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KHC Office Hours Series

Finding Success in Alternative Payment Models

March 26, 2025

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Senior Director of Policy, Aledade

KANSAS MEDICAL SOCIETY Established 1859

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KHA Kansas Hospital ASSOCIATION

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Save the Date!

August 7, 2025
8:00 a.m. to 4:00 p.m.
Wichita State University
Rhatigan Student Center
Wichita, KS

Registration will open later this Spring!

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Today's Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
- Q&A 5 Mins
- Closing Comments 2 mins

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KHC is Recruiting for QI Programs!

- Opioid Prescription Improvement Program (OPIC)
- KDHE Breast and Cervical Cancer Screening Initiatives
- KDHE Cardiovascular and Diabetes Programs (7/1/25)

- Email mjohnson@khconline.org or your KHC Quality Improvement Advisor with questions or for an application of interest.

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Opioid Prescribing Improvement Collaborative (OPIC)

- **New Program!**
- Funded through a Kansas Fights Addiction Grant, KHC provides technical assistance to clinics who will participate in a 12-month Improvement Collaborative to incorporate evidence-based interventions to prevent opioid misuse.
- Benefits for Clinics:
  - Free technical assistance from KHC QIAs
  - Change Package/Toolkit with tools and resources
  - Data reports and support from KHC
  - A small stipend to offset costs related to data collection and monitoring

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Breast and Cervical Cancer Quality Initiatives

Strategies/Evidence-Based Interventions (EBIs):

- Patient Reminders
  - Outreach by phone, text, email, portal
- Provider Reminders
  - Inform provider patient is due or overdue for screening
- Reducing Structural Barriers
  - Non-Economic burdens or obstacles
- Provider Assessment and Feedback
  - Comparison of Provider performance to goal or standard

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2304-Cardiovascular Disease (CVD) and 2320-Diabetes Technical Assistance Programs

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Cardiovascular and Diabetes Initiatives 7/1/25

- Two Programs:
  - 2304-Cardiovascular Disease
  - 2320-Diabetes
  - Statewide initiatives
  - KDHE will review applications and select participants based on the following criteria:
    - Rural or Underserved locations
    - Demographics of the population served
    - State Health Rankings
    - Current availability of funding

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2304-Cardiovascular Disease (CVD)

Goals and Objectives:

- Improve cardiovascular health in adults by reducing the proportion of adults with high blood pressure and high cholesterol.
- Improve quality of care and early detection of those with hypertension and high cholesterol.
- Implement and evaluate evidence-based strategies contributing to the prevention and management of cardiovascular disease (CVD), including lifestyle change programs.
- Support efforts to establish and improve systems to address social drivers of health.

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2304-Cardiovascular Disease

Strategies:

- Implement/enhance use of clinical systems and care practices to improve clinical quality measures.
- Implementation of a SDOH screening tool, log and track SDOH screening.
- Establish standardized workflows for screening, logging, tracking, and reporting social services and support needs of patients at risk for CVD.
- Facilitate use of self-measured blood pressure monitoring (SMBP).
- Support engagement of non-physician team members (e.g., nurses, nurse practitioners, community health workers, pharmacists, nutritionists, physical therapist, social workers).
- Implement systems to facilitate systemic referral of adults with hypertension/high cholesterol to community programs/resources.

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2304-Cardiovascular Disease

Currently accepting Application of Interest for participation

Benefits:

- 1yr QI Project
- Free Technical Assistance (includes assessment, workflows, PDSA, and other tools)
- Small stipend for completed project

Target Counties:

Allen	Saline
Labette	Sedgwick
Linn	Shawnee
Marshall	Reno
Osage	Wyandotte

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2320-Diabetes

Goals and Objectives:

- Decrease risk for type 2 diabetes among adults at high risk.
- Improve self-care practices, quality of care, and early detection of complications among people with diabetes.
- Implement and evaluate evidence-based strategies contributing to the prevention and management of diabetes.
- Support efforts to establish and improve systems to address social determinants of health (SDOH)-related barriers including linking community resources and clinical services.

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2320-Diabetes

Strategies:

- Improve acceptability and quality of care for priority populations.
- Increase enrollment and retention of priority populations in the National Diabetes Prevention Program (National DPP) lifestyle intervention and the Medicare Diabetes Prevention Program (MDPP).
- Improve capacity of the diabetes workforce to address SDOH-related barriers.

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2320-Diabetes

Currently accepting Application of Interest for participation

Benefits:

- 1yr QI Project
- Free Technical Assistance (includes assessment, workflows, PDSA, and other tools)
- Small stipend for completed project

Target Counties:

Finney	Sedgwick
Ford	Shawnee
Geary	Stanton
Leavenworth	Reno
Seward	Wyandotte

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Finding success in an Alternative Payment Model

Leveraging opportunities and benefits in value-based care

Casey Korba

March 26, 2025

Aledade

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Casey Korba, MS
Senior Director of Policy, *Aledade*

At Aledade, I advocate to CMS and Congress to improve the landscape for independent primary care and community health centers and strengthen the ACO model.

Prior to joining Aledade in 2021, I worked for the Deloitte Center for Health Solutions where I led research on the transition to value-based care, and best practices for addressing the social drivers of health. Before Deloitte, I worked with health plans in the transition to value-based care and advancing population health at AHIP.

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Aledade is the largest and fastest growing independent primary care network.

48 States

27K+ Clinicians

2.5M+ Patients

2,400+ Practices & CHCs

200+ Value-Based Care Contracts

Aug. 2024.-24

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During this discussion, we will answer questions, including:

1. All about APMs and AAPMs
2. What are the benefits of participating?
3. Future of APMs: Where are we headed?
4. What are the keys to success in participating in an APM?

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What is an APM, and what are the benefits to participating?

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The U.S. health care system rewards disease, not prevention

How can we solve this at scale?

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CMS estimate of 2022 Healthcare spend; 2019 JAMA "Waste in the US Health Care System"

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The shift to value-based care

The ACA & MACRA signified major turning points

The Affordable Care Act (2010)

1) Created permanent accountable care organization (ACO) program: the Medicare Shared Savings Program (MSSP)

2) Created the Center for Medicare and Medicaid Innovation (CMMI) within CMS to test additional APMs
   - CMMI receives $10 billion in funding every 10 years

1) Models that reduce spending without decreasing quality or improve quality without increasing spending can be expanded in scope and duration

The Medicare and CHIP Reauthorization Act of 2015 (MACRA)

1) Created 5% bonuses for clinicians who participate in advanced APMs (AAPMs)

2) Waives MIPS reporting for these clinicians

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APMs & AAPMs

MACRA defines any of the following as a qualifying Alternative Payment Model (APM):

- An innovative payment model expanded under the CMMI, with the exception of Health Care Innovation Award recipients;
- An MSSP ACO
- Medicare Health Care Quality Demonstration or Medicare Acute Care Episode Demonstration Program; or
- Another demonstration program required by federal law.

Advanced APMs (AAPMs) are a subset of APMs that meet additional criteria:

- Use of quality measures comparable to measures under MIPS;
- Use of a certified EHR technology; and
- Assumes more than a "nominal financial risk" OR is a Medical Home Model expanded under the CMMI.
- Qualifying participants in AAPMs are exempt from the MIPS reporting requirements.
- An APM that does not meet the criteria to be an AAPM may be considered a MIPS APM.

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What we've learned

CMMI

- From a "spaghetti against the wall" to a more strategic approach
- The goals of CMMI transcend administrations: Biden administration continued some models from the first Trump administration
- Need to make it easier to certify models and participate in them
- Evaluation doesn't capture spillover effects of models
- It's hard to find a comparison group, as more beneficiaries move into VBC

MACRA

- Most stakeholders agree MACRA has not lived up to expectations
- Incentives to transition to AAPMs - the AAPM bonus is paid nearly three years after the participation decision to join is made.
- MIPS financials never came into existence. CMS has real concerns about the viability of some of the measurements in MACRA to reflect clinician performance so made it easy to avoid a negative adjustment and not penalize clinicians. Therefore, there was no funding for a positive adjustment.

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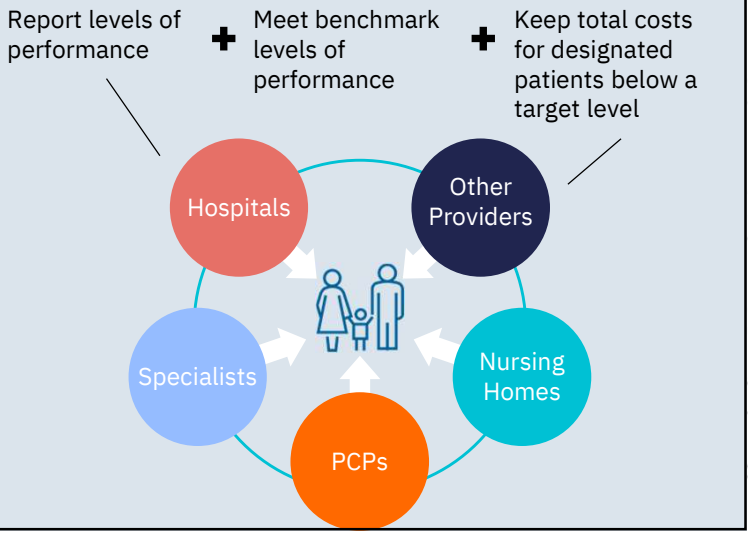
ACOs represent both long- and short-term opportunities to reduce costs and improve health.

An ACO is a group of health care providers who work to deliver coordinated care and are collectively accountable for the cost and quality of care.

ACOs have the potential to **improve the quality of care** and **lower costs**.

To show success, ACOs must **report on specific quality measures**.



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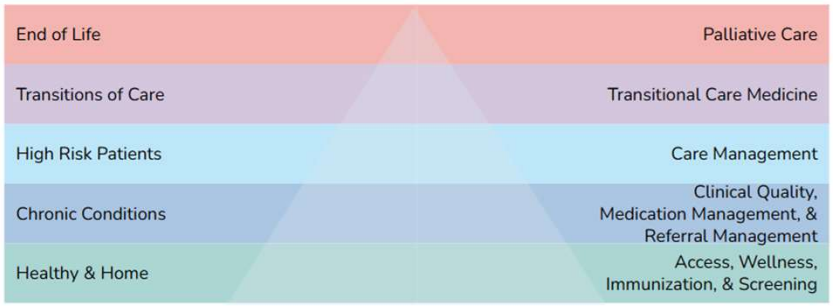
What does value-based care look like for the patient?

Individuals who receive value-based care may notice enhancements to their health care experience.

For example, they might have increased access to:

- Proactive health care focused on prevention and better management of chronic diseases
- Care coordination between different doctors or members of their care team
- Training or other educational resources related to their health issues
- Convenient care delivery methods and communication options with their providers
- Disease prevention programs



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Future of Value-based Care

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Value-based care enjoys bipartisan support

We have seen both parties advance value-based care policies

- The concept of an ACO was first tested during the George W. Bush administration
- The Obama administration advanced the concept through launching MSSP and CMMI
- The first Trump administration continued the progress through refining and strengthening MSSP and testing more models
- The Biden administration introduced the PC ACO Flex model and Prepaid Shared Savings
- While still in early days, the current administration has indicated continued support for taking on more risk in MSSP and supporting the growth of VBC in Medicare Advantage

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What Aledade is advocating for:

We identify the heart of the problem to solve for long-term success

- Supporting independent primary care through well-designed value-based care
- Improve ACO benchmarking to eliminate ratchets and rebasing
- Simplify quality reporting and focus on accuracy
- MA Stars measure to encourage value-based care contracts
- Advance health equity in all programs

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What are the keys to success?

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Annual Wellness Visits can increase attribution and health outcomes

ACOs can earn shared savings by ensuring that the total cost of care for their patient population is lower than the payer's total cost while improving care

The total expected cost of a patient is the benchmark

Benchmarks are set by communicating claims data, also known as diagnosis documentation

ACOs can come in under benchmark by providing high-quality health care through preventive screenings and more

Payers establish quality measures for ACOs to achieve to improve quality of care

$900 + Average decrease in health care spending per high priority patient in 11 months following in AWV

13% Of MSSP beneficiaries who receive an AWV are more likely to be attributed to an ACO the following year

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Transitional care management workflows are critical

An established workflow can help prevent readmissions and reduce cost of care while improving outcomes for your patients

TCM best practices

- Embrace vulnerable patients as quickly as possible after an escalation in care
- Employ post-discharge workflows to engage patients with primary care resources to prevent readmissions
- Prioritize emergency department (ED) follow- up to call patients immediately after an ED visit to address health needs, coordinate care and identify barriers to care

$14K +

Average ACO savings generated by each prevented readmission

$2,713

Average ACO savings generated by each prevented ED visit

Data based on performance of Aledade ACOs. Savings not guaranteed.

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Comprehensive Advance Care Planning to guide patients and families

CACP helps patients and family create personalized care plans that align with their future health goals.

Guided, personalized conversations with trained facilitators

Honor and document patient goals and wishes

Goes above and beyond standard advance directives

For MA & MSSP patients with advanced illness

Optional auto-referral for quick service delivery

No cost to patients or practices

August 2024. 1342-23

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Addressing the Social Drivers of Health

Aledade research shows four common themes ACOs embrace

- **Using a data driven approach.** Using data and insights to identify and address social needs beyond office visits
- **Leveraging local partnerships.** Sharing data and coordinating care across the health system; collaborating with community organizations and volunteers
- **Taking a holistic approach.** Moving beyond procedure-based medicine to address food insecurity, transportation barriers, etc
- **Exploring innovative solutions.** Applying new strategies to improve clinical outcomes and address complex health and social challenges

https://aledade.com/value-based-care-resources/home/beyond-clinic-walls-how-acos-address-social-drivers-of-health/

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Value-based care payer contracting opportunities exist beyond the Medicare Shared Savings Program (MSSP)

Medicare Advantage	Commercial Insurance	Medicaid
Funded by federal government & can be accessed in value-based care arrangements Patients obtain quality care & practices retain fee schedule **Benefits:** Care coordination fee payments, typically PMPM, Quality payments, Shared savings, Other bonuses may vary	Also known as private-funded insurance Often provided through an employer **Benefits:** Care coordination fee payments (PMPM), Shared savings, often distributed annually	Funded by state and federal governments For people with lower income, including pregnant women, children and people with disabilities Plans available in value-based care arrangements **Benefits:** Shared savings Quality payments

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Upcoming Education and Important Dates

- 3/26 KHC Office Hours – Finding Success in Alternative Payment Models
- 4/16 NARHC Office Hours
- 4/23 KHC Office Hours – 10:00 a.m.
- 4/30 NARHC Office Hours
- 5/20 KHC CAP Lunch and Learn – RHC Compliance – Are you survey ready?
- 7/15 KHC CAP Lunch and Learn – RHC Billing Basics
- KHC Summit on Quality – August 7th

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Questions?

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Incremental change, exponential impact.

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