchange.</i>			

Sample Best Practices

(Share Timely, Relevant, and Actionable Data)



Payment Domains

1. Patient Attribution
2. Benchmarking
3. Risk Adjustment
4. Quality Performance Impact on Payment
5. Levels of Financial Risk
6. Payment Timing & Accuracy
7. Incentivizing for VBC Practice Participant Performance

COMMON THEMES:

- *Collaboration & Flexibility*
- *Transparency*

ADDITIONAL CONSIDERATIONS:

- *Rural Geographies*
- *Multi-payer alignment*
- *Health Equity*

Sample Best Practices (*Risk Adjustment*)

3. Risk Adjustment

Selecting a risk adjustment model

- Use standard known risk categories like Hierarchical condition categories (HCCs) or other independently verified models.
- Use concurrent models or update the risk scores within the performance year.

Physician education and support

- Provide targeted physician education and supports for clear and complete documentation of the extent of illness while minimizing administrative burden.

Incorporating Social Determinants of Health (SDOH) data

- Support efforts of physicians, practices, or VBC entities to report demographic data and SDOH data to allow for future efforts to incorporate socioeconomic data into risk adjustment models.
- Pilot and monitor health equity adjustments in risk models before scaling.

Value-Based Care: Looking Ahead

VBC PLAYBOOKS: EXTERNAL ENGAGEMENTS



****UPCOMING (Q3/Q4)****

IN-DEPTH CASE STUDIES (AMA MEMBERS)

- Highlight practical opportunities and solutions for advancing digitally enabled VBC arrangements
- Two real world “case studies” illustrating partnerships between AMA members + payors/VBC entities and/or health tech companies:
 - Brief summary of the relevant organization(s) and key goals of the corresponding partnership
 - Description of practical actions to support key features as identified by AMA-AHIP-NAACOS playbooks
 - Description of the actions aligned with each of the foundational pillars for optimizing digitally enabled care (i.e., “Return on Health” framework)
 - Description of enabling market conditions (e.g., policy & economic environments, etc.)