

*Aligning for Action*

# LAN SUMMIT

Health Care Payment Learning & Action Network

## LAN Committed Partners in Action: Lessons from Leaders in Implementation

# Moderator Welcome



## Patrick Courneya, MD

Executive Vice President  
and Chief Medical Officer  
Hospitals, Quality and Care  
Delivery Excellence

*Kaiser Foundation*

# LAN Committed Partners

- Set their own organizational goals to support the acceleration of APM adoption, particularly Category 3 and 4
  - Create a statement that is displayed on the LAN website which serves to:
    - Demonstrate their leadership
    - Guide others on their APM journey
    - Provide visible representation of APM support nationwide
- ü Healthcare Providers
  - ü Health Plans
  - ü State Organizations
  - ü Associations & Professional Societies
  - ü Consultants
  - ü Patient & Consumer Advocates
  - ü Quality Improvement
  - ü Private Employers
  - ü Academic Centers
  - ü Coalitions & Collaboratives
  - ü ACOs
  - ü Healthcare Manufacturers & Vendors



Arkansas Blue Cross and Blue Shield is **committed to working with key stakeholders** to redistribute healthcare dollars in support of **high quality, economic efficiency and a better patient experience.**

The way healthcare services have been paid for in the past has created a fragmented system that has caused friction between stakeholders **who must work together** to create new and improved value.

**Alignment of incentives for all participants** to encourage innovation is the best way to move to better value, and we are committed to do all we can to support this movement.



Transition **30% of the System's managed care contracts** (physician and facility) to arrangements with **value-based payments.**



There is a strong historic base already for participation in alternative payment models, with the Henry Ford Medical Group having provided care for Health Alliance Plan members (the System-affiliated health plan) under a **full-risk capitation agreement for over 25 years.** [We currently participate in **Category 2B, 3A, 3B, and 4B models.**]

We have declared a **goal** of expanding the pool of individuals who are **both members of the HFHS-affiliated health plan and patients in the HFHS delivery system** from approximately 125,000 to 500,000 over the next 5-10 years. An expansion of this size would mean that [this category] would expand from **approximately 20% of overall system revenue to 50%.** Progress toward that goal **will be measured every year.**



J&J has consistently **supported payment and delivery reform efforts** to promote quality of care and improve value while maintaining a strong incentive for innovation. Below are our commitments toward supporting value-based care

1. We will increase the **percentage of J&J employee** insured members receiving care through value based, coordinated care models (ACOs, medical homes, etc.) from **10% in 2015 to 30% in 2018 and 50% by 2020.**
2. We will engage employees in their health via personal digital health tools, connecting 100,000 employees worldwide by 2020.
3. We will provide solutions that help encourage and improve the coordination of patient care.
4. We will assess our new products for their **impacts on quality measures that are relevant to new payment models.**
5. We commit to **partner with providers and patient advocates** on the clinical pathway and measure development process as we collectively work to achieve the Triple Aim.

# Leaders in Implementation



## Health Plan

*Value of using a multi-payer approach*



## Healthcare Manufacturer & Private Employer

*How to effect change  
as a manufacturer and  
employer*



## Healthcare Provider

*Critical regional and  
statewide relationships*



## Healthcare Provider and Health Plan

*Perspective from a  
provider-owned health  
plan*

# Arkansas Blue Cross and Blue Shield



**Alicia Berkemeyer**  
Vice President  
*Primary Care & Pharmacy*



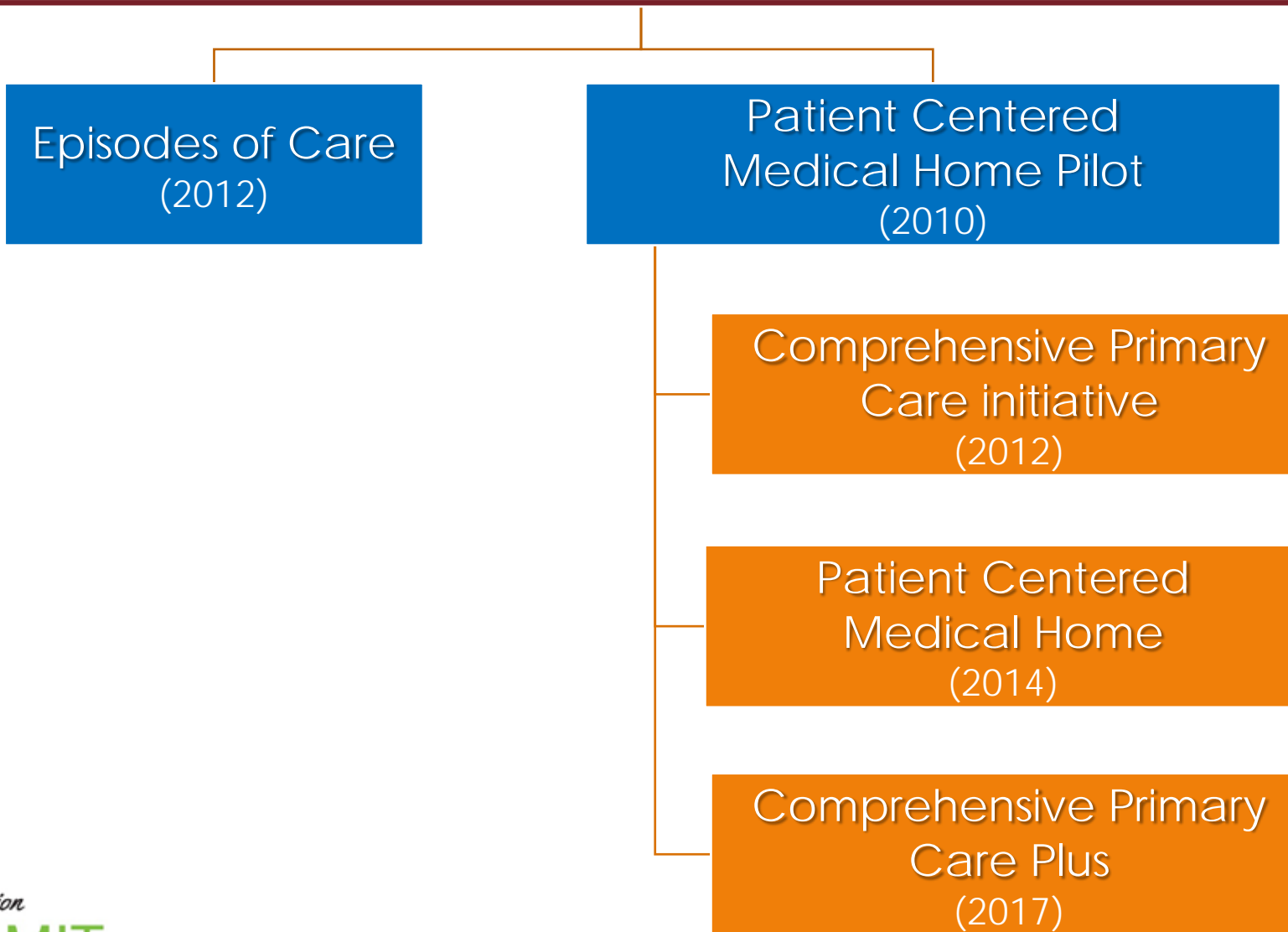
**Building a healthier future for all Arkansans**

# Arkansas Payment Improvement Initiative

Alicia Berkemeyer, Arkansas Blue Cross and Blue Shield  
Vice President, Primary Care & Pharmacy

# Arkansas Payment Improvement Initiative

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## Current state



Jan  
(patient)

- Does not have a single provider who the system has assigned to be accountable for care
- Has difficulty navigating a complex system

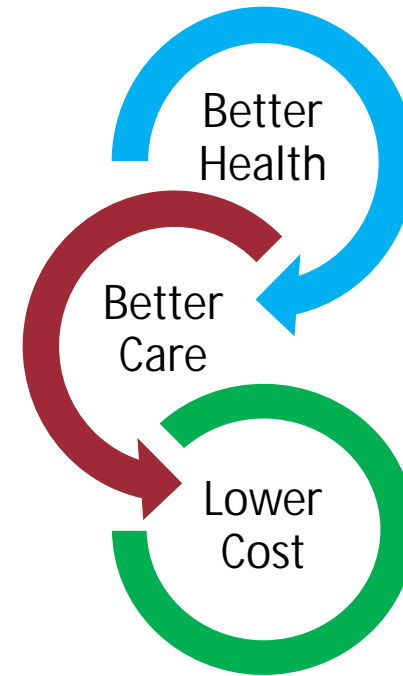


Dr Sam  
(PCP)

- Receives lower income than specialist peers
- Difficulty finding a younger physician to work in practice
- Considering using EMR, but not using it currently
- Gets little information from hospitals and ERs about his patients

## Future state through PCMH

### Triple Aim



### Reinvigorate Primary Care

- ★ Increase in PCP's revenue and take-home pay
- ★ Improved practice processes and workflows



## Lessons Learned = Success

Payer Alignment

Provider Leadership

Electronic Medical Records/ EMR

Attribution/ Alignment

Training/ Resources

Communication

- Weekly Multi-payer meeting
- Monthly Strategic Advisory Group Call
- Monthly Stakeholder Meeting Hospital Association
- Monthly Field Rep Meeting
- Quarterly Learning sessions
- Quarterly Community Stakeholder Meetings

# Johnson & Johnson



Steve Phillips

Senior Director,  
Global Health Policy  
*Government Affairs and  
Policy Office*

*Johnson & Johnson*



**Consumer**



**Medical Devices**



**Pharmaceutical**

# J&J: Proud Legacy & Exciting Future

# #1

**Global  
Leader in  
Health  
Care**



# 129

**years**  
Advancing  
Innovation  
in health  
care

# 1+

Billion lives  
touched  
every day



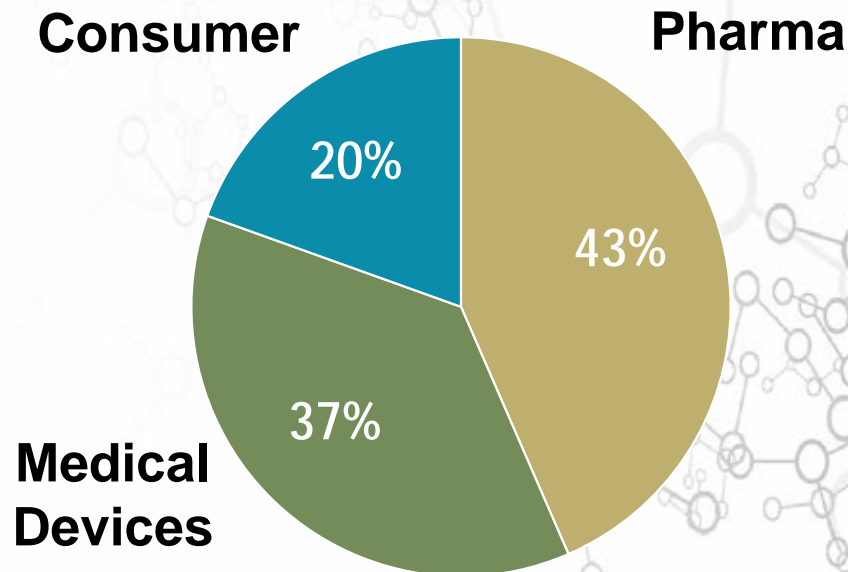
# 30

Years on  
Fortune®  
Magazine's  
*Most  
Admired  
Companies  
List*, every  
year  
since list  
inception

# 1 of 3

AAA Credit-  
Rated  
Companies  
Globally

# J&J: A Market Leader Across All Segments



## Market Leadership

- **Largest Pharma in US**  
and fastest growing top 10 Pharma company globally
- **Market Leading Medical Devices** Surgery, Orthopaedics and Consumer Medical Devices
- **Market Leading**  
Consumer Health Care company

# J&J Pledge to Achieve Better Care, Smarter Spending and Healthier People

- Increase the % of employees receiving care through value-based, coordinated care models to 50% by 2020.
- Engage 100,000 employees worldwide via personal digital health tools by 2020.
- Provide solutions that help encourage and improve the coordination of patient care.
- Assess new products for their impacts on quality measures relevant to new payment models.
- Partner with providers and patient advocates to achieve the Triple Aim.

# Greenville Health System

## Implementing Alternative Payment Models Through Care Coordination & Clinical Integration



### Angelo Sinopoli, MD

Vice President, Clinical Integration  
and Chief Medical Officer

*Greenville Health System*  
President

*Care Coordination Institute*  
President

*MyHealth First Network*