

# Cross Cutting Consumer Criteria for Alternative Payment Models

DECEMBER 2015

If designed and implemented correctly, Alternative Payment Models (APMs) have the potential to provide comprehensive, coordinated, patient- and family-centered care while driving down costs. APMs move away from the traditional fee-for-service method of paying for health care, which rewards providers for the volume of care they provide, and toward value-based arrangements that tie payment for health care services to quality performance, health outcomes and value. Ultimately, APMs' successful achievement of all three tenets of the Triple Aim – better health outcomes, better experience of care, and lower costs – rests on their ability to meet the needs of the patients they serve and to improve how care is delivered. APMs must be able to demonstrate not only cost savings and high performance on quality metrics, but also sustained implementation of transformed, patient- and family-centered care. Indeed, reduced spending, excellence in quality performance and transformation of how care is delivered are inextricably linked.

Realizing the promise of APMs also requires meaningful partnership and collaboration with patients and families at all levels of care – including at the point of care, in care redesign, in governance and policy and in the community. Only through meaningful partnership with consumers and family caregivers – the end users of APMs – will we successfully engage patients and achieve all three tenets of the Triple Aim.

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Additionally, APMs should be built upon a strong foundation of robust consumer protections that ensure consumer needs are met and safeguard consumer rights and access to care. New payment models must emphasize provider accountability for patient health outcomes and care experience across all patient populations, while also protecting patient choice and agency. Thus, all APMs must both robust quality measures and meaningful consumer protections.

On the following pages, we lay out key cross-cutting consumer criteria that should be required of all APMs.

**To achieve better health outcomes, APMs must ensure delivery of safe, timely and high quality care.**

- 1. APMs should be founded upon and support evidence-based clinical care models that effectively coordinate care and incorporate patients as full members of an interdisciplinary care team.** APM clinical care models should promote the use of multi-disciplinary care teams that coordinate care across providers and care settings. Patients and families should be treated as integral parts of the care team and partners in the co-creation of their health and care. Clinical care models should demonstrate effective use of electronic health information sharing, shared care planning, shared decision making and self-management tools to increase patient engagement and agency.
- 2. APMs should ensure that beneficiaries have ready access to care.** Patients assigned to APMs should have timely access to care, including access to providers outside of regular business hours. APMs must ensure provider availability by phone, email or in person during evenings and weekends, and ensure that providers schedule in-office appointments promptly. APMs should facilitate patients' ready and appropriate access to services and providers across the care spectrum, including mental health and community health providers.
- 3. To evaluate quality performance and ensure delivery of high-quality care to patients, APMs should be required to do ongoing assessment of quality outcomes and care experience, public reporting of quality performance data and implementation of continuous quality improvement programs.** Quality data should be measured, tracked and inclusive of patient-reported data, including patient-report outcomes and care experience for patients and family caregivers.

In particular, measurement of and reporting on patient experience of care and patient-reported outcomes should provide actionable data that helps providers improve care delivery and supports informed consumer decision making with respect to choosing health plans, providers and care settings.

APMs should facilitate reporting quality performance data not only at the APM or delivery-system level, but also at the individual clinician/provider level.

- 4. APMs should accelerate the effective use of health information technology.** Electronic health records (EHRs) can help providers facilitate care coordination, analyze trends in their patient populations and offer care that is better tailored to patients' unique needs. Providers' ability to track patients' health status in real time using health information technology can improve provider-patient communication, help patients manage their care and improve health outcomes.

To improve both care quality and health outcomes, it is critical that health information technology facilitate the safe and secure sharing of information, not just between providers but among patients, families and other designated caregivers. Giving consumers the tools to access and manage their own health information electronically is foundational to patient engagement and ensuring that patients receive high quality care.

- 5. To improve health outcomes meaningfully, APMs should address social determinants of health and non-clinical factors that contribute to health and wellbeing (e.g.,**

**housing, public safety, access to education and job opportunities, language services, availability of places to exercise, healthy food choices and other environmental factors).** Information sharing and automated connections between providers and community-based agencies are vital in order to connect patients to appropriate community supports and services. APMs should encourage investment in a health care workforce that can support the physical, behavioral, social and economic wellbeing of patients.

- 6. To improve health across all populations, APMs should address disparities in access to care and health outcomes.** The impact and appropriateness of care for different patient populations should be monitored. Data on race, ethnicity, sex, preferred language, disability and sexual orientation/gender identity should be collected to address any disparities that are identified. This data should be expanded over time to include geography and disability.

Quality measure reporting should be stratified by demographic data, as this facilitates identifying disparities and quality gaps, and intervention points and strategies. APMs should use the new consensus metrics developed by the National Quality Forum (NQF) to assess cultural competency and language services. Implementing these measures is critical to address biases and barriers to care, poor patient-provider communication and poor health literacy.

**To achieve a better care experience, APMs must view patients and caregivers as valuable partners and focus on providing patient- and family-centered care.**

- 7. APMs should ensure partnership with patients and families at every level of care delivery.** A better care experience and active patient engagement requires supporting patient and family participation as equal partners not only in their own health and health care decisions, but also at the care design/redesign, governance and community levels. APMs should demonstrate strong commitment to delivering patient- and family-centered care by promoting partnership with patients at every level of care. Patient- and family-centered care criteria should be incorporated into the clinical care delivery process, as well as into APM and governance structures and public accountability.
- 8. APMs should partner with patients and families to make health information electronically available and useful.** Online access to patients' own health information is a critical tool for improving knowledge of health, ability to communicate with providers and desire actively manage one's health. APMs should ensure that patients and designated family caregivers can access and use their complete health information, including provider notes. Comprehensive health data should be available to all patients using diverse and accessible technology platforms, including mobile technologies, in the patient's preferred language and free of charge.
- 9. At point of care, APMs should demonstrate a commitment to shared care planning and shared decision making.** Proactively and explicitly engaging patient and family caregivers in the development of a care plan and treatment decisions helps to ensure that the individual's abilities, preferences and values are respected, and care instructions and recommendations are more likely to be understood and followed. APMs should also enable patients' ability to contribute and correct health information (such as family health history, goals, chosen support individuals and networks and advance directive content) to help manage their care and wellbeing.

**10. APMs should promote and support engagement of patients and families in designing care delivery that improves care coordination and patient care experience.**

Participation in quality improvement initiatives, establishment of Patient and Family Advisory Councils (PFACs) and electronic portal implementation and education are key ways to improve patient care experience and care coordination.

**11. Consumers should be part of APM governance structures.** Consumer engagement should integrate patients' values, experience and perspective into governance, oversight and policy-making. Consumers and patients should participate in relevant governance boards, leadership committees and oversight committees.

- ▶ Consumers should have proportionate representation. Proportionate representation requires having more than one patient, family caregiver or consumer representative on a governance board. APMs should ensure that consumer representation on the governance board reflects the diverse patient population it serves.
- ▶ Consumer representatives should be “true” consumers and/or consumer and patient advocates. “True” consumers interact with but do not directly benefit financially from the health care system. A consumer advocate or patient advocate is an individual representing an organization that has a stated mission to serve as an advocate or fiduciary for a population of consumers. Consumer and patient representatives should be able to contribute both direct experiences as care recipients and the skills associated with advocating for broader groups of patients in policy and governance settings.
- ▶ Consumer representatives should be meaningfully involved in decision making. All representatives on the governance entities (including consumer/patient representatives) should have an equal seat at the table and an opportunity to share their perspectives as decisions are made.
- ▶ Consumer representatives should receive orientation and onboarding support to facilitate their successful participation. Successful orientation and onboarding strategies help ensure that consumer advocate and patient representatives are effective in their governance roles and ultimately help APMs and delivery system models meet their quality, patient experience and affordability goals.

**To achieve lower costs, APMs should offer appropriate financial incentives to providers that balance cost-saving interests with quality performance and health outcomes.**

**12. In an APM, financial incentives should be contingent upon performance on quality measures.** Providers participating in APMs must be required to meet minimum standards of care, as indicated through quality measures, to be eligible to benefit from financial rewards or incentives or to participate in gains sharing. Requiring eligible providers to meet robust quality metrics ensures accountability for improving and maintaining high quality care and patient experience, as well as accountability for delivery of high-value care. Financial rewards (including gains sharing and other payment adjustments) based on cost-savings alone can lead to stinting on care, but robust quality measures can help ensure patients are getting appropriate, high quality, well-coordinated, patient- and family-centered care.

**13. APMs' reimbursement structures should reflect the complexity of their aligned patient population.** APMs should include risk-adjusted payment mechanisms, based on patient complexity. Payment should be adequate and flexible enough to support care coordination, transition management and medication management, and to enable providers to address non-clinical determinants of health when essential to care and outcomes. There also must be adequate payment for language services for individuals with limited English proficiency.

**As APMs work to achieve the Triple Aim of better health outcomes, better experience of care, and lower costs, models must maintain strong consumer rights and protections.**

**14. APMs should include strong consumer protections.** Strong quality measures can help ensure that providers do not stint on care, but as financial risk increases for providers, so does the incentive to stint on care. As new models of payment are developed that encourage providers to take on increased risk, reward and responsibility, it is critical that the evolution and application of consumer protections keep pace.

**15. Consumer protections should include choice in enrollment, provider selection, transparency regarding provider incentives and a fair appeals process.** Consumers should be notified of providers' and facilities' participation in any new payment model, including disclosure of any provider or facility financial incentives or shared savings opportunities. Consumers also should be clearly informed of the opportunity to opt out of new payment models. An external appeals process should be available to consumers whose providers or care facilities are participating in a new payment model that offers providers/facilities the opportunity to profit from savings generated through the program. Additional consumer protections should include complete and consumer friendly notice requirements; greater emphasis on consumer outreach and education; and adequate protections concerning alignment, attribution and data sharing.

**16. Consumers should be protected against discrimination.** APMs cannot discriminate against individuals eligible to enroll, participate or align in any alternative payment models on the basis of race, color, national origin, sex, sexual orientation, gender identity, health status or disability, and must assure that they will not use any policy or practice that has the effect of discriminating on the basis of race, color, or national origin, sex, sexual orientation, gender identity, health status or disability.

**17. APMs should notify consumers about any data sharing that is part of the APM and provide information on the ability to opt out of data sharing.** Consumers should be notified as to why and how their health information will be stored, exchanged, used and protected; the opportunity to opt out; and other consumer rights. Any data sharing that is part of an APM must be compliant with federal and state law.