When APMs Intersect: Implementing Episode Payment in a Population-Based Payment Environment

April 25, 2016
2:45 pm – 4:00 pm
WELCOME

Mark D. Smith
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San Francisco
SESSION OBJECTIVES

- Offer a variety of perspectives on the opportunities and challenges involved in integrating Population-based Payment models and Clinical Episode Payment models
- Discuss the effects of integrated payment models on patient care and outcomes; providers; payers; purchasers; and other players in the marketplace
- Provide opportunity for audience questions and discussion with the panelists
PANELISTS

Lewis Sandy
Executive VP
Clinical Advancement
UnitedHealth Group

Paul Casale
Executive Director
NewYork Quality Care

Alexandra Clyde
VP, Global Health Policy, Reimbursement and Health Economics
Medtronic

Scott Sarran
Divisional Sr. VP and CMO for Government Programs
Health Care Service Corporation (HCSC)

Jordan Asher
Chief Clinical Officer and Chief Innovation Officer
MissionPoint Health Partners
Setting the Stage: Defining PBP and CEP

• **Population-Based Payment**: A provider organization accepts accountability for the overall costs of care for a population, payment is either prospectively paid capitation or a shared savings retrospective reconciliation process occurs.

• **Clinical Episode Payment**: A provider takes accountability for an episode of care for a defined condition or procedure, time period, and set of services. Payment is either prospectively paid for the entire bundle of care, or a shared savings retrospective reconciliation process occurs.
Issues to Grapple with

• Why would – or wouldn’t – a payer or provider want to integrate two APMs? What are the benefits? Risks?
• What impact does the market environment have on integration?
• How does integration get operationalized from the provider perspective?
• Are there certain conditions or procedures that are better managed using an integrated APM strategy?
• **Bottom Line: What is the impact on the patient?**
Panel Discussion
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We want to hear from you!

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