

Event Summary and Key Takeaways

The June 13th event, the first in a series of TCPI National Faculty-led Office Hours around Alternative Payment Models (APMs), demonstrated how the Quadruple Aim serves as a framework for payer engagement and reviewed a step by step approach for creating value propositions.

Introduction

Karen Gallegos of the Development, Management, and Improvement (DMI) team opened the meeting by explaining the intent of the call and introducing the two Faculty speakers, Dr. David Hanekom, Chief Executive Officer (CEO) of Arizona Care Network (ACN), and Dr. Sarah Chouinard, Chief Medical Officer (CMO) of Community Care of West Virginia.

Health Plan and Provider Collaboration

Dr. Hanekom described the journey to value based agreements that practices must take and outlined five key steps:

1. Achieve cultural alignment between the network and payer based on the Quadruple Aim of enhancing patient experience, improving population health, reducing costs, and improving clinician experience
2. Demonstrate to the payer that you provide services to a significant membership and that you commit to collaborate with the payer on your mutual goals
3. Build a trusted relationship between parties based on respect, collaboration, and data and performance transparency
4. Commit to follow-through on participating in existing value-based programs or collaboratively designing and implementing a value-based agreement with joint responsibility for outcomes with the payer
5. Think strategically – what does a win-win scenario look like?

Practices must define who they are by describing themselves in the payer's language and providing an accurate description of their network. Then, they must tell their story in a way that utilizes the Quadruple Aim and demonstrates an understanding of the challenges all stakeholders face. Dr. Hanekom presented multiple ways practices can translate the Quadruple Aim into business language.

Dr. Hanekom shared an example from ACN of a value proposition to a payer, specifically an established clinically integrated network or Accountable Care Organization. ACN's central thesis emphasizes that as a provider network, they improve healthcare and reduces costs by actively managing care for their patients. Their value proposition includes data on the number of providers and locations, outcomes, cost savings, and other value-based contracts ACN

participates in. The value proposition also details ACN's commitment to meeting the Quadruple Aim as well as their care coordination model.

A good value proposition should address the practice's:

- Analytic insights
- Care model
- Care network
- Care efficiency
- Care outcomes
- Financial outcomes
- Governance

Comments from Dr. Chouinard

Dr. Chouinard shared her thoughts on Dr. Hanekom's presentation. She felt that his story reflected many of the messages present in TCPI since its inception, such the TCPI Change Package's third primary driver of sustainable business operations. She stressed that although Dr. Hanekom's example sounds very sophisticated, even small practices can apply its principles to their own work. Dr. Chouinard pointed to one of Dr. Hanekom's first steps, *define who you are as a value-based service deliverer*, and connected that to the TCPI Performance Story. All of the things mentioned in his presentation are things the TCPI Community of Practice (CoP) has already done or talked about, simply with different vocabulary. She also noted that although the CoP focuses on creating a value proposition, practices can also simply identify themselves as a transformed practice to payers and see what they have to offer. This can further develop the relationship between practice and payer, as well as strengthen the value proposition. She emphasized that payers do not look for perfection and that TCPI practices remain ahead of the game compared to many others.

Question and Answer

Ms. Gallegos shared some questions from the chat which Dr. Hanekom and Dr. Chouinard answered.

Niharika Khanna from New Jersey Innovation Institute asked how PTNs can apply these lessons in a freestanding ambulatory practice. Dr. Hanekom encouraged learning about payers' existing programs and approaching them as a transformed practice interested in participating in a specific way. He also recommended grouping similar practices in order to get a payer's attention. Finally, he emphasized the power of a collaborative attitude when approaching payers. Dr. Chouinard agreed and added that payers find performance more important than the size of the practice.

Kirkland Ahern-Jones of Vanderbilt University Medical Center asked about convening stakeholder working groups to make joint decisions. Dr. Hanekom said that when his network first thought of contracting with a payer, they met at the senior level where they developed relationships and discussed opportunities. They then put together Quadruple Aim-specific work

groups. Contracting conversations came later, after transparent communication about the network. Even after contracting, their working groups meet regularly as they also hold regular joint governance check-ins. Dr. Chouinard recommended practices ask payers about their “pain points” and see if the practice can address them as a collaborator.

Faculty member Susan Brown asked about showcasing areas which demonstrate improvement but do not yet meet benchmark status. Dr. Hanekom emphasized the importance of transparency as well as demonstrating an understanding of your network, including the areas that need to improve performance. He reiterated commitment and collaboration as more important attributes than perfection.

Peter Fishman of CarePoint PTN asked which utilization metrics ACN asks its doctors to meet. Dr. Hanekom said that internally the governance and physician leadership determine meaningful metrics and focus on 10 metrics across their payer communities. Initially the payers brought many measures for ACN to use, but after demonstrating success in the payers’ metrics, the payers adopted ACN’s metrics. ACN uses clinically focused metrics, such as blood pressure control, and they do not focus as much on utilization as they believe excellent primary care will lead to a reduction in utilization.

Timeline and Reminders

Ms. Gallegos reviewed the schedule for the remaining APM Faculty Office Hours. The event on June 27th will feature Dr. Mary Reeves and Dr. Chouinard and focus on deciphering the APM journey for primary care. The event on July 11th, rescheduled from June 20th, will feature Dr. Carol Greenlee and Dr. Lisa Lewis and focus on specialists and APMs.

Ms. Gallegos also highlighted the [APM Virtual Toolkit](#) on the Healthcare Communities portal and requested the CoP share additional relevant materials with the group.

Closing Comments from CMS

Dr. Rob Flemming provided some final thoughts from CMS leadership. He thought the information Dr. Hanekom shared outstanding and well-delivered. By design, TCPI strives to successfully transition clinicians into APMs, which provide the natural next step for the transformation work the CoP has done. Dr. Flemming noted that the Office Hour event highlighted how TCPI practices can showcase their work as valuable to payers. Furthermore, as TCPI practices become leaders in the new APM space, the CoP must also consider how they can influence policymakers in addition to payers. CMS Administrator Seema Verma expressed interest TCPI and Dr. Flemming and other leadership will soon brief her on the CoP’s work.